



Safeguarding Annual Report 2022-2023

June 2023



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Introduction

2022-2023 has been another exciting year to work in Spectrum, particularly for us in the Safeguarding Team. We welcomed our new Specialist Nurse for Safeguarding in July 2022 who has added the benefit of her significant experience and knowledge of prison nursing into the mix and enabled us to broaden our work plan in the coming year.

We recognise that Spectrum has the same challenges as all other health providers in the current climate, with recruitment challenges and additional stressors on services because of the cost-of-living crisis, impacting on both our staff and the people and vulnerable groups who we care for across the organisation. Despite these challenges, 'Safeguarding' continues to be at the forefront of our values, attitudes, processes, and aspirations across all our services. Our staff remain committed to providing compassionate, safe, high-quality care to all who we come into contact with. As an organisation, Spectrum is passionate about ensuring that every person using our services, their families, our wider communities, and staff are effectively safeguarded from the harm caused by abuse or neglect.

Our main focus in 2022-2023 has been partnership working. Developing positive and strong working relationships with our partners has been the key to ensuring our services are safeguarding people. This has become more important as Integrated Care Boards (ICBs) have become more established, bringing with them opportunities for our organisation to be represented across the whole health system and our safeguarding agenda to be showcased. Our safeguarding model has been recognised as being innovative and our work has been shared across many of the ICBs where we have services. We have influenced strategy at a national level and have more plans to do this in 2023-2024.

The message that **safeguarding is everyone's responsibility** has been at the forefront of all our work. We have made huge strides in embedding safeguarding within the culture of our services and Spectrum as a whole. Our ethos is empowering our staff and equipping them with the knowledge, confidence and skills to ensure all our people are safeguarded.

This year, Spectrum has maintained robust safeguarding procedures which remain consistent with national statutory requirements. These arrangements are in line with regulations described within the Health and Social Care Act (2012) as required for all health care services regulated by the Care Quality Commission (CQC). Spectrum can demonstrate it has met its statutory duties in ensuring that robust governance and organisational procedures remain in place to protect service users from abuse or neglect.

There is a clear line of accountability in Spectrum for Safeguarding, with the Director of Nursing and Quality holding Board-level accountability. The Head of Safeguarding fulfills the statutory role of Named Nurse for Safeguarding Children which is required within all health provider organisations as specified within legislation and in the NHS England Safeguarding Assurance Framework (2022).

Information within this Annual Report evidences that Spectrum has arrangements in place to effectively safeguard children and adults at risk during the period of 1st April 2022 to 31st March 2023. Spectrum has met the legal requirements in discharging its responsibilities as a health care provider as described within Section 11 of the Children Act (1989 & 2004), Working Together to Safeguard Children (2018), Prevent Duties Counter Terrorism and Security Act, (2015), the Mental Capacity Act, (2005) and the Care Act, (2014). (Not an exhaustive list).

This report will describe our key safeguarding achievements for 2022-2023 within each of our service areas of prison healthcare, primary care, substance misuse and sexual health services. It will describe challenges and opportunities and how these are being addressed and will identify key priorities and innovations planned for the year ahead. As a Safeguarding Team, we are looking towards 2023-2024 with enthusiasm and excitement in our collective goal to protect everyone from abuse or neglect.

Donna Phillips, Head of Safeguarding

1. Safeguarding Governance

Figure 1: Safeguarding Line of Accountability in Spectrum

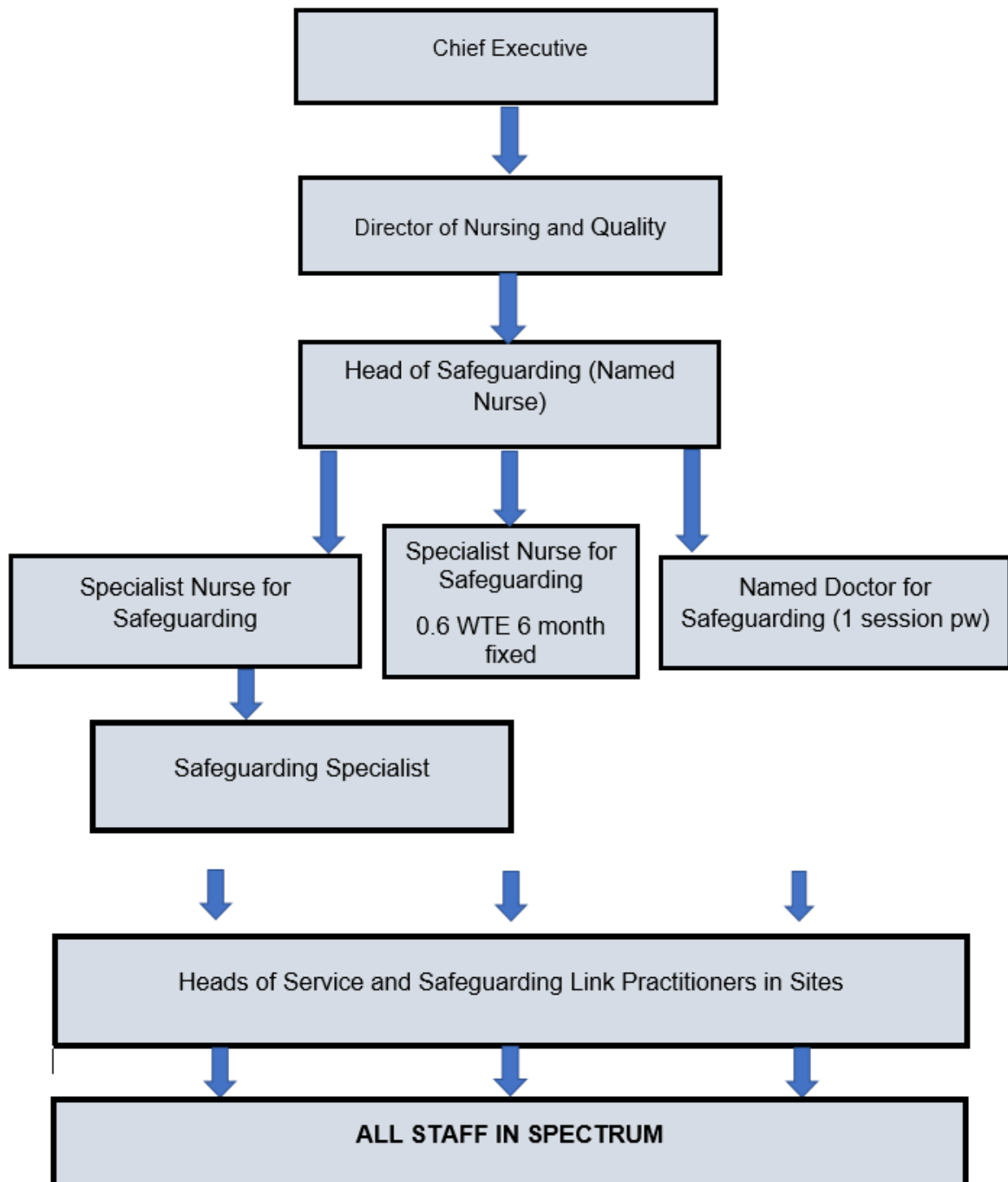


Figure 1 illustrates that there is a clear line of accountability within Spectrum for safeguarding. A new post is currently being recruited to for a 0.6 WTE Specialist Nurse/Professional for Safeguarding to join the team on a 6-month fixed term contract. This post will support additional safeguarding input as part of the HMP Forest Bank mobilisation funding. There is also a new post for a Named Doctor for Safeguarding. This post will provide one session per week to support medical colleagues with safeguarding training, supervision and peer support. This will be a non-clinical role and will sit within the Quality and Safeguarding Team.

The Safeguarding Governance Group has grown in strength and purpose in the past 12 months. This is a quarterly strategic group attended by senior leaders across the organisation from each service area. The group feeds into the Quality and Patient Safety Committee and disseminates information to the regional operational meetings, the Safeguarding Link Practitioner Forum and from the wider safeguarding partnerships of which Spectrum is an active member. The Safeguarding Team are key members of several strategic workstreams across Spectrum and maintain visibility across all areas of work.

2. Innovation and Projects

2.1. Food Refusal Project

Following a successful funding bid to NHS England made at the end of 2021 the Food Refusal Toolkits have been designed, printed, and distributed to all staff across Spectrum secure estates. Staff have expressed they are more confident in managing cases of food refusal which raise safeguarding concerns around self-neglect for patients who may not have the mental capacity to make the decision to refuse food, or where there is escalating risk. Spectrum have been nominated for 2 awards as a result of this work. In addition, a thought leadership piece describing the project was published in the April/May edition of the British Journal of Nursing. It is hoped that the Toolkit will have a demonstrable positive impact on the care and safety of patients who refuse food and will continue to increase the confidence of staff in managing these complex cases.

3. National Context

3.1. Trauma Informed Practice

Health services nationally are becoming more 'trauma informed'. Evidence has emerged over recent years highlighting the impact of traumatic or adverse life events on health outcomes for individuals across their whole lifespan. These can be Adverse Childhood Experiences (ACEs) such as experiencing child abuse, neglect, witnessing domestic abuse, or other

significant events from bereavement, illness, poverty to being a victim of human trafficking, or fleeing from war or persecution. This is not an exhaustive list. There is much recent work about trauma in adulthood too. Our patients are potentially within the most vulnerable groups of people in the country, so statistically they are more likely to have experienced trauma. It is recognised that contact with health services and partners such as the prison service and criminal justice system, particularly within secure settings, can re-traumatise individuals. Although trauma informed practice is not exclusively linked to safeguarding, the understanding of trauma in the context of abuse or neglect for adults and children is on the national safeguarding agenda and is featuring more and more in local safeguarding training across all our service localities.

Within Spectrum we are including the impact of trauma and ways staff can minimise this within much of the training we provide. The Safeguarding Team has also been involved in a project co-led by His Majesty's Prison and Probation Service (HMPPS) colleagues in the Northwest and Spectrum's Head of Safeguarding to develop a framework for how prison reception processes can be more trauma informed. This work involves partner agencies and is being co-produced with ex-service users and young adults within a prison setting, as well as prison staff. The outcome of this will be shared once the findings and recommendations are finalised.

3.2. Modern Slavery and Human Trafficking

Worldwide, it is estimated that 49.6 million people live in modern slavery. A quarter of all victims of modern slavery are children. Types of modern slavery include human trafficking, forced labour, debt bondage/bonded labour, descent-based slavery (where people are born into slavery), child slavery, forced marriage and domestic servitude. This is an ever-increasing list. (Taken from antislavery.org). The National Referral Mechanism (NRM) is the UK-wide framework for identifying and referring potential victims of modern slavery and in ensuring victims get the appropriate support. Only First Responder organisations can refer to the NRM. These include The Home Office, Local Authorities, the Police, and other organisations such as some charities (Barnardo's and Salvation Army included). NHS Trusts and providers of NHS services are not First Responder organisations. As a health provider our policies require staff to make referrals into the Police and the Local Authority if we suspect or identify that a person we come into contact with is potentially a victim. Spectrum has a Modern Slavery Statement which is reviewed annually in line with the Modern Slavery Act 2015 and accessible via the public-facing internet pages.

In June 2022 HM Government published the [Modern Slavery Statutory Guidance for England, Wales and Northern Ireland](#). This laid out key roles and responsibilities for all statutory agencies and health providers. Spectrum policies were reviewed to ensure internal processes aligned with these requirements.

During 2022-2023 there were 11 safeguarding incidents reported via DATIX which were categorised as suspected modern slavery for adults. There were no incidents submitted with suspected child modern slavery. Each of the above incidents was reviewed by the Safeguarding Team and staff were supported in taking action as required for each case. The identification and prevention of modern slavery continues to be high on our agenda within Spectrum and will continue to be a priority for us to address as the risks and prevalence change in the future.

3.3. Transitional Safeguarding

Transitional safeguarding is a term being used more frequently across all safeguarding networks. It describes the need for “an approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children’s and adult safeguarding practice and which prepares young people for their adult lives”, (Holmes and Smale, 2018). Within Spectrum we promote a ‘think family’ approach which considers the impact of potential abuse and neglect on whole families and even communities. We work within an all-age safeguarding framework which crosses from safeguarding children legislation and strategy to that for adult safeguarding. As Local Authorities and other health and key partners are now implementing transitional safeguarding processes which support young people as they grow out of the safeguarding children remit, Spectrum is ahead of the curve as our current model is already supportive of this approach. An example of this is identification of three young people in one of our sexual health services by a member of staff who recognised signs of child sexual exploitation. One of the young people was aged over 18 years so would not usually have been considered within the safeguarding children legislation. However, with partnership working and a commonsense approach all three young people were discussed at the local MACE (Multi-Agency Child Exploitation) Panel and plans were put in place to safeguard them. Transitional safeguarding and vulnerability of young adults will remain high on the safeguarding agenda in Spectrum into 2023-2024. More information on transitional safeguarding can be found [here](#).

3.4. Mental Capacity Act (2005)

Following on from the update within our 2021-2022 Safeguarding Annual Report, the new Code of Conduct detailing the introduction of the Liberty Protection Safeguards has not been signed off by HM Government. An update relating to the current situation was shared by the Government at the beginning of April 2023 stating that no further progress will be made within the current parliament.

The advice from health leaders is for organisations to continue to work within the Act as dictated in the current Code of Practice, with the current Deprivation of Liberty Safeguards

(DoLS) legislation. Spectrum continues to engage with local and national forums around mental capacity legislation and will respond to any changes or updates when required. The current Mental Capacity Act Policy in Spectrum has been updated and remains relevant. The Head of Safeguarding fulfills the statutory role of Mental Capacity Act Lead for Spectrum. Most of the complex work we are engaged in relating to mental capacity occurs within our secure estates, particularly for patients who have mental health or organic conditions such as dementia. Our goal is to continue to support these patients within best practice, ensuring the patient voice, wishes and feelings are at the forefront of all interventions.

3.5. PREVENT

The review of the Prevent programme, commissioned by the Home Office and reviewed by William Shawcross, has been published. The Government have accepted the 34 recommendations made within the review and state they are committed to implementing them. The Home Office are developing a Prevent Communications Toolkit which aims to provide advice and guidance through newsletters, websites, blogs, case studies, social media, security guidelines and other key additional resources.

The Specialist Nurse for Safeguarding is the Prevent Lead for Spectrum. The Prevent Lead has developed key links into the regional Prevent co-ordinators forum in the Northeast and within the high secure prison estate which strengthens Spectrums collaborative approach to supporting the implementation of the Prevent Duty. The Prevent Lead has access to up-to-date briefings and risk information about extremism and terrorism through the Counter Terrorism Local Profile (CTLP) and newsletters from NHS England and regions enabling appropriate and up to date information to be disseminated to staff in services.

The Safeguarding team continue to provide regular updates, information and training opportunities within the quarterly Safeguarding and Prevent Newsletter that all staff have access to. Staff continue to access mandatory training via ESR around Prevent and further resources are added to the Safeguarding channel when these become available and are also incorporated into monthly bulletins when appropriate.

The safeguarding team conducted an annual Prevent audit. The first part aimed to ensure that Spectrum is fulfilling its' statutory duties as a healthcare provider in line with the Counter Terrorism Strategy. The second part was a brief questionnaire, sent out to all staff within the organisation to enable the Safeguarding team to gain feedback around staff understanding of their responsibilities and knowledge associated with the Prevent Duty. From the Prevent audit learning identified was developed into an action plan which the team continue to progress with into 2023-2024.

The team are currently developing Prevent & Radicalisation training to be delivered as part of our Safeguarding & Training Consultation sessions throughout 2023.

Spectrum have not made any Prevent referrals in 2022-2023 (this information has been taken from incident data as reported by sites).

3.6. Cost of Living Crisis

The cost-of-living crisis is having a significant impact on the national safeguarding picture right across the UK. [Research completed by New UK Youth](#) in April 2023 raised significant concerns over the impact of the crisis on young people's employment opportunities, access to regular meals and mental health. 54% of the young people surveyed reported a negative impact on their mental health due to the cost-of-living crisis. 76% of young people reported concerns that the crisis will impact on their ability to secure a job both now and in the future. Poverty and deprivation have historically correlated with high numbers of children and adults at risk of safeguarding concerns and it is now reported that since March 2022 the proportion of UK adults going without electricity, heating or hot water in the previous three months has risen from 12% to 18%, with an estimated 9.5 million people forgoing essential utilities as the costs rise, ([Money Advice Trust, 2023](#)). Groups most heavily impacted are families and individuals from some ethnic minorities (in particular from a black African or Caribbean or Asian background). People with additional physical and mental health needs, including substance misuse issues are also disproportionately impacted.

Within Spectrum the Safeguarding Team has been engaged with national and regional networks where this concern remains on the agenda and any information and resources are shared to staff across all business units via the Safeguarding Training and Resources channel on Microsoft Teams. The full impact of the crisis within the safeguarding remit is not fully known but the Team remain fully engaged and emerging learning will be embedded within Spectrum Safeguarding policies as required.

4. Local Context and Partnership Working

4.1. Partnership Working Key Achievements:

4.1.1. Membership of Safeguarding Partnerships

Spectrum remains an active partner of Wakefield and Barnsley Safeguarding Children Partnerships and Safeguarding Adults Boards and Wigan Safeguarding Children Partnership. Through these memberships, the team have been able to influence and shape local strategic safeguarding planning and delivery across the systems. Spectrum are represented at strategic safeguarding sub-groups and working groups for learning and development, child exploitation, audit and quality, harmful sexual behaviour, neglect, serious case review sub-groups amongst others across the partnerships.

This year, Spectrum has become a more active partner of Wigan Safeguarding Children partnership and is invited to partnership meetings and learning events. The safeguarding lead in Wigan and Leigh Integrated Sexual Health Service attends the local Safeguarding Practitioner forum and shares learning and good practice across the team.

4.1.2. Delivery of Multiagency Training

As an active member of local partnerships, Spectrum Safeguarding Team has delivered training to multiagency partners including health, social care, Police, education, and staff in voluntary organisations as part of the wider offer around adult exploitation. This training received very positive feedback. Spectrum Safeguarding Team have co-developed and delivered neglect training which was accessed by multiagency partners in Wakefield as part of the launch of the new local Neglect Strategy.

The Head of Safeguarding has developed a training package for HMPPS staff around the Mental Capacity Act. This has been piloted with Governors/senior leaders in the Northeast and the plan is for roll out across all prison staff. This training was developed following several complex cases in secure settings when patients required health interventions and did not have the capacity to make decisions for themselves due to mental health or cognitive issues. The aim is to enhance prison colleagues' knowledge and understanding of how we can work jointly within the law to keep our patients safe.

4.1.3. External Multiagency Audit

Spectrum has contributed to annual audits as required by services who work with children and families under Section 11 of the Children Act (2004) within all three localities where we provide sexual health services, (Wakefield, Barnsley, and Wigan). Spectrum has also contributed to MACFA (Multi-Agency case File Audits) in all three localities and has worked in partnership with other agencies to share good practice and learning across the partnerships and within Spectrum. In contributing to external audit activity, Spectrum is able to demonstrate that its services are meeting the legal requirements of the Children Act and that internal processes and arrangements for safeguarding children are effective and robust.

4.1.4. Local Risk Assessment and Partnership Working

As an established partner of safeguarding children arrangements in Wakefield, the Safeguarding Lead from Wakefield Integrated Sexual Health Service facilitates attendance and contribution to the local Risk Assessment Meetings for children who have been identified as being at high risk of exploitation. This enables significant safeguarding information to be shared with key partners (social care, police, education, other health partners) to ensure robust plans are in place to safeguard these children.

The Safeguarding Lead in Wakefield Integrated Sexual Health Service attends the local practitioner forum for children who are at risk of exploitation. This enables front line practitioners to share learning and good practice across the safeguarding partnership in Wakefield which is then disseminated back to the whole team.

The Safeguarding Lead in Barnsley Integrated Sexual Health Service has strong links with safeguarding partners in the local 0-19 service, MASH (Multi Agency Safeguarding Hub) and attends key partnership meetings for children who are known to Spectrum when required. This includes attendance at the Barnsley MACE (Multi Agency Child Exploitation Panel) when required.

Spectrum Safeguarding Team has attended regular regional quality and safeguarding meetings led by partners in Community Substance Misuse Services. This has continued to lead to joint understanding of local safeguarding incidents and shared learning around these cases.

4.1.5. Safeguarding in Primary Care

The Safeguarding Lead GP at Tieve Tara has attended the local Safeguarding Lead GP meetings within the Wakefield Primary Care Network which sits within West Yorkshire Integrated Care Board. This has enabled participation in key decision making and service development, shared learning and good practice which is disseminated to all staff working within the surgery.

4.1.6. Wider Safeguarding Partnership Working

The appointment of the Specialist Nurse for Safeguarding in July 2022 has enabled the Safeguarding Team to move forward with plans to extend partnership links across the Integrated Care Boards and Safeguarding Partnerships in areas where Spectrum have secure sites. Currently Spectrum provides services across 17 Local Authorities, all of which have a place-based Safeguarding Adults Board (SAB). The Team currently has links with SABs in Liverpool, Cheshire East, North Yorkshire, East Riding, Vale of York, Durham, and Hull.

4.2. Partnership Working Priorities for 2023-2024

The Safeguarding Team will continue to develop links within local safeguarding partnerships in all areas where Spectrum provide services. Due to the capacity in the team, this may mean attendance of key partnership meetings on a bi-annual basis in each locality. The aim is for Spectrum health care within prisons to be part of the wider safeguarding agenda and discussions, for other partners and agencies in local areas to have an awareness of prison health care, and inclusion in key decision making and strategy within place-based safeguarding remits. Although Safeguarding Adult Boards do not have authority or oversight of safeguarding in prisons, Spectrum staff are part of the local health economy and inclusion within this for shared learning and support would be beneficial. This would also raise the profile of prison health care within local health networks and strengthen partnership working, ultimately leading to better outcomes for patients.

5. Training

An annual review and training needs analysis of safeguarding training requirements was completed in March 2023. There was a gap identified in competence requirements for some senior members of staff, some of which were new roles in the organisation. All staff roles were reviewed in line with the statutory requirements described in the Intercollegiate Documents, (Royal College of Nursing, 2018; Royal College of Nursing, 2019). This was completed to ensure staff are allocated the appropriate level of training for their role and that senior staff who are required to advise and support staff on site also have the required knowledge to do so.

5.1. Table 1 – Spectrum Safeguarding Training Figures April 2023

Competence	Required	Achieved	Compliance 2020-2021	Compliance 2021-2022	Compliance 2022-2023
NHS Safeguarding Adults Level 1 – 1 year	185	165	80.50%	75.21%	89.19%
NHS Safeguarding Adults Level 2 – 1 year	379	350	93.20%	88.00%	92.35%
NHS Safeguarding Adults Level 3 – 3 years	271	239	80.40%	69.59%	88.19%
Safeguarding Adults Level 4 – 3 years	2	2	100%	100%	100%
NHS Safeguarding Children Level 1 – 1 year	194	169	85.60%	73.29%	87.11%
NHS Safeguarding Children Level 2 – 1 year	396	362	92.10%	87.58%	91.41%
NHS Safeguarding Children Level 3 – 3 years	248	215	73.50%	75.85%	86.69%
Safeguarding Children Level 4 – 3 years	2	2	100%	100%	100%
NHS MAND Mental Capacity Act - 3 Years	854	706	86.90%	83.69%	82.67%
NHS MAND Deprivation of Liberty Safeguards - 3 Years	551	514	86.50%	88.50%	93.28%
NHS Preventing Radicalisation - Basic Prevent Awareness - 1 Year	855	792	87.00%	87.37%	92.63%
NHS Preventing Radicalisation – Prevent Awareness – 3 Years	672	637	95.3%	91.56%	94.79%
Overall Compliance					90.11%

Table 1 illustrates the safeguarding training compliance for the whole organisation as of 31st March 2023. The target level of compliance as stipulated in national guidance is 85%. Spectrum as a whole organisation meets this standard. However, it should be acknowledged that there have been local deviations from this target.

The Safeguarding team review compliance data for each site at the end of each quarter. Compliance levels are RAG rated and the team support the sites as required with action plans and bespoke training enabling sites to improve their training levels. In Q4 we saw a marked improvement in training compliance across all sites. Safeguarding training data is presented to the quarterly Safeguarding Governance Group and to the Quality and Patient Safety Committee by exception. It is also provided to external bodies such as Safeguarding Adults Boards and Safeguarding Children Partnerships as part of ongoing assurance processes, as well as to the CQC and commissioners when required.

5.2. Key Training Achievements

5.2.1. Food Refusal Training

The Food Refusal Toolkit was produced following a successful funding bid to NHS England. The toolkits have been delivered to all clinical staff across Spectrum's secure estates. Initial feedback indicates staff find the toolkits very useful and that they have resulted in an increase in staff knowledge and confidence in managing complex food refusal cases. Examples of feedback include comments from a Head of healthcare: *"It is a fantastic resource to have, which I can clearly see has improved the care we deliver, has upskilled the healthcare team and brought positive outcomes for patients"*; *"Since the toolkit has been introduced on site there has been a significant improvement to the delivery of care to individuals who are not eating or drinking"*. Alongside the toolkit, a package of training is being delivered across all secure sites around management of food refusal cases.

5.2.2. Spectrum Safeguarding Training Model

The safeguarding training model has been established across the organisation in 2022-2023. All staff have access to Level 3 safeguarding training which is developed and delivered by the Safeguarding Team. Sessions have been delivered both face to face in sites and via live Microsoft Teams training sessions. Staff in all areas of the organisation have access to training either monthly (secure estates) or quarterly. Training is delivered on a variety of topics which vary depending on any learning needs identified from audit, incidents and also local and national learning and emerging safeguarding concerns.

5.2.3. Training Needs Analysis

A full training needs analysis was completed in February 2023 to ensure that all staff were allocated the required training level pertinent to their roles. This focused on new roles in the organisation and some senior roles and resulted in some staff requiring a more advanced level of training. The aim of this work was to ensure senior staff had access to the required

knowledge and skills when advising and supporting sites with complex cases and reflects the unique nature of Spectrum and the additional vulnerabilities of the patients in our care.

5.2.4. Use of Microsoft Teams

The Safeguarding Training and Resources channel on MS TEAMS has been continually developed and improved. All staff in Spectrum have access to this resource. The channel contains additional training resources, links to external training, narrated presentations, current information which needs to be shared with staff, and other safeguarding tools and resources to equip and enable staff to safeguard people in their settings.

5.2.5. Staff Safeguarding Newsletter and Bulletin

The Safeguarding Team produce a Safeguarding and Prevent Newsletter every quarter. This contains key information, training links and useful tools or guidance which staff need to be aware of, as well as the statutory update on the national Prevent (preventing radicalisation) agenda. The Team also shares via the Safeguarding Training and Resources Channel a monthly Safeguarding Bulletin which contains additional key information. This fulfills the statutory requirement to keep staff updated with key safeguarding information as required. Any local information of relevance is disseminated to staff as it emerges.

5.2.6. Spectrum Sharing Learning Nationally

Spectrum were represented at a national webinar hosted by the legal firm 39 Essex Chambers. The topic was around health care law for patients who are offenders and/or in prison. The Head of Safeguarding was asked to join the panel of speakers and delivered a session on complexities and opportunities in prison health care from a safeguarding perspective. The webinar was attended by 300 plus delegates from a variety of backgrounds and raised awareness of prison nursing, safeguarding in prisons and the profile of Spectrum as an organisation.

5.2.7. Multi-Agency Training within Integrated Care Boards

The Safeguarding Team have raised the profile of Spectrum's safeguarding focus within a number of multiagency partnerships where we provide services. The team delivered training around adult exploitation as part of the multiagency safeguarding training offer across partners in Wakefield. In addition, the Safeguarding Specialist has been part of a working group to develop and deliver Neglect training as part of the Wakefield Safeguarding Children

Partnership neglect strategy launch. This training is due to be delivered face to face to a variety of partners.

5.2.8. Mental Capacity Act Training to HMPPS

A training package has been developed for Prison staff around using the Mental Capacity Act within secure settings. A pilot session was delivered to Regional Governors and senior staff across HMPPS with a view to rollout for the Northeast secure estates in the first instance. The aim of this work is to improve partnership working for complex cases when there are challenges around the Mental Capacity Act, for example, the need to use minimum force to convey a patient to hospital under Best Interests. Once embedded, this will lead to improved outcomes for patients when urgent situations arise requiring Best Interests decisions which involve conveying patients to hospital if they lack the capacity to make complex treatment decisions themselves.

5.3. Table 2: Safeguarding Training Sessions Delivered (Spectrum Staff) 1st April 2022 – 31st March 2023

	2021-2022	2022-2023
Training Sessions Delivered	17	33
Number of Topics	7	10
Number of Participants	195	456

Table 2 illustrates the rise in delivery of safeguarding training from the previous year. Attendance has more than doubled in the period 2022-2023 when compared to 2021-2022.

5.4. Training Priorities for 2023-2024

5.4.1. Responding to Feedback

Following a training evaluation exercise at the end of 2022-2023 the Safeguarding Team reviewed feedback from staff and have made some changes to the frequency and delivery of some training sessions. Sessions will be delivered on different days across the quarter and will be on specific topics which will be communicated to staff in advance.

5.4.2. Mandatory Food Refusal Training

Plans are in place to add food refusal training as mandatory for clinical staff in secure settings. This will consist of a virtual training package accessible on ESR.

5.4.3. Increasing Training Resources

Spectrum staff will continue to be able to access an ever-increasing resource of information, guidance and training to enable them to feel empowered within their roles to safeguard people from abuse or neglect.

5.4.4. Review of the Intercollegiate Documents

The Intercollegiate Documents (providing requirements for staff in health care provider organisations around safeguarding training) are being reviewed in 2023-2024. The expected review will lead to a complete change in requirements for all staff working in health care services and as a result health providers will need to review individual training needs and processes for recording and reporting training. The Adult document is expected to be in draft form in summer 2023 and the Child document by spring 2024. In view of this significant change, the second part of the planned review and restructure of the safeguarding training processes and policy in Spectrum will be put on hold pending the new guidance. Staff can access the current Safeguarding Training Policy and the current system for reporting and recording Level 3 training will remain in place. In the interim, the current policy will be reviewed and strengthened to ensure staff know how to access the training they require.

5.4.5. Mental Capacity Act Training for Prison Partners

Following delivery of the pilot session, work will commence to roll out the training to prison staff across the Northeast, followed by prison partners in the Northwest and Yorkshire and Humber. The hope is that this work will have a positive impact on patients who may lack mental capacity in prison settings by enabling prison staff to work within the Mental Capacity Act as part of joint care planning for complex cases.

5.5. Training Feedback

Feedback is requested after each training session delivered by the Safeguarding Team via a simple online form.

Positive feedback examples:

"How the slides were presented. The presenter/trainer was really engaging and kept everything relevant and easy to listen to and engage with."

"I found the training very informative, and it gave me a deeper understanding of Professional Curiosity."

"I liked that it used real-life examples, so it was easier to relate it to real situations."

"I now have a term for some of the observed behaviour I have seen from families around safeguarding in the past - disguised compliance."

"Learning that exploitation is not just about children but also adults too".

Suggestions to improve:

"More interactive training would be better".

"More real-life case studies or scenarios".

"More visuals, such as diagrams and images to enhance engagement and learning".

"More face-to-face training".

All feedback received is reviewed and used to make changes to training content and delivery if needed.

6. Incidents

6.1 Table 3 – Safeguarding Incidents for Adults 2021-2022 and 2022-2023

Category	2021-2022	2022-2023
Domestic Abuse	12	21
Emotional/Psychological	3	5
Physical Abuse	8	16
Self-Neglect	47	108
Sexual Abuse	14	27
Modern Slavery	2	11
Neglect/Act of Omission	13	11
Discriminatory Abuse	0	2
Financial or Material Abuse	0	4
Prevent (radicalisation)	0	1
Organisational Abuse	9	1
Total Number of Incidents	108	207

Table 3 illustrates the numbers of safeguarding adults' incidents submitted within each category for 2021-2022 and 2022-2023. Safeguarding adult incident reporting has doubled over the past 12 months. This indicates that staff can more easily recognise safeguarding concerns and that they know how to report these. The majority of safeguarding adult incidents are for 'self-neglect' which is largely a result of the increase in known food refusal cases in secure settings.

6.2. Table 4 – Safeguarding Incidents for Children 2021-2022 and 2022-2023

Category	2021-2022	2022-2023
Emotional Abuse	11	20
Neglect	7	8
Physical Abuse	4	13
Sexual Abuse	37	35
Total Number of Incidents	59	76

Table 4 illustrates the numbers of safeguarding children incidents submitted within each category for 2021-2022 and 2022-2023. Most safeguarding child referrals come from sexual health services. These figures again demonstrate an increase within the past 12 months.

6.3. Table 5 – Reportable Incident Figures

Number of referrals which proceeded to the NRM as per Modern Slavery Act 2015	7
Number of mandatory reports made for Female Genital Mutilation to the Police and Social Care	12
Number of Prevent referrals made via our staff to CHANNEL panel	0

Table 5 shows the reportable incident data for modern slavery, FGM and Prevent (radicalisation) Spectrum staff made or requested in 2022-2023.

There is an increase in the number of safeguarding incidents reported across all settings which demonstrates that staff are recognising safeguarding issues more frequently and have awareness around the process for reporting these issues. DATIX has been embedded and the Safeguarding Team have a robust process in place for maintaining oversight of relevant incidents and providing sites with advice and support as required. This process enables timely actions for patients when a safeguarding concern has been identified.

7. Audit

7.1. Internal Audits

The Safeguarding Team have completed 3 audits throughout 2022/2023 with clear aims and objectives being identified for each topic. Each of these audits identified learning which was developed into an action plan. Audit reports were completed for each, and the actions plans incorporated into the Safeguarding Team Annual Workplan. Action plans are reviewed monthly within the Safeguarding Team meeting. The food refusal audit was completed to obtain a baseline at the launch of the Food Refusal Toolkit with a plan to re-audit in 12 months to measure the impact. Audit reports and action plans can be accessed on request via the Quality Team or directly from the Safeguarding Team.

7.2. Table 6 – Audits completed in 2022-2023 and Audit Plan for 2023-2024

	Audits Completed 2022-2023	Audits Planned 2023-2024
Q1	No central Safeguarding audit	Mental Capacity Act (secure sites)
Q2	Prevent and Radicalisation (all sites)	Prevent and Radicalisation (all sites)
Q3	Food Refusal (secure Sites)	Food Refusal (re-audit)
Q4	Safeguarding Training Evaluation (all sites)	Domestic Abuse (all sites)

In addition to the above, the Cluster Manager of the Integrated Sexual Health Services completed an internal audit around identification of safeguarding risks for children. This was shared across sexual health and within the Safeguarding Governance Group.

7.3. External Audits

These are completed when requested by external agencies. In 2022-2023 the following audits have been completed:

- **Wakefield Safeguarding Children Partnership Section 11 Audit** was completed via the online portal on behalf of Spectrum in February 2023.
- **Wigan Step-up Step-down Multi-Agency Audit** was completed via case identification, sharing of good practice, and discussed at an audit day attended by the Safeguarding Lead in Wigan and Leigh Sexual Health Service. Learning and evidence of good practice will be shared across the partnership.
- There has been no request during this period for Spectrum to complete the **NHS England Health and Justice quality assurance tool** for NE Secure estates.
- **Barnsley Safeguarding Children Partnership Multi-Agency Case File Audit** was completed, the topic was children at risk of exploitation. This included shared discussion of cases, identification of good practice and learning within a multi-agency arena.
- **Wakefield GP Safeguarding Standards document** completed with the Safeguarding Lead GP at Tieve Tara and shared with safeguarding leads within West Yorkshire Integrated Care Board and the Safeguarding partnerships locally as part of the local primary care network submission.

8. Safeguarding Supervision and Support

Access to one to one and group safeguarding supervision when needed provides staff with a forum to discuss, explore, learn, and engage with complex issues when someone is potentially

at risk of abuse or neglect. Supervision provides a restorative function and helps to prevent staff burnout, as well as an additional layer of assurance and oversight of the plan in place for the patient.

8.1. Supervision and Support Key Achievements

8.1.1. Access to Safeguarding Supervision

The Safeguarding Supervision and Consultation Policy has been fully embedded into practice across all sites. All staff have access to supervision and case support during working hours. All safeguarding advice given is documented in patient records and staff can request individual or group supervision when they require it. This applies to all staff across the organisation, regardless of their area of work.

8.1.2. Safeguarding Children Supervision for Sexual Health

All staff in sexual health services are required to access safeguarding children supervision every 12 weeks. This is completed by Safeguarding Leads within the service who have completed an approved Safeguarding Children Supervision course. Figures are collated and recorded on a quarterly basis and reported to Safeguarding Children Partnerships and Commissioners as well as the Safeguarding Governance Group in Spectrum. The compliance rate for 2022-2023 is 100% for staff who require it. The Safeguarding Leads within sexual health services access safeguarding supervision facilitated by the Safeguarding Team every 6-8 weeks. Case focused safeguarding supervision has led to joint learning, concerns for children being discussed and shared, as well as actions for staff to raise their concerns to external agencies being completed. Anecdotally, evidence points to safeguarding supervision having a direct positive impact for the patient/child, resulting in children being safeguarded. Supervision provides an opportunity for staff to discuss cases which are often emotionally challenging and upsetting in a safe and supportive space.

8.1.3. The Safeguarding MDT Model

Sites are using the Multi-Disciplinary Team (MDT) model for safeguarding cases, with the Safeguarding Team being regularly invited to participate in meetings across sites when cases are complex and additional support or advice may be required. This impacts positively on patient care and ensures staff are working in partnership by developing joint plans, for example with mental health, social care and prison colleagues. It also ensures the best use of expertise within the organisation to advise and support when needed. The MDT model is not exclusive to secure estates. The Safeguarding Team have also been involved in professionals' meetings and MDTs with colleagues in substance misuse services, sexual health services and

in primary care (Tieve Tara), which have included both internal and external partners and stakeholders, as well as patients and their families.

The format for safeguarding MDTs is described within the Food Refusal Toolkit and the Safeguarding Adults Policy. There has been a huge increase in the number of MDTs the Safeguarding Team have been asked to attend in 2022-2023. This increase demonstrates that sites are understanding and recognising when complex safeguarding issues emerge and are aware of the process. In addition, sites are contacting the Safeguarding Team more frequently and consistently which adds assurance and shared responsibility when managing challenging and complex safeguarding issues.

Table 7 – Safeguarding Team input into Multi-Disciplinary Team Meetings (MDTs) 2022-2023

	2021-2022		2022-2023			
	Q3	Q4	Q1	Q2	Q3	Q4
MDTs attended by Safeguarding	54	62	68	88	87	129
Total						372

Table 7 illustrates the number of MDTs attended by the Safeguarding Team in 2022-2023. The full year data for 2021-2022 is not available due to a change in how this was gathered and recorded. However, the figures demonstrate a pattern of increase on a quarterly basis. This again demonstrates how staff are embracing the MDT model and seeking support and advice for complex cases within their settings.

8.2. Supervision and Support Key Priorities for 2022-2023

Key priorities have been identified around safeguarding supervision and support which aim to further strengthen staff engagement with safeguarding and to support and empower staff across all settings. An outcome of effective relationships and communication is the provision of safe care and patients being protected from abuse or neglect.

8.2.1. Engagement with Sites

A plan for site visits has been included in the Safeguarding Team Annual Workplan. Visits will be planned in advance, and will include specific objectives relating to staff engagement, training and support. Visit objectives will be jointly agreed between the Safeguarding Team and senior staff in sites.

8.2.2. Promotion of the MDT Model

The Safeguarding Team will continue to promote the value of the MDT in management of complex cases across all services with regular communication with staff through quarterly newsletters, monthly safeguarding bulletins and via the Microsoft Teams Safeguarding Resources channel.

8.2.3. 1-1 Safeguarding Supervision for Heads of Healthcare

The Head of Safeguarding and Specialist Nurse for Safeguarding will offer quarterly 1-1 safeguarding supervision with Heads of Healthcare across all secure sites. This will aim to strengthen links between sites and the Safeguarding Team and provide an opportunity to share information and discuss any complex cases.

9. Policy and Process Development

Safeguarding policies require constant review due to frequently updated national statutory guidance and legislation changes. Within Spectrum, policies are updated in a timely manner when required to ensure staff have access to current, evidence-based information and guidance, ensuring patients receive the most appropriate response and that staff are acting within national requirements.

9.1. Policy and Process Key Achievements

9.1.1. PREVENT Policy

The Prevent Policy has been reviewed and re-written in May 2023 following completion of the annual Prevent audit. The new policy includes additional information around the management of Prevent within secure services and to introduce the 'Notice Check, Share' procedure which is applied when there is a concern that someone might be at risk of radicalisation and a specific response is required. Please see the update in chapter 3.5 for further information on Prevent.

9.1.2. Mental Capacity Act Policy

The Mental Capacity Act policy was reviewed in December 2022. The new policy strengthens the guidance for staff around neurodiversity, the legal framework around the requirement for Independent Mental Capacity Advocates (IMCAs) for some patients, additional guidance relating to Best Interests decisions, defensible documentation, Advanced Decisions, roles and responsibilities in MDTs, use of restraint within the Act, and the consideration of language

barriers when communication challenges are identified. A further full review will be completed in December 2024.

9.1.3. Safeguarding Referral Procedure for Relationships and Sex Education (RSE) Teams (Service Operational Procedure)

Following local learning from a safeguarding concern, a Service Operational Procedure (SOP) was developed jointly by the Head of Safeguarding, Safeguarding Leads in Sexual health services and leaders within the Relationships and Sex Education (RSE) teams. The SOP provided clear rationale and guidance around the process of acting on safeguarding concerns within a school setting. The document also included threshold guidance from each of the three Safeguarding Children Partnerships, (Wigan, Barnsley and Wakefield) and specific local process for making referrals into Children's Social Care. The process is now fully embedded which has led to strengthened assurance that safeguarding concerns for children in schools are being addressed as required.

9.2. Policy and Process Priorities for 2023-2024

9.2.1. Managing Allegations Against Staff Policy

The Managing Allegations Against Staff policy is undergoing review. It has been fully re-written and moving forwards will sit within Human Resources and Organisational Development (HROD) and shared with the Quality and Safeguarding Patient Safety Committee for information and comment. The new policy has been jointly developed by the Head of Safeguarding and Human Resources and includes clear statutory safeguarding responsibilities for when staff members are alleged to have acted in a way which may have harmed an adult or child, for staff at all levels and in all services across the organisation. It will also include guidance around professional standards and relevant disciplinary processes and will be in line with Spectrum policy and employment law.

9.2.2. Safeguarding Training Policy

The policy will be updated as an interim measure to ensure staff are aware of their training needs and how training can be accessed and evidenced. A full policy review will be required when the new Intercollegiate Documents for national safeguarding training requirements for staff working in health care providers are published.

9.2.3. Food Refusal Policy

The Food Refusal Policy is due to be reviewed in November 2023.

9.2.4. Did not Attend/Was not Brought Policy for Children and Adults at Risk

This policy had been planned for 2022-2023. Due to capacity in the team and increasing workload this was not completed. The policy will be developed in 2023-2024. This policy will be a new policy to ensure that children and adults are able to access their health appointments and staff are alerted to potential safeguarding concerns when this does not happen.

9.2.5. “Dirty Process” Protocol

The Safeguarding Team are developing guidance for staff around the management and escalation of patients who are on “dirty protest”. This will aim to improve outcomes for patients and strengthen partnership working. This work will emphasise the need to consider patients with mental health or mental capacity issues to be considered within a safeguarding framework.

10. New Services in 2022-2023

10.1. HMP Hull and HMP Humber

The Safeguarding Team has worked closely with staff in HMP Hull and HMP Humber, visiting the sites and delivering bespoke training. Staff have regularly sought support from the team and have embraced Spectrum’s safeguarding processes, planning MDTs and linking with external safeguarding partners as required for complex cases.

10.2. HMP Forest Bank

The Safeguarding Team were engaged with the mobilisation process for HMP Forest Bank. Links were made with key staff in both health care and the prison prior to transfer of the contract to Spectrum in April 2023.

11. Final Summary

Safeguarding is an ever-changing set of requirements, ideals, values, and culture which must be a golden thread throughout all service design, care delivery and health care provision. This Safeguarding Annual Report provides evidence that from 1st April 2022 to 31st March 2023 Spectrum met it’s legal and statutory requirements in maintaining safeguarding procedures to protect adults and children from neglect and abuse.

The Safeguarding Team will continue to work with all staff within Spectrum, external partners, stakeholders, patients, their families, and others to promote key messages, share learning, develop projects, and strive to continue placing people and the voice of the patient at the heart of all we do.

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