

Annual Report 2025-2026 – Non-Statutory Partners Appendices

Blackpool Teaching Hospitals

Multi Agency Achievements (2025/26)

BSAB's 'Blackpool's Response to Neglect and Self Neglect'

The adult safeguarding team played a pivotal role in the task and finish group responsible for developing the BSAB multi-agency guidance on responding to self-neglect. Following this, the team actively contributed to the BSAB launch event, where they championed a 'think family' approach and heightened awareness among partner agencies regarding the crucial role Health professionals play in supporting patients who experience self-neglect. Their efforts ensured that the significance of holistic, family-centred interventions was clearly communicated and integrated into the wider safeguarding strategy.

Health Independent Domestic and Sexual Violence (HIDSVA) patient experience

This patient story demonstrates how Blackpool Teaching Hospitals NHS Foundation Trust safeguarding services responded swiftly to a high risk domestic abuse incident involving a pregnant woman, her young child and her unborn baby. At the point of crisis, maternity staff identified significant safeguarding concerns and facilitated immediate specialist support from the Hospital Independent Domestic and Sexual Violence Advisor (HIDSVA), who provided trauma informed, person centred intervention in a safe environment. Working closely with maternity colleagues, police and Children's Social Care, the HIDSVA supported informed decision making, coordinated multi agency safety planning and arranged practical measures including a Home Safety Check. When the woman re presented with deteriorating mental health, continuity of support enabled rapid escalation and facilitated access to urgent assessment alongside specialist perinatal services. A whole family approach, including community health services, strengthened longer term safeguarding oversight through core group and child protection processes. Overall, the case evidences the value of embedded specialist advocacy in acute settings to improve risk management, enhance coordinated working and support safer outcomes for women and children.

White Ribbon Campaign

The 2025 White Ribbon Campaign at Blackpool Teaching Hospitals NHS Foundation Trust was a key initiative aimed at raising awareness and preventing violence against women and girls. Running alongside the global 16 Days of Activism, the campaign reinforced the Trust's commitment to safeguarding and fostering a respectful, safe environment for all staff, patients, and visitors. Coordinated activities were designed not only to inform but to actively engage participants across the organisation and promote wider community partnerships.

Activities included a White Ribbon information stall with participation from Lancashire Constabulary, Fylde Coast Women's Aid, and Victim Support Lancashire, a Trust-wide pledge challenge with Maternity Services winning the prize, and virtual DASH workshops to improve staff skills. The HIDSVA team plans to continue annual awareness events, develop partnerships with external agencies, and launch the DASV Allies Network in 2026 to foster a safe and abuse-free workplace by training staff as visible champions promoting safety and respect.

Domestic Homicide Review

One case involved the Trust's Fleetwood District Nursing team, with the Trust participating in case panel discussions at the close of the financial year. Initial risk assessment planning meetings identified immediate learning recommendation for LCC, GP and BTH. The early organisational learning identified has been implemented, including tailored training on appropriate escalation of safeguarding concerns both in and out of hours to the Police and Lancashire County Council. Additionally, updates have been made to policy regarding verification of expected deaths by district nurses when safeguarding concerns or adverse events arise; this updated policy was ratified in Q4 (25/26).

Multi Agency Challenges (2025/26)

Section 42 Outcomes and KPI

Collaboration between the Trust and Blackpool Adult Social Care (ASC) remains ongoing, with a focus on enhancing Section 42 safeguarding procedures in response to alerts concerning neglect, acts of

omission, or abuse involving the Trust. Targeted efforts are being made to support social work managers in gaining a deeper understanding of healthcare operational processes. This includes providing guidance on assessing whether Section 42 enquiries meet the safeguarding thresholds as outlined by the BSAB harm matrix and local procedures. By taking these steps, the Trust aims to reduce the number of enquiries that do not meet the required thresholds and to ensure that investigations are both timely and appropriate, ultimately leading to improved safeguarding outcomes for all involved.

Blackpool ASC have recently introduced a 60 day KPI for completion of safeguarding enquiries and to support this BTH safeguarding team have revised the internal Section 42 process as described in section 7.3 and introduced a BTH KPI of responding in 28 days. A monthly meeting has been set up with Blackpool to review any outstanding Section 42 responses and outcomes. These meetings also serve to support effective partnership working, encourage the timely resolution of safeguarding matters, and proactively tackle any challenges or delays that may arise, especially in cases where parallel processes such as internal reviews, criminal investigations, or human resources procedures are taking place.

Whilst progress has been made in fostering a collaborative approach to aligning the multi-agency section 42 processes there are challenges remaining that impact on communication, information sharing and the embedding of shared learning. In 25/26 Blackpool ASC have provided written responses to 3 out of 25 S42 concerns responded to by BTH safeguarding team. Additionally, as Blackpool ASC do not use the Care Act terminology of substantiated/unsubstantiated it makes it difficult to collate meaningful analysis and shared learning. We have been informed that Blackpool ASC plan to create a single point of contact which we feel would further strengthen the Section 42 process across agencies and ensure timely feedback on outcomes associated with Trust led enquiries.

PREVENT Information Sharing Requests

BTH saw an increase in PREVENT information-sharing requests during 2025/26. These requests are circulated across pan-Lancashire, and most do not relate to individuals within the local footprint. As a result, this has increased demand on staff time and resource, despite there often being no relevant information for the Trust to share.

Changes to the MARRAC Model

In Q4 2025/26, Lancashire Constabulary changed the Blackpool MARRAC model to reflect internal departmental changes. The previous model had worked well and was widely regarded by partner agencies as efficient and effective. Since the change, however, a number of challenges have emerged and have recently been raised at the MARRAC Operational Group. One key issue is the late circulation of the list of cases to be heard. This limits agencies' ability to review cases thoroughly in advance and to share information effectively to support risk management. Concerns have also been raised about inconsistent attendance from some partner agencies, including ASC, CSC and Horizon, which limits communication, information sharing, and the collaborative approach to risk reduction strategies.

Organisational Contribution to BSAB Priorities

Safeguarding Effectiveness:

Trust MIAA Audits:

Two Trust MIAA audits, one about safeguarding generally and the other about DoLS specifically, as outlined in the 2025/26 Internal Audit Plan approved by the Audit Committee, have been concluded. The overall assurance opinion for both audits was 'substantial'.

The summary for the Safeguarding audit highlighted the following:

There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. The review identified minor issues in safeguarding documentation and oversight processes: administrative inconsistencies in policy formatting and a broken hyperlink reduce clarity, while the absence of formal terms of reference for oversight meetings may limit governance visibility. The review identified several areas of good practice - The Trust demonstrates a comprehensive and well integrated safeguarding framework, with strong governance, proactive risk identification, and multi-agency collaboration. Daily huddles and executive-led panel meetings support timely decision-making, while safeguarding incidents are tracked centrally with clear oversight. Learning from reviews is embedded into practice, supported by clinical systems like BadgerNet and EMIS. Training is aligned with national guidance, tailored to roles, and evaluated through audits and walk rounds. Performance is monitored from ward to board, with structured reporting and escalation pathways. The use of personalised tools, advocacy, and supervision reflects a commitment to Making Safeguarding Personal, and targeted interventions have improved training uptake and staff awareness.

The summary for the DoLS audit highlighted:

There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. The review identified several areas of good practice in the Trust's DoLS safeguarding arrangements. The Trust had a current DoLS Policy in place with clear procedures for authorisations, renewals, and reviews, supported by accessible resources and regular audits. A centralised monitoring system, including a DoLS database, dip sampling, and quality assurance audits, was maintained by the safeguarding team, with risks recorded on the Corporate Risk Register and escalated where required. DoLS documentation was securely stored, and compliance was supported through daily ward reviews, targeted training, and Board level reporting. Integration with systems like SafeCare and Teams ensured accurate tracking, while lessons learned were shared through safeguarding forums to promote best practice.

The Trust's Safeguarding and DoLS policies show alignment with statutory frameworks, but several control weaknesses were identified. These included the absence of explicit legislative references, lack of integration of nationally recognised tools, and insufficient role clarity within the DoLS policy. Documentation across wards is inconsistently completed and stored, and the current reliance on manual systems introduces risks to data accuracy, audit assurance, and timely escalation. The lack of a digitised DoLS system, despite being prioritised at executive level, remains a significant gap in operational control and governance assurance.

Action plans to address the findings have been agreed and will be monitored through the Safeguarding Committee.

Section 42 Process

In Q4 2025/26, the Adult Safeguarding Team worked with Governance and Divisional teams to review and streamline the Trust's Section 42 enquiry process. This followed the transition from Rapid Reviews to After Action Reviews (AARs), which did not consistently capture the specific safeguarding information required, alongside identified variations in practice and delays in returning enquiries to the Local Authority.

This collaborative review resulted in a revised safeguarding pathway that removes duplication, simplifies the enquiry process for clinical teams, improves compliance with required timescales, reduces unnecessary use of Rapid Reviews and AARs, and strengthens the Trust's ability to lead timely and proportionate enquiries. The newly implemented Trust-wide process is now operational and is designed to facilitate safeguarding enquiries in a more efficient and accessible manner for clinical teams, whilst ensuring continued compliance with statutory requirements under the Care Act 2014. The new process has been shared with all divisional leads via email and the safeguarding Operational meeting.

Future reports will measure performance against a new KPI of responding to Section 42 enquiries within 28 days. This aligns with planned joint work with Blackpool Council to further strengthen the Section 42 process across agencies and ensure timely feedback on outcomes associated with Trust led enquiries.

Workforce Development:

Mixed Reality Dementia Experience

The Mixed Reality Dementia Experience was introduced in 2025/26 to further enhance staff understanding of what it is like to live with dementia. This immersive training tool uses virtual and augmented reality technologies to simulate the sensory and cognitive challenges face by individuals with dementia..4 courses have been provided to date, participants have a one to one experience, each sessions trains about 4 people, approximately 20 staff have been trained to date, one course is offered on a monthly basis. Staff. who participated in the experience reported that it helped them empathise more deeply with patients, leading to improved care practices and greater sensitivity in day-to-day interactions. Feedback highlighted that the simulation provided practical insights into communication barriers, confusion, and environmental triggers, enabling staff to tailor their approaches and create safer, more supportive environments. The Mixed Reality Dementia Experience continues to be a valuable addition to the Trust's training portfolio, complementing traditional learning and strengthening person-centred care.

Appointment of a Learning Disability Safeguarding Practitioner

The Trust continues to deliver against the 'Getting it Right' delivery plan for people with a learning disability and/or autism. The plan remains structured around seven key actions, underpinned by governance, audit, and workforce development. As part of ongoing service enhancement, the Trust has introduced a dedicated Learning Disabilities Practitioner role. The specialist practitioner works closely with individuals, families, and clinical teams to ensure person-centred care and to support the implementation of reasonable adjustments throughout the patient journey. The practitioner is actively involved in facilitating best interest meetings, providing bedside support and Learning Disabilities Alerts, and leading educational initiatives for staff. Additionally, their activities include promoting the use of hospital passports, supporting audit processes, and delivering tailored training sessions to improve staff competency and awareness. This role bridges gaps in communication and care, fostering greater consistency in family engagement and ensuring that the needs of people with learning disabilities and/or autism are met across all wards and service areas.

Safeguarding Adults Mandatory Training

Mandatory Adult Safeguarding Training Levels 1, 2 and 3 have remained consistently above the expected 85% compliance rates. There is however a high attrition rate with just over a third of staff who are prebooked to attend the training over the year either DNA or cancelled their booking which negatively impacts Trust compliance for Adult Safeguarding Level 3 training. In response to this the safeguarding team has developed a new hybrid training package that combines online learning with a shorter, three-hour face-to-face session. This approach aims to improve accessibility by enabling clinicians to be released from clinical practice more easily and, in turn, increase overall compliance. The new training package was launched on 1 April 2026.

Safeguarding Adults Additional Training

The corporate adult safeguarding team has provided a total of 22 additional and bespoke MCA sessions, reaching 221 staff throughout year. This enhanced training is in response to Trust incidents, audit activities, and requests from clinical areas. A further 3 training sessions were delivered to 39 staff on understanding when and how to raise a safeguarding concern with the local authority.

The Hospital Independent Domestic and Sexual Violence Advocates (HIDSVA) have raised awareness of the key issues in DAV/SV and the service provided in 27 sessions reaching 275 staff. Additionally, the team have educated 44 staff on the completion of the DASH risk assessment tool which guides staff in assessing the current risk to a victim who discloses domestic abuse. The team also supports Organisational Development in the delivery of the Sexual Safety Charter Training and have reached 44 staff in 9 sessions to promote a zero-tolerance approach to sexual misconduct in the workplace at BTH.

Safeguarding Champions

BTH is supported by a Safeguarding Champions model which has been rolled out across the Trust to provide a forum for all safeguarding champions to meet to network, share best practice and lessons learnt across the networks. The development of Safeguarding Champions across the organisation enhances and streamlines safeguarding practice to ensure consistency, up-to-date competency and confidence in responding to safeguarding children, young people, adults at risk and their families and carers across the organisation. The Safeguarding Champions are in turn supported, supervised and guided by the organisations corporate safeguarding team. This model currently has 168 safeguarding champions signed up to the role from across the BTH workforce Trust wide, including adult and children's inpatient and community services. The current champions list will soon be refreshed to ensure all areas and divisions have an active champion. The champions request speakers to support with complex safeguarding issues, underlining a "you said, we did" approach.

Making Safeguarding Personal (MSP)

An ADASS MSP Annual Assurance audit was completed in Q2 (25/26) to evaluate, track, and develop the Trust's Safeguarding Adults arrangements, focusing on Making Safeguarding Personal (MSP). It uses a scoring system (0–4) to measure adherence to standards in areas such as workforce development, service user engagement, advocacy, policy, data, and risk identification. Higher scores require appropriate evidence and examples, with results informing action plans and supporting ongoing quality assurance processes. The audit will be scheduled to be completed yearly to promote continuous improvement and provide accountability to the Blackpool Safeguarding Adults Board (BSAB). Audit findings were delivered in Safeguarding Operational Group in September 2025. Below is a summary of strengths and areas of improvement:

Strengths

- Workforce development/ training
- Comprehensive and Embedded Training
- Accessible Resources and Support
- Supervision and Reflective Practice
- Service User Engagement
- Feedback and Continuous Improvement
- Comprehensive Data Collection and Quality Assurance
- Person-Centred Risk Assessment
- Policy and Governance
- Areas for improvement
- Track Advocacy Referrals and Staff Knowledge
- Enhance MSP Documentation in Reporting
- Strengthen Safeguarding Patient Experience

Priorities for 2026/27

Implement digital DoLS system

Work is currently underway to digitise all patient records and documentation across BTH. A key priority within this programme is the implementation of a digital DoLS system. This will reduce the risk of error associated with the current manual processes, provide a more user-friendly format to support staff in completing legal documentation accurately and legibly, enable automatic identification of patients subject to DoLS, and strengthen overall process reliability.

Introduce the new hybrid adult level 3 safeguarding training

Further detail is provided in Section 7.3. In summary, the BTH safeguarding team has developed a hybrid training package comprising e-learning modules and a three-hour, face-to-face interactive session. This approach is intended to improve accessibility for clinicians and reduce the current high attrition rates. The online modules commenced on 1 April 2026, with the refreshed face-to-face session due to begin in June 2026. This phased implementation is designed to support a smooth rollout and minimise any adverse impact on compliance rates.

Embed the revised Section 42 enquiry pathway and 28-day KPI

As outlined in Sections 7.2 and 7.3, further joint working is planned with Blackpool Adult Social Care to strengthen multi-agency Section 42 processes, including engagement with a single point of contact once established and continuation of the monthly review meetings initiated by the BTH Safeguarding Team. In addition, the Trust has introduced a 28-

day KPI for responding to all Section 42 enquiries. Performance against this standard will be monitored and reported to the Trust Board through the quarterly safeguarding report.

Strengthen the safeguarding supervision provision

From 1 April 2026, BTH implemented a new divisional structure, reducing the number of clinical divisions from five to three. In response, the BTH Safeguarding Team plans to embed quarterly safeguarding supervision sessions for senior managers within the targeted operating model. This will replace the previous divisional supervision arrangements and complement the existing planned supervision provided through the Safeguarding Champions network, alongside ad hoc case-by-case supervision available via the duty function of the BTH Adult Safeguarding Service.

Continue development of LD/Autism and Dementia pathways

During 2026/27, the Trust will continue to strengthen its learning disability, autism and dementia pathways as part of its wider commitment to person-centred, equitable and safe care for people who may require additional support during admission, treatment and discharge. This will include further development of pathway documentation, clearer escalation and referral arrangements, and continued work to improve the consistent use of alerts, hospital passports/This is me documents, support plans and reasonable adjustments across clinical areas. A key focus will be to ensure that staff are supported to identify individual needs early, involve families and carers appropriately, and translate this information into practical adjustments that improve communication, reduce distress and support better clinical outcomes. The Trust will also continue to develop the specialist support available through its learning disability and dementia roles, alongside training, audit and divisional assurance processes, so that pathway implementation is embedded more consistently across inpatient and community services. This work will be supported through ongoing collaboration with operational teams, divisional leads and partner agencies, and will align with wider priorities relating to patient experience, accessibility, personalised care planning, dementia care, autism awareness and the delivery of reasonable adjustments in line with legal and national expectations.

Lancashire Fire and Rescue Service

Multi Agency Achievements (2025/26)

- LFRS works collaboratively with local authority safeguarding teams, police, and health partners to ensure timely sharing of information and coordinated safeguarding responses. Improved communication pathways have supported earlier intervention and more effective risk management for vulnerable individuals. This partnership working has strengthened shared understanding of risk and improved consistency in safeguarding decision-making across agencies.
- LFRS contributes to multi-agency safeguarding training programmes delivered in partnership with local safeguarding boards. These initiatives promote shared understanding of roles and responsibilities across agencies and support consistency in safeguarding practice. This has strengthened inter-agency collaboration and improved the quality and coherence of safeguarding response.
- LFRS actively participates in Safeguarding Adult Reviews and Child Safeguarding Practice Reviews, ensuring learning is disseminated across the organisation and partner agencies. Findings from reviews have informed changes to risk assessment practice and investigative approaches, contributing to improved safeguarding responses and prevention of repeat harm across the partnership.

Multi Agency Challenges (2025/26)

Occasional delays in information sharing between agencies have continued to present challenges in complex safeguarding cases. While improvements have been made, variability in timeliness of information exchange can impact the speed of decision-making and initial safeguarding response

Organisational Contribution to BSAB Priorities

- Safeguarding Effectiveness: LFRS contributes to safeguarding effectiveness through timely referrals, participation in multi-agency safeguarding processes, and consistent application of safeguarding procedures. This supports early identification of risk and effective multi-agency intervention
- Workforce Development: LFRS maintains a trained workforce through mandatory safeguarding training, refresher learning, and access to partnership learning opportunities. This ensures staff remain competent in identifying and responding to safeguarding concerns in line with current guidance.

- Making Safeguarding Personal: Further work is planned to strengthen understanding and application of MSP principles where applicable across the organisation.

Priorities for 2026/27

- Enhanced Information Sharing: Improving the timeliness and consistency of information sharing remains a key priority for 2026/27. LFRS aims to strengthen secure information exchange processes to support faster multi-agency decision-making and improved safeguarding outcomes.
- Joint Safeguarding Initiatives and Learning: LFRS will continue to strengthen multi-agency collaboration through increased participation in shared learning events and review processes. This will support the embedding of learning from safeguarding reviews and further improve consistency in safeguarding practice across partners.

Lancashire & South Cumbria NHS Foundation Trust

Multi Agency Achievements (2025/26)

Review of S42 process with Local Authority and LSCFT to ensure staff are aware of Threshold and how to action. This has supported multi agency working and promoted professional conversations. It has allowed both to streamline a service whilst giving staff the information required to guide them through this process.

The Named nurse continues to have regular interface with the LA to support challenges and resolution.

LSCFT safeguarding team and senior level management attendance and requested and required to attend adhoc meetings to support challenges and work through these as a partnership.

Multi Agency Challenges (2025/26)

Access to Mental Health Beds - this has been a challenge in all agencies recognising this as a multi-agency and partnership challenge

Organisational Contribution to BSAB Priorities

Testing out the Learning” is a priority area which needs to be strengthened in order to be assured on embedding change.

The Safeguarding Team are working with the networks to support. Safeguarding supports both LSCFT wide and network learning lessons forums sharing previous experience of audit activity to demonstrate embedding of learning.

Learning from reviews are captured within the bi-monthly safeguarding highlight reports from each network and discussed in respective governance meetings where progress on implementation can be monitored.

The Trust fully supports the SAR, CSPR and DHR processes contributing to the individual case panel meetings, CSPR Business Meeting (CSAP) and the SAR subgroup of LSAB. There are robust processes in place to ensure the networks are supported by the safeguarding team when responding to requests for information and identification of supportive actions.

Lessons Learnt from Safeguarding Reviews are translated onto "Learning on a Page" bulletins which are disseminated across the whole Trust via the electronic bulletin and the Safeguarding Champions in each team. Each network through their governance structures also receives the learning and disseminate to teams.

The Deputy Head of Safeguarding attends the weekly Safety Summit meeting where all internal serious incident reports are presented prior to sharing and is an opportunity to provide scrutiny and safeguarding advise.

The internal safeguarding review process has been developed where practitioners are involved in the creating of the learning and subsequent action planning.

Priorities for 2026/27

The Safeguarding Plan for LSCFT for 2025 – 2028 has 4 priorities.

Safeguarding Excellence – this will support driving quality and improvement forward to ensure safeguarding practices are effective.

Domestic Abuse – this remains a priority and ongoing work continues to reduce the risk of domestic abuse and raise awareness of Domestic abuse.

Neglect - LSCFT continue to see neglect as a theme form incident, and we continue to work with staff to recognise and respond to Neglect.

Contextualised - LSCFT continue to recognise this as an area requiring further input to recognise risks to young people and responding to this appropriately.

Probation

Multi Agency Achievements (2025/26)

There is currently a multi-agency project in partnership with UCLan to look at how all agencies can manage and support individuals with complex needs who are in the Criminal Justice System and require a different approach to achieve safeguarding and risk management outcomes.

Multi Agency Challenges (2025/26)

At Board level there are no barriers, but recent audits suggest we need to develop collaboration with our front-line staff. Priorities will be Nationally determined - to follow.