

Safeguarding Annual Report

April 2020 – March 2021

Author: Jane Fowler – Head of Safeguarding

Copyright

© Berkshire Healthcare NHS Foundation Trust and its licensors 2012. All rights reserved. No part of this document may be reproduced, stored or transmitted in any form without the prior written permission of Berkshire Healthcare NHS Foundation Trust or its licensors, as applicable.

Confidentiality

Where indicated by its security classification above, this document includes confidential or commercially sensitive information and may not be disclosed in whole or in part, other than to the party or parties for whom it is intended, without the express written permission of an authorised representative of Berkshire Healthcare NHS Foundation Trust.

Disclaimer

Berkshire Healthcare NHS Foundation and its sub-contractors have no duty of care to any third party, and accept no responsibility and disclaim all liability of any kind for any action which any third party takes or refrains from taking on the basis of the contents of this document.

Contents

	Page	
1	Introduction	3
2	The Statutory Context	3
3	Governance Arrangements	3-4
4	Assurance Processes including audit	4-6
5	National and Local Reports	7-10
6	Safeguarding Policies/Protocols	10-11
7	Safeguarding Boards	11-12
8	Inspections	12
9	Domestic Abuse	13-14
10	Safeguarding Training	14-16
11	Developments in MCA Practice	16-19
12	Child Protection Supervision	19
13	PREVENT	20
14	Modern Slavery	20-21
15	Multi-Agency Safeguarding Hubs (MASH)	21
16	Covid-19 Pandemic	21
17	Summary and Future Plans	21-23
APPENDIX		
One	Safeguarding Team Structure	24
Two	Safeguarding Team Annual Plan	25

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.

Berkshire Healthcare have a joint safeguarding children and adult work team and work under the principle of a 'Think Family' approach to safeguarding.

Covid-19 Pandemic

This report is written in the context of safeguarding during the Covid-19 pandemic. During the pandemic the trust recognised the risk of the impact of the pandemic on the most vulnerable in our communities and the importance of prioritising safeguarding. Although large numbers of staff were redeployed in phases during the year, no staff were redeployed from the safeguarding team. Despite the additional pressures of the pandemic, partnership working remained strong and additional meetings were convened with multi-agency partners to ensure close partnership working and sharing of ideas and experiences. Named and designated meetings were convened more regularly. Government ~~mentane~~ guidance recommended health visiting staff to conduct visits remotely using technology during the pandemic but following an increase in the number of child safeguarding incidents in Berkshire the trust responded by rag-rating all health visiting caseloads and returned health visitors to face to face visits. An additional contact was added to the universal visiting programme at four weeks. The safeguarding team extended their on-call advice lines to the weekend to ensure staff had easy access to advice. The safeguarding team continues to develop its understanding of the new safeguarding environment as a result of the Covid-19.

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 Therapies. 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 Children in Care 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 and issues of concern.

The Head of Safeguarding works as manager for the safeguarding team. The Head of Safeguarding is supported by two Assistant Heads of Safeguarding (one for adults and one for children) who holds enhanced responsibilities as part of their named professional role. The Head of Safeguarding chairs daily meetings with her two assistants. Monthly safeguarding team meetings are chaired by the Assistant Heads of Safeguarding 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 3.8 whole-time equivalent (WTE) safeguarding adult named professionals. There are 5.5 WTE posts for safeguarding children. 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. During the pandemic the safeguarding team have worked remotely, and daily meetings have been convened to support staff and share cases. 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
- 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. Extra meetings have been convened during the pandemic for wider learning and support.

Safeguarding representation is also provided monthly at patient safety and quality groups (PPSQ) and as required at 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 every six months. 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.

The BHFT Section 11 was presented to the Pan-Berkshire Section 11 Panel in March 2019. All categories were considered effective. BHFT received the following feedback: *'The s11 Panel agreed that the BHFT 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 presented to the panel every three years and is next due to be presented in March 2022.

This document is available for submission during Local Authority Ofsted/CQC inspections.

Self-assessment Safeguarding Audit

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. Three internal safeguarding audits were undertaken during 2020/21 (see table below) and named professionals participated in multi-agency audits across the localities. Audits were suspended at the beginning of the year due to the pandemic but reinstated in the second part of the year.

Audit	Completion
Child Protection Supervision Survey	January 2021
Audit of Child Protection Record Keeping	March 2021
Audit of Compliance to Mental Capacity Act 2005	March 2021

Child Protection Supervision Survey

During 2020- 2021, due to the pandemic, individual and group child protection supervision was moved from face to face supervision to virtual supervision via Microsoft teams. A survey was held with staff in January to understand whether this method of supervision was as useful and or indeed preferred, in order to plan the service going forward. There was a very good response rate to the survey with 83% of those contacted responding. Feedback given said that most practitioners found child protection supervision via the virtual platform to be effective and many found it easier to fit into a busy schedule particularly with the difficulty of finding an available confidential space to conduct the supervision. 35% of respondents preferred virtual supervision with 57% saying that going forward they would like a mixture of virtual and face to face. Supervision via the virtual platform was found to be efficient, time saving, convenient and accessible.

Going forward child protection supervision will be offered as a mixture of virtual and face to face supervision with a minimum of one face to face session per year. New staff will be offered face to face supervision initially.

Audit of Child Protection Record Keeping

The aim of this re-audit was to establish if the actions relating to the previous 2018 audit were being adhered to and that there is good compliance of the use of the Safeguarding Form.

A systematically selected sample of children that were subject to a child protection case conference and subject to a child protection plan or, in two cases, a child in need plan between December 2019 and November 2020 were selected from community children's services across all six localities within Berkshire. Children, young people and family team (CYPIT) cases were selected using a 'dip' sampling method. Health visitors working for the Royal Borough of Windsor and Maidenhead (RBWM) were also audited. This service receives child protection supervision from BHFT safeguarding team. The relevant information was accessed from the secure electronic record keeping system, RIO and RBWM PARIS.

KEY FINDINGS

1. Two of the sample group were on a child protection plan following a primary referral from child and adolescent mental health services (CAMHS)
2. There has been no improvement since the 2018 audit in the uploading of core group minutes
3. The majority of the demographics pages are completed correctly
4. The safeguarding form is well used and easy to access
5. Improvement is required in the sharing of reports with parents prior to a child protection conference
6. There was no evidence of challenge, and no evidence in the audited cases that challenge was required

RECOMMENDATIONS:

RECOMMENDATION ONE: The uploading of core group minutes remains low. It is reported by staff that where children's social care (CSC) take the responsibility for taking the minutes, they are not always received and therefore cannot be uploaded. All BHFT and RBWM practitioners will be reminded to request core group minutes & record the request in the child's records. Where no records are supplied, to ensure they record any actions for health which emerge from the core group. Named professionals will contact Children's Social Care Managers in each locality to discuss whether the system can be improved in the process for receiving Core Group meeting minutes.

RECOMMENDATION TWO: In 29 % of cases open to a BHFT Health Visitor, 100% of cases open to RBWM Health Visitor and 70% of cases open to CAMHS, there is no record that the practitioner had attempted to share the report with the parent/s prior to conference Audit results to be reported to service managers. Service managers to take QI approach to identify what countermeasures would make a positive impact.

RECOMMENDATION THREE: In 71% of BHFT School Nurse records there is no evidence of the Social Worker details recorded on the Safeguarding Form. School nurse managers to identify countermeasures to implement to improve this outcome.

RECOMMENDATION FOUR: Audit template to be reviewed to identify whether the current template requires changes to ensure it reflects current School Nurse role.

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 Children in Care Group and the Safeguarding Adult Group.

Setting out Shifting Policy Direction

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. BHFT 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 BHFT).
- 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 BHFT) 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 BHFT 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, 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, 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 has not yet been published. It will further clarify roles and responsibilities and knowledge and training requirements for these.

Implementation of LPS was delayed from to spring 2020 and has been further delayed to April 2022 due to the Covid-19 Pandemic. The Trust are currently working on the strategic planning for the introduction of LPS.

Domestic Abuse Bill January 2019: to become law June 2021.

This Bill is aimed at improving the support for victims of domestic abuse and their families and pursuing offenders. New legislation will:

- Introduce the first ever statutory government definition of domestic abuse to specifically include economic abuse and controlling and manipulative non-physical abuse - this will enable everyone, including victims themselves, to understand what constitutes abuse and it is hoped will encourage more victims to come forward
- Establish a Domestic Abuse Commissioner to drive the response to domestic abuse issues
- Introduce new Domestic Abuse Protection Notices and Domestic Abuse Protection Orders to further protect victims and place restrictions on the actions of offenders
- Prohibit the cross-examination of victims by their abusers in the family courts
- Provide automatic eligibility for special measures to support more victims to give evidence in the criminal courts

Nice Guidelines NG189 Safeguarding Adults in Care Homes

A gap analysis was undertaken of the Nice Guidelines NG 189. The Gap analysis showed BHFT to be 100% compliant to the domains which apply to provider trusts.

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 Berkshire localities at all operational and strategic exploitation sub-groups including Modern Slavery. The Assistant Head of Safeguarding (children) attends the pan-Berkshire Child Exploitation group.

Learning from local serious case reviews and partnership reviews:

During 2020/21 there has been an increase in the number of significant safeguarding incidents across the partnership leading to twenty-one rapid reviews into cases of concern across the 6 Berkshire localities. This is a large increase in workload and has led to eight safeguarding practice reviews which are currently being conducted across the partnership. With pandemic guidelines and social distancing in place the partnership took on some work to lobby the Government to allow support to young families who have a baby under the age of one as this is a very stressful time for parents and family and friends support is vital. The service offered by health visiting was reviewed as already mentioned in this report. The safeguarding team have also participated in seven safeguarding adult reviews and a Domestic Homicide Review (DHR).

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 her deputies attend all child safeguarding practice review and safeguarding adult review sub-groups across Berkshire and safeguarding 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) patient safety and quality group. All and Adult and Community Patient Safety and Quality Groups (PS&Q) all PS&Q groups are attended by a member of the safeguarding team. The Assistant Head of Safeguarding attends the Children and Adolescent Mental Health (CAMHS) leadership groups. Learning has also been cascaded through the internal trust magazine 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, safeguarding partnership sub-groups and CQC.

6. Safeguarding Policies/Protocols

The following policies and procedures have been reviewed and implemented during 2020/21: in accordance with the policy scrutiny group and the safety and clinical effectiveness group –

- Child Protection Supervision policy CCR 123
- Mental Capacity Act and Deprivation of Liberty Safeguards 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

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 which oversee and update the procedures.

7. Local Safeguarding Children's Partnership Boards and Safeguarding Adult Boards

Working Together 2018*

In July 2018, the Department for Education published a new edition of the statutory guidance 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children' (Department for Education, 2018). The new guidance set out the changes needed to support the new system of multi-agency safeguarding arrangements. The new arrangements were published in each area by 29th June and were implemented by 29th September 2019. Key areas of amendment and change included:

- assessing need and providing help
- organisational responsibilities

*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

- multi-agency safeguarding arrangements
- local and national safeguarding practice reviews
- child death reviews.

Across Berkshire the four Local Safeguarding children Boards and the three Safeguarding Adult Boards have been reviewed and replaced by new safeguarding arrangements. Each area has a strategic leadership group which includes the three statutory partners - Local Authority, CCG and Police. The arrangements in the east of Berkshire are combined adult and child safeguarding boards for each Local Authority area. In the west of Berkshire there is one combined board for child safeguarding and one combined board for adult safeguarding across the three localities. Representatives from BHFT at director level attend each of the Boards. Members of the safeguarding team represent the Trust on the Board sub-committees.

Local and national child safeguarding practice reviews

- Each area has reviewed the new guidance setting out the process for new 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 (the National Panel) and at local level with the safeguarding partners.
- Each area has fully implemented the new guidance for consideration of child practice reviews, using the rapid review process.

Child death reviews

- The Child Death Review Statutory and Operational Guidance[†] (2018) set out changes to the child death review process and governance arrangements; the CCG and Local Authorities published their arrangements 29 June 2019 and implementation took place from 29 September 2019.
- The 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.
- This guidance specifies that reviews have 'the intention of learning what happened and why, and preventing future child deaths' and that 'the information gathered ... may help child death review partners to identify modifiable factors that could be altered to prevent future deaths.'

8. Inspections

There were no safeguarding inspections in Berkshire during 2020-21.

9. Domestic Abuse

The Covid-19 Pandemic has been a very challenging time for most, but for victims of domestic abuse, home is not a safe place and the 'Stay at Home' message has played right into the hands of perpetrators.

Practitioners have faced additional difficulties around safe enquiry as their services had to offer more contact remotely via video or phone calls. It has been harder to ask whether their client's feel safe when it is unknown if they are alone and could potentially be increasing the risk to them. To help with this the Safeguarding Team produced MS Teams backgrounds for each locality which had local authority safeguarding numbers for adults and children and the local domestic abuse service helpline. This could be used without the client or the client's family thinking it was specifically targeted at them. The safeguarding team also produced a video on how to use the 'Over the shoulder' poster which has the National Domestic Abuse helpline number on. This could be held up to the screen as a non-verbal way of offering help.

Training.

Domestic Abuse affects 1 in 4 women and 1 in 6 men and it is estimated that the number of incidents has increased significantly during the pandemic. Staff members are not immune and recognising this the Staff Wellbeing Service were able to signpost staff who may be affected by domestic abuse to the Specialist

[†] <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england>

Practitioner for Domestic Abuse to risk assess and receive support. Domestic abuse helpline posters were displayed at the Trust's vaccination centres.

The Trust has signed up to the Employers initiative on Domestic Abuse (EIDA) to further enhance support to its staff and raise awareness so that employees feel they can request help safely and their colleagues can respond in a way they need them to.

'When employers demonstrate that they are aware of domestic abuse and make staff aware of the services that are available, this can help to reduce the wall of silence about domestic abuse that prevents many from seeking help.' Elizabeth Filkin, EIDA founder.

Domestic Abuse Training has moved to MS Teams due to the pandemic and along with other training, will remain on Teams for the foreseeable future with just a few sessions offered face to face. This has allowed for an expansion of the training on offer. Once practitioners have attended *'What is Domestic Abuse?'* training they will be able to access further training including *Domestic abuse and Mental Health; The Impact of Domestic Abuse on Children and Parenting;* and *Honour Based abuse and forced Marriage.*

The training is available to all staff not just those who are clinical, and this supports the EIDA ethos on raising all staff awareness.

Domestic Abuse Act.

The New Domestic Abuse Bill received Royal Assent in June 2021 and is now an Act of Law. It is designed to provide further protection to victims and strengthen measures to tackle perpetrators. Importantly, it recognises children as victims of domestic abuse in their own right and not just 'witnesses' to it.

The Act also requires all local authorities to have a Domestic Abuse Partnership Board and BHFT are represented at these. The purpose of the Boards is to ensure the obligations of the Domestic Abuse Act are achieved and health have contributed and will continue to contribute to the local needs analysis that is required.

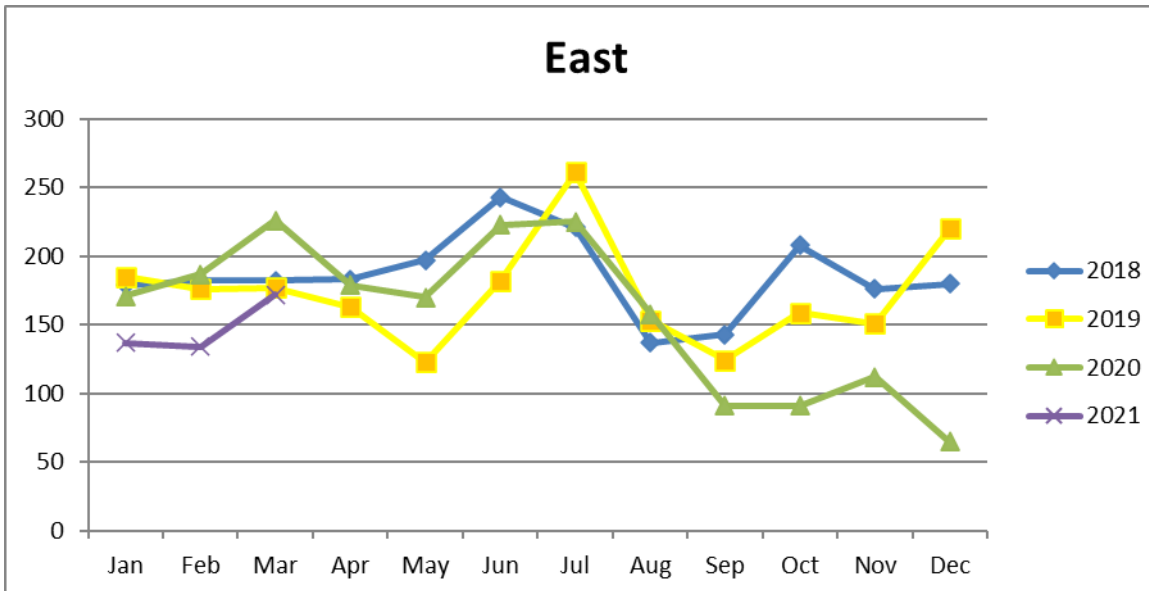
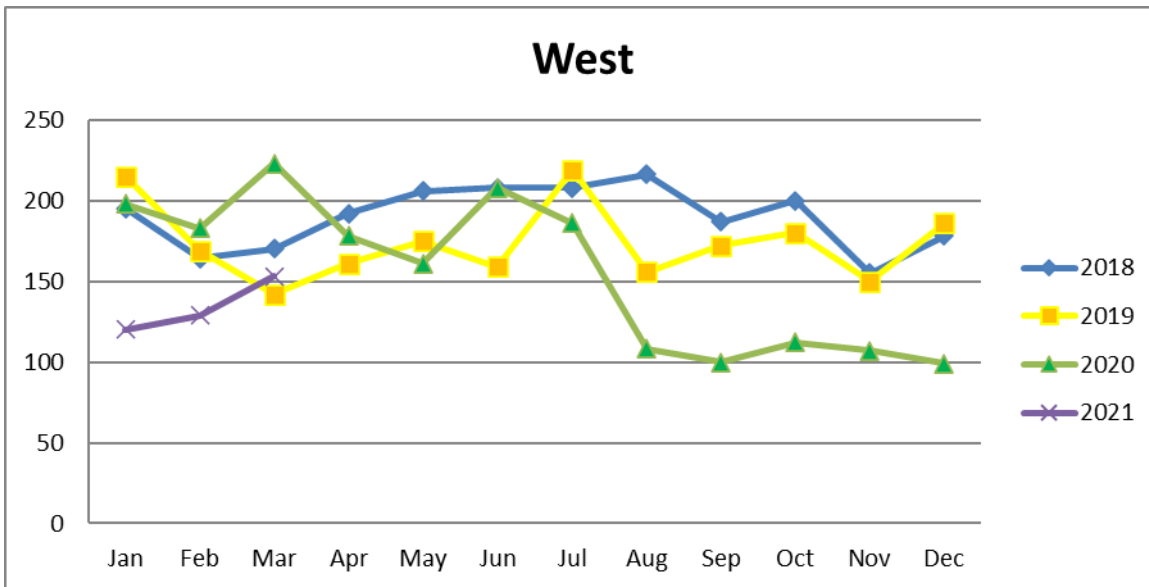
Looking to the future.

Training will continue to be a priority for the Trust and moving to MS Teams has improved accessibility and led to an increase in attendance.

With the support of being a member of the EIDA, the Trust plan to have more communications about domestic abuse tying it in with relevant national days.

Figures

For 2020 – 2021 the total number of reports received for the West area (Newbury, Reading and Wokingham), were 1661. Total number for the East area (Bracknell, Slough & WAM), were 1757. A total of 3418 for Berkshire. This is a reduction on the previous years and it is unclear why this might be when nationally there is reported to have been an increase in domestic abuse incidents during the past year. Slough continues to receive the highest number of domestic incidents.



10. Safeguarding Training

Safeguarding training compliancy in 2020/21 was as follows:

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	94.29%	98.30%	94.07%	78.79%	90%
Safeguarding Children	Two	90.84%	91.08%	90.61%	87.51%	90%
Safeguarding Children	Three	64.35%	73.95%	86.43%	84.87%	90%
Safeguarding Adults	One	93.38%	94.00%	93.99%	75.00%	90%
Safeguarding Adults	Two	86.52%	83.08%	83.33%	60.00%	90%
Prevent	Wrap	97.52%	97.09%	97.07%	92.36%	85%
Prevent	Channel	97.96%	97.69%	97.42%	93.69%	85%
MCA		93.14%	92.10%	91.48%	79.61%	85%
DoLS		86.52%	80.10%	78.66%	81.70%	85%

Safeguarding training is provided to all staff internally by the safeguarding team. Safeguarding training is firmly embedded in the induction programme and the team offer monthly induction courses to all new staff. During the pandemic this has been offered via online learning and the team are currently developing virtual online training for induction. All clinical staff receive safeguarding children training at levels one and two and safeguarding adult training at levels one and two at induction followed by level three according to role requirements within six months of induction. PREVENT, MCA and DoLS training is also provided at induction. A programme of refresher training is provided and staff are also able to access external training through the safeguarding partnership boards although this is reduced compared to previous levels. 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. Small group training and seminars are also provided where required for example on the community wards regarding DoLS.

Due to the Covid-19 pandemic all training was cancelled during the first three months of the year and also during the last three months in order to support the staffing of clinical areas. All face to face training was cancelled and training was moved initially to online courses. The safeguarding team have developed virtual face to face training during the year and most training has now moved to this platform to allow for local learning from child safeguarding practice reviews, safeguarding adult reviews and domestic homicide reviews. Due to the cancellation of training compliance to training targets dropped in the last quarter and training compliance is being carefully monitored as we go forward.

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 with the safeguarding partnership trainers in Slough.

A safeguarding children forum at level three was facilitated using external facilitators on the topic of adverse childhood experiences (ACE's) and this was very well evaluated. Safeguarding children training at level three was developed to specifically target mental health teams.

All named professionals receive external safeguarding training at level four.

11. Developments in Mental Capacity Act Practice

The Mental Capacity Act (MCA) 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. The Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) policy was updated and endorsed by the Policy Scrutiny group in March 2021.

The Safeguarding team are in the process of moving the MCA training from e-learning to a virtual platform. The training will be split into 3 levels; General Awareness, MCA in practice (for registered and qualified staff) and MCA in 16-18-year olds for staff who work predominantly with children. The training will be available generally via the Learning and Development platform and will also be offered to targeted teams.

The Adult Safeguarding team continue to support the Trust with identifying and applying for a Derivation of Liberty when the criteria is met. The team have full oversight of all the trust applications and support ward staff to complete the process, ensuring applications are of a good quality. The team have been offering DOLS drop-in clinics for inpatient staff to support them with any queries they have. Training on DOLS is available for staff on a virtual platform.

The Safeguarding adult advice line continues to support staff in practice with advice from named professionals for safeguarding adults on matters of adherence to the Mental Capacity Act, complex cases and challenges in practice.

Mental Capacity Act Audit 2020 Consent to Admission

The audit was undertaken in November 2020 to provide the Trust with an overview as to whether patients who lack capacity to consent to their admission are identified; and if the person is found to lack capacity to consent, the appropriate processes, as defined by the Mental Capacity Act, are followed.

The audit confirmed that in services where the MHA 1983 framework is the primary legal framework, the process for consent to admission is fulfilled in line with local and national policy.

Records audited from the learning disability inpatient service, Champion unit, demonstrated a high standard of MCA application and Principle 2 of the act is embedded in the consent to admission processes.

The audit demonstrated that the admission processes in physical health inpatient units is not sufficiently robust to protect vulnerable patients who are unable to consent to care and treatment arrangements. Patients who are unable to consent to these arrangements are at risk of being unlawfully deprived of their liberty. They may not have the appropriate representation that is required and for patients who have no one to represent them, the best interest pathway needs to be developed and recorded in line with the framework. Staff feedback highlighted that the prevailing assumption of practitioners was that patients had already consented to admission to the community wards and where patients lacked capacity to consent, discussions with patient's family members had already been completed, who consented on their behalf.

Following discussions held with trust directors, a Quality Improvement (QI) ticket has been raised and standard work plans are being developed with the support of the Safeguarding team. There will be a re-audit of processes in the autumn 2021 to measure compliance following the QI work.

Deprivation of Liberty Safeguards - referrals for authorisations 2020-21

Ward	Q1	Q2	Q3	Q4	Total applied for	Total DOLS granted	Total DOLS not granted
Campion unit							
Application made to Local Authority	2	1	2	0	5		
Authorisation granted	2	1	1	0		4	
Authorisation not granted	0	0	1	0			1

Orchid Ward							
Application made to Local Authority	1	0	3	0	4		
Authorisations granted	0	0	0	0		0	
authorisations not granted	1	0	3	0			4
Rowan Ward							
applications to the local Authority	6	1	4	3	14		
authorisations granted	0	1	1	1		3	
authorisations not granted	6	0	3	2			11
Ascot Ward							
applications made to Local Authority	1	4	0	5	10		
authorisations granted	0	0	0	0		0	
authorisations not granted	1	4	0	5			10
Windsor Ward							
applications made to local authority	0	1	2	2	5		
Authorisations granted	0	0	0	0		0	
Authorisations not granted	0	1	2	2			5
Donnington Ward							
Applications made to local authority	17	11	10	14	52		
Authorisations granted	0	0	0	1		1	
Authorisations not granted	17	11	10	13			51
Highclere Ward							
Applications made to Local authority	9	3	3	5	20		
Authorisations granted	0	0	0	0		0	
Authorisations not granted	9	3	3	5			20
Henry Tudor Ward	0	0	0	12			
Applications made to Local authority	0	0	0	0	12		
Authorisations granted	0	0	0	0		0	

Authorisations not granted	0	0	0	12			12
Jubilee Ward							
Applications made to Local authority	0	5	4	1	10		
Authorisations granted						0	
authorisations not granted	0	5	4	1			10
Oakwood Ward							
Applications made to local Authority	2	5	3	4	14		
Authorisations granted	0	0	0	0		0	
Authorisations not granted	2	5	3	4			14
Totals	76	62	62	92	146	8	138

The vast majority of the authorisations not granted were due to the DoLS application not being assessed by the local authority prior to the patient being discharged from the ward. To ensure compliance with the law the safeguarding team request that ward staff review the care and treatment plans for the patient weekly and ensure that any restrictions or restraint used in their care delivery continues to be necessary and proportionate to the level of need and risk. The trust continue to deprive the person of their liberty in their best interests using the least restrictive approach while waiting for a DOLS assessment from the Local Authority. Staff apply for an extension to the urgent DoLS as appropriate and when the DOLS is about to expire the safeguarding team send an email to the local authority informing them of the date that the DoLS will expire and informing them that the patient continues to require care and treatment arrangements that meet the acid test for a Standard Authorisation and asking them to advise us of the DOLS assessment arrangements'

Move to Liberty Protection Safeguards from DoLS

As described earlier in the report, following the Mental Capacity Act Amendment Bill 2018 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 April 2022.

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. During 2020/21 all supervision was moved to virtual supervision via Microsoft teams as discussed in the audit section of this report. All

health visitors and school nurses received a minimum of three sessions of child protection supervision during 2020/21, 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 BHFT nursery managers as required, following learning from the Slough partnership review relating to Child MB.

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 two advice lines, one for adult safeguarding and one for child safeguarding are well used by staff with over 1600 enquiries from staff during 2020/21 from a wide variety of services across the trust. This is a significant increase from the previous year. The Domestic Abuse Specialist Practitioner is also available for individual advice around issues relating to domestic abuse and support to staff across BHFT.

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 three Named Professionals for Safeguarding Children and Adults. The team represent BHFT on all six Channel panels monthly and Prevent management meetings quarterly across the six Localities within Berkshire. Police Led Panels were launched in March 2021 and will be rolled out across all six localities. The PREVENT Team have received updates regarding this process and the team will provide Health representation at these panels if attendance is required. This new panel is to discuss those identified individuals who either decline Channel or are not suitable for panel.

The New Channel Duty Guidance was launched this year and the team attended training updates on this document which underpins the Channel process.

PREVENT training is part of induction and is delivered through E-learning due to COVID-19. Compliance to training this year has increased to over 97% of staff for both Wrap and basic awareness training. This is a significant achievement due to COVID-19 with staff accessing the E-Learning training successfully. The Safeguarding Team have continued to deliver refresher knowledge of PREVENT through all the Safeguarding training courses offered within BHFT.

Relevant updates on PREVENT are shared with staff within the quarterly Safeguarding newsletter and on the Safeguarding page within NEXUS on the Trusts intranet platform.

The safeguarding team are available to all BHFT staff for telephone advice Monday-Friday 9am-5pm. BHFT staff have demonstrated an awareness of Prevent and its purpose with an increase in staff discussing concerns with the Prevent Team. These concerns are assessed and some of these concerns have been

formally referred to PREVENT meeting the threshold for Channel Panel and adoption by the panel. The PREVENT Team have re-established the PREVENT email for external enquiries from Counter Terrorism Police and Channel colleagues. This is monitored by the Safeguarding Team twice daily and has improved our communication with our partner agencies.

14. Modern Slavery

Modern Slavery is the term used to describe the severe exploitation of others for personal or commercial gain. Worldwide 40 million people are estimated to be subject to slavery, 1 in 4 of these are children, almost three quarters of the total are women and girls (Anti-Slavery, 2021). Within the UK in 2019 10,000 individuals were identified as potential victims of slavery (Anti-Slavery, 2021). There are many different types of slavery ranging from forced labour to debt bondage and forced early marriage.

Within Slough and Bracknell exist multi-agency Modern Slavery groups, BHFT is represented by a Named Professional from the Safeguarding Team. RBWM have an Adult Exploitation sub-group where again BHFT is represented by a Named Professional.

Safeguarding training is delivered to BHFT staff via the virtual platform since Covid-19 and awareness of the signs and presentations of victims of Modern Slavery form part of this training.

Prior to the Covid-19 pandemic, training around Modern Slavery and Exploitation was an integral part of Safeguarding Adult face to face training, on average five sessions per month Trust wide. To ensure compliance and understanding around Modern Slavery and Exploitation in our Local Authority areas, additional information including video links relating to Modern Slavery and Cuckooing are being used in the form of a post training support booklet which is sent to all delegates.

On World Anti-Slavery Day, screensavers were developed for use across the trust to increase awareness across all Teams within BHFT.

15. Multi-Agency Safeguarding Hubs (MASH)

During this year the 6 hubs continued in each locality, all of the MASH hubs worked remotely because of the pandemic. The main difference during the pandemic was the increased number of demographic requests. This is thought to be because more referrals were coming in from members of the public. 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.

West of Berkshire Annual MASH figures 20/21

Mash Figures

Month	Red (4hours)	Amber (12 hours)	Green (72 hours)	Totals	Out of timescale
April 20	32	218	43	293	3
May 20	25	156	27	208	6
June 20	5	227	27	259	0
July 20	21	205	20	246	0
August 20	21	116	14	151	0
Sept 20	25	161	6	192	0
Oct 20	16	152	20	188	0
Nov 20	3	156	3	162	4
Dec 20	14	136	10	160	2
Jan 21	10	128	43	181	0
Feb 21	5	118	12	135	0
March 21	0	160	4	164	0
Total	177	1933	229	2339	15 (<1%)

Other Enquires:

Month	Police requests	Section 47 requests	Demographics	Section 17 health requests	Basic Health information	Screening tools (Unborn, Newborn and under 1's)	Totals
April 20	0	0	83	0	18	0	101
May 20	0	10	64	0	9	0	83
June 20	0	0	63	0	7	0	70
July 20	0	0	96	0	17	0	113
August 20	0	1	115		11	0	127
Sept 20	0	0	112	0	48	0	160
Oct 20	0	0	142	0	43	12	197
Nov 20	0	0	94	25	80	2	202
Dec 20	3	9	128	51	53	4	248
Jan 21	0	0	92	32	41	4	169
Feb 21	2	1	144	22	32	9	210
March 21	0	4	192	4	22	17	239
Total	5	15	1325	134	381	48	1908

East of Berkshire Annual Mash Figures

EAST BERKSHIRE MASH - Total	Qtr	Qtr	Qtr	Qtr	Annual
APRIL 2020 to MARCH 2021	1	2	3	4	
Green MASH enquiries	5	2	6	6	19
No in timeframe	4	1	4	2	11
% completed in time	80%	50%	67%	33%	58%
Amber MASH Enquires	119	125	136	87	467
No in timeframe	37	39	39	32	147
% completed in time	31%	31%	29%	37%	31%
Red MASH enquires	5	6	1	4	16
No in timeframe	4	1	1	1	7
% completed in time	80%	17%	100%	25%	44%
Total MASH Enquires	129	133	143	97	502
Total completed in timeframe	45	41	44	35	165
% completed in time	35%	31%	31%	36%	33%
Total Children MASH enquiries	246	251	269	171	937

Reasons for Late Responses				
RBWM	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CAMHS ADHD	8%		8%	
CMHT	15%		8%	
CPE		17%	17%	
Crisis	8%	33%		
GP	23%		33%	33%
Midwives	15%		17%	33%
OOA GP	31%	33%	8%	11%
Other		17%	8%	22%
BRACKNELL				
BRACKNELL	Qtr 1	Qtr 2	Qtr 3	Qtr 4
A&E FPH	5%			
A&E RBH		12%		18%
A&E WPH	11%			
CAMHS	5%	9%	5%	5%
CAMHS ADHD			3%	
CAMHS CPE			3%	
CJLD		5%		
CMHT			3%	
CPE		2%	11%	
Crisis Team	11%	2%		
GP	26%	30%	32%	38%
OOA GP	16%	9%	32%	10%
Other	26%	30%	16%	25%
SLOUGH				
SLOUGH	Qtr 1	Qtr 2	Qtr 3	Qtr 4
A&E WPH	3%			4%
CAMHS	3%	1%		
CJLD	3%		4%	11%
CMHT	4%		1%	4%
CPE	1%	3%	2%	4%
Crisis	3%		4%	4%
CYPIT				4%
GP	53%	49%	44%	18%
Midwives	16%	6%	10%	14%
OOA GP	10%	21%	15%	21%
Other	3%	21%	20%	18%

GP's both local and out of area (OOA) remain one of the key reasons that information is not provided on time. This has been escalated to the Director of Safeguarding in the CCG. The reason for lateness by the

midwives at Wexham Park Hospital, is because the individual midwives are responding to the request rather than the named midwives. A&E responses are usually only been late when there are staff shortages.

16. Summary and Future Plans

2020/21 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. The Covid-19 pandemic has led to extra challenges for our services but the safeguarding team have worked hard to keep safeguarding adults and children at the forefront of our services.

Team Achievements 2020 – 2021 have included the following:

- Daily virtual meetings to ensure support to named professionals and case discussion
- Production of safeguarding videos to support staff shared across partnership
- Development of use of Microsoft teams and virtual working.
- Continued development of the safeguarding adult named professional role at Prospect Park Hospital to provide daily safeguarding oversight and advice and support to staff, improvement in joint working
- Development of virtual training packages to allow training to continue during the pandemic.
- On-call advice line highly valued by staff. The adult advice line was extended to weekend cover to support staff during the first phase of the pandemic
- Contributed to planning for Liberty protection safeguards to be introduced in April 2022
- Support to practitioners to complete court reports in a timely manner to support our local authority colleagues to take cases to court.
- Further development of system for safeguarding team to monitor DoLS applications and support ward staff.
- Continued 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 and support for trust staff through staff wellbeing programme.
- Active participation in multi-agency safeguarding adult reviews child safeguarding practice reviews and rapid reviews and work to influence change in systems and embed learning.
- Virtual safeguarding children forums at level three with theme of adverse childhood experiences (ACE's) 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 partnership boards and safeguarding adult boards and their corresponding sub-groups.
- Three safeguarding audits including monitoring and implementation of action plans.
- Sexual safety work at Prospect Park Hospital.
- Safeguarding addition of Learning Curve

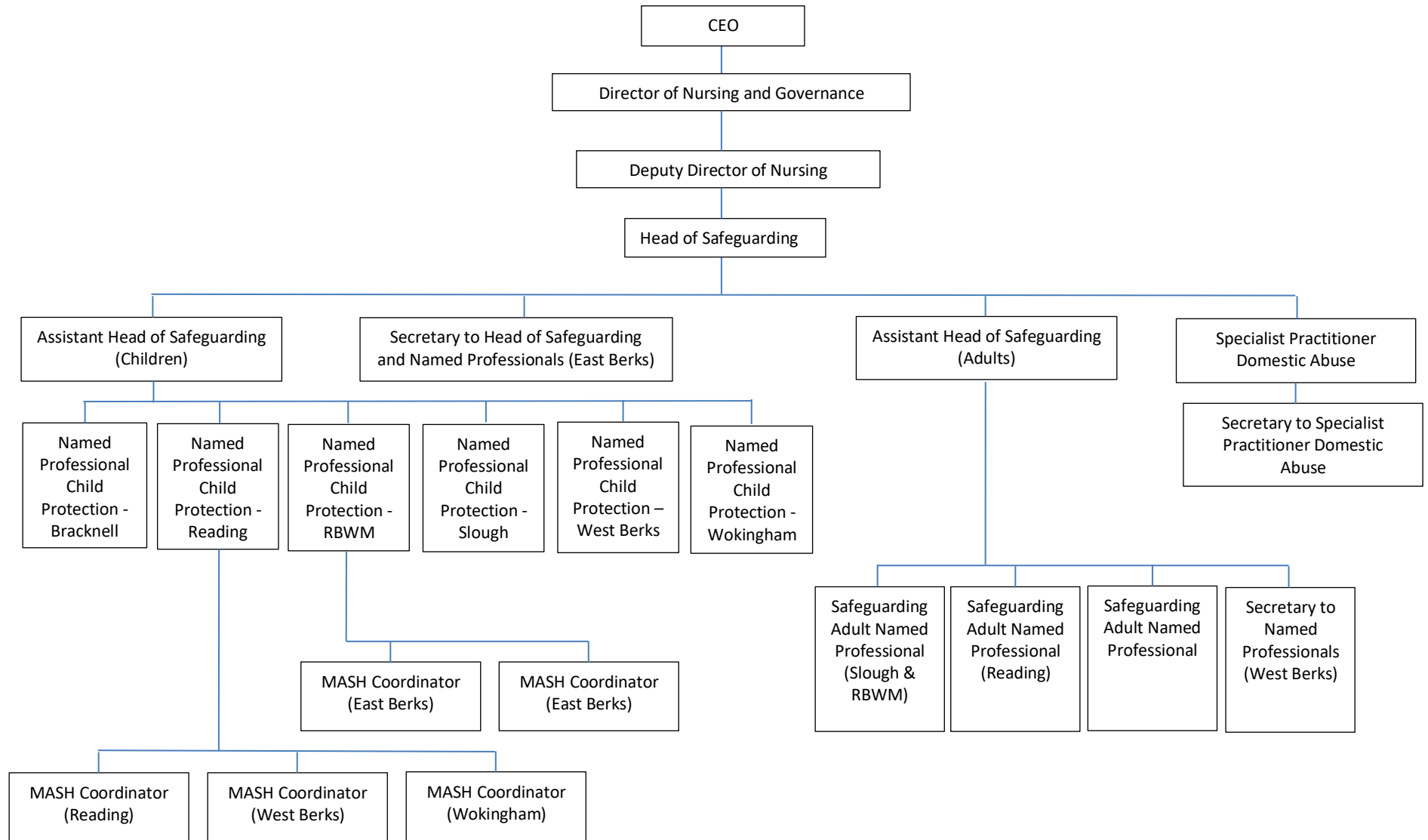
Future Plans

- Develop understanding of the new safeguarding environment as a result of the Covid-19. This includes the potentially new safeguarding risks and new effective ways of working, such as the impact of online/remote work.
- Continue to develop use of virtual platforms for more efficient working
- Continue to embed good practice in safeguarding
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line.

- Development of liberty protection safeguard (LPS) role in the trust. Strategic and operational planning for implementation of LPS in 2022
- All safeguarding training to be minimum 90% compliant across the Trust.
- Support development of new Willow House service
- Ensure CAMHS child protection supervision compliance to three sessions annually is minimum 85% by March 2022.
- 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.
- Offer joint group adult and children reflective supervision at PPH to encourage a think family approach.
- Support the review of new guidance on pressure area care and support staff in understanding the safeguarding aspects of pressure area breakdown.
- Support improvement of mental capacity Act on physical wards using QI improvement approach

APPENDIX ONE

SAFEGUARDING TEAM



BHFT Safeguarding Team Annual Plan on a page 2020/21



Berkshire Healthcare
NHS Foundation Trust

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 by eliminating avoidable harm

We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear and to facilitate learning from incidents

- The Safeguarding Adult and Children's teams will use opportunities to raise practice learning through PSQ and Serious incident learning summits.
- The Safeguarding adult team will support the review of new guidance on Pressure area care, and support staff in understanding the safeguarding aspects of pressure area breakdown and how to report these to the Local Authority.

With our health and care partners: We will actively work with partners to reduce all avoidable harm and improve the health and wellbeing of the population.



True North goal 3: Good patient experience

✓ To provide good outcomes from treatment and care

We will use patient and carer feedback to drive improvements in our services

- To use the data collected at training to review the training
- Explore ways of receiving feedback to all members of the team e.g. The advice line.

With our health and care partners: We will redesign and integrate services to improve patient experience and outcomes.



True North goal 2: Supporting our staff

✓ To support our people and be a great place to work

We will improve the health and wellbeing of our staff, and reduce sickness absence

- The Safeguarding team will actively commit to the wellbeing programme.
- The team will explore the use of Analytics and how it can benefit our team.
- Safeguarding children team will change the way the supervision is delivered to individuals.
- Safeguarding children team to set up the rota for children's cover to the wards at Prospect Park
- Set up administrators meeting quarterly to work on supporting each other with the work as they support the team.
- The team will work towards creating passports for training.

With our health and care partners: We will enhance career development opportunities, including learning and development, and improve our workforce planning.



True North goal 4: Money matters

✓ To deliver services that are efficient and financially sustainable

We will make all of our services more efficient and reduce waste

- A working group to look at alternative ways to train staff; looking at the possibility of pod casts / bite size training to enhance practitioners safeguarding knowledge.
- Explore better use of Microsoft teams and technology to make the team more efficient and reduce waste.

With our health and care partners: We will improve efficiency and reduce waste through collaboration.