

## Safeguarding Annual Report

April 2019 – March 2020

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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 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 Berkshire Healthcare and meet quarterly. The board also receives a monthly update on safeguarding cases and issues of concern.

The Head of Safeguarding works as a full time manager for the safeguarding team and chairs monthly safeguarding team meetings where shared visions, standardised practice and future plans are agreed and monitored. An annual plan on a page written by the team clearly identifies work priorities and continuous improvements to be achieved (attached as Appendix Two). The Head of Safeguarding is supported by 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 3.8 whole-time equivalent (WTE) safeguarding adults named professional posts including one post which was made permanent in May 2019 following a one year secondment to improve staff compliance to the Mental Capacity Act. 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. 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.

Safeguarding representation is also provided monthly at patient safety and quality groups (PSQ) 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.'*

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

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

In addition Clinical Commissioning Groups (CCGs) are expected to ensure that safeguarding is integral to clinical and audit arrangements. This requires CCGs to ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to safeguard children and vulnerable adults, and that service specifications drawn up by CCGs include clear service standards for safeguarding which are consistent with Local Safeguarding Board policies and procedures. The Trust completes a contracted annual self-assessment audit for adult and child safeguarding arrangements to the CCGs in September each year to provide assurance to commissioners that safeguarding standards are met. Following submission, the Head of Safeguarding meets with commissioners to discuss the audit and answer sample questions.

### **Quality Schedule**

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

### **Safeguarding Audits.**

Audit is an effective means of monitoring compliance with policy and procedure as well as analysing the effectiveness of current practice. Four internal safeguarding audits were undertaken during 2019/20 (see table below) and named professionals participated in multi-agency audits across the localities.

<b>Audit</b>	<b>Completion</b>
Audit of Child Protection Supervision	April 2019
Audit of Patients who go Absent Without Leave (AWOL) at Prospect Park Hospital	August 2019
Audit of Safeguarding Advice lines	August 2019
Audit of Compliance to Mental Capacity Act 2005	March 2020

A planned audit of child protection record keeping in March 2020 was postponed to the autumn due to the Covid-19 pandemic emergency prioritisation plan.

### **Child Protection Supervision Audit**

The audit was a quantitative audit undertaken by the safeguarding children team to establish whether child protection supervision is recorded in each child's record following supervision and whether there is evidence in the records that agreed actions have been undertaken by the practitioner. In a previous supervision audit undertaken by the safeguarding team, it was identified that practitioners were not always

recording recommended actions from the supervision in the child's record following supervision. The action from this audit was for the supervision outcomes to be recorded in the RIO record at the time of the supervision. The aim of this audit is to establish whether recording in the record has improved.

### **Key Findings from the Report**

- Child protection supervision was not recorded in the record in 35% of cases
- Where agreed action plans are recorded in the child's record following child protection supervision, there is evidence that actions are undertaken as agreed during supervision in 73% of cases.

There were three recommendations from the Audit:

1. Child protection supervision action plans should be recorded in the record during the child protection supervision session.
2. Actions from child protection supervision to be followed up by the supervisor at the next supervision session.
3. Suitable rooms to be identified so that staff are able to access their RIO during supervision.

### **Audit of AWOL at Prospect Park Hospital**

Negotiated time off the ward or to go on leave is an integral part of a patient's care plan, designed to prepare and assess mental state, risk and prepare them for discharge. However, occasionally a patient will not return from leave, will leave the service or escort without permission or prior arrangement/agreement. Berkshire Healthcare's *Patients who are Missing / Absent (Mental Health Services)* Policy (CCR144) outlines the responsibilities of inpatient mental health staff during circumstances where a patient is absent without leave (AWOL). The purpose of the 2019 audit was to monitor whether Berkshire Healthcare policy and procedures for patients who are missing/absent from mental health service (CCR144) is followed by staff and maintain the changes recommended in a previous audit and to look for any recommended areas for improvement. AWOLs from two of the acute wards were audited.

Overall the audit found that staff have been following trust policy and procedure on missing/absent patients from mental health services. Both wards carried out a 1:1 with the patient on return to the ward which was clearly documented. This was in line with a recommendation from a previous audit. Local Authority and the Police were informed of AWOLS although it was not always reported that they had returned. Staff were reminded of the importance of this because of the impact on Police resources. Staff were not visiting the patient at home as per policy due to lack of capacity and it is a recommendation of the audit that this part of the policy is reviewed. The audit noted a reduced number of AWOL's compared to previous audits.

### **Audit of Safeguarding Advice Line**

The Safeguarding Team provide advice via two telephone advice lines one for adult safeguarding and one for child safeguarding for Trust-wide practitioners. These lines are accessible 9am – 5pm, Monday to Friday.

When the practitioner calls and advice is given, this information is recorded by the Named Professionals on the safeguarding team database. To ensure that the advice has been clearly understood and recorded appropriately, an email with the advice line sheet attached is sent to the practitioner who has received safeguarding advice. The expectation is that the advice is recorded on the patient/clients progress notes and also uploaded onto RiO documents and that evidence of the advice being followed is also documented.

The purpose of the audit was to test whether advice given by a named professional is recorded by the named professional and whether the staff member receiving the advice is recording any agreed actions on the patient's RiO record and uploading the advice sheet on RiO. The audit also looked at whether the agreed actions were followed.

Findings included the following:

1. The number of calls to the Advice Lines during the period audited was identical for both the Children's Named Professional's (NP) and the Adult NP, at sixty six calls each. This is encouraging as the Adult Advice Line has been established more recently than the Children's Advice Line.
2. The range of callers was diverse, coming from both Physical and Mental Health Services. This is encouraging in light of a previous audit where Community Mental Health Services were found not be using the Children's Advice Line
3. There was a marked disparity between the two advice lines in how much of the advice given by the Named Professional was documented in the patient's electronic records, 85.7% for the children's advice line compared to 45% for the adult advice line. This may be due to the Children's Advice Line being more established than the Adult Advice Line.
4. Of the cases audited only 33% of those sent by the Children's Named Professional were uploaded. This may be due to this practice being a new requirement and not yet embedded in practice.
5. Patient identification data was not always fully recorded by named professionals making it difficult to audit.

An action plan is in place to implement the recommendations from the audit.

#### **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**

## **Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework: updated August 2019.\***

This Framework was reviewed and refreshed in 2019. The purpose of this document is to set out clearly the safeguarding minimum standards, roles and responsibilities of all individuals and organisations working in providers of NHS funded care settings and NHS commissioning organisations. It aims to:

- identify and clarify how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults at risk of abuse or neglect;
- clearly set out the legal framework for safeguarding children and adults as it relates to the various NHS organisations, in order to support them in discharging their statutory requirements to safeguard children and adults;
- outline principles, attitudes, expectations and ways of working that recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances are at the forefront of our business;
- Identify clear arrangements and processes to be used to support practice and provide assurance at all levels, including NHS England and NHS Improvement Board, that safeguarding arrangements are in place.
- Promote equality by ensuring that health inequalities are addressed and are at the heart of NHS England's values.

A Gap analysis was completed by the Head of Safeguarding against the Assurance Framework and the Trust were compliant to all the Standards set out in the document. The Gap analysis was presented to the East Berkshire safeguarding committee and agreed.

### **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).

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\* <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>



- 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, and inform CQC, produce authorisation record.
5. Review: undertake and monitor planned and responsive reviews.
6. Appeals: a small number of cases will go to appeal at the court of protection requiring written reports and attendance at hearings plus formal legal advice.

Any backlog of DoLS applications not yet assessed will become the responsibility of the provider/commissioner once LPS comes into operation.

The Code of Practice has not yet been published. It will further clarify roles and responsibilities and knowledge and training requirements for these.

Implementation of LPS was initially delayed 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.

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

This inquiry which opened in June 2015 continues to progress in England and Wales. The inquiry was established to examine how the country's institutions handled their duty of care to protect children from sexual abuse. The enquiry is likely to take several years to complete and further delays are expected due to the Covid-19 pandemic. An interim report was published in 2018.

### **Domestic Abuse Bill January 2019: to become law 2020 – 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.

### **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 2019/20 Berkshire Healthcare have participated in three child safeguarding practice reviews conducted across Berkshire, seven safeguarding adult reviews in Berkshire, one in Buckinghamshire and four domestic homicide reviews (DHR). It is of note that there has been a rise in the number of adult reviews, which have been diverse and have covered a wide range of groups. Berkshire Healthcare are committed to learning from reviews and fully engage in the safeguarding practice review and DHR process.

Named professionals have provided reports and chronologies for all the reviews and supported practitioners throughout the process. Changes in the way both adult and child serious case reviews are conducted have meant more practitioner involvement through learning events and feedback around this process has been positive. The Head of Safeguarding or her deputy attend all safeguarding practice review and safeguarding adult review sub-groups across Berkshire and serious case review panels and are responsible for ensuring lessons are disseminated to BHFT staff and action plans are developed, completed and reported on. Many of these reviews are currently on-going and action plans have been formulated from identified learning for BHFT and are in progress.

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

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

The following policies and procedures have been reviewed and implemented during 2019/20, in accordance with the policy scrutiny group and the safety and clinical effectiveness group:

- **CCR072 Child Protection and Promoting the Welfare of Children** – Minor amendments.
- **CCR111 Domestic Abuse** – Minor amendments
- **CCR124 Management of Police Domestic Abuse Incident Reports for Universal Services Staff** – Minor amendments
- **CCR125 Chaperone** – Minor amendments
- **CCR143 Was Not Brought/Non-Attendance of Appointments/Declined Services for Children and Young People** – Minor amendments and change of policy name
- **CCR144 Patients who are Missing/Absent - Mental Health Services** – Minor amendments
- **CCR155 PREVENT** – Updated with changes to government guidelines
- **CCR156 Responding to Adult disclosures of Non-Recent Child Sexual Abuse** – Minor amendments
- **CCR163 Assessing Gillick competency in Children under 16** – New Policy
- **CCR164 Promoting Sexual safety on Mental Health and Learning Disability Inpatient Units** – New policy following guidance following publication of report into sexual safety in mental health hospitals.

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<sup>†</sup>**

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

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

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 the 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<sup>‡</sup> (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**

### **Care Quality Commission (CQC) Inspection December 2019**

BHFT underwent a focussed CQC inspection and the rating of the trust improved to an overall rating of Outstanding which was a very positive achievement for the trust. The inspectors noted that they had seen a consistent pattern of progressive improvement in the quality of core services, building on many of the high quality services it delivers. For example the inspection found that

- The Trust has a highly skilled, strong, stable and experienced senior team, including the chair and non-executive directors. Leaders had the skills, knowledge, integrity and experience to perform their roles and had a good understanding of the services they were responsible for delivering.
- There was compassionate, inclusive and effective leadership at all levels. Leaders were visible in the service and approachable to patients and staff.
- Staff across the trust felt valued and there was a real focus on doing what was best for people, staff, patients and carers and a real commitment to the delivery of good quality patient care at every level.
- Staff at all levels of the trust were proud to work there and morale amongst staff was good.

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

- The trust was taking a leading role in a number of the system wide developments and was a key partner in two exemplar integrated care systems, the board was visibly engaged in and supportive to the work of the wider health and social care system.
- Staff assessed and managed risks to patients well and followed best practice in anticipating and de-escalating volatile situations.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust had very strong staff networks in place for people with protected characteristics and network leads had some protected time to develop these further.

There is an action plan for recommendations for improvement from the inspection which is monitored by the trust board.

## 9. Domestic Abuse

Domestic abuse continues to be a major safeguarding concern and disclosures of abuse by service users are made to practitioners across many of BHFT services. Practitioners are encouraged to complete Domestic abuse Stalking and Harassment risk assessments (DASH) and seek support from the safeguarding team if necessary. The Specialist Practitioner Domestic Abuse can advise and refer on to the Multi Agency Risk Assessment Conference (MARAC) for those cases identified as high risk and also can refer into the Multi Agency Task and Coordination (MATAC) for those victims not assessed as high risk but who are turning to professionals frequently for support in regard to ongoing domestic abuse.

The MATAC has taken over from the Domestic Abuse Repeat Incident Meeting (DARIM) in some of the local authorities and there are plans for this to be introduced across the whole of the Thames Valley Police (TVP) area. It works in much the same way as the DARIM, trying to reduce the incidents, however there is more focus on working with the perpetrator to try to change their behaviour rather than on the victim to make changes that will reduce the abuse. Named professionals attend all MARACs across Berkshire sharing relevant health information, offering actions and contributing to the safety plan discussion. Some actions involve liaison with other agencies such as primary care and other out of area Health Trusts.

Berkshire Healthcare have also contributed to three Domestic homicide Reviews (DHR) during 2019-20 providing Individual Management Reviews(IMR), sitting on the panel and ensuring any recommendations are implemented. One IMR identified a need for training about perpetrators for Common Point of Entry (CPE) staff. This was delivered by joint working with the perpetrator worker for Bracknell Forest Children's Social Care. It focused on looking at the risks to the partners of known perpetrators of domestic abuse when they are seeking mental health support. Another IMR identified the importance of health visitors taking what opportunities they had to safely ask about domestic abuse when seeing mothers, providing that time for clients to disclose and then be signposted to support services.

The Covid-19 pandemic which led to a national lockdown at the end of this reports period saw a huge increase in calls to the National domestic Helpline. This resulted in both national and local awareness raising of the increased risk the lockdown might have to domestic abuse victims. The trust safeguarding

team circulated extra information on how to make safe enquiry about domestic abuse when seeing clients online rather than face to face. To support this the safeguarding team produced a video on how to use an 'Over the Shoulder Poster' which allowed practitioners to provide helpline numbers to clients they were seeing online without having to speak and risk being overheard. Local domestic abuse service information was recirculated along with information about the Bright sky app, a domestic abuse support app and the Police 'Make Yourself Heard' campaign which allowed victims to alert emergency services they needed help without having to speak if it wasn't safe for them to do so.

The Covid-19 pandemic has also seen the start of regular multi-agency meetings across Berkshire to ensure victims and families affected by domestic abuse can still access the services they need during the lockdown and the changes this has had for service delivery. The Specialist Practitioner for Domestic Abuse attends these meetings.

The contact details of the Specialist Practitioner were added to the Trust's Well-Being Directory. Staff who are affected by domestic abuse can be signposted for support. Any support given will remain confidential.

### **Looking to the future**

Due to the Covid 19 pandemic the future is looking very uncertain as we enter into 2020-2021. There will be changes in training delivery and also challenges for practitioners who have seen the way they deliver care to clients move from face to face to phone or online in many instances.

For domestic abuse the pandemic has generated an increase in awareness raising both for the general public and for healthcare staff. This can only be viewed as a positive thing and it is important for healthcare to continue being 'domestic abuse aware' moving forward once the current restrictions ease and a new normal is established.

### **Figures**

For 2019 – 2020 the total number of reports received for the West area (Newbury, Reading and Wokingham), were 2162. Total number for the East area (Bracknell, Slough & WAM), were 2120 - total of 4282 for Berkshire. Slough continues to receive the highest number of domestic incident notifications and also has the highest number of MARAC referrals. Notifications have remained relatively consistent with previous years with a definite spike in July of each year.



## 10. Safeguarding Training

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

Safeguarding training is firmly embedded in the induction programme and the team offer monthly induction courses to all new staff. Combined safeguarding children and adult training with a 'Think Family' focus is provided at level one. All clinical staff also receive level two safeguarding children training at induction, PREVENT, MCA and DoLS training. All volunteers starting with the trust receive safeguarding adults and children training at level one as part of their induction. The provision of training is an area of



strength within the team and requires flexibility and commitment. The team acknowledges the need for a positive attitude towards training and operates within the Trust inclusion policy, offering training in accordance with respecting and providing for the diverse need of a large workforce. Bespoke training is facilitated for hard to reach staff groups. During March all face to face training was suspended including induction due to Government guidance for the Covid-19 pandemic and the safeguarding team did a rapid review of available safeguarding training online to ensure continued access to training which matches the requirements of the intercollegiate documents.

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

The safeguarding team facilitate a safeguarding children forum as a level three update for all staff who work directly with children across the Trust. Three forums focussing on contextual safeguarding were held in April, September and October 2019 attended by approximately 250 staff. Presentations were facilitated by both internal and external staff including a presentation by the children in care team on the specific vulnerabilities of children in care to exploitation and a presentation from Police on County Lines and Modern Slavery. The forums were evaluated extremely well by staff attending.

**Safeguarding training compliancy in 2019/20 was as follows:**

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	97.5%	96.5%	96.9%	95.9%	90%
Safeguarding Children	Two	91.4%	92.9%	91.6%	92.6%	90%
Safeguarding Children	Three	84.2%	88.2%	86.8%	87.6%	90%
Prevent	Awareness	96.1%	96.9%	96.8%	97.7%	85%
Prevent	Health Wrap	95.8%	96.7%	97.6%	96.2%	85%
Safeguarding Adults	One	94.1%	94.1%	91.5%	94.3%	90%
Safeguarding Adults	Two	80.5%	84.1%	86.8%	86.3%	90%
DoLS		84.6%	86.9%	87.4%	89.1%	85%
MCA		90.6%	92.7%	91.5%	92.2%	85%

Safeguarding training compliance levels are monitored on a monthly basis by the safeguarding team. An action plan is in place to increase the number of safeguarding adult level two training courses available for staff following the recent publication of the Intercollegiate Document Safeguarding Adults: Roles and Competencies for Healthcare Staff. Extra courses have been facilitated to increase compliance to safeguarding children training at level three with bespoke training for harder to reach staff groups.

Training compliance in quarter four was compliant at over 85% for both MCA and DoLS. Compliance to PREVENT training remains high at over 96%. All new staff receive PREVENT training at induction.

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

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

The role of the MCA lead in the adult safeguarding team is to act as a point of reference for colleagues, to develop and train trust staff and team colleagues, review and develop the training programme and support the trust leadership with regard to the MCA Framework.

The policy for MCA and DoLS was endorsed by the Berkshire Healthcare Policy Scrutiny Group and introduced in April 2018 and was due for review in April 2020. The policy review has been extended until December 2020 to take account of the pending change to Liberty Protection Safeguards. Following the Mental Capacity Act Amendment Bill 2019 the Trust continue to work with colleagues across the health economy in Berkshire and with Local Authority colleagues to plan the implementation of the Liberty Protection Safeguards in close liaison with the Trust board.

The Safeguarding team have offered additional training sessions with bespoke groups of staff, namely District Nurses, in order to expand knowledge, and gain confidence particularly with recording Mental Capacity Act assessments. These sessions have been well received.

The DoLS process is fully managed by the Safeguarding Team who have developed a new way of working to gain oversight and ensure quality with DoLS applications across the Trust. All DoLS applications are reviewed by the Safeguarding team prior to proceeding to the Local Authority for assessment. Ward reminders for expiry dates of authorisations, discharge notifications to Local Authorities and CQC notifications are managed by the team.

The Rio transformation team have agreed to support projects to improve visibility and functionality on Rio to support clinicians to identify and document Lasting Powers of Attorney and Best Interests assessment and decisions. This work will continue into 2020-2021.

### **Mental Capacity Act 2005 Audit**

This audit was a re-audit and was undertaken to provide the Trust with an overview of MCA compliance. It has highlighted existing good practice across the services but also identified areas of MCA practice and compliance that require further support and development.

#### **Findings from the audit:**

MCA and DOLS training is well subscribed. This audit highlights that there is a gap between the learning in training and its implementation at ward level. In response to this, the safeguarding named professionals

have facilitated small group training and increased their oversight of the ward areas to provide closer monitoring of the DOLS process. Quarterly DOLS statistics are provided in safeguarding reports to the Director of Nursing.

The use of the Care Programme Approach (CPA), more evident in inpatient and community learning disability services, is highlighted as a vehicle that promotes the individual's autonomy and supported decision making. It incorporates the fundamental principles of the MCA placing the patient at the heart of care because it ensures that the patient who is not able to represent their own view will be represented by an appropriate person wither family, friend or legally appointed representative. This good practice will be shared with services across the trust and promoted as a model for best interest decision making.

As an outcome of this audit, a templated format for best interest decision making on RIO is scheduled for work in the transformation team.

The practice of including family to support patient care is widely established in the trust and demonstrates compliance in supporting the individual's right to enjoy the benefits of family life as laid down in Human rights act 1998 enshrined in the ECHR 1953.

Consent to admission is now an established practice and is a compulsory element in admission procedure within the mental health inpatient services.

Enquiries about Advanced Directives on admission is not an established practice in mental health environments. Local policy promotes their consideration in all health environments as part of clinical decision-making pathway. The findings in this audit support its addition to admission processes and documentation.

This audit did not establish the recording of consent or patients views for day to day care in patient groups that were able to make their own decisions. Inaccuracies were identified in the recording of detentions under the MCA DOLS framework. A gap in the DOLS pathway was identified at the point of change over in detention frameworks from MHA to MCA. A more joined up approach between Mental health act and mental capacity Act leads is recommended.

An action plan has been formulated to implement the recommendations.

#### **Deprivation of Liberty Safeguards - referrals for authorisations 2019-2020**

Ward	Q1	Q2	Q3	Q4	Total applied for	Total DOLS granted	Total DOLS not granted
<b>Campion unit</b>							
Application made to Local Authority	0	0	0	2			
Authorisation granted	0	0	0	2			
Authorisation not granted	0	0	0	0			
					2	2	0
<b>Orchid Ward</b>							
Application made to Local Authority	2	1	0	1			
Authorisations granted	1	1	0	0			

authorisations not granted	1	0	0	1			
					4	2	2
<b>Rowan Ward</b>							
applications to the local Authority	0	2	3	6			
authorisations granted	0	1	1	1			
authorisations not granted	0	1	2	5			
					11	3	8
<b>Ascot Ward</b>							
applications made to Local Authority	1	0	2	2			
authorisations granted	0	0	0	1			
authorisations not granted	1	0	2	1			
					5	1	4
<b>Windsor Ward</b>							
applications made to local authority	1	2	2	1			
Authorisations granted	0	1	0	0			
Authorisations not granted	1	1	2	1			
					6	1	5
<b>Donnington Ward</b>							
Applications made to local authority	2	0	2	3			
Authorisations granted	0	0	0	0			
Authorisations not granted	2	0	2	3			
					7	0	7
<b>Highclere Ward</b>							
Applications made to Local authority	1	0	2	2			
Authorisations granted	0	0	0	0			
Authorisations not granted	1	0	2	2			
					5	0	5
<b>Henry Tudor Ward</b>							
Applications made to Local authority	1	0	1	1			
Authorisations granted	0	0	0	0			
Authorisations not granted	1	0	1	1			
					3	0	3
<b>Jubilee Ward</b>							
Applications made to Local authority	1	4	5	1			
Authorisations granted	0	0	0	0			
authorisations not granted	1	4	5	1	11	0	11
<b>Oakwood Ward</b>							
Applications made to local Authority	0	0	5	0			
Authorisations granted	0	0	1	0			
Authorisations not granted	0	0	4	0			
					5	1	4
<b>Totals</b>					59	10	49

Work is being undertaken by the safeguarding named professionals to increase the level of knowledge regarding criteria for referral for DOLs assessment and support staff to identify when a deprivation of liberty is likely to be occurring. There are applications awaiting assessment by the Local Authority. Some applications were not completed before the patient was discharged.

### **Move to Liberty Protection Safeguards from DoLS**

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

## **12. Child Protection Supervision**

A formal process for child protection supervision enables front line staff to review cases, reflecting and analysing current progress, assessing risk, planning and evaluating care and interventions in complex clinical situations. All named professionals working for the trust have received specialist child protection supervision training from the NSPCC.

The BHFT child protection supervision policy CCR123 provides guidance for staff and has standardised child protection supervision across the trust. All health visitors and school nurses receive individual supervision from a named professional at least four monthly, with newly qualified staff receiving supervision two monthly for the first six months. Staff can request extra supervision sessions if required. All health visitors and school nurses received a minimum of three sessions of child protection supervision during 2018/19, a positive achievement for the safeguarding team. Group supervision was provided to all CAMHS teams, community children's nurses and to community children's respite nursing teams. Group child protection supervision was also facilitated to the teams of specialist looked after children nurses and to all allied professionals who work directly with children. Child protection supervision is provided to the young person health advisors at the Garden Clinic and a named nurse attends the bi-monthly safeguarding meeting at the sexual health clinic. Group supervision is also facilitated for staff at the Minor Injuries Unit (MIU) at West Berkshire Community Hospital and to the perinatal mental health team. An on-call advice line manned by named professionals provides safeguarding advice as required.

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

Compliance to child protection supervision by CAMHS staff has continued to rise with a much greater engagement in sessions. The Named Professional (mental health) has worked extremely hard to continue to increase compliance offering a flexible service across the Trust to make attendance at child protection supervision easier for staff to access. All supervision sessions are now dedicated sessions and are no longer an add-on to team meetings. Monthly supervision is now offered to staff at the Tier Four Berkshire Adolescent Unit and 100% compliance to three sessions was achieved in the unit.

The safeguarding team receive regular safeguarding supervision from the designated nurses and the Head of Safeguarding, Named Doctor and Named Nurse (Mental Health) have monthly peer supervision. The named doctor has supervision from the designated doctor for child protection.

The provision of telephone advice and support is an integral part of the service delivered by the safeguarding team. The two advice lines, one for adult safeguarding and one for child safeguarding are well used by staff with over 1600 enquiries from staff during 2019/20 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. There have been 3 national terrorist incidents in the UK in the last year. The current threat level is substantial which means an attack is likely. Locally the cases are around Extreme right wing, concern with regards to extreme travel and reflected in the national picture concern for those that act alone.

The Prevent Lead for the Trust is assisted by two named professionals for safeguarding children. Links with the Local Authority and the police remain strong. The Trust is represented on all six Channel panels and Prevent management meetings across the six Localities in Berkshire. Prevent training was part of induction face to face training until March 2020 when Covid-19 restrictions were introduced and it changed to being delivered solely by e learning. Compliance remains high at 96% of staff for both Wrap and basic awareness training. Knowledge of PREVENT is refreshed through all the safeguarding refresher courses offered by the Trust.

This year saw the introduction of the new national referral form for Prevent. This has meant a change in process for the Prevent leads. Staff are asked to refer to Channel Panel through the trust Prevent leads. This year there was a very quiet period with no enquiries or referrals between April and October however over the year enquiries remained the same as last year, averaging two a month.

Under the new guidance for Mental Health Trusts, released in November 2017, Berkshire Healthcare has a duty to review a Prevent referral to mental health services within one week. There was only one referral in 2019/2020 and the trust were compliant with the guidance. When a referral for Channel is made from a Mental Health Team, the referring or responsible clinician is expected to be present to discuss the individual referred and feedback relevant outcomes to their trust. This was provided for one case and was effective in supporting the Panel.

### **14. Modern Slavery**

The Modern Slavery Act 2015 places a duty on First Responders to notify the Secretary of State about suspected cases of slavery and human trafficking; currently the NHS is not in the First Responder group although this may change in the future. However if a child under 18 or an Adult at Risk are identified as potentially being a victim of slavery or exploitation this would be considered a Safeguarding concern and referral to Social Care should be made and a consideration or sharing intelligence with the police should be discussed with Social Care or the trust safeguarding team.

Slough and Bracknell Local Authorities both have multi-disciplinary Modern Slavery and Exploitation Sub-groups which are chaired by a member of the Community Safety Partnership and BHFT is represented on each of these by a Named Professional for Adult Safeguarding. RBWM have a similar multi-disciplinary group and BHFT is represented by a Named Nurse for Child Protection. There are currently no Modern Slavery Sub-groups in the west of Berkshire.

Prior to Covid -19 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. Since Covid-19 our training is currently via an online format. 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.

The team have made use of screen savers to increase awareness of our staff regarding Modern Slavery and Exploitation. Posters have been distributed highlighting the risks of exploitation and Modern Slavery for display at the Garden Clinic in Slough, a service which may see more potential victims. Specific training has been delivered to staff at New Horizons in Slough to aid in the identification of cuckooing within client homes.

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

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

## **16. Covid-19 Pandemic**

The safeguarding business continuity plan was invoked to prioritise the service in March 2020 in response to the Covid-19 pandemic and lockdown from 16<sup>th</sup> March. The Trust Senior Management Team recognised that all safeguarding professionals would be needed in their current roles and safeguarding professionals were not redeployed to other services. The business continuity plan for safeguarding was shared with designated professionals. Fortunately the trust had advanced IT systems in place for remote working which made the transition to staff working remotely easier. Staff within the safeguarding team flexed their hours to ensure they were available for Covid-19 partnership meetings, strategy meetings and to support staff. Staff training was reviewed and suitable e-learning courses were sourced and made available online. Safeguarding professionals supported practitioners to RAG their clients and the advice line was extended to seven days a week to support staff.

## **17. Summary and Future Plans**

2018/19 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. The Care Act (2014) and Care and Support Statutory Guidance has clarified organisations responsibilities relevant to safeguarding adults vulnerable to abuse or

neglect. This legislation along with safeguarding children legislation underpins the standards and principles of safeguarding practice at the heart of patient care in the Trust and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response.

Team Achievements 2019– 2020 have included the following:

- Continued development of the safeguarding adult named professional role at Prospect Park Hospital to provide daily safeguarding oversight and advice and support to staff; improvement in joint working
- Provision of quality training to Trust staff including bespoke training to staff groups requiring support with specific safeguarding issues.
- On-call advice line highly valued by staff - increase in calls of 50% from last year.
- High level of compliance to safeguarding PREVENT and MCA/DoLS training;
- New guidance for completing section 42 investigations from safeguarding team has led to higher quality returns and recognition of learning
- Support to practitioners to complete court reports in a timely manner to support our local authority colleagues to take cases to court.
- 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;
- Active participation in multi-agency adult and child serious case reviews and work to influence change in systems and embed learning;
- Three safeguarding children forums with theme of domestic Abuse following learning from local serious case reviews;
- Regular screen saver messages to remind staff of key safeguarding issues and production of two safeguarding newsletters;
- Participation in multi-agency safeguarding training and high level of compliance across LSCB's and SAB's and their corresponding sub-groups;
- Four safeguarding audits including monitoring and implementation of action plans;
- Evidence of increased referrals from health into MARAC;
- Sexual safety work at Prospect Park Hospital;
- Reduction of number of patient absconsions from Prospect Park Hospital and improved reporting/follow-up.

## **Future Plans**

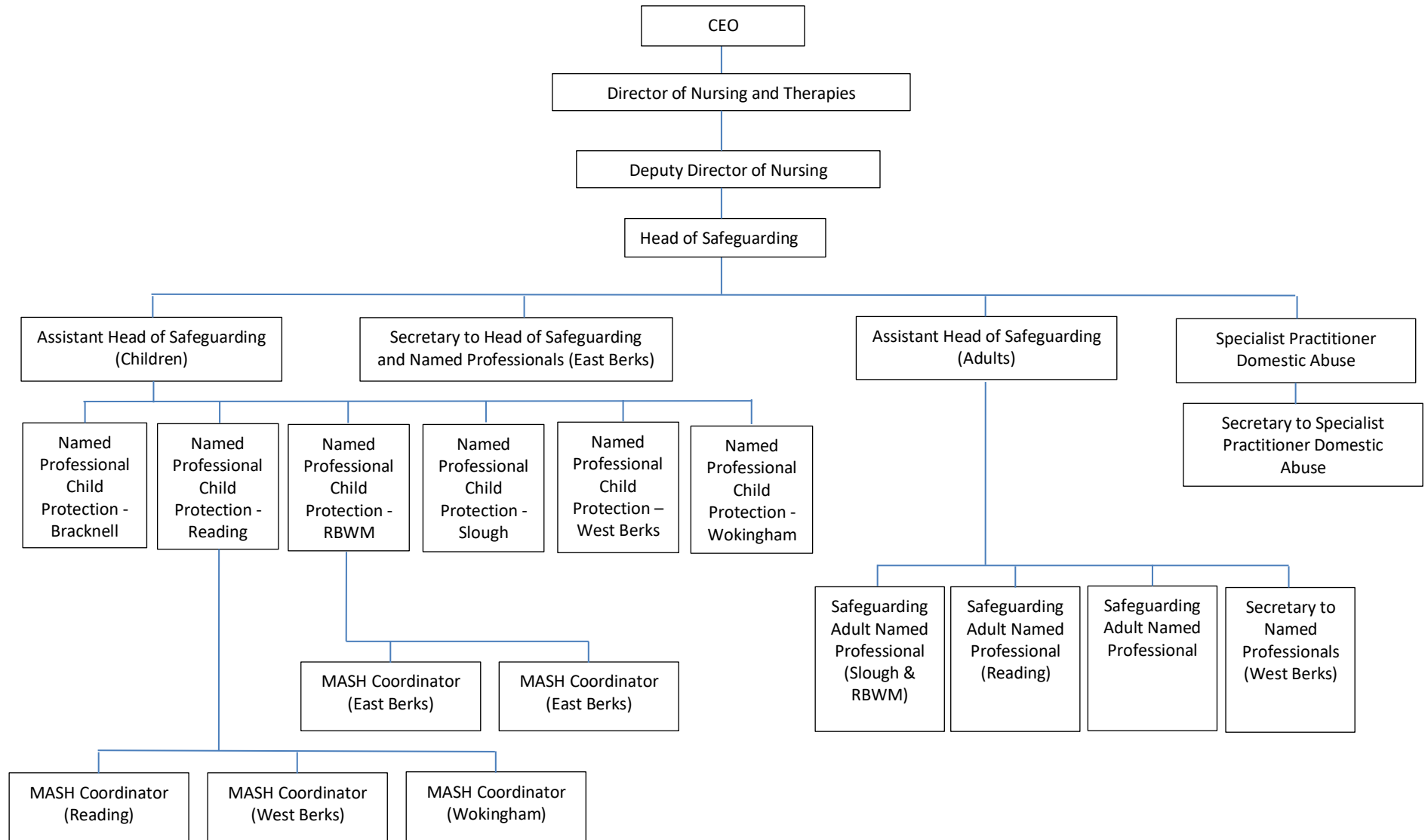
- Continue to embed good practice in safeguarding;
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line;
- MCA post on secondment to become permanent named professional for adult safeguarding post to continue to support staff in application of the Act;
- Strategic and operational planning for implementation of LPS in 2022;



- All safeguarding training to be minimum 90% compliant across the Trust;
- Align all training to intercollegiate document requirements and ensure staff are compliant at the correct level by December 2020;
- Ensure CAMHS child protection supervision compliance to three sessions annually is minimum 85% end March 2021;
- 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;
- Explore better use of Microsoft Teams and technology to improve efficiency.

**APPENDIX ONE**

**SAFEGUARDING TEAM**



# BHFT Safeguarding Team Team plan on a page 2019/20

**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

- Monitoring and updating compliance to Section 11 of Children Act 1989 and Safeguarding self-assessment audit, reporting to Board and providing assurance to Local Safeguarding monitoring groups.
- Review Datix from a safeguarding perspective.
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line.
- Participate in multi agency audits, serious case reviews, partnership reviews and domestic homicide reviews and to share learning with staff through forums etc.



## True North goal 2: Supporting our staff

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

### We will do this by:

- Work alongside staff to embed knowledge of MCA and DOLS into everyday practice.
- Offer joint group adult and children reflective supervision at PPH to encourage a think family approach.
- Monitor safeguarding practice through audit and safeguarding clinical supervision.
- Explore new and innovative ways to share safeguarding messages with BHFT staff.
- Build upon staff knowledge on how to recognise and respond to domestic abuse.



## True North goal 3: Good patient experience

✓ To provide good outcomes from treatment and care

### We will do this by:

- Actively promote the Pan Berkshire escalation policy for Safeguarding in response to local learning.
- Provide specialist child protection supervision to all staff who work directly with children.
- Strengthening team knowledge of Prevent and ways to support staff.
- Safeguarding team will actively participate in multi-agency meetings e.g. MARAC, EMRAC, Rapid Response.
- Ensure Team maintain skills and knowledge through local and national training
- Align training to intercollegiate documents



## True North goal 4: Money matters

✓ To deliver services that are efficient and financially sustainable

### We will do this by:

- Promote Skype and SMART working to reduce travel and maximise team efficiency including Skype enabled meetings.
- Utilise new evaluation forms to assess the efficiency of safeguarding training.
- Use eLearning as an option e.g. WRAP , MCA and Level 1 adult.
- Requesting a slot at the leadership forum to promote safeguarding to managers as a fundamental part of all care provided by teams across the Trust .
- Team to move towards 'paper light' way of working.
- Regular review of systems and processes including 'share drive' to maximise efficiency.