

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

SAFEGUARDING CHILDREN ANNUAL REPORT: 2017-18

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Previously considered by:	Integrated Safeguarding Committee – May 2018 Quality Committee – 30.05.18 (Agenda item Q.5.18.14)		

Key points	Purpose:
1. Safeguarding Children's Trust activity (4.0).	To receive
2. Training strategy and compliance (10).	To receive
3. Work plan and Audit strategy (Appendix 1 and 2).	To receive

Executive Summary:
<p>This paper provides an overview to the Board of Directors on children's safeguarding activity within Bradford Teaching Hospitals NHS Foundation Trust between April 2017 and March 2018.</p> <p>During 2017/18 the safeguarding children's team have worked collectively to produce, update and develop policy and procedure in order to strengthen safeguarding business within BTHFT, demonstrated by the continued increase in activity in all aspects of safeguarding children as evidenced in this report.</p> <p>The annual work plan and audit strategy continue to evolve to ensure development and learning continues throughout our organisation based on local and national safeguarding serious case reviews, lessons learned cases and serious incidents.</p>

Financial implications:
No

Regulatory relevance:

Monitor:

Board of Directors: 12.07.18

Agenda item: Bo.7.18.40

Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Other:	
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

SAFEGUARDING CHILDREN ANNUAL REPORT: 2017-18

1. Introduction

This Annual report to the Board of Directors, via Quality Committee, provides information regarding activity within children's safeguarding in Bradford Teaching Hospitals NHS Foundation Trust between April 2017 and March 2018.

2. Background

The safeguarding children activity in the Trust is regulated in a number of ways.

- Children Act 1989, 2003
- Working Together to Safeguarding Children
- Accountable to Bradford Safeguarding Children Board (BSCB) and the Clinical Commissioning Groups for safeguarding contracts and activity
- Joint Target Area Inspection (JTAI) - The joint inspection process for safeguarding children services carried out by:
 - Ofsted - for children's social care.
 - Care Quality Commission (CQC) for Health.
 - HMI constabulary for Police.
 - HMI probation for Probation Services.

The Trust has seen a continuing increase in safeguarding children's activity throughout the past year within all areas. The on-going challenges for the team are to ensure that children up to 18 years of age are recognised and treated as children when managed in adult areas. Also the consideration of the "hidden" child behind adult patients (who are parents and carers) who attend the organisation with safeguarding concerns such as drug and alcohol, mental health and domestic abuse concerns.

3. Key Achievements 2017-18

3.1 Policy and Guidelines

- Fourteen audits were completed from the 2017 audit strategy. A highlight of these was the recognition of safeguarding risks in children under 3 years with long bone fractures, which was presented at the RCPCH conference in March 2018. The remaining four are included in the 2018 audit strategy as they are ongoing and not yet finalised. (See appendices 1 and 2 for the 2018 audit strategy and work plan).
- Standard operating procedure (SOP) developed and approved for young people under 18 attending for termination of pregnancy following suspected sexual assault.
- Safeguarding Supervision Policy updated in line with Signs of Safety.

3.2 Training

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

- Safeguarding children's training is mandatory for all staff at their assigned level.
- On-going monitoring of training figures with specific targeting of non-compliant staff for level 3 and above.
- Following the development of the e-learning level 2 package, feedback from both the Deanery and Trust staff has been very positive.
- Level 2 training figures show a positive increase.
- Provision of a diverse Level 3 program with external speakers invited.
- Signs of Safety training continues to be delivered at Level 3.
- Contributing to Safeguarding Week, with a multi-agency session to promote the SOP devised for young people under 18 attending for termination of pregnancy following suspected sexual assault.
- Level 3 training is delivered as part of the AED (Accident and Emergency Department) sweeper day.
- Level 2 training delivery on all corporate induction, medical and surgical sweeper days.

3.3 Supervision

- There has been an increase of trained supervisors in the Trust.
- Bespoke Emergency Department safeguarding supervision provided.
- Continuation of the development of safeguarding supervision to all Trust staff.
- Peer review completed for all paediatric consultants as recommended by the Royal College of Paediatrics and Child Health (2016).

3.4 Management

- Development of Key Performance Indicators (KPI).
- The team has made a significant contribution to the ongoing themed Joint Targeted Area Inspection (JTAI preparatory work).
- On-going contribution to task and finish groups as part of the BSCB (Bradford Safeguarding Children Board) subgroups.
- Collaborative working through operational meetings with Children's Social Care.
- Thorough and robust audit strategy. Numerous audits completed in the last 12 months. See Appendix 1.

3.5 Electronic systems of EPR and CPIS

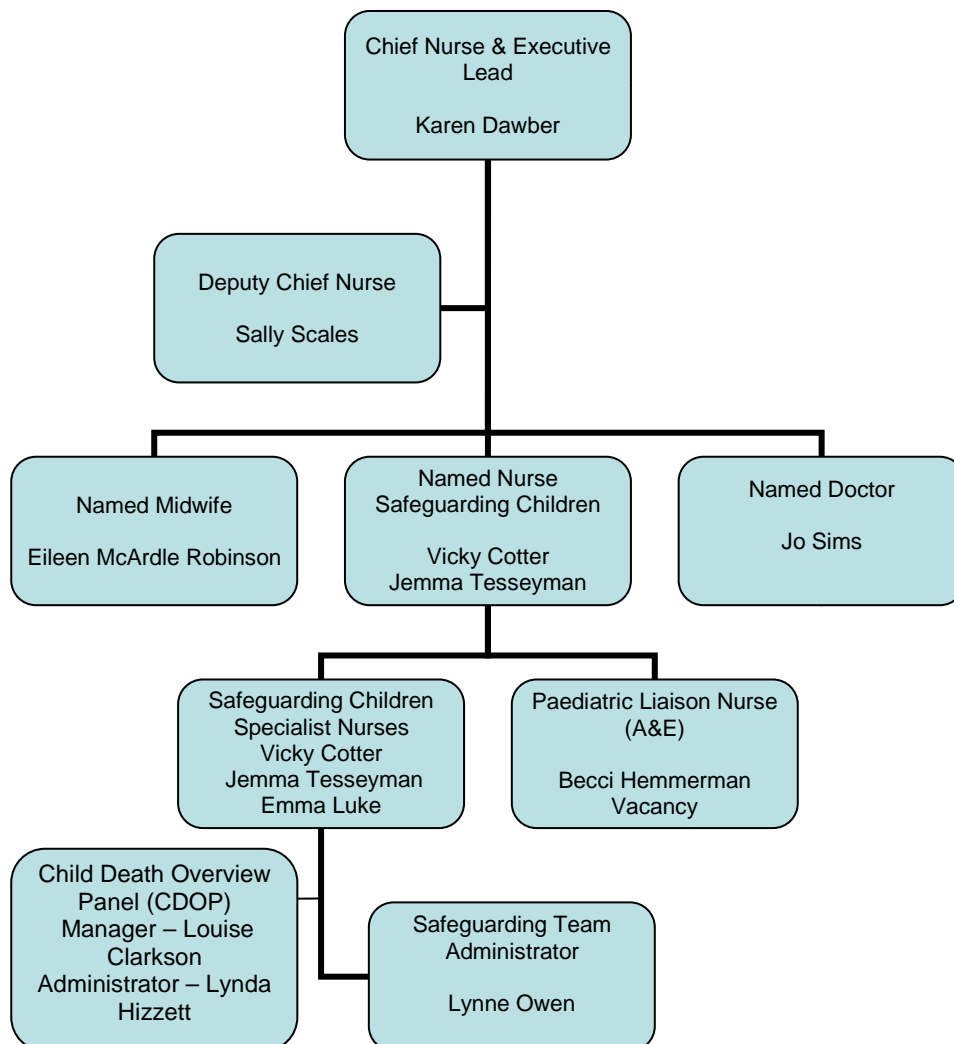
- The safeguarding children team continues to facilitate development of the safeguarding aspect of Electronic Patient Record (EPR). BTHFT was the first Trust that Cerner worked with in regard to developing safeguarding documentation. As we have now gone live and worked with EPR for six months, post go live development is required to ensure safeguarding is robustly featured.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

- Development has continued with the introduction of CPIS (Child Protection Information System). This is a system that allows access to a national database of child protection information, which will allow Trust staff to gain access to information about children on child protection plans from anywhere in the country. It is proposed that this system is to be introduced in 2018.

4. Structure

4.1 Management and Staffing Arrangements



Currently Karen Bentley (substantive Named Nurse) is seconded to the post of Assistant Chief Nurse, Patient Experience. Jemma Tesseyman and Vicky Cotter are job sharing the Named Nurse role during this period. A specialist practitioner, Emma Luke, is covering the specialist practitioner role on a temporary contract to cover for the seconded roles. We have also recruited in to the vacancy for the paediatric liaison nurse role.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

4.2 Safeguarding Meetings

- Integrated safeguarding sub committee meeting.
- Trust safeguarding children steering group.
- Safeguarding adult steering group.
- Fortnightly safeguarding children case review discussion meeting on ward 30 (Children and Young People's ward).
- Weekly safeguarding children cases review discussion meeting on the neonatal unit.
- Safeguarding children team planning meetings.

4.3 Attendance at external meetings

4.3.1 District wide Health Safeguarding Children's group (HSCG)

This meeting is held bi-monthly and is attended by all Named and Designated professionals from the Bradford district. It therefore incorporates all commissioning and provider services for health safeguarding in Bradford. Joint health work is coordinated through this group including audit. BTHFT are represented by the Named Nurse, Doctor and Midwife for safeguarding.

4.3.2 Membership at Bradford Safeguarding Children Board (BSCB) and subgroups

Bradford Teaching Hospitals NHS Foundation Trust has membership on the BSCB and all of its sub-groups. Work and information from this membership, directly informs team work planning and is discussed at the Trust Safeguarding Children's steering group. Current membership is as follows:

- Bradford Safeguarding Children's Board: Sally Scales, Deputy Chief Nurse.
- Performance Management: Dr Jo Sims Named Doctor.
- Serious Case Review: Jemma Tesseyman, Named Nurse.
- Safeguarding and Professional Practice: Eileen McArdle-Robinson, Named Midwife.
- Child Sexual Exploitation and Missing: Vicky Cotter, Named Nurse.
- Learning and Development: Dr Jo Sims, Named Doctor.
- Child Death Overview Panel: Vicky Cotter, Named Nurse.

4.3.3 Senior Social Care Meeting

The Named Nurse and Named Doctor have bi-monthly meetings with senior social care managers, also attended by the Named Nurses from BDCFT and AGH. The meeting is chaired alternately by Dr Jo Sims and the service manager from children social care. The aim is to discuss any issues or concerns that have been raised between the organisations.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

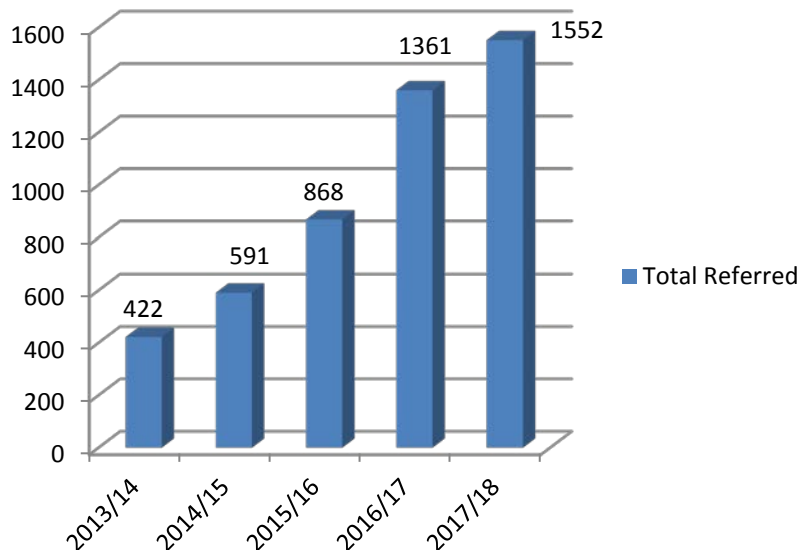
5. Safeguarding Children Activity

The way the safeguarding children team record and monitor activity has changed due to EPR and changes to information governance with the imminent introduction of General Data Protection Regulation (GDPR). Historically, the safeguarding children database was utilised to collect data and as the main recording system for the team activity. From March 2018, the database is only used for data collection to inform reporting of activity. All documentation in relation to a child is now directly inputted into the patient record on EPR or Badger Net for neonates.

5.1 Referrals to the Safeguarding Team 2017/18

In 2017/2018 the total referral figure to the team was 1552. In reality, the actual safeguarding activity may be higher than this, but not captured due to the change in how referral are made to the team through EPR. The team have adapted their systems to incorporate the use of EPR, and continue to develop new ways of working to ensure an efficient, timely service. Despite this, the number of referrals to the team has continued to grow year on year, see figure 1 for the last five year's data.

Fig. 1: Total number of notifications/referrals to the safeguarding children team



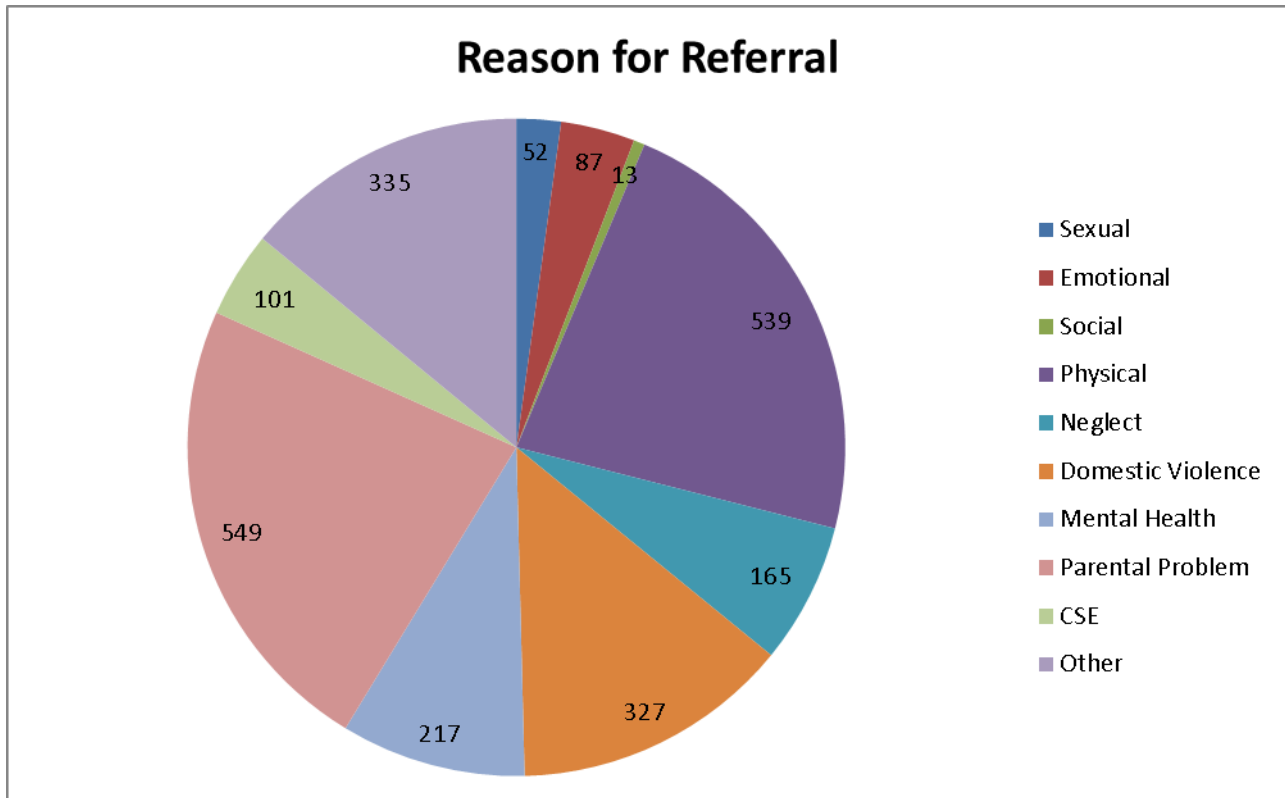
The figures above do not include telephone advice calls or repeat attendances for patients. It is anticipated that within the next year that we will be able extract the data from EPR which will capture all attendances for safeguarding children cases.

5.2 Reason of the Safeguarding Referral/Notification

Figure 2 identifies the generic reason for the safeguarding referral. It should be acknowledged that there may be more than one reason per referral/notification.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Figure 2: Reason for referral to the safeguarding children team



The safeguarding children team continue to work hard to increase staff awareness of the importance of recognising the child behind the adult patient, particularly those who have caring responsibilities and suffer from drug and alcohol misuse, domestic abuse or mental health concerns. As figure 2 demonstrates, parental problem is the most common reason a child is referred to the safeguarding children team with 549 referrals. This is an increase from the previous year's data.

5.3 Child Protection Medicals 2017

5.3.1 Number of Child Protection (CP) Medicals

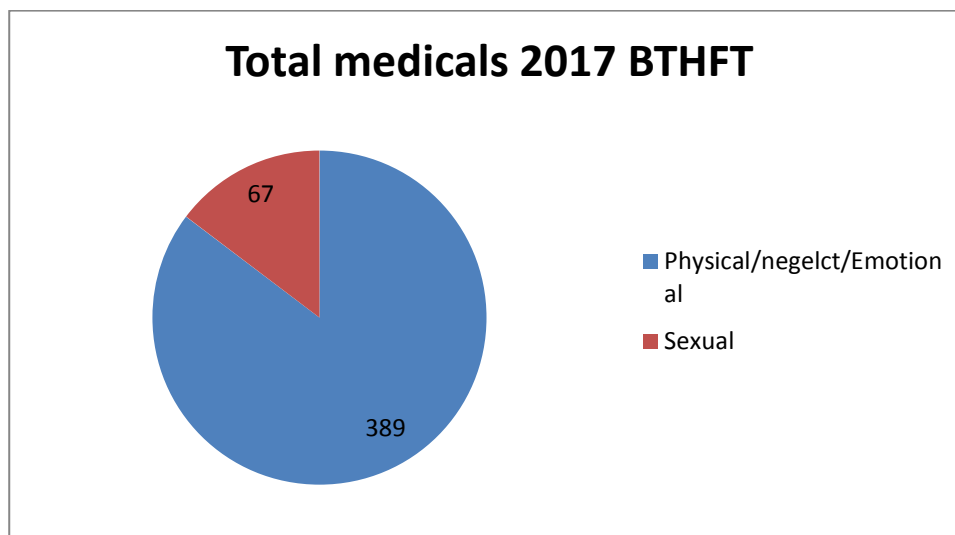
There has been a year on year increase in total numbers of child protection medicals and this increase in activity reflects an acknowledged increase in children's social care referrals and Section 47 investigations this year. Overall 456 child protection medicals were carried out with the majority being for suspected physical abuse. The total numbers were relatively static between 2010 and 2015 at around 300 per year. There has been a very large increase in the last 2 years, despite the fact that the sexual abuse service for acute assault was taken over by a private provider during that time.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Table 1: Year on year CP medicals undertaken

Year	Total medicals
2013	296
2014	325
2015	309
2016	426
2017	456

Figure 3: Total number of medicals by category



5.3.2 Medical Practitioner

Most of these medicals were performed by a Consultant Paediatrician, with only 11 being carried out by a trainee with supervision. This is disappointing but probably reflects the difficulties in staffing the middle grade rota due to maternity leave, sickness and trainees leaving post early to pursue other positions. The Paediatricians actively encourage the trainees to carry out safeguarding medicals as there is considerable anxiety about this area of practice. Trainees who have already completed the PGDip safeguarding module at Leeds University are more likely to volunteer for this. It was anticipated that the ability to see children for medicals on ward 2 rather than just St Luke's would provide more opportunity for such learning but due to staffing problems, this has not been the case and trainees are relying on seeing a case during their clinic week or occasionally when covering the Children's Decision Area or on night shifts.

5.3.3 Timing of Medical

Around a quarter of all medicals were performed out of hours – this is similar to last year and demonstrates the 24/7 aspect of safeguarding and ongoing demand for paediatric review outside standard 9-5 hours. We run child protection clinics every afternoon, Monday to Friday, with slots

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

open for social workers to book children in. However, a significant number of children come through the AED/GP/Emergency Duty Team in social care after 5pm and at weekends. This places additional pressure on the consultant covering the ward or on-call as the medicals take around 60-90 minutes; much longer since EPR was introduced due to the safeguarding pages and electronic body map.

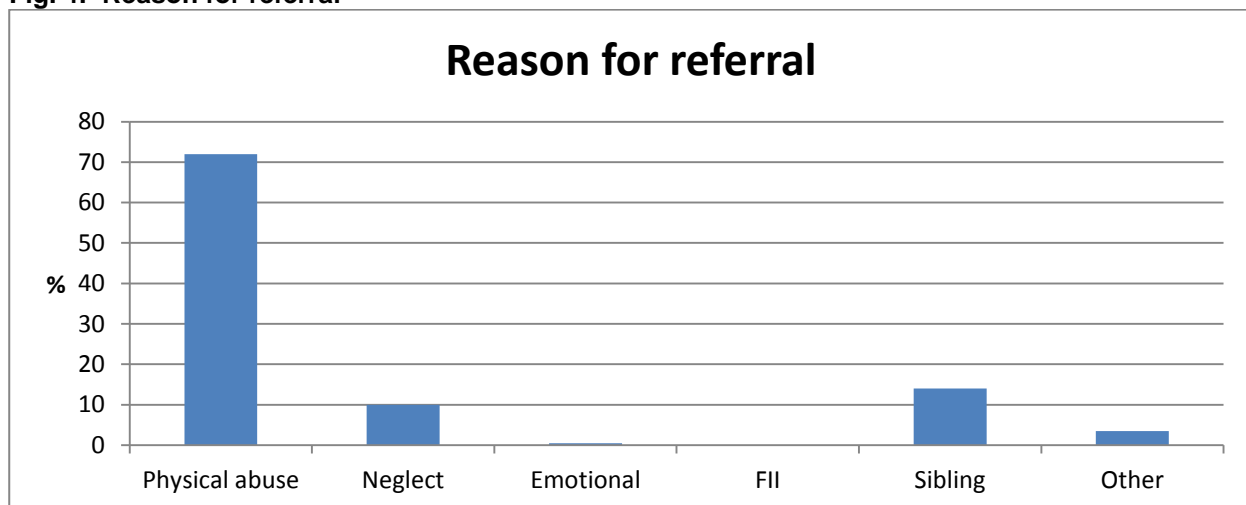
5.3.4 Source of Referral

As expected the largest proportion of referrals come through children's social care (64%) but 28.5% came from the AED. It is likely that some of this relates to the introduction of the Bruises, Burns and Scalds SOP for non-mobile babies, which requires an automatic safeguarding medical for infants who fit those criteria. From a recent audit of these cases, there are approximately 56 cases per year.

5.3.5 Reason for Referral

The majority of referrals were for physical abuse (72%). 67 medicals were for suspected sexual abuse with 60 of these being new to our service and 7 follow-ups. Around 10% of medicals were requested due to concerns about neglect.

Fig. 4: Reason for referral



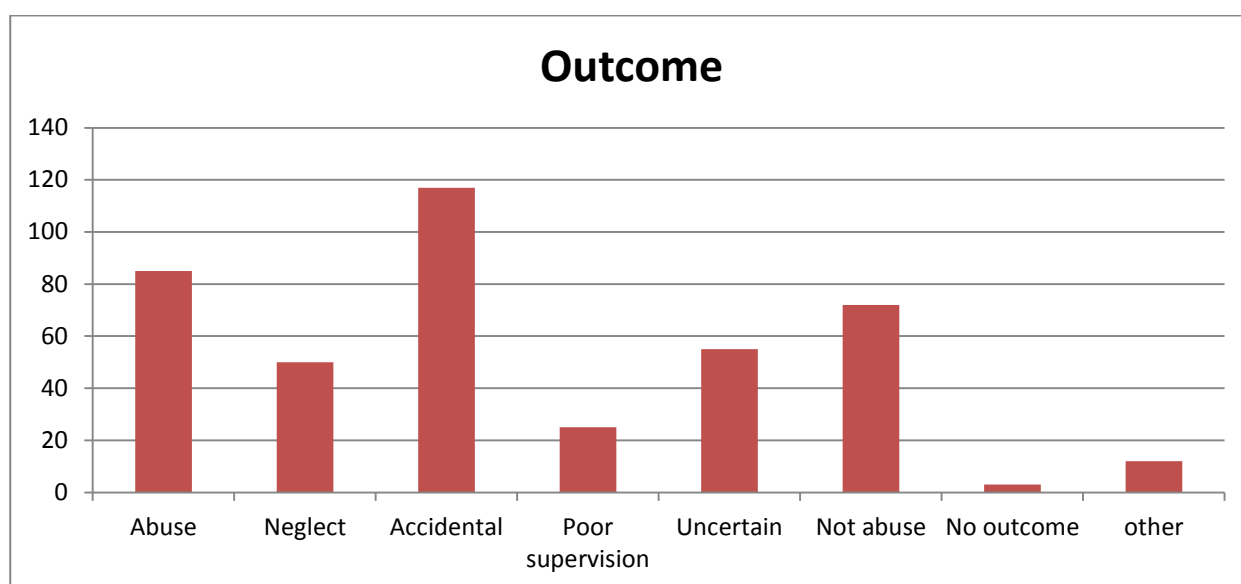
5.3.6 Outcome of Medical

Around 35% of children were felt to have evidence of likely physical abuse or neglect. In approximately 30% of cases, the injury(ies) were felt to be accidental in nature. Some cases were complex and the opinion was uncertain but the author gave a balanced view with reasons for and against abuse. In only 3 cases did the reviewers feel there was no clear opinion at all. In 2017, a regional audit was carried out looking at the language and readability of child protection reports and this was presented at the paediatric departmental audit meeting.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

The child protection medical is a valuable opportunity to identify other health or emotional needs. We continue to find very significant amount of dental neglect (38 cases). Other findings include failure to thrive, speech delay, head lice, behaviour problems, self-harm and visual disturbance. We continue to promote the importance of holistic assessment in order to provide as much information as possible to children's social care and to ensure individual needs are addressed.

Fig. 5: CP medical outcome



5.3.7 Sexual Abuse medicals

In 2017, Mountain Healthcare, a private provider, was commissioned for acute sexual abuse. Dr Sims and Dr Skelton continued to provide local expertise and assessment for children and young people with suspected non-acute abuse (>10 days before) with dedicated nursing support provided in paediatric outpatients (see section 15.1 for further details). 67 medicals for sexual abuse were carried out within the Trust this year. This is a fall from last year when 92 medicals took place. However, the acute service only moved to Mountain in April 2016 and so within this 92, there were some acute medicals. In addition, the Designated Doctor for Airedale kindly assisted by seeing some patients when the Trust lacked available capacity and these are not included in the figures.

Table 2: Total number of sexual abuse medicals

Year	Total sexual abuse medicals
2011	33
2012	32
2013	45
2014	81
2015	88
2016	92
2017	67

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

5.3.8 Other Safeguarding Activity

Paediatric consultants continue to provide health advice to strategy discussions, case conferences, child in need meetings and in court. The Named and Designated Doctors support the paediatric consultant body and run regular “Peer Review” sessions for case discussion, including minutes with learning points.

5.3.9 Female Genital Mutilation

The safeguarding children team have been coordinating the data collection for all disclosing victims of FGM since 2014. This is to ensure that consideration is made to safeguard the children of FGM victims. For this period, 52 patients have been notified from the 3 clinical areas of maternity (43) gynaecology (7) and women’s physio (2). In all these areas, FGM is a mandatory question. Only one of these victims was child, and a referral to children’s social care was made for further assessment to safeguard in 20 cases. Recognition of FGM is covered in all safeguarding children training.

5.4 Midwifery activity

5.4.1 Maternity Safeguarding 1 April 2017 – 31 March 2018

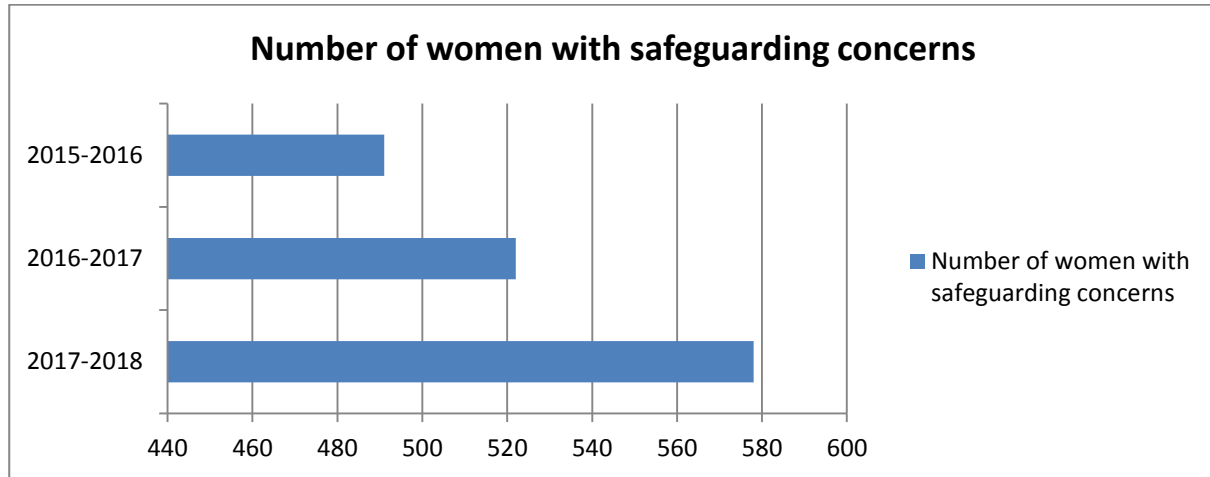
Midwives are the primary health professionals likely to be working with and supporting women and their families throughout pregnancy, therefore they are ideally placed to recognise the need for additional safeguarding support. However, other health professionals including maternity support workers, obstetricians and their team and, where applicable, specialist key workers may also be directly engaged in providing support. By signposting and referral to the many initiatives and agencies available during pregnancy, many families who utilise these services fall below the threshold for assessment and intervention by Children’s Social Care (CSC). A joint working Safeguarding Families Document facilitates information sharing and care planning for families who have a heightened level of need during the antenatal, intrapartum and or postnatal period. It enables all professionals to keep contemporaneous records which are shared with everyone involved in safeguarding the family.

5.4.2 Maternity Activity

In the year from April 2017 to March 2018, the maternity services supported 578 women / families with a heightened level of need leading to potential safeguarding and /or child protection issues. This represents 10.4% of the total births for the year and an increase of 9.6% on the 522 women identified in 2016 – 2017. The majority of women were managed with safeguarding support from universal services, mental health services, children’s centres, Family Nurse Partnership, NSPCC, and domestic abuse services. A “Safeguarding Families” document was available for each woman and a plan of care and an outcome for the pregnancy documented.

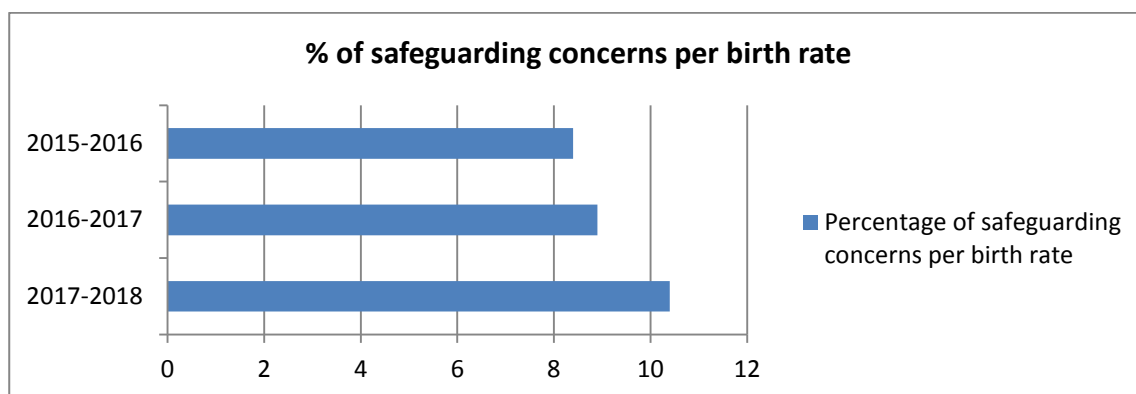
Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Fig. 6: Number of pregnant women with a highlighted safeguarding concern



During the reporting period, 365 referrals were made to Children's Social Care for unborn babies and new-born children from the 578 women and families identified with a heightened level of need. This is 36.8% of the total of vulnerable families. 149 of these referrals were made by maternity service staff, 39 by the police, 54 by other agencies and 123 were already known to CSC.

Fig. 7: Percentage of women with safeguarding concerns per birth rate



There was a plan for 58 babies to be discharged home with mother or parents subject to a child protection plan, in which there is a midwife to attend the child protection conference and subsequent meetings. 38 babies went home with their mother subject to a child in need plan. 50 babies were removed from their parents in the reporting period; the majority were removed to foster care following court proceedings to acquire an Interim Care Order (ICO).

In recognition of the increase in safeguarding and child protection concerns identified within maternity services, the Head of Midwifery and the management team have increased the hours of midwifery safeguarding support from 16 to 30 hours per week, in addition to the full time Named Midwife post.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

5.4.3 Adoption Paperwork Completed

Requests from maternity services from the Local Authority for maternal and infant birth information prior to adoption are consistent with previous years at 53 children. There were requests from other local authorities for 7 children born in Bradford. Again due to availability of information on children under 5 years old in the Medway maternity information system, the average turnaround time for completion of requests continues to reduce.

5.4.4 Domestic Abuse

MARAC (Multi Agency Risk Assessment) is the group that discuss all the high risk cases of domestic abuse. The Trust continued to contribute to the MARAC process. The Named Midwife and adult lead for safeguarding adults alternate their attendance at the bi-monthly meetings on behalf of Bradford Teaching Hospitals NHS Foundation Trust and provide information on pregnant women and AED attendances that may have a relevance to a violent incident. The Information is shared between all agencies at this meeting to help safeguard victims and their children.

5.5 Accident and Emergency Department (AED)

The Paediatric Liaison Service, part of the safeguarding children team, is staffed by 2 Paediatric Liaison Nurses (PLN) (1.4 WTE) who work closely within the multi-disciplinary team in the AED to promote standards of safeguarding practice. They also facilitate prompt two-way information sharing with community health colleagues, Children's Social Care and other agencies involved with children and families. The AED Team are expected to make direct referrals (notifications) to the Paediatric Liaison Nurses for any AED attendances where there is a cause for concern for child patients, or for the children of adult patients, once immediate safeguarding procedures have already been followed.

5.5.1 Referrals and Activity

The number of referrals (notifications) to this service continues to remain above 150 per month, as highlighted below. During the introduction of Electronic Patient Records (EPR) and for the following 4 months, the audit of referrals was placed on hold while AED staff were supported and educated on how to generate electronic referrals to the PLN service. The audit has recommenced at the start of 2018.

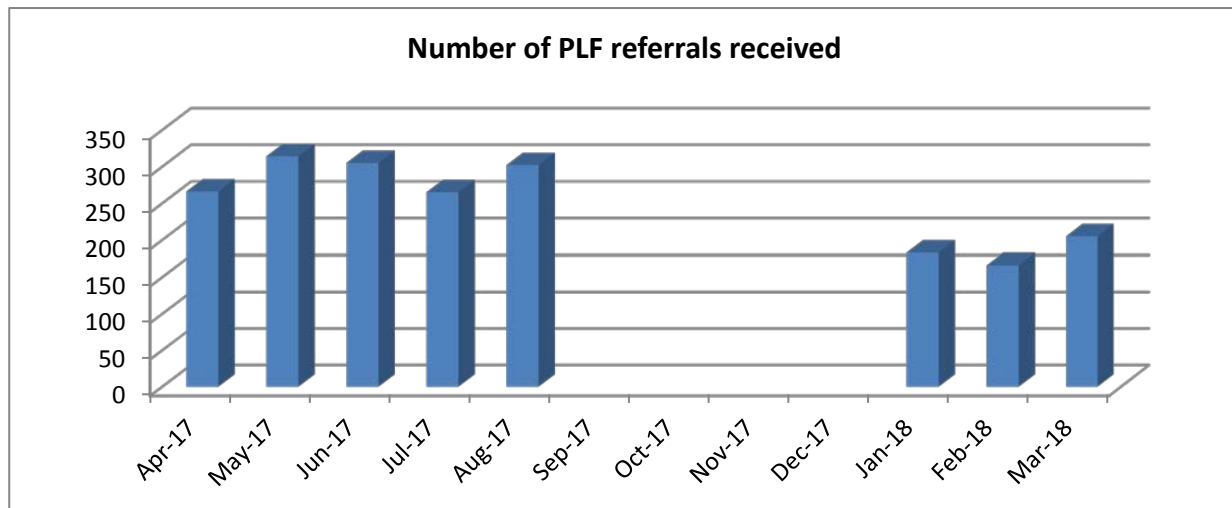
The total number of referrals during 2017/18 as above equals to **2,006** cases highlighted by AED staff to the paediatric liaison team.

The PLN's check all referrals received to make sure the correct safeguarding procedures have been followed at the time of the AED attendance and to ensure the safeguarding information from child/adolescent AED attendances is shared in an effective and timely way to community health services both locally and nationally. They also support the AED Team to gather information from community health colleagues and Children's Social Care to facilitate assessments in the AED. The Paediatric Liaison Nurses are available to offer direct guidance and support to practitioners in the AED, and the current 1.4 WTE cover is currently concentrated over extended office hours Monday-

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Friday, when the service is most in demand with community health teams and Children's Social Care.

Fig. 8: Number of paediatric liaison notification forms received by the safeguarding team



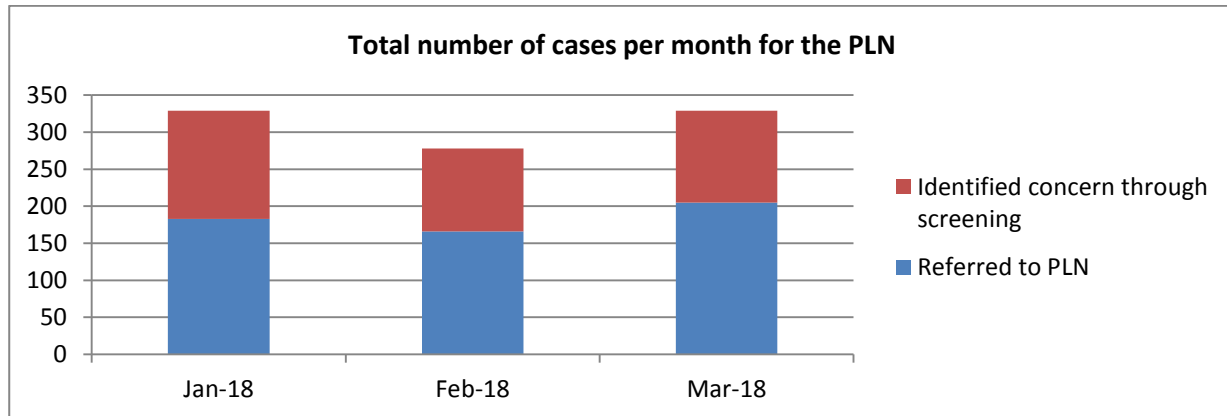
The PLN's work closely with multi-agency colleagues and respond to daily queries from, the Multi Agency Safeguarding Hub and Integrated Assessment Teams at Children's Social Care, who are needing prompt information and/or updates from the AED to inform their assessments of children, adults and families. This close two-way multi-agency working also highlights to the PLN's any AED attendances which have not been notified to them, which should have been, to identify missed opportunities for effective information sharing and safeguarding and to give direct feedback to individual practitioners in the AED Team in these cases, to offer guidance for improved working in the future.

5.5.2 Screening

Following the introduction of EPR and to provide assurance that all safeguarding concerns were being identified the PLN started to screen all children under the age of 18 who present in AED. During the initial introductory period of EPR it was found that some safeguarding issues were not identified at the time of attendance and therefore it was decided that the Paediatric Liaison Nurses would continue to screen all AED attendances for under 18's. Figure 9 shows the volume of referrals identified through the robust screening service provided by the PLN's.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Fig. 9: Number of direct referrals to PLN with cases identified by screening



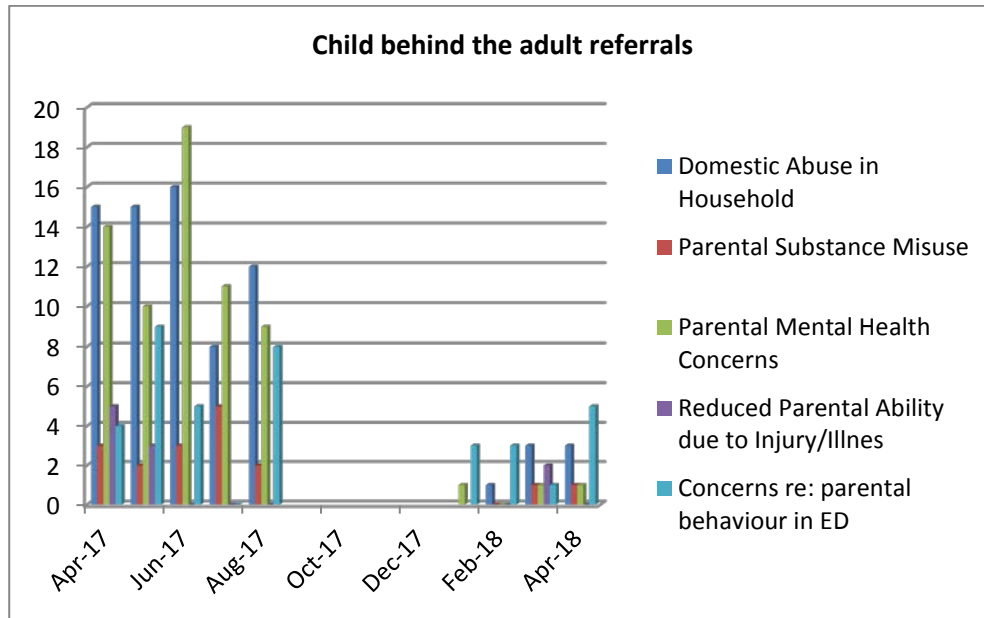
The PLN's alongside AED staff also identify the "child behind the adult". The PLN's are notified of these adult attendances via the notification process by AED staff and also by the adult safeguarding team when they are aware children are also living within the household.

Figure 10 shows the reasons why the referrals are made. Again the audit over the initial period of EPR, was placed on hold. It is noted that not all "child behind the adult" cases will be identified as there is a reliance on staff making the appropriate referral. Since the introduction of EPR, the number of referrals for child behind the adult has decreased (see figure10).

To encourage staff to consider these children, the PLN's incorporate child behind the adult into the regular teaching that occurs on the AED sweeper days and provide practical support for clinical staff in AED. Specific case examples are used to highlight these concerns to staff to increase awareness.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Fig. 10: Referrals identified as the child behind the adult



5.6 Key performance indicators (KPI)

Due to the Trust requirement for safeguarding children assurance, KPI's were introduced within the 2017/18 period, therefore the figures provided do not represent a full twelve month period. The overall compliance is detailed in table 3.

Table 3: Compliance against KPI's

KPI	Target %	Overall %
Training compliance	95%	88%
Level 1	95%	95%
Level 2	95%	93%
Level 3	95%	80%
Level 3 specialist	95%	78%
Level 4	95%	95%
Team supervision attendance	100%	67%
BSCB meeting attendance	100%	91%

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

6.0 Review of complaints

As part of commissioning standards, the Trust must report all complaints with a safeguarding concern. The Named Nurses for safeguarding children are informed of all complaints that the Trust receives, where safeguarding children's concerns have been raised.

Complaints with safeguarding children's implications received between April 2017 and March 2018 are detailed in table 4.

Table 4: Complaints with safeguarding children elements per division

Name	Division	Action	Outcome	Grade
Case 1	Medicine	Written response sent	Partially upheld	Low
Case 2	Medicine	Written response sent	Partially upheld	Low
Case 3	Women and Children's	Written response sent	Partially upheld	Low

7.0 Serious Case Reviews (SCR) and Serious Incidents

7.1 Serious Case Reviews

There are currently two Serious Case Review (SCR) agreed by BSCB. Calderdale are the lead authority for one and this is virtually complete and is due to be published soon. There will be actions for Bradford Teaching Hospitals NHS Foundation Trust in relation to maternity services. The other case has been agreed and BSCB are commissioning an independent author and chair. Bradford Teaching Hospitals NHS Foundation Trust has had involvement with both children, and Individual Management Reports (IMRs) have and will be required, which Named Safeguarding Children's Leads have in hand. All SCR have Action Plans and learning for each organisation. The Trust Safeguarding Children Steering Group oversees the implementation and recommended learning from SCR in the Trust.

In addition to SCR, there have been two Lessons Learnt Events (LLE) commissioned by BSCB, both cases required contribution from the Trust and learning from these two cases will be disseminated in the same way as a SCR and plans are in place for points of learning to be published on the official BSCB website.

During 2017, one multiagency challenge panel was held to review and scrutinise cases on the JTAI theme of neglect. The Safeguarding Children's team contribution has produced valuable learning for all agencies involved. Learning from these events has been disseminated into training, practice and onto the safeguarding children's webpage.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

7.2 Safeguarding Serious Incidents (SI)

There has been one safeguarding serious incident that has been reported formally to the Designated Safeguarding Children's professionals for Bradford and NHS England. This SI has safeguarding implications for the Trust. The Root Cause Analysis Investigation Report has yet to be formally discussed at the Trust's Quality Committee; however the learning from the case is being addressed in safeguarding training.

Any actions identified from SIs are included in action plans for the safeguarding team to implement and monitor and are disseminated through the Trust safeguarding newsletter and training sessions and re-visited with regular audit.

8.0 Policy and Procedures

Policy and procedures development has continued throughout 2017/18 and below is a summary of some of the work the team has produced. Copies of all can be found on the trust intranet within the safeguarding children's webpage.

- Safeguarding Supervision policy revised and updated in line with the Signs of Safety model for assessment, in line with the local authority and other partner agencies.
- Creation of the standard operating procedure (SOP) for young people under 18 attending for termination of pregnancy following suspected sexual assault. We have worked closely with West Yorkshire Police to develop a pathway to facilitate forensic evidence gathering of products of conception in cases where there is a police investigation into sexual assault of a child. This is thought to be the first SOP in the country with joint working between a termination service and the police.

9.0 Domestic Homicide Reviews

There is currently one domestic homicide review being undertaken, where children were involved. The Named Nurse for Safeguarding Adults is the Internal Management Review author for this.

10.0 PREVENT

PREVENT in the Trust is now coordinated by the Safeguarding Adults Team. The Safeguarding Children team work closely with the Safeguarding adults' team on any cases involving children, of which in this period there has been none.

11.0 Safeguarding Children Training and Compliance

11.1 Training

During 2017/18 a high level of team activity has been focused on training delivery and monitoring compliance.

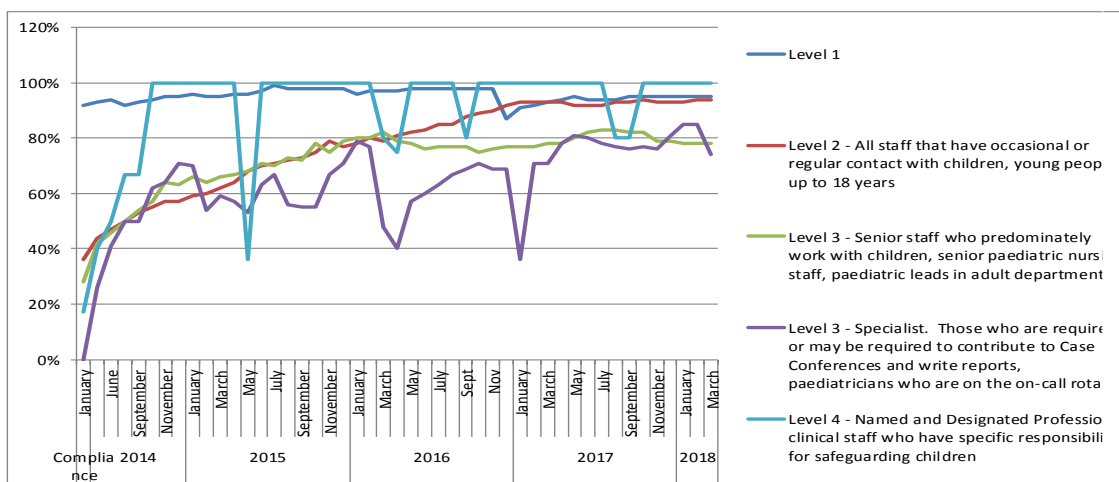
Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

- Safeguarding children's training is mandatory for all staff at the appropriate level of which they have been assigned.
- Safeguarding children's training figures are presented at both children and adult steering group and the team has the ability to identify non-compliance down to specific member of staff
- The team continue to offer face to face in house training for levels 1-3.
- Training is provided on Trust induction, medical and surgical sweeper days which have greatly contributed to the increase in level 2 compliance.
- Level 3 training sessions are developed to include speakers from our multiagency partners such as Police and a legal company to add value to the varying topics provided.
- Staff are encouraged to attend multiagency safeguarding board training for level 3 and 3 specialists.
- Monthly bespoke A&E training and supervision sessions are provided by the Paediatric Liaison Nurses and Named Doctor.
- On-going monitoring of training figures and specific targeting carried out for level 3 and above.

11.2 Training Compliance

Figure 10 demonstrates the steady increase in training compliance since safeguarding children training became mandatory in 2014. This information was shared with CQC on their recent inspection. The training strategy, individual levelling assignment for all staff and the delivery of a comprehensive in-house training programme reveal's training figures that the Trust should be proud of.

Fig. 11: All level training compliance year on year



Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

11.3 Newsletter/Website

The safeguarding children webpage is a valuable resource for staff to access a diverse collection of safeguarding information, and also serves as a communication tool for themes and learning to be disseminated to staff.

The Trust safeguarding newsletter continues to be published twice yearly and distributed widely, disseminating lessons learned and ensuring current issues within safeguarding are highlighted throughout the Trust. Bespoke newsletters are also created when necessary to highlight particular subjects such as CSE and a back to basics. These are available at all training sessions and also copies are stored on the safeguarding intranet webpage for future reference.

12.0 Safeguarding Supervision

Safeguarding supervision has continued to take place at Bradford Teaching Hospitals NHS Foundation Trust over the last 12 months.

- Supervision remains available in a variety of departments which includes both children's and adult areas of the hospitals.
- Within the last 12 months the safeguarding team has introduced the multi-agency 'Signs of Safety' model for supervision. This has included revising and updating the current Supervision Policy and the accompanying supervision paperwork.
- The team have provided updated training sessions for experienced supervisors and have also delivered supervision training for new supervisors increasing the number of supervisors from 15 to 23 in the last 12 months.
- Following recommendations from a recent local Serious Case Review the team are now facilitating supervision for a specialist community team who regularly see and treat children who are vulnerable.

Table 5: Distribution of safeguarding supervisors

Area	No of Supervisors	Area	No of Supervisors
NNU	3	Midwifery	3
Paediatrics	1	Gynaecology	1
CNS/POPD	1	CCNT	4
Children's Therapies	1	Safeguarding Team	7
Child Development Centre	1	Psychology	1

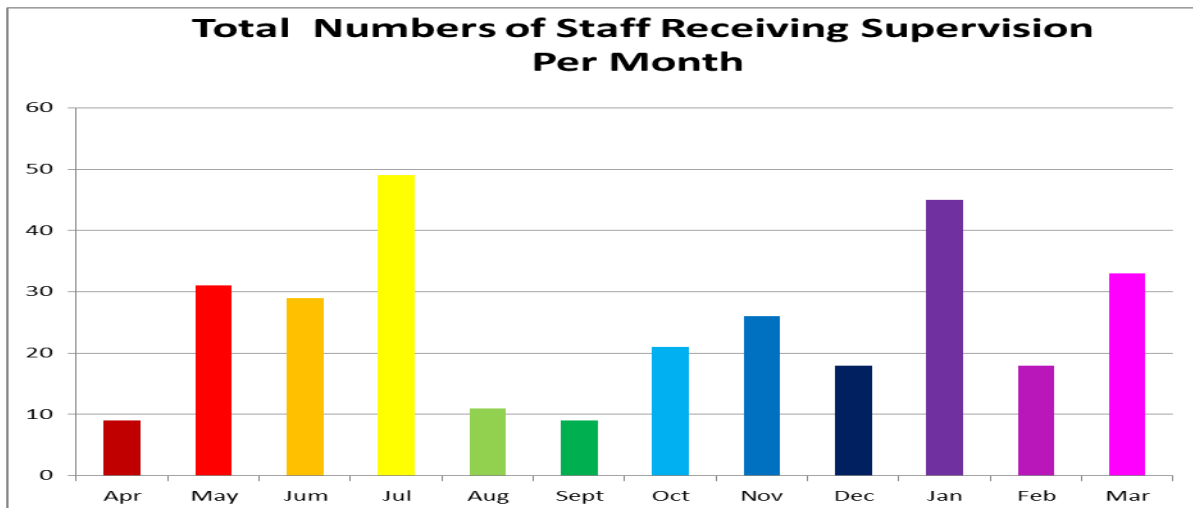
Over the past 12 months there has been a 63.3% rise in the numbers of staff receiving supervision. The safeguarding team have incorporated new ways of providing supervision to staff across the Trust which has clearly had a positive influence on the number of staff in receipt of supervision.

- Supervision is provided as part of the level 3 sweeper days held in Accident and Emergency.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

- The safeguarding team facilitates regular safeguarding cases meetings for both Paediatrics and Neonates and supervision is included within this process

Fig. 12: Staff receiving supervision per month from April 17- March 18



The team provides regular supervision progress meetings for supervisors to enable both the safeguarding team and the supervisors a chance to receive important service updates from other areas in the Trust and to allow time for peer support with regard to their role as supervisors. The team plans to update these meetings incorporating supervision for supervisors into the meeting along with safeguarding news and updates from the Trust and external partner agencies.

12.1 Medical staff peer supervision

Regular peer review, with minutes and learning points identified, takes place every two months. In between, Dr Jo Sims and Dr Ruth Skelton have an oversight on a significant number of cases, particularly those more complex cases, or those who are admitted to a ward and where colleagues seek support for a specific injury and request ad hoc supervision to review photographs and discuss cases. Support is also offered in child protection medical report writing.

13.0 Audit

The ongoing audit strategy details all safeguarding children audits carried out across the Trust. This is informed by individual cases, serious incidents and Serious Case review.

All audits are now regularly reviewed at both the Trust safeguarding steering group meeting and the district Health Safeguarding Children Group. A copy can be found in Appendix 2 and gives the current status as of March 2018.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

14.0 Self-assessment against Commissioning Standards

Section 11 (S11) of the Children's Act places a duty on agencies and individuals working in The safeguarding arena to ensure that their functions and any services that they contract out to others, are discharged having the need to safeguard and promote the welfare of children. The auditing of S11 responsibilities and arrangements falls to the Local Safeguarding Children's Board. In our case, the Section 11 audit is governed by the Performance Management, Audit and Evaluation (PMAE) Subgroup of the BSCB.

The tool has 9 standards and agencies are requested to self-rate their current status. After completion, a percentage score is given for each standard and the overall audit.

The score for BTHFT has increased from 95% to 98%; eight of the nine standards are fully met and scoring 100% whilst one standard scores 80% and this is for the Early Help Offer. In fact Early Help is undergoing a huge budget cut in Bradford and Children's centres, family support and services are being restructured following a recent consultation exercise. The PMAE group are currently in the process of revising the section 11 online tool and Early Help has been removed.

The Section 11 audit was originally submitted in November 2015 and updated in December 2016 and May 2017. The Performance Management Subgroup held a Peer Challenge Event in June 2017 after requesting all agencies to update their audits. BTHFT was paired with Airedale and each agency was asked to set 5 challenge questions for their partner, after reviewing their audit. The peer review was a useful exercise and whilst we were able to provide lots of evidence for most aspects of the challenge, we are aware that there are some areas for development and these are included in the work plan and audit strategy for 2018.

Finally, the safeguarding children's team provide evidence for the CCGs bi-annually that the trust are compliant with the standards set within the contracting arrangements. There were no outstanding areas requiring action during 2017.

15.0 Multiagency working

15.1 West Yorkshire Sexual Assault Services

The service for children and young people who have been victims of suspected sexual abuse has been in a state of flux over the period of 2017-18.

Historically, the paediatricians in Bradford used to carry out these medicals for our local children jointly with a Forensic Medical Examiner. From April 2016 NHS England commissioned Mountain Healthcare, a private provider, to provide the service for all *acute* sexual abuse in West Yorkshire and for *non-acute* sexual abuse in Calderdale, Kirklees and Wakefield. Leeds and Bradford have continued to provide a service for non-acute sexual abuse due to the high level of expertise and high numbers in these areas. Dr Sims and Dr Skelton have provided a holistic service in the Children's Clinic at St Luke's, including medical assessment, STI and blood-borne virus screening, pregnancy testing, provision of hepatitis B vaccine and PEPSE where indicated. This has been

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

supported by paediatric trained nurses with an established process to send lab samples for STI screening using Chain of Evidence procedures so that results are admissible in court.

From April 2017, Mountain Healthcare was commissioned to provide the service for ALL sexual abuse medicals including non-acute for Leeds and Bradford. However, throughout 2017 and into 2018 at the request of NHS England, Dr Sims and Dr Skelton have continued to provide the non-acute service due to lack of capacity and STI screening facilities at Mountain. There have been 3 extensions to the local service provision requested by NHS England, with the ultimate aim of Mountain taking over the whole service at their SARC (Sexual Assault Referral Centre) in new premises by April 2018.

Following a number of meetings and discussions, NHS England have now decided that the Bradford region would best be served by a “hub and spoke” model and that rather than Mountain taking all cases, they would act as the “hub” and take all calls from social workers and police and Bradford (and possibly Leeds) would be a “spoke”. The two paediatricians, along with support from the Divisional General Manager and Chief Nurse Office are currently in negotiation regarding what this model could look like and future pathways. In particular there is a need to address the following issues:

1. Mountain do not currently do STI screening and are sending children to our clinic for STI swab and blood borne virus screening. This means 2 medicals for these children and is not acceptable. Mountain and NHSE are exploring a way to rapidly establish a lab and transport service so that swabs can be done when a child is seen at Mountain.
2. There is a need to address “grey areas” such as children presenting with vaginal bleeding or anogenital warts but no disclosure, where the differential diagnosis includes medical problems and also the possibility of sexual abuse. Robust pathways will be required so that any opportunity for forensic DNA swabs is not lost and also to ensure appropriate *paediatric* assessment to look for medical causes.

Likewise there is currently no commissioning for suspected FGM and this is an important gap that may need to be addressed at local level with the CCG.

The number of medicals carried out for sexual abuse has fallen in 2017 from 91 the previous year to 67. It is not clear exactly why this is but the 2016 numbers would have included some acute cases prior to Mountain taking over. It is anticipated that Dr Sims and Dr Skelton will run a monthly clinic each and that Mountain will take all calls and book into our clinics those for which there is capacity then Mountain will see the remainder. Pathways will be reviewed regularly and the Trust has requested that we are included in Mountain’s peer review process. In this way Dr Sims and Dr Skelton hope to influence the current service provided by Mountain to address some of the long-standing concerns they have had and work collaboratively to establish a good service for our children and young people.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

15.2 Joint Targeted Area Inspection (JTAI)

Work continues for the Joint Target Area Inspection (JTAI) inspection process for safeguarding children services that the safeguarding children team contribute to. The theme of neglect has been addressed over 2017-18. This included a multiagency challenge panel reviewing a small number of cases and a neglect strategy being devised. Our team also contribute to the training pool of staff providing multiagency training on neglect within the district.

15.3 Safeguarding Week

Bradford Safeguarding Children's Board coordinate an annual Safeguarding week. Previously this has been held in the autumn; however in 2018 the week is to be held in June to enable utilisation of the outdoor spaces available such as City Park. During this period partner agencies hold free safeguarding events throughout the district to promote details of their services and overall learning. In 2017 the Trust's contribution was hosting an invited speaker, Dr Nadia Wager, Reader in Psychology who discussed her research Modern Slavery, which evaluated very well.

Safeguarding week this year is to be held on 25th – 29th June. The Trust's contribution is to showcase the newly devised SOP for young people under 18 attending for termination of pregnancy following suspected sexual assault. The team continue to work closely with West Yorkshire Police to develop and deliver this session to highlight the pathway to facilitate forensic evidence gathering of products of conception in cases where there is a police investigation into sexual assault of a child. The date for the session is **Wednesday 27th June 9.30-12.00** in the Sovereign Lecture Theatre.

16.0 Action plan for 2018-2019

Priorities for the coming year

Policy

- Supervision policy to be updated
- Abduction policy currently being revised and contributed to
- New policy for teenagers who are patients on adult wards is being devised and contributed to

Training

- Continue to facilitate safeguarding children training at all levels
- On-going monitoring of training figures and specific targeting carried out for level 3 and above
- Participation as part of safeguarding week planned multi-agency event
- Member of the safeguarding children's team contributes to multiagency training.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Audit

- To continue to strengthen capturing the voice of the child and participate in the district wide health audit group in relation to voice of the child
- On-going audit of safeguarding practice in AED
- Impact of safeguarding level 2 training (predominantly those who works in adult areas)
- Transfer of safeguarding information from maternity to the neonatal unit
- On-going audit of high risk CSE victim management upon attendance at the trust
- Safeguarding Children policy knowledge and awareness trust-wide
- Identification and management of safeguarding issue for 14-17 year olds on adult wards
- Pre-birth assessments in pregnant females who are Child Looked After or leaving care

Reports

- Ongoing update of Section 11 audit to have on-going monitoring through the performance management subgroup.
- Annual report to be submitted to designated professionals and NHS Commissioners for safeguarding children
- Annual report for the Bradford Safeguarding Children Board.
- Safeguarding KPIs

Development work

- Safeguarding children being cared for in adult areas
- Community liaison following attendance on the children and young people unit
- Strengthen policy and promote discharge planning for safeguarding cases
- Joint work with safeguarding adults team within areas of joint responsibility
- Nurture safeguarding specialist interest amongst key staff in clinical areas
- Implementation of the new NHS England system for FGM into EPR
- Consider role of the father and better ways of capturing males accompanying children
- Continue to support and develop awareness of safeguarding in EPR
- Strengthen work with front door services in relation to safeguarding
- Continue to support the district wide JTAI themed development work
- To continue to work alongside Bradford District Care Foundation Trust Safeguarding team in developing the use of EPR in liaison to community practitioners.
- PLN's to provide focused training to AED staff on recognition of the child behind the adult

Vicky Cotter and Jemma Tesseyman
Named Nurses, Safeguarding Children

Dr Jo Sims
Named Doctor, Safeguarding Children

Eileen McArdle Robinson
Named Safeguarding Midwife
May 2018

Board of Directors: 12.07.18
 Agenda item: Bo.7.18.40

Safeguarding Audit Strategy 2018-19

Dec 2017

Red – No action yet taken

Amber – In planning/progress

Green - complete

Communication including report writing and training.

Topic	Start Date	Completion Date	Area and lead	Related SCR/SI/LLR/JTAI	Aims	Key Findings	Action Points	Status and re-audit date
Quality of Medical Reports		August 2018	Paediatrics J Sims and R Skelton	Child N SCR (Calderdale)	To audit the quality of medical reports on a regional basis Repeat local audit carried out in 2017 regarding quality and readability of CP reports. This includes whether there was a clear opinion.			
Child Protection Medicals data collection	Rolling annual review	May 2018	Paediatrics Jo Sims and Ruth Skelton	Child N SCR (Calderdale)	To determine number of medicals carried out, along with place for medical, referrer and reason for referral. For purposes of Annual Report.			

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Local knowledge of safeguarding policy	.	December 2018	Trust-wide for all staff.	JTAI – all topics	To determine Knowledge of local procedures and policies amongst staff throughout the Trust. Repeat Audit of survey carried out in 2016/ To be done electronically via Survey Monkey/			
Safeguarding Practice in A&E	Ongoing daily screening of ALL paediatric cards since introduction of EPR	On-going	Paediatric Liaison Nurses Becci Hemmerman & Sarah Flockton		<ul style="list-style-type: none"> Identify missed flags Missed paediatric liaison forms Missed safeguarding opportunities as per PLN criteria checklist Feed back into ED supervision and audit programme Includes collection of information about non-mobile under 1s with bruising, burns, scalds 			On-going cycle.
Safeguarding Practice in A&E	Audit of assessment and outcomes of non-mobile infants with bruises, burns and scalds, including outcome at		Dr Arindom Aich, Paediatric SpR	Challenge panel head injuries and NAIs whilst on CP plan, 2016 SI CB 2016	To assess compliance with BBS policy (W Yorks Procedures and Internal). Examine how many undergo paediatric medical, how many get a report, how many are discussed with social care and what the outcome is.			

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

	social care.							
Impact of training for level 2 staff	July 2017	June 2018	Vicky Cotter		To identify if the current provision of face to face level 2 training impacts on practice for staff working in adult areas of the Trust at seeing the child and safeguarding appropriately. Forms part of Master's Degree.			Complete by June 2018
Audit no 4016								

Documentation.

Topic	Start Date	Completion Date	Area and lead	Related SCR/SI/LLR	Aims	Key Findings	Action Points	Status and Re-audit date
Safeguarding families' documentation.	March 2018	June 2018	Eileen McArdle-Robinson	RB SI 2015	<p>Transfer of information to neonatal unit and integration into EPR.</p> <ol style="list-style-type: none"> 1. To determine whether safeguarding concerns at the time of birth are transferred with the neonate to the relevant postnatal area. 2. To establish whether safeguarding concerns at the time of birth are 			

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

					transferred to the neonates EPR. 3. Review of all birth records in February 2018 where safeguarding concerns were highlighted			
Voice of the Child requires further discussion and exploration. Audit no 4017			All safeguarding children's team.	JTAI and S11 requirement. SCR/SI recommendations.	1. Establish how practitioners are considering and documenting the Voice of the Child			
Audit of transfer of information for conferences held by continence nurses for children on child protection plans	July 2017	June 2018	Safeguarding Children Team and Continence nurses. Jemma Tesseyman	SCR Autumn 2016	1. Establish for those children on CP plan under the continence service, how frequently nurses attend CP conferences/reviews/core groups 2. Establish when they do not attend, whether continence information is fed into the conference process via a different route (eg. Written report)	Caseload requested and data collection commenced November 2017. Ongoing as part of CCN supervision process		

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Risk factors for safeguarding.

Topic	Start Date	Completion Date	Area and lead	Related SCR/SI/LLR	Aims	Key Findings	Action Points	Status and Re-audit date
Lilac clinic DNA and safeguarding		Dec 2018	Jemma Tesseymman		To follow the management of under 18s who do not attend Lilac clinic as per protocol revised following previous audit.			
Lilac SOP for suspected sexual assault in under 18s		Dec 2018	Jo Sims	Mortuary SI 2017	Numbers will be small but to assess compliance with new Lilac SOP agreed in Nov 2017.			
High risk CSE flagging procedures. Audit no 3791	Ongoing – monthly with annual summary paper	Ongoing	Jemma Tesseymman/ Vicky Wood	CSE Challenge Panel RB SCR Jack SCR	<ol style="list-style-type: none"> 1. On-going cross-reference of all children who have been notified of being at high risk of child exploitation to ensure they are flagged through EPR. 2. Ensure that staff are recognising the flag and notifying 			

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

					the safeguarding children's team, to ensure all relevant safeguarding concerns have been communicated.			
Audit of identification and management of safeguarding issues for 14-17 year olds on adult wards		December 2018	Becci Hemmerman	Internal incident inappropriate discharge	<ol style="list-style-type: none"> 1. Assess whether young person given a choice about where they would be cared for (adult vs paed's ward) 2. Assess whether safeguarding risks recognised and acknowledged 3. Has there been a risk assessment regarding the safety of the environment young person is being nursed in (Nightingale wards in some cases) 4. Assess the documentation of these issues 5. Was the SG team contacted (specialist practitioner or PLN)? 			

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

					6. Ensure an adult or person with PR is aware of discharge 7. Ensure appropriate transport home is arranged			
Audit of management and liaison within admission for Looked After Children Audit no 4134		August 2018	Vicky Cotter	Internal risk incident re inappropriate discharge	1. Was the child recognised as Looked After? 2. Was it established who has PR? 3. Was the SG team notified? 4. Did the appropriate liaison take place with other professionals (CLA team, Social care etc.)? 5. Was the discharge safe?			
Audit of senior review of "at risk" children in ED		December 2018	Becci Hemmerman	SI JB SCR Child N (Calderdale)	To examine records for under 1s attending ED to check completion of SG questions			

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

					and senior review			
Audit of pre-birth assessments in pregnant women who are Looked After or in Leaving Care	April 2018	October 2018	Eileen McArdle Robinson	CDOP NA LLR Alice SCR Child N (Calderdale)	<p>Seek to establish how robust assessment process was and ?outcome regarding CP plan (new Bradford Policy regarding this group)</p> <ol style="list-style-type: none"> 1. Medway and EPR to identify young women who are Looked After or Leaving Care 2. Evidence of documentation to support referral to CSC 3. Evidence of documentation to support early strategy meeting. 4. Evidence of documentation to support decisions made in each case. 			

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

Multiagency audit

Topic	Start Date	Completion Date	Area and lead	Related SCR/SI/LLR	Aims	Key Findings	Action Points	Status and re-audit date
Multi-agency Challenge Panel Audit for Child Sexual Abuse (BSCB)			Jo Sims	JTAI topic	Joint Targeted Area Inspection (JTAI) Challenge Panel			
Multi-agency audit of child disclosures, through SCR sub-group of BSCB					Recent Learning Lessons Review highlighted issue of child disclosure not always acted upon. Plan for local partner agencies to each take a case for discussion and further exploration and scrutiny with information from all agencies.			

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

New development audits to consider

Topic	Start Date	Completion Date	Area and lead	Related SCR/SI/LLR	Aims	Key Findings	Action Points	Status and re-audit date
Integrated Assessment Team: Quality of children's social care referrals.		Dec 2018	Jackie Moore (MASH health Worker) & Karen Bentley		1. To capture the number and quality of referrals to children social care from BTHFT			

Topics for consideration

1. Supervision changes in line with signs of safety (and in relation to Jack SCR)
2. Mental Health concerns in pregnancy
3. Learning disability and difficulty in pregnancy & to include mental capacity
4. Use of interpreters in maternity
5. Action from advice calls
6. Males and role of the Father capture.

Board of Directors: 12.07.18

Agenda item: Bo.7.18.40

Appendix 2

BTHFT SAFEGUARDING CHILDREN TEAM WORK PLAN 2018-19

	Topic	Action	Allocation	Target completion date	Evidence/Current update
1. LEADERSHIP AND REPRESENTATION					
1.1	Annual Report for BTHFT Exec Board	Annual report for Trust to be submitted end of financial year, in line with new template	VC/JT/JS/EMR	May 2018	
1.2	CCG reporting	Annual report for CCG (replaces Appendix D)	VC/JT/JS	June 2018 Dec 2018	
1.3	Women and Children's Board	Attendance and regular update for newly created Women and Children's Board in BTHFT	VC/JT/JS	Ongoing	
1.4	Joint Targeted Area Inspection	Representation at <ul style="list-style-type: none"> • Leadership group • Strategic group for each key inspection theme. Ongoing work to provide evidence for each Challenge Panel and Inspection, including storyboards.	ALL	Ongoing	
2. AUDIT & ASSURANCE					
2.1	Internal Audit and Review	Named Professionals to produce an audit strategy and this should include arrangements for review of previous audits and learning from Serious Case Reviews, Serious	KB/JS	Jan 2018	.

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

		Incidents and Learning Lessons Reviews.			
2.2	Section 11 for BSCB (online)	Ongoing update of section 11 audit for Safeguarding Board. Includes Peer Review at the Performance Management Sub-group of BSCB.	JS	Ongoing	Currently 98% compliance at Dec 2017
2.3	BSCB Challenge Panels	Contribution to each Challenge Panel which are themed for JTAI. 2018 theme Children subjected to intra-familial sexual abuse	JS	Starts Feb 2018	
2.4	Key performance Indicators	Monitoring of KPIs and reporting at Steering Group and Integrated Safeguarding Committee.	VC/JT/JS/EMR	Ongoing monitoring	
3. POLICIES & PROCEDURES					
3.1	CPIS	Named professionals to work with executive to implement CPIS checks into current EPR system at Bradford to increase safety checks regarding CPP, LAC and unborn children locally and nationally who are at risk.	VC/JT/JS	June 2018	
3.2	Policies and procedures are reviewed	Safeguarding Supervision Policy – due annual review	JT/VC/JS	June 2018	
		Safeguarding Children Policy fully revised Feb 2017 – due annual review.	KB/JS	Feb 2018	
		Development of guidance for the admission of Children and Young people to adult wards.	VC/KR	March 2018	

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

3.3	All staff know how to access policies and procedures	Safeguarding Team to re-audit staff awareness of policies and procedures and what to do if they have safeguarding concerns. Follow-up to 2016 audit.	ALL	August 2018	
3.4	Challenges and Escalation	<p>Named Professionals to include in regular meetings with Social Care leads</p> <ul style="list-style-type: none"> • Concerns regarding case management • Education regarding escalation processes • Risk issues • Common themes <p>Escalation to be included specifically in training at all levels due to recent SCR</p>	<p>JT/JS</p> <p>VC & JT</p>	<p>Ongoing</p> <p>Jan 2018</p>	Minutes from meetings
3.5	Prevent Strategy	Prevent policy to be independently produced jointly with SG adults team.	ST/VC/JT	June 2018	
3.6	LADO	Work with LC to ensure Named Professionals aware of LADO cases and discussion of the safeguarding aspects takes place.	VC/JT/JS	ongoing	
3.7	Serious Incident Process	Ensure SI process for the Trust incorporates clear procedures for Safeguarding Sis. Need ability to differentiate a true Safeguarding SI with multiagency learning from a Trust SI.	VC/JT/JS/Risk dept/CCG	March 2018	

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

3.8	Child Restraint	Strengthen current policy to be appropriate for safeguarding considerations. Joint with security and paediatric senior nursing staff.	KR/KS/VC/JT/JS	July 2018	
4. TRAINING AND SUPERVISION					
4.1	Training dates and topics for 2018	Level 2 – includes trust Induction, sweeper days. Level 3 monthly training – specific topics.	VC/all	Jan 2018	
4.2	Bespoke training for adults areas providing care for young people aged 15-17 years	Include LAC, recognising vulnerabilities, safe discharge, liaison	VC/all		
4.3	Bespoke on-call managers safeguarding training	As above plus managerial responsibilities including acute safeguarding decisions out of hours.	VC		
4.3	Signs of Safety	<ul style="list-style-type: none"> Continue to promote SoS throughout all safeguarding activity in the Trust, including training, supervision, TAC meetings, discharge planning, community care. Representation at Early Help Board 	ALL	ongoing	
4.4	Supervision	Continue to strengthen links between safeguarding team and safeguarding supervisors. Regular meetings to provide support and	ALL	ongoing	

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

		advice for supervisors themselves. Networking to support specific teams within the Trust who have a high vulnerability workload.			
4.5	Safeguarding Week	Contribution to BSCB SG week.	VC/JS/all	June 2018	
5. SERIOUS INCIDENTS, SERIOUS CASE REVIEWS & COMPLAINTS					
5.1	Policies & Systems: Concerns, complaints and compliments	Named Professionals to strengthen policy around Serious Incidents where safeguarding reporting is required via STEISS	VC/JT/JS	See policies section as above.	
5.2	Ongoing review of SCR actions	Safeguarding team to regularly re-visit action plans from previous Serious Case Reviews and themes from National Serious Case Reviews to ensure learning is embedded and changes in practice remain effective.	ALL	Ongoing fed into the safeguarding children's steering group.	
5.3	Risk register	Named professionals to review Risk Register bi-monthly with regard to entries relating to safeguarding. This should be prior to the Integrated Safeguarding Committee meetings.	VC/JS	Ongoing	
6. LISTENING TO CHILDREN AND FAMILIES					
6.2	Children aware of their right to be safe from abuse	This should be promoted on the External (public) BTHFT website	ALL		In place December 2017
		Poster to be developed to reinforce the right of the child to be protected from abuse	To be allocated	June 2018	

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

6.3	Voice of the child	To consider how voice of the child can be strengthened into the EPR records	ALL	December 2018	
7. EARLY HELP					
7.1	Contribution to multi-agency assessment	Safeguarding team to explore how to capture information about staff contributions to Early Help process and to re-launch notification process for when staff involved in Early Help. In addition need to identify measurable outcomes regarding effectiveness of Early Help.	ALL	Dec 2018	
8. DEVELOPMENT WORK					
8.1	Children being cared for in adult areas.	Named professionals to work with the Head of Children's to increase safeguarding and risk assess when children and young people up to 18 are nursed in adult areas.	KB/VC/JT/KR	March 2018	
8.2	Multi-agency audit	Contribute to multi-agency audit work through BSCB and also the Health Safeguarding Children Group.	ALL	Ongoing	
8.3	Joint work with Adult Safeguarding	Named Professionals sit on the Trust Integrated Safeguarding Committee and a joint strategy has been created. Development of joint safeguarding children and adult work within areas of shared responsibility eg. DHR's where	ALL	Ongoing	

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

		children involved, MARAC			
8.4	PREVENT	<p>Joint work with the adult safeguarding team to strengthen reporting and increase training numbers for awareness and full health WRAP.</p> <p>Continue to provide quarterly figures of prevent referrals notified from BTHFT for both adult and children's cases.</p> <p>PREVENT policy to be separate stand-alone policy SG adults and children to produce</p>	<p>ALL</p> <p>ST/VC</p>	<p>Ongoing</p> <p>May 2018</p>	
8.5	Nurture SG specialist interest amongst key staff including nursing and allied health professionals	Invitations to SG team meetings, case discussion meetings and encouragement to adopt supervision role	ALL	December 2018	
8.6	Role of the father and males in children's lives.	Consider ways of capturing males attending and staying with children in hospital facilities.	ALL	December 2018	
8.7	Development work regarding discharge planning meeting	To strength policy and promote discharge planning prior	ALL		
8.8	Strengthen work with front door services in relation to safeguarding.	Team suggestions for AED on-going engagement	ALL	December 2018	
8.9	EPR and safeguarding	Provide support, advice and training for staff in relation to safeguarding processes in relation to use of EPR	ALL	On-going	

Board of Directors: 12.07.18
Agenda item: Bo.7.18.40

		<p>Development of community communication between health services (BDCFT) using EPR and S1 to strengthen safeguarding.</p> <p>Development of process for sharing ward admission information with community staff where safeguarding concerns.</p>			
9.0	FGM	Implementation of new NHS England system for FGM identification.	VC/EMR		