

BOARD MEETING

Title	Buckinghamshire, Oxfordshire and Berks West ICB Safeguarding Annual Report 2024/2025		
Paper Date:	2024/2025	Board Meeting Date:	9 September 2025
Purpose:	Approval	Agenda Item:	12 - ICB Safeguarding Annual Report
Author:	<i>Report Prepared by: Lianne Lewis and Louise Pegg Deputy Designated Safeguarding Nurses on behalf of the ICB Safeguarding Team</i>	Exec Lead/ Senior Responsible Officer:	<i>Katherine Elsmore</i>

Executive Summary

The Integrated Care Board (ICB) Annual Safeguarding Report for 2024-2025 highlights the organisations commitment to fulfilling its statutory duties for safeguarding.

The past year has been a period of significant change within our organisation and across national and local health and care systems. This report outlines the breadth of safeguarding work carried out during 2024–2025, amid significant changes across the NHS. While the ICB holds statutory responsibility for ensuring safeguarding duties are met, it remains a shared responsibility across all NHS-funded organisations and professionals. Rising demand, system reforms, and increasing complexity require ongoing collaboration, strong leadership, and innovative practice. The ICB continues to prioritise the safety and well-being of adults and children, embedding safeguarding in everything we do.

Strengthening governance, enhancing workforce training and deepening collaboration with partner agencies have all been key priorities. The report reflects the diversity and extent of work undertaken during the reporting period, highlighting areas of progress, challenge and future priorities. Key developments include:

- Growing demand for safeguarding expertise and support with complex cases is continuing to rise
- Supported 10 statutory inspections
- Strengthening of primary care safeguarding training
- Established new assurance processes and a dedicated domestic abuse network to enhance governance and risk oversight
- Successful implementation of fee-free prescriptions for eligible Care Leavers

Our priorities for 25/26 include:

- Hearing the voice of the Child
- Deliver a programme of audits
- Continue to develop and strengthen the Partnership working
- Children in Detained Settings
- Strengthening MASH arrangements
- Focus on embedding learning from case reviews

This annual report has been written in consultation with relevant safeguarding team professionals and discussed at the Safeguarding business meeting in April 2025, ICB Safeguarding Committee on 22nd July 2025 and ICB System Quality Group on 16th July 2025. Following final sign off this report will be shared with wider partners including Safeguarding Adults Boards and Local Safeguarding Children Boards.

Action Required

The board are asked to:

- *Note for final sign off before publication*

Conflicts of Interest:

No conflict identified

Date/Name of Committee/ Meeting, Where Last Reviewed:

ICB Safeguarding Committee – 22nd July 2025



BOB ICB **Safeguarding** **Annual Report 2024-25**

Report Prepared by: Lianne Lewis and Louise Pegg Deputy Designated Safeguarding Nurses on behalf of the ICB Safeguarding Team



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board



Approx. 1.8 million
population

5 NHS Trusts

Approx. 1.38 million
adults

1,961 Looked After
Children – Children in the
care of Local Authority

Approx. 420,000
children and
young people

5 Corporate Parenting
Boards

9 Current Child
Safeguarding
Practice Reviews

154 GP practices



Safeguarding across BOB 2024-2025

12 Current
Safeguarding
Adult Reviews

5 Local Authorities
& 5 District
Councils

15 Current
Domestic Homicide
Reviews

Safeguarding Team
of Specialists incl.
Designate
Professionals,
Named GPs

3
Safeguarding
Adult Boards

150 Care
Homes

3 Children's
Safeguarding
Partnerships

Foreword



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

The right to live free from abuse and neglect is a fundamental human right. Upholding and promoting this right is a key responsibility of the NHS and its workforce.

The NHS is committed to working collaboratively with partner organisations to ensure individuals of all ages are protected from harm.

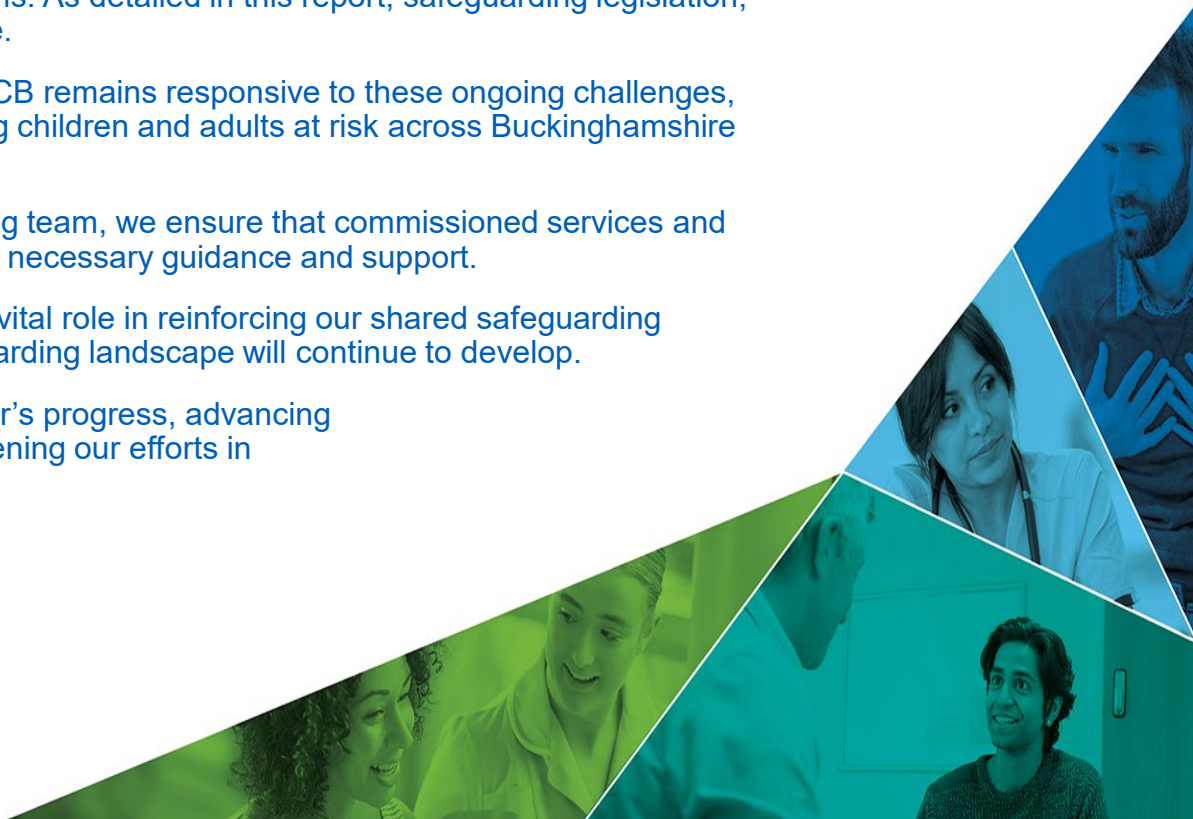
This Annual Safeguarding Report highlights NHS BOB ICB's efforts in fulfilling these responsibilities. The past year, 2024-25, has been a period of significant change within our organisation and across national and local health and care systems. As detailed in this report, safeguarding legislation, policies, and practices continue to evolve.

The report provides assurance that the ICB remains responsive to these ongoing challenges, demonstrating leadership in safeguarding children and adults at risk across Buckinghamshire Oxfordshire and Berkshire West.

Through the expertise of our safeguarding team, we ensure that commissioned services and partner organisations have access to the necessary guidance and support.

Additionally, many other ICB staff play a vital role in reinforcing our shared safeguarding commitment. Looking ahead, the safeguarding landscape will continue to develop.

We are committed to building on this year's progress, advancing our safeguarding priorities, and strengthening our efforts in the years to come.



Introduction and Overview

- ▶ This is the second Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB Annual Safeguarding Report. The report builds on the achievements highlighted in the 2023/24 Annual Report and provides assurance that the ICB has fulfilled its statutory duties and responsibilities in relation to safeguarding
- ▶ The safeguarding team plays a critical role in ensuring the ICB meets its legal obligations by working closely across the BOB system and within local communities. The team collaborates with internal ICB colleagues as well as external statutory and non-statutory partners, including the three Local Safeguarding Children Partnerships (LSCPs) and three Local Safeguarding Adult Boards (LSABs) in West Berkshire (Reading, Wokingham, and Berkshire West), Oxfordshire, and Buckinghamshire.
- ▶ Safeguarding encompasses a broad spectrum of activities, from preventing harm to responding to incidents when harm occurs. Safeguarding is a shared responsibility across organisations and the Safeguarding Team ensure that policies and practices prioritise the well-being of children and adults within these organisations. Section 11 of The Children Act (2004) places duties on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.
- ▶ The Care Act (2014), and Care and Support Statutory Guidance (Department of Health, 2015) delineated how safeguarding activity is not a substitute for; providers' responsibilities to provide safe and high-quality care and support; commissioners regularly assuring themselves of the safety and effectiveness of commissioned services; The Care Quality Commission ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; the core duties of the police to prevent and detect crime and protect life and property.

The ICB has an important role in protecting vulnerable people in our population. Key functions include:

- ✓ Safeguarding system leadership
- ✓ Expert safeguarding and health advice
- ✓ Safeguarding effectiveness and quality improvement
- ✓ System oversight – identification of risks and escalations
- ✓ Identifying and embedding learning
- ✓ Safeguarding assurance in health services
- ✓ Delivery of national and regional safeguarding priorities
- ✓ Statutory safeguarding reviews
- ✓ Delivery of safeguarding supervision
- ✓ Safeguarding support to health services
- ✓ Partnership working

BOB ICB Safeguarding Team Purpose statement, 2024

"We are committed to influencing the consistency of safeguarding practices across the health economy. Actively promoting continuous improvement and supporting provider and partnership activity through learning and education, ensuring that the safeguarding services commissioned are both safe and effective"

Statutory Functions

Overview

The NHS holds extensive duties, responsibilities, and obligations in safeguarding both children and at-risk adults, as outlined in legislation and national guidance. The ICB has specific safeguarding responsibilities detailed within these documents including:

- ✓ Being a key partner of a Safeguarding Children's Partnership
- ✓ Being a core member of a Safeguarding Adults Board
- ✓ Employing Designate Professionals for Safeguarding to provide strategic oversight and health expertise towards safeguarding in the health services and wider system
- ✓ Employing Designate Professionals for Children Looked After, who provide strategic oversight and health expertise towards services meeting the needs of children in care
- ✓ Employing Named GPs for Safeguarding, to advise and support individual GP Practice Safeguarding Leads
- ✓ Ensuring safeguarding obligations are included within NHS contracts, and that oversight is maintained towards organisations delivering those obligations
- ✓ Laying out how the ICB intends to protect vulnerable children and adults-at-risk in its Joint Forward Plan
- ✓ Work in partnership with other organisations to reduce risks and enhance the well-being of children in need and adults-at-risk

Legislation & National Guidance

- Female Genital Mutilation Act 2003
- Sexual Offences Act 2003
- Mental Capacity Act 2005
- Mental Health Act 2007
- Children and Families Act 2014
- Modern Slavery Act 2015
- Mental Capacity (Amendment) Act 2019
- NHS Constitution and Values (updated Jan 2021)
- Domestic Abuse Act 2021
- Serious Violence Duty 2023
- Prevent Duty 2023
- United Nations Convention on the Rights of the Child 1989
- Children Act 1989 and Children Act 2004
- Promoting the Health of Looked After Children Statutory Guidance 2015
- Children and Social Work Act 2017
- Working Together to Safeguard Children 2023
- Children Social Care Reforms
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019
- Looked After Children: Roles and Competencies of healthcare staff 2020
- European Convention on Human Rights
- The Care Act 2014
- Care and Support Statutory Guidance- Section 14 Safeguarding
- Adult Safeguarding: Roles and Competencies for Health Care Staff 2018

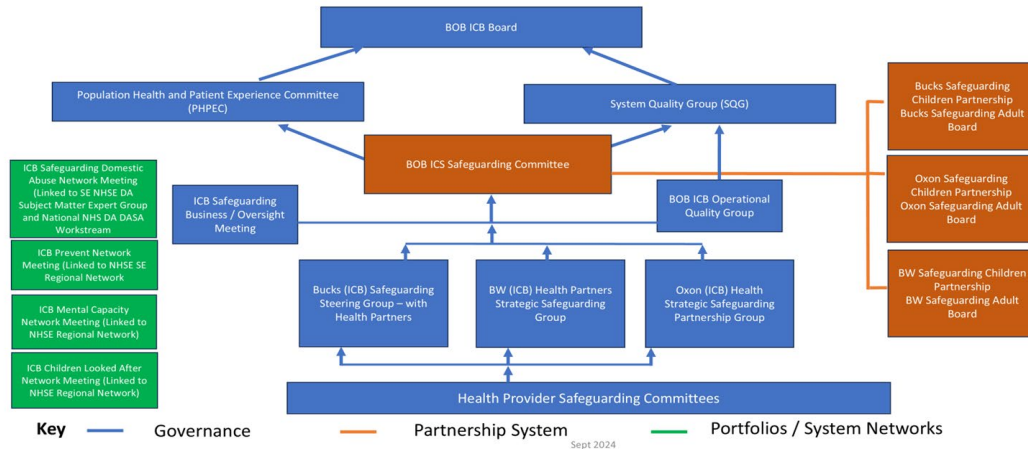
2024-25 Update

ICB Designate professionals are clinical and placed based experts and strategic leaders of safeguarding and are a vital source of advice and support to health commissioners within the ICB, Local Authorities and NHS England, other health professionals, regulators, the Local Safeguarding Adults Boards (LSABs) and the Local Safeguarding Children's Partnerships (LSCPs). They work with the leadership of the Director for Safeguarding to assure the statutory roles and responsibilities of the ICB.

The ICB Safeguarding and LAC Team support wider ICB compliance with statutory duties and best practice guidance. The team provide supervision, advice, and guidance to ICB teams as required. During the year, the ICB Safeguarding and LAC Team collaborated with providers and commissioners to monitor activity and ensure that provider service procurement, contracts and policies embed safeguarding requirements.

Governance and system assurance

Safeguarding Strategic System & Governance Structure includes Portfolio/System Networks



- Overall, the quality of Safeguarding and CIC/LAC provided in BOB overall is good. Three 'PLACE' Safeguarding Teams have established partnerships, networks, assurance systems and processes.
- Jointly agreed standards within contracts are utilised in peer assessment, audits and review activities to promote assurance of consistency of these standards across health teams
- Identifying processes and approaches to understand capacity and capability across health providers, exploring demand to address effectiveness and efficiency of our safeguarding responses has been co-produced.
- Organisations within our system are facing significant challenges from capacity, workforce and population health management. System collaboration with all partner organisations is required to maintain and improve safeguarding and deliver better outcomes for the vulnerable.
- The BOB ICB have developed a suite of Safeguarding policies and procedures across domestic abuse (DA), serious violence (SV), and link to other relevant policies, including Whistleblowing, Management of Allegations (LADO and PIPOT), Freedom to Speak Up, Safe Recruitment, and Procurement.

In 2024-2025 the Governance arrangements for Safeguarding continued to evolve with Safeguarding remaining integral to the quality agenda, with assurance being refined through place and ICB Quality Operational Group and Safeguarding Committee.

The Designated Professionals, Named GP's and administrators attend the monthly Safeguarding and Looked After Children Business meetings, where key workplans, risks and issues are discussed. These meetings provide assurance to the ICB relevant committees and Board.

The ICB Safeguarding and LAC (Looked After Children) Committee continues to develop its initiatives to promote and enhance system-wide health approaches to safeguarding and LAC priorities. During this time, the committee has reported relevant information and made recommendations to the ICB Population Health and Patient Experience Committee (PHPEC), with exception and escalation reporting also to BOB ICB Board and NHSE.

Reporting schedules to NHS England (NHSE), Partnership bodies, and relevant Boards have been established, with provider reporting mechanisms fully implemented. Work to review and strengthen the placed based safeguarding meetings is concluding. This work will ensure Health partners across BOB will work collaboratively at place to safeguard children and adults at risk in all the work undertaken, whether at provider level or within commissioning arrangements. These meetings seek to gain assurance through challenge and scrutiny and that safeguarding practices are robust and working well.

Multi Agency Safeguarding Arrangements - Safeguarding Children Partnerships, Adult Safeguarding Boards

Safeguarding Adults Boards

The ICB Chief Nursing Officer (CNO) is the ICB Executive Lead for Safeguarding and is supported in this role by the Director of Safeguarding. The Designate / Head of Safeguarding is the placed based safeguarding expert. There is attendance across these roles at the Boards. The Designate / Head Of Safeguarding and Deputy Designate Adult Nurse provide robust and valued leadership and guidance in the various Board sub-groups and multi-agency workstreams. These include chairing of subgroups, policy and procedure development, training and the embedding of key learning from Safeguarding Adult Reviews.

Safeguarding Children's Partnerships

The ICB statutory roles for child safeguarding arrangements are fulfilled by; the CEO, as the Lead Safeguarding Partner (LSP), the Director of Safeguarding, as the Delegated Safeguarding Partner (DSP) and the CNO as the ICB Executive Lead. The Designate / Head of Safeguarding is the placed based safeguarding expert. There is attendance across these roles at the Partnerships. The Designate / Head Of Safeguarding and Deputy Designate Children's Nurse provide robust and valued leadership and guidance in the various Board subgroups and multi-agency workstreams. These include chairing of subgroups, policy and procedure, training and the embedding of key learning from Child Safeguarding Practice Reviews.

Community Safety Partnerships

The ICB is a safeguarding strategic partner and subject to the Serious Violence Duty. As a result, the ICB must collaborate with other duty holders to prevent and reduce serious violence in the area, this includes engagement with Community Safety Partnerships. Community Safety Partnerships (CSPs) were introduced by Section 6 of the Crime and Disorder Act 1998 and work on the principle that no single agency can address all drivers of crime and antisocial behaviour, and that effective partnership working is vital to ensuring safer communities. CSPs bring together local partners including police, fire and rescue authorities, local authorities, probation and health partners to commission Domestic Abuse Related Death Reviews (DARDRs). The ICB Safeguarding team attend local CSPs to provide strategic safeguarding / health leadership and engagement to support the commissioned DARDRs .

Domestic Abuse Boards

Under the Health and Care Act 2022, the ICB has a duty to ensure that the needs of victims of abuse and of children and young people are specifically addressed in their Joint Forward Plans. The Designate / Heads of Safeguarding and Deputy Designates are key members of local Domestic Abuse Boards, offering leadership, guidance, and support for various workstreams, including training initiatives and data collection across health. ICB representatives play a crucial role in coordinating health and social care services for survivors, ensuring that healthcare systems are trauma-informed and meet the specific needs of domestic abuse victims. They advocate for resource allocation to support specialised services, such as mental health support and safety planning. The ICB coordinates and leads the ICS Domestic Abuse Network which is linked to the National DA Network.

Corporate Parenting Boards

The Corporate Parenting Board responsibility is to hold partners accountable for high quality response to ensure that the health needs of Looked After Children are considered consistently including statutory health assessments, identifying and addressing gaps in service and ensuring strategic plans for Looked After Children and Care Leavers are being effectively delivered. The Designates and Deputy Designated Nurse for Safeguarding Children and Looked After Children attend the 5 Corporate Parenting Boards across the BOB ICB footprint and chair Board subgroups and multi-agency workstreams.

Safeguarding Statutory Reviews

Relevant health agencies are mandated to undertake statutory reviews as required. As a statutory partner, the Integrated Care Board (ICB) works collaboratively with the Safeguarding Team, Primary Care, and wider ICB colleagues to review and assess practice improvements and facilitate the dissemination of learning across the system. These reviews address a wide range of safeguarding concerns. Three key statutory review processes include:

- **Rapid Review (RR)**
- **Child Safeguarding Practice Review (CSPR)** Statutory requirement under *Working Together to Safeguard Children* (2023). The aim is to support system-wide learning and enhance multi-agency safeguarding practices.
- **Domestic Abuse Related Death Reviews (DARDR)** Formerly known as Domestic Homicide Reviews. DARDRs are convened by Community Safety Partnerships (CSPs) following a death related to domestic abuse.
- **Safeguarding Adults Review (SAR)** Statutory duty under the Care Act (2014). The purpose of SARs is to identify learning that can drive improvements in safeguarding practice and help prevent similar incidents in the future.

These are key functions within the ICB's safeguarding responsibilities and align with the NHS England Safeguarding Accountability and

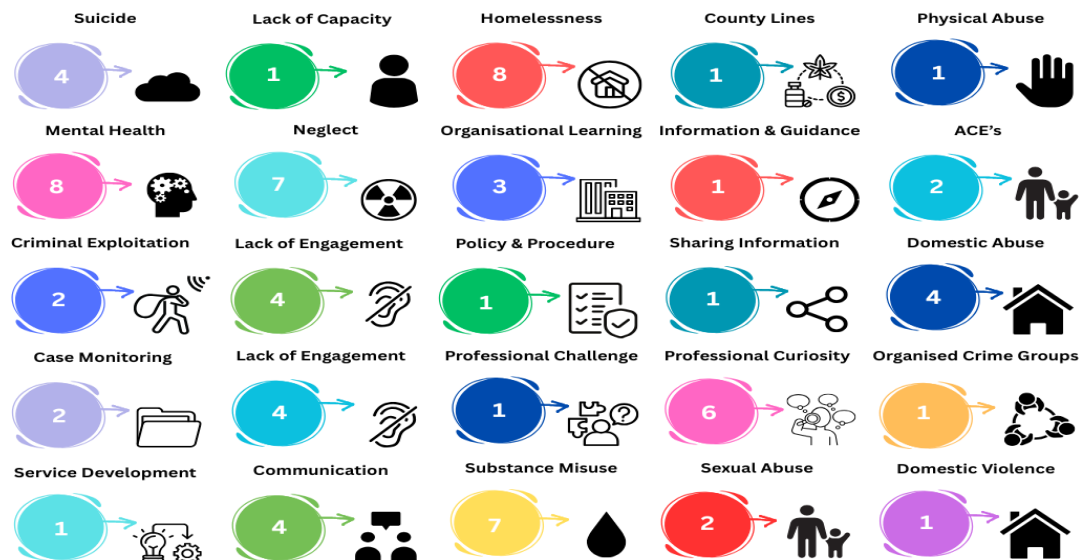
2024/25 Update:

There are currently 36 open statutory safeguarding reviews in progress with 12 of these newly initiated during 2024/25, as well as 5 new rapid reviews. This does not include other multi-agency learning mechanisms which are often arranged by Safeguarding Partnerships and Boards or these reviews that are ongoing from the previous year. ICB Designated Professionals and Named GPs contribute significantly towards the reviews, providing expert advice during the review process and leading on delivering any health recommendations that arise from the reviews.

The ICB recognises that utilising learning derived from statutory reviews is a crucial factor in developing the ICB's strategic safeguarding priorities and planning.

During 2024-25 executive assurance responsibilities for DARDRs formally transferred to ICBs and BOB established a robust governance processes to support this function. The ICB Safeguarding Team's portfolio leads developed the Domestic Violence Health Network, which launched in early Q1 2024–25. This network is designed to support the domestic abuse agenda across BOB, ensuring the effective dissemination of learning, supporting assurance processes, and tracking all health-related actions arising from DARDRs.

2024/25 Safeguarding Reviews Themes



Safeguarding Accountability and Assurance Framework (SAAF) Compliance

In 2022, NHS England published a revised Safeguarding Accountability and Assurance Framework (SAAF), which outlines the safeguarding roles and responsibilities for individuals working across NHS-funded care settings and commissioning organisations. Within this framework, Integrated Care Board (ICB) Designate and Named Professionals serve as clinical experts and strategic leaders. They provide essential safeguarding advice and support to health commissioners within the ICB and partners across the Integrated Care System (ICS). Working under the leadership of the Director for Safeguarding, the Safeguarding Team has fulfilled its statutory responsibilities and demonstrated compliance with the SAAF through a range of strategic and operational activities.

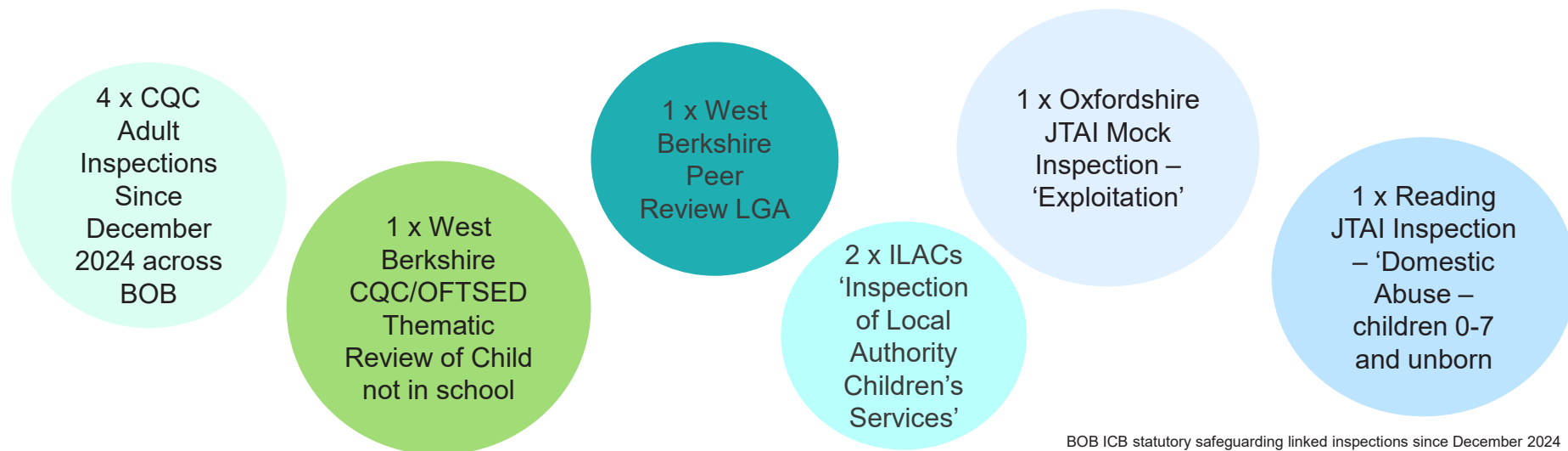
NHS England holds a system leadership role in safeguarding and provides national oversight of the SAAF. NHSE monitors compliance, identifies emerging risks, and supports continuous improvement. This national oversight helps ensure that safeguarding remains a priority across the healthcare system, with robust governance and accountability in place to protect children, adults-at-risk, and vulnerable populations.

As part of its statutory safeguarding responsibilities, the ICB is accountable for ensuring that General Practice providers are adhering to the SAAF. This includes providing oversight, support, and assurance that GP practices have robust safeguarding arrangements in place, aligned with national legislation and best practice. The ICB works closely with Named GPs and Primary Care Networks to embed safeguarding into clinical governance, workforce training, and service delivery, ensuring that safeguarding remains a core component of safe, high-quality primary care.

Activities from 2024-25 which demonstrate compliance include:

- Successfully integrated the newly developed safeguarding adults, children, and Looked After Children requirements for commissioned services into the procurement process for new services, enhancing the overall safeguarding framework across our services.
- Provided expert advice in relation to complex cases, including allegations against staff, ensuring that the response is person centred, proportionate and timely.
- Responded to identified learning from local and national safeguarding reviews to ensure that improvements are made and embedded across the safeguarding the system.
- Worked with integrated care system leaders, primary care network leaders and GPs to ensure that safeguarding and the Mental Capacity Act are considered and embedded in frontline practice, training, and learning.
- Facilitated safeguarding involvement in all parts of the commissioning cycle, from procurement to quality assurance.
- Responded to the interface between Child Death Overview Panel (CDOP), Learning Disability Mortality Reviews, Statutory reviews and serious incidents in relation to safeguarding.
- Initiated and implemented a project to provide prepayment prescriptions certificate for Care Leavers.
- ICB Safeguarding Team are piloting with local authorities a new process regarding placement change notifications to improve continuity of healthcare for Looked After Children.
- Designated Nurses attend local Corporate Parenting Boards whose responsibility is to hold partners accountable for high quality response to ensuring that the health needs of Looked After Children are considered consistently, including statutory health assessments, identifying and addressing gaps in service and ensuring strategic plans for Looked After Children and Care Leavers are being effectively delivered.
- Designated nurses collaborate with providers to facilitate the development of a new NHSE national data set for Assurance of Statutory Health Assessments for Looked After Children.
- Compliance with reporting female genital mutilation or cutting (FGM/C) requirements monitored and supported by the ICB safeguarding team, ensuring risk assessment and safeguarding duties to report are fulfilled effectively.
- Designated nurses for safeguarding adults and children provide safeguarding representation at place based and ICB health meetings for refugees and asylum seekers, including unaccompanied asylum-seeking children (UASC) with Designates collaborating with place local authorities.
- Designated professionals are proactive members of all statutory reviews; Children Safeguarding Practitioner Reviews, Domestic Homicide Reviews and Serious Adult Reviews, including the chairing and leading workshops for learning.
- Completed the annual NHSE Safeguarding Commissioning Assurance Toolkit.

Safeguarding and Looked After Children Statutory Inspections



BOB ICB statutory safeguarding linked inspections since December 2024

ICBs are required to have processes in place to ensure suitable attention is provided to the outcomes from any Regulatory/Statutory Inspection and implement any necessary additional contract monitoring and seek to gain assurance that safe and quality care is being provided.

The ICB Safeguarding Team plays a significant role in supporting these inspections across health and social care.

Child safeguarding and Looked After Children inspection programme Under section 48 of the Health and Social Care Act 2008, inspections look at the quality and effectiveness of the arrangements that health care services have made to ensure children are safeguarded and how health services promote the health and wellbeing of Looked After Children and Care Leavers.

In January 2018 Ofsted launched the 'Inspection of Local Authority Children's Services' or ILACS, a flexible framework for inspecting children's services for LAs. Under this system, intelligence and information is used to inform decisions about how best to inspect each LA.

Joint Targeted Area Inspections (JTAs) are included as system inspections. Joint Targeted Area Inspections (JTAs), are carried out by Ofsted, HMI Constabulary and Fire & Rescue Services, the CQC, and HMI Probation. JTAI assess how effectively agencies are working together in their local area to help and protect children.

ICB coordinate the Health case oversight and organisational evidence required for these inspections, which has a considerable impact upon business as usual.

Safeguarding: Portfolio Updates

Prevent

Mental Capacity Act

Domestic Abuse and Sexual Safety

Context

Prevent Statutory Duty under Section 26 of the Counter-Terrorism and Security Act 2015 is a statutory responsibility for the health sector. Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity

The Mental Capacity Act 2005 (MCA) and the Mental Capacity Amendment Act 2019 provide a legal framework to provide protection for people who cannot make decisions for themselves. The underlying philosophy of the MCA is to ensure that individuals who lack capacity and are 16 years of age or more, are the focus of any decisions being made about them

The Domestic Abuse Act Statutory Guidance (2022) states 'Responding to and preventing domestic abuse should be a strategic priority for both ICBs and ICPs and should be the responsibility of all healthcare professionals working within a system.

24-25 Overview

Over the reporting period the Prevent portfolio lead and place based Prevent leads have worked collaboratively to drive key initiatives across the ICS.

The Prevent portfolio lead has played a vital role in shaping regional policy and process change with discussions ongoing and rollout pending of some key process changes. Through ongoing collaboration with cross regional Prevent leads, there has been the opportunity to share best practices and discussions of a health led local ICS Prevent network.

Place-based leads are responsible for attending Channel panels and for overseeing the health element of local actions at place and driving place-based initiatives. There is regular attendance at local panels and engagement with partners to ensure that action plans align with the needs of each place.

The MCA steering group, chaired by one the Designate professionals, continues to strengthen. The safeguarding team have maintained oversight of the commissioned services compliance with MCA requirements via this forum.

Heatmaps support the oversight and provide key data, risks and trends to support compliance. The MCA programme of events delivered sessions to over 160 delegates from health social care, education and policing.

There is an MCA governance system in place, including access to legal support and escalation of risk. There is a current risk corporately held with the ICB for Community DoL. The ICB provided regional support in chairing the SE regional MCA network. The ICB MCA professional resource page continues to strengthen with a repository of resource available to staff.

The ICB Designate and Deputy Safeguarding Designates represent the ICB at place-based Domestic Abuse Partnership Boards and at statutory reviews. The ICB have dedicated portfolio lead/s for DA, and they have an oversight of system-based activity across DA. The inaugural Domestic Abuse Health network, chaired by the Designate team, took place in April 2024. this network supports the new responsibilities of ICBs and undertakes the following duties:

- Oversight of DHR/DARDR activity
- Training opportunities to embed learning
- Legislative changes and updates
- NHSE scrutiny process i.e. ICB responsibilities for evaluation and assurance of DHR health recommendations
- Membership; key health system DA leads - plans to extend membership and reach of network
- Encompasses oversight on Sexual Safety Charter

25-26 Workplan

A new stand-alone Prevent policy is in development for publication in Q1 2025 across the ICB. This policy will set out organisational duties and responsibility and detail the standard operation procedures for managing information for primary care for Channel. As part of the Southport review, any policy changes will be reflected accordingly.

Scoping work for a BOB ICS Prevent network will conclude and will determine if a local ICS Prevent network, led by health will be established.

The process for primary care information sharing into the Channel process is being refined and relevant processes will be published to support this new process.

Work will be undertaken to link in with people teams to ensure that the Prevent agenda is core business through relevant people staff forums. This will raise the profile of Prevent in relation to workforce and strengthen the collaboration between Prevent leads and the people team.

Offer strategic support across the ICB at Board level alongside the new operational model to all Directors (AACC) in promoting their accountability to implement effective assurance of legal status and operational compliance. An audit plan schedule is planned with work to initiate an audit for patient's voice and 1.2 representatives experience of the DoL process.

Influence and implement MCA mandatory training for all ICB staff and MCA compliance for ICB professional staff alongside the ICB directorate for quality and workforce

Strengthen the programme of legal literacy training across the BOB system with providers.

Continue to promote awareness and use of MARM designed to support partners to achieve successful outcomes when working with individuals who remain at high risk of harm, despite interventions under S9, 11 or 42 of the Care Act.

The Sexual Safety policy will be published in Q1 2025 this will provide a framework to identify, report and support staff who disclose. The Domestic Abuse Health network chaired by the Designate team will continue to strengthen. A Primary Care Domestic Abuse resource platform will be rolled out across BOB. Work will continue to strengthen the DARDR oversight and assurance.

Work will continue to strengthen resources available for primary care including the development of a Domestic Abuse Aware page for GP practice websites.

The ICB Safeguarding team will contribute to local 'Safeguarding weeks' to facilitate on DA focused teaching sessions across the multi agency.

The Primary Care programme of works will feature a speaker from a lived experience service consider/capture and record the voice of the child/lived experience

Training

The training requirements for safeguarding will align with the Royal College of Nursing's competencies for safeguarding children, young people, and adults, as well as the Royal College of General Practitioners' standards. This ensures healthcare staff are equipped to identify, report, and respond to safeguarding concerns effectively in line with best practices

There is a dedicated portfolio lead for training supported by members of the wider team. This past year the work included the development and delivery of a minimum standard offer of training across the system and the promotion of self led learning opportunities. These sessions were made accessible system-wide to ensure consistency and equitable access. Where additional sessions were required, they were delivered at a local Place level based on identified need. A standardised slide deck was developed to accompany each session. It reflected the core subject matter and included relevant local context such as data, key contacts, and useful links. All materials were made available in a digital format for ease of access and reuse. The team also worked towards establishing a rolling programme of events, planned at least a year in advance. Diary placeholders were used to help partners plan and prioritise attendance. Finally, the training offer was continuously evaluated to inform future development. This process also explored the feasibility of introducing additional resources, such as a training passport or learning log, to better track participation and progression.

25-26 Workplan

Over the forthcoming year the team will work to embed the programme of works across primary care with key dates and themes for training being developed and notified across BOB Primary Care. The topics within the Primary Care Programme of Works are deliberately aligned to reflect and support the CQC's five key domains: Safe, Effective, Caring, Responsive, and Well-Led.

Exploration of the feasibility of introducing additional resources, such as a training passport or learning log, to better track participation and progression will be scoped during Q2, with online resources for self led learning being made available via SharePoint.

Safeguarding training competencies for the ICB employees will be reviewed with the portfolio lead and Deputy Designate for adults being core members of the mandatory and statutory training group, in order to influence a shared understanding of legal responsibilities and best practices in protecting children and vulnerable adults and to provide consultancy to influence training offer meets relevant requirements.



Date	Area of delivery	Topic
May 2024	Primary Care-GP Safeguarding session	People affected by homelessness (Dr Merlin Willcox)
May 2024	ICS- via MCA Programme of works	Deprivation of Liberty in Community
July 2024	ICS- via MCA Programme of works	Key Cases 2023
September 2024	ICS- via MCA Programme of works	MCA and 16-17-year-olds
October 2024	Primary Care-GP Safeguarding session	Support of Looked After Children (MS)
January 2025	Primary Care-GP Safeguarding session	RCGP Updates (MR)
January 2025	ICS- via MCA Programme of works	Case Study- 16-17-year-olds
January 2025	ICS- LD and A	Safeguarding (LW)
February 2025	Primary Care-GP Safeguarding session	Learning from reviews in Primary Care (JK)
March 2025	ICS- via MCA Programme of works	Executive functioning

Example of system wide training programme 2024

Safeguarding: Portfolio Updates

Looked After Children and Care Leavers

Context	<p>Working Together to Safeguard Children (2023) and Promoting the Health and Wellbeing of Looked After Children (DfE, 2015) outline ICB obligations for Looked After Children. ICBs in collaboration with other NHS commissioners and local authority partners have a responsibility to ensure the timely and effective delivery of health services to Looked After Children and Care Leavers.</p>
24-25 Overview	<p>The BOB ICB safeguarding team has been collaborating with South-East colleagues to evaluate Looked After Children (LAC) service specifications across the region. This joint effort aims to identify opportunities for a more consistent and equitable service delivery for Looked After Children.</p> <p>To support the completion of statutory health assessments within required timescales, the clinician pool in Buckinghamshire has been expanded. This measure is expected to enhance service capacity and reduce delays.</p> <p>The BOB ICB safeguarding team chair the NHSE South-East Looked After Children professional group and actively participate as members of the National Network Designated Health Professionals Looked After Child committee, contributing to national discussions and policy developments.</p> <p>A key achievement this year has been the successful implementation of fee-free prescriptions for eligible Care Leavers. Feedback has been positive, with Care Leavers across the footprint benefitting from this initiative.</p> <p>The voices of care-experienced individuals remain central to our work. The ICB has actively engaged in discussions on recognising Care Leavers as a protected characteristic. In collaboration with local authorities, areas where this recognition was deemed beneficial have either already implemented this change or are in the process.</p> <p>Designates have collaborated with providers to develop a new NHSE national data set for the assurance of statutory health assessments.</p> <p>While fluctuating numbers and increasing social care demands continue to impact assessment timeliness, escalation processes are in place for out-of-area delays, ensuring NHS England remains informed about persistent challenges. The ICB is also addressing the risks associated with limited placement options, which often result in children being placed further from their local areas. This can delay access to health care and necessary treatment pathways. Designate professionals remain actively engaged in complex care risk management planning and are contributing to the Regional Care Cooperative project to mitigate these risks.</p> <p>To enhance continuity of healthcare for Looked After Children during placement changes, the safeguarding team has collaborated with local authorities to improve the effectiveness of placement change notifications. A successful pilot has been completed in one area, with plans to expand this initiative across all places in 2025/26.</p> <p>Over the reporting period, the safeguarding team has supported two Inspecting Local Authority Children's Services (ILACS) including a focused visit on Care Leavers.</p>
25-26 Workplan	<p>Looking forward, the BOB ICB safeguarding team has established key priorities to enhance support for Looked After Children and Care Leavers:</p> <ul style="list-style-type: none">• Achieve Care Leaver Covenant Status: Efforts will be made to improve the Care Leaver offer and secure Care Leaver Covenant status, reflecting our commitment to supporting young people as they transition into adulthood.• Increase Awareness of Fee-Free Prescriptions: Further work will be undertaken to promote awareness of fee-free prescriptions, ensuring eligible Care Leavers are informed and able to access this benefit.• Extend Health Support to Age 25: In collaboration with commissioners, we will explore opportunities to extend health input within provider teams for care leavers up to the age of 25, providing continued support for their evolving health needs.• Audit Health Assessments: Regular audits of statutory health assessments will be conducted to gain deeper insights into the health needs of looked after children and inform service improvements.• Support 'Making a Difference' Week: The ICB will actively participate in the upcoming 'Making a Difference' week, hosting lunchtime sessions focused on loss and bereavement within the Looked After Children population, offering valuable learning and support for professionals.• Placement change notifications: Expand initiative across all places in 2025/26. <p>These initiatives reflect our ongoing dedication to improving health and wellbeing outcomes for Looked After Children and Care Leavers across the region.</p>



Serious Violence

The Serious Violence Duty (2022) places a statutory duty on specified authorities, including ICBs, to collaborate with other duty holders to prevent and reduce serious violence in their respective area. The ICB are responsible for representing health as a statutory partner in tactical and strategic intelligence sharing processes for promoting public safety, which is part of the duty and are also a statutory partner in the CSP commissioning processes for resources to reduce serious violence and organised crime.

The Serious Violence and Violence Reduction Programme is well-established across the BOB ICB footprint, with health engagement embedded at both operational and strategic levels. The Hospital Navigators programme, was a key component of the Violence Reduction Programme in Thames Valley, which operated in five Emergency Departments (EDs) across the region, 3 in the BOB area. Numerous success stories have emerged from this intervention, with children, young people (CYP), and young adults supported into activities, education, employment, training, or treatment pathways. An evaluation of the programme, conducted by Oxford Brookes University, was presented to key stakeholders in May 2024. The Hospital Navigator programme is currently at risk because funding has not been secured for 2025/26. Conversations regarding the future funding are ongoing within the ICS to sustain this critical work.

Health engagement has also been further embedded within the Thames Valley Together multi-agency data-sharing system, developed by Thames Valley Police and the Violence Reduction Unit. This system has undergone positive scrutiny by the Information Commissioner's Office and is advancing towards enabling both singular and aggregated data analysis at a geographical level.

Information Sharing Thames Valley involves the collection of de-identified datasets from EDs, which are shared monthly with local Community Safety Partnerships (CSPs). These datasets include all A&E attendances resulting from violent incidents.

Modern Slavery and Exploitation

Any UK business company with a total revenue of £36 million or more is required by Section 54 of the Modern Slavery Act (2015) to prepare a modern slavery and human trafficking statement for each fiscal year. The statement, which must be posted on their website, must detail the actions they took during the fiscal year to guarantee that modern slavery is not taking place in their supply chains or within their own company.

The ICS Safeguarding Team collaborates with key local stakeholders to develop strategic approaches to address modern slavery and the broader exploitation of vulnerable adults, children, and youth. In the context of local authorities and councils across England working with providers and incentivizing international recruitment to fill high vacancy levels, the safeguarding team has faced challenges related to allegations within care homes and domiciliary care settings. Potential data indicates up to 1,500 victims of modern slavery may require support.

Sub-groups, systems, and partnership meetings are used to share concerns, mitigate risks, and implement safeguarding measures. Escalations are made to both Child and Adult Safeguarding Boards in response to concerns and rising case numbers. Designated safeguarding professionals provide subject matter expertise to the ICB and actively participate in strategic groups, maintaining links with Modern Slavery coordinators in Community Safety Partnerships (CSPs).

The ICB maintains strategic oversight of effective policy and practice related to Modern Slavery/Human Trafficking (MSHT) within its functions and commissioned services. MSHT training is delivered to staff in alignment with intercollegiate documents for safeguarding children, young people, Looked After Children, and adults. Provider policies reflect this commitment, and compliance is monitored by the ICB safeguarding team.

In 2024, the safeguarding team developed the ICB Safe Recruitment and Procurement Escalation Paper. Modern slavery statements are published annually, adhering to legislative requirements and NHS values, detailing due diligence processes regarding slavery and human trafficking in business and supply chains. The ICB audits provider statements and reports findings to the Safeguarding Committee, ensuring providers take necessary actions to update statements.



Female Genital Mutilation

Child Protection Information Sharing (CP-IS)

24-25 Overview

Confidential support services are available for women and girls who have experienced female genital mutilation or cutting (FGM/C). These services are delivered through specialised clinics within the system, staffed by a team of female doctors with expertise in women's health, chronic pain management, psychosexual therapy, and psychological medicine. A comprehensive holistic service has been in place since 2017, holding monthly clinics.

Women can access these clinics through self-referral or be referred by health visitors, GPs, community midwives, or other healthcare professionals. The model adopted is a central specialist clinic with outreach support. The services are committed to working closely with local communities and safeguarding partnerships to ensure effective risk assessment and fulfilment of safeguarding reporting duties.

The ICB safeguarding team provides oversight and support to ensure compliance with statutory reporting requirements. Throughout the year, providers and commissioners of these services have actively participated in consultations to review and refine reporting processes, contributing to continuous improvements in safeguarding practice.

Identifying gaps in processes or areas for improvement is a collective responsibility and should be discussed via local or regional processes. If necessary, escalation can be made via regional channels to the national safeguarding clinical lead and the delegated Regional Safeguarding Lead (RSL). Contract specifications have been updated to reflect these responsibilities.

Regular reporting processes are in place for escalating any concerns to the RSL. Additionally, the Designated Doctor and lead, including Gynaecologists and GPs, serve as key points of contact for providers and trusts. They offer expertise, advice, and support regarding FGM requirements, working collaboratively with Thames Valley Police (TVP) and social work colleagues for case management and risk reviews.

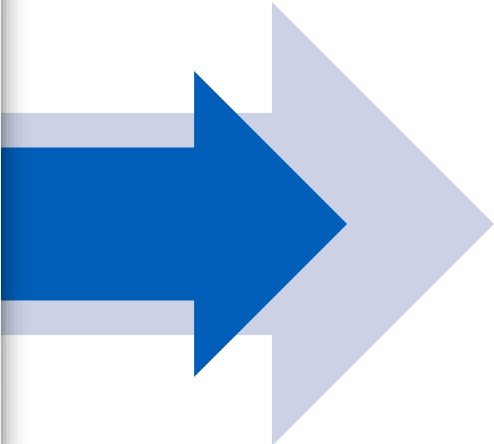
The Child Protection Information Sharing (CP-IS) service shares information securely between Local Authority Children's Services and urgent and emergency health care settings across NHS England. Information is shared on children who are looked after and children with a Child Protection Plan, including unborn children, who have accessed unscheduled care (including 111).

As per the NHS Long Term Plan, from the end of March 2024, CP-IS has been expanded to include scheduled care settings such as General Practice (in hours), Child and Adolescent Mental Health Services (all four tiers), Sexual Health (Sexual Assault Referral Centres and Termination of Pregnancy Services), 0-19 Services (School Nursing and Health Visitors), Community Paediatrics, and Dentistry.

The ICB Chief Executive Officer and Executive Chief Nurse are responsible for the CP-IS rollout plan, in line with the Local Safeguarding Children Partnership multi-agency safeguarding arrangement plans (MASA) and Joint Forward Plans (JFPs). All BOB ICB areas are submitting data to CP-IS, which is included in provider contracts and the JFP.

BOB ICB has actively participated in the NHS England CP-IS Phase 2 rollout, monitoring provider compliance and addressing digital enabler issues. Designated health professionals provide health system leadership and oversight for the rollout and implementation, supported by the NHS England CP-IS operations team. Providers have Designated Leads in safeguarding and digital teams, ensuring effective collaboration with NHS Digital.

While organisational digital processes vary, and not all use the NCRS system directly, trusts with alternative processes have documented mitigations in their risk registers, monitored through dashboard assurance returns. BOB ICB is working with ICS providers to establish mechanisms for using CP-IS intelligence via NHSSIDD to inform strategic planning. Currently, CP-IS lacks a reporting functionality; however, issues and incidents are reported through provider trust committees for oversight and resolution.



Portfolio Intersections:

Child Death Review Processes (CDOP)

24-25 Overview

The death of a child is the most difficult situation any family can go through. 'Child Death Review' is a term used to describe the formal processes that happen after a child dies. When there is an unexpected child death, this triggers the Child Death Overview Panel, (CDOP), process and a Joint Agency Review, (JAR) meeting is convened. The delivery of statutory requirements is managed differently at place across BOB ICB, with reporting processes and partnership arrangements varying across the ICS. Statutory requirements are met and the ICB works as strategic partner and holds the accountability in collaboration with the 5 Local Authorities across BOB ICB.

System update and overview from coordinators:

Services are committed to ensuring the ongoing care and safety of children. Members of CDOP have a forensic approach to the Panel's work, ensuring that all possible learning is derived from each child death, that trends are identified and acted upon as quickly as possible and that the voice of parents and carers, and, where possible, children and young people, is heard and responded to. Whilst there is always room for improved communication and information-sharing across and within services, agency representatives on the Panels are committed to taking all learning back to their colleagues. As a result, service changes have been made in a timely manner and more collaborative and joint working has led to more effective and efficient sharing of resources across the local system.

Network meetings in SE provide an opportunity to share good practice and align review processes. Examples of work raising from this in the past 12 months include:

Changes in notification process to MMBRACE for neonatal deaths and greater integration with maternity systems. This will affect ICB oversight of tertiary units.

Updates on reporting processes and national areas of focus e.g. safety alerts, paediatric pathology issues, updated national supporting literature.

"Our responsibilities for caring for children and their families do not end when a baby or child has died. As Oxfordshire's Designated Doctor for Child Death, I help ensure that every single death and its impact on those left behind is scrupulously assessed in line with national guidance. Whilst this process involves all the partners involved in a child's life, the clinical aspects of health and disease often determine a child's journey and require deep understanding and a sensitive overview. The role of the Designated Doctor is closely tied to in-depth review of each death, ensuring that areas for learning are clear and that the highest standards have been applied at every stage. Through this work, the CDOP panel remains committed to identifying factors that could prevent future child deaths and to supporting bereaved families with a cooperative, multi-professional approach".

There have been 68 Child death reviews completed in 2024-2025. Areas of learning include:

End of life & bereavement

Ensure that bereavement care for families is carried out in line with national guidance and that continuity of carer and information is provided wherever possible. Better communication with specialty and local teams is needed when end of life planning.

Better plan is needed for identifying a key worker to liaise with family when death is anticipated.

Tissue donation - Discussion of tissue and organ donation discussions with parents should be documented.

Antenatal care (Midwifery, Obstetrics and Paediatrics)

All women who are less than 27 weeks and report symptoms of possible labour should be examined by the appropriately skilled member of the obstetric team.

Antenatal care (Smoking) - offer smoking cessation advice to wider household members during antenatal appointments

Clinical issues

Handover & transfer - There can be loss of information when babies are transferred back from tertiary referral hospital to referring hospital via a third hospital.

Remember to always take blood culture when changing antibiotics and always give antibiotics within one hour of the decision.

Equipment issues in relation to access and maintenance.

Policy review and updates including strengthening information about family members, more proactive engagement with families, & pre-hospital responses.

Process Development areas

Identify a clear key worker at the JAR so that responses can be coordinated so as not to overwhelm parents in some situations.

Key worker guidance produced and shared with each identified key worker.

Coroner and inquest oversight to share and liaise with key worker in timely manner



Dr Alison Shefler
Oxfordshire CDOP Designated Doctor
for Child Death

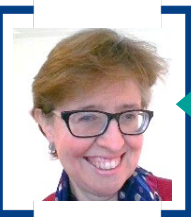
Named GPs for Safeguarding

Named GPs work as part of the Safeguarding team and are place based across our footprint. They have extensive knowledge of their local GP practices.

These roles provide clinical leadership and expert guidance on safeguarding across primary care settings within BOB ICB and regionally with one of the Named GPs being Southeast GP network chair.

The role remains integral to strengthening safeguarding practice whilst ensuring compliance with statutory responsibilities and promoting a culture of continuous learning and improvement.

A day in the life of a Named GP.....



Dr Meriel Raine Named GP Safeguarding Adults & Children for Oxfordshire

"Meet with ICB GP lead for prescribing monitoring and Designate nurse for safeguarding. The safeguarding team have identified lack of the child's voice or lack of face-to-face contact in long term condition reviews being associated with hidden neglect from safeguarding reviews, while the prescribing team want to ensure GPs monitor asthma prescribing and use updated protocols when prescribing inhalers. This meeting broadens knowledge and allows design of an appropriate monitoring scheme, further meetings will follow.

Liaise with regional GP colleagues in SE network of named GPs about safeguarding issues affecting all GPs in a region. Discussion of issues around SARCs and child protection to ensure good practice, following emails from Designate Doctor. Work on a Was Not Brought protocol to use across the South East region.

Continue writing an Internal Management Report for a DARDR, supporting the GP to review chronology and reflecting on learning points to be shared. Facilitate a GP safeguarding leads peer support meeting.

Respond to emails from an adult safeguarding professional elsewhere in the ICB regarding GP information, and from a GP colleague requesting advice and help with safeguarding coding".

Case example from one of our Places.....

A Named GP was contacted by a GP colleague involved in a significant maternity safeguarding event. She was reaching out for support but was concerned about lack of information being shared with GPs by community midwives following a change in their working patterns particularly after the pandemic.

The named GP recognised this had been a feature of other recent events as identified in learning reviews. She provided support for her colleague and in addition, reached out to the Acute Trust Maternity Safeguarding Matron and in a series of meetings they explored the problems and barriers with communication between the two agencies.

This coincided with the planned launch of BadgerNet, a new portal for maternity records. The GP and Matron forged a close working relationship and facilitated a safeguarding learning webinar for GPs across the whole ICB, capitalising on the liaison network of GP safeguarding leads.

Maternity safeguarding professionals from all three places presented and answered questions from participating GPs. As a result of this, there was improved communication of issues around maternity safeguarding. If problems did arise, there was a willingness on both sides to communicate and solve problems.

This contributed to BadgerNet being welcomed by GPs and allowed a positive approach to solving teething problems.

Safeguarding Team Insights



Louise Pegg Deputy Designate Safeguarding Adult Nurse

"I have particularly enjoyed the matrix working with our place-based partners to create the Mental Capacity Act programme of events. Being able to share a space with colleagues across the multi agency really strengthened the work in this area and look forward to building on this in 25-26".



Alison Chapman Head of Safeguarding & Designated Nurse for Children and LAC(Oxfordshire). Freedom to Speak Up Guardian.

"I am proud of our partnership, leading to the co-production this year of an assurance process for the health system. This offers some joint understanding and oversight. It has been a privilege to support and work with all our health partners in creating this process."



Kathy Kelly Designate Head of Safeguarding Adults

"This year I worked with one of our place based LA leads in co-producing a review called Anyone Son. The focus was on experts by experience; those who knew his journey best. It was person centred and expanded my experience in creating a living memory and educational resource video featuring his family and friends"



Anne Lankester Head of Adult Safeguarding (Oxon Place) incorporating the Designate Nurse Role

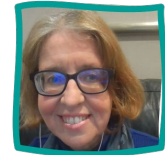
I was delighted to work alongside system partners to pull together the Oxon strategy for Migrant Health Workers to support those impacted by MDS. I am also proud of the work I do to support our Primary Care and CHC teams with complex safeguarding case management. Our team ensure that Safeguarding has a strong voice for positive change across both place and system.

"I have recently joined the safeguarding team as a safeguarding officer, supporting Katherine and the wider team. I am quickly learning the very varied aspect of safeguarding and thoroughly enjoying how each day brings a different challenge."



Val Knight Safeguarding Officer

"I enjoy supporting my GP colleagues with their safeguarding challenges. GPs often feel under-informed and lose sleep over cases like child neglect and domestic violence. It's satisfying to promptly respond to their emails or calls with reassurance and guidelines. Sometimes, I help escalate issues or facilitate conversations with social care. Receiving positive feedback that colleagues feel supported and less isolated is always rewarding."

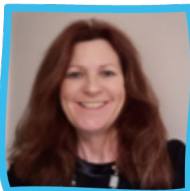


Dr Meriel Raine Named GP Safeguarding Adults & Children

"Creating the new Safeguarding Data Dashboard with our providers and ICB Designates has been the highlight of the year. Collaborating to ensure meaningful data collection is crucial for assuring providers meet their safeguarding responsibilities. It's great to see the infographics I create being presented at place-based and ICS level meetings."

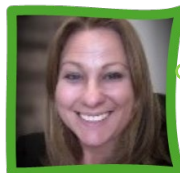


Michelle Jones Safeguarding Project Support Officer



Gilly Attree Head of safeguarding children and Designate nurse safeguarding children and looked after children

Gilly is the Chair of the NHSE Southeast regional designated looked after children professionals' network and a member of the National Network Designated Health Professionals (NNDHP) Looked After Children committee. The roles facilitate sharing good practice, influencing the future direction of service provision and taking part in wider audit programmes.



Lianne Lewis Deputy Designate Safeguarding Children Nurse

"My biggest achievement this year has to be the work completed to introduce prepaid prescriptions for BOB Care Leavers. It has been so satisfying to see the applications come in and I'm proud that the ICB is undertaking this corporate parenting role in reducing the health inequalities in this already vulnerable population."

Key Achievements 2024/25

Provider “walk and talk” audits focused upon safeguarding, have shown evidence of workforce understanding of safeguarding and MCA/DoLS

Local DA services supporting in ED acute setting



MCA training SAB event co facilitated by Safeguarding-reached across boundaries and over 130 delegates

Co delivery of multi agency safe sleep training and public health messaging

MCA Programme of events delivered to delegates across multi agencies within BOB

GP primary care Safeguarding sessions delivered to Primary Care staff across BOB

MCA resources, links and introductory video are now on the ICB website.



Development and ratification of key SG policy and guidance

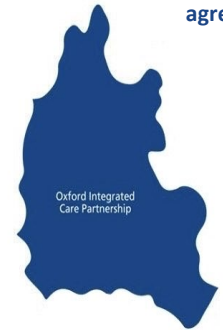
Prepayment prescriptions certificate project implemented for Care Leavers

Domestic Abuse Health Network led by BOB ICB Safeguarding team established

Safeguarding Adults week- BOB ICB Safeguarding team delivered sessions across BOB

Collaboration with MH providers to develop a safeguarding guide for practitioners-regionally and nationally recognised

IDVA project growing strength to strength based in Oxon maternity unit. Further one year of funding agreed



Expansion of commissioning support for parents, carers and families affected by drug and alcohol

Acute provider secured fixed term DA practitioner

Looked After Children health team awarded funding to enable 1 year project to explore health needs for Care Leavers



Presented at a national event to showcase the joint working with the local youth justice service

Local charities are funding HOPE boxes for mothers who have had a child removed after birth

Conclusion and Priorities for 2025/2026



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

This report demonstrates the diversity and extent of work undertaken during 2024-2025. This safeguarding report is presented at a time of significant change across the NHS landscape. The ICB currently retains statutory accountable responsibility for ensuring the health system is fulfilling its safeguarding duties. The reforms will shape how services are delivered over the next year and beyond. However, Safeguarding remains the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS. The ICB leads on ensuring that the principles and duties of safeguarding adults and children are holistically, consistently, and conscientiously applied, with the well-being of adults and children at the heart of what we do.

Both nationally and within BOB ICB, safeguarding demand and capacity continue to rise. The current transformation across the NHS and Partners add further challenges, necessitating innovative approaches to collaboration and more efficient safeguarding support. Despite this, the safeguarding team continue to build on strong partnerships, robust leadership and a culture of continuous learning. Our focus remains on protecting the most vulnerable, ensuring their voice are heard and embedding safeguarding in all we do.

