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Date	12 November 2020	Agenda item	Bo.11.20.22

SAFEGUARDING CHILDREN ANNUAL REPORT 2019-2020

Presented by	Karen Dawber, Chief Nurse		
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Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper is the Annual Safeguarding Children Report		
Key control	Yes		
Action required	To note		
Previously discussed at/ informed by	Details of any consultation		
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

This annual report provides information regarding activity within children's safeguarding at Bradford Teaching Hospitals NHS Foundation Trust between April 2019 and March 2020.

1. COVID19 had an immediate impact on reducing safeguarding activity in the Trust in March 2020. This was demonstrated through the significant reduction of patients attending the Trust, and the adjourning of all multiagency meetings.
2. All levels of safeguarding children training prior to the COVID19 pandemic being declared have been above the Trust requirement (85%) for this reporting period. However ensuring maternity staff are up to date with mandatory safeguarding children training is a key recommendation in the Trust CQC Inspection report (April 2020) and will be monitored closely through the forthcoming year.
3. The ongoing area of risk within the Trust for safeguarding children effectively is AED staff not adequately identifying patients flagged for safeguarding purposes. This remains on the AED departmental risk register. To mitigate this risk, the Safeguarding Children Team screen all attendances for children and take appropriate action for all missed opportunities to safeguard at the time of attendance. Also, a member of staff from AED had been seconded as a pilot to the safeguarding team to provide direct support to AED colleagues. This pilot has been successful and the role will become permanent in July 2020, with the appointment of a band 6 nurse with shared hours between both teams. The aim of this combined role is to reduce the risk of lack of recognition of safeguarding flags by staff, by having additional support and education from a team member.
4. The CQC recommended an action as part of the Children Looked After and Safeguarding review (February 2019), to ensure greater midwifery contribution to the child protection process by attendance at Initial Child Protection Conference's or sending a report for a meeting when the midwife is unable to attend. This action is managed by the Head of Midwifery, but impacts on safeguarding activity within the Trust and multiagency partnership working.

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Analysis

The statutory requirements for the Trust are governed by Section 11 of the Children Act, which places a duty on the Trust to ensure that the functions and any services contracted out to other organisations are carried out with the purpose to safeguard and promote the welfare of children. The Trust demonstrates compliance with this requirement by way of submitting an ongoing Section 11 declaration.

The Trust also submits a self-declaration to the Clinical Commissioning Groups (CCGs) on an annual basis; the Trust declared full compliance with all commissioning standards in November 2019. The self-declaration, report and Section 11 returns all provide good quality supporting evidence of the Trust's effective arrangements for safeguarding and promoting the welfare of children.

Key Achievements:

1. Compliance for all levels of safeguarding children training are continuously scrutinised to ensure they remain above the requirement of 85%. The Safeguarding Children's Team continuously address any shortfall by signposting staff to training opportunities, and liaise with staff managers where necessary.
2. Governance and partnership arrangements remain strong, with consistent representation on the sub groups and work streams of the Working Together to Safeguard Children Bradford Partnership (TBP), formerly known as the Bradford Safeguarding Children Board.
3. Outstanding practice in the safeguarding team was acknowledged by the CQC (Inspection report, 2020) due to innovative provision of support to Lilac clinic services.
4. The development of and compliance with the annual safeguarding children work plan and audit strategy.
5. The team contributed to TBP District safeguarding week in June 2019. The team hosted an event supporting, and presenting a patient survivor story of female genital mutilation and the positive impact of gynaecology services input. The event highlighted the importance of asking the FGM question and safeguarding any uncut children.
6. Following the Bradford Metropolitan District Council Children's Service inadequate Ofsted rating in October 2018, and the beginning of the Local Authority improvement journey, the team have continued to actively support the Ofsted improvement work, including:-
 - Membership of the Children's Improvement Board and Children Services Programme Board.
 - Direct involvement in the development and presenting of additional supportive documents for the assessment of risk for children (multiagency referral form, continuum of need and child exploitation protocol) to the multiagency district workforce.
 - Supporting Trust staff in the developing social care processes and procedures.
7. The Safeguarding Champions program was launched in 2019 to upskill and support a local champion in clinical areas across the Trust to improve recognition and response in safeguarding

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children. This has been a successful programme with 15 clinical areas represented, and 34 staff trained as champions to date.

Recommendation

The Regulation Committee are asked to note the following:

1. The main area of risk remains with AED and the missed recognition of safeguarding flags and alerts by clinical staff. As part of the safeguarding team, Safeguarding Children Specialist Nurse Practitioners screen all child attendances and take appropriate action where missed flags and alerts are found. This is audited, and feedback to staff via training and one to one support is provided. This has been risk assessed and is on the departmental risk register for AED.
2. The Safeguarding Children and Young People: Roles and Competences for Healthcare Staff Intercollegiate Document (2019) details increased expectation for training at all levels. This will impact on the required time for safeguarding children mandatory training for each member of staff. The safeguarding children team have agreed the implementation of these changes for 2020, however due to COVID19, this is being suspended until later in the year, and the current requirements are being maintained.
3. The CQC recommended an action as part of the Children Looked After and Safeguarding review (Feb 2019), to ensure greater midwifery contribution to the child protection process by attendance at ICPC's or sending a report for a meeting when the midwife is unable to attend. Although this action is managed by the Head of Midwifery, the Named Midwife is monitoring this activity and will report findings through the safeguarding children steering group as part of the CLAS action plan.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

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Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Safeguarding from abuse
NHS Improvement Effective Use of Resources: People
Other (please state):

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Safeguarding Children Annual Report 2019-2020

1 PURPOSE/ AIM

This Annual report provides information regarding activity within children's safeguarding in Bradford Teaching Hospitals NHS Foundation Trust between April 2019 and March 2020.

2 BACKGROUND/CONTEXT

The Trust safeguarding children statutory requirements are regulated in a number of ways to ensure that the functions and any services contracted out to other organisations are carried out with the purpose to safeguard and promote the welfare of children. These regulations are set out by:

- Children Act 1989, 2003.
- Working Together to Safeguarding Children.
- Accountable to The Working Together to Safeguard Children Bradford Partnership (via Section 11 of the Children Act).
- Accountable to and the Clinical Commissioning Groups for safeguarding contracts and activity.
- SAFE domain as part of Bradford Teaching Hospitals NHS Foundation Trust overall inspection process, to provide assurance that safeguarding policy and procedures are deeply embedded into the Trust's operating practice.
- Joint Targeted Area Inspection (JTAI) - The joint inspection process for safeguarding children services carried out by:
 - Ofsted- for children's social care.
 - Care Quality Commission for Health.
 - Her Majesty's Inspectorate of constabulary for Police.
 - Her Majesty's Inspectorate of probation for Probation Services.

Safeguarding children within Bradford Teaching Hospitals NHS Foundation Trust remains a high priority. 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.

The Emergency Department (ED) remains the clinical area who undertake the most safeguarding assessments of child patients, and the impact of the adult patient behaviour on children in their care. Therefore this is the clinical area at the greatest risk of missing the opportunity to safeguarding children. Due to this, all attendances of children to AED are screened by the safeguarding team to ensure the safety and protection of children is as robust as possible. The Safeguarding Children Team provides support, specialist advice, training and supervision for all AED staff. To build on this, following a successful pilot, a band 6 AED nurse is due to commence

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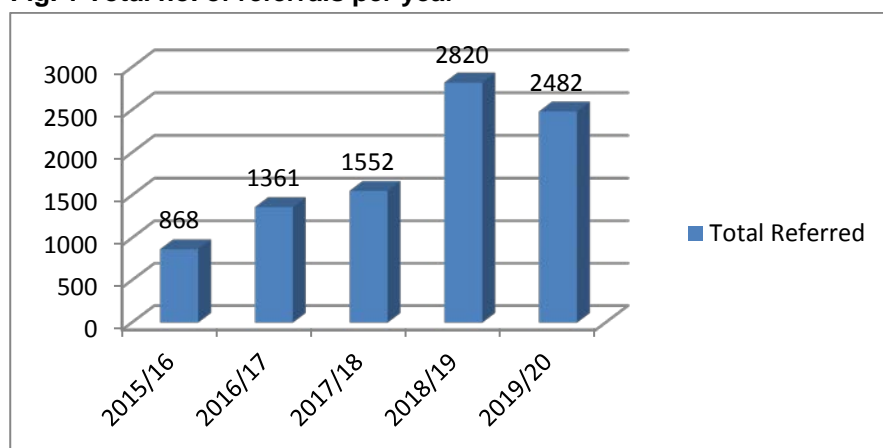
working as a specialist nurse within the team to facilitate this support and recognition in all aspects of safeguarding children.

2.1 To provide outstanding care

2.1.1 Safeguarding Children Activity

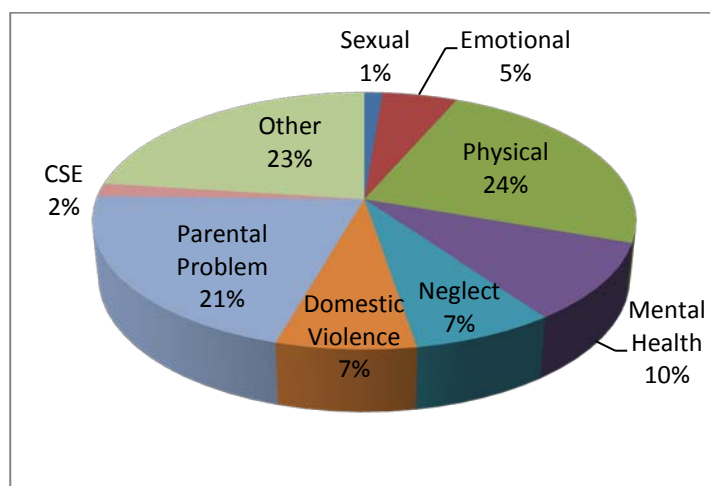
For the year 2019/20, the safeguarding children team can demonstrate a high number of referrals for support to the team. The number of children attending the Trust fell sharply in March 2020 due to COVID19, which has contributed to the overall decrease in referrals compared with the previous year (see figure 1 below).

Fig. 1 Total no. of referrals per year



Physical abuse remains the highest category for referral, with sexual and child sexual exploitation the lowest number of referrals (Figure 2). This may in part be due to the Trust no longer being commissioned to provide sexual abuse medicals; these are now all undertaken by Mountain Healthcare at their Sexual Abuse Referral Centre (SARC).

Fig. 2 Reason for referral 2019/20



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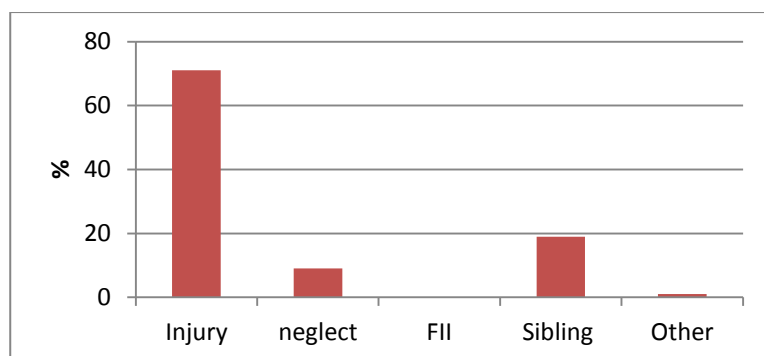
2.1.2 Child protection medical activity 2019/2020

A total of 414 child protection medicals were carried out in 2019, mostly by paediatric consultants but a small number by paediatric middle grade doctors with supervision, which has been encouraged. This number is slightly less than 2018, when 448 medicals were carried out but overall relatively static over the last 3 years. This reduction may be in part due to the sharp decrease in medical requests from Social Care in March 2020 due to COVID19. Compared to our regional neighbours, this is a very high number of medicals, but reflects the population and challenges of the Bradford area. It is interesting to note that despite a poor Ofsted outcome in Social Care during 2018, this did not appear to result in a significantly higher referral rate for medical assessment.

As expected, around three-quarters of referrals come from Children's Social Care, with the remainder largely internal and a small number from the police. Again this is similar to previous patterns. Around a quarter of medicals are taking place out of hours, which is an ongoing challenge along with the pressures of evening ward work, urgent reviews, resus calls etc, particularly in the current Covid climate. We are encouraging a direct dialogue between social workers and paediatricians with a pragmatic approach to planning the best timing for medicals. Nevertheless, there are some situations where a medical cannot be deferred to the following day.

Approximately 70% of referrals were for assessment of suspected physical abuse with less than 10% requested due to concerns about neglect, despite neglect being the highest category of child protection plans in Bradford. 19% were referred as siblings of children who were deemed likely to have sustained abuse (Figure 3).

Fig. 3 Reason for medical



Paediatricians continue to provide a holistic assessment and are well placed to identify unmet health and developmental needs, including specifically dental neglect. The proportion of those referred who were actually felt to be suffering from abuse or neglect is similar to the previous year but prior to 2018, the proportions were slightly less with a higher number felt to be accidental. Around 10% of cases seen were felt to be injuries due to lack of supervision.

These statistics are obtained through the annual completion of a medicals database by the Named and Designated Doctors for Safeguarding Children. This also gives an opportunity for further quality assurance in terms of reports. An annual dip sample audit of reports is carried out every year and together with themes gathered from the overall database review prior to the Annual Report, we are able to provide positive feedback and learning directly to the paediatric consultants.

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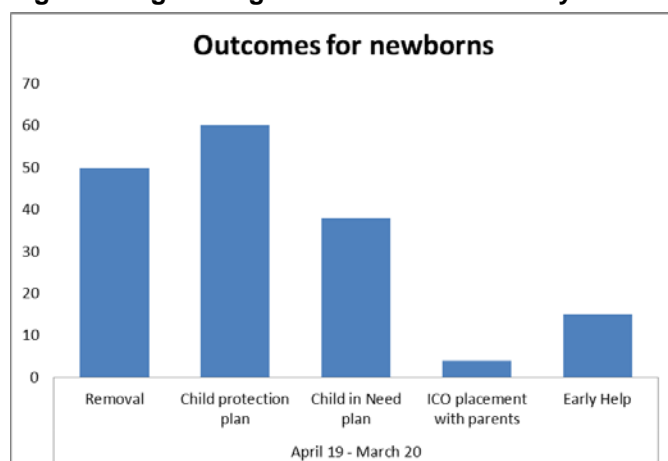
Regular bi-monthly internal peer review sessions are held for paediatricians to share cases. During the Covid19 pandemic, these have been converted to virtual sessions via video link, using WebEx, which has been very successful and has resulted in a higher attendance. Comprehensive minutes and learning points are produced by the Named Doctor after each session.

Mountain Healthcare, the private provider which runs the SARC (Sexual Assault referral Centre) continues to be commissioned to carry out all sexual abuse medicals for Bradford. They now have a well-established sexually transmitted infection screening process and the Named Doctor has developed a SOP for onward care requirements after children have been seen in the SARC. We have been informed that in the near future, the SARC will also start to provide a service for suspected FGM in children.

2.1.3 Safeguarding the unborn activity 2019/2020

In the year from April 2019 to March 2020, maternity services supported 519 women and families with a heightened level of need leading to potential safeguarding or child protection issues. For women who have a heightened level of need during the antenatal, intrapartum and or postnatal period, a Safeguarding Families Document (SFD) is commenced. This is a working document facilitating information sharing and care planning with GP's and Health Visitors. A SFD has been completed for 10% of the total births in this reporting period. Of those, CSC (Children's Social Care) were involved with 46% of cases. The majority of births with social care involvement lead to a child protection plan. Figure 4 shows the outcomes for newborns who are identified at risk.

Fig. 4 Safeguarding Outcomes for maternity

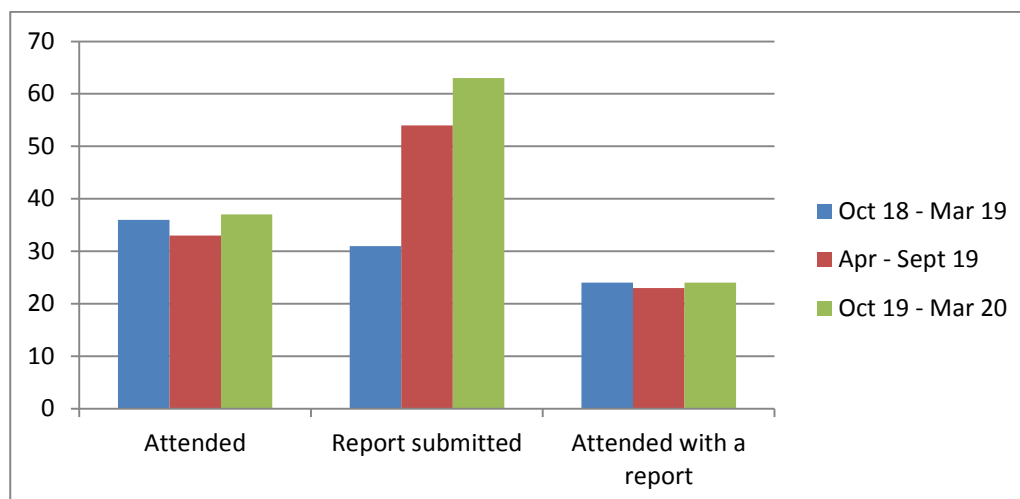


Recognising a need for additional support, the maternity service appointed a Band 6 WTE Associate Safeguarding Midwife in April 2019. The Associate Safeguarding Midwife leads on mandatory training at level 3 and represents the Trust at MARAC (Multi-Agency Risk Assessment Conference). Working 11.5 hour shifts has enabled the provision of face to face support and supervision for night shift workers. The additional resource has absorbed some of the routine day to day activity, enabling the Named Midwife to meet more of the demands of the strategic role for the organisation.

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Following the Inadequate Ofsted rating of Bradford Children's Social Care in October 2018, there was a significant rise in the number of initial child protection conferences (ICPC) and maternity services found it challenging to meet the demand. The CQC recommended an action as part of the Children Looked After and Safeguarding review (Feb 2019), to ensure greater midwifery contribution to the child protection process by attendance at ICPC's or sending a report for a meeting when the midwife is unable to attend. The data in Figure 5 displays the data for maternity involvement in ICPC attendance for the 18 month period since the Ofsted report. There has been a significant increase in reports submitted for conferences, but attendance has remained a challenge due to the short notice nature of the case conferences, which often clash with existing clinical commitments. The Head of Midwifery is fully aware of this issue and is continually reviewing ways of making improvements. Virtual attendance, which has been established during the Covid19 pandemic has seen some improvement, although this has not completely resolved the issue so further work is being undertaken to try to address.

Fig. 5 ICPC attendance



Local Authority requests for maternal and infant birth information from the maternity service prior to adoption remained relatively static during the reporting period. There was a small increase of 5 cases to 46 from 41 cases the previous year. There were only 2 requests for information from other Local Authorities.

2.1.4 Work plan and Audit strategy

The Safeguarding Children Team have a robust work plan and audit strategy that is regularly reviewed and updated in line with highlighted and emerging risks and themes, thus providing assurance to the Trust and enhancing children's care and safety. The work plan includes appropriate areas for development, and is informed by Trust and district activity and also local and national learning from serious case reviews and inspections.

The audit strategy provides further evidence of focus on learning and improvement within the Trust, and the results of all audits are routinely shared with the Bradford Health Safeguarding Children Group. All audits are presented at the Safeguarding Children Steering Group, which in

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turn reports to the Integrated Safeguarding sub-group through the governance of the Quality Committee.

2.2 To deliver our financial plan and key performance targets

The Safeguarding Team staffing is within budget with no additional costs in staffing being incurred.

Key performance targets of the Safeguarding Children Team and Trust safeguarding children activity is managed by the Safeguarding Children Steering group. There are no highlighted areas of concern. The team KPIs are:-

- Trust safeguarding training levels.
- Team quarterly supervision.
- Attendance at BSCB meetings.
- Asking the domestic abuse question in maternity.
- Mental Health enquiry in maternity.

2.3 To be in the top 20% of NHS employers

2.3.1 Supervision

Safeguarding supervision is nationally recognised as essential for good practice and enabling staff to feel supported and valued. The Trust Supervision Policy and procedures are in place and due to be reviewed and updated in July 2020.

There are a number of formally trained safeguarding supervisors (medical, nursing and allied health professional) who are available to support staff throughout the organisation, both on a regular basis and during ad hoc sessions. The team have oversight of the Trust supervision activity, which has increased from the previous year.

For Consultant Paediatricians, a regular "Peer Review" programme is offered for case review, as recommended by the Royal College of Paediatrics and Child Health. The safeguarding team provide monthly AED supervision, which is open for all staff to attend and also triannual supervision sessions for supervisors, and also hold regular supervision for supervisor's sessions.

The Named Nurse for Safeguarding Children co-coordinates and co-delivers annual district wide safeguarding supervision training for health staff. Any member of Trust staff that has an interest in supervision is encouraged to attend this training with an expectation they will provide staff supervision with support.

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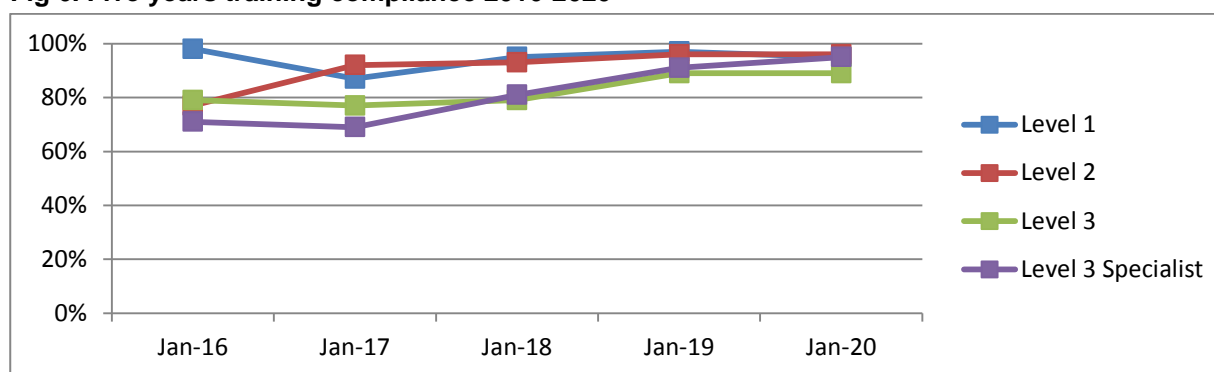
2.4 To be a continually learning organisation

2.4.1 Training

Following the publication of the revised Intercollegiate document, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff in January 2019, Named professionals have reviewed the guidance and have agreed with the Education Department to implementing the recommendations throughout 2020. The implementation is being delayed due to the impact of COVID19 and will therefore continue later in 2020.

Safeguarding children training compliance is now a key performance indicator and monitored through the Safeguarding Children's Steering Group for assurance. Figure 6 demonstrates how training compliance has improved over the 5 year period. Safeguarding children training became mandatory in the Trust in 2014 and compliance steadily improved to reach the Trust target of 85%, and has been maintained at this level for the reporting period.

Fig 6. Five years training compliance 2016-2020

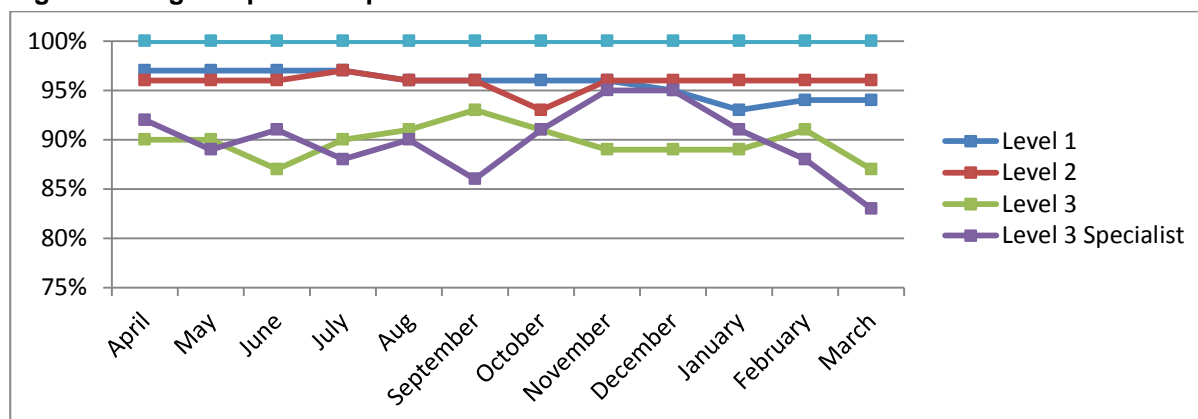


These compliance figures are monitored monthly to ensure staff are identified and have access to training where there is a drop in compliance. Figure 7 highlights the training compliance over this reporting period, and clearly demonstrates a sudden drop in March 2020 due to COVID19 with the immediate suspension of all non-Covid related training.

Training at all levels (except level 4) is provided in house via eLearning or face to face with bespoke training available for any staff group. To comply with the Intercollegiate document (2019), staff requiring level 3 and level 3 specialist training are encouraged to take part in multiagency districtwide training, and also other blended learning opportunities such as peer review, supervision, critical review of safeguarding publications and serious case reviews, for example.

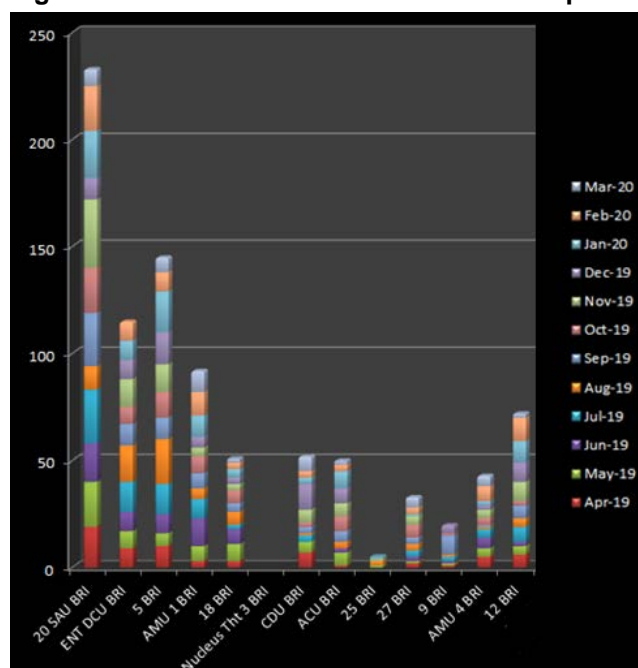
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Fig.7 Training compliance April 2019-March 2020



Alongside the training available for level 2 staff (those who predominantly work with adults) via the corporate induction, core training and level 2 programme, additional adult ward based training was delivered in 2019 to those wards with the highest occupancy of children aged 14 years and over. These wards are identified in Figure 8.

Fig 8: Children admissions to adult wards April 19 – Mar 20



The training provided for all level 3 staff (who predominantly work directly with children), is a varied programme formulated to include monthly sessions with speakers from partner agencies where possible. Opportunities for staff to access multiagency safeguarding training are also circulated regularly. Members of the Trust Safeguarding Children Team also deliver training on behalf of The Bradford Safeguarding Partnership for the multiagency district wide audience.

As highlighted by the CQC, maternity staff compliance for safeguarding children must be maintained. The Named Midwife and Head of Midwifery have formulated a plan to increase opportunities for staff to meet their training needs.

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2.5 To collaborate effectively with local and regional partners

2.5.1 Multiagency working

Working Together (WT) to Safeguarding Children (2018) set out the new arrangements for all district safeguarding children activity. The district is no longer required to have a safeguarding board as this is not a statutory requirement. Bradford has taken the decision to continue with a similar function as the BSCB, which is now called The Working Together to Safeguard Children Bradford Partnership (TBP). The Trust remains committed to shared safeguarding work with TBP through representation on all subgroups. However, the clinical commissioning groups (CCG's), police and the local authority (LA) are the key stakeholders as identified in Working Together.

2.5.2 Serious Case Reviews (SCR)

The Safeguarding Children Team is currently involved in one local thematic SCR on behalf of the Trust. The theme is non-recent and current child sexual exploitation. The Trust has had involvement with four of the five subjects of the review. As the review progresses, any lessons to learn and actions for the Trust will be coordinated through the Safeguarding Children Team work plan. Publication has been suspended currently due to COVID19, and was originally due to be completed over the summer of 2020.

2.5.3 Safeguarding Leadership Fellow

In early 2019, the Named and Designated Doctors put in a successful bid for funding for a Safeguarding Leadership Fellow from the Yorkshire Deanery School of Paediatrics. Whilst the prime aim was to strengthen the work of the Yorkshire Peer Group of Named and Designated Doctors, The fellow has also worked very closely with the wider safeguarding team at BTHFT and has been involved in a number of other activities including training delivery, compiling chronologies, attendance at multi-agency meetings and peer review and audit. It is imperative to invest in succession planning for the future of Named and Designated posts and they are pleased to be able to contribute to trainees' development in this way.

3 PROPOSAL

All Safeguarding children activity in the Trust is monitored through the Safeguarding Children Steering group, which in turn reports to the Integrated Safeguarding Sub-committee. The overall governance is held by the Quality Committee. The key aims of the Safeguarding Children Steering group for the forthcoming year are:

1. To implement the work plan and audit strategy which have been revised for April 2020 ensuring all previous actions are completed or monitored until completion.
2. To continue to monitor and maintain training compliance across all levels through the safeguarding children steering group as highlighted in the Trust CQC report (April 2020).

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3. To continue to support the local authority and the TBP in the development of children's services in Bradford to ensure children are effectively safeguarded.
4. To work with the Education Department in addressing the current training provision and the suggested levels in the intercollegiate document (2019).

4 BENCHMARKING IMPLICATIONS

There is no model hospital data relevant to this paper.

5 RISK ASSESSMENT

The Safeguarding Children Team complete risk assessments as and when required for the areas of concern. Within the reporting period, three risk assessments have been completed:

1. Risk of failure to ensure timely referral of children with potential non-accidental injury (NAI) due to failure to recognise the alert on EPR and risk within the AED. The risk assessment was conducted jointly with AED senior staff and indicated that this risk needs to be managed through the AED risk register.
2. Change in level 2 safeguarding children mandatory training requirement from 3 yearly to annual requirement. The assessment outcome demonstrated that due to the fact that all staff induction sessions are delivered at level 2, all staff are compliant on entry to the organisation, and there is capacity to deliver the increased training within the current provision. Therefore the risk assessment did not indicate the need for training to be placed on the risk register.
3. CP-IS (Child Protection Information Sharing) checks undertaken for all unscheduled children's clinical decision area attendances, direct access patients or referrals from GP's. Changes in EPR admission checklist are now in place to mitigate this risk and encourage staff to complete all necessary CP-IS actions.

6 RECOMMENDATIONS

1. The main area of risk remains with AED and the missed safeguarding flags and alerts by clinical staff. The Safeguarding Children Team screens all child attendances and takes appropriate action where missed flags and alerts are found. This is audited, and feedback to staff via training and one to one support is provided. This has been risk assessed and is on the departmental risk register for AED. From July 2020, a band 6 nurse will be working within both teams to reduce this risk by additional ongoing support and education to ED staff.
2. As part of the Trust CQC Inspection Report, the following recommendations were made to improve safeguarding practice in maternity services in BTHFT. Both of these actions are monitored through the Safeguarding Children Steering group and are included in the annual work plan and audit strategy:-
 - a. The service must ensure all staff are up to date with mandatory safeguarding training.

- b. The Trust must ensure the outcomes/recommendations of any serious case reviews are acted on and midwives have the opportunity to regularly attend child protection conferences and submit reports to facilitate decision making and safety planning.
 - i. Safeguarding supervision is offered to midwives who hold vulnerable caseloads and staff are expected to attend on approximately a monthly basis. Ad hoc supervision is available on a daily basis for anyone who requests it, or their safeguarding practice demonstrates that they would benefit from 1:1 supervision. All newly qualified midwives are encouraged to seek safeguarding support, but midwives who hold a caseload or are new to community midwifery are actively encouraged to seek supervision.
 - ii. In October 2019, the Midwifery co-op card was updated to include demographics including social and lifestyle information for males who are partners of, or involved in the life of a pregnant woman. This was a recommendation of several serious case reviews but more recently child N Calderdale in 2018.
3. To continue to manage and report on the actions from the CQC CLAS action plan. There are four outstanding actions in regard to maternity and unscheduled care (AED and Children's clinical decision unit). These actions are monitored through the Safeguarding Children Steering group.
4. To address changes in practice to facilitate ongoing training compliance and the recognition of the importance of safeguarding whilst the COVID19 pandemic is a factor within the Trust.
5. To continue to work effectively within the multiagency partnership arena despite changes to practice due to COVID19.

None.