

APPENDIX A: SELF DECLARATION : SAFEGUARDING CHILDREN

Provider Bradford Teaching Hospitals NHS Foundation Trust

Completed by Vicky Cotter

Date 12/11/19

RED: Not Compliant. AMBER: Partially Compliant. GREEN: Fully Compliant

1	Policy and procedures	RAG rating Children	Summary of evidence if compliant
1.1	The provider will ensure that it has up to date organisational safeguarding children policies and procedures which reflect and adhere to the Local Safeguarding Children Boards(LSCB)		Up to date safeguarding children's policy in 2019 and safeguarding children's intranet adheres to and signposts to The Working Together to Safeguard Children Bradford Partnership (formerly BSCB)
1.2	The provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer child safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.		Safeguarding children policy revised and updated May 2019. Staff are sign posted to this on trust induction and at each training session.
1.3	The provider will ensure that safeguarding children policies provide guidance for staff who work primarily with adults. This must include the need to be mindful of adult issues that affect children's wellbeing such as; parental or carer mental ill-health, domestic abuse, alcohol or drug misuse and adults who may pose a risk to children for any other reason.		Evidence to support this can be found in the SG children's policy. In addition adult safeguarding policy also makes reference to children.
1.4	The provider will ensure that all other corporate and clinical policies with relevance to safeguarding are consistent with and referenced to safeguarding legislation, national policy / guidance and local multiagency safeguarding procedures.		Safeguarding children's policy and procedure makes reference to national guidance and West Yorkshire procedures
1.6	The Provider will have an up to date 'whistle-blowing'/ Raising Concerns procedure, which is referenced to local multiagency procedures and covers arrangements for staff to express concerns both within the organisation and to external agencies. The provider must have systems in place to demonstrate that all staff are aware of their duties, rights and legal protection, in relation to whistle-blowing/Raising Concerns and that they will be supported to do so.		BTHFT has comprehensive procedures in place for raising concerns including the 'freedom to speak up' facility (including smart phone app) and nominated 'Freedom to speak up' Guardians.

1.7	The provider will ensure that a clinical / professional supervision policy is in place and that safeguarding practice is included as a standard item.		BTHFT have an up to date Safeguarding Supervision policy.
1.8	NHS Trust providers will have an up-to-date policy which ensures that all staff who work predominantly with children, young people and adults who are parents, have access to safeguarding children supervision.		BTHFT have an up to date Safeguarding Supervision policy.

2	Governance	RAG rating Children	
2.1	The Provider will identify a person(s) with lead responsibility for safeguarding children. For NHS Bodies / Trusts, this will be a Board-Level executive Director with lead responsibility for safeguarding children.		The Chief Nurse is the executive for BTHFT. The Deputy Chief Nurse is the Bradford Partnership Group member.
2.2	NHS Trust providers will identify a named nurse and doctor or named professional as required in statutory guidance (Working together to safeguarding children 2015) with lead responsibility for promoting good professional practice and providing advice and expertise in safeguarding children.		Named Nurses (job share), Midwife and Dr for safeguarding are employed by BTHFT to provided safeguarding children's expertise.
2.3	The provider will review the effectiveness of the organisations safeguarding arrangements at least annually and will identify any risks, service improvement requirements and learning points as well as areas of good practice.		S11 overall compliance is 98% An annual report is provided to the Board of Directors.
2.4	The provider must ensure that there are systems for capturing the experiences and views of service users in order to identify potential safeguarding and issues and inform constant service improvement.		The trust continually captures the views and patient experience through friends and family surveys, feedback cards and an initiative called 'Tops and Pants' on the children's wards to encourage feedback from children (voice of the child).
2.5	The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any concerns of abuse (including potential neglect), using multiagency safeguarding procedures.		The trust has a dedicated complaints department and PALs service
2.6	NHS Bodies / Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its		The trust has a designated person for all LADO concerns. There is also a robust

	governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are shared appropriately according to multiagency safeguarding procedures.		risk incident system in place for reporting concerns in addition to Serious Incidents.
2.7	NHS Trusts should identify and analyse the number of complaints and PALs contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report, reviewed by their board.		Numbers of complaints and PALs in relation to safeguarding children are captured and reported within the annual board report.
2.8	All providers will have appropriate and effective systems in place to ensure that any care provided, is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act, Mental Capacity Act and Mental Health Act.		Adult safeguarding team in place to address any adult legislation requirements. Children's services consider all children's legislation in providing appropriate care.
2.9	NHS bodies / Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively		The safeguarding children team have a robust audit strategy agreed and monitored by the SG children steering group.

3	Multiagency working	RAG rating Children	
3.1	The provider will cooperate with any request from the Safeguarding Boards to contribute to multi-agency audits, evaluations, investigations and reviews, including where required, the production of an individual management report		BTHFT have and continue to contribute to SCR, multiagency challenge panels and LLR to maximise learning.
3.2	The provider will, where required by the local safeguarding board(s), consider the organisational implications of any multiagency review(s) and will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation.		As 3.1 The trust have representatives at all required sub groups to the Bradford Partnership. Actions plans from all SCRs, learning lessons reviews and challenge panels are submitted in a timely manner and learning is disseminated via training, supervision, newsletters and the Trust Intranet.

3.3	The provider will ensure that any complaint or concern about abuse from any source is managed effectively and referred according to the local multi-agency safeguarding procedures.		Up to date policy and procedure in place in relations to allegations management.
3.4	The provider will ensure that all allegations of neglect or abuse against members of staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred according to local multi-agency safeguarding procedures.		As 3.3
3.5	The provider will ensure that all allegations in relation to harm to children against members of staff (Including staff on fixed term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred to the Local Authority Designated Officer (LADO) according to local multiagency safeguarding procedures.		As 3.3
3.6	The provider will ensure that organisational representatives / practitioners make an effective contribution to safeguarding case conferences / strategy meetings where required as part of multiagency procedures.		Where required, staff members contribute to case conference and strategy meetings/discussion. Full guidance and support is available with these processes directly via the safeguarding children's team and from the safeguarding children's policy.
3.7	The provider will where required, ensure senior representation on the Local Safeguarding Children Board and contribution to their sub-groups.		The Deputy Chief Nurse is the executive representative from BTHFT, with a nominated deputy. All relevant sub groups are also attended with identified representatives and deputy, to ensure attendance. This is a key performance indicator for the Safeguarding Children Team.

4	Recruitment and employment	RAG rating Children	
4.1	The provider must ensure safe recruitment policies and practice which meet contemporary NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.		Full employment checks are carried out with all staff employed by the trust. Safe recruitment included in the safeguarding Policy and staff undergo specific training in this regard.
4.2	The provider will ensure that post recruitment employment checks are repeated in line with all contemporary national guidance and legislation.		As 4.1
4.3	The provider must ensure that their employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated, for their consideration in relation to barring.		As 4.1
4.4	The provider should ensure that all contracts of employment (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) include an explicit reference to staffs responsibility for safeguarding children and adults.		As 4.1
4.5	The provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.		Up to date policy and procedure in place in relations to allegations management.

5	Training	RAG rating Children	
5.1	The provider will ensure that all staff and volunteers undertake safeguarding children training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan. For all healthcare staff this needs to be in accordance with Intercollegiate		All staff at BTHFT have mandatory safeguarding children's training in line with the intercollegiate document. This is evidenced in the Trusts safeguarding children's training strategy and monthly

	Document (RCPCH 2014)		training figures. Training statistics are routinely monitored at the Safeguarding Children Steering Group.
5.2	The Provider will ensure that all staff, contractors and volunteers, undertake safeguarding children awareness training on induction which should include information about how to report concerns within the service or directly into the multi-agency procedures.		All staff and volunteers on entering the organisation have Safeguarding Children training as part of their induction, which covers reporting concerns.
5.3	The Provider will ensure a proportionate contribution to the delivery of multiagency training programmes as required by local safeguarding boards.		The trust provides two staff who contribute to multiagency Bradford Partnership training.

6	Implementation Standards	RAG rating	Summary of evidence if compliant
6.1	The provider must ensure that there are systems for capturing the voice of the child evidencing its use in care planning		Voice of the child is captured during all CP medicals (verbal and non-verbal). A 2019 cross health audit identified that staff at BTHFT are good at capturing non-verbal communication i.e. demeanour and behaviour, bonding and attachment with parent/carers. In all Trust training and supervision, voice of the child is promoted. This will be monitored on an ongoing basis
6.2	All providers will ensure that use of Signs of Safety Framework is included in policies and procedures and training programmes for staff who work with children and families and that contributions to multi-agency work to safeguard children are presented in this style		The Signs of Safety framework is incorporated into trust training, and supervision. This is detailed on the Trust SG Children Intranet pages and in the supervision policy.
6.3	Providers will ensure that care provided is done so with due regard to the Updated Tackling Domestic and Sexual Violence Strategy (2015 – 2020)		The Trust have a policy and procedures in place for tackling domestic and sexual violence
6.4	Providers will work to NHSE Serious incident framework and Standard		The trust adheres to the NHS

	Operational Procedures and local SI guidance		improvement framework, with comprehensive procedures in place for all serious incidents, and a policy for incident reporting and investigation.
6.5	Providers will work with multi-agency partners to develop communication agreements		Information sharing principles are in our Safeguarding Children Policy and included in all levels of training. Cross-health communication is facilitated via membership of the Health Safeguarding Children Group. BTHFT are signed up to a district wide Inter-agency Information Sharing Protocol.
6.6	Providers will meet supervision requirements for practitioners as set out in Bradford Health Partners Supervision Policy	-	This is not yet operational

Safeguarding Commissioners Standards: Remedial Action Plan

Standard No.	Action(s) required to achieve standard	Person Responsible	Date Due	Comments / Progress