

## **PROVIDER SAFEGUARDING STANDARDS FOR ADULTS AND CHILDRENS**

Safeguarding is ‘everybody’s business’ and should be positively demonstrated within the culture of any organisation that provides or commissions health care, as a ‘golden thread’ throughout.

[The NHSE Safeguarding Children, Young People and Adults at Risk in the NHS](#) (2022) states:

*“All health providers including provider collaboratives are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver.*

*Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.*

*Providers must assure themselves, the regulators, and their commissioners those safeguarding arrangements are robust and are working.”*

The NHS standard contract for delivery of health care services requires that provider organisations must comply with Safeguarding national legislation. It is the role of health commissioners from whom it commissions services (both public and independent sector) to seek assurance that providers recognise and are actively seeking to:

1. Adhere to national safeguarding legislation and requirements (including contract requirements)
2. Are able to demonstrate how a culture of learning and improvement within the organisation is an integrated process that forms part of the safeguarding golden thread – and at every level within the organisation
3. That the organisation actively seeks to assure itself of the above

This document has been developed by Designated Nurses/Professionals across the West Yorkshire ICB with the aim of identifying the overarching key safeguarding standards that the ICB would expect to see in services it commissions.

In completing the tool and sharing with the ICB, the organisation is providing assurance that Safeguarding is a critical element or golden thread within both the culture and the business of the organisation.

The expectation is that providers will comply with any requests from the ICB for the completion and submission of the safeguarding standards to provide safeguarding assurance.

### **Structure of the document**

The document is set out as a self - assessment tool for each provider to complete and assure itself of safeguarding practice and governance within the organisation, to identify any gaps or areas of improvement and that internal action plans are in place to address these.

The tool identifies 5 key domains applicable to all organisations:-




- Governance and Accountability
- Learning and Practice Improvement
- Partnership Working
- Embedding Safeguarding
- Wider Safeguarding

Under each domain the document:

- Identifies overarching minimum key standards required
- The components of each standard provides a principle guide to what should be seen as a minimum for that standard
- Each component should be RAG rated and consideration given as to how the organisation might provide evidence to demonstrate achievement against the RAG rating
- For any standards where full compliance is not achieved an improvement plan or action plan should be in place.

<b>Name of Organisation:</b>	<b>Bradford Teaching Hospitals NHS Foundation Trust</b>
<b>Person completing the audit tool (include designation, contact details including email)</b>	<b>Jo Sims, Named Dr for Safeguarding Children and Consultant Paediatrician <a href="mailto:jo.sims@bthft.nhs.uk">jo.sims@bthft.nhs.uk</a></b> <b>Sarah Turner, Assistant Chief Nurse Vulnerable Adults <a href="mailto:sarah.turner@bthft.nhs.uk">sarah.turner@bthft.nhs.uk</a></b>
<b>Dated audit tool completed</b>	24/5/23
<b>Date audit tool submitted to ICB for assurance</b>	

#### RAG rating Key:

Green		Provider is assured that they are fully compliant (remains subject to continuous quality improvement)
Amber		Provider identified that there are some gaps in compliance and an improvement plan is in place
Red		Provider identified that there is limited compliance against standards and a detailed action plan is in place to ensure full compliance within an identified timeframe



## Governance and Accountability:

Overarching Standard	Components of standard	Descriptor of evidence (Describe the evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	Rag Rating	Comments/actions by the organisation to address any areas of amber/red
<b>The organisation is able to define and describe clear and robust accountability and assurance arrangements for safeguarding at all levels</b>	There are clear lines of accountability and governance for safeguarding within the organization, including an executive lead.	The Chief Nurse has the executive portfolio for safeguarding. The Deputy Chief Nurse directly line manages the Safeguarding Teams. The organisational structure and accountability is laid out in the Terms of Reference for the Integrated Safeguarding Committee (a subgroup of the quality committee), which spans adults and children.		
	Safeguarding is reflected in all relevant corporate and clinical policies and procedures, in line with local and national guidance	The Trust Key Principles of Safeguarding joint position statement sets out the importance of joint working and provides assurance that the Trust will fulfil its statutory safeguarding obligations with a clear governance structure and appropriate policies and procedures. There are multiple safeguarding children and adult policies available on the Trust Intranet to cover a range of issues. These are very comprehensive and regularly updated.		
	The organisation can demonstrate how it assures itself that it is meeting all its safeguarding statutory and partnership responsibilities. This	The Trust has separate Safeguarding Adult and Children		

	includes as services subcontracted by the organization	Steering groups (operational groups) which feed into the Integrated Safeguarding Committee. An annual report is submitted annually by the Safeguarding Adult and Children teams respectively and a face to face update is delivered for the Board of Directors. The Trust as Key Performance Indicators for safeguarding, which include training and supervision, attendance at Partnership subgroups. The Trust has completed in full the Organisational Safeguarding Awareness Audit (previously known as section 11 audit) for Children. The Trust also commissioned an external audit of the safeguarding children service in 2021, by Audit Yorkshire which provided “high” assurance that robust processes were in place.		
	<p>There are clear and up to date safeguarding policies and procedures in place, which reflect local and national policies, legislation, learning and priorities and includes as a minimum:</p> <ul style="list-style-type: none"> <li>• Guidance for staff to recognise and respond to a safeguarding concern.</li> <li>• Sources of support and guidance</li> <li>• Recording of concerns</li> <li>• Flagging of systems</li> </ul>	Up to date safeguarding children and adult policies. Main Safeguarding Children Policy last reviewed in 2022 and currently undergoing minor changes e.g. incorporation of Thorpe Model for referrals. Policies refer to the Bradford Partnership and reference Working Together to Safeguard Children, national policies and the West Yorkshire Tri-X procedures. The main policies are supported by specific		

		<p>operational policies and extended guidance for certain topics eg, Guidance for management of distressed, agitated and violent patients under 18, Radiological imaging in NAI, SOP for termination of pregnancy in under 18s, Guidance for detention under Mental Health Act, Guidance around MCA and DOLS. Policies easily accessible and promoted during training and supervision sessions along with access to the Trust Safeguarding Children and Adult webpages. The policies are clear about the responsibility of ALL staff to act to safeguarding vulnerable people and how to do this. Contact details for both teams (adult and children) are clear, as is the process for escalation of concerns. Documentation is highlighted. Those patients with specific risks are “flagged” in the Electronic Patient Record (EPR) (for example, children on a child protection plan or missing,) IN addition, front-door services utilise the CP-IS system. Safeguarding information for locum doctors. Safeguarding information in Induction booklet for new starters.</p>		
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	<p>Named safeguarding leads for children and adults are employed and organisation staff are aware of their role and how to contact them</p>	<p>Named Nurses, Midwife and Doctors for safeguarding are employed by BTHFT to provided safeguarding expertise. The Trust currently has one Named Doctor for Safeguarding Children and following a successful business case is in the process of employing a 2<sup>nd</sup> Named Dr due to the high demand. Contact details for the whole safeguarding teams are available on the Trust Safeguarding webpages and in all policies.</p>		
	<p>Named safeguarding leads have the required competencies for the role and are given sufficient time and support to carry out their duties and responsibilities</p>	<p>At recruitment, there are clear job descriptions for named safeguarding posts, in alignment with nationally recognised standards and competencies. The Named Nurses and Midwife are full-time roles, with support from Band 6 and 7 staff and line management from the Deputy Chief Nurse. The soon to be advertised Named Dr post for Safeguarding Children is in line with the Royal College of Paediatrics and Child Health job description. The number of Pas (Programmed activities) for the Named Dr role has recently been reviewed and increased from 2.7 PA per week to 4 per week in total, to include the new post. This is reflective of the challenges and complexities of safeguarding in Bradford and in recognition of the support</p>		

		required for the extremely high number of child protection medicals carried out by consultants.		
	Any changes to the structure of safeguarding or named leads within the organisation are communicated in a timely way to the ICB and consideration given to the completion of an EQIA to assess the impact of the change	There is representation from the ICB on the Integrated Safeguarding Committee and minutes are circulated. Changes to the structure or lead roles would be included in revised Terms of Reference for the governance arrangements and would be communicated to the ICB AND other safeguarding partners. Any major changes, in line with trust policy would include an EQIA.		
	The organisation is able to assure itself that Safeguarding leadership is embedded at all levels within the organization	This is demonstrated by the support that the safeguarding teams receive from the Executive Board and Chief Nurse. Safeguarding weaves throughout all activities within the trust as children age 16-17 are treated in adult services. As Named Professionals, we are well known within the Trust and easily accessible to staff. We provide appropriate challenge both internally and externally to our partner agencies. We are advocates for children in every sense by escalating concerns/worrying decision-making to senior staff in other agencies and also ensure that we give positive feedback to staff regularly to reinforce good practice.		



	<p>Regular reviews of effectiveness of the safeguarding arrangements within the organisation are undertaken and senior managers monitor and respond to this.</p>	<p>The Trust is compliant with the Organisational Awareness Audit – completed October 2022. Both Adult and Child Safeguarding Teams have an audit strategy and work plan for the year which are discussed regularly in teams meetings, steering groups and Integrated Committee. Reports for Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and DHRs are signed off by the Chief Nurse or Deputy prior to going out to the partnership.</p> <p>Three audits of staff awareness and knowledge carried out over the last few years. We notice a change in referrals to the team which is responsive to specific training we have given eg exploitation Patterns in maternity services - can demonstrate improvement in antenatal and perinatal management of babies at risk. There is a marked increase in safeguarding notifications to the team and an overall increase in professional curiosity. Quality of referrals to social care has improved. 3000 extra referrals to the safeguarding team within the trust in 2022 compared with 2021, at least part in response to training. Specific themes result in better management eg hidden men. providing services to families rather than pregnant</p>		
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		women per se. Safeguarding adult team have audited mental capacity and use of mental health act		
	The strategic aims of the LSCP/LSAB/Community Safer Partnership are reflected within the providers' policies, processes and priorities.	All our Trust policies, procedures and processes are allied with the strategic aims of the Bradford Partnership.		
	There is a robust recruitment and vetting process in place which is in line with contemporary national guidance and legislation and all contacts of employment include explicit reference to safeguarding responsibilities.	<p>BTHFT Safer recruitment is in line with the W Yorkshire Consortium Procedures (other than a panel being a minimum of three people - our minimum for BTHFT is two but senior positions are more likely to have more people on the interview panel). This has been checked by our HR department.</p> <p>Safe recruitment is included in the Safeguarding Policies and staff undergo specific training in this regard. All job adverts and volunteer roles include a statement about the safeguarding responsibility of all staff.</p> <p>All DBS checks have been carried out and updated in accordance with NHS Employers standards - regular audit. Staff are encouraged to sign up to the DBS update service.</p> <p>Volunteer training in place. All new starters including volunteers receive MAST induction booklet (Mandatory</p>		

		and Statutory training) - includes safeguarding level 1 then topped up by national e-learning modules as part of induction, within 3 months. Bespoke Midwifery Induction for groups at level 3 Bespoke new paediatric consultant safeguarding induction. Bespoke ED & Paediatric new starters safeguarding training. Safeguarding training for ALL foundation doctors new to the Trust.		
	Staff who are involved in recruitment have attended relevant safer recruitment training	Our Trust HR provide internal safer recruitment training including safeguarding, Equality and Diversity, job descriptions, avoiding bias, interview process and all relevant checks including DBS and what to do if positive DBS check. Note currently there is no allegations management/recruitment training being offered in TBP - in development.		
	There is a clear process in place for staff to raise any concerns related to colleagues, managers and volunteers, as part of the Freedom to Speak up and this is made clear to all staff as part of their induction.	Staff very much supported to raise ANY concerns about actions related to other staff members in a safe and supported way. Freedom to Speak Up Champion – Chief Nurse (also lead for safeguarding) Included in induction and global emails to all staff. LADO procedures and identified LADO Officer within the Trust.		

		Whistle- blowing policy Use of advocates including Professional Midwifery Advocate (PMA) DATIX- internal incident reporting		
	All safeguarding concerns related to staff are effectively investigated and appropriate referrals made in accordance with local and national procedures, including to LADO, professional bodies, adult social care and DBS.	LADO procedures and identified LADO officer within the Trust (Director of HR). Process supported by Safeguarding Children team. Risk to child is kept as a focus, appropriate referrals supported and facilitated.  Concerns around person in a position of trust and safety of vulnerable adults is reported to a named professional (Assistant Chief Nurse for Vulnerable Adults)		
	The Duty of Candour is embedded within the activities of the organisation, including safeguarding	Duty of Candour highly promoted within the Trust. Formal reporting system internally for staff- DATIX Staff aware can discuss either with line manager or direct with the safeguarding team (includes ANY member of staff) All practitioners have Duty of Candour to patient/family where management has been suboptimal. When a DATIX is completed, there is mandatory section about whether DOC complete. Freedom to Speak Champion		

Learning and practice improvement				
Overarching Standard	Components of standard	Descriptor of evidence (Describe the Evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	Rag Rating	Comments/actions by the organisation to address any areas of amber/red
<b>The organisation is committed to and is embedding a culture of sharing safeguarding learning and practice improvement through their services</b>	There is an programme of exploring and implementing learning from safeguarding to continually improve and develop practice, such as patient stories, internal reviews and audits and staff feedback	Involvement in all Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. Representation on all Partnership Subgroups and dissemination of learning through these. Action plans for our own agency where appropriate. Dissemination of learning through training, newsletters, bulletins, supervision, webpages. Regular review of all CSPRs over last 5-6 years (previously gone back 10 years) to ensure learning remains embedded and check if any further actions required. Annual audit strategy includes audit to provide assurance for improvement. Collaborative learning with multiagency partnership. The Named and Designated Doctors who work in BTHFT design and deliver training on behalf of The Bradford Partnership, including learning from case reviews. The Trust Safeguarding Adult and Children Teams have committed to assist in delivering training on		

		<p>behalf of TBP.</p> <p>As previous – regular audits of practice and action plans, annual work plan, external Audit Yorkshire Assessment of service provided high assurance.</p>		
	There is a robust process in place whereby the organisation assures itself regarding the effectiveness of their current safeguarding arrangements.	See above. Annual report to Board of Directors and face to face update by safeguarding children team. Regular reports to Quality Committee.		
	An incident reporting system is in place which captures safeguarding incidents and includes consultation with the provider safeguarding team, as part of the process	DATIX process as above – box within this for staff to tick if involves a safeguarding issue and this will automatically notify the Named Professionals.		
	All Serious Incidents which relate to safeguarding are reported to the ICB, including evidence that learning has taken place	As per STEISS procedures. Also reported to the Bradford partnership directly where appropriate.		
	Consideration to safeguarding is given in the management of complaints and PALS notifications.	The Safeguarding teams are frequently involved in managing, or supporting others to manage formal and informal complaints. This is essential in order to advocate for the child or adult at the centre, for example where a family complains about their child having to undergo child protection medical and consequent actions following this. The Trust is highly supportive to professionals acting within policies and procedures to safeguard		

		children, young people and adults. Named Professionals have been involved in interviewing staff, collecting information and direct liaison with families by phone or face to face as part of the complaints process.		
	There is a clear process for implementing and the auditing of learning from serious safeguarding incidents, including DHRs, SARs, CSPR, LLRs.	See above. Trust action plans created for all case reviews and regularly reviewed/updated. In terms of generic learning, the key messages are disseminated to staff via safeguarding newsletters, global email, training and supervision, use of the safeguarding webpages and signposting to useful practice summaries on the Safer Bradford website. Some of the Named Professionals have been involved in designing and leading Professional Practice sessions for the Partnership as a way to explore case review themes and embed learning. The safeguarding children team keep a database of actions from historical case reviews which is revisited annually to ensure interventions are still happening. Our audit strategy includes themes from case reviews.		
	There is a clear and robust process in place for learning from internal and partnership inspection and evidence how this improves practice.	As above. We had a number of CQC inspections from 2015-2019 including the CLAS inspection (Children Looked		

		After and Safeguarding) in 2019. A cross-health action plan was created following this, by the (then) CCG and BTHFT have contributed heavily to that.		
	There is a clear and robust learning and development framework in place for safeguarding which is in line with local and national guidance.	The Safeguarding Children Team has an annual work plan which includes learning and development, in addition to a robust training strategy which has just been reviewed.		
	The organisation undertakes a regular training needs analysis that aligns roles to appropriate safeguarding training levels and competencies, in accordance with the Intercollegiate documents.	Trust Safeguarding Children Training Strategy reviewed and ratified April 23. Survey Monkey Evaluations from training sessions incorporate comments about what other training would be helpful. Dedicated Safeguarding Children Team “time out” to plan annual training, themes, external speakers etc  Training at all levels is in line with the Intercollegiate documents and Core Skills Training Framework for Health Education England.		
	Staff have access to appropriate safeguarding children and adults training in line with their roles and responsibilities that meets the standards of local and national guidance.	<b>SG Children</b> - Staff have access to level 1 and 2 training via ESR (online and face to face) and sweeper days. For level 3 and 3s, the trust has moved to self-declaration of competencies and evidence of types and duration of training. Level 3+ training is delivered very regularly and face to face		



		(1-2 x per month). The training strategy and SG children webpages include a list of resources for staff to use to fulfil the rest of their training requirements. This is clearly stated in the training strategy.		
	Compliance with safeguarding training within the organisation is monitored and the impact of training on practice is evaluated.	<p>Safeguarding children and adult training is mandatory in the trust and included in all appraisals. It is monitored by the Trust training department. Training figures are a Key Performance Indicator for Safeguarding in the Trust and discussed at steering groups and Integrated Safeguarding Committee.</p> <p>Note figures for level 3 and above will not be fully reliable until 3 full years by which time all staff at this level will have completed their first self-declaration.</p>		
	There is a system in place to gather, monitor and respond to any themes or trends of abuse or neglect within the organisation from various sources and the organisation uses these to improve practice.	<p><b>SG Children</b> – database of all child protection medicals. This includes themes of reason for referral, source, types of injury, investigation and outcomes. This rich information is used to report trends to the Partnership and also to assist in auditing specific issues eg management of non-mobile babies with injuries, usefulness of sibling medicals.</p> <p>Similarly information about referrals/advice calls to the</p>		

		<p>safeguarding children team is kept and presented in the annual report along with statistics from the medicals.</p> <p>Data on young people presenting with mental health crisis is kept and also used to measure trends, demand and assist with a business case for a paediatric mental health worker.</p>		
<b>Partnership working</b>				
<b>Overarching Standard</b>	<b>Components of standard</b>	<b>Descriptor of evidence</b> (Describe the Evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	<b>Rag Rating</b>	<b>Comments/actions by the organisation to address any areas of amber/red</b>
<b>The organisation is fully committed to partnership working to safeguard children, families and adults at risk</b>	Staff at all levels within the organisation work together with partners to safeguard and promote the welfare of patients/service users	<p>Representatives from the safeguarding adults and children teams attend all Partnership subgroups on behalf of the Trust. The Executive Lead for safeguarding attends the Partnership Board meetings. Health Safeguarding Children Group - several of the safeguarding children team attend this on a regular bi-monthly basis.</p> <p>Health and Social Care meetings – alternately chaired by the Trust Named Professionals or by a Service</p>		

		<p>Manager in Children's Social care.</p> <p>Task and finish groups</p> <p>Very frequent attendance at strategy discussions and ICPCCs</p> <p>MACE</p> <p>Partnership conferences</p> <p>During LA improvement journey - attendance at operational group and improvement group, Covid response meetings.</p> <p>BSAB and subgroups</p> <p>Domestic and Sexual Violence Strategy Board and subgroups</p> <p>Community Safety Partnership</p>		
	Senior leaders are engaged with the strategic direction of safeguarding and there is appropriate representation on the relevant boards and sub-groups with feedback into the organisation.	<p>See above</p> <p>Chief Nurse attends Partnership Board</p> <p>Chief Executive is Lead for Place</p>		
	<p>There is clear engagement with multi-agency safeguarding process, including but not limited to:</p> <ul style="list-style-type: none"> <li>• attendance at safeguarding conferences,</li> <li>• engagement with and management of Early Help,</li> <li>• engagement with strategy/planning meetings, engagement with the MARAC process and</li> <li>• other safeguarding risk meetings that are being held.</li> </ul> <p>Child focussed language is used by the</p>	<p>All of this is day to day practice for many of our staff at level 3 and 3s. Staff are familiar where appropriate, with writing reports for ICPC and review conferences, many are part of the core group. Staff at all levels are involved in Early Help and Team around the Family process, particularly those working in maternity, the children's community nursing</p>		

	organisation where appropriate	<p>teams, child development centre and paediatric consultants.</p> <p>The Named Midwife represents the Trust at MARAC and feeds back to the Safeguarding teams.</p> <p>Senior case-holding staff are very familiar with attending strategy discussions, professionals meetings, case conferences etc. Many are comfortable in escalating concerns to a senior levels in partner agencies eg social care if they are unhappy with outcomes. If not, however, the Safeguarding teams will support them in this and also attend strategy meetings etc on their behalf if they have other work commitments.</p>		
	There is clear and proactive engagement with all multiagency safeguarding work, in line with local and national policies and procedures.	See above		
	There are robust and agreed information sharing agreements and processes in place which are in line with local and national guidance.	<p>Information governance training is mandatory - very clear about when to share for in the context of safeguarding - included in all levels of safeguarding training</p> <p>Standard interview question for recruitment to new psots</p> <p>Learning from reviews both in children and adults, where information sharing needed improvement</p> <p>Use of appropriate needs assessment tool in adults relies on relevant</p>		

		information sharing.		
	The organisation demonstrates a commitment to seeking out multi-agency learning opportunities which improve safeguarding practice.	Members of both safeguarding teams are trainers for the Partnership in multi-agency training, professional practice, learning from case reviews and specific themed training. Multi-agency training is promoted in the training strategies for level 3+ and there is clear signposting to appropriate resources for this. The Trust has been fortunate in being able to invite a number of engaging and talented speakers from other agencies and the voluntary sector to deliver our level 3+ training. The Trust also engages with Safeguarding Week in Bradford and each year, hosts at least a full day's worth of sessions.		
<b>Embedding Safeguarding</b>				
<b>Overarching Standard</b>	<b>Components of standard</b>	<b>Descriptor of evidence</b> (Describe the Evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	<b>Rag Rating</b>	<b>Comments/actions by the organisation to address any areas of amber/red</b>
<b>Safeguarding is embedded within service provision across the organisation</b>	Responsibilities towards children and adults at risk is clearly stated within safeguarding policies and procedures, which are easily accessible to staff and remain current.	Comprehensive Safeguarding Children & Safeguarding Adult Policies in place - large resources with clear contents structure. Updated minimum of every 2 years - last updated Sept 2022 Includes sections on staff responsibility. Easily		

		accessible and highly promoted on the trust intranet, under guidelines pages and on the Safeguarding webpages.		
	The organisation is assured that all staff understand their safeguarding responsibilities and are clear how and when to report a safeguarding concern.	Constantly promoted and weaves through frontline day to day work in the trust. Staff reminded at all training sessions, in the Newsletters (with contact details) and on the Safeguarding webpages. Active messaging through Global with safeguarding updates. Presence of SG staff on wards and in ED to promote this. Staff survey of safeguarding knowledge carried out three times in the past to promote and assure regarding this (latest 2021). The high year-on-year increase in advice contacts to the safeguarding children and adults teams supports the evidence that staff are “thinking safeguarding”.		
	All staff understand their responsibilities related to information sharing and have relevant training to support this.	Promoted in all safeguarding training at levels 1-4 and in safeguarding supervision sessions. Appropriate sharing and documentation included in fortnightly SG children cases meeting. Strong links with information governance team for example external agencies requesting		

		<p>reports/records/photos, breaches in patient record access, reciprocal peer review with other Trusts.</p> <p>Information governance training is mandatory. Very clear about when to share for safeguarding concerns in the context of safeguarding. Standard interview question Learning from reviews both in children and adults, where information sharing needed improvement Use of appropriate needs assessment tool in adults relies on relevant information sharing</p>		
	<p>In all service provision consideration is given to how safeguarding work is undertaken and the welfare of children, adults at risk and families are promoted.</p>	<p>Fully considered where appropriate Examples include Introduction of Breaking the Cycle for violence reduction Development of CYP Mental Health Crisis pathway (multi-agency) New distressed agitated and violent patients under 18 policy includes safeguarding Termination of pregnancy - specific SOP for best practice regarding retaining products of conception for evidence and sexual health screening in under 18s The Trust has appointed a learning disability nurse - role includes consideration of child behind adult and risk. The Trust has appointed an adult mental health specialist practitioner - similarly includes child behind</p>		

		<p>adult work and some support for older teenagers on adult wards. The Trust has appointed a perinatal mental health midwife - supports well being of mothers and newborns, attachment. The Trust is aiming to expand mental health support to include paediatrics and with new national funding, hopes to have a dedicated mental health role. Trust has two Independent Domestic Violence Advocates. Safeguarding is considered in business cases for new roles Estates work around managing mental health and appropriate facilities and policies. Core 24 Team from BDCFT (previously called Psychiatric Liaison Nurses) - now expanded to 24 hours.</p>		
	<p>The views of children, adults and families are sought and acted upon within practice and service development</p>	<p>Children, young people and their families are fully involved in service delivery decisions, in particular when the new ward block was being built for paediatrics. A number of patient and family surveys are carried out on a regular basis regarding their experience and satisfaction with the services as a whole. Patient-involved audit is carried out, for example an audit of the child protection medical experience. PACE walk around and feedback by service users. We receive multiple</p>		



		<p>comments cards which are collated by the Women's and Children's Division. We also have "you said, we did...." boards in maternity and paediatrics. The Trust has campaigned to ensure that all staff properly introduce themselves to service users. New neonatal block planning Lilac TOP service was mainly very adult focused but has evolved to be far more child and young person aware. Patient Experience Group - new services and pieces of work discussed at this forum. Ward accreditation includes service user feedback.</p>		
	Job descriptions clearly include safeguarding responsibilities	<p>Standard entry in all job descriptions (including volunteers) about each individual member of staff's responsibilities with regard to safeguarding. Also states must undertake the appropriate level of safeguarding training and follow the safeguarding policies in the Trust.</p>		
	Staff have access and participate in safeguarding supervision appropriate to their roles and responsibilities and the effectiveness of this can be demonstrated.	<p>The Trust has a safeguarding children supervision policy - specific supervision available to all staff at Level 3 training level and above and ad hoc for those at level 2. Predominantly accessed by midwives, paediatric nurses, paediatric</p>		

		<p>consultants, ED nurses and Consultants, Child development centre staff, therapies, Listening for Life Centre, Community paediatric nurses, specialist continuity of care midwives (caring for pregnant women with vulnerabilities). Bespoke supervision and support provided as needed e.g. for radiographers carrying out skeletal surveys in NAI. Peer supervision (internal and external) - midwifery Peer supervision (internal and external) - paediatricians Safeguarding team all receive their own supervision either internally or externally from specialist safeguarding staff/other Named or Designated Professionals in other trusts. Named Professionals engage in regional and national peer meetings. Safeguarding is included as standard in appraisal for paediatricians. Whilst it is discussed informally for other staff members where appropriate, there is no formal requirement for this and no specific entry in the current non-consultant appraisal documentation. The appraisals for ALL staff do check that staff are up to date with mandatory training, which includes safeguarding For safeguarding adults, the training the trainer</p>		
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		<p>supervision and regular supervision occurs for certain groups or in response to specific incidents.</p> <p>Regular very positive informal feedback from peer review and supervision for the child development centre demonstrates the value that colleagues place on these sessions and the learning they have experienced.</p>		
	<p>Think Family, Making Safeguarding Personal, the voice of the child and a patient centered approach to safeguarding is embedded throughout the organisation</p>	<p>Voice of the child (verbal and non-verbal) and child behind the adult stressed at all SG training. Wishes and lived experience documented and included in referrals to social care. Risks and vulnerabilities for child and family always considered (this is a constant feature in our supervision sessions and cases meetings); appropriate communication and how to broach difficult questions and subjects including domestic abuse. Interpreters always used as per Trust procedure. Rights of child paramount regardless of race, ethnicity, background etc.</p> <p>Systems are in place for well known young people at high risk of CE or mental health crisis to have a “management plan” for use if they attend the Emergency Department – these</p>		

		<p>are often children in care and include details of professionals working with the young person and patient-specific management, strategies that assist in de-escalation of distressed behaviours etc.</p> <p>Making Safeguarding Personal            Person-centered care - use of IMCAs where person lacks capacity to understand their views and wishes prior to their cognitive impairment. Conflict Resolution training includes difficult conversations.            Compliance with legislation - including Power of Attorney</p>		
	Trauma Informed practice is evident within the organisation	<p>Wide acknowledgement and understanding that exposure to trauma can result in effects on development, attachment, social interaction and physical problems in children and adults of all ages. Training includes ACEs and cumulative harm.            Demonstrated by care provided to young people admitted to the ward with mental health crises and safeguarding issues/child in care/previous abuse &amp; neglect (common in this group). These young people discussed at daily Mental Health Huddle with CAMHS and Social care regarding assessment and plans for treatment/placement moving</p>		

		<p>forward. Importance of understanding young person's experience, negative triggers and what helps them – this is included in the new guidance for managing "Distressed, agitated and violent patient under 18". Recent Level 3 training on ACEs and Resilience (delivered by Local Authority trainer but facilitated by 2 members of SG Children team) – huge focus on trauma informed practice.</p>		
	<p>Changes to legislation and local and national safeguarding guidance is responded to and incorporated into safeguarding within the organisation</p>	<p>Both the Safeguarding Adult and Children teams are highly responsive to changes in practice and legislation. Any national changes are incorporated into our guidance, for example the move to Child Safeguarding Practice Reviews rather than Serious Case Reviews, new clinical guidance on haematology investigations in suspected abuse, learning from the national Panel Review into Star Hobson and Arthur Labinjo-Hughes.</p> <p>Local changes including for example the new Thorpe Model adopted by Children's Social Care are communicating widely and effectively, embedded in policies and staff supported with the change.</p>		
<p><b>Wider Safeguarding</b></p>				

Overarching Standard	Components of standard	Descriptor of evidence (Describe the Evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	Rag Rating	Comments/actions by the organisation to address any areas of amber/red
There are mechanisms in place to reflect and respond to the changes in the ever widening safeguarding agenda	There is a robust plan in place to ensure that the organisation can respond in a timely way to any changes and developments in the wider safeguarding agenda.	Both Safeguarding Adult and Children teams actively monitor national and local changes in practice, themes and concerns – this is through signing up for bulletins eg NSPCC, RCPCH, Caspar, AoCPP, Centre for Child Sexual Abuse.  The Named Professionals attend regional and national peer groups to keep updated with trends and what is happening in other areas, share good practice and guidelines.  Membership of the Partnership subgroups and Health Safeguarding Children and adults groups and active work within these ensure that we are “on the ball” in terms of reacting to local issues and networking with colleagues eg in dentistry, sexual health, substance-misuse.		
	The impact of poverty and wider social determinates are considered within safeguarding practice	Standard safeguarding – in all policies and covered in all training.		
	<b>Safeguarding from Domestic Violence and Abuse</b> The organisation works with partners to adopt and promote a multiagency response to DVA, including meeting the strategic aims.	DVA, HBA, FM, Modern Slavery and FGM are all included in all levels of training. They are embedded in policies and		

	<p>Safeguarding from Domestic Violence and Abuse (DVA), Honor Based Abuse (HBA), Forced Marriage (FM) and Female Genital Mutilation (FGM) is included within safeguarding policies and procedures and training.</p> <p>There are systems in place to record and identify potential or actual victims of DVA, FM, HBA, FGM.</p> <p>DVA triggered enquiry is embedded within the organisation</p> <p>DVA routine enquiry is part of clinical practice in areas of the organisation which are appropriate</p> <p>There are clear guidance for staff and managers when employees are experiencing DVA</p> <p>Mandatory reporting of FGM takes place in line with legislation and local and national policies.</p>	<p>procedure.</p> <p>The Trust has been lucky to secure external trainers (within and outside of safeguarding week) to deliver bespoke training for all of these issues.</p> <p>Asking about DVA is a routine question in maternity contacts and a Key performance Indicator (since maternity records moved to Cerner recently, we are exploring how best to capture this).</p> <p>Staff in ED are alert to potential indicators of DVA, HBA, FM, Modern Slavery and FGM. They are aware of the importance of considering child behind the adult. Steps are taken to speak to potential victims alone and signposting is present in high footfall areas including the toilet facilities.</p> <p>FGM requires mandatory reporting as per national legislation and this is captured (flow chart in SG Policy)</p> <p>The Trust are currently hosting Hospital Independent Domestic Violence Advocates (HIDVAs). This is a pilot project with monies secured by the domestic abuse lead within the local authority and staff are employed by Staying Put. There is a HIDVA based with the safeguarding adults team and one based with community maternity</p>		
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		services.		
	<p><b>Prevent</b> There is a lead executive in place for Prevent and a named organisational lead, who have the appropriate knowledge, competencies and authority to ensure the Prevent duty is fulfilled.</p> <p>Prevent is clearly reflected in safeguarding policies, procedures and training, in line with the Prevent Training and Competencies Framework.</p> <p>Prevent is embedded within safeguarding practice at all levels of the organisation.</p> <p>Implementation of the Prevent agenda can clearly be demonstrated and is part of the quality assurance process.</p> <p>The organisation demonstrates partnership working across the Prevent agenda, including engagement with Channel.</p>	<p>The Chief Nurse is the exec lead for Prevent, and the Assistant Chief Nurse for vulnerable adults is the organisational lead.</p> <p>There is a separate Prevent policy linked to the safeguarding policies.</p> <p>Prevent training is identified at all levels of training.</p> <p>Information sharing is in place with tis being managed by the safeguarding adults team. Information is shared in line with guidance and contributes to Channel.</p>		<p>Work is currently underway to re level staff in relation to safeguarding adults training. There will be a wider requirement in relation to Level 3, this includes the level 3 Prevent training. Current compliance re Prevent is 94%, when the re levelling occurs there will be an initial drop in compliance due to the larger numbers with this as a requirement. Work is underway with education to address this drop in compliance.</p>
	<p><b>Exploitation</b> All types of exploitation are clearly reflected in safeguarding policies, procedures and training.</p> <p>The organisation works in partnership on the multi-agency exploitation strategic aims, to respond and reduce the prevalence.</p>	<p>Child exploitation of all types including sexual, criminal and contextual/peer is included in policies and training. Children and young people at high risk of exploitation are flagged on our</p>		<p>In addition, Trust Child exploitation Working Group to be re-launched.</p> <p>To focus on:</p> <ul style="list-style-type: none"> <li>• Training, staff awareness at front door</li> </ul>



	<p>There are systems in place to record and identify potential or actual victims of exploitation</p>	<p>electronic patient record. Since 2021/early 2022 the Trust has hosted workers from Breaking the Cycle, as part of the Violence Reduction programme in Bradford. Systems are in place for well known young people at high risk of CE to have a “management plan” for use if they attend the Emergency Department – these are often children in care and include details of professionals working with the young person and patient-specific management.</p> <p>Details of young people coming up to 18 who are victims of exploitation are shared with the SG adult team</p> <p>Members of the SG children and adults team sit on the All-age exploitation subgroup of the partnership and attend MACE meetings.</p>		<ul style="list-style-type: none"> <li>• &amp; wider trust</li> <li>• Flagging</li> <li>• Referrals</li> <li>• Work with multi-agency partners to deliver the action plan from the Thematic Case Review</li> <li>• Collaborate with the Child Exploitation Hub and embedded health practitioners for CE</li> <li>• Regular presentation of CCE/CSE audit to spot trends.</li> <li>• Look at parameters of current CCE/CSE audit with a view to expand across the trust.</li> <li>• Highlight availability of new child exploitation training modules.</li> </ul> <p>An audit of knowledge of child exploitation is on the audit strategy for this year 2023-24</p>
	<p><b>Contextual safeguarding</b> Contextual safeguarding is clearly reflected in safeguarding policies, procedures and training.</p> <p>The organisation works in partnership to understand and respond to contextual safeguarding.</p>	<p>Included in policies, widely discussed in training. Was highlighted in training to the Board of Directors.</p> <p>Work with partners as above via subgroups and MACE to understand and react to local picture – evolving hotspots, changes in pattern of crime and county lines etc</p>		
	<p><b>Child death</b> The organisation can demonstrate compliance with the National guidance for child death arrangements, including contributions to child</p>	<p>Fully compliant with recent changes to national guidance and signed up to e-reporting. Child</p>		

	death review processes and employment of key roles	death team in acute trust – 3 consultant paediatricians, child death co-ordinator and admin staff, palliative care specialist nurses also involved. Appropriate CDOP representation		
	<b>Child protection medicals standards</b> The organisation can demonstrate aspiration to meet the child protection medical standards.	The Trust took part in the National Pilot Audit (voluntary) with the RCPCH in January 2023.  The Named Dr has completed the full audit of standards in May 2023 and the trust is currently compliant with 96 of 103 standards (93% compliance) and already working on the remaining few. This success is due to creation of our own internal action plan and proactive work as soon as the standards were published in October 2020. We also audit aspects of these standards for assurance.		
	<b>CP-IS (Child Protection – Information Sharing)</b> The organisation can demonstrate that CP-IS has been implemented and embedded into practice areas of the organisation which are appropriate	CP-IS was adopted several years ago in the Trust and it is now anticipated that we may join the pilot for Phase 2.  CP-IS is used in maternity, the emergency department and the children's assessment unit. We have in the past regularly audited this with variable results – responsive to reminders from senior nurses and the SG team.		Currently being re-audited for compliance – on 2023-24 audit strategy.