

## **Safeguarding Annual Report**

April 2022- March 2023

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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.

Berkshire Healthcare have a joint safeguarding children and adult work team and work under the principle of 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 work operates within the legal framework of the Care Act 2014 and since April 2010, all health organisations must 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 (SECEG) which reports to the Quality and Performance Executive Group (QPEG) and ultimately to the Trust board. These groups are established to lead and monitor safeguarding work within BHFT and meet quarterly. The Trust board also receives a monthly update on safeguarding cases and issues of concern.

After a review of adult and children safeguarding services and consultation, when the Head of children's safeguarding retired in July 2022, a separate head of children and adult safeguarding were created. A new post was created for an MCA lead and appointed to in June 2022.

The Heads of Safeguarding continue to be supported by two Assistant Heads of Safeguarding (one for adults and one for children) who hold enhanced responsibilities as part of their named professional role.

There are currently 3.7 whole-time equivalent (WTE) safeguarding adult named professionals. There are 4.2 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. The specialist Practitioner for domestic abuse works within the team with all age groups, as does the MCA lead.

The Children and adult safeguarding team meet monthly with a quarterly meeting with the whole team. 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).

Berkshire health care continue to support the 6 local authority Multi- Agency Safeguarding Hubs (MASH) across Berkshire. There are two different models in practice in the East and the West. The East model has two nursery nurses supporting the gathering of information which is then reviewed by a health practitioner before submission.

The West of Berkshire has two band 6 professionals collecting, collating and analysing the health information submitted. This last year the working patterns were changed from three part time practitioners to two full time. The Trust also had a named doctor for child protection who was a consultant working within CAMHS and who worked closely with the safeguarding leads. At the time of the report this post is vacant and being recruited to.

There are named leads for the following areas:

- PREVENT (including Children and Adults)
- Specialist Practitioner Domestic Abuse
- Missing, Exploited and Trafficked
- Children in Care
- Female Genital Mutilation
- Managing Allegations
- Mental Capacity Act and Deprivation of Liberty Safeguards

The Deputy Director of Nursing or the Heads of Safeguarding attend the quarterly Berkshire Health Economy Safeguarding Committees chaired by the Directors of Nursing for Frimley and BOB Integrated care boards (ICB). The Head of Safeguarding and the named professionals attend the Frimley and BOB 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 monthly at all Patient, Performance, Safety and Quality Groups (PPSQ) and as required at other working groups, providing advice and oversight on safeguarding matters.

## **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 last presented to the Pan-Berkshire Section 11 Panel in September 2022. 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 September 2025.

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

## Self-assessment Safeguarding Audit

ICB's are expected to ensure that safeguarding is integral to clinical and audit arrangements. This requires ICB's 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 ICB's 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 ICB's in September each year to provide assurance to commissioners that safeguarding standards are met. Following submission, when required, the Heads 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 ICBs 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 2022/23 (see table below).

Audit	Completion
Safeguarding adult referrals to the Local Authority including Making safeguarding personal	April 2023
Mental Capacity Act 2005 – Quality of MCA assessments	April 2023
Audit of child protection documentation and record keeping of health visitors, school nurses, CAMHS and other allied health professionals	January 2023
Domestic Abuse Incidents Form Audit (of the response of health visiting and school nurse service)	July 2023

### Adult safeguarding referrals to the Local Authority and Making safeguarding personal

The adult team have completed an audit looking at safeguarding referrals made to the Local Authority, whether those referrals were received and if the principles of making safeguarding personal were clear in the referral. The audit found that the agreed procedures were followed by staff in relation to raising an Adult Safeguarding Referral with the six Berkshire LAs in 65.68% of cases reviewed. The views of the Adult at Risk were sought by staff in 45.09% of cases reviewed. An action plan is in place which includes raising awareness of the processes and making safeguarding personal principle with visits to targeted teams.

### MCA Quality of assessments

An audit is currently in final stages undertaken to look at the quality of mental capacity assessments and provide a baseline to measure improvements. The audit found the majority of assessments lacked sufficient detail and did not record the information that was considered relevant to the decision being assessed. An action plan is being put in place including bite-size training videos for staff and changes to the electronic capacity assessment form which will provide prompts to staff.

### Child Protection Record Keeping Audit

A sample of records were reviewed from Child and Adolescent Mental Health Services (CAMHS), Child and Young People Integrated Therapies (CYPIT), Community School Nursing (CSN), Community School Nursing

(CSN) and Health Visiting (HV). Recommendations included work with teams to increase uploading of minutes to records, to identify measures to improve the amounts of reports shared with families prior to conference and reminding practitioners to fully complete the safeguarding form.

#### **Child Protection referrals Audit**

This audit reviewed child protection referrals by BHFT staff. It identified that there was a need to review training on the use of the safeguarding children page on RIO and linking families and households, a quick guide was produced to improve compliance and competence in completing referrals and training slides were reviewed and updated.

#### **Domestic Abuse Incidents Form Audit**

This audit looked at response to police domestic abuse incident forms received. The recommendations were the creation of a template to use when reviewing forms to ensure a more standardised response and a crib sheet to support staff to consider risk. Training workshops will be offered to health visitors to support the introduction of these.

## **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. The team have focussed on MCA assessments and improving the quality of adherence to the Act. However, at the time of writing this report the Department of Health and Social Care announced the implementation of the Liberty Protection Safeguards (LPS), the Mental Capacity (Amendment) Act 2019, will be delayed “beyond the life of this Parliament” (therefore likely beyond Autumn 2024). Please refer to the MCA section of this report.

##### **New non-fatal strangulation offence**

Non-fatal strangulation was made a specific offence as part of the 2021 Domestic Abuse Act. The practice typically involves a perpetrator strangling or intentionally affecting their victim’s ability to breathe in an attempt to control or intimidate them.

It followed concerns that perpetrators were avoiding punishment as the act can often leave no visible injury, making it harder to prosecute under existing offences such as Actual Bodily Harm (ABH). Perpetrators face up to 5 years in prison. Studies have shown that victims are seven times more likely to be murdered by their partner if there had been non-fatal strangulation beforehand.

The new offence will also apply to British nationals abroad. It means perpetrators can be prosecuted in England and Wales for offences committed overseas – ensuring there is no escape for abusers.

BHFT Domestic abuse training has been updated to include the new offence.

### **Improving knowledge from National Reports, Research and Guidance:**

The safeguarding team review national Safeguarding Practice Reviews (SPR) and Safeguarding Adult Reviews (SAR) through SPR and SAR sub-groups and relevant actions are considered for health.

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

During 2022-23 there has been several significant safeguarding incidents across the partnership leading to 19 rapid reviews into cases of concern for children or adults across the 6 Berkshire localities. This is similar to last year and is much higher in number than in previous years leading to an increased workload. There has been 3 new safeguarding practice reviews and 4 new Safeguarding adult reviews conducted across the partnership. The safeguarding team are also panel members for 4 domestic homicide reviews relating the patients in Berkshire.

During 2022-23 there have been five safeguarding adult reviews and nine rapid reviews for children, which led to three safeguarding children practice reviews. In the other cases, the learning was picked up at the rapid review and disseminated.

The Safeguarding Team have provided reports and chronologies for all the reviews and supported practitioners throughout the process. Changes in the way both adult and child case reviews are conducted have meant more practitioner involvement through learning events and feedback around this process has been positive. The Head of Safeguarding 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.

## **6. Safeguarding Policies/Protocols**

All Trust Policies are reviewed and updated at least every two years. The following policies and procedures have been reviewed and ratified during 2022/23 in accordance with the Policy Scrutiny Group and the Safety and Clinical Effectiveness group –

- CCR156 Responding to adult disclosures of non-recent sexual abuse.
- CCR123 Child Protection supervision
- CCR052 Advance Decisions

### **Safeguarding Procedures Online**

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

Berkshire county has 6 local authorities and within that has four safeguarding children and four safeguarding adult boards. The three local authorities in the West of Berkshire have joined to form a Tri borough board. In the East of Berkshire the arrangements are one combined board for children and adult safeguarding.

Representatives from BHFT at director or the Heads of safeguarding attend each of the Boards. Members of the safeguarding team represent the Trust on the Board sub-committees.

## **8. Inspections**

In May 2022 BHFT were part of a Joint Targeted Area Inspection (JTAI) within the Royal Borough of Maidenhead. The findings show “the safeguarding partnership in Windsor and Maidenhead is effective. This strong partnership works well to help and protect children. It demonstrates care and compassion and a sustained approach to striving to deliver good services. The partnership has a clear understanding of its strengths and areas for improvement and is responsive to challenge. Partners demonstrate mostly effective scrutiny and oversight of frontline practice across all agencies. The partnership is focused on driving improvements for the provision offered to children and young people in need at their first point of contact with services. However, more work is needed to ensure that the engagement of adult services protects children and to further improve information-sharing across partner agencies.”

There were two actions for BHFT. Firstly, within adult mental health services, there was a lack of recognition of risk to children when working with adults. There was lack of understanding about the process of making referrals to children’s social care. The second action was to explore how to ensure health colleagues, outside of the universal service, attendance at strategy meetings. These actions are complete.

## **9. Domestic Abuse**

BHFT continues to have representation on all 6 local authority domestic abuse strategic boards. All but Slough have a published domestic abuse strategy and partner agencies are working towards achieving the action plans to meet the prioritised areas for development. Slough are hoping to have their strategy signed off by the end of July 2023.

### **Domestic Homicide Reviews**

BHFT contributes to local Domestic Homicide/Suicide Review panels and has also been asked to provide IMRs and sit on panels out of area if either the victim or perpetrator has been recently open to BHFT services. Common themes for learning for BHFT are around recognising domestic abuse, completing the DASH risk assessment, and offering onward referral to domestic abuse services. Other learning has been when services are assessing risk to others to separate risk to intimate partners or family members as often perpetrators of domestic abuse are of no risk others i.e. the general public.

### **Training**

Domestic abuse training continues as virtual face to face with numbers increasing and more sessions being added throughout the year to accommodate the demand. Many teams are requesting training specifically for their team, such as Minor Injury Unit, WBCH; the ARRS (CPE) team and the Employment Service within Talking Therapies.

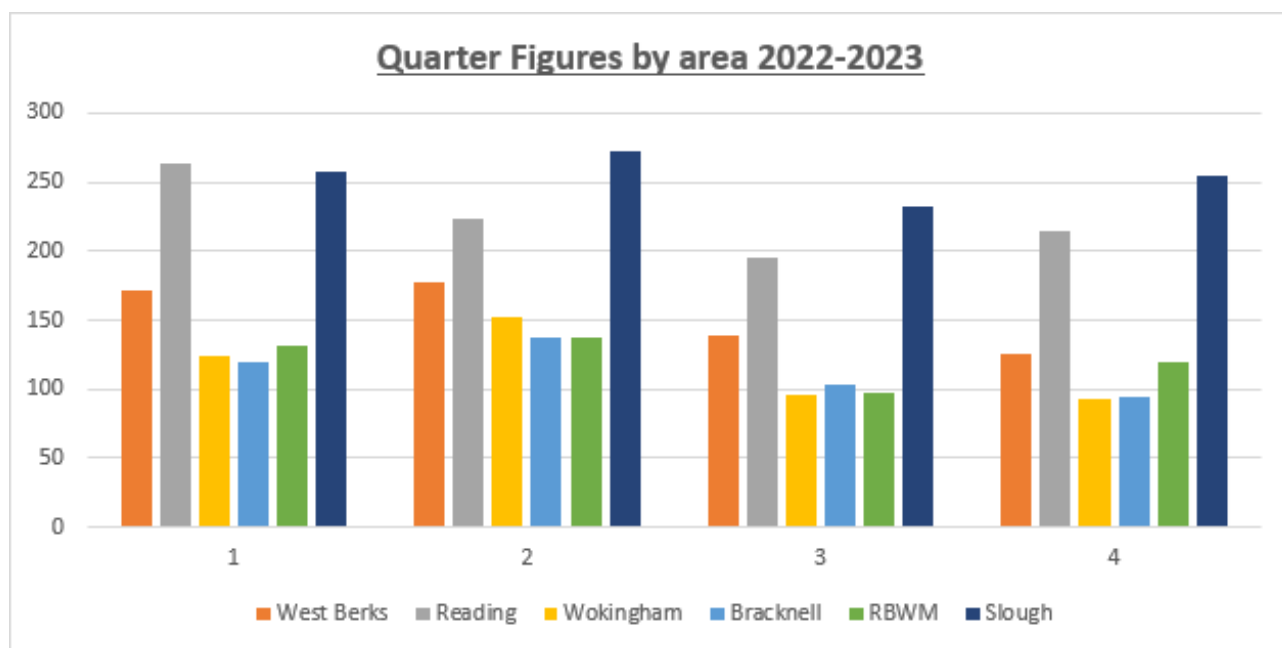
### **Staff Support**

There has been a significant increase in BHFT staff requesting support relating to domestic abuse and due to this demand, the specialist practitioner for domestic abuse is going to work alongside the Wellbeing Matters team. Staff members who would like further psychological support will be offered a referral to the Wellbeing Matters Team. Domestic abuse training will be delivered to the Wellbeing Matters team July 2023.

### **Figures**

For 2022 – 2023 the total number of reports received for the West area (Newbury, Reading and Wokingham), were 1976. Total number for the East area (Bracknell, Slough & WAM), were 1953. A total of 3929 for Berkshire. This is an increase of 4.3% on last year. Slough continues to receive the highest number of notifications of domestic incidents.





## 10. Safeguarding Training

Safeguarding training compliancy in 2022/23 was as follows:

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	93%	89%	89%	96%	90%
Safeguarding Children	Two	92%	91%	92%	92%	90%
Safeguarding Children	Three	92%	92%	93%	95%	90%
Safeguarding Adults	One	94%	94%	95%	96%	90%
Safeguarding Adults	Two	92%	92%	92%	94%	90%
Safeguarding Adults	Three	87%	89%	90%	91%	90%
Prevent	Wrap	98%	98%	92%	98%	85%
Prevent	Channel	100%	100%	100%	99%	85%
MCA		87%	88%	91%	91%	85%
DoLS		95%	95%	94%	93%	85%

**All children and adult safeguarding training is aligned to the Intercollegiate documents: Roles and responsibilities for Healthcare staff (2018).**

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. 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 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. 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.

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.

Bespoke Safeguarding children training at level three has also been developed to specifically target mental health teams working with adults who may be parents or carers of children. All named professionals receive external safeguarding training at minimum level four.

A joint Level 3 forum for adults and children was facilitated by the safeguarding team and delivered by external and internal speakers. The theme was Safeguarding matters. This was the first joint forum delivered and positive feedback was received. The plan is to hold another joint forum 2023-24 face to face with a recorded option.

## **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 MCA came into force in 2007 and 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. 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.

### **Developments this financial year**

An MCA and Deprivation of Liberty Safeguards ("DoLS") / Liberty Protection Safeguards ("LPS") Lead Professional ("MCA Lead") has been appointed to the team and came into post in June 2022. The MCA lead has been a point of reference for colleagues, developed and delivered training for staff (mandatory via MS Teams and tailored delivered as appropriate for the relevant service) and supported the trust leadership with application of MCA. They have focused on 'getting the basics right', updating policy, training resources and record keeping systems to reflect developments in law and policy and findings from audits. They have also led the strategic implementation and application of the Liberty Protection Safeguards (currently on hold – see below for further information).

As part of the improvement work there is now a dedicated page for MCA on NEXUS, here staff can access 'bitesize' training videos and resources related to MCA. Requests for section 49 Reports and DoLS

applications now come to a dedicated MCA inbox ([mentalcapacityact@berkshire.nhs.uk](mailto:mentalcapacityact@berkshire.nhs.uk)), as well as any general, non-urgent, MCA enquiries. Updated DoLS Training has also been developed and is delivered face to face or via MS Teams.

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; support can then be sought as required from the MCA Lead.

### **Liberty Protection Safeguards**

On 05 April 2023 the Department of Health and Social Care confirmed that the LPS implementation would be delayed beyond the life of this Parliament. The future of the LPS is therefore uncertain. Fortunately, LPS preparation at Berkshire Healthcare had mainly focused on getting MCA basics right, meaning there has been minimal time lost focusing on LPS specific matters and improvements continue in relation to the application of MCA to practice. The confirmation that there will be a delay to the implementation of LPS also means attention can be given to making further improvements to the Berkshire Healthcare DoLS process.

### **Mental Capacity Act Audit 2021-22: Consent to Admission**

The Consent to Admission audit led to a quality improvement project being instigated, with a view to identifying gaps in the admission process and how consent to admission can be accurately and consistently recorded. A new admission process has been developed for community inpatient services on RiO, the Joint Initial Assessment (“JIA”), this includes a section for consent to admission.

the JIA is going to be reviewed and amended to ensure staff are supported to record the relevant information to record consent to admission (where consent is being relied upon). Where there is reason to question the patient’s capacity to consent, the JIA directs staff to complete a capacity assessment and, where appropriate, best interest assessment and DoLS application.

### **Mental Capacity Act Audit 2022-23: Mental Capacity Assessment Audit**

The 2022-23 Mental Capacity Assessment Audit is being finalised at the time of writing. The purpose of the audit was to review mental capacity assessments completed on the RiO assessment form for compliance with the MCA and National Institute for Health and Care Excellence Guideline 108 (“NG108”) Decision-making and mental capacity.[1]

The key findings from the audit were:

- The information that is relevant to the decision the person is being asked to make is rarely recorded in the assessment documentation. The majority of capacity assessments audited lacked sufficient detail, particularly in relation to the application of the functional test.
- In a number of assessments audited a diagnostic approach appeared to be taken to the assessment of capacity, where the person’s diagnosis was the main reason given for the person being unable to make a decision.
- Arranging a review of the assessment was only considered in one assessment audited.
- There appears to be infrequent use of the RiO mental capacity assessment form in community mental health services.

An action plan to address the findings of the audit is being completed, following this the final report will be published.

#### Deprivation of Liberty Safeguards - referrals for authorisations 2022-23

Ward	Applications Received	Total DoLS applied for	Total DOLS granted	Total DOLS not granted	Total Dols not granted due to discharge before assessment	Total DoLS Withdrawn
<b>Campion unit</b>						
Application made to Local Authority	8	8				
Authorisation granted	1		3			
Authorisation not granted	1			1		
Discharged prior to assessment	2				2	
Withdrawn	0					1
<b>Orchid Ward</b>						
Application made to Local Authority	3	3				
Authorisations granted	0		0			
Authorisations not granted	0			0		
Discharged prior to assessment	3				3	
Withdrawn	0					0
<b>Rowan Ward &amp; Bluebell</b>						
Applications to the local Authority	25	25				
Authorisations granted	7		7			
Authorisations not granted	0			0		
Discharged prior to assessment	11				12	
Withdrawn	6					6
<b>Ascot Ward</b>						
applications made to Local Authority	3	3				
Authorisations granted	0		0			

authorisations not granted	0			0		
Discharged prior to assessment	3				3	
Withdrawn	0					0
<b>Windsor Ward</b>						
applications made to local authority	3	3				
Authorisations granted	0		0			
Authorisations not granted	0			0		
Discharged prior to assessment	3				3	
Withdrawn	0					0
<b>Donnington Ward</b>						
Applications made to local authority	13	11				
Authorisations granted	4		4			
Authorisations not granted	0			0		
Discharged prior to assessment	6				6	
Withdrawn	1					1
<b>Highclere Ward</b>						
Applications made to Local authority	15	15				
Authorisations granted	5		5			
Authorisations not granted	1			1		
Discharged prior to assessment	8				8	
Withdrawn	1					1
<b>Henry Tudor Ward</b>						
Applications made to Local authority	13	13				
Authorisations granted	0		0			
Authorisations not granted	0			0		
Discharged prior to assessment	13				13	
Withdrawn	0					0
<b>Jubilee Ward</b>						
Applications made to Local authority	9	9				
Authorisations granted	1		1			

Authorisations not granted	0			0		
Discharged prior to assessment	7				7	
Withdrawn	1					1
<b>Oakwood Ward</b>						
Applications made to local Authority	8	8				
Authorisations granted	1		1			
Authorisations not granted	1			1		
Discharged prior to assessment	6				6	
Withdrawn						0
<b>Totals</b>		98 <sup>[2]</sup>	21	3	63	10

<sup>[1]</sup> NICE, *Decision-making and mental capacity NICE Guideline [NG108]* (03 October 2018)

<sup>[2]</sup> At the time of writing one application has not yet been processed, therefore the application outcomes (granted; not granted; discharge before assessment; withdrawn) total 97 when added together.

## 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 receive individual supervision and school nurses receive group 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. After the pandemic we reviewed how we deliver supervision, and it was decided after consultation with staff to have a hybrid model of one face to face session to three virtual unless the practitioner requests more face to face. Compliance with attendance at supervision is monitored closely and we are 100% compliant.

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 children in care 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. Child protection supervision is also provided to the BHFT nursery managers as required.

The safeguarding team receive regular safeguarding supervision from the designated nurses and the Head of Safeguarding, Named Doctor have monthly peer supervision. The Named Doctor has supervision from the Designated Doctor for Child Protection (Berkshire East).

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 1225 enquiries from staff during 2022-2023 from a wide variety of services across the trust. The Domestic Abuse Specialist Practitioner and the MCA lead are also available for individual advice 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.

The Counter Terrorism Local Profile (CTLP) briefing was attended this year by the Prevent Lead and information from this briefing has been shared within the safeguarding team. The UK threat level has been reduced from severe to substantial.

Relevant updates on PREVENT are shared on the Safeguarding page within NEXUS on the Trusts intranet platform.

The safeguarding team are available to all BHFT staff via both the Adult and Childrens Safeguarding Advice Lines 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.

PREVENT training is part of induction and has continued to be delivered through E-learning due to COVID-19. Compliance to training has remained consistent with over 90% compliance across all staff for both Prevent and basic awareness training. The Safeguarding Team have continued to deliver refresher knowledge of PREVENT through all the Safeguarding training courses offered within BHFT.

Training	Q1	Q2	Q3	Q4
Prevent WRAP	98%	98%	92%	98%
Prevent Channel	99%	100%	100%	99%

BHFT Prevent referrals	Q1	Q2	Q3	Q4
Slough	0	0	0	1
RBWM	0	1	0	0
Bracknell	0	0	1	0
Wokingham	0	0	0	0

Reading	0	0	1	0
West Berkshire	0	0	0	0
Out of area	0	1	1	0

Information sharing requests from TVP	Q1	Q2	Q3	Q4
Slough	0	0	0	1
RBWM	0	1	0	0
Bracknell	0	0	1	3
Wokingham	0	0	1	1
Reading	1	3	3	2
West Berkshire	0	0	1	2

## 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 International, 2021).

Several of the Berkshire Local Authorities hold Multi-Agency Modern Slavery and Exploitation groups quarterly. BHFT is represented by a Named Professional from the Safeguarding Team.

Resources relating to Modern Slavery and Exploitation are made available to staff via the Safeguarding pages on Nexus.

Safeguarding training is delivered to Berkshire Healthcare staff via the virtual platform, awareness of the signs and presentations of victims of Modern Slavery and Exploitation form part of this training. Staff are also encouraged to report concerns via the Safeguarding Advice Lines.,

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

During this year the 6 hubs continued in each locality, the MASH hubs are starting to move towards a hybrid of in person and remote working.

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. The MASH teams are managed by two of the Named Professionals from the safeguarding children's team. The staffing in the East team has remained stable and the West team have a member on maternity leave which has been covered by a fixed term contract.

### West of Berkshire Annual MASH figures 22/23



Month	Red (4hours)	Amber (12 hours)	Green (72 hours)	Totals	Out of timescale
Apr-22	7	163	32	265	0
May-22	0	196	13	209	0
Jun-22	5	212	22	239	0
Jul-22	12	195	12	219	0
Aug-22	9	153	55	217	0
Sep-22	13	250	30	293	0
Oct-22	25	275	32	332	0
Nov-22	0	299	24	323	0
Dec-22	5	190	23	218	0
Jan-23	17	239	15	271	0
Feb-23	14	265	35	314	0
Mar-	30	306	23	359	4
<b>Total</b>	<b>137</b>	<b>3013</b>	<b>316</b>	<b>3731</b>	<b>4</b>

#### Other Enquiries:

Month	Police requests	Section 47 requests	Demographics	Section 17 health requests	Basic Health information	Screening tools (Unborn, Newborn and under 1's)	Totals
Apr-22	0	0	370	0	3	0	373
May-22	0	3	330	0	1	1	335
Jun-22	4	0	380	0	2	0	386
Jul-22	12	0	308	0	6	1	338
Aug-22	20	0	382	0	1	0	403
Sep-22	18	0	403	0	0	6	427
Oct-22	6	0	406	0	1	1	414
Nov-22	25	7	246	0	1	6	285
Dec-22	14	0	194	0	1	2	211
Jan-23	10	0	324	0	6	0	340
Feb-23	10	0	289	0	8	5	312
Mar-23	9	0	349	0	15	6	379
<b>Total</b>	<b>110</b>	<b>10</b>	<b>3981</b>	<b>0</b>	<b>45</b>	<b>28</b>	<b>4174</b>

<b>EAST BERKSHIRE MASH</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Annual</b>
<b>APRIL 2022 to MARCH 2023</b>					
Green MASH enquiries	5	0	2	0	7
No in timeframe	1	0	0	0	1
% completed in time	20%	0	0%	%	14%
Amber MASH Enquires	159	141	159	161	620
No in timeframe	65	46	62	62	235
<b>% completed in time</b>	<b>52%</b>	<b>32%</b>	<b>39%</b>	<b>38%</b>	<b>38%</b>
Red MASH enquires	0	0	1	0	1
No in timeframe	0	0	1	0	1
% completed in time		0	100%	0%	100%
Total MASH Enquires	164	141	161	161	627
Total completed in timeframe	66	46	62	62	236
% completed in time	40%	32	38%	38%	38%
Total Children MASH enquiries	164	141	161	161	627
Number of Demographic Enquiries	485	362	423	629	1899

Almost 100% of MASH enquiries were returned within the expected time frame in West Berkshire during 2022-2023. The West has seen a significant rise in information requests both for MASH and 'other' types of information. In East Berkshire this was much lower at 38%. Different models of staffing are employed between East and West Berkshire. In West Berkshire the MASH professionals are qualified health professionals with a specialist qualification, and they can collect data via Connected Care. This allows them to collect basic data from primary care within the time frames for MASH.

In East Berkshire the two health co-ordinators have a nursery nurse background and are required to provide demographic data and request health data from appropriate professionals in the health economy which sometimes leads to delay. Back up is provided by Health visitors who also work some hours within the MASH and they analyse the health data. The delay in receiving data from GP's has been highlighted to the designated nurse in the ICB.

A significant amount less 'true' MASH information is being requested in the East of the county, only a third of all information requests is for MASH and the rest demographic information. In the year 2022/2023 only 1 red MASH was requested in the East and 620 amber, compared to 137 red and 3013 in the West.

## 16. Summary and Future Plans

2022/23 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. Although the Covid-19 pandemic restrictions were lifted the impact on young people and adults at risk remains a current challenge and the safeguarding team have worked hard to keep safeguarding at the forefront of our services.

### **Team Achievements 2022 – 2023 have included the following:**

- Created new post and appointed MCA Lead.
- Invested into Adult Safeguarding for a WTE Named Professional post.
- Held a joint forum for Safeguarding Matters.
- Continued engagement in local networking groups for introduction of LPS.
- Support to practitioners to complete court reports in a timely manner to support our local authority colleagues to take cases to court. The team supported with 31 submissions for the court.
- Further development of system for safeguarding team to monitor DoLS applications and support ward staff.
- Safeguarding team – children and adults – are now part of the Trust Complex case risk review / forum core group.
- 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.
- Specialist practitioner domestic abuse support for trust staff through staff wellbeing programme.
- Regular screen saver messages to remind staff of key safeguarding issues.
- Introduction of Circulation clinical newsletter for staff with safeguarding information included in each fortnightly edition.
- Participation in multi-agency safeguarding training and high level of compliance across partnership boards and safeguarding adult boards and their corresponding sub-groups.
- Support the new CAMHS Phoenix service and any new developments in providing home treatment.
- Safeguarding children's team have responded to and provided support to new early help services within CAMHS.
- Supported services to recognise when pressure areas are a safeguarding concern and take the appropriate action.
- Supported improvement of mental capacity act on physical health ward using a QI approach.

### **Future Plans**

- Continue to achieve minimum of 90% compliance for all training levels.
- Co locate the adult and children team into one base at St Marks to allow cross fertilisation of ideas and learning.

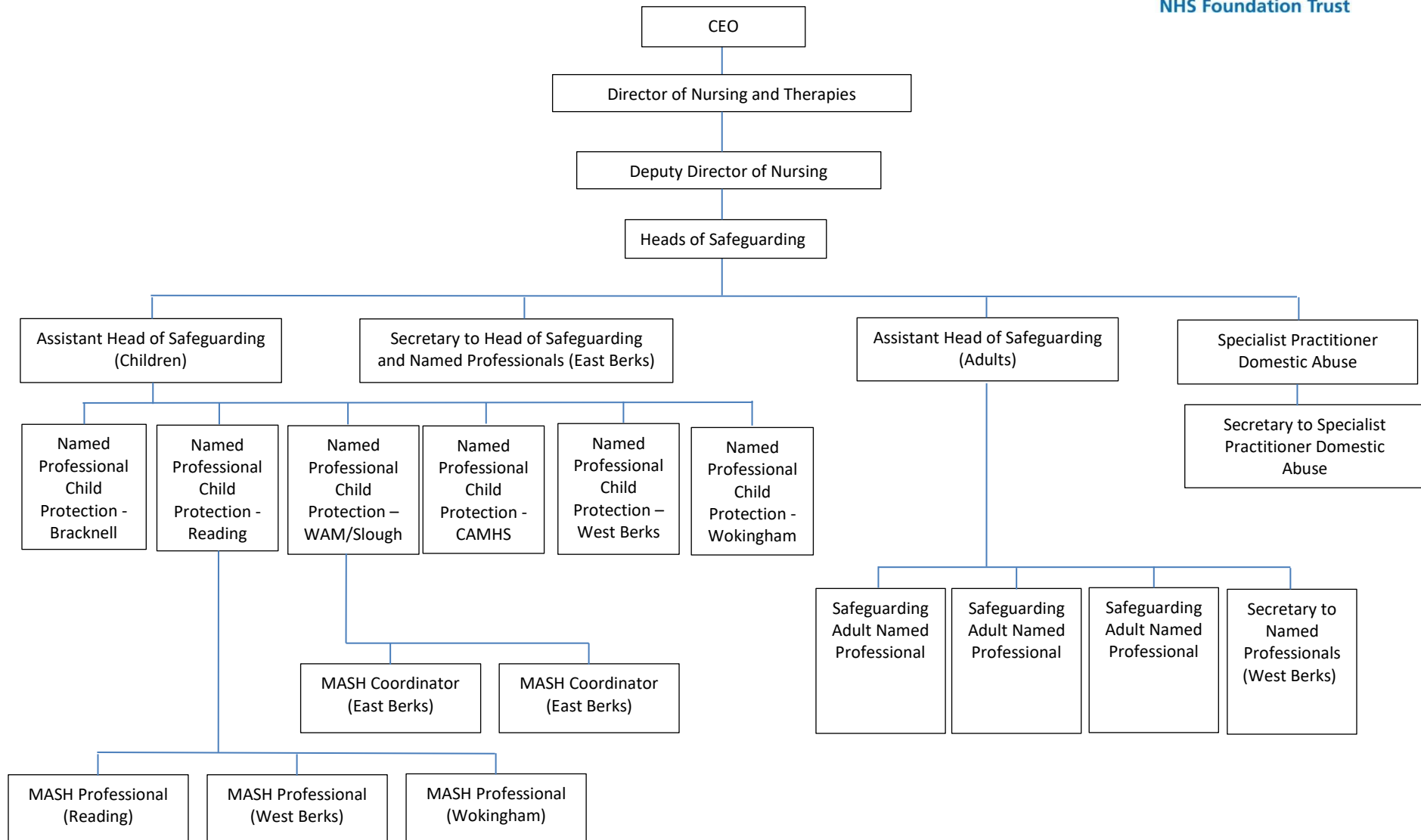
- The team to review all training to ensure it is suitable for those that are neuro diverse and ensure it is interactive.
- The safeguarding team to be highly visible to all areas and services in BHFT including community and hospital physical health wards and staff.
- Continue to be responsive on the Advice Line.
- Continue to share learning across the Trust in multimedia formats and through patient safety and quality groups and the leadership subgroups. Further develop how learning is shared including to our neurodiverse staff.

## APPENDIX ONE



**Berkshire Healthcare**  
NHS Foundation Trust

### SAFEGUARDING TEAM



# Safeguarding TEAM Plan on a page 2022-2023

**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:

1. We will support clinical services to identify when a pressure sore is a safeguarding concern and when and how to communicate this accurately to the Local Authority. This will include policy development, Datix Reporting and awareness training.
2. We will deliver a joint Forum using a Think Family approach including topics which are pertinent to both adult and child safeguarding.
3. We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents.



## True North goal 3: **Good patient experience**

- ✓ To provide good outcomes from treatment and care

### We will do this by:

1. We will continue to educate staff and improve practice of the Mental Capacity Act including the planning and implementation of Liberty Protection Safeguards.
2. Recognising and reducing inequalities. Working towards inclusivity of fathers/the absent parent with parental responsibility. Reviewing the Domestic Abuse processes and consider safeguarding including adults.
3. Educating and keeping staff up to date by improving our use of comms.



## 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:

1. We will continue to drive forward the development and implementation of training passports.
2. We will promote a culture of respect, compassion and kindness.
3. We will provide opportunities for staff to show initiative and make improvements through great team working, quality improvement and 'Bright Ideas'.
4. We will ensure that the Team's safeguarding expertise is recognised by being proactive in offering advice and support during service/organisational change and development.



## True North goal 4: **Money matters**

- ✓ To deliver services that are efficient and financially sustainable

### We will do this by:

1. We will work as a team to identify and deliver improved productivity.
2. We will enable members of the team to review their personal and professional development.

**IMPORTANT:** depending on the focus of your team, you may have just one team objective under one True North goal and four or five under another section e.g. most Human Resources Team objectives will relate to True North 2