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Date	14.07.22	Agenda item	Bo.7.22.37

SAFEGUARDING CHILDREN ANNUAL REPORT

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Lead Director	Karen Dawber, Chief Nurse		
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Action required	For information		
Previously discussed at/ informed by	Details of any consultation.		
Previously approved at:	Academy/Group	Date	
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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 2021 and March 2022.

1. The COVID 19 Pandemic has continued to have a huge impact on safeguarding activity over the past 12 months. The largest impact has been the enormous increase in the demand for support from the team seeing over 2000 additional referrals in the past 12 months alone. Since the start of the pandemic the team has seen in total 3000 additional referrals and would like to highlight and seek the support of the executive team, in securing additional funding to increase the number of staff as the demand for the service has dramatically increased however, the staffing ratio remains the same. Over the past 5 years the team have seen an increase of 227%!
2. Staffing changes have also impacted on the team significantly. The team have lost 2 full time staff over the last year into alternative safeguarding roles outside of the Trust. The team are pleased that these vacancies have been filled however, during this recruitment process there has been a shortage of staff in the team, coupled with the rise in the demand for the service has seen the team put under additional pressures. The team have worked tirelessly to ensure that all children accessing the Trust have been appropriately safeguarded during these unsettled periods and are proud of our achievements this year. There are further planned changes to the team as the Named Nurse for Safeguarding Children will be leaving her position in the upcoming months due to moving overseas.
3. The team have remained focused in their commitment to support all Children and Young People (CYP) accessing BTHFT for mental health support. The team would like to highlight to the executives what we feel is a significant risk for CYP in relation to service provision for those who attend in Mental Health Crisis. While we recognise that there have been significant improvements already made to support CYP, we feel that further improvements and investments need to be made to service provision in Bradford. We are highly concerned that we are causing further significant harm to these CYP due to the environment they are in and lack of available placement provision and therapeutic support. The safeguarding team with support from the Chief Nurse have written to 'The Bradford Partnership' (TBP) asking for children's mental health to be added to the TBP risk register so it remains a high priority. The team wish to continue to support improvements

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in service provision for the Children and Young People of Bradford.

4. The Trust does not directly employ a 'Paediatric Mental Health Practitioner' and staff in the team do not hold any additional qualifications in mental health. The team with the support of the ADN for children have championed the need for this role and are actively seeking support from the executive team so that CYP have an appropriately qualified professional to support, understand and advocate their voice. This role would also support the BTHFT staff providing them with the skills, knowledge and understanding to care for CYP with mental health needs.
5. The team continue to support Bradford's Children's Social Care Services following the Ofsted inspection in October 2018. In the later part of 2021, following the announcement of the national enquiry into the death of Star Hobson, the local authority has been relieved of its responsibilities for running Children's Social Care services and there is now a 'not for profit' trust set up in its place run by a new independent chair and board of directors. This has brought significant changes to staffing with the most noticeable being those in a senior position. The Trust is working hard alongside other health partners to support the changes while ensuring safe care and timely interventions remain the focus.
6. The Trust has contributed to a National Review commissioned by the government following the widely publicised case of Star Hobson. The National Panel are producing a Child Practice Safeguarding Review that is due for publication in 2022. This may create media attention for BTHFT.
7. There has been a significant drop in training compliance for level 3 and level 3 specialists (3S). The team worked hard to improve figures over this last reporting period after a sharp drop in training compliance at the start of the pandemic in 2020. The team saw the training compliance reach over 90% for all levels of training, however, during the last ¼ of this reporting year we have seen yet again another significant drop. The introduction of Cerner in maternity service has seen all other mandatory training suspended for this staff group while staff focused on the new record keeping system. Safeguarding training in maternity services was relaunched in April 2022 with increased level 3 and 3S sessions being delivered face to face alongside the creation of additional online resources. Current training figures for level 3 and level 3S are 76% and 80% respectively with additional planned catch up session being delivered.
8. In March 2022 Maternity Services moved to Maternity Cerner. Safeguarding information is now embedded in the electronic patient record and the paper Safeguarding Families Document is being phased out of use. This will improve information sharing with regards to safeguarding concerns that may impact on both the mother and baby, with other departments in the Trust.

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.

Key Achievements:

1. The team have continued to support CYP who attend the Trust in 'mental health crisis' using the

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pathway which went live as a pilot in April 2021. The team has supported 17 CYP in this reporting year.

2. Governance and partnership arrangements remain strong, with consistent representation throughout the pandemic at all sub groups and work streams of the Bradford Partnership - Working Together to Safeguard Children.
3. The development of and compliance with the annual safeguarding children work plan and audit strategy. Including updates of Policies, Procedures and Guidelines.
4. The team continue to support Bradford's Children's Social Care Service following the Ofsted review in October 2018, and are actively engaged in the Ofsted improvement work required to ensure better outcomes for the Children of Bradford.
5. Continued to provide training at all levels across the Trust including bespoke training to staff groups as well as the planned level 3 program for the year. The team were also successful in delivering a joint session with the adult safeguarding team around Domestic Abuse and the utilisation of the 'Bright Sky App' to support the victims of abuse and what we can do here at BTHFT.

Recommendation

The Board of Directors are asked to note the following:

1. The main area of risk is for Children and Young People with poor mental health and those in crisis. There have been positive developments however further improvements need to be made in order to achieve better outcomes for these Children and Young People and reduce their length of stay on an acute ward. The Trust does not employ a children's specialist Mental Health professional and given the rise in attendance and the complexity of the CYP suffering with poor mental health this needs to be a priority.
2. The Trust are involved with a local CSPR in relation to a child who presented as severely neglected. This was also a Serious Incident (SI) that was reported as a system wide SI. The review is hoped to be completed in 2022. The Trust has identified changes that required immediate action and others that require greater intervention and a wider resource to implement. A risk assessment for the 'unseen child' was completed to ensure that there were no other children under the care of BTHFT in the community that remained at risk. The risk assessment identified a number of recommendations and the team supported the community teams in understanding those risks and implementing changes to provide assurance that all children had been seen face to face. The report highlights the risk and challenge for safeguarding when using different record systems – EPR, Systmone and paper records. This is particularly of concern for CDC/Community nursing/therapies and joined up working to ensure children are safe and are receiving appropriate care. The safeguarding team request support from the executive team to support this change in practice.
3. The Safeguarding Children's Team and Maternity Team remain committed to providing additional training and will continue to send weekly training updates to the Clinical Business Unit (CBU) managers along with the head of services to target those staff who are non-compliant and to support staff being allocated time to access the required training.

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4. The team seek the support of the executives in relation to securing additional support/funding so that the safeguarding team can continue to fulfil their duty in a safe and timely manner. The increase in the demand for support from the team has been phenomenal over the past 2-3 years and the team are under significant pressure to ensure that all safeguarding actions are completed due to the sheer volume of numbers. There has been agreement for a short term secondment to support the current staffing shortages however, the team would like to see additional resource allocated as the number of children accessing the Trust continues to grow.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					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)						

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 type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input 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 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 type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>

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Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>
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Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Choose an item.
Care Quality Commission Fundamental Standard: Choose an item.
NHS Improvement Effective Use of Resources: Choose an item.
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	PURPOSE/ AIM
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This Annual report provides information regarding activity within children's safeguarding in Bradford Teaching Hospitals NHS Foundation Trust between April 2021 and March 2022.

2	BACKGROUND/CONTEXT
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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 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.

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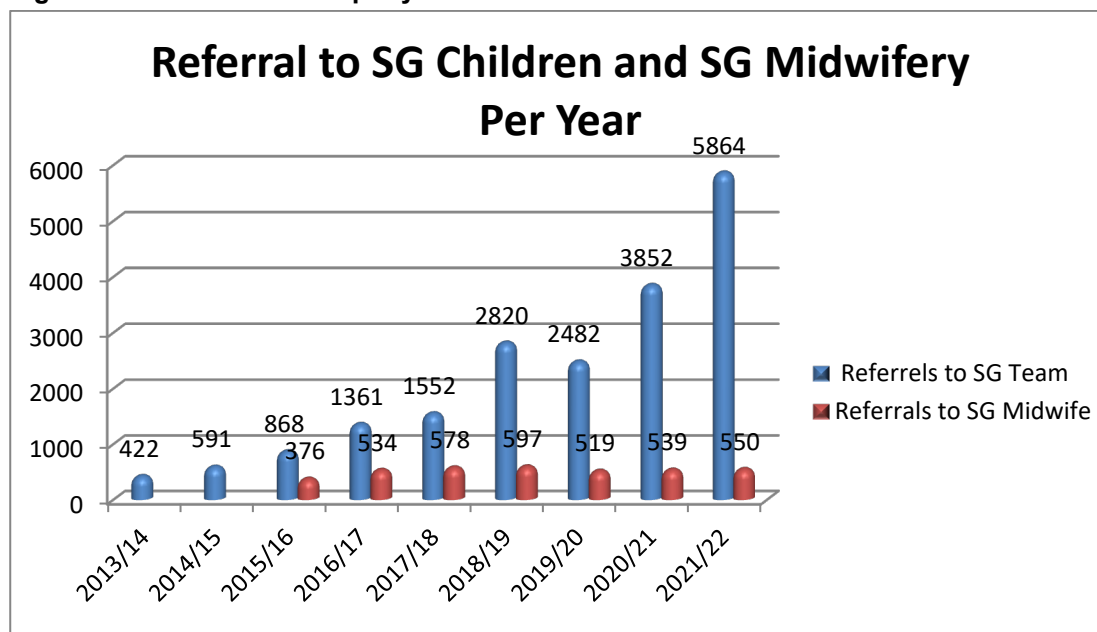
Safeguarding children within Bradford Teaching Hospitals NHS Foundation Trust remains a high priority. The Trust has again seen a continuing increase in safeguarding children's activity throughout the past year within all areas.

2.1 To provide outstanding care

2.1.1 Safeguarding Children Activity

For the year 2021/22, the safeguarding children team can demonstrate yet again a huge increase in the number of referrals for support to the team from the previous years. Despite the COVID19 Pandemic continuing alongside campaigns to stay home and not attend NHS services unless vital, the team has seen a sharp rise in the number of referrals received with an additional 2000 referrals in the past 12 months compared to the previous year's figures. (See Fig 1)

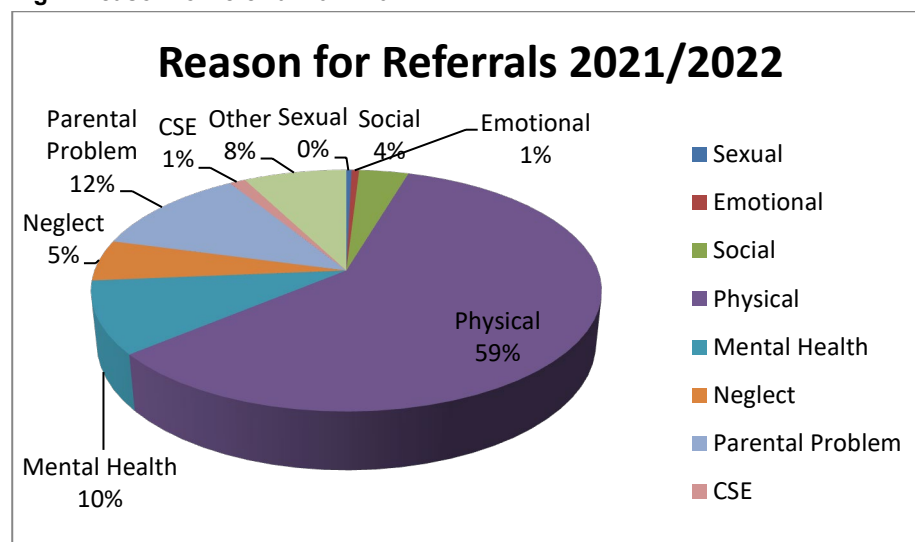
Fig. 1 Total no. of referrals per year



Physical abuse remains the highest category for referrals to the Safeguarding team and makes up over half of all referrals. The second biggest category for referrals is for parental problems. This includes all adults who have a caring responsibility for a child, the most common reasons for these referrals are related to the 'Toxic Trio' (domestic abuse, poor mental health and substance misuse). For these cases the safeguarding children's team work closely with the adult safeguarding team to ensure the best outcomes for both the adult and the 'child behind the adult'. There has been an increase in the numbers of children who have been referred to the team suffering with poor mental health. Nationally it has been recognised that there has been an increased demand for mental health support and service provision. Fig 2.

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Fig. 2 Reason for referral 2021/2022



The Emergency Department (ED) remains the clinical area which undertakes the most acute 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. To minimise the risk, all attendances for children attending ED are screened by the safeguarding team to ensure the safety and protection of every child is considered. The safeguarding children team provides support, specialist advice, bespoke training and supervision for all ED staff which has continued throughout the pandemic. The team continues to have a combined safeguarding specialist nurse/ED nurse working in the team. This role has proved to be of great benefit, not only to the safeguarding team but also to ED. Communication has greatly improved with the implementation of weekly emails to ED staff to promote safeguarding using real life cases highlighting good practice, areas to improve and information sharing around new initiatives and learning from outside of the organisation. The safeguarding team are proud to have had this member of staff nominated for a Gretix award during this last reporting period.

The team have continued to adapt to new and ongoing pressures and to support ED/Paediatric staff during the multiple waves of the pandemic to ensure all safeguarding actions were completed. Staff from the team supported children's services clinically when ED/ward pressures were high. This year it has been noted that there has been no seasonality in terms of the presentations of children having some of the usual seasonal illness/influx expected in winter which resulted in last summer seeing huge volumes of children accessing children's services.

Active safeguarding has increased as can be seen by the dramatic increase in numbers of referrals/contacts therefore adding additional pressure to the team in terms of safeguarding actions and input required. Complexity of safeguarding has greatly increased. During this time the capacity

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to complete all screening within 24 hours excluding weekends has become increasingly difficult to maintain. Staffing capacity has not changed since 2017, however, the team are now dealing with an additional 4000 referrals/contacts which is an increase of 277%! Additional resource and discussions have taken place with ED with agreement to review and look at support mechanisms to help with the screening. This was agreed in principle with ED, however, this is no longer viable due to nursing staff ratios in ED. Exploration into other options has been considered and a short term secondment has been agreed. We would ask the board to support this secondment longer term and to review the staffing resources available for safeguarding Children.

The team are a victim of our own success. Staff who have been nurtured and exposed to safeguarding in the acute Trust have gone on to continue their career in Safeguarding. The team have lost a full time member of staff and a seconded member of staff in the past 12 months. They have left to pursue careers in safeguarding- now working the in the Child Exploitation Hub and for the Youth Justice Service.

2.1.2 Child protection medical activity 2021/2022

The Trust continues to carry out very high numbers of safeguarding medicals compared with our regional neighbours, reflective of the challenges faced by our Bradford childhood population. Numbers of medicals continued to rise during the first year of the COVID19 pandemic but were slightly lower in 2021. We have, however, experienced a high demand for medicals particularly during the 3 months November 2021–January 2022. The reasons for these fluctuations are unclear but are somewhat related to patterns of referral and action taken by children's social care. For example, we are aware (from Partnership data) that there was a drop in the number of strategy discussions in social care in Autumn 2021. Of note, at the time of writing this report, we have seen a large increase in referrals for medicals over April-May 2022 in terms of both numbers and complexity.

We are not turning away medicals, despite the fact that on occasion the demand on a particular day is so high (can often be 5 or more) that a second colleague needs to be called to assist or the medicals run into the evening and are carried out by the on-call consultant. The unpredictability of this makes it very difficult to plan back-up and the paediatric consultants have been extremely flexible in adapting to the demand. We are, sometimes, reluctantly, having to postpone medicals until the next day but strive to carry them out within 24 hours of referral.

Fig.3 Total number of safeguarding medicals per year

Total No.	
2016	334
2017	389
2018	448
2019	414
2020	429
2021	392

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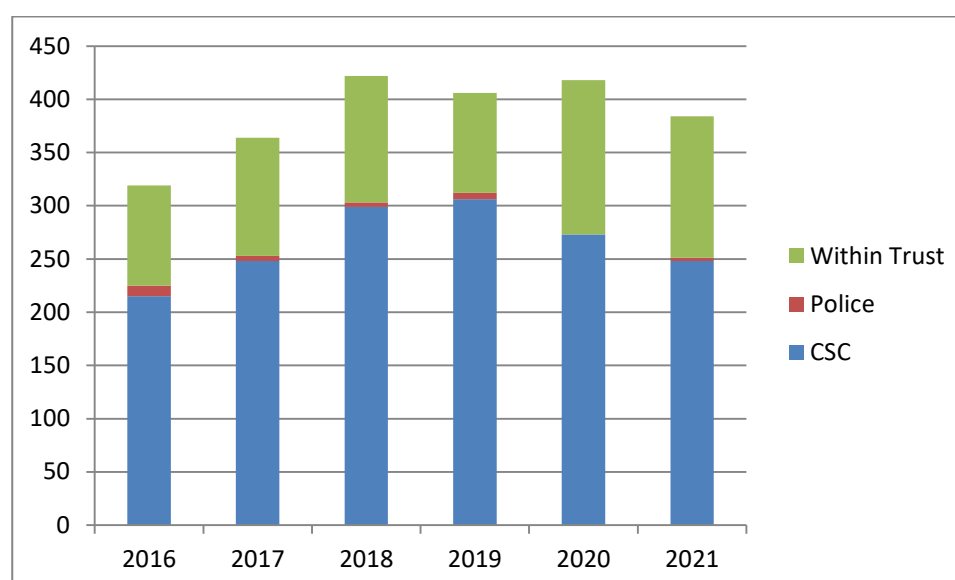
Around ¼ of all medicals are performed out of hours, sometimes during the night, in order to take the correct action to safeguarding the child. This can be challenging, particularly during the last 6 months where patient volume in paediatrics has been persistently high, staffing reduced and patient acuity high. The on-call consultant is sometimes faced with having to balance the demands of patient flow with sick children and a child protection medical request at the same time. We continue to work collaboratively with our colleagues in social care to ensure whatever the pressures, each child is effectively safeguarded.

Historically the numbers of medicals carried out by a senior trainee rather than a consultant have been low. There was considerable improvement in 2020 from single figures to 47 (just over 10% of all medicals) being done by trainees. In 2021 this dropped off to 24. It is likely this reflects ongoing significant staffing pressures in the paediatric department during the COVID19 pandemic. Specific guidance for trainees doing medicals, including appropriate supervision and sign-off, was created in late 2020 in line with the Royal College of Paediatrics and Child Health (RCPCH) Child Protection Standards.

Source of referrals

As usual and expected, the majority of referral come from Children's Social Care, however we continue to receive high numbers of referrals direct from within the Trust, largely from ED but also from Orthopaedics, Plastics, Child Development Centre and other areas.

Fig. 4 Source of referral



Reason for referral

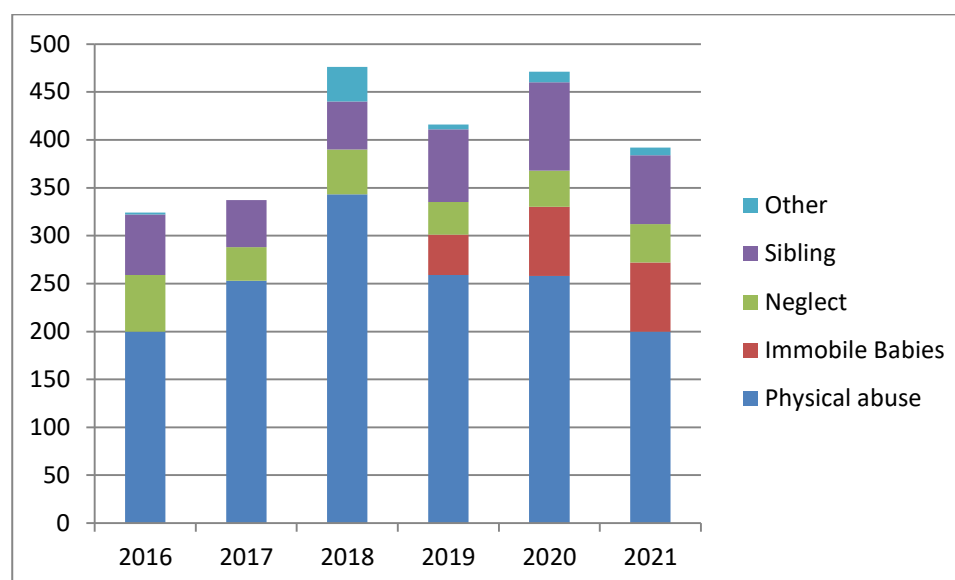
Most referrals are for suspected physical abuse, with a small number for neglect. 72 non-mobile babies (approximately 20% of all medicals) were seen for a safeguarding medical as per the SOP for injuries in non-mobile babies. The private provider Mountain Healthcare continues to be commissioned for regional sexual abuse services. A small number of children were referred for

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“other reasons” including for example ingestion of cannabis sweets or “powder”; teenagers found after being missing and loss of memory; two cases of possible anogenital warts.

Around ¼ of medicals are for siblings, however social workers do not always bring siblings for a medical, even when it is our recommendation.

Fig. 5 Reason for referral



Each medical takes a considerable amount of time. The information-gathering and clinical assessment itself may take up to 2 hours, longer if there are multiple siblings. The paediatrician may then need to be involved in a further strategy discussion. They write a provisional short report at the time and then dictate a formal lengthy evidence-based report with opinion. Following this, they may be required to attend a child protection conference, give a police statement or give evidence in court. It is fair to say that safeguarding work takes up a significant proportion of time for our busy paediatricians and the current demand is high. They are supported by the Named and Designated Doctors and by the process of regular internal monthly peer review.

Outcomes

Each year, consistently, the opinion in around half of all medicals is that it is not abuse. Our paediatricians aim to work without bias and in a balanced and non-discriminatory fashion. It is very rare for a child to be brought inappropriately. However the likelihood of finding signs of abuse declines with time, and there have been occasions when due to delays in Children’s Social Care (for example delay in organising a strategy discussion), the timing of the medical has also been delayed.

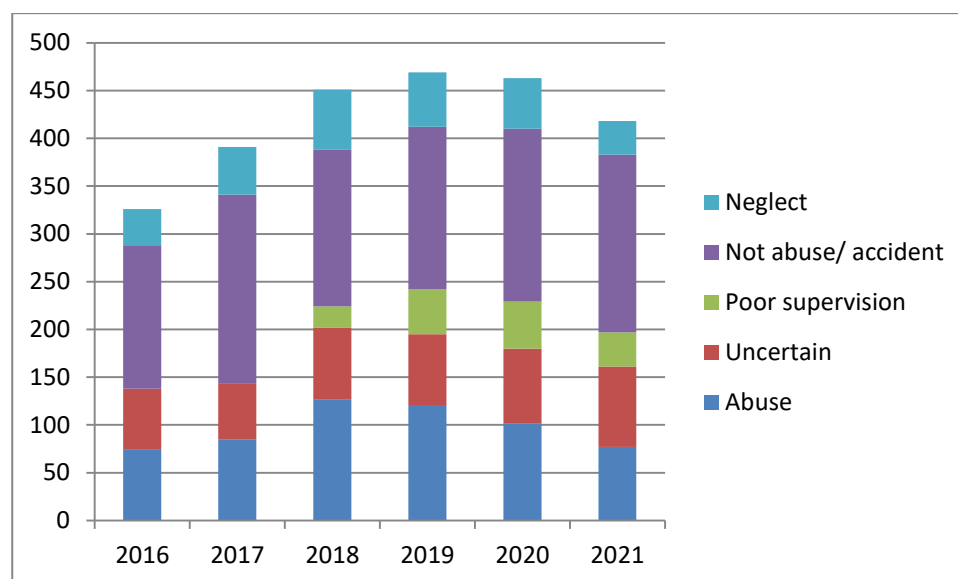
Much of the time, outcomes overlap particularly between physical abuse and neglect or lack of supervision/accidental injury and neglect. There is a trend for identifying neglect incidentally during medicals, particularly dental neglect. Despite this, low numbers are actually brought to us solely for the purpose of a “neglect” medical alone. This may be reflective of the chronic cumulative picture of neglect vs the “snapshot” of a medical assessment. It is clearly appropriate to offer a medical

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where a child has just been removed due to neglect, but less helpful once they are in foster care and have had their needs addressed.

We continue to have high numbers of injuries to young babies, including fractures and 3 cases of abusive head trauma in 2021 which is consistent with previous years but higher than would be expected for our population.

Fig. 6 Outcome following child protection medical



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. All of the paediatricians carrying out these medicals use a standard template for reports to ensure consistency and an annual dip sample audit of reports is carried out every year. This is presented at the paediatric clinical governance meeting and is an opportunity for feedback and learning.

2.1.3 RCPCH standards

In October 2020, the Royal College of Paediatrics and Child Health (RCPCH) published “Good Practice Service Delivery Standards for the management of children referred for child protection medical assessments”. The Named Doctor for the Trust created a RAG Action Plan, the majority of which is now green. Actions have included multi-agency working and planning of medicals, documentation of discussions, timing of medicals, access to photography, peer review attendance and appropriate supervision of trainees. An audit of compliance with some of the standards was carried out in autumn 2021 and presented at the Safeguarding Children Steering Group and Paediatric Clinical Governance meeting. Overall documentation of child protection medicals was good. Medicals happened in a timely manner and date/place/time seen was also documented in all cases. Areas for improvement include clear documentation of consent and documentation of the presence of an appropriately qualified chaperone, use of electronic provisional report slip.

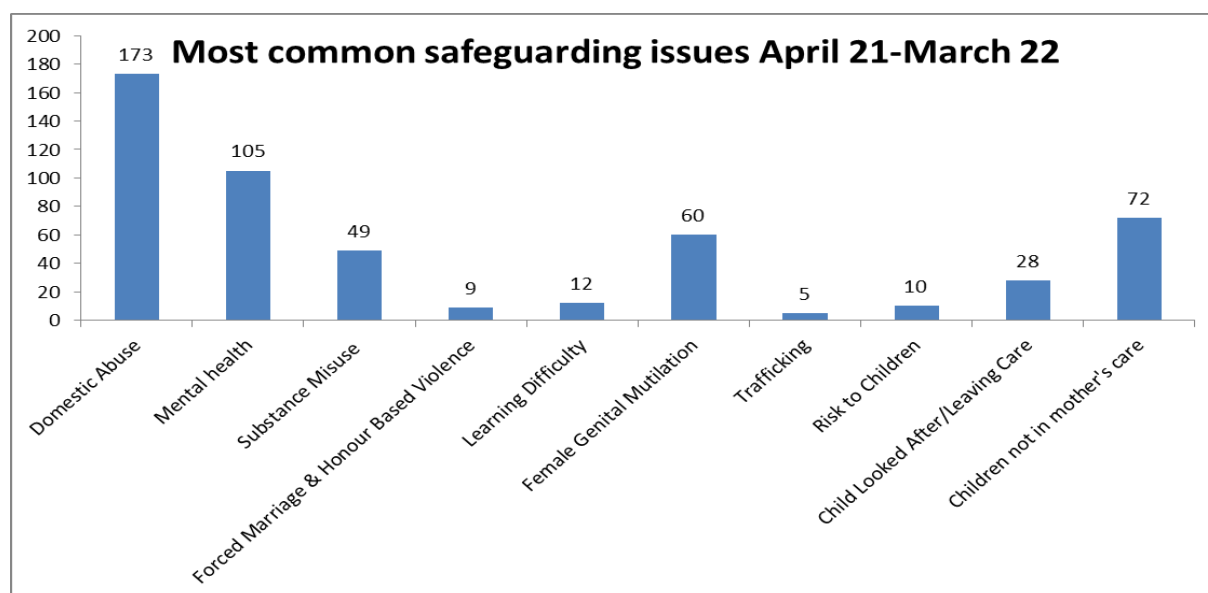
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2.1.4 Safeguarding the unborn activity 2021/2022

ICON

Maternity services introduced the full ICON programme to help parents care for a “crying” baby and help reduce the risk of injury to a baby when parents cannot cope. All information is available to parents following the birth of their baby via an ICON insert in the babies “red book” which is given on the birth area. It is also included in the Local Maternity Systems postnatal care booklet.

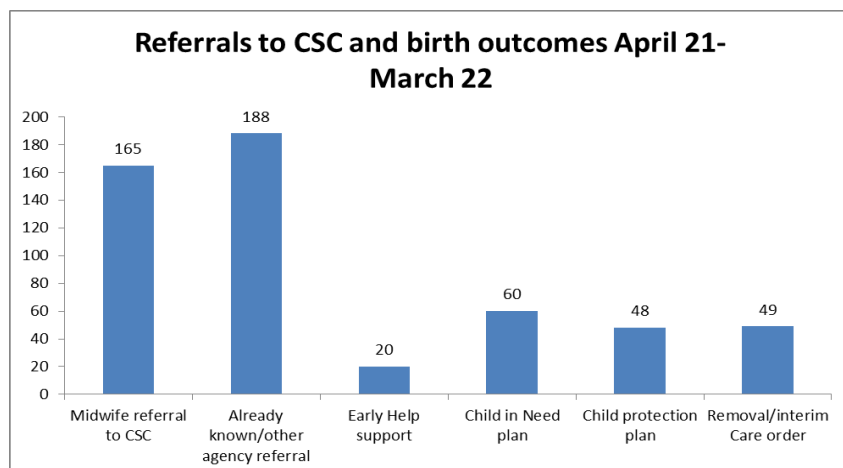
Fig. 7 Most common safeguarding issues



NB. Many families have multiple complex needs and the graph does not equate to the 550 families notified to maternity safeguarding as having safeguarding concerns. There were other concerns highlighted such as CSE/CCE, <16 years, asylum / immigration, historical concerns, family issues and housing but are not included in this graph.

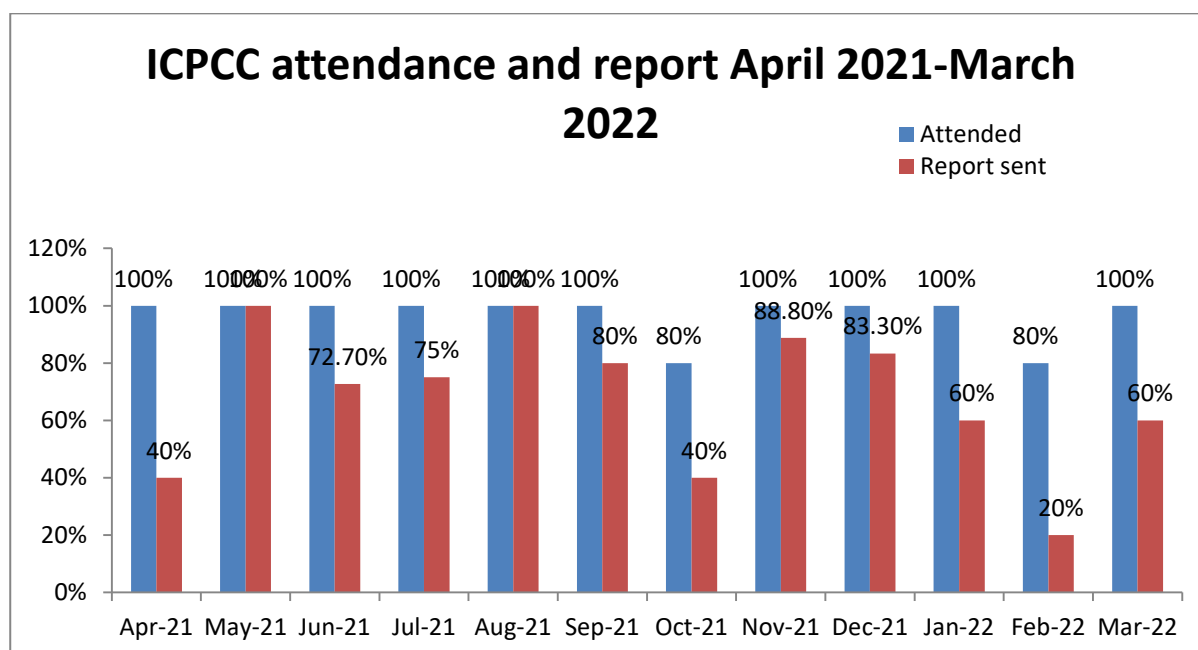
Fig. 8 CSC referrals and birth outcomes.

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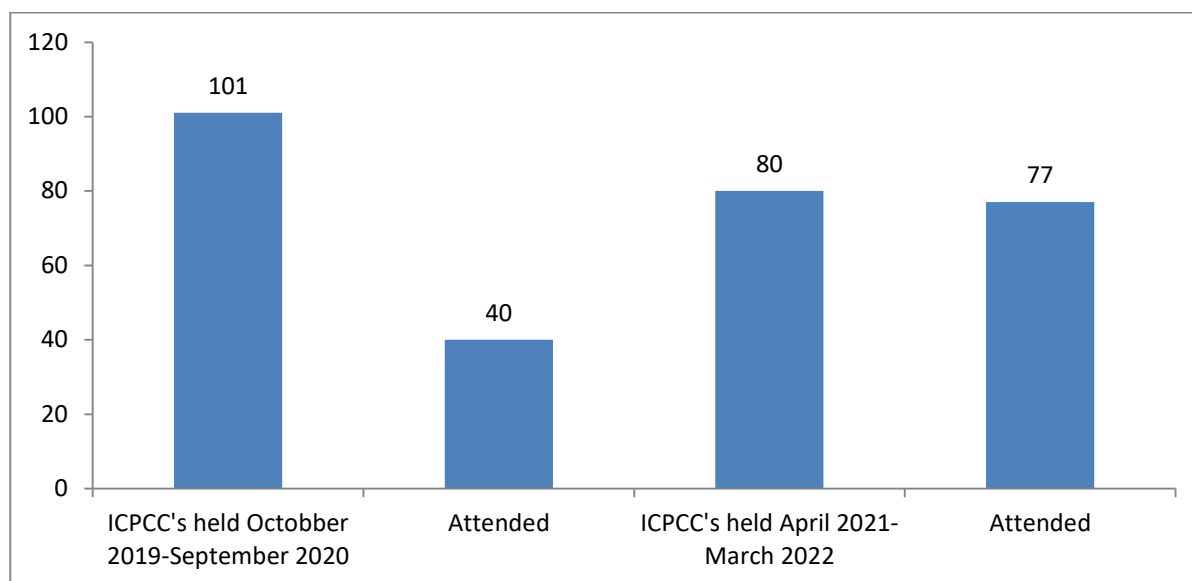


There is an overall reduction in the number of new-born babies removed from parents and more parents are caring for their children under and ICO (Interim Care Order) in a mother and baby unit or family foster placement. This may be due to intensive involvement by the local authority Problem Solving Court Team of social workers who work with women who have had children removed from their care in previous pregnancies. Bradford women have also benefitted from the opening of a mother and baby unit in the city.

Fig. 9 ICPCC participation figures.



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In the reporting period there has been a vast improvement in midwifery participation in the Initial Child Protection Case Conference (ICPCC) process but there is also a significant decrease in the number of ICPCC's held by the local authority. The 12 months comparison is from when maternity services noticed an increase in ICPCC's held following an Ofsted inspection.

Adoption paperwork

There has been a significant decrease in Local Authority (LA) requests for maternal and infant birth information from the maternity service prior to adoption. The requests in 2019 and 2020 were 41 and 37 respectively but in 2021 only 14 requests were made by Bradford and an additional 3 from other LA's.

Innovation in 2021- 2022.

The implementation of Continuity of Carer (CoC) teams to help improve outcomes for vulnerable groups of women has been partially suspended as recommended by the Ockenden report until – and unless – safe staffing is shown to be present. The vulnerable families Acorn team, Clover team, funded by Better Start Bradford and the Home Birth team continue to provide enhanced care to families with potential safeguarding concerns.

HIDVA

In the reporting period the Trust participated in a pilot programme to host a Hospital Independent Domestic Violence Advocate (HIDVA). The HIDVA was employed by Survive and Thrive (Staying Put) and financed by Bradford's Domestic Abuse & Sexual Violence team. The number of victims of domestic abuse referred to MARAC by the Trust during the pilot programme increased and the service offered for support was exceptional. Further funding has been secured for 18 months to continue this service. Better Start Bradford has also contributed to secure a second HIDVA who

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will be mainly based with maternity services and the specialist clover team working in the Better Start areas.

Improving outcomes for women and newborns.

Bradford is a special place with a unique, vibrant and diverse population. Some areas of the city are among the most deprived in the country and suffer from health inequalities and adverse childhood experiences (ACE's). There is a cohort of families with predisposing social and lifestyle issues that lead to safeguarding concerns. During COVID and beyond midwives in the CoC teams and traditional teams continued to provide home antenatal care to women who could not attend clinics. Food was delivered from food banks and essential new-born equipment was sourced from charitable organisations and was distributed to those most in need. Specialised 1:1 parent education is provided to couples with learning difficulty, disability and mental health issues that prevent them accessing this information in a digital or group session. In early 2021 the Trust has invested in Perinatal Mental Health and employed a 0.8 WTE Specialist Midwife for Perinatal Mental Health and Complex Care and 0.8 WTE Continuity of Carer Midwife with a Specialist Interest in Perinatal Mental Health to support improvements in the women's and babies journey through maternity services. Key roles include; raising awareness of perinatal mental health, training and education, supporting named midwife to care for women with perinatal mental health problems, joining up care across services and providing some direct care for women who experience severe perinatal mental health problems or have complex care needs.

Towards the end of the reporting period maternity services moved to a new electronic bespoke patient record. Safeguarding information is now embedded in the electronic patient record and the paper Safeguarding Families Document is being phased out of use. This will improve information sharing of important safeguarding concerns that may impact on the baby, with other departments in the Trust.

2.1.5 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 wide activity along with 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 turn reports to the Integrated Safeguarding sub-group through the governance of the Quality Committee. A small number of audits have been completed this reporting period due to the ongoing challenges of the COVID19 pandemic.

- Quality of CP reports
- Audit of CP medicals against RCPCH standards

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- Mental Health Admissions Audit
- Use of Monthly newsletter in ED
- Local Knowledge of Safeguarding Policy
- Audit of completion of safe discharge form on EPR for 14-17 years olds
- Midwifery representation at ICPCC for unborn babies
- Perinatal MH and SMS audit of tool to ensure that women are being appropriately referred for services
- Asking the Question around Domestic Abuse in maternity services

The Safeguarding Team continually review our previous action plans and revisit the learning from historical serious case reviews, lessons learnt reviews and challenge panels that we attend as part of the partnership work to ensure learning remains embedded within the Trust. The action plan was reviewed in March 2022.

2.1.6 Impact of COVID19 and safeguarding response

The COVID19 pandemic has continued to provide significant challenges during this reporting period. We have been required to respond quickly and make adaptations to practice in order that the children of Bradford continue to be adequately safeguarded.

The team have managed to maintain the following:

- Continued bespoke training - ED, Neonates, Community Services, Paediatrics, Therapies
- Ongoing representation at virtual Partnership subgroups/Health Safeguarding Children Group
- Promotion of ICON (coping with infant crying)
- Attendance at weekly/fortnightly/monthly National Named Professionals meetings
- Dedicated COVID19 multiagency meetings
- Service cover- flexible staffing shifts to cover COVID19 sickness and increased safeguarding demand
- Increased support to Specialist areas

The Safeguarding Team has been able to provide additional support to around the Trust and has supported the Chief Nurse team. The team have visited ward areas to provide care and support to staff and patients, supported the vaccination hub and worked clinically to support staffing across the Trust.

There have been some noted positives for safeguarding during the pandemic.

New ways of working by attending meetings in the virtual world have become more time effective, flexible and have improved attendance. There has been a noticeable increase in attendance for peer review, supervision it has enabled access to national safeguarding forums and networks. Online training nationally and locally has become more accessible with staff able to access high quality events that were previously not available due to high costings. The majority of these are now free!

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Reduction in family visiting in maternity services has afforded staff the opportunity to provide better care. Women have been able to disclose to staff more about home life, support networks and Domestic Abuse. There has been an increase in breastfeeding rates as staff have had more time to support women which in turn leads to better health outcomes form both mum and baby and supports the initial stages of bonding.

There have of course been noted negatives to the pandemic.

Domestic Abuse figures have increased. The types of abuse victims are presenting with are much more extreme. Not only does this have a detrimental effect on the victim but it is also having a detrimental effect on the staff and their emotional wellbeing. Staff are being offered support and psychological input to help them deal with the severity of the violence they are being exposed too. The Trust have been lucky enough to have secured funding for a IDVHA which has been a huge support for the victims of abuse as well as the staff.

We have seen a national rise in the number of non-accidental injuries in the under 1's. COVID19 has had a huge impact on parents and their babies due to service provision availability. The lack of patient face to face contacts have continued well into the pandemic, lack of extended family support networks due to isolating and the continued national 'stay at home' messages alongside no access to peer support such as mother and baby groups. There have been a number of Child Safeguarding Practice Reviews (CSPR) for this cohort and Bradford is commissioning an author for our own local CSPR.

2.1.7 Children and Young people with Mental Health Needs

Yet again there has been a continued rise in the number of children and young people accessing the Trust for mental health support via ED, the Paediatric Wards and AMU. Last year the Safeguarding Team committed to focus on work to further support Children and Young People with poor mental health who access the Trust. The team have continued to be actively involved in a number of initiatives designed to improve the patient journey, investing much time and resource.

- The continuation of the daily CAMHS huddle has seen improved working relationships, timely referrals and assessments taking place.
- 2021 saw the introduction of the 'Crisis Pathway' which has supported a number of children and young people using the multi-agency approach.
- New policy and guidance has been written for the 'Clinical Management of Distressed, agitated and violent patients under the age of 18' which has required the support of a large task and finish group alongside specialist legal teams and mental health practitioners to create- this is now awaiting final sign off.
- The team are supporting the initiation of a new Trust wide Children's Mental Health Sub Group. An initial meeting has been held with the Terms of Reference being agreed.
- Working with and supporting voluntary agencies and services who are able to provide an additional level of care and support to CYP while in hospital and the sign posting to

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services in the community for those children able to be safely discharged from the ED department.

- Collaborative working with the Adult Specialist Mental Health Practitioner to ensure that those transitioning to adult services are supported.
- One of the Specialist Safeguarding Nurse's was successful in completing the Best Interest Assessor training at University.
- Safeguarding Specialist Practitioner completed an NHS England CPI Safety Intervention Foundation and Clinical Holding Instructor Certification Programme.

The team would like to highlight what we feel is a significant risk for Children and Young People (CYP) in relation to service provision for those who attend in Mental Health Crisis. While we recognise that there have been significant improvements already made to try and support these CYP, the crisis pathway being one example, we feel that further improvements and investments need to be made to service provision in Bradford. The ADN for children's nursing with the support of the Safeguarding Team has completed a risk assessment for children's mental health which sits on the risk register with a score of 20. We are highly concerned that we are causing further significant harm to these CYP due to the environment they are in and lack of swift placement provision/therapeutic support that can be provided.

The Safeguarding Team with support from the Chief Nurse have written to 'The Bradford Partnership' asking for children's mental Health to be added to the TBP risk register and noted for review, action and discussions at forthcoming Partnership Board Meetings so that as a Partnership we can drive and support improved service provision for the children and Young People of Bradford.

The Trust does not directly employ a Paediatric Mental Health Practitioner and staff in the team do not hold any additional qualifications in mental health. The team with the support of the ADN for children have championed the need for this role and are actively seeking support from the Executive team so that the CYP have an appropriately qualified professional to support, understand and advocate their voice. This role would also support the staff providing them with the skills, knowledge and understanding to care for CYP with mental health needs.

2.1.8 Child Exploitation

Child exploitation remains a high priority. The recent publication of the Bradford commissioned 'Thematic Review - Child Sexual Exploitation' report made national headlines and highlighted that further work is still required. The Bradford Partnership holds a multi-agency action plan to support ongoing improvements. There have been significant changes and investments to support the recommendations of the report with the reintroduction of the Child Exploitation Hub. The Safeguarding team have lost a full time Safeguarding Specialist Nurse to the CE health team however, remain positive that this will enable us to work closer with the team to ensure that the Trust are getting it right for those Children who are exploited.

The past 12 months has seen the Trust support Child Exploitation in the following ways:

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- The Safeguarding Team working closely with the ADN for Children in establishing a working group to focus on CE and how the Trust can support and improve the patient journey.
- Child Criminal Exploitation (CCE) flag is now in place and fully embedded and recognised by staff.
- Bespoke training provided to ED/front door staff around exploitation.
- The team are an active member of the Multi Agency Child Exploitation group (MACE) and attend 6 weekly meetings with updates around exploitation in Bradford and live case reviews.
- Whole team has completed CE training that has been delivered by an external guest speaker - Kendra Houseman. The team have managed to secure a number of training sessions that are thought provoking, engaging and interactive and has had outstanding feedback. They have been so good that further funding for this training has been secured for 2022 including the Trust's safeguarding session during the regional safeguarding week!
- Whole team completed partnership CE training in December.
- Work to support the Violence Reduction Unit with a pilot scheme in ED looking at supporting Young people up to the age of 25 in reducing violent crime. 'Breaking the Cycle' Youth Workers are in the ED daily. Bespoke safeguarding training was provided at the start of the initiative.
- Increase in staff awareness and professional curiosity evidenced in the increased number of referrals to the team for CE especially those from ED.

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. There have been a number of changes in the past 12 months to the team. The team has seen the recruitment of a full time Band 6 Safeguarding Specialist Nurse following the success of the Band 6 secondment role. The team have lost a full time Band 7 nurse to the CE hub however, have secured a replacement for this role with the new member of the team starting in June 2022. In the next 12 months there will be further planned changes to the team with the appointment of a new Named Nurse as the current Named Nurse is leaving the post to relocate overseas. The team are keen to secure additional funding to increase the number of staff to support Children's Safeguarding due to the sharp increase in referrals - an increase of 227% over the past 5 years with no additional resource.

Key performance targets of the Safeguarding Children Team and Trust Safeguarding Children activity is managed by the Safeguarding Children Steering group. There has been a dip in the safeguarding training figures during 2021/22 due to the ongoing global pandemic alongside the introduction of Cerner for maternity services with maternity training needs focusing on the new record keeping system. The safeguarding teams have continued to adapt to the way they provide training to ensure that staff are able to continue to access appropriate training and remain compliant with their allocated training level.

The team KPIs are:-

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- Trust safeguarding training levels.
- Team quarterly supervision.
- Attendance at The Bradford Partnership 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.

There are a number of formally trained safeguarding supervisors (medical, nursing, midwifery 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 slightly in number from the previous year.

For Consultant Paediatricians, regular “Peer Review” is offered for case review, as recommended by the Royal College of Paediatrics and Child Health. Due to the success of using a virtual platform to run these sessions supervision has remained via MS Teams. This method has allowed greater numbers of staff to access to the support/ case discussion. The named and designated doctors are active members in the Yorkshire safeguarding network which includes other Trusts. BTHFT has given agreement for reciprocal peer review with paediatricians in Airedale and also for Named and Designated Doctors in other Trusts in the region.

Named Midwives for Safeguarding from Yorkshire and Humber meet quarterly for structured peer supervision.

The triannual supervision sessions for supervisors have continued with the team reviewing new initiatives to better engage staff in attending along with the continuous review and evaluation for all delivered sessions to enable greater discussion and learning. The team also offer bespoke supervision to groups of staff both on a regular basis or ad hoc, usually following a tricky case or where learning is required. The whole safeguarding team have completed accredited supervisor training in 2022.

Safeguarding health professionals across the district are looking at devising ‘best practice guidance for safeguarding supervision’. The safeguarding team are supportive in this piece of work which is hoped to be completed in 2022.

All members of the Safeguarding Team undergo their own supervision with senior colleagues either internally or externally to the Trust (as per KPI).

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2.3.2 Policy review and updates

The safeguarding team have reviewed and updated the following policies and guidance this year:

- The Safeguarding Children's Policy
- SOP for Sexual Assault Referral Centre (SARC) onward care
- SOP for Young People under 18 attending for termination of pregnancy after suspected sexual assault – updated, including new chain of evidence process
- Guideline for the Clinical Management of Distressed, agitated and violent patients under the age of 18- Awaiting final sign off
- Guidance for social workers and CP medicals – updated (multi-agency task and finish)
- SOP – Downloading images or videos for opinion in safeguarding cases (multi-agency task and finish)
- The Multi-agency Neglect Toolkit (multi-agency task and finish)
- Resolving Professional Disagreements (multi-agency task and finish)
- The multi-agency Continuum of Need (multi-agency task and finish)
- Children and Young People Crisis Pathway- (pilot commenced April 2021)
- Pre-Discharged from hospital Planning protocol (multi-agency task and finish)

2.4 To be a continually learning organisation

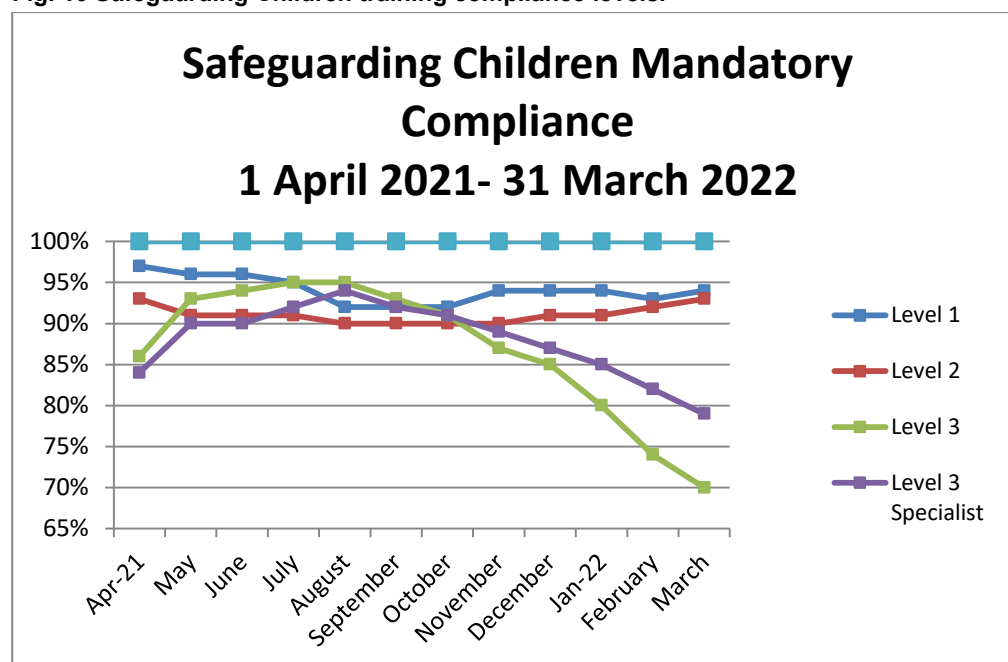
2.4.1 Training

Safeguarding children training compliance is a key performance indicator and monitored through the Safeguarding Children's Steering Group for assurance. Figure 10 demonstrates the training compliance over the last year. Following the significant decline in training compliance for level 3 and 3s the previous year down to below 60%, the Safeguarding Children's and Maternity teams made training a priority. The teams increased their capacity to deliver the training and focussed on targeting those practitioners out of compliance. A weekly training update is sent to the Clinical Business Unit (CBU) managers along with the head of services to support staff being allocated time to access the required training. This targeted approach was successful and during the early part of the year figures returned to above 90% for all training levels. Unfortunately as the pandemic continued and multiple variations of COVID19 were reported, training for staff was again put on hold to ensure patient care and safety remain the top priority. This saw a decline in staff being able to access training thus resulting in a decline in compliance. In the latter quarter of this reporting year we have seen a further significant drop. The introduction of Cerner in maternity service has seen all other mandatory training suspended for this staff group while staff focused on the new record keeping system. Safeguarding training in maternity services was relaunched in April 2022 with increased level 3 and 3S sessions being delivered face to face alongside the creation of

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additional online resources. Current training figures for level 3 and level 3S are 76% and 80% respectively with additional planned catch up session being delivered. Both children's and the maternity safeguarding teams have continued to deliverer bespoke training to all high risk areas of the Trust and all sessions are designed to suit the needs of the learner.

Fig. 10 Safeguarding Children training compliance levels.



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 3S are encouraged to take part in multiagency districtwide training, and also other blended learning opportunities such peer review, supervision, critical review of safeguarding publications and child safeguarding practice reviews, for example.

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. The team are proud to have 4 members of the Trust Safeguarding Children Team delivering training on behalf of The Bradford Safeguarding Partnership for the multiagency district wide audience.

2.5 To collaborate effectively with local and regional partners

2.5.1 Multiagency working

The Trust remains committed to shared safeguarding work with The Bradford Partnership 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. The Team

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continue to work with partners to produce multi-agency pathways and guidance for use across the district of which a number have been reviewed this reporting period.

There has been a continued flux of change in the Local Authority for children's services. Over the past few years following an Ofsted inspection in 2018 Children's Social Care have been required to make a number of improvements. In the later part of 2021 the local authority has been stripped of its responsibilities for running Children's Social Care services and there is now a 'not for profit' Trust set up in its place run by a new independent chair and board of directors. This has brought significant changes to staffing with the most noticeable being those in a senior position. As expected with any new service redesign this has come with multiple changes to process. The Trust is working hard alongside other health partners to support the changes while ensuring safe care and timely interventions remain the focus. There has also been a new Independent Chair appointed for The Bradford Partnership.

Multi-agency work continues and the team are active in supporting the following:

- Health and CSC meetings have been re-established with the named professionals for BTHFT taking the lead in establishing this working group.
- Continued support for the mental health act as one program.
- Training for the partnership - The Named Dr takes a lead in delivering professional practice sessions.
- Team deliver multi-agency training for The Bradford Partnership with a focused on specific areas of safeguarding.
- The team have delivered safeguarding training at University to pre and post graduate students with the sessions always receiving high praise and excellent feedback.

2.5.2 Children's Safeguarding Practice Reviews (CSPR's)

The Safeguarding Children Team supported the publication of the 'Thematic Review- Child Sexual Exploitation' which was published in summer 2021. The Bradford Partnership holds the multi-agency action plan for this and the Trust has supported any learning and recommendations. The Safeguarding Team have all accessed the CE training provided by the partnership following the publication to ensure that the learning from the review is embedded in the Trust and BTHFT can provide assurance that we are getting it right for our Children and Young People. The team have also made child exploitation the theme for this year's safeguarding week event here at BTHFT securing an external speaker for the event.

The Trust has contributed to a National Review commissioned by the government following the widely publicised case of Star Hobson. The National Panel are producing a Child Practice Safeguarding Review that is due for publication in 2022.

There are 2 ongoing individual local CSPR's in which the Trust has had contact with the subjects of the reviews. One is nearing completion with plans for a publication date in summer 2022 where there will be recommendations for implementation. The report highlights the risk and challenge for safeguarding when having different record systems – EPR, Systmone and paper records. This is

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particularly of concern for CDC/Community nursing/therapies and joined up working to ensure children are safe and being appropriately cared for. The other CSPR is still in the process of being completed due to a change in the author. There is a further thematic review to be completed involving a number of children under the age of 1 who have suffered, The Bradford Partnership are currently commissioning an author for this review.

During this reporting period a CSPR 'Emily' has been published. The learning and recommendations from this review have been implemented across the Trust with additional slides added to all training. The themes from this review were around professional curiosity, domestic abuse and disguised compliance.

Learning from all reviews will be captured as part of the ongoing safeguarding work plan and learning will be shared with progress monitored through the Safeguarding Children's Steering Group and the Integrated Safeguarding Sub-Group.

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:

- To continue to improve the experience for Children and Young People attending the Trust with poor mental health and in those in crisis.
- To continue to monitor and maintain training compliance across all levels through the Safeguarding Children Steering Group.
- To implement the work plan and audit strategy which have been revised for April 2022 ensuring all previous actions are completed or monitored until completion.
- To continue to support the Local Authority and The Bradford Partnership in the development of children's services in Bradford to ensure children are effectively safeguarded.
- 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 the safeguarding team have supported 2 risk assessments.

1. Children and Young People and Mental Health in conjunction with the ADN for children's services and the (CBU).

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2. The 'Unseen child' which was completed following the declaration of a Serious Incident that was reported to the CCG's and has also resulted in a CSPR.

There has been 1 reportable serious incident (SI) within this reporting period which has safeguarding implications. An SI for a child in the community where it was identified that the child had suffered from serious neglect and was admitted for medical interventions. The child is severely disabled and had not been seen by professionals for a long period of time due to COVID 19. During a home visit it was identified that the child had extensive tissue damage and pressure sores. This resulted in a CSPR being commissioned to understand where agencies had failed and how improvements could be made. The safeguarding team along with the Matron for Children's Community Services conducted a risk assessment for the 'unseen child' to ensure that there were no other children under the care of BTHFT in the community that remained at risk. The risk assessment identified number of recommendations and the team supported the community teams in understanding those risks and implementing changes to provide assurance that all children had been seen face to face. The CSPR report into this incident is due for publication later this year. Issues around disguised compliance, professional curiosity, the 'expert parent/carer' along with additional challenges faced by children with severe disabilities has been identified and all Trust training has been adapted to share this message alongside bespoke training that has been delivered for community staff, child development centre and therapy staff. The report highlights the risk and challenge for safeguarding when having different record systems – EPR, Systmone and paper records. This is particularly of concern for CDC/Community nursing/therapies and joined up working to ensure children are safe and being appropriately cared for.

6	RECOMMENDATIONS
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1. The main area of risk is for Children and Young People with poor Mental Health and those in crisis. There have been positive developments however further improvements need to be made in order to achieve better outcomes for these Children and Young People and reduce their length of stay on an acute ward. The Trust does not employ a children's specialist Mental Health professional and given the rise in attendance and the complexity of the CYP suffering with poor mental health this needs to be a priority.
2. The Trust are involved with a local CSPR in relation to a child who presented as severely neglected. This was also a Serious Incident (SI) that was reported as a system wide SI. The review is hoped to be completed in 2022. The Trust has identified changes that required immediate action and others that require greater intervention and a wider resource to implement. A risk assessment for the 'unseen child' was completed to ensure that there were no other children under the care of BTHFT in the community that remained at risk. The risk assessment identified a number of recommendations and the team supported the community teams in understanding those risks and implementing changes to provide assurance that all children had been seen face to face. The report highlights the risk and challenge for safeguarding when using different record systems – EPR, Systmone and paper records. This is particularly of concern for CDC/Community nursing/therapies and joined up working to ensure children are safe and receiving appropriate care. The

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safeguarding team request support from the executive team to support this change in practice.

3. The Safeguarding Children's Team and Maternity Team remain committed to providing additional training and will continue to send weekly training updates to the Clinical Business Unit (CBU) managers along with the head of services to target those staff who are non-compliant and to support staff being allocated time to access the required training.
4. The team seek the support of the Executives in relation to securing additional support/funding so that the safeguarding team can continue to fulfil their duty in a safe and timely manner. The increase in the demand for support from the team has been phenomenal over the past 2-3 years and the team are under significant pressure to ensure that all safeguarding actions are completed due to the sheer volume of numbers. There has been agreement for a short term secondment to support the current staffing shortages however, the team would like to see additional resource allocated as the number of children accessing the Trust continues to grow.

7	Appendices
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None