

## Safeguarding Annual Report

April 2017 – March 2018

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## **1. Introduction**

The purpose of this report is to provide assurance to the Trust that it is fulfilling its statutory responsibilities in relation to safeguarding children and adults at risk and to provide a review of recent service developments highlighting areas of ongoing work and any risks to be noted.

Since September 2016, BHFT have amalgamated safeguarding children and adult work under one team to promote a 'Think Family' approach to safeguarding.

## **2. The Statutory Context**

All organisations who work with children and young people share a responsibility to safeguard and promote their welfare. This responsibility is underpinned by a statutory duty under Section 11 of the Children's Act 2004, which requires all NHS bodies to demonstrate substantive and effective arrangements for safeguarding children and young people.

Adult safeguarding practice has come into sharp focus for all NHS organisations in the wake of large scale enquiries such as the Mid Staffordshire Foundation Enquiry and the *Francis Report (2013)* and safeguarding work operates within the legal framework of the Care Act 2014.

Since April 2010, all health organisations have to register and comply with Section 20 regulations of the Health and Social Care Act 2008, meeting essential standards for quality and safety. The Care Quality Commission periodically assesses the performance of all health care providers.

## **3. Governance Arrangements**

The Chief Executive Officer holds responsibility for safeguarding for the Trust which is delegated to the Director of Nursing and Governance. This responsibility is clearly defined in the job description. The structure for the Safeguarding Team and current lines of accountability are attached as Appendix one.

The Safeguarding and Looked After Children Group and the Safeguarding Adults Group are chaired by the Deputy Director of Nursing. These are formal sub-groups of the Safety, Experience and Clinical Effectiveness Group which reports to the Quality Executive Group and ultimately to the Trust board. These groups are established to lead and monitor safeguarding work within BHFT and meet quarterly. The board also receives a monthly update on safeguarding cases of concern.

The Head of Safeguarding chairs monthly Safeguarding Team meetings where shared visions, standardised practice and future plans are agreed and monitored. An annual plan on a page written by the team clearly identifies work priorities and continuous improvements to be achieved (attached as Appendix Two). There are currently 2.8 whole-time equivalent (WTE) adult safeguarding named professional posts divided between three staff members, and 5.6 WTE posts for child safeguarding. A one year secondment has been agreed to support Mental Capacity Act work within the Trust from April 2018. The team is supported by three part-time administrative posts and is based at two locations, St Marks Hospital in Maidenhead and Wokingham Hospital in Wokingham. The Specialist Practitioner for Domestic Abuse works within the Safeguarding Team. Three Specialist Practitioners and two Nursery Nurses also work within the team providing information from across the health economy to the six Multi-agency Safeguarding Hubs (MASH)

across Berkshire. The Head of Safeguarding works as a full time manager for the whole team. In September 2017 one of the named professional posts became a joint named professional/Assistant Head of Safeguarding post to support with management and strategic safeguarding work. The Trust also has a Named Doctor for Child Protection who is a Consultant working within CAMHS and who works closely with the safeguarding leads. There are named leads for the following areas:

- PREVENT (including Children and Adults)
- Missing, Exploited and Trafficked
- Looked After Children
- Female Genital mutilation
- Safeguarding Manager for Managing Allegations
- Mental Capacity Act and Deprivation of Liberty Safeguards

The Deputy Director of Nursing and the Head of Safeguarding attend the quarterly East and West Berkshire Health Economy Safeguarding Committees chaired by the Director of Nursing for the East and West Berkshire Clinical Commissioning Groups (CCG's). The Head of Safeguarding and the Named Professionals attend the East and West Berkshire Named and Designated Safeguarding Groups, which report to the health economy safeguarding committees. The purpose of these groups is to communicate local and national safeguarding issues. These meetings encourage shared learning from safeguarding practice and include case discussion and monitoring of action plans from inspections, serious case reviews and partnership reviews to provide assurance.

Safeguarding representation is also provided as required at patient safety and quality groups (PSQ) and other working groups providing advice and oversight on safeguarding matters. The Head of Safeguarding is a member of the Child Death Overview Panel for Berkshire.

#### **4. Assurance Processes, including Audit**

##### **Section 11 Audit.**

This is a working document measuring statutory compliance required under Section 11 of the Children's Act 2004. It is monitored and updated on a biannual basis. The Section 11 audit for BHFT is submitted as required to the designated LSCB Section 11 monitoring group. This group has responsibility for monitoring all statutory and non-statutory organisations that are required to complete Section 11 audits across Berkshire. This document is available for submission during Local Authority Ofsted/CQC inspections; all categories are considered effective. Actions to be taken by BHFT are documented within the assessment and are monitored by the Safeguarding Children Team and the Safeguarding Children and Looked After Children Group.

##### **Self-assessment Safeguarding Audit**

In addition Clinical Commissioning Groups (CCGs) are expected to ensure that safeguarding is integral to clinical and audit arrangements. This requires CCGs to ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to safeguard children and vulnerable adults, and that service specifications drawn up by CCGs include clear service standards for safeguarding which are consistent with local safeguarding board policies and

procedures. The Trust completes a contracted annual self-assessment audit for adult and child safeguarding arrangements to the CCGs in September each year to provide assurance to commissioners that safeguarding standards are met. Following submission, the Head of Safeguarding meets with commissioners to discuss the audit and answer sample questions.

### Quality Schedule

The Trust submits a quality schedule report for safeguarding to the CCG's on a quarterly basis which measures Trust safeguarding performance against nine standards.

### Safeguarding Audits.

Audit is an effective means of monitoring compliance with policy and procedure as well as analysing the effectiveness of current practice. Six internal safeguarding audits were undertaken during 2017/18 and named professionals participated in multi-agency audits across the localities.

Audit	Completion
Audit of Safeguarding children advice line	Completed October 2017
Audit of Safeguarding Children Form on RiO Electronic Record	Completed January 2018
Audit of Patients who go absent without leave (AWOL) at Prospect Park hospital	Completed January 2018
Two Mental Capacity Act Audits - November and March	Complete
Audit of Child Protection Record Keeping March 2018	In progress

#### 1) Audit of Safeguarding Advice line

A random sample of communication sheets completed by named professionals for safeguarding children were audited. The purpose of the audit was to identify whether staff across the Trust are seeking advice about child protection matters and whether advice given is documented in the records by the practitioner seeking the advice and actions are taken as advised. Ten percent of advice sheets were audited from Quarter One, between April and June 2017. Twenty advice sheets were audited in total.

**Findings:** The amount of calls to the advice line during the period audited was similar to the same period the previous year. The range of callers was diverse coming from both children and adult services across the Trust. Twenty percent of calls came from Talking Therapies. However, a review of the whole period showed very few calls from Community Mental Health Services. The highest number of calls came from practitioners working within Reading which corresponds with the locality where the highest number of child protection cases are held. The advice given was recorded in the records of eight out of ten (80%) of the cases where it was possible to access the record for the purpose of the audit. Six could not be reviewed as the name of the child was not recorded on the advice sheet; four were advice given to Talking Therapies which uses a different record keeping system which could not be accessed. Actions were evidenced as completed in five of the ten cases however, it was identified that in some of the remaining cases, the value was in the discussion and no further actions were required. As a result of the findings of the audit seminars

have been given to all Community Mental Health Teams on the voice of the child when working with adults under stress and staff have been reminded about where to seek advice.

## **2) Audit of Safeguarding Children Form on RiO Electronic Record.**

The safeguarding children risk form, on the RiO electronic health record for each child, has now been in use for two years. After six months the safeguarding form was audited to see how easy practitioners found it to use the form and whether it was useful in practice. Following the initial audit, minor changes were made to the form. The safeguarding form was designed to enable practitioners to see at a glance if there were any the safeguarding issues for a child, whilst at the same time holding important information about the contact details for the social worker and the details of future meetings. This information was to be held all in one place, allowing anyone viewing the record to quickly access the information. The purpose of this audit was to look at whether the form is being used and completed correctly by staff.

The audit cross referenced the RiO safeguarding children at risk form, which is accessed from the demographic page of a child's record, with other information held in the progress notes and document sections of the RiO electronic health record for each selected case. The form was checked to see if the form corresponded with the information in the record. A total of 22 child health records were audited, from across the locality areas of Reading, West Berkshire, Wokingham, Bracknell and also CAMHS who cover all areas across Berkshire. The results were positive, with 20 out of 22 (91%) of the forms being filled in correctly and indicating the correct level of risk. In two of the cases the level of risk had not been updated from child protection to child in need. Other information on the form includes dates of future key meetings, name and contact details of the social worker, any domestic abuse incidents, and changing level of intervention.

### **Findings:**

The audit found evidence that the safeguarding form is being used correctly. 91% were fully completed and updated with the correct level of risk to the child. Two forms were completed but required updating. Staff commented that they found the safeguarding form useful but it is time consuming to complete when there are several children in a family as each form is required to be filled in separately. The audit provided assurance and there were no actions identified from the audit. The two members of staff who had not updated the level of risk were reminded to do so.

## **3) Audit of AWOLs at Prospect Park Hospital**

The aim of the audit was to look at whether staff at Prospect Park Hospital follow procedures when patients held under section 2 or 3 of the Mental Health Act 2005, either leave the ward without permission or do not return from section 17 leave within the agreed time period and become absent without leave (AWOL). The audit also aimed to address concerns raised by the police during the Berkshire-wide Protocol in Practice meeting. The police reported that there have been a number of occasions where staff did not inform them when patients return from AWOL. This has led to the police using already constrained time needlessly searching for a patient. The audit also reviewed whether patients returning from AWOL were given one to one support to try to understand why they left the hospital without permission or did not return from leave on time, in order to facilitate learning. The four acute wards at Prospect Park Hospital were audited during the month of August 2017.

### **Findings:**

The total number of patients signed in and out of the ward record books for the month of August 2017 was 5,285. There was a total number of 25 AWOLs reported to the Datix department in the month, of which 20 AWOL records were for patients under section and the remaining were for informal patients. The

percentage of patients going AWOL was 0.47% of all episodes of leave from the four acute wards during the month of August including informal patients. Periods of negotiated time out of the ward, or to go on leave, are an important part of a patient's care and are designed to assess mental state and risk & prepare patients for discharge.

- There were some inconsistency in the way wards have been following policy and procedures on reporting and recording missing/absent patient. However, overall the policy and procedure have been followed either fully or partly by the ward staff.
- Only 50% of the patients who reported being absent/missing from the hospital wards were given a 1 to1 by staff when they returned, to find out the reason for their absence.
- For all the AWOL incidents reported during August, patients returned to the ward either of their own accord or escorted by the police. There was no harm to the patients or others reported during the AWOL period.
- For all episodes where the AWOL was reported to the police, the police were also informed when the patient returned to the ward.
- There were no records to show that the Local Authority was notified when a patient returned to the ward.
- Sectioned patients who managed to leave the ward without section 17 leave were reported being absent/missing from the ward, even if they were not out of the hospital.
- There were only 3 cases where staff made an effort to search patients home or requested support from the crisis team.
- Only 5 cases of AWOL were reported to a member of the patient's medical team, as required by the policy.
- Record keeping- One absence reported on Datix was omitted from the audit as there was no record of it on the patient progress notes.

Overall the audit found that staff have been following Trust policy and procedure on missing/absent patients from mental health services. However, there were some inconsistencies and gaps identified in the way the policy has been followed by staff. The policy aims to ensure that BHFT staff effectively report and find missing patients, learn from incidents and minimise risk. There will be a further audit in August 2018 to test against learning from the audit around informing the police in a timely manner when a patient returns and ensuring patients are offered a one to one with staff.

#### **4) Mental capacity Act Audit**

Two Mental Capacity Act audits were undertaken by the Safeguarding Team in 2017/18. These are summarised later in the report under MCA/DoLS.

#### **5) Child Protection Record Keeping Audit**

The data for this audit was collected in March 2018 and analysis of the data is in progress.

### **5. National and Local Reports**

The safeguarding team review significant reports, recommendations and guidance in relation to safeguarding and these are considered as part of the safeguarding teams annual planning. Any new guidance is disseminated to managers and frontline staff through team meetings, safeguarding forums, the

safeguarding newsletter and screen savers. New guidance is also brought to Patient Safety and Quality meetings, the Safeguarding and Looked after Children Group and the Safeguarding Adult Group.

## **Setting out Shifting Policy Direction**

### **Children and Social Work Act 2017**

This legislation received Royal Assent in April 2017 and included changes to the Local Safeguarding Children's Board (LSCB) arrangements, the Serious Case Review process and the Child Death Overview Process. These recommendations were as a result of a review led by Alan Wood into the effectiveness of LSCB's. Each area has discretion on how to discharge their responsibilities. Working Together will be updated to reflect the changes in statute and is due to be published in June 2018.

### **Deprivation of Liberty (DoL) Judgement and practice effects on DoL standards.**

The Government initiated a fundamental review of the Deprivation of Liberty Safeguards (DoLS) legislation by the Law Commission from July to November 2015. The Government has agreed to legislate to replace the DoLS with a new system to authorise the confinement of people in care arrangements they lack the capacity to consent to, when parliamentary time allows. This will not be completed until the end of 2019 at the earliest.

The agreed proposals include:

- The Liberty Protection Safeguards (LPS) would apply to deprivations of liberty in all settings, not just care homes and hospitals, as with DoLS. This would mean that it would no longer be necessary to apply for a Court of Protection welfare order to authorise deprivations of liberty outside of care homes and hospitals.
- Hospitals and clinical commissioning groups would be able to authorise deprivations of liberty in England, not just councils, as with DoLS.
- The current best interests assessor (BIA) role, which coordinates the DoLS process, carries out the best interests assessment and is mostly performed by social workers, would be replaced by that of an approved mental capacity professional (AMCP).

The Trust named professionals for safeguarding Adults have attended specialist training provided by legal teams on DoLS and impending changes the law during 2017/18.

### **Prevent Duty Guidance (revised) 2015**

Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015. The Prevent strategy, published by the Government in 2011 aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. The strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;
- work with sectors and institutions where there are risks of radicalisation that we need to address.

The Act states that the authorities must have regard to this guidance when carrying out the duty.

## **Modern Slavery Act 2015**

There is a duty to notify the Home Office of potential victims of Modern Slavery and this came into force in November 2015. This duty is set out in Section 52 of the Modern Slavery Act 2015 and applies to public authorities. Health Professionals are not subject to the duty but consideration should be given to making a referral to the police or Local Authority should a health practitioner have reason to believe a vulnerable adult or child is being exploited or trafficked. BHFT named safeguarding adult professionals participate in Local Safeguarding Adult Board sub-committees in relation to Modern Slavery and exploitation.

## **Independent Inquiry into Child Sexual Abuse**

This inquiry which opened in June 2015 continues to progress in England and Wales. The inquiry was established to examine how the country's institutions handled their duty of care to protect children from sexual abuse. The enquiry is unlikely to be completed for several years but an interim enquiry is due to be published during 2018.

## **Child Protection Information System (CP-IS)**

This system is being introduced to allow communication to children's services where children subject to child protection plans, children in care or unborn babies with child protection plans have received unscheduled care (for example in A&E, Out of Hours, walk in centres and ambulance services). This has been mandated to be implemented across the NHS by 2018 with leadership support from the designated professionals. The benefits of this structure are the future ability to report progress to the board and to request support for any issues that may arise. The Head of Safeguarding and the Head of Clinical Transformation and Technology IT have participated in a working group led by the designated nurses for Berkshire to implement CP-IS and the work is nearing completion.

## **Multi-agency statutory guidance on Female Genital Mutilation**

This statutory guidance set out under The Female Genital Mutilation (FGM) Act, 2003 was published in April 2016. It sets out the responsibilities of chief executives, directors, senior managers and front-line professionals within agencies involved in safeguarding and supporting women and girls affected by FGM. It also provides information on FGM, including information on the law on FGM in England and Wales. FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases are dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding.

Section 5B of the Female Genital Mutilation Act, 2003, introduced a mandatory reporting duty which requires regulated health, education and social care professionals in England and Wales to report 'known' cases of FGM in children under the age of 18 which they identify in the course of their professional work to the police. Additionally, the legislation requires health professionals to make a report to the police where they observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth. The specialist practitioner for domestic abuse is the named trust lead for FGM. FGM is included in all trust safeguarding training including the mandatory reporting duty for specified professionals within The Serious Crime Act, 2015.

## **NICE Guideline (NG76) Child Abuse and Neglect**

The Head of Safeguarding met with the Clinical Effectiveness Facilitator (NICE) and the Children, Young People and Families Governance Lead in February 2018 to undergo a gap analysis of the NICE guideline (NG76) Child Abuse and Neglect. The GAP analysis was completed in May 2018 and the Trust were found to be 100% compliant to the domains which applied to the Trust. An audit will be identified from the Gap analysis for the safeguarding audit programme 2018/19 to provide assurance of compliance.

### **Improving knowledge from national reports, research and guidance:**

The safeguarding team review national Serious Case Reviews (SCR) through SCR sub-groups and relevant actions are considered for health.

### **Exploitation**

Information and research about exploitation of children and adults at risk continues to increase at a fast pace. Trust representation is provided across the six LSCB localities at all operational and strategic exploitation sub-groups including Modern Slavery. The Head of safeguarding attends the pan-Berkshire CSE group which has recently been reconstituted.

### **Learning from local serious case reviews and partnership reviews:**

During 2017/18 there have been two child serious case reviews and two partnership reviews conducted across Berkshire and seven safeguarding adult reviews, two adult partnership reviews and an independent health review. It is of note that there has been a rise in the number of adult reviews in the past year which have been diverse and have covered a wide range of groups. Three of the reviews related to people with learning disabilities. BHFT are committed to learning from reviews and fully engage in the SCR and SAR process. Named professionals have provided reports and chronologies for all the reviews and supported practitioners throughout the process. Changes in the way serious case reviews are conducted have meant more practitioner involvement through learning events and feedback around this process has been positive. The Head of Safeguarding or the deputy attend all serious case review and safeguarding adult review sub-groups across Berkshire and serious case review panels and are responsible for ensuring lessons are disseminated to BHFT staff and action plans are developed, completed and reported on. Many of these reviews are currently on-going and action plans have been formulated from identified learning for BHFT and are in progress.

Clear pathways are in place to disseminate learning, monitor action plans and ensure oversight at board level. The Head of Safeguarding reports to the quarterly Safeguarding Groups and sits on the Children, Young People and Families (CYPF) and Adult and Community Patient Safety and Quality Groups. The Assistant Head of Safeguarding attends the Children and Adolescent Mental Health (CAMHS) leadership groups and the Safeguarding Adult Named Professional (mental health) attends the Prospect Park Hospital PSQ. Audit processes have been strengthened and operational managers are leading audits monitoring the quality of documentation within children's services. Action plans are also monitored externally through safeguarding committees, LSCB sub-groups and CQC.

## 6. Safeguarding Policies/Protocols

The following policies and procedures have been reviewed and implemented during 2017/18: in accordance with the policy scrutiny group and the safety and clinical effectiveness group

- **Mental Capacity Act and Deprivation of Liberty safeguards Policy CCR096 – new policy which including update and incorporation of DoLS;**
- **Safeguarding Adults at Risk from Abuse or Harm Policy CCR089 – minor amendments were made;**
- **Domestic Abuse Policy CCR111 – policy reviewed and a flowchart was added to clarify process for staff;**
- **Child Protection (Safeguarding and Promoting the Welfare of Children Policy CCR072 – Review and update of policy.**

There are also safeguarding children protocols and guidance designed by the safeguarding team and disseminated to relevant teams as appropriate and where a need arises. All BHFT policies incorporate the themes of safeguarding.

### Safeguarding Procedures Online

BHFT, alongside multi-agency partners, are governed by the Berkshire child protection and adult safeguarding procedures online. Named professionals are members of the Pan-Berkshire sub-committees who oversee and update the procedures.

## 7. Local Safeguarding Children's Boards (LSCBs) and Safeguarding Adult Boards (SABs)

BHFT regularly reviews its membership of the six Berkshire LSCBs and four SAB's to ensure it fully participates in the statutory mechanism for agreeing how organisations in each area co-operate to safeguard children and adults at risk. The Trust is represented by a locality or clinical director or the Deputy Director of Nursing at each board and members of the safeguarding team are actively engaged and valued sub-committee members.

The Head of Safeguarding or Assistant Head of Safeguarding are members of the serious case review sub-committees across Berkshire. Named professionals are active members of the quality and performance sub-groups for their locality and the exploitation strategic and operational groups. The Head of Safeguarding is a member of the Pan-Berkshire CSE strategic group. Named professionals also attend all training and development sub-groups, policy and procedure sub-groups and any safeguarding task and finish groups such as the FGM groups and the working party which developed an exploitation conference in East Berkshire in November 2017. The Head of Safeguarding chairs the training sub-group in Slough.

BHFT provides a quarterly report to each LSCB.

## 8. Inspections

## Joint Targeted Area Inspection - Neglect.

In May 2017 a joint targeted area inspection (JTAI) took place in Wokingham under the theme of neglect. Recommendations from the report were formulated into an action plan which was monitored by a JTAI monitoring group and is now complete. Learning for Community Mental Health Teams around including the impact of mental ill health in assessments was identified. This had already been identified by the safeguarding team as a training need following an audit and seminars are being rolled out across the teams to address this gap.

## 9. Domestic Abuse

Domestic abuse remains a key feature in many safeguarding cases and serious case reviews. The negative health impact of domestic abuse is huge both for the victim and to children who witness the abuse so health input into protection and support plans are crucial. The amalgamation of the adult and children's safeguarding teams has led to improvements in joined up working between adult and child services in domestic abuse work. Knowledge and expertise can be shared between the teams which can enhance the safeguarding support for both BHFT staff and users of the services. BHFT employs a specialist practitioner for domestic abuse who has a dedicated role to provide support and advice to staff working with adults and children who are experiencing or witnessing abuse, this includes:

- Providing consultation and support to staff members working with service users when domestic abuse is an issue;
- Providing support for BHFT staff who may be themselves affected by domestic abuse;
- Developing policy and procedures in relation to domestic abuse;
- Awareness raising and training/continuous development of training courses;
- Representing BHFT community health services at Multi-Agency Risk Assessment Conferences (MARAC) and Domestic Abuse Repeat Incidents Meeting (DARIM);
- Representing BHFT at strategic meetings and forums where appropriate;
- Maintaining and further developing links with CCG's, health and wellbeing boards and other key partners with a view to improving safety and reducing harm to service users.

With the introduction of Multi Agency Safeguarding Hubs (MASH), health representation is provided by health staff from the BHFT safeguarding team. Domestic abuse police reports are received into the MASH and triaged with the advantage of being able to have prompt access to health information.

Domestic Abuse training can be accessed by all BHFT staff. There are regular training dates for **domestic abuse basic awareness** and **domestic abuse and mental health** provided by the specialist practitioner, but also 'bespoke' training is delivered to different practitioner groups. All sessions include DASH and MARAC training. BHFT nursery managers have been trained and a competency has been attached for health visiting staff to attend Basic Awareness Training. Staff can also be signposted to domestic abuse training via the LSCB training programme and also local authorities who regularly provide DASH/MARAC training.

In December 2015, Coercive Control in an intimate or family relationship became a crime and as a response the domestic abuse training now includes: identifying controlling behaviours; consequences of this for both those being controlled and the wider family; and also how those being affected may behave in response to

the control, particularly around safeguarding. Training has also focused on increasing the use of the DASH (Domestic Abuse Stalking and Harassment) risk assessment tool by health services.

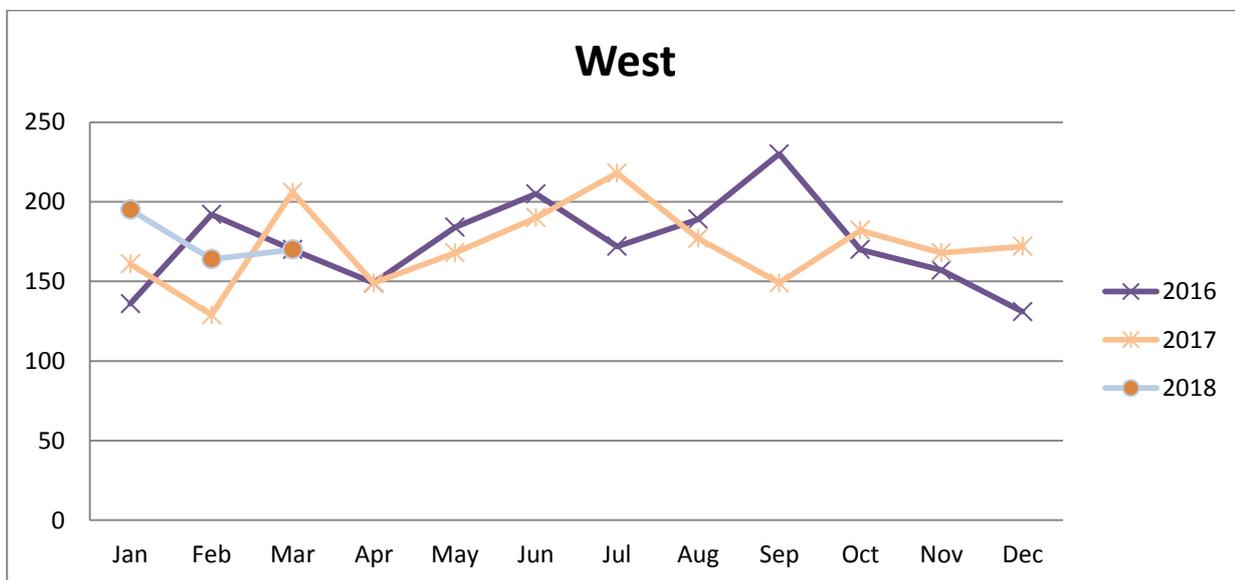
The majority of referrals into Multi Agency Risk Assessment Conference (MARAC) are made by the police and domestic abuse agencies however, we are slowly seeing an increase in referrals made from health.

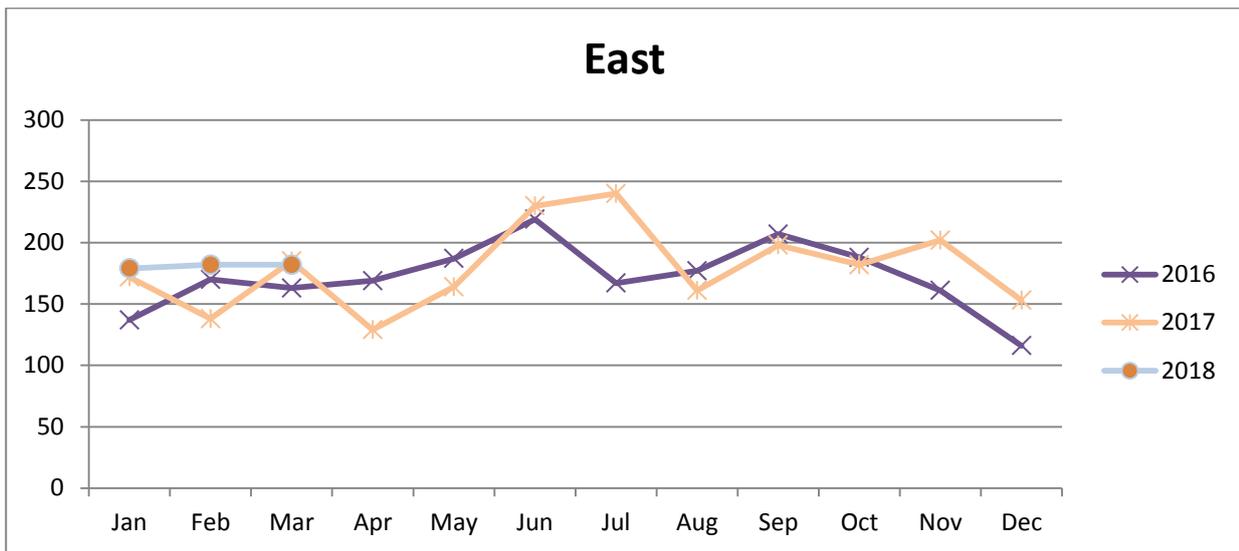
Health Visitor teams routinely ask mothers if they have concerns about domestic abuse in their relationships. Where abuse is reported, health visitors are encouraged to complete a DASH assessment and support families, signposting or referring to other agencies such as children’s social care and domestic abuse support agencies or if high risk to MARAC via their Designated MARAC Officer (DMO).

Domestic abuse notifications are generated by police for all incidents reported to them and the safeguarding office receives these where there is a child under 5 years old or where the victim is pregnant. The teams are also informed of serious incidents where older children are present. The named professionals and specialist practitioner for domestic abuse review all high risk domestic abuse notifications and discuss any serious incidents with the health visitor and, if applicable, school nurse/community children’s nurse/CAMHS worker for the child. The safeguarding team can also offer support to practitioners on how best to respond to domestic abuse incidents. Police incident forms continue to be sent to the health visiting and school nurse teams no longer provided by BHFT.

### Figures

For 2017 – 2018, the total number of reports received for the West area (Newbury, Reading and Wokingham), were 2102. Total number for the East area (Bracknell, Slough & WAM), were 2205. A total of 4307 for Berkshire. This is a small increase on the previous year. Slough continues to receive the highest number of domestic incidents and also has the highest number of MARAC referrals.





### Looking to the future

A draft Domestic Abuse Bill is being drawn up which is proposing tougher sentences for perpetrators where there are children and also more support for victims who testify in court. It is also redefining economic abuse and proposed Domestic Abuse Protection Orders (DAPOs) will allow police and courts to intervene earlier, including electronic tagging of perpetrators. There will also be an independent Domestic Abuse Commissioner appointed.

## 10. Safeguarding Training

All internal safeguarding training in BHFT is facilitated by the named professionals for safeguarding. The safeguarding training strategy is firmly embedded in the induction programme and the team offer monthly induction courses to all new staff. Combined safeguarding children and adult training with a 'Think Family' focus is provided at level one. All clinical staff also receive level two safeguarding children training at induction, PREVENT, MCA and DoLS training. All volunteers starting with the trust receive safeguarding adults and children training at level one as part of their induction. The provision of training is an area of strength within the team and requires flexibility and commitment. The team acknowledges the need for a positive attitude towards training and operates within the Trust inclusion policy, offering training in accordance with respecting and providing for the diverse need of a large workforce. Bespoke training is facilitated for hard to reach staff groups.

The specialist practitioner for domestic abuse attends induction for all staff to present information about domestic abuse. Domestic abuse awareness training sessions including asking the question about abuse is available for all staff and essential training for clinical staff working directly with children. Bespoke domestic abuse training is also provided by the specialist practitioner for staff working in mental health services. Child sexual exploitation (CSE), forced marriage, honour based violence and FGM including mandatory reporting responsibility are included in all safeguarding training. FGM and CSE online training programmes form part of essential training for all clinical staff who work directly with children. Regular screen savers in relation to these topics are used to remind staff of their responsibilities. The named professionals also co-facilitate shared responsibility targeted training on a monthly basis with the LSCB trainers in Slough.

The safeguarding team facilitate a safeguarding children forum as a level three update for all staff who work directly with children across the Trust. Three forums focussing on Neglect were held in April, September and October 2017 attended by approximately 230 staff. Presentations were facilitated by both internal and external staff including a presentation by the looked after children team on the 'Not Seen, Not Heard' document, legal aspects of neglect by the joint legal team, recognising neglect by the designated doctor and learning from local and national serious case reviews by the Head of Safeguarding. A safeguarding adult's forum at level two has been developed to replicate the safeguarding children model and was held on 2<sup>nd</sup> February 2018. The focus was on neglect and the Mental Capacity Act. Multi-agency partners were invited to attend. Two further Safeguarding adult refresher forums at level two will be facilitated in 2018 and will include learning from local serious case reviews

Safeguarding Adult training is provided at level one for all clinical staff and at level two for all shift leaders and clinical staff Band 6 and above. Staff who participate in Section 42 investigations access level three safeguarding training through the Local Authority. Safeguarding training is delivered in line with a whole family approach.

**Safeguarding training compliancy in 2017/18 was as follows:**

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	93.68%	91.90%	94.77%	91.05%	90%
Safeguarding Children	Two	94.77%	92.33%	92.04%	92.12%	90%
Safeguarding Children	Three	91.50%	92.29%	90.15%	91.62%	90%
Prevent	Awareness	84.50%	86.21%	90.07%	91.90%	85%
Prevent	Health Wrap	88.55%	89.90%	89.73%	91.80%	85%
Safeguarding Adults	One	95.27%	94.66%	94.25%	94.88%	90%
Safeguarding Adults	Two	67.27%	70.32%	77.32%	85.10%	90%
DOLs		79.31%	77.54%	83.96%	80.31%	85%
MCA		85.62%	83.90%	84.46%	85.10%	85%

An action plan is in place to increase the number of safeguarding adult's level two training courses available for staff. Regrettably several courses were cancelled in April/May due to two of the three safeguarding adult named professionals who facilitate the training being unavailable – one due to extended sick leave and one vacant post. A new safeguarding named professional was appointed in May 2017 and joined the team in July. The named professional on sick leave returned to work at the beginning of August on a phased return. Extra courses were arranged and bespoke training offered to targeted staff groups. Compliance increased to 77% in quarter three which was an improvement of 7% on the previous quarter figures. Further additional training courses were organised and facilitated in quarter four including a safeguarding refresher forum at level two in February 2018. Compliance increased to 85.10%, a further rise of 7.78%, from quarter three and further additional courses are scheduled for April and May 2018.

Compliance to safeguarding adults and safeguarding children training is constantly monitored. Bespoke training is offered to services where a cohort of people are due for refresher and courses are facilitated according to demand.

All named and designated professionals working for BHFT are trained at Level 4/5 and the team are 100% compliant. The team also join local safeguarding conferences and assisted in the running of group work in the Slough annual conference.

Work has continued to ensure that staff are aware of and able to recognise risks around child sexual exploitation and the national e-learning for CSE forms part of essential training for all BHFT staff who work directly with children. Training to provide basic awareness around female genital mutilation (FGM), and what to do if FGM is suspected or reported, is delivered as part of all the BHFT safeguarding training programmes, including responsibilities around mandatory reporting for regulated professionals. Asking the question about FGM has been introduced as part of health visitor assessments at the new birth visit and transfer-in visit and health visitors and school nurses have Department of Health online FGM training as part of their essential training. The safeguarding team worked with the communications team to develop regular screen savers on safeguarding topics such as domestic abuse, child sexual exploitation and FGM to continue to embed learning. A safeguarding newsletter is produced and circulated to staff six-monthly by the safeguarding team to highlight pertinent safeguarding issues and is available on the safeguarding children page on Team Net. Training presentations are reviewed 6 monthly by the safeguarding team in response to evaluation and to highlight any new safeguarding issues/ local learning.

### **Multi-agency work**

The Head of Safeguarding joined a working group to organise and facilitate a violence and exploitation conference in East Berkshire which took place in November 2017. This conference was facilitated as part of learning from a previous mental health homicide review and serious case review in Berkshire and the conference included keynote speakers who had experienced different forms of violence and exploitation including child sexual exploitation, forced marriage, gangs and domestic abuse. The testimonials were extremely powerful and the conference was extremely highly evaluated. Presentations from the conference were recorded and the safeguarding team will use clips from the presentations to enhance safeguarding training in the Trust once they are available.

The named doctor made a presentation on mental health at the Safeguarding Conference in West Berkshire in October and the MCA lead facilitated multi-agency MCA workshops in West Berkshire to promote understanding of practical application of the Act. Named professionals for safeguarding children co-facilitate targeted safeguarding children training in Slough.

## **11. Developments in Mental Capacity Act Practice**

The Mental Capacity Act establishes a framework of protection of the rights for people who may –through disability, injury or illness – have impaired mental capacity, or who are at risk of being wrongly thought to lack mental capacity because of a diagnostic label or some aspect of their appearance or behaviour. The Act, implemented in 2007, applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who may be unable to make all or some decisions for themselves – around 2 million people. It sets out how professionals in sectors such as health and social care, finance, policing, trading standards and legal services, should support and care for people who may lack capacity. It also describes how people can prepare in advance for a time when they may lack capacity. The role of the MCA lead in the adult safeguarding team is to act as a point of reference for colleagues, to develop and train trust staff and team colleagues, review and develop the training programme and support the trust leadership with regard to the MCA Framework.

During 2017/18 the MCA/DoLS lead for the Trust worked with the MCA lead at the Royal Berkshire Hospital to develop a Mental Capacity Act policy. This was achieved and the new policy, which incorporates DoLS was endorsed by the BHFT Policy Scrutiny Group in March 2018. The policy includes a flowchart which is displayed in all inpatient wards to support staff in managing the DoLS process. During 2017/18, oversight of the DoLS application process moved from the Mental Health Office to the Safeguarding Team. The safeguarding adult advice line was also developed and this supports staff in practice with advice from named professionals for safeguarding adults.

A further development in 2017/18 was the setting up of a champions group to take the MCA agenda forward and support staff in practical ways on the community inpatient wards. The group is mentored by the MCA lead and meets quarterly. A champion has been named for each of the community inpatient wards and the work of the champion is focussing on encouraging and empowering nurses to undertake MCA assessments in areas where this role is usually allocated to Occupational Therapists (OT's) and the responsible clinician. It is planned to further develop this work with introduction of champions to the community nursing service in 2018/19.

Two Mental Capacity Act audits were undertaken by the safeguarding team in 2017/18. In each case two sets of notes were audited from three community inpatient wards, mental health wards, Campion unit and Willow House adolescent unit to assess the quality of mental capacity assessments being undertaken and to determine if decisions were being made which required a formal assessment of capacity.

#### Findings

- All records audited had documentation that evidenced consent being obtained for admission, treatment and sharing of their information with relevant agencies;
- Prospect Park Hospital records demonstrated use of formal capacity assessment tool in patient electronic records;
- Wokingham community rehab inpatient unit evidenced a high quality of capacity assessment for admission, treatment and sharing of information. There was a high quality of assessment in areas where therapy was being provided. Care plans were completed that demonstrated patients understood and agreed to their plan where patients had cognitive impairment. Specific detail was included that highlighted they had cognitive impairment but that this was not causing them not to be able to make a decision at that time;
- Audit of Jubilee Ward and Henry Tudor wards evidenced that more support for staff is required to improve their understanding of mental capacity assessments. All sets of records had consent forms signed by the Next of Kin. None of the records audited had a capacity assessment form completed
- Willow House - Both records audited demonstrated that patients were competent to provide consent to engage in treatment and support plans.

The second audit in March 2018 evidenced that MCA practice and consent is documented in the patients file for interventions. This had improved since the previous audit and it was the perception of the auditor that the level of knowledge of MCA had increased from talking to staff. During 2017/18, a proposal was put forward to recruit a named professional for safeguarding adults on secondment for one year to add to the resource of the team and to work with staff on the practical application of MCA and to strengthen support for DoLS applications. This was agreed and the post has been recruited to from April 2018 for one year. It is a full-time post.

**Deprivation of liberty referrals for authorisations 2017-2018**

<u>Ward</u>	<u>Q1</u>	<u>Q2</u>	<u>Q3</u>	<u>Q4</u>	<u>Total applied for</u>	<u>Total DOLS not granted</u>	<u>Total DOLS granted</u>
<b>Campion unit</b>							
<u>Application made to Local Authority</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>0</u>			
<u>Authorisation granted</u>	<u>2</u>		<u>1</u>	<u>0</u>			
<u>Authorisation not granted</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>			
					<u>4</u>	<u>1</u>	<u>3</u>
<b>Orchid Ward</b>							
<u>Application made to Local Authority</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>			
<u>Authorisations granted</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>			
<u>authorisations not granted</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
					<u>2</u>	<u>0</u>	<u>2</u>
<b>Rowan Ward</b>							
<u>applications to the local Authority</u>	<u>3</u>	<u>8</u>	<u>5</u>	<u>5</u>			
<u>authorisations granted</u>	<u>1</u>	<u>7</u>	<u>5</u>	<u>4</u>			
<u>authorisations not granted</u>	<u>2</u>	<u>1</u>		<u>1</u>			
					<u>21</u>	<u>4</u>	<u>17</u>
<b>Ascot Ward</b>							
<u>applications made to Local Authority</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>			
<u>authorisations granted</u>							
<u>authorisations not granted</u>				<u>1</u>			
					<u>1</u>	<u>1</u>	<u>0</u>
<b>Windsor Ward</b>							
<u>applications made to local authority</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>			
<u>Authorisations granted</u>							
<u>Authorisations not granted</u>		<u>1</u>					
					<u>1</u>	<u>1</u>	<u>0</u>
<b>Donnington Ward</b>							
<u>Applications made to local authority</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>			
<u>Authorisations granted</u>							
<u>Authorisations not granted</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>			
					<u>2</u>	<u>2</u>	<u>0</u>
<b>Highclere Ward</b>							
<u>Applications made to Local authority</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>			
<u>Authorisations granted</u>		<u>1</u>	<u>1</u>	<u>1</u>			
<u>Authorisations not granted</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
					<u>3</u>	<u>0</u>	<u>3</u>
<b>Henry Tudor Ward</b>							
<u>Applications made to Local authority</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>			
<u>Authorisations granted</u>		<u>1</u>					
<u>Authorisations not granted</u>		<u>1</u>					
					<u>2</u>	<u>1</u>	<u>1</u>

<b>Jubilee Ward</b>							
Applications made to Local authority	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
Authorisations granted							
authorisations not granted					<u>0</u>	<u>0</u>	<u>0</u>
<b>Oakwood Ward</b>							
Applications made to local Authority	<u>0</u>	<u>0</u>	<u>3</u>	<u>0</u>			
Authorisations granted			<u>3</u>				
Authorisations not granted							
					<u>3</u>	<u>0</u>	<u>3</u>
<b>Totals</b>					<u>39</u>	<u>10</u>	<u>29</u>

It has been identified that it is unusual in the course of the year, that there were no patients on the ward who lacked capacity in relation to the decision to remain on the ward for care and treatment. Work is being undertaken by the Safeguarding Named Professional to increase the level of knowledge regarding criteria for referral for DOLs assessment and support staff to identify when a deprivation of liberty is likely to be occurring.

#### **Deprivation of Liberty (DoL) Judgement and practice effects on DoL standards.**

On 30 October 2017, the Government published its interim response to the law commission's report. The response welcomed the Law Commission's report and confirmed that they will be engaging with a range of stakeholders to understand in greater detail how the Commission's recommended changes can be implemented. The Government's final response was published on 14 March 2018. The changes are not imminent and are likely to not be implemented until late 2019 at the earliest.

What does this mean for the Trust?

The work of ensuring all the steps to authorising a 'liberty protection safeguard' will be detailed and the responsible clinician, ward doctor and multi-disciplinary team will need time to consult with interested parties, representatives and advocates'.

- Advising patients and their representatives of the new process keeping the patient at the centre of decision making and planning;
- More demand on healthcare professional time and resources;
- Training for all staff who work on inpatient units regarding their legal responsibility for ensuring all stages of the process are clear. New documentation is also envisaged ;
- Training for Safeguarding adults named professionals and other governance personnel on new process ;
- Multi-agency working to create the required training, application and governance.

## **12. Child Protection Supervision**

A formal process for child protection supervision enables front line staff to review cases, reflecting and analysing current progress, assessing risk, planning and evaluating care and interventions in complex

clinical situations. All named professionals working for the trust have received specialist child protection supervision training from the NSPCC.

The BHFT child protection supervision policy CCR123 provides guidance for staff and has standardised child protection supervision across the trust. All health visitors and school nurses receive individual supervision from a named professional at least four monthly, with newly qualified staff receiving supervision two monthly for the first six months. Staff can request extra supervision sessions if required. All health visitors and school nurses received a minimum of three sessions of child protection supervision during 2017/18, a positive achievement for the safeguarding team. Group supervision was provided to all CAMHS teams, community children's nurses and to community children's respite nursing teams. Group child protection supervision was also facilitated to the teams of specialist looked after children nurses and to all allied professionals who work directly with children. Child protection supervision is provided to the young person health advisors at the Garden clinic and a Named Nurse attends the bi-monthly safeguarding meeting at the sexual health clinic. Group supervision is also facilitated for staff at the Minor Injuries Unit (MIU) at West Berkshire Community Hospital and the Slough Walk In Centre (SWIC). An on-call advice line manned by named professionals provides ad-hoc advice as required.

Named professionals attend health visitor and school nursing locality meetings quarterly to disseminate current safeguarding information to teams and to provide an opportunity for face to face contact with all bands of staff. Child protection supervision is also now provided to the BHFT nursery managers as required, following learning from the Slough partnership review relating to Child MB.

Compliance to child protection supervision by CAMHS staff has continued to rise with all staff receiving at least two sessions in 2017/18 and a much greater engagement in sessions. The Named Professional (mental health) has worked extremely hard to continue to increase compliance offering a flexible service across the Trust to make attendance at child protection supervision easier for staff to access. All supervision sessions are now dedicated sessions and are no longer an add-on to team meetings. Monthly supervision is now offered to staff at the tier four Berkshire Adolescent Unit.

The safeguarding team receive regular safeguarding supervision from the designated nurses and the head of safeguarding, named doctor and named nurse (mental health) have monthly peer supervision. The named doctor has supervision from the designated doctor for child protection.

The provision of telephone advice and support is an integral part of the service delivered by the safeguarding team. The 'On-Call' urgent advice line where a named professional is immediately available for advice across BHFT during the hours of 9 – 5 pm Monday to Friday, is well used by staff with over 900 enquiries from staff during 2017/18 from a wide variety of services across the trust. The Domestic Abuse Specialist Practitioner is also available for individual advice around issues relating to domestic abuse and support to staff across BHFT. An on-call advice line for safeguarding adult enquiries has been developed during 2017/18 to replicate the safeguarding children advice line and has been very well received by staff.

### **13. Prevent**

Prevent is part of the UK's counter-terrorism strategy, CONTEST. The Prevent agenda is outlined in the Department of Health document 'Building Partnerships, staying safe – the Healthcare Sector's contribution

to HM Government's Prevent Strategy: for Healthcare Organisations'. The Trust has a duty to adhere to the Prevent duty. Its aim is to stop people being drawn into terrorism or supporting terrorism.

The Prevent Lead for the Trust is assisted by two named professionals for safeguarding children. Links with the Local Authority and the police remain strong. The Trust is represented on all six Channel panels and Prevent management meetings across the six Localities in Berkshire. Prevent training is part of induction and compliance to training this year has increased to 91.9% of staff for both Wrap and basic awareness training. This is a significant achievement and the team have continued to offer training to groups in their bases as well as part of the general training programme in order to make it easier for staff to access training and increase compliance. Knowledge of PREVENT is refreshed through all the safeguarding refresher courses offered by the Trust.

Staff have demonstrated an awareness of Prevent and its purpose, with several concerns being discussed with the Prevent Leads and some of those referrals meeting the threshold to be considered by the Channel panel and in turn being adopted by the panel. The safeguarding team are available for telephone advice and have seen an increase in calls for advice on Prevent matters.

In November 2017, the Government released guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation. Mental Health services are now required to review a referral within 2-3 days. This fits into our current structure where initial referrals are screened by Common Point of Entry (CPE) and then referred to the correct service. There are clear pathways for emergency and routine secondary mental health care. For secondary assessment, a contact must be made within one week however, an assessment is then in line with local and national access standards.

## **14. Modern Slavery**

There is now a duty to notify the Home Office of potential victims of Modern Slavery and this came into force in November 2015. This duty is set out in Section 52 of the Modern Slavery Act 2015 and applies to public authorities. Although health organisations are not yet compelled to notify, under safeguarding arrangements, consideration should be given to making a referral to the police or local authority should a health practitioner have reason to believe a vulnerable adult or child is being exploited or trafficked.

A Modern Slavery Sub-group has been set up in Slough led by the police and the Community Safety Partnership and the named professional for mental health is a working member of that group. Modern Slavery training has been offered locally and nationally and has been attended by the named professionals. Modern Slavery is included in all trust safeguarding adult training.

## **15. Multi-Agency Safeguarding Hubs (MASH)**

During 2016/17 six multi-agency safeguarding hubs were established in each locality across Berkshire and staff were recruited into the safeguarding team to provide health information in the hubs. Named professionals continue to be members of both the strategic and operational MASH sub-groups to develop the way the Hubs function. Two different models have been adopted in Berkshire. In East Berkshire, two health co-ordinators collect health information for the hub from across the health economy supported in the role by Health Visitors who take part in MASH assessments. In West Berkshire, three specialist community health practitioners undertake the health role. Management support and supervision is provided by named professionals in the team.

## 16. Summary

2017/18 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. The Care Act (2014) and Care and Support Statutory Guidance has clarified organisations responsibilities relevant to safeguarding adults vulnerable to abuse or neglect. This legislation along with safeguarding children legislation underpins the standards and principles of safeguarding practice at the heart of patient care in the Trust and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response. Team Achievements 2017 – 2018 have included the following:

- Development of the safeguarding adult named professional role at Prospect Park Hospital to provide daily safeguarding oversight and advice and support to staff;
- Development of an on-call adult advice line to mirror the child protection advice line which is already well established;
- High level of compliance to safeguarding children training and safeguarding adults level one;
- Safeguarding adults level two training compliance increased from 67% to 85%;
- Drive to increase compliance to PREVENT training resulted in compliance at over 90%;
- Introduction of MCA champions to support community inpatients wards staff in the practical application of the Act;
- New secondment fulltime post to continue the work of improving compliance to the Mental Capacity Act recruited to;
- Increase in compliance to group child protection supervision for CAMHS staff and allied professionals who work with children;
- Specialist practitioner domestic abuse extended role to support adult safeguarding matters as well as domestic abuse affecting children;
- Active participation in in fourteen multi-agency adult and child serious case reviews and work to influence change in systems and embed learning;
- Three safeguarding children forums with theme of neglect following learning from a serious case review;
- Introduction of an adult safeguarding forum to embed learning from serious case reviews which will be established as a regular event going forward to 2018/19;
- Regular screen saver messages to remind staff of key safeguarding issues and production of two safeguarding news letters;
- Participation in multi-agency safeguarding training and high level of compliance across LSCB's and SAB's and their corresponding sub-groups;
- Six safeguarding audits including monitoring and implementation of action plans;
- Evidence of increased referrals from health into MARAC.

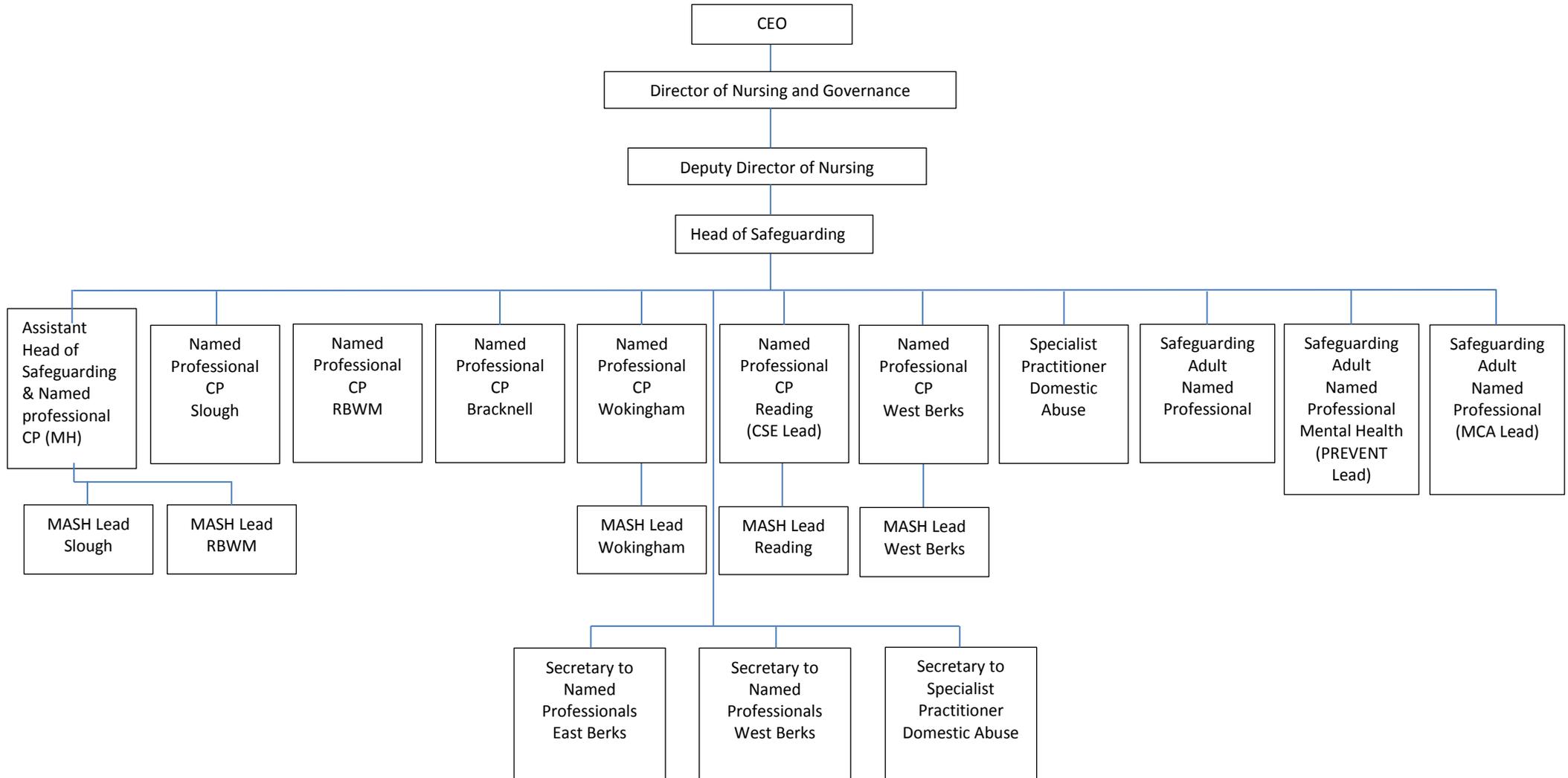
### Future Plans

- Continue to embed good practice;
- MCA post on secondment to continue to support staff in application of the Act;
- Improve system for monitoring section 42 investigations and improve staff skills in producing reports;
- All safeguarding children training to be minimum 90% compliant across the Trust;

- Ensure CAMHS child protection supervision compliance to three sessions annually is minimum 85% end March 2019;
- Share learning across the Trust in multi-media formats and through the CYPF patient safety and quality group and the leadership sub-groups;
- Continue to provide strong representation on the LSCB;
- Continue to develop services in regard to prevention, disruption and reporting of exploitation;
- Establish MCA champions in community nursing service;
- Embed making safeguarding personal into practice.

APPENDIX ONE

SAFEGUARDING TEAM



# Team Plan Summary 2017-2018

## Goal 1: Improving patient safety and experience

To provide safe services, good outcomes and good experience of treatment and care

- Commitment to contributing to an outstanding care quality commission rating through maintaining the high quality commission rating through maintaining the high level of skills and knowledge within the team.
- Maintain and develop safeguarding training to recognised standards for adult training and to the intercollegiate document 2014 for children, young people and families accessing Trust services.
- Continue to provide responsive children safeguarding advice to all Trust staff via the on-call advice line.
- Monitor and update compliance to Section 11 of Children Act 1989 reporting to Board and providing assurance to LSCB monitoring groups.
- Appropriately implement the Pan Berkshire escalation policy for Safeguarding.
- Access specialist training and supervision via Trust and external providers.
- Improve staff engagement in MCA assessments and DOLS
- Strengthen team knowledge of Prevent and ways to support staff

## Goal 3: Money matters

To deliver services that are efficient and financially sustainable

- To complete the review of the children's safeguarding form making key safeguarding information readily available.
- Improve the use of Skype and SMART working to reduce travel and maximise team efficiency.
- Build on the planning and delivery of joint adult and children's Level 1 training.
- Introduce joint adult/child 'think family' safeguarding training at level two for appropriate staff groups.

## Goal 2: Supporting our staff

To strengthen our highly skilled and engaged workforce

- Improve and maintain the uptake of supervision for CAMHS and the allied professions.
- To continue to develop child and adult safeguarding training programmes.
- Maintain the presence of the adult safeguarding lead during the working week at Prospect Park Hospital providing support and advice.
- Maintain and review the children's safeguarding advice line to inform future training needs.
- Continue to monitor safeguarding practice through audit and safeguarding clinical supervision.
- Maintain and improve the safeguarding page on Team net
- Continue to support staff by providing safeguarding forums and seminars, sharing learning from serious case reviews, partnership reviews and current issues including Domestic Abuse, CSE, FGM and Prevent.

## Goal 4: Working together

Understanding and responding to local needs as part of an integrated system

- Ensuring safeguarding representation at LSCB sub-groups.
- Continue to develop and establish the MASH roles in East and West Berkshire.
- Respond to specific local safeguarding initiatives by providing joint training.
- Continue to embed partnership working practices with adult and mental health staff including the children's Berkshire Adolescent Unit.
- Continue to develop and maintain close working relationships with partners in social care in each of the six Berkshire unitary authorities
- Participate in multi-agency audits, serious case reviews and partnership reviews as required.

**Our vision: To be recognised as the leading community and mental health service provider by our staff, patients and partners.**