



# Safeguarding Annual Report 2020/21

31 January 2022

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# Foreword

In this year's annual report for 2020/21 we have opted for a different approach: highlighting the good practice and the things that we've learned during this year.

My message this year is one firstly of thanks: huge thanks to you all for your impactful safeguarding practice, during what has been a difficult year. The COVID-19 pandemic has affected everybody; but for many, its damaging effects have been traumatic. Other people have been left with exacerbated vulnerabilities that have required, and will continue to require, attention.

This year we've seen a sharp increase in reports of domestic violence<sup>1</sup>, serious violence – especially on our streets – and sexual exploitation<sup>2</sup>. We have seen exploitation in many other forms, including online grooming, scams, frauds, adult abuse, family poverty, mental health issues, and all the consequences that those things bring for families and communities.

I also want to talk about trauma. We associate that with medical care, with accidents and hospitals; it's not as instinctive for us to think about trauma-informed care. But evidence tells us that adverse experience, especially in childhood, is trauma. It's a context for people that transcends all demographics. If it's not recognised and dealt with, it can often lead to the perpetuation of vulnerabilities, which can often lead to exploitation, violent behaviour and abuse.

What we've learned this year is that now, more than ever, we need to ensure we engage in trauma-informed practice; we need to recognise what people have been through and not see safeguarding incidents as isolated problems, because that doesn't help individuals or communities move forward. Trauma-informed practice helps us understand the necessity of working with others to address fundamental issues and bring about healing, restoration and change.

This principle lies at the heart of our safeguarding practice, and it applies to every professional. To really sharpen our trauma-informed practice, we need to find new ways of listening to people. At present, we don't really know the full extent of the

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<sup>1</sup> <https://www.refuge.org.uk/wp-content/uploads/2021/03/Refuge-Covid-Service-Report.pdf>

<sup>2</sup> <https://learning.nspcc.org.uk/research-resources/statistics-briefings/child-sexual-abuse>

impact of the pandemic on people. Careful listening, and the bravery to respond, is within our gift. It is also within our gift to help create trauma-informed environments, so that staff feel safe to practise trauma-informed care, and people feel safe to share their experiences.

But no-one can do this alone. It must be a team effort to create such environments – so that children can thrive, and become adults with purpose, who take opportunities and speak with a voice that will be valued and heard.

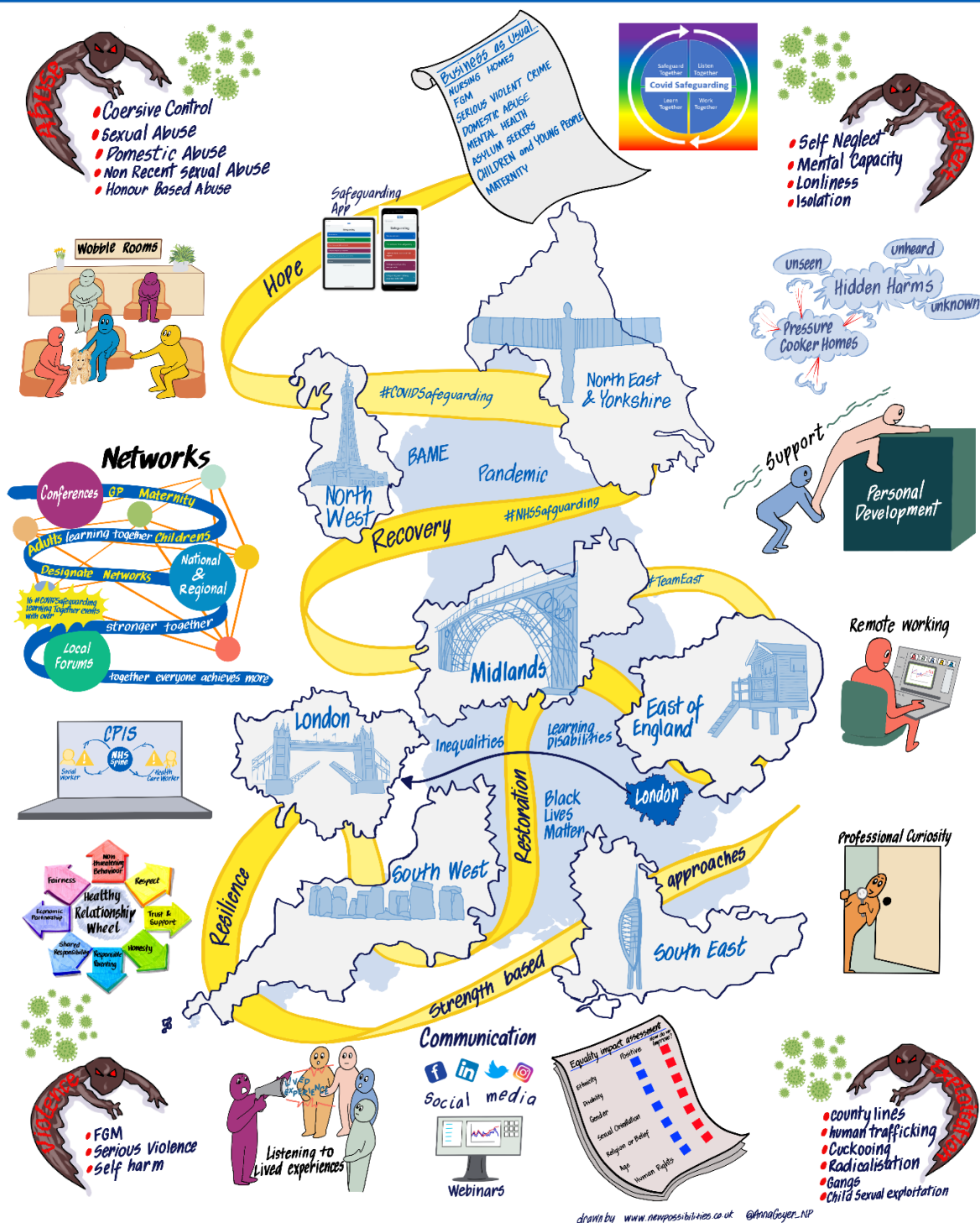
This brings me to the importance of the tripartite accountability of the NHS, the police and local authorities. This relationship is absolutely crucial in creating trauma-informed environments at local level. And that's why, nationally, we continue to work with government colleagues, to help these relationships at local level. It's why we continue to work with regions and our partners, to build the blueprints for safeguarding through our integrated care systems, so that all statutory partners can create and role model the right trauma-informed environments, where children and adults can feel safe and flourish.

To close I would like to thank our safeguarding partners, our professionals and our users. Thank you to all those who have shared their experiences throughout the years, who have shared their experiences particularly this year, because that has really helped to shape and reform the way we have done things, and to refresh our safeguarding resources. It has also helped in shaping this report. I hope you enjoy reading it.

I look forward to working with you over the next year.

Hilary Garratt  
Deputy Chief Nursing Officer for England

# NHS Safeguarding 2020/1



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# National update

## 2020/21 Key achievements and outcomes

1. To keep our workforce safe and resilient, we have promoted, participated in and showcased the importance of listening lounges and wobble rooms for staff to reflect, recalibrate and recover in a safe space. We have also commissioned restorative and resilience-based clinical supervision for 20 safeguarding system leaders, so that they feel more able to cope with safeguarding moments during COVID-19.
2. We have continued to listen, learn and work with individuals with lived experience, with a number of our national and network meetings opening with a powerful lived experience narrative. We have delivered over 40 webinars themed from pandemic issues as part of our learning together weeks. We reached over 8.7 million through social media. With support from expert-by-experience groups and human resources we published the first staff domestic abuse policy for NHS England and NHS Improvement colleagues.
3. We have produced 21 rapid reads through the lens of a citizen, to build a wider community of safeguarders during this challenging year. They succinctly bring evidence to life and emphasise that safeguarding is everybody's business and essential for keeping us all safe.
4. We have established stronger links with our partners and cross-government colleagues, acknowledging that together everyone achieves more. Partnership groups and safeguarding clinical networks have created a positive energy and served to support and advise across a range of safeguarding policy areas. In addition, this enhanced collaborative working has provided mutual aid and



**Child Sexual Exploitation / Rapid Read**

**WHAT IS IT?**  
Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group abuses an imbalance of power to coerce or manipulate a child, or a young person under the age of 18, into sexual activity.

- in exchange for something the victim needs or wants, and/or
- for the financial advantage or increased status of the perpetrator

CSE does not always involve physical contact - it can also occur through the use of technology. Any child can become a victim, regardless of gender, or social or ethnic background, and sexual exploitation may have occurred even if the sexual activity appears consensual.

**WHAT MAKES A YOUNG PERSON VULNERABLE?**  
Perpetrators may exploit normal adolescent desires for risk-taking, increased autonomy and instant term gains, by providing opportunities that appear to offer excitement and advantage.

Young people may be especially vulnerable to being groomed, manipulated or coerced into sexual activity, if:

- they have experienced adverse childhood events
- they have learning difficulties or disabilities, or poor mental health

As a healthcare professional, you should remain curious, and follow up on any concerns you may have.

**WHAT ARE THE CONSEQUENCES OF CSE?**  
Young people who have been sexually exploited can suffer serious long-term harm, and are at risk of:

- developing significant mental health difficulties
- struggling to develop trusting relationships
- health issues such as sexually transmitted infections and unplanned pregnancies
- failing to engage positively in education, and so limiting their potential

**WHAT TO LOOK OUT FOR**  
Indicators that a young person might be the victim of CSE include their:

- being seen with items they could not usually afford
- going missing from home
- reporting a relationship that demonstrates a power imbalance
- presenting with a sexually transmitted infection, or pregnancy
- exhibiting changes in behaviour, e.g. being fearful or unusually secretive

**INDEPENDENT INQUIRY INTO CHILD SEXUAL ABUSE (IICSA)**  
The IICSA hearings concluded at the end of July 2020. Survivors have been encouraged to share their experiences via the [Truth Project](#), which will end in October 2021. Their accounts are being analysed for research purposes, to help inform recommendations for change to Government and other institutions. The Inquiry's final report is due to be published in 2022.

**WHAT TO DO IF YOU HAVE CONCERNS**  
As healthcare professionals, we must recognise, respond, refer and record.

- Make use of the child exploitation risk indicator checklist (CEIC) and document this in the child's record
- If you are unsure about what to do, take advice from the Safeguarding Children's Team or Senior Specialist Nurse CSE
- If you suspect a case of CSE, you can contact the police on 101
- If you think a young person is at immediate risk of harm, contact the police by calling 999

**USEFUL RESOURCES**  
The [NSPCC](#) helpline is a dedicated, 24-hour CSE helpline, to enable adults and children to express concerns they may have about child sexual exploitation.

Telephone: 0800 389 1701

[Barnardo's](#) Safe Choices works with children and young people who are at risk of being sexually exploited. It can provide advice on a wide range of issues, as well as guidance on other relevant agencies and how to contact them.

Telephone: 020 9000 9011

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helped influence a common tactical and strategic approach, creating a unified voice for safeguarding across our NHS, in our integrated care systems (ICSs) and across our communities during the pandemic.

5. We have supported the full range of frontline staff, providing peer support for NHS volunteers, Test and Trace teams, swab test sites and mass vaccination sites. This has meant that all services deployed at speed can be assured that their staff have appropriate Level 1 safeguarding training and their managers are supported with Level 2 and 3 training.
6. We have revised the NHS Safeguarding App for health professionals, carers and citizens, providing links to trusted partners. The app is accessible to NHS volunteers and staff on Test and Trace teams, swab test sites and mass vaccination sites, providing them with Level 2 safeguarding awareness. The app has been downloaded over 2 million times and continues to be visited more than 600 times per week.
7. We have worked collaboratively to produce the Lancashire and South Cumbria ICS professional leadership model for safeguarding. In addition, we have contributed the NHS Blueprint offer for the violence reduction units (VRUs). Both models have been shared as best practice across the seven regions to support the 42 ICSs.
8. We have completed a safeguarding equality impact assessment (EIA) to ensure that the needs of people with protected characteristics, as well those experiencing health inequalities, have been considered and actioned during the COVID-19 pandemic. The EIA has uncovered many important nuanced forms of abuse and violence, such as honour-based abuse, adolescent to parent abuse, elder abuse and violence, and faith-based abuse. These have become part of our ongoing risk assessment and workplan.



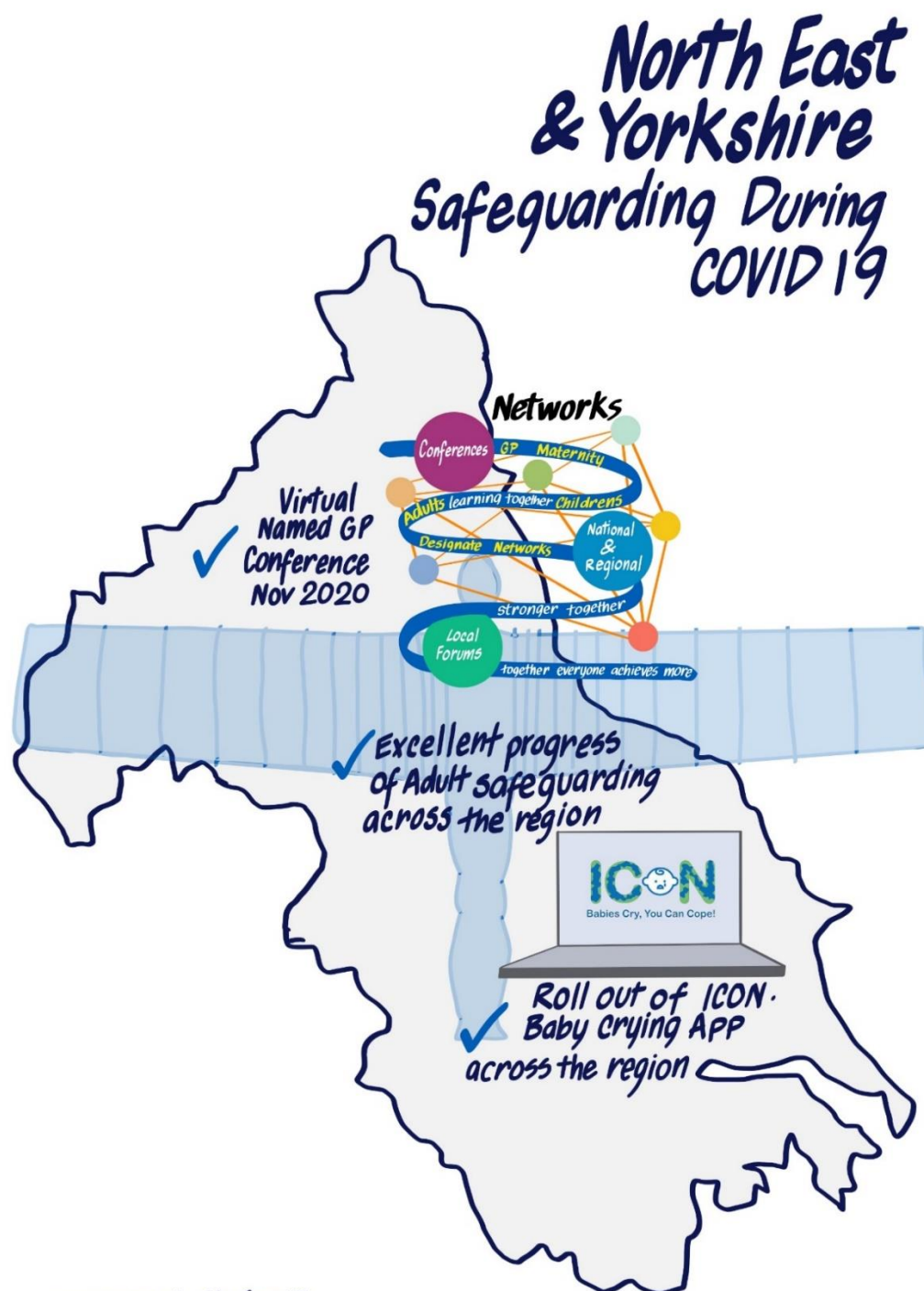


## 2021/22 Safeguarding priorities

1. To sustain the NHS Safeguarding brand and products for all frontline staff, so they can make every contact count to prevent all forms of neglect, exploitation, abuse and violence.
2. To focus on preventing domestic abuse and violence (DAV); to tackle serious violence (TSV) and to prevent child sexual exploitation (CSE). To ensure that the long-awaited Domestic Abuse Bill is translated into safeguarding assurance and key messages for safeguarding systems when it becomes legislation.
3. To continue to profile the voice and lived experience of young carers and care-experienced people in the NHS.
4. To raise awareness of the vulnerabilities of young people to exploitation and abuse as they develop into adults and/or transition to adult services.
5. To sustain positive partnership engagement with key stakeholders, to ensure the continuation of robust and transparent conversations in addressing and identifying solutions to rapidly evolving safeguarding issues.
6. To ensure that the Liberty Protection Safeguards (LPS) are implemented safely by responsible organisations for 16–17 year olds, as well as any vulnerable adults.
7. To continue to evolve our Safeguarding Accountability and Assurance Framework; to consolidate our Safeguarding Commissioning Assurance Toolkit; and to explore the benefits of our contextual safeguarding dashboard with partners and ICSs through evaluation and research.



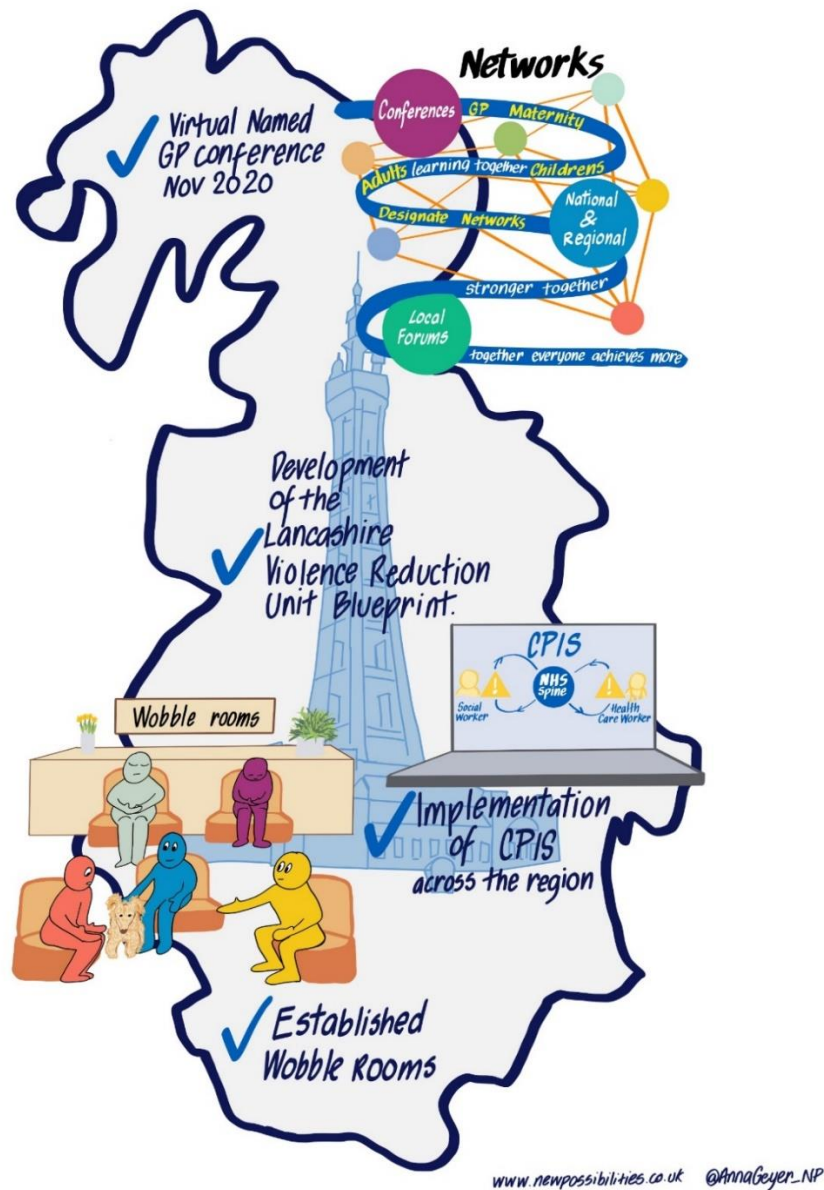
# North East & Yorkshire Region



2020/21 Key achievements and outcomes	2021/22 Safeguarding priorities
<p>Stronger locality-based partnerships through regular meetings with local systems, allowing escalation of issues within days to the COVID-19 emergency, including hotspot reporting.</p> <p>Increased profile of safeguarding during the pandemic, through regional strategic meetings and forums as well as FutureNHS, ensuring that learning could be cascaded to the local systems.</p> <p>Engaged with our ICSs and named GPs to create tailor-made training programmes, commissioned for both NW and NE&amp;Y regions. Attended by a total of 531 delegates, with evaluation showing a very high degree of satisfaction.</p> <p>Provided training including 'Recognising and responding to male victims of domestic abuse' and the delivery of a 'Virtual named GP' conference.</p> <p>Our Forensic Aspects of Adult Safeguarding pilot provided context and insight into what constitutes a forensic examination in adult safeguarding. It provided an opportunity to discuss testing skills and competence, and a 12-month subscription to the Faculty of Forensic and Legal Medicine of the Royal College of Physicians of London.</p> <p>Our Child Death Overview Panel (CDOP) learning event focused on the key themes of safe sleeping and consanguinity, which emerged in reviews across NE&amp;Y.</p> <p>An enhanced relationship with specialised commissioning, and agreement on data sharing protocols regarding risks and challenges.</p>	<p>Ensure that our ICSs both profile and embed safeguarding as part of our shared commitment to quality.</p> <p>Continue to engage with all partners to implement a responsive collaborative approach to contextual safeguarding and tackling serious violence.</p> <p>Support local safeguarding partners to prepare for and introduce the LPS, including training and development requirements.</p> <p>Work collectively to understand the context and impact of hidden harms.</p> <p>Maintain a focus and further develop approaches to trauma-informed care and practice.</p> <p>Continue to invest in continuous professional development (CPD) in safeguarding practice, through access to competency-based training and mentoring support, as well as access to robust professional supervision.</p> <p>Enable our safeguarding workforce to remain resilient.</p> <p>Use the learning from the 2020/21 CDOP event and working with partners across the NHS locally and nationally, to develop a definition for consanguinity.</p> <p>Support local systems to pilot Forensic Aspects of Adult Safeguarding schemes.</p>

# North West Region

## North West Safeguarding During COVID 19



2020/21 Key achievements and outcomes	2021/22 Safeguarding priorities
<p>Lancashire Violence Reduction Network Blueprint ratified at ICS executive level. We have improved collaboration with partners and continued work to strengthen relationships at ICS level.</p> <p>Developed stronger partnerships and (weekly) meetings with the system, allowing swift and timely escalation of issues.</p> <p>Engaged with our ICS systems and named GPs to create tailor-made training programmes, commissioned for both NW and NE&amp;Y regions. Attended by 531 delegates, with evaluation showing a very high degree of satisfaction.</p> <p>Provided training at ICS level, including on resilience, supervision, leadership, recognising male victims of domestic abuse and forensic aspects of adult safeguarding, and a conference for named GPs. We explored the impact of Adverse Childhood Experiences (ACEs) on children, of safer sleeping and of COVID-19 on additional stressors in families.</p> <p>Implemented the 'ICON: babies cry, you can cope' programme in all CCGs across the North region; supporting parents with newborn babies to help them cope with crying babies, know what to do and what not to do, and understand that it is normal for a baby to cry.</p> <p>Bespoke safeguarding training sessions with Fire and Rescue, for delivery of various youth intervention activities to build confidence in children and young people.</p> <p>Specialised commissioning: agreed a learning event on thematic reviews but had to cancel this due to COVID-19. Risks and challenges continued to be raised at the regional meeting.</p>	<p>Strengthen the safeguarding workforce to support future recruitment and retention. Embed learning from all Serious Case Reviews across the systems. Ensure staff and workforce are competent in fulfilling the safeguarding agenda and can demonstrate change in practice.</p> <p>Gain assurance across the direct commissioning systems that all organisations are fulfilling their safeguarding duties. Identify gaps and offer support with filling those gaps.</p> <p>Support the national digital strategy, embed local solutions and link into the national data dashboard. Embed continuous improvement within the teams, and all our meetings so they are timely and concise.</p> <p>Set up an infrastructure within the ICSs to address the hidden harms and serious violence agenda, including CSE and child sexual abuse.</p> <p>Continue to create a greater understanding of the Mental Capacity Act, identify gaps and ensure the effective implementation of LPS.</p> <p>Ensure that in all our work we understand the voice of our patients and their lived experience, including the needs of our looked after children. Part of this work will be aimed at understanding the needs and vulnerabilities of young carers affected by HIV and/or living with HIV themselves.</p> <p>Through increased professional knowledge, informed by young carers and their lived experience, aim to prevent inappropriate caring responsibilities, and build confidence in this group of young people.</p>



# East of England Region

## East of England Safeguarding During COVID 19

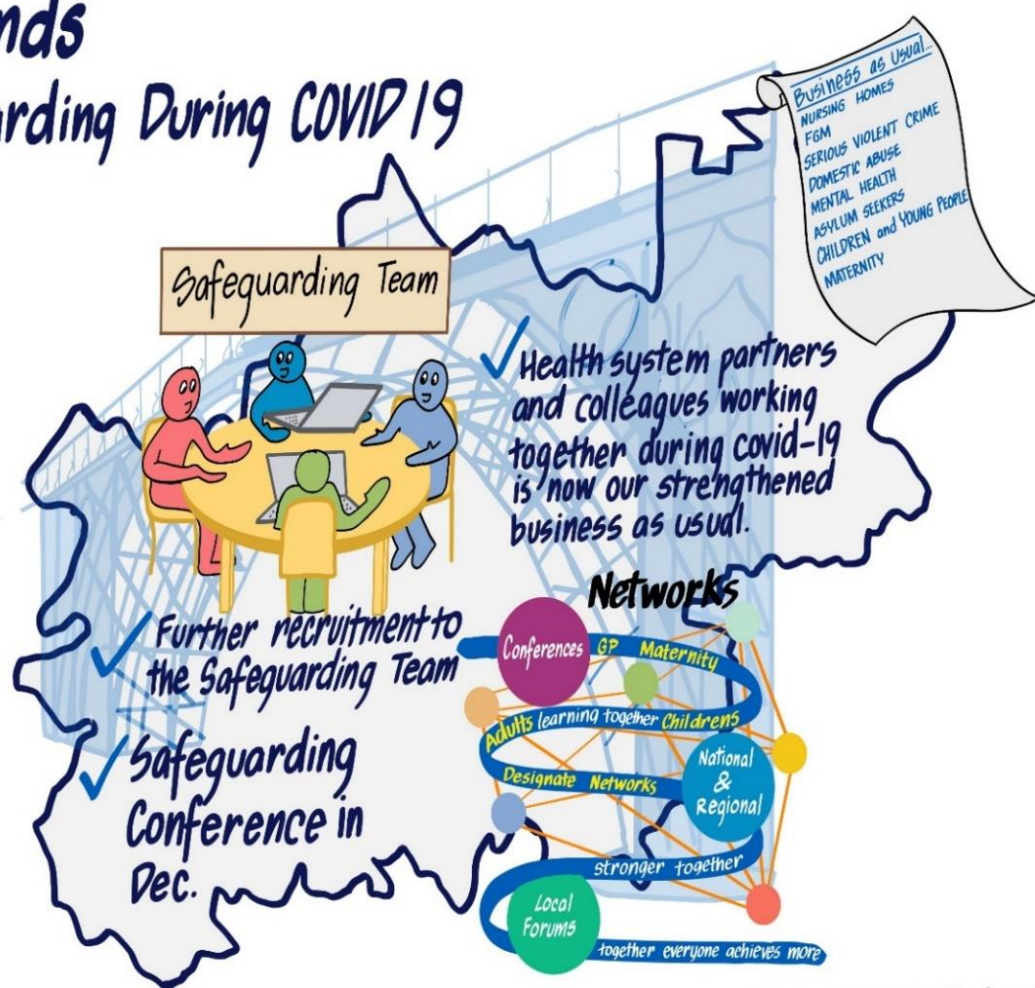


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2020/21 Key achievements and outcomes	2021/22 Safeguarding priorities
<p>Established a new NHS England and NHS Improvement Safeguarding team to support our six ICS teams, ensuring a consistent, collaborative approach to safeguarding developments.</p> <p>Collaborated with counter-terrorism police, DHSC, Essex and Bedfordshire VRUs, sustainability and transformation partnerships (STPs), Modern Slavery Unseen network, DfE regional Prevent lead, and Migration and Dispersal leads, to support risk triangulation to protect citizens from exploitation and violence.</p> <p>Supported the Health &amp; Justice team in improving health outcomes for the most vulnerable in the secure estate, including the frail and older citizens.</p> <p>Created a quarterly multidisciplinary safeguarding network across the life course, enabling safeguarding specialists to come together and share learning and best practice.</p> <p>Supported weekly check-in meetings providing peer support and a safe place to talk.</p> <p>Developed a new East Safeguarding Steering Group to provide oversight and governance across all six ICSs, share best practice and identify work priorities. This feeds into the National Safeguarding Steering Group.</p> <p>Created of a regional LPS forum to support discussions around legal changes on LPS, and shared learning across STPs.</p> <p>Worked in partnership with the NHS England and NHS Improvement Specialised Commissioning teams to develop best practice, and support risk identification and service improvement.</p>	<p>Support ICS safeguarding development, working with the six ICSs across the region to develop robust safeguarding arrangements relevant to each one.</p> <p>Implement the legal changes required for the LPS within the NHS England and NHS Improvement East team and across all six ICSs. Across the region support health and care partners to develop best practice.</p> <p>Implement the legislation and statutory guidance required for DAV within the NHS England and NHS Improvement East team and across all six ICSs.</p> <p>Work across the region to support health and care partners developing best practice.</p> <p>Work with partners to undertake a deep dive into CSE and abuse: how do we define good practice in an ICS? Work with partners across East to identify good practice and share development initiatives.</p> <p>Work with partners across the East of England, including the East's two violence and exploitation reduction units to identify and share initiatives to reduce TSV and exploitation of the most vulnerable.</p> <p>Work in partnership to develop training and education programmes for multi-agency partnerships in the region.</p> <p>Work with partners across the East including safeguarding and quality teams to triangulate risks and issues, and to support shared learning to develop best practice.</p>

# Midlands Region

## Midlands Safeguarding During COVID 19

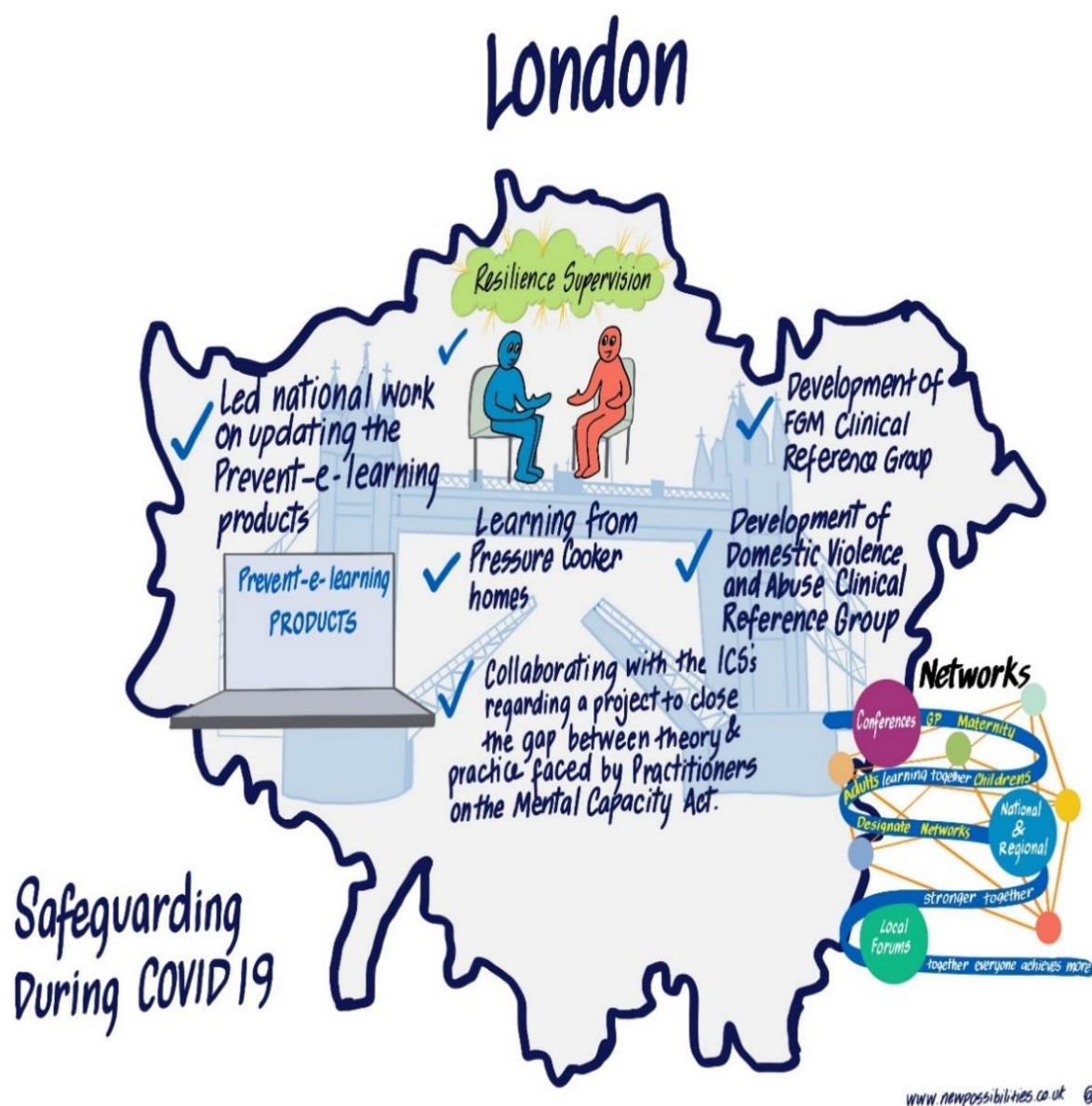


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2020/21 Key achievements and outcomes	2021/22 Safeguarding priorities
<p>The Midlands Safeguarding Conference in December, attended by around 400 participants, captured our collective love, drive and enthusiasm for safeguarding our citizens. Co-chaired by a nursing colleague with personal experience of safeguarding issues as a child.</p> <p>Our regional commitment to support all looked after children to aspire, as we would expect our own children to be able to.</p> <p>The fantastic way colleagues – in NHS England and NHS Improvement, our system health partners and our wider colleagues – all worked together during the initial wave of COVID-19 and beyond.</p> <p>Our strengthened work plans going forward, including the evolution of ICSs.</p> <p>The further development of our quarterly Safeguarding Senate workstreams, with the Senate being the expert reference group for our Regional Safeguarding Steering Group. Priority workstreams were tackling serious violence (DAV, female genital mutilation, radicalisation and honour-based violence) and preventing harm (looked after children, homelessness and the asylum-seeking community).</p> <p>Strengthened our specialised commissioned mental health provision and built on assurance, improvement and development through the Midlands Safeguarding Development Framework.</p>	<p>Support everyone in ‘keeping up the great work’ so we can move forward together.</p> <p>Support our population through the development of safeguarding group supervision bubbles across the ICSs, to accommodate adaptive conversation and new matrix working.</p> <p>Launch the offer of safeguarding supervision to NHS England and NHS Improvement staff.</p> <p>Support the ICS leadership to feel resilient in moving the safeguarding agenda forward, through networks, community of practice and shared learning.</p> <p>Strengthen safeguarding responsibilities around assurance, improvement and development processes in dentistry, optometry and pharmacy services.</p> <p>Continue work on our specialised commissioned mental health provision.</p> <p>Build on safeguarding assurance, improvement and development through the Midlands Safeguarding Development Framework, working with provider collaboratives and our colleagues.</p>

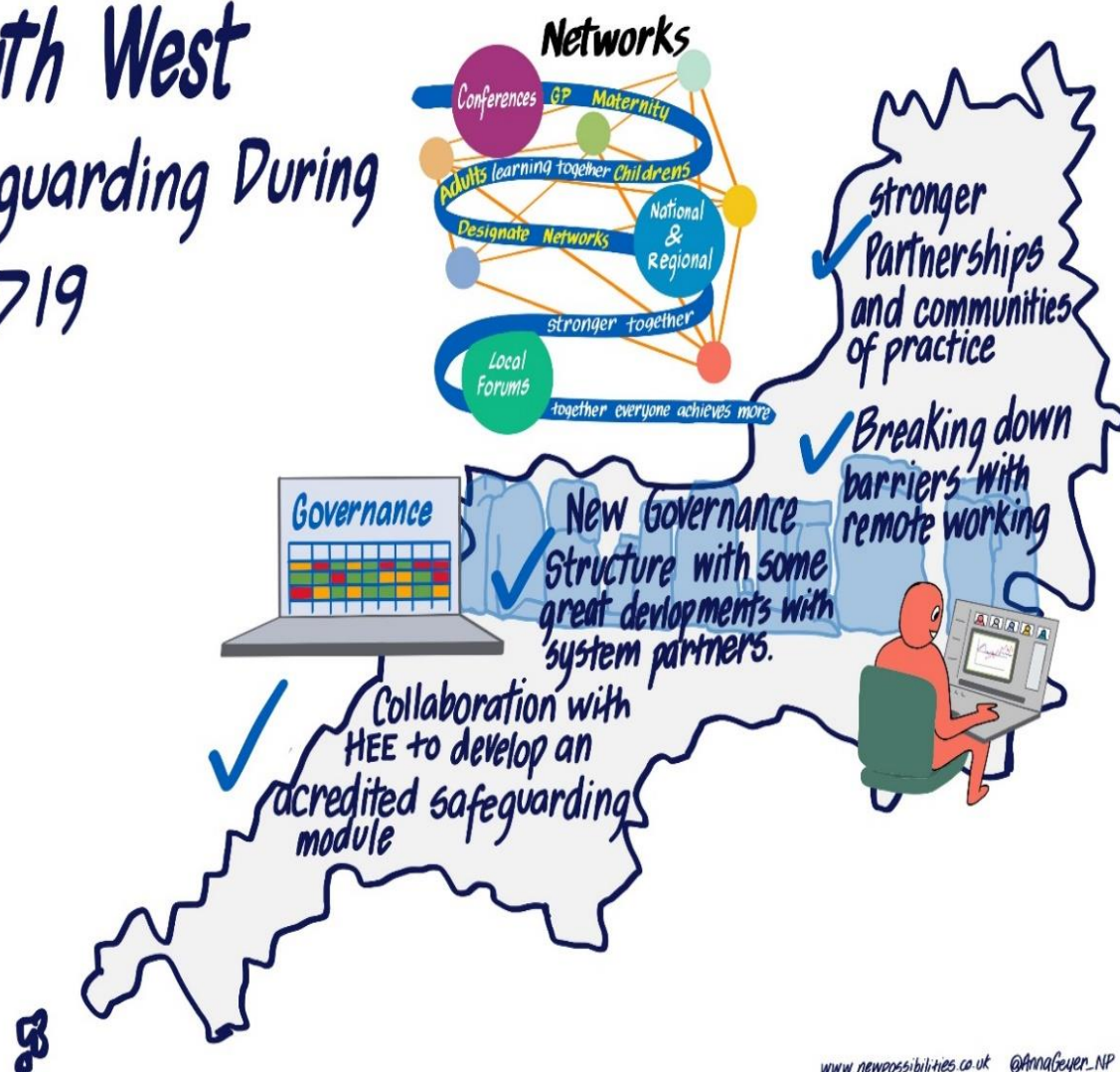
# London Region



2020/21 Key achievements and outcomes	2021/22 Safeguarding priorities
<p>Established two London clinical reference groups (CRGs): female genital mutilation (FGM) and DVA. The CRGs have produced standard operating procedures for the national system on these two topics.</p> <p>Delivered the first 'virtual' London Safeguarding Conference, focusing on serious violent crime. Worked in partnership with Health Education England (HEE) to ensure an open reach conference platform, which has been accessed by 1,500 people. The conference content provided Level 4–5 equivalent CPD, as described in the intercollegiate safeguarding guidance (children and adults).</p> <p>Led national work on updating the Prevent e-learning products, revised with HEE feedback, as well as Levels 1–3 mandatory e-learning. These products are meeting their training requirement, as described in the Prevent Training and Competencies Framework and NHS Standard Contract.</p> <p>Collaborated on the Pan-London Nursing Homes AQP Safeguarding Report, ensuring focus on best interests and informed consent during COVID-19, lessons learned and support required for a second wave. Shared findings and learning to understand what is happening in care homes across the health and social care system, including all 33 London Safeguarding Adults Boards and Regional Safeguarding Leads.</p> <p>Developed strong links with specialised commissioning within the region, providing safeguarding support with complex cases and across wider prescribed specialised services. Shared training initiatives and safeguarding opinion provided on sensitive matters.</p>	<p>Respond to the increase in complexity of safeguarding cases reported to the London Safeguarding sub cell, and to new and emerging needs, particularly the hidden harms issues which will emerge as safeguarding concerns post pandemic recovery. These include children's mental health and wellbeing.</p> <p>Sustain and build safeguarding supervision across the system, through an advocacy model open to health and social care staff, including allied health professionals. This will ensure safeguarding staff have personal resilience and professional motivation to support staff safeguarding issues.</p> <p>A focus on ICS development and the impact of the safeguarding infrastructure on safeguarding professionals across the five ICSs, to ensure consistency across London.</p> <p>Implement LPS, its regional and national training and development requirements.</p> <p>Develop a coherent framework to support the introduction of the serious violence strategies with the London VRU. This has involved working collaboratively with London councils, Mayor's Office for Policing and Crime (MOPAC) and the NHS VRU. £25,000 funding allocated for youth organisation YourStance and Barts NHS Trust, which delivers outreach sessions, including training for young people in how to stop bleeding and minimise damage as a result of violent injury.</p> <p>Specialised commissioning are represented at the London Regional Safeguarding meetings and it is a priority to ensure ongoing robust information flows and shared learning.</p>

# South West Region

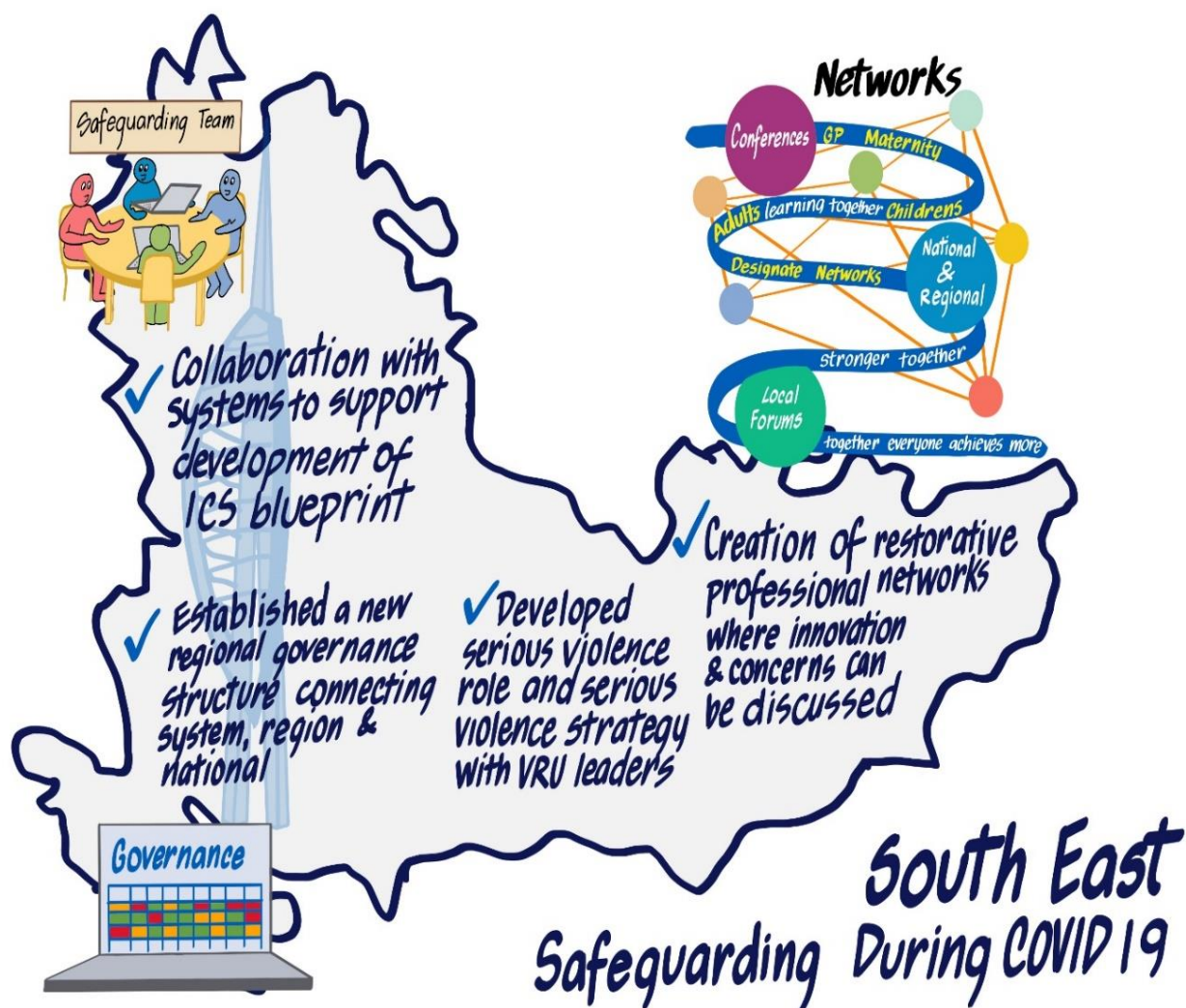
## South West Safeguarding During COVID19





2020/21 Key achievements and outcomes	2021/22 Safeguarding priorities
<p>Established the first SW Serious Violence and Contextualised Safeguarding Data and Information Sharing Group, securing regional leadership and collaboration across Public Health England, policing, community safety partnerships, VRUs and local safeguarding partnerships. The group links strategic priorities and Joint Needs Assessments for violence and abuse, and has produced a Regional Serious Violence and Contextualised Safeguarding Information Governance Framework.</p> <p>Embedded the SW Safeguarding and accountability framework in the ICSs – a legal and governance perspective for ICS system leaders which has reached and supported all seven of our STPs and ICSs.</p> <p>Conducted a safeguarding workforce profile, which evidenced the need to address succession planning for our specialist workforce. This enables us to keep our citizens safe by securing opportunities to skill up our workforce and ensure there is sufficient talent for the next generation of safeguarding leaders.</p> <p>Collaboration with HEE resulted in a successful bid for, and subsequent development of, a regional accredited safeguarding module, due to start in Autumn 2021.</p> <p>The Direct Commissioning Health &amp; Justice team supported prisons across the SW to have oximetry monitoring to support the earlier detection of (silent) hypoxia, and further help reduce mortality and morbidity from COVID-19. All prisons in the SW can use the self-monitoring resource, which is the equivalent of the oximetry @home programme.</p>	<p>Seek to improve service pathways for our most vulnerable members of society and their families, particularly children and young people with a learning disability, special educational needs and disabilities, who are moving into adult services.</p> <p>As a focused piece of work during 2021, seek to examine the pandemic's impact on children in care and care leavers living in the region.</p> <p>Implement upcoming legislation for the Domestic Abuse Bill and LPS, especially as the latter brings significant new responsibilities for healthcare providers and commissioners. Regional planning and collaboration between SW local authorities and NHS organisations is already underway.</p> <p>Support our regional specialist safeguarding workforce to access CPD and new training opportunities, including accredited courses and modules.</p>

# South East Region



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2020/21 Key achievements and outcomes	2021/22 Safeguarding priorities
<p>Reviewed safeguarding assurance arrangements to connect system governance with regional and national requirements, resulting in a more consistent approach.</p> <p>Engaged with safeguarding system leaders to develop their operational models for integrated safeguarding within merged CCGs and the ICSs, including national exemplars at a chief executive level.</p> <p>Commissioned collaborative leadership sessions and coaching support for all designated professionals for child and adult safeguarding and looked after children leaders, at a time of significant change.</p> <p>Created a new regional network structure to provide a safe, restorative environment where a community of practice has been created.</p> <p>Developed an innovative serious violence role, which has supported and advanced the region's serious violence strategy in partnership with VRU leaders.</p> <p>Established an LPS network supporting primary care partners in considering requirements and plans for implementation.</p> <p>Co-produced an equity trauma framework to address hidden harms that have arisen during COVID-19.</p> <p>Successfully rolled out mental health provider collaboratives and developed a safeguarding assurance toolkit to benchmark current practice across commissioned services.</p>	<p>Build an organisational development plan for the SE to meet local challenges.</p> <p>Support systems with ICS development, ensuring safeguarding arrangements are in place.</p> <p>Mitigate the impact of CCG mergers and ICS reconfiguration on recruitment and retention of designated professionals.</p> <p>Invest in the recovery of safeguarding leaders at all levels, to sustain momentum and resilience through implementation of a personal development programme.</p> <p>Ensure a focus on implementation of LPS and Domestic Abuse Act requirements, and support the provision of LPS training for accountable officers and commissioning leads.</p> <p>With a focus on Out of Area Health Care Assessments, support the drive to improve the quality and timeliness of assessments for the increasing number of children entering care across the SE region.</p> <p>Safeguarding is everybody's business: continue to raise the profile by championing professional curiosity, aiding restoration, embracing new ways of working and supporting transformation.</p>



# Health & Justice Service

2020/21 Key achievements and outcomes	2021/22 Safeguarding priorities
<p>Strong partnership working supported our response to COVID-19, including a comprehensive vaccination programme, outbreak management and the production of bespoke management support guidance.</p> <p>Our Safeguarding Working Group developed a guide to wellbeing and safeguarding in the secure and detained estate, to share best practice and support and provide staff with tools.</p> <p>Sexual assault referral centre (SARC) attendances have been lower than expected throughout the pandemic, but there is concern about the level of hidden harm given the increase in calls to sexual assault and domestic violence helplines.</p> <p>Established a combined NHS England and NHS Improvement Youth Custody Service (YCS) and enhanced the Secure STAIS team, to support children and young people estate staff and sites in our COVID-19 response.</p> <p>Co-produced with Peer Power animated COVID-19 information films and leaflets for the children and young people in the secure estate.</p> <p>In partnership with the mental health, learning disability and autism cell, developed support for the transfer and remission of patients with mental health needs between prisons and immigration removal centres and secure mental health inpatient beds during COVID-19, reinforcing the use of digital technology to expedite referrals, and robust communication across mental health inpatient and prison services.</p>	<p>Continue working with partners and cross-government colleagues to support frontline staff and our population; restoring services following COVID-19 regime restrictions.</p> <p>Continue working with NHS England and NHS Improvement safeguarding colleagues to raise the voice of our population with partners and ICSs.</p> <p>Develop a health and justice-specific e-Learning safeguarding training package for all frontline staff.</p> <p>Continue to learn from deaths, focusing on natural causes and the specific needs of individuals within the prison population, to ensure speedy identification of health problems and early interventions to improve outcomes.</p> <p>Continue to raise awareness of the ongoing availability of SARC services for victims and survivors.</p> <p>Roll out the Sexual Assault and Abuse Services programme of Enhanced Mental Health Pathways for victims and survivors with complex needs; represent the needs of victims through the health response to the Domestic Abuse Bill; progress quality solutions to SARC workforce challenges.</p> <p>Continue to produce rapid reads to support system leadership awareness, to safeguard those in contact with the criminal justice system.</p> <p>Continue to include lived experience in national programmes, to ensure this voice informs all we do.</p>

# Acronyms

CDOP	Child death overview panel
CSE	Child sexual exploitation
CCGs	Clinical commissioning groups
CPD	Continuing professional development
CRGs	Clinical reference groups
DA	Domestic abuse
DAV	Domestic abuse and violence
DfE	Department for Education
DHSC	Department of Health and Social Care
EIA	Equality impact assessment
FGM	Female genital mutilation
HEE	Health Education England
ICSs	Integrated care systems
LPS	Liberty Protection Safeguards
	SARCs      Sexual assault referral centres
STPs	Sustainability and Transformation Partnerships
TSV	Tackling serious violence
VRUs	Violence reduction units

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