Berkshire Healthcare NHS
NHS Foundation Trust

Safeguarding Annual Report

April 2018 – March 2019

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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, Berkshire Healthcare has 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 (SECEG) which reports to the Quality Executive Group and ultimately to the Trust board. These groups are established to lead and monitor safeguarding work within Berkshire Healthcare and meet quarterly. The board also receives a monthly update on safeguarding cases of concern.

The Head of Safeguarding works as a full time manager for the safeguarding team and 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). The Head of Safeguarding is supported by the Assistant Head of Safeguarding who holds enhanced responsibilities as part of her named professional role. 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 was

agreed to support Mental Capacity Act work within the Trust from April 2018. It has been agreed that this post will become a permanent safeguarding adult named professional post following the end of the secondment. 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 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 Directors 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 by the safeguarding team on a biannual basis. The Section 11 audit for Berkshire Healthcare 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; The Berkshire Healthcare Section 11 was presented to the Pan-Berkshire Section 11 Panel in March 2019. All categories were considered effective. Berkshire Healthcare received the following feedback: '*The s11 Panel agreed that the* Berkshire Healthcare *self-assessment was of a high standard and that the Trust are compliant with the s11 responsibilities. All categories of the self-assessment are RAG rated green and the organisation understands their duty to continuously improve and shape*

services to safeguard children. The Panel were assured by the level of safeguarding governance and practice within the organisation and assured the s11 action plan is monitored regularly.'
The Section 11 is also 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. Four internal safeguarding audits were undertaken during 2018/19 and named professionals participated in multi-agency audits across the localities.

Audit	Completion
Audit of Child Protection Record Keeping	April 2018
Repeat Audit of Patients who go Absent Without Leave (AWOL) at Prospect Park Hospital	August 2018
Audit of Child Protection Supervision	In progress
Audit of Compliance to Mental Capacity Act 2005	March 2019

Audit of Child Protection Record Keeping

The aim of this audit was to establish if the key actions from the previous audit (August 2015) have been adhered to in Berkshire Healthcare NHS Foundation Trust (BHFT), for children subject to a child protection

plan. That the standards set out are demonstrated in practice for health visitors, school nurses and CAMHS practitioners.

A total of fifty children subject to a child protection plan were included in the data. Forty children were known to school nursing or health visiting. CAMHS data had not been included in the previous audit. For this audit data from ten children was taken from CAMHS records.

The audit showed that there has been a notable overall improvement in the recording of demographic data. The audit demonstrates that the introduction of the safeguarding form allows for the current detail of the child's status and their social worker details to be easily accessible. This form is well maintained; the audit found that high standards have been achieved of 95% and 100% for health visitors/school nurses and CAMHS practitioners respectively.

There has also been an improvement in the recording of case conference safety plans and that actions for health practitioners in the child protection plans are progressed.

Sharing of the case conference report with the child's parents/carer by health visitors and school nurses prior to conference has improved from 66% to 77.5%; however, this remains short of the standard of 100%. It is possible that some practitioners have not evidenced this in the records, or not recorded any unsuccessful attempts made.

The recommendations and action plan have been shared with the health visiting and school nursing improvement groups and with the CAMHS leadership team.

Repeat Audit of AWOL at Prospect Park Hospital

Patients on the four acute wards, detained under the Mental Health Act, who left the hospital site, were included in the audit. There were thirteen AWOL incidents recorded for August that fitted the inclusion criteria. Of these, four related to the same patient on Bluebell and three related to the same patient on Daisy ward.

Findings:

Overall the audit found that there has been improvement in staff correctly following the trust policy and procedure on missing/absent patients from mental health inpatient settings(CCR144) since the previous audit in August 2017. However, there have been some inconsistency and gaps in the way the policy has been followed by staff. The policy aims to ensure that Berkshire Healthcare staff effectively report AWOL incidents, learn from incidents and minimise risk. Paying particular attention to the gaps identified in the 2017 audit, there has been some improvement particularly with number of return to the ward interviews conducted. Findings included:

- In every case where the police were informed that a patient was missing they were also informed when the patient returned to the ward.
- 70% of patients were offered a one to one on return to the ward to establish why they had gone AWOL and to try to prevent further AWOL. This was an improvement but needs to improve further.

- CRHTT were informed in each case that the patient was missing as per policy. However, there appeared to be confusion in regard to the expected action by CRHTT and there was no evidence of a visit being made to the patients last known residence.
- Although it is likely that the ward doctor is aware of the AWOL through discussion with the nursing team, there is no specific documentation that they were informed.

Recommendations

Process for visiting the patient's home to be clarified in discussion with police colleagues and in consideration of safe staffing levels

Ward staff to complete a printed checklist for every AWOL which is uploaded to the Document list on Rio when complete. This will need to be attached to the daily allocations board and completed by the nurse in charge.

Acute wards to have mobile telephones issued that staff are to carry with them on escorted walks. This will enable the staff to contact both the police and the ward quickly if a patient's absconds on escorted leave, enabling quicker location of patient and reduction of harm. Mobile phones have now been provided to all ward settings for use on escorted leave.

All actions to be discussed with Prospect Park Hospital senior leadership team for implementation. The action plan is monitored at Patient Safety and Quality meetings. This action has been completed.

Mental Capacity Act 2005 Audit

This audit is summarised later in the Mental Capacity Act 2005 section of the report.

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

Working Together to Safeguard Children 2018

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' is the government's statutory guidance for all organisations and agencies who work with, or carry out work related to, children in the United Kingdom. The guidance aims to set the goalposts for inter-agency working and for promoting the welfare of children from all backgrounds, in all settings. All staff who work with or around children have a responsibility to be aware of Working Together to Safeguard Children and to follow the expectations outlined in the guidance. The 2018 update to Working Together followed a consultation that began in October 2017 to establish what would need to change in support of the new Children and Social Work Act 2017 multi-agency safeguarding arrangements. The

document was published in June 2018 and a summary was presented to the Safeguarding and Looked after Children Group in November 2018. The document has been reviewed by the Safeguarding team and the following noted:

- There is more emphasis on threats to children from outside the family such as online abuse and exploitation, sexual exploitation, radicalisation and involvement in organised crime, especially 'county lines' drug-dealing. The 2018 guidance includes a new section headed '**Contextual Safeguarding'** about children who may be vulnerable to abuse or exploitation from outside their families.
- Greater recognition of the safeguarding risks flowing from substance misuse, including alcohol misuse, by children.
- There is more detailed guidance about safeguarding children in the criminal justice system.
- Modern slavery and human trafficking are now included as risks to be aware of, with a reminder to practitioners that a referral should be made to the National Referral Mechanism as soon as possible, if they have concerns about possible modern slavery or human trafficking.
- Working Together 2018 adds to the section about professionals with concerns about a child's welfare making a referral to children's social care with a statement that they should "always follow up their concerns if they are not satisfied with the result".
- The emphasis remains that when safe, the aim should be to obtain consent but "information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner."
- There is a new section describing the role of health professionals in strategy discussions.

Berkshire Healthcare safeguarding children training has been reviewed and updated in response to the publication. Five safeguarding forums were arranged for Berkshire Healthcare staff during 2018/19 in response to this with external expert speakers on child exploitation, child sexual abuse and vulnerability of looked after children.

One of the most significant changes in *Working Together 2018* is the replacement of Local Safeguarding Children Boards (LSCBs) with Safeguarding Partners who will consist of three agencies: local authorities, clinical commissioning groups, and chief officers of police. These Safeguarding Partners will work with relevant appropriate agencies within their locality to safeguard and protect children. All three Safeguarding Partners have equal responsibility for fulfilling the role and are responsible for selecting the relevant agencies in the area to work with to safeguard and protect children in the locality. To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies by September 2019.

The guidance also sets out the new process for national and local reviews. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel and at local level with the safeguarding partners. The Panel is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance. The Panel must decide whether it is appropriate to commission a national review of a case or cases

Local safeguarding partners must make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area.

A copy of the rapid review should be sent to the Panel who decide on whether it is appropriate to commission a national review of a case or cases. The safeguarding partners are responsible for commissioning and supervising reviewers for local reviews.

Working Together 2018 sets out changes in arrangements for Child Death Reviews as set out in the Child Death Review Statutory and Operational Guidance. The guidance replaces the requirement for LSCBs to ensure that child death reviews are undertaken by a Child Death Overview Panel (CDOP) with the requirement for "child death review partners" (consisting of local authorities and any clinical commissioning groups for the local area) to make arrangements to review child deaths.

The Child Death Review Statutory and Operational Guidance

This guidance was published October 2018. This guidance sets out changes to the child death review process and governance arrangements; the CCG and Local Authorities had to publish their arrangements by 29th June 2019 for implementation by 29th September 2019.
This guidance specifies there should be reviews of all deaths children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.

Mental Capacity Act Amendment Bill 2018.

The Mental Capacity Act 2005 was amended in 2018 and passed into statute in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (LPS). The main changes will be as follows:

- DoLS only applied to people over the age of 18. LPS will be for people aged 16+ (18+ if in a care home).
- DoLS applied to hospital and care homes only. LPS will apply to people deprived of their liberty anywhere.
- LPS may also include the arrangements for the means and manner of transportation for the cared for patient to from or between particular places (not included under DoLS).
- DoLS has both urgent and standard applications. Under LPS urgent applications will only be for life sustaining treatment or any vital act. All other applications will be standard.
- Currently all DoLS applications are assessed/approved by the Local Authority (Supervisory Body). Under LPS the process will be the responsibility of the NHS Trust, CCG, Health Board or Local Authority – whoever is providing or mainly commissioning care will become the Responsible Body. Berkshire Healthcare will be responsible for arranging assessments, authorising the detention, monitoring it and will hold responsibility for reviews and appeals to the Court of Protection for patients in inpatient units (and any community placement funded by Berkshire Healthcare)
- Local authorities will remain responsible LPS for self-funding individuals and in private hospitals.
- DoLS applications are for a maximum of one year only and then require a full reassessment. LPS is renewable after one year and then again for one year and then for three years before a full assessment is required where the Responsible Body has a reasonable belief the person lacks capacity + mental disorder + arrangements are necessary and proportionate.
- All conditions have been removed.

- All DoLS applications are assessed by specially trained best interest assessors and mental health assessors. LPS assessments will be carried out by regulated professionals such as doctors, nurses and occupational therapists. The pre-authorisation review will be carried out by an AMCP who will only meet the client and family where an appeal is lodged.
- The specialist mental health assessor role is removed but there remains a requirement for medical evidence of a mental disorder but does not require a specialist assessor for this, e.g. GP reference that a person has dementia or other condition.

The LPS process will be as follows:

1. **Assessment**: The Responsible Body (such as Berkshire Healthcare) can use any staff with the necessary skills and knowledge to undertake the assessments and use previous mental capacity assessments and mental disorder assessments by appropriate professionals.
2. **Pre-authorisation Review:** The Responsible Body assigns a member of staff, who has had training and is not involved in the day to day care or treatment of the patient. They read the assessment but do not meet the patient. An AMCP is required to complete the review where the person is objecting or where the responsible body asks them to. The AMCP must meet the patient and consult others (if considered appropriate and practicable to do so
3. **Authorisation:** This is a two tier process, the assessment and the authorisation by the Responsible Body. No detail on profession or qualification so could be anyone considered appropriate by the Responsible Body. It could be anyone considered appropriate by the responsible body.

The Deprivation of Liberty Supreme Court ruling of Cheshire West will continue to be the criteria for LPS following amendment of the Mental Capacity Act 2019. As with DoLS, LPS is for detention only and excludes care/treatment or Article 8 decisions. Much of the existing DoLS case law will continue to apply. Appeals will continue to be heard by the Court of Protection.

Any patients who are receiving care from a private provider at home who are identified as being deprived of their liberty will be the responsibility of the local authority. NHS staff providing care in people's homes will be responsible for identifying and reporting to the local authority.

Responsibilities of NHS Trusts:
Currently DoLS applications are completed by Berkshire Healthcare staff and the authorisation process is undertaken by the local authority with administration of the applications and notification to CQC overseen by the safeguarding team.

When LPS is introduced the trust will be responsible for the following:

1. Identifying patients/clients that the trust are funding care packages for (supported living, domestic care packages, and care homes) who lack capacity and could be deprived of their liberty.
2. LPS Assessments: have enough staff trained and able to undertake the necessary LPS assessments at a defensible standard. Allocate time for the assessments.
3. Pre-authorisation: Have enough staff to undertake pre-authorisation reviews. These staff will need time to critically read the assessments and judge whether they meet the standards to withhold future appeal. They will also need to be willing to take on the role of authorising detention. Staff will need to be trained to be AMCPs.

4. Administer and advise: this will include sending back inadequate assessments, record the appropriate person, appoint IMCA's, monitor LPS expiry dates, produce statistics, and inform CQC, produce authorisation record.
5. Review: undertake and monitor planned and responsive reviews.
6. Appeals: a small number of cases will go to appeal at the court of protection requiring written reports and attendance at hearings plus formal legal advice.

Any backlog of DoLS applications not yet assessed will become the responsibility of the provider/commissioner once LPS comes into operation. The Code of Practice will further clarify roles and responsibilities and knowledge and training requirements for these. LPS is expected to be implemented by October 2020.

Consideration is currently being undertaken as to whether the LPS remains as part of the Safeguarding team, with the need for an additional band 7 member of the team to fulfil this change. The alternative which is being considered by the Divisional Director for mental health in patients, Director and Deputy Director of Nursing is whether a mental health law team could be developed to include the Mental Health Act, Mental Capacity Act professionals and ultimately the liberty protection standard leads. This team would become the hub for excellence in mental health laws for the Trust. New posts are being reviewed with the possibility of supporting this innovation and are currently at the developmental stage.

Intercollegiate Document Safeguarding Adults: Roles and Responsibilities for Healthcare Staff 2018 and Intercollegiate Document Safeguarding Children: Roles and Responsibilities for Healthcare Staff 2019

Revised NHS safeguarding training roles and competencies for Healthcare staff were published in late 2018 and early 2019. The new guidance has increased the levels of training and hours required for many staff groups. These documents were reviewed by the Safeguarding Team and the team have reviewed competencies to ensure all aspects are covered in Berkshire Healthcare training. The Head of Safeguarding and the learning and development team are working together to put together a strategy for ensuring the training of all staff will be updated to meet the intercollegiate guidance. The training strategy has been updated to reflect which staff groups will move to a higher level of training. Information about new training requirements has been cascaded to managers and staff via Patient Safety and Quality groups and through Teamnet.

Homeless Reduction Act 2017 and Duty to Refer.

The Homelessness Reduction Act 2017 came into force on 3rd April 2018, with the final section (s.10: duty to refer), published on 1 October 2018. The act places renewed emphasis on the prevention of homelessness with the introduction of the new "prevention" duty. Section 10 of the Act mandates public authorities in England to notify a local housing authority of service users they think may be homeless or at risk of becoming homeless. The statutory "Duty to Refer" applies to organisations that provide inpatient care, emergency departments and urgent treatment centres but emphasises that it would still be beneficial for all NHS organisations to promote the referral system. Information has been added to safeguarding training and a screen saver is planned to raise this issue with staff.

Domestic Abuse Bill January 2019

The Home Office published a landmark bill on Domestic Abuse in January 2019 aimed at supporting victims and their families in pursuing offenders. The bill initiates the government's commitment to: dedicate new funding to support services working with domestic abuse case; identify economic and non-physical abuse within legislation; provide additional training to frontline services; and support victims through the family court. The Bill is aimed at improving the support for victims of domestic abuse and their families and pursuing offenders.

It is estimated that around two million adults experience domestic abuse each year, affecting almost 6% of all adults. Women are twice as likely to be victims as men. The cost of domestic abuse to health services is estimated at 2.4 billion pounds per year.

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 was published in April 2018. Recommendations for the health economy include ddeveloping a national policy on the training and use of chaperones in the treatment of children in healthcare services.

The 2018 Care Quality Commission (CQC) report on Sexual Safety in Mental Health Wards

This report identified multiple concerns and areas for improvement relating to in-patient safety in mental health wards, these included allegations of rape, patient on patient and staff on patient assaults. A working group was set up to look at current practice on Berkshire Healthcare mental health and learning disability inpatient units and develop policy and training for staff to help prevent incidents and ensure any reported incidents are dealt with appropriately. The report categorised eight overarching examples of the type of concerns which were raised, and these should form the basis of any training developed.

- Sexual activity between patients that is likely to be consensual – What is the policy in PPH regarding this? Are patients advised on admission (if well enough) that this type of relationship is not permissible?
- Sexual contact made by a person to another person which is unwanted by the individual who is affected. - What is the current guidance around this in PPH.? Are patients encouraged to inform staff? How are staff advised to respond to this type of incident?
- Sexual activity where one party did not have capacity to consent – What is the current guidance for staff regarding this type of incident?
- Sexual assault by patients on staff – How are these incidents currently managed?
- Allegations of sexual incidents which are likely unfounded – E.g. Staff member accused not on shift, patient known to be psychotic at the time of making the allegation – Is there an existing SOP for this type of concern? Is this managed under the allegations against staff guidance?
- Sexualised behaviour triggered by a patient's mental state – How are these managed currently? Is this part of the patients care plan and risk assessment?
- Allegations by patients that they have been sexually assaulted by a staff member- Is there an existing SOP for this type of concern? Is this managed under the allegations against staff guidance?
- Sexual language used as insults- How is this currently managed?

The report identified that individuals who have been in-patients in mental health services and their families feel that staff do not always keep them safe. Response times to disclosure can be slow and patients are not always kept updated with the progress of their concern/complaint. Patients should be involved if possible,

in completing the Datix/ Incident form and in agreeing actions to be taken. Sexual safety Incidents need to be taken seriously and investigated appropriately. If it is established that the incident did not take place, staff must try to understand why it was made and the distress caused to the patient. Staff must be supportive of patients and provide opportunities for 1-1 conversations where a patient would feel safe in making a disclosure. (Access to staff members of the same gender if this is requested/indicated).
Patients must have access to advocates, helplines Rape Crisis, Victim Support, Survivors Trust (non-current sexual abuse), Survivors UK (for male victims of sexual assault), Galop (LGBT victims of sexual abuse/assault). Also, patients should have access to ISVAs', Sexual Assault Referral Centres (SARC) as appropriate.

To encourage a safe environment within the acute setting and to ensure boundaries are maintained staff must communicate clearly to patients which behaviours are not acceptable and how the ward will respond to sexual safety incidents.

The working party put together an action plan in line with the guidance for staff including training for all clinical staff and a flow chart for staff to follow when reporting incidents and supporting patients following an incident. The action plan is being progressed.

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 Child Exploitation group.

Learning from local serious case reviews and partnership reviews:

During 2018/19, there were five child serious case reviews and two partnership reviews conducted across Berkshire and seven safeguarding adult reviews, one adult partnership review and three domestic homicide reviews. It is of note that there has been a rise in the number of adult reviews in the last two years which have been diverse and have covered a wide range of groups. Berkshire Healthcare are committed to learning from reviews and fully engage in the SCR SAR and DHR process. Named professionals have provided reports and chronologies for all the reviews and supported practitioners throughout the process. Changes in the way both adult and child 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 Berkshire Healthcare 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 Berkshire Healthcare 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 Patient Safety and Quality Group. Learning has also been cascaded through Learning Curve. 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 2018/19: 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 published on 6th April 2018;
- **CCR029 The Management of Sexual Relationships involving In-patients in the Mental Health Setting** – amendments following recommendations from sexual safety working group;
- **CCR123 Child Protection Supervision for identified key practitioners who work alongside children within Berkshire Healthcare** – minor updates and changes;
- **CCR089 Safeguarding Adults from Abuse** – extensive changes.

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 Berkshire Healthcare policies incorporate the themes of safeguarding.

Safeguarding Procedures Online

Berkshire Healthcare, alongside multi-agency partners, are governed by the Berkshire child protection and adult safeguarding procedures online. The Head of Safeguarding and Assistant Head of Safeguarding 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)

Berkshire Healthcare regularly reviews its membership of the six Berkshire LSCBs and three 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 Divisional 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 Child Exploitation strategic group. Named professionals also attend all training and development sub-groups and any safeguarding task and finish groups such as the FGM groups.

Berkshire Healthcare provides a quarterly report to each LSCB.

8. Inspections

Care Quality Commission (CQC) Inspection July 2018

Berkshire Healthcare underwent a focussed CQC inspection and maintained a 'Good' rating overall, and received 'Outstanding' for the Well Led element of the review.

The outcome of the services that were inspected is shown in the table below:

	Safe	Effective	Caring	Responsive	Well led	Overall
Trust Overall CQC rating	Good	Good	Good	Good	Outstanding	Good
Core service	Safe	Effective	Caring	Responsive	Well led	Overall
Older People's Mental Health Services (inpatients)	Good	Good	Good	Good	Good	Good
Acute Mental Health and Psychiatric Intensive Care Unit	Good	Good	Good	Good	Good	Good
Crisis Response and Home Treatment team and Place of Safety	Good	Good	Good	Good	Good	Good
Adult Service Community	Good	Good	Good	Good	Good	Good
Children and Young People (community)	Good	Good	Good	Good	Good	Good
Urgent Care (Minor Injuries Unit)	Good	Good	Good	Good	Good	Good
Learning Disability Inpatients	Good	Outstanding	Good	Good	Outstanding	Outstanding

JTAI Child Sexual Abuse in the Family environment.

In January 2019, Berkshire Healthcare participated in a Joint Targeted Inspection of child sexual abuse in the family environment in Bracknell. The report has been published and was a positive report. Learning was identified in relation to monitoring of the quality of referrals into MASH and multi-agency inclusion in MASH work. An action plan has been formulated and is in progress.

9. Domestic Abuse

Domestic abuse remains a key feature in many child protection cases and serious case reviews. The negative health impact of domestic abuse is huge both for the victim and the children so health input in 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. Knowledge and expertise can be shared between the teams which can enhance the safeguarding support for both Berkshire Healthcare staff and users of the services.

The specialist practitioner for domestic abuse is responsible for:

- Providing consultation and support to staff members working with service users when domestic abuse is an issue;
- Providing support for Berkshire Healthcare 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 Berkshire Healthcare community health services at Multi-Agency Risk Assessment Conferences (MARAC) and Domestic Abuse Repeat Incidents Meeting (DARIM)
- Representing Berkshire Healthcare 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 Berkshire Healthcare. Domestic Abuse 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 Berkshire Healthcare staff. There are regular training dates for ***domestic abuse basic awareness*** and ***domestic abuse and mental health*** available on SLATE but also 'bespoke' training can be delivered for different practitioner groups. All training includes DASH and MARAC training. Berkshire Healthcare 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 staff.

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 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).

Notifications of Domestic Abuse Incident Reports

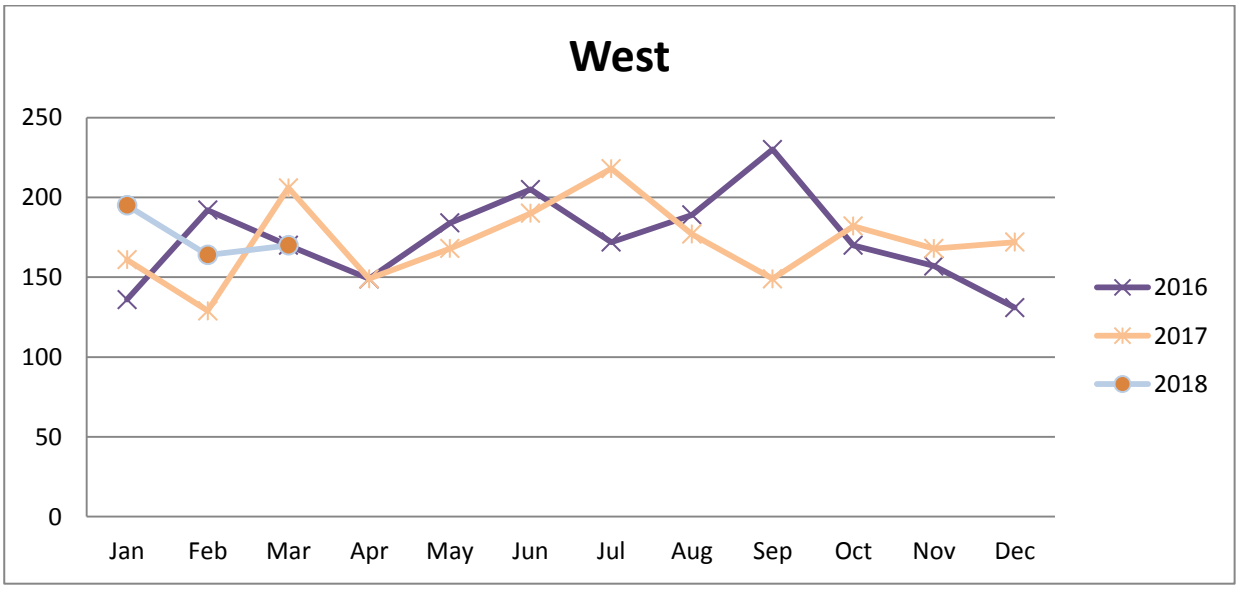
Domestic abuse notifications are generated by police for all incidents reported to them and the safeguarding office receives these where there is a child under 5 or the victim is pregnant. The teams are also informed of serious incidents where older children are present. The named professionals and specialist practitioner for domestic abuse review all 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 Berkshire Healthcare.

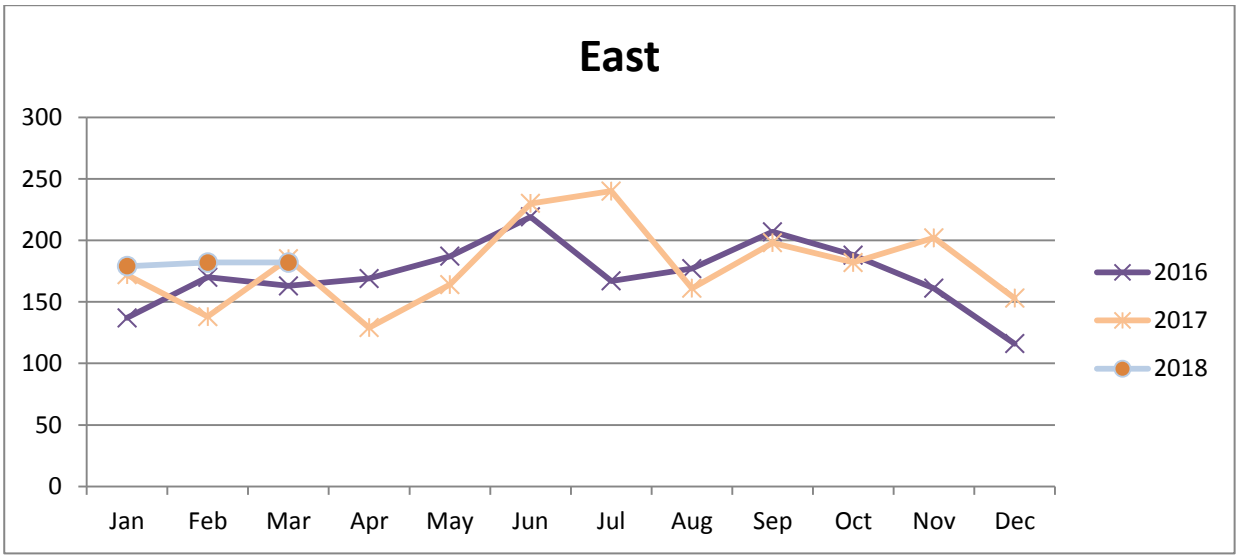
Looking to the future

The Domestic Abuse Bill published in January 2019 offers tougher sentences for perpetrators where there are children involved 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.

Figures

For 2018 – 2019, 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.





10. Safeguarding Training

All internal safeguarding training in Berkshire Healthcare is facilitated by the named professionals for safeguarding. The safeguarding training strategy has been reviewed in line with publication of the new intercollegiate documents for Safeguarding Adults and Children. The new requirements mean all clinical staff are required to undertake safeguarding adult training at minimum level 2 which means enhanced training for over 2000 staff. Bespoke training sessions have been organised for some staff groups and extra training sessions are in place to ensure all staff are compliant at level two by the end of 2020 as required by the document. All clinical mental health staff who work with adults plus some other staff groups are now required to complete safeguarding children training at level three. Again bespoke training is being organised plus extra sessions for staff plus two extra safeguarding forums to ensure staff are compliant as soon as possible.

Safeguarding training 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 and criminal exploitation, forced marriage, honour based violence and FGM including mandatory reporting responsibility are included in all safeguarding training. 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 domestic abuse and the impact on children were held in April, September and October 2018 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 specific vulnerabilities and needs of looked after children, effects of domestic abuse on the emotional development of children by the Named Doctor for Safeguarding Children, coercion and control by the Specialist Practitioner Domestic Abuse and learning from local serious case reviews by the safeguarding team. Domestic abuse was featured in all the serious case reviews which Berkshire Healthcare participated in during the year.

A safeguarding adult's forum at level two will be developed to replicate the safeguarding children model.

Safeguarding training compliancy in 2018/19 was as follows:

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	90.6%	92.8%	91.75%	91.79%	90%
Safeguarding Children	Two	92.8%	92.6%	88.59%	88.94%	90%
Safeguarding Children	Three	87.5%	91.2%	90.55%	88.20%	90%
Prevent	Awareness	94.5%	94.2%	93.90%	95.60%	85%
Prevent	Health Wrap	94.3%	94.7%	94.70%	96.10%	85%
Safeguarding Adults	One	94.8%	94.6%	92.54%	91.28%	90%
Safeguarding Adults	Two	85.9%	87.8%	86.37%	81.67%	90%
DoLS		79%	82.9%	81.77%	86.27%	85%
MCA		87%	89.3%	85.92%	90.69%	85%

Safeguarding training compliance levels are monitored on a monthly basis by the safeguarding team. An action plan is in place to increase the number of safeguarding adult level two training courses available for staff following the recent publication of the Intercollegiate Document Safeguarding Adults: Roles and Competencies for Healthcare Staff. Extra courses are also being facilitated to increase compliance to safeguarding children training at level two and there will be a targeted safeguarding forum in May for level three training. All staff who are non-compliant have been written to and asked to book onto the forum. There has been a delay in receiving training dates from the Berkshire LSCB's which has had on impact on compliance for level three safeguarding children training. The safeguarding forum for 2019/20 is based on the newly published Working Together 2018 and will focus on contextual safeguarding.

A new safeguarding named professional was appointed in April 2018 on secondment to increase understanding of the Mental Capacity Act 2005 and to increase compliance to MCA and DoLS training. Compliance to MCA and DoLS training rose in quarter two. MCA/DoLS training at induction has been reviewed and has been split into two smaller groups following feedback through evaluation and from the facilitators of the training. The training presentation has been modified to make it more case-study based. Staff who are non-compliant to DoLS training have been sent reminders to book on to courses. Training compliance in quarter four was compliant at over 85% for both MCA and DoLS

Compliance to PREVENT training remains high at over 96%. All new staff receive PREVENT training at induction

Multi-agency work

Named professionals for safeguarding children and adults attend quality and performance LSCB sub-groups and SAB effectiveness groups in each locality and participate in multi-agency audits as requested. Examples are as follows:

Named nurses participated in child sexual exploitation audits in Bracknell, RBWM and Slough.

The Head of Safeguarding participated in a case audit following the death of a 6 week old baby from sudden infant death syndrome in Bracknell. An action plan has been developed from the audit which is being monitored by the learning and Improvement sub-group.

The named nurse for safeguarding children (Slough) participated in a domestic abuse audit. The audit is not yet complete. Actions from the audit will be shared with the Children and Young People's Patient Safety and Quality Group.

A named professional for safeguarding adults is participating in an audit with the RBWM safeguarding team to look at quality of safeguarding referrals from Berkshire Healthcare.

A named nurse for safeguarding children is participating in a multi-agency LSCB audit in Reading looking at outcomes for children who have been subject to a protection plan for more than 18 months and children de-registered from a plan after three months.

A named nurse for safeguarding children participated in a multi-agency audit of MASH in RBWM.

A named nurse for safeguarding children participated in a multi-agency workshop looking at levels of need in Wokingham.

The named nurse for safeguarding children for RBWM participated in a multi-agency audit of RBWM MASH.

The Head of Safeguarding represented Berkshire Healthcare at two working groups following learning from local serious case reviews. One group looked at how to promote safe sleeping to fathers following sudden infant death of a baby whilst co-sleeping with father on a sofa. The group have produced a video in conjunction with London Irish Rugby club entitled 'Lift the Baby' and this has been shared widely through health professionals, via social media and through the Lullaby Trust. The second group looked at promoting services for unpaid carers following a safeguarding adult review in Slough and resulted in a cross Berkshire bus campaign advertising a new help line for carers. The Head of Safeguarding chairs the training sub-group in Slough.

The Head of Safeguarding chairs the Slough LSCB Learning and Development group.

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.

A new policy for MCA and DoLS was endorsed by the Berkshire Healthcare Policy Scrutiny Group and introduced in April 2018. The policy includes a flowchart which is displayed in all inpatient wards to support staff in managing the DoLS process.

During 2018/19 a secondment post was secured for a named safeguarding professional to work fulltime with the team to enhance MCA training to trust staff and introduce practical ward based teaching sessions. MCA training was redesigned and made more practical and scenario based and received excellent feedback from staff. Bespoke MCA training sessions were facilitated to district nursing teams across the trust. During 2018/19, oversight of the DoLS application process moved from the Mental Health Office to the Safeguarding Team and work to improve understanding of the DoLS process continued with practical ward-based support. A new clerical system was introduced to monitor DoLS applications with administrative support. MCA champions are allocated to each ward area and supported by the MCA lead. The safeguarding adult advice line was also developed and this supports staff in practice with advice from named professionals for safeguarding adults.

Audit of Mental Capacity Act 2005

Background

Previous audits of the application of the Mental Capacity Act (2005) in clinical practice demonstrate that there is in general a good level of knowledge of the Act amongst staff on inpatient wards. There is particular attention given to ensuring that patients have representation and support. Formal mental capacity is completed mostly when significant decision making is required and these include the patient's ability to return home and care for themselves and accept support if required, decisions to find alternative care arrangements e.g. care home or nursing home and consent to admission and treatment.

Verbal consent is sought for day to day interventions and in general this is documented well within the physical rehabilitation wards and the learning disability inpatient mental health ward. Documentation of day to day consent for interventions is not observed on other mental health inpatient wards. Some consent forms were signed by patient's relatives without a valid reason or any indication of the relative's authority to do so,

Knowledge of the authority of Lasting Power of Attorney (LPA) is not understood by all nurses. Nurses are not undertaking formal mental capacity assessments and the role of assessment is being allocated and owned by the occupational therapists on the wards. This means that nurses are not gaining the skills and competencies in completing assessments with regard to the MCA legal framework.

The responsible clinician undertakes almost all formal mental capacity assessments on inpatient mental health wards. Nurses and other supporting personnel on the inpatient mental health wards are primarily working within the framework of the Mental Health Act (MHA) 1983 and the principles of the MCA (2005) are not prioritised. Following learning from previous audits local leadership for MCA (2005) has been developed and locality directors are advised of incidents and developments in MCA (2005) practice measures.

Development of MCA champions in inpatient units continues with emphasis on sharing good practice and making clinical areas safer with support for staff to become more legally competent.

MCA training is reviewed yearly and a named safeguarding professional with specific responsibility for MCA practice support has been employed by the Trust on secondment to further this work. The role concentrates on supporting and empowering practitioners in clinical practice to consider the MCA (2005) and broaden its application beyond significant decision making practice.

A new Mental Capacity Act (2005) and DoLS policy has been adopted by the trust since 2018 providing clearer direction and guidance for practitioners and a telephone helpline service has been implemented to support staff who require advice regarding specific clinical circumstances.

As part of the audit, structured interviews with staff members from various mental health and community wards were carried out in February and March 2019in regard to understanding of the role of the Independent Mental Capacity Advocate (IMCA) in mental health and community health wards in Berkshire Healthcare.
The questions included what IMCA stands for, what their role is, where staff would find information about advocacy and whether they could think of any patients on their ward who could benefit from a referral.

Key findings from the audit:

1. Practice in the mental health inpatient units are focused on MHA legal framework and use of the MCA framework with reference to consent for daily interventions, medication that is not for mental health treatment, activities is not evidenced in the patient's daily progress notes

2. Campion Unit staff (Learning Disability Inpatient unit) demonstrated the use of MCA more clearly than other areas. The use of the Care Programme Approach (CPA) to make Best Interest Decisions regarding treatment and care, progress of treatment and discharge planning has facilitated a more successful implementation of MCA (2005) in practice. The CPA ensures patient representation, patient involvement, family involvement and clinician involvement. Over the past year communication with patients and use of Makaton has made a positive change to interaction with patients with learning disabilities in the unit and this has improved the ability of the patient to express views and wishes regarding their care and treatment.

3. Of the physical health rehabilitation units, 70% of patients with an identified impairment of the mind or brain did not have an MCA assessment regarding decision making about admission, treatment or discharge planning. There was evidence that verbal consent was requested for day to day interventions and agreed in the patients daily records. Documentation on some physical rehabilitation wards indicates that staff continue to ask next of kin to sign consent forms and make decisions about care, treatment and place of discharge without any evidence that they hold an LPA to make these decisions. There is a lack of

documented evidence of patient involvement in decision making where they have an identified impairment of the mind or brain. A named professional has made regular visits to the wards to improve this standard since the audit.

4. Accurate terminology is not used to indicate that family meetings are Best Interest Decision making meetings and documentation is poor in clarifying the decision to be made, who is responsible for making the decision, and in what capacity the patient representative is making a decision.

5. Mental health inpatient staff in Prospect Park Hospital have a reasonable understanding of the role of an IMCA, but there was evidence that people confused the role of the IMCA and the Independent Mental Health Advocate (IMHA). They were able to explain the role and were aware the IMCA visited the wards. Community inpatient staff were familiar with the expression of IMCA, only three knew what IMCA stands for, however, only two of them were able to explain their role and when they would refer a patient to an advocate. Staff members were confident to find information on TeamNet or speak to their manager. Wards in Prospect Park Hospital are regularly visited by IMCAs from the various advocacy services and posters and leaflets can be found around the wards. Staff members are aware of the visits and some pointed out the photo of the advocate who visits the ward regularly on a poster in the ward office. Campion ward has its own noticeboard with IMHA and IMCA related information on the corridor. Community ward staff were not aware if they were visited by the advocacy service and there was no clearly visible information found on the corridors (Jubilee, Henry Tudor or Oakwood wards).

Key Recommendations.

1. Encourage champions to take a more active role in developing MCA practice on the wards.

2. Work on up-skilling and supporting mental health practitioners on the mental health wards to use the MCA framework. This work is being facilitated by the named professional on secondment to work with staff on embedding understanding of MCA (2005).

3. Review training and make it more practice based including assessment tools, a focus on Human Rights and requirements of documentation, encouraging the correct use of the legal terminology of the MCA framework. This has been completed and a more simplified, case-study based training is in place.

The named professional on secondment continues to work with targeted groups in practice including the community wards in addition to formal MCA training and has developed a stronger system for managing DoLS applications. All DoLS applications are now overseen by the safeguarding team.

Deprivation of Liberty Safeguards - referrals for authorisations 2018-2019

Ward	Q1	Q2	Q3	Q4	Total applied for	Total DOLS not granted	Total DOLS granted
Campion unit							
Application made to Local Authority	**2**	**1**	**1**	**0**			
Authorisation granted	**2**	**1**	**1**	**0**			
Authorisation not granted	**0**	**1**	**0**	**0**			
					4	**0**	**4**
Orchid Ward							

Application made to Local Authority	**3**	**0**	**1**	**1**	**5**	**1**	**4**
Authorisations granted	**2**	**0**	**1**	**1**	**4**		
authorisations not granted	**1**	**0**	**0**	**0**	**1**		
					5	**1**	**4**
Rowan Ward							
applications to the local Authority	**3**	**5**	**6**	**11**			
authorisations granted	**1**	**2**	**4**	**9**			
authorisations not granted	**1**	**3**	**3**	**2**			
					25	**9**	**16**
Ascot Ward							
applications made to Local Authority	**0**	**1**	**6**	**0**			
authorisations granted	**0**	**0**					
authorisations not granted	**0**	**1**					
					1	**1**	**0**
Windsor Ward							
applications made to local authority	**0**	**1**	**3**	**0**			
Authorisations granted							
Authorisations not granted		**1**					
					1	**1**	**0**
Donnington Ward							
Applications made to local authority	**7**	**4**	**2**	**2**			
Authorisations granted	**4**	**1**					
Authorisations not granted	**2**	**3**	**1**				
					15	**6**	**5**
Highclere Ward							
Applications made to Local authority	**5**	**0**	**2**	**1**			
Authorisations granted	**3**	**0**		**1**			
Authorisations not granted		**0**	**1**	**0**			
					3	**0**	**3**
Henry Tudor Ward							
Applications made to Local authority	**1**	**0**	**0**	**4**			
Authorisations granted	**1**	**0**	**0**				
Authorisations not granted	**0**	**0**	**0**				
					5	**0**	**1**
Jubilee Ward							
Applications made to Local authority	**1**	**0**	**0**	**1**			
Authorisations granted	**0**	**0**	**0**	**0**			
authorisations not granted	**1**	**0**	**0**	**1**	**2**	**2**	**0**
Oakwood Ward							
Applications made to local Authority	**1**	**2**	**1**	**4**			
Authorisations granted	**0**	**0**	**0**				

Authorisations not granted	**1**	**2**	**1**	**2**			
					8	**6**	**0**
Totals					**69**	**26**	**33**

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. There are applications awaiting assessment by the Local Authority. Some applications were not completed before the patient was discharged.

Move to Liberty Protection Safeguards from DoLS

As described earlier following the Mental Capacity Act Amendment Bill 2019 the Trust are working with colleagues across the health economy in Berkshire and with Local Authority colleagues to plan the implementation of the new guidance in close liaison with the Trust board.

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 Berkshire Healthcare 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 2018/19, 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 to the perinatal mental health team. An on-call advice line manned by named professionals provides safeguarding 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 Berkshire Healthcare 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 2018/19 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 and 100% compliance to three sessions was achieved in the 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 Berkshire Healthcare during the hours of 9 – 5 pm Monday to Friday, is well used by staff with over 600 enquiries from staff during 2018/19 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 Berkshire Healthcare. An on-call advice line for safeguarding adult enquiries has been developed 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 over 96% 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 policy 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 and Bracknell led by the police and the Community Safety Partnership and a named professional for safeguarding adults 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 and children 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 the west of Berkshire, three specialist community health practitioners undertake the health role. Management support and supervision is provided by named professionals in the team.

16. Summary

2018/19 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 2018 – 2019 have included the following:

- Continued 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;
- Higher level of compliance to safeguarding training and MCA/DoLS training;
- Drive to increase compliance to PREVENT training resulted in compliance at over 96%;
- 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, Willow House staff and allied professionals who work with children;

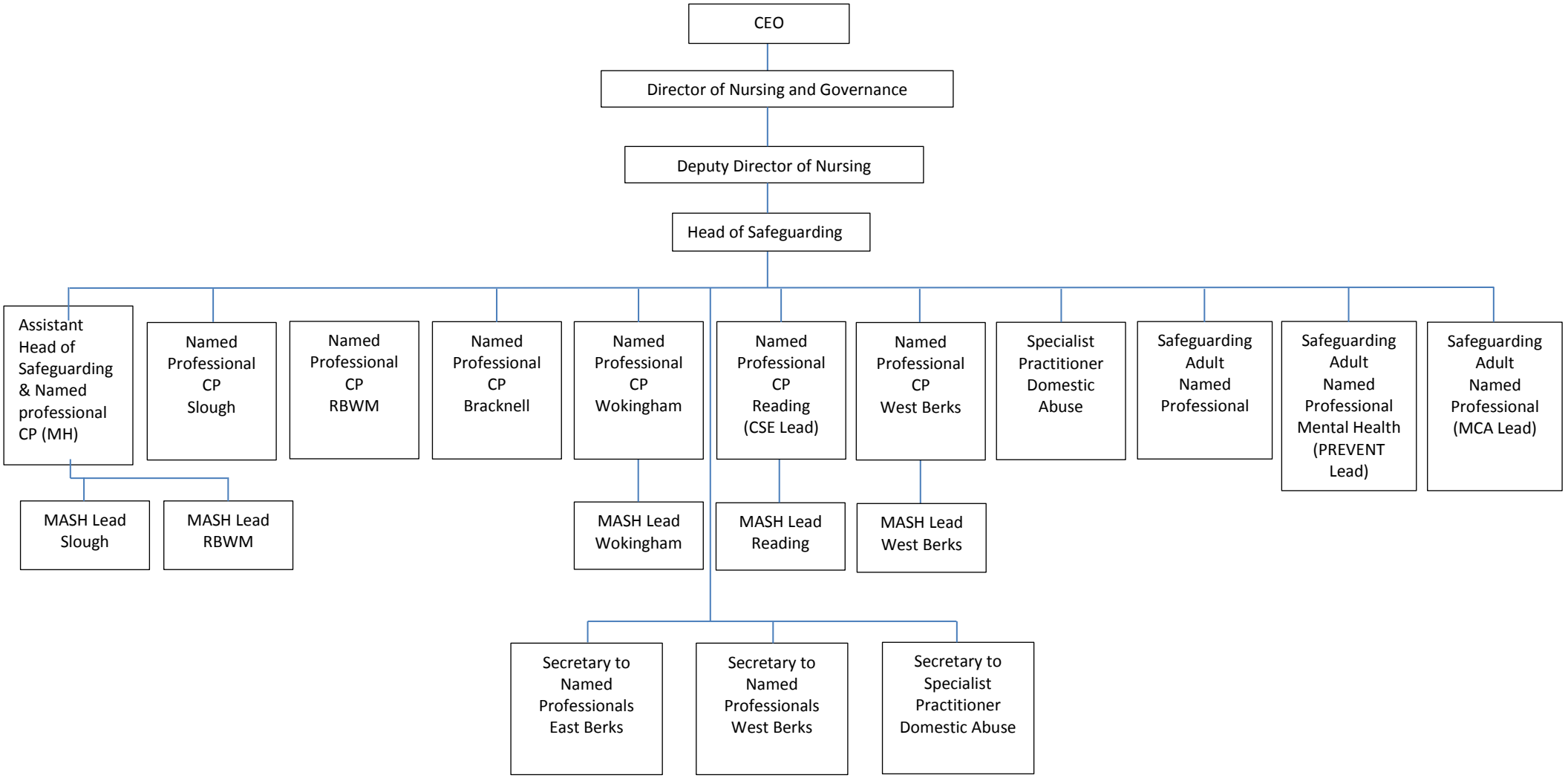
- Specialist practitioner domestic abuse extended role to support adult safeguarding matters as well as domestic abuse affecting children;
- Active participation in multi-agency adult and child serious case reviews and work to influence change in systems and embed learning;
- Three safeguarding children forums with theme of Domestic Abuse following learning from local serious case reviews;
- Regular screen saver messages to remind staff of key safeguarding issues and production of two safeguarding newsletters;
- Participation in multi-agency safeguarding training and high level of compliance across LSCB's and SAB's and their corresponding sub-groups;
- Four safeguarding audits including monitoring and implementation of action plans;
- Evidence of increased referrals from health into MARAC.
- Sexual safety work at Prospect Park Hospital
- Reduction of number of patient absconsions from Prospect Park Hospital and improved reporting/follow-up
- Improved system for monitoring section 42 investigations and staff skills in producing reports;

Future Plans

- Continue to embed good practice in safeguarding;
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line;
- Secondment post to become permanent named professional for adult safeguarding post to continue to support staff in application of the Mental Capacity Act;
- All safeguarding training to be minimum 90% compliant across the Trust;
- Align all training to intercollegiate document requirements:;
- CAMHS child protection supervision compliance to three sessions annually to be minimum 85%;
- Share learning across the Trust in multi-media formats and through patient safety and quality groups and the leadership sub-groups;
- Continue to provide strong representation on the Multi-Agency Safeguarding Arrangements and Local Safeguarding Adult Boards;
- Continue to develop services in regard to prevention, disruption and reporting of exploitation;
- Embed making safeguarding personal into practice;
- Train Adult safeguarding named professionals in reflective safeguarding supervision;
- Offer joint group adult and children supervision at PPH to encourage think family approach

APPENDIX ONE

SAFEGUARDING TEAM



Adults and Children Safeguarding

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

True North: goal 1 - Harm-free care

✓ **To provide safe services, prevent self-harm** and **harm to others**

We will do this by:

- ·Monitoring and updating compliance to Section 11 of Children Act 1989 and Safeguarding self-assessment audit, reporting to Board and providing assurance to LSCB monitoring groups.
- Continuing to utilise screensavers to highlight key messages
- Ensuring the safeguarding team maintain skills and knowledge through attendance at local and national training opportunities.
- Continuing to align training to intercollegiate documents
- Continuing to participate in multi agency audits, serious case reviews and partnership reviews and to share learning with staff through forums etc.

True North: goal 2 - Supporting our staff

✓ **To strengthen our highly skilled and engaged workforce and provide a safe working environment**

We will do this by:

- Building on the "think family" approach to all training.
- Working alongside staff to embed knowledge of MCA and DOLS into everyday practice.
- Offering joint group adult and children reflective supervision at PPH to encourage a think family approach.
- Maintaining the presence of the adult safeguarding lead during the working week at Prospect Park Hospital providing support and advice.
- Maintaining and reviewing the children and adult safeguarding advice line to inform future training needs.
- Continuing to monitor safeguarding practice through audit and safeguarding clinical supervision.
- ·Maintaining and improving the safeguarding page on Team net

True North: goal 3 - Good patient experience

✓ **To provide good outcomes from treatment and care**

We will do this by:

·Continuing to provide responsive children safeguarding advice to all Trust staff via the on-call advice line.

·Continuing to implement the Pan Berkshire escalation policy for Safeguarding.

·Accessing specialist training and supervision via Trust and external providers for safeguarding team

.Providing specialist child protection supervision to all staff who work directly with children

·Strengthening team knowledge of Prevent and ways to support staff

True North: goal 4 - Money matters

✓ **To deliver services that are efficient and financially sustainable**

We will do this by:

- Improving the use of Skype and SMART working to reduce travel and maximise team efficiency.
- Evaluating the efficiency of our training through objective auditing.
- Considering eLearning as an option e.g. WRAP , MCA and Level 1 adult.
- Requesting a slot at the leadership forum to promote safeguarding to managers as a fundamental part of all care provided by teams across the Trust