Bradford Teaching Hospitals
NHS Foundation Trust

Meeting Title	Board of Directors		
Date	13.07.2023	Agenda item	Bo.7.23.30

SAFEGUARDING CHILDREN BOARD AND ANNUAL REPORT 2022-23

Presented by	Professor Karen Dawber, Chief Nurse	
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Lead Director	Professor Karen Dawber, Chief Nurse	
Purpose of the paper	This paper is the Annual Safeguarding Children Report	
Key control	Yes	
Action required	For information	
Previously discussed at/ informed by	*Details of any consultation / previous meeting discussions*	
Previously approved at:		**Date**
	Quality and Patient Safety Academy QA.6.23.13	28.06.23

Key Options, Issues and Risks

Situation

This annual report provides information regarding activity within children's safeguarding at Bradford Teaching Hospitals NHS Foundation Trust between April 2022 and March 2023.

Background

1. There has been a further increase in referrals of 10.3% - 606 more referrals, building on the 3000 additional referrals since the beginning of the pandemic, without permanent increase in staffing. A business case is being developed for funding to increase the capacity and resource within the team. The team have seen an increase of referrals from 2820 in 2018/19 to 6470 in 2022/23. Child protection medicals have also increased from 392 in 2021 to 522 in 2022.

2. Daily Emergency Department screening figures show a smaller increase but it is still an additional demand on the team.

3. The team have been involved in 16 Rapid reviews and 7 Child Safeguarding Practice Reviews (CSPR) for the Bradford Safeguarding Children's Partnership.

4. Staffing changes have continued to impact the team, there has been a change of Named Nurse, recruitment of a replacement specialist practitioner and recruitment of an additional fixed term practitioner all of whom have required support and induction and this coupled with the continued rise in the demand for the service has continued the pressure on the existing team members. The additional practitioner remains on a fixed term contract but the increase in workload suggests post this needs to be a permanent addition to the team.

5. The team have remained heavily involved in the care of children accessing BTHFT for their mental health needs, many of these children are known to children's social care and whilst the team need to have an overview they can't continue to have the level of involvement with these children that is currently required. The team feel that the appointment of a paediatric mental health specialist needs to be a priority for these young people.

The Trust does not directly employ a 'Paediatric Mental Health Practitioner' and whilst our most recent appointment of the fixed term Specialist Practitioner is Mental Health trained she is employed to do safeguarding general work. We are aware it has not being possible to recruit to this post but it needs to be a priority.

6. The team continue to support Bradford's Children's Social Care Services following the Ofsted inspection in December 2022 where the service was still rated inadequate. A new model of working with the Integrated Front Door, (David Thorpe), from November 2022 has impacted heavily on all the staff teams in the Trust.

7. The Trust has contributed to a National Review commissioned by the government following the widely publicised case of Star Hobson. The National Panel produced a CSPR report that was published in 2022. This included a local action plan and recommendations which the team and Trust have been working to address.

8. Level 1, 2 & 3S training figures have remained static throughout the year and there has been a marked improvement in the figures for level 3. The increase for level 3 is from 76% to 92% in March 2023. A new training strategy has been developed in partnership with the Trust education team with includes a move to self-declaration of training for those staff requiring Level 3 and above training.

Analysis

The statutory requirements for the Trust are governed by Section 11 of the Children Act, which places a duty on the Trust to ensure that the functions and any services contracted out to other organisations are carried out with the purpose to safeguard and promote the welfare of children. The team completed and submitted the Organisational Safeguarding Awareness audit as requested by Performance Management Audit and Evaluation sub group of the partnership.

Key Achievements:

1. Governance and partnership arrangements remain strong, with consistent representation at all sub groups and work streams of the Bradford Partnership – Working Together to Safeguard Children.

2. The development of and compliance with the annual safeguarding children work plan and audit strategy. Including updates of Policies, Procedures and Guidelines.

3. The team continue to support Bradford's Children's Social Care Service following the Ofsted review in December 2022, and are actively engaged in the Ofsted improvement work required to ensure better outcomes for the Children of Bradford.

4. New guidance has been developed and completed for distressed agitated and violent patients under the age of 18 years. This was developed in partnership with the Trust legal team and CAMHS.

5. The team have taken part in the pilot audit for the Royal College of Paediatrics and Child Health (RCPCH) standards for child protection medicals – this involvement was voluntary but has allowed us to review our own performance.

6. New sessions of child safeguarding supervision have been undertaken with teams in the Child Development Centre, Community Nursing and Therapies teams and the paediatric palliative care

team. This was a recommendation from 'Harry' CSPR but the sessions were established before the formal publication from identified learning for the Trust.

7. There has been an increase in clinical peer review sessions for consultant paediatricians.

8. A business case has been agreed for a second named doctor in safeguarding; currently there is a locum in place.

9. A new training strategy has been developed in partnership with the Trust education team with includes a move to self-declaration of training for those staff requiring Level 3 and above training.

10. There has been successful induction of new team members, development in the role and functions of team even with winter pressures and the continually increasing workload.

11. The team are becoming more visible within the Trust with examples being regular attendance at the daily review meeting on the paediatric wards and spending time in the Emergency Department and having a stand on the main concourse to raise awareness of child exploitation. The team have worked with the Communications team to improve the Trust intranet pages for children's safeguarding.

12. As well as taking part in any new rapid reviews and CSPRs the team regularly review historic CSPRs and action plans to ensure the learning is continuing to be addressed.

13. Maternity services have moved their Electronic Patient Records to Cerner alongside the majority of the Trust which ensures continuity in recording safeguarding information and improves communication.

14. The team have contributed to the development of the National Guidance for Medical Abortion Services for under 18's which was following a request for local guidance from the Department of Health and Social Care (DHSC) and the RCPCH.

15. The team provided a paediatric debrief in partnership with the psychology services following a serious incident relating to inpatients on the paediatric ward.

16. The team 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.

Recommendation

The Quality and Patient Safety Academy 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.

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2. Different electronic patient record systems and the use of paper records across the trust are hampering safeguarding assurance as they don't communicate with each other so information can easily be shared or found. This needs a review as the team believe it was agreed Cerner would interface with SystmOne and more recently the published 'Harry' CSPR highlights the risks associated with the use of different record systems.

3. In order to maintain the staff wellbeing of the team it is planned to work with the psychology team to offer regular sessions to support the team and to ensure the team retail their own ability to run debriefs for others at short notice.

4. Improve communication and collaborative working with the newly formed children's trust at strategic levels.

5. A business case for additional funding and therefore resource in the team is being developed to go through the approval process. Throughout 2022/23 the team have monitored referrals and recognised the sustained increase in referral demand and complexity of safeguarding cases identified through the wider Trust and external partners. These complexities lead to high numbers of cases requiring child protection medicals, rapid review and progressing to CSPRs which place further work on the team. There is learning in all safeguarding cases and the sharing of this learning through training, supervision and advice and support could be improved through further investment in the team.

Risk assessment						
Strategic Objective	**Appetite (G)**					
	Avoid	**Minimal**	**Cautious**	**Open**	**Seek**	**Mature**
To provide outstanding care for our 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?	☐	☐	☐
Is there any other national benchmarking data relevant to the content of this paper?	☐	☐	☐

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Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	☐	☐	☐

Risk Implications (see section 5 for details)	**Yes**	**No**
High Level Risk Register and / or Board Assurance Framework Amendments	☐	☐
Quality implications	☐	☐
Resource implications	☐	☐
Legal/regulatory implications	☐	☐
Equality Diversity and Inclusion implications	☐	☐
Performance Implications	☐	☐

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant) ☐Risk Assessment Framework ☐Quality Governance Framework ☐Code of Governance ☐Annual Reporting Manual
Care Quality Commission Domain: Choose an item.
Care Quality Commission Fundamental Standard: Choose an item.
NHS England 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 & Patient Safety	Finance & Performance	Other (please state)
☐	☒	☐	☐

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Safeguarding Children Annual Report 2022 -2023

1 PURPOSE/ AIM

This annual report provides information regarding activity within children's safeguarding at Bradford Teaching Hospitals NHS Foundation Trust between April 2022 and March 2023.

2 BACKGROUND/CONTEXT

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

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

Safeguarding children within Bradford Teaching Hospitals NHS Foundation Trust remains a high priority. The Trust has 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 2022/23 the safeguarding children team can once again demonstrate an increase in the number of referrals for support from the team. There have been an additional 606 referrals captured in this year. (See Figure 1).

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 family's history and a variety of potential risk factors including, but not limited to, experience of domestic abuse, poor parental mental health and parental 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 are still a high number of children who have been referred to the team suffering with worsening and poor mental health. Nationally it is being recognised there is an increased demand for mental health support and service provision. (See Figure 2).

Figure 1. Total Number of Referrals per Year

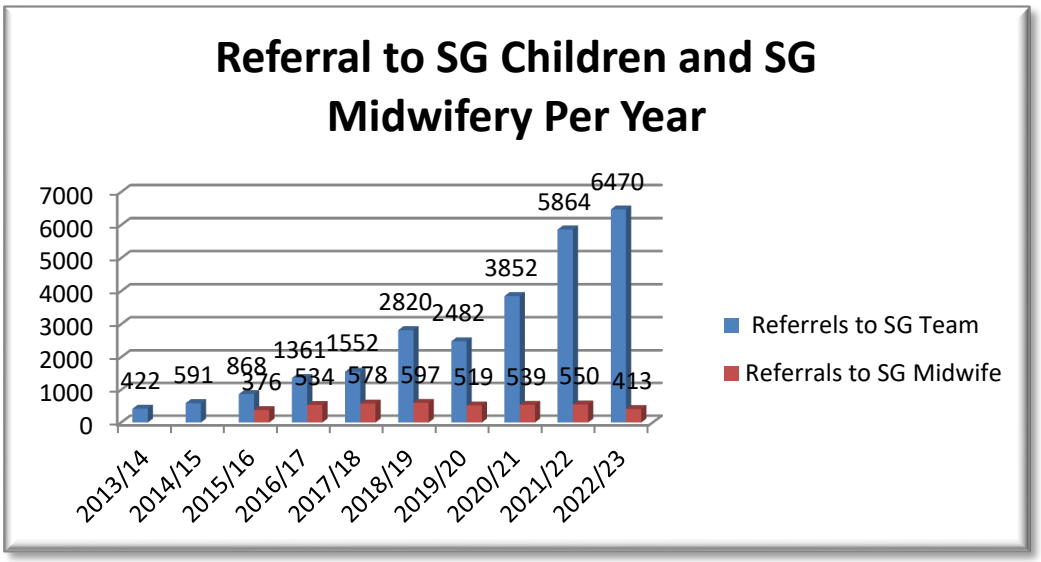
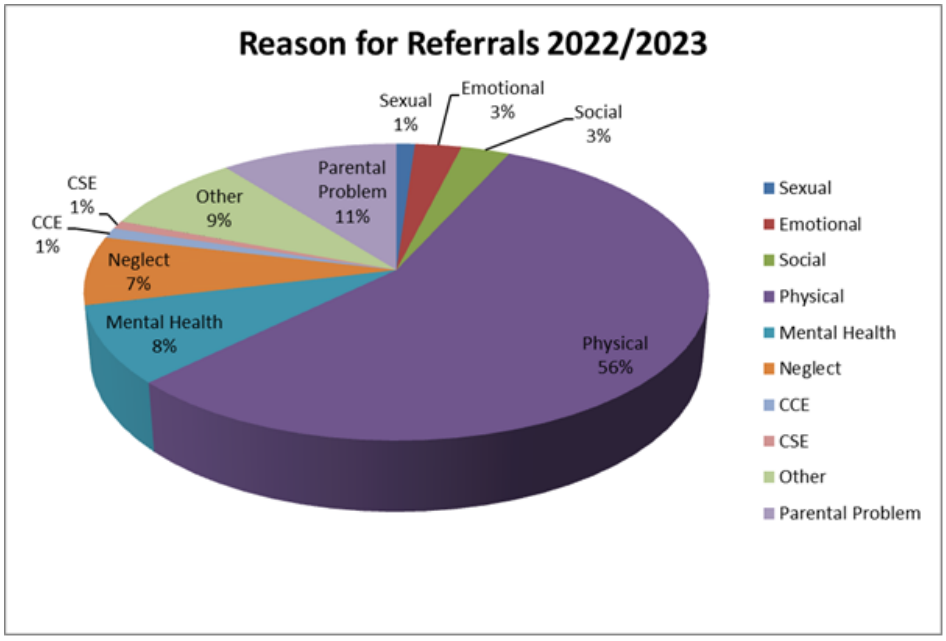


Figure 2. Reason for Referrals



The Emergency Department (ED) is the clinical area undertaking the most acute safeguarding assessments of child patients and the adults where their reason for attendance has the potential to impact on their ability to safely parent and safeguard the children in their care. The Emergency Department at the Trust is one of the busiest nationally and Bradford is one of the youngest cities

in the UK and for these reasons the emergency department remains the area at greatest risk of failing to identify and address safeguarding concerns. In order to minimize these risks all attendances of children under 18 continue to be screened by the safeguarding team which is a very labour intensive process. There is a plan to review the process and risk in this coming year to enable the safeguarding team to reduce their time on administrative tasks and therefore work directly to improve the confidence and ability of all staff in the ED to identify and act on any safeguarding concerns. The team are now spending time in the ED weekly to offer this support and having a joint role ED/Safeguarding practitioner also helps us to work closely together. The safeguarding team continue to produce a weekly email recognising good practice in ED, highlighting areas for improvement and sharing learning in a timely way.

In the last annual report it was recognised that the numbers of safeguarding referrals and the complexity of these referrals have increased and this has complexity has been sustained and a further increase in referrals has been demonstrated. There has been another year without seasonality in terms of ED attendances – with huge volumes of children attending ED throughout the year. It should be noted that the current system of data recording may not include all advice and support offered to teams via the different contact methods, there is a plan to improve this during the current year.

The team were lucky to recruit a specialist safeguarding nurse on a short fixed term contract which has increased capacity and enabled the team to look at different more effective ways of working. We would ask that there is support from the Board to make this fixed term role permanent and for further review of the team. A business case has been agreed for a second named doctor in safeguarding; currently there is a locum in place. However, another experienced member of the safeguarding nursing team is now pregnant and will be on maternity leave very soon which will reduce capacity for this period.

2.1.2 Children protection medical activity 2022/2023

As in previous years, the demand for child protection medicals remains extremely high. 2022 saw the highest ever number of medicals carried out at **522,** (up from 392 in 2021 and historically around 400-450 per year in recent years). This may also be a slight under-estimate as we do not always capture cases that go direct to a tertiary centre or burns unit. (See Figure 3).

Figure 3. Total number of safeguarding medicals per year

Year	Total
2016	334
2017	389
2018	448
2019	414
2020	429
2021	392
2022	522

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Whilst many are direct requests from children's social care, a significant number come from within the Trust, presenting at the emergency department or as an incidental finding on ward assessment. The increase in numbers is not unique to Bradford as there is a general trend across the country, but few units see the level of safeguarding medicals and complexity that we see in our population. We rarely get inappropriate referrals for medicals and have started to collect this data. This would suggest that abuse and neglect in Bradford is increasing, rather than the social care threshold for doing a medical having changed.

Due to the unprecedented demand, it is not uncommon to have up to 5 or 6 child protection medicals requested in one afternoon (taking 1-2 hours each) and this is sometimes not feasible without assistance from a colleague. Some are therefore, having to be seen later in the day by the consultant on-call (not ideal due to other ward pressures in paediatrics) or where safe to do so, getting postponed until the following day. In the main however, we are reaching the Royal College of Paediatrics Target of seeing children and young people within 24 hours. There is considerable variability over the days of the week, but some medicals are also happening at weekends. Sibling groups present a particular challenge in terms of time. We are finding that delays in strategy meetings by children's social care sometimes cause a delay in child being brought for a medical. This is problematic in that there is then less chance of identifying significant findings.

Just over ¼ of all medicals are performed out of hours (391 in hours and 131 out of hours), sometimes during the night, in order to take the correct action to safeguarding the child. This can be challenging, particularly during winter pressure when staffing is reduced and patient flow and 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.

Many of our cases are complex and challenging – we have had a number of abusive head trauma cases, a salt poisoning case, fabricated and induced illness, severe mental health crises with emotional abuse, abuse within a regulated setting e.g. care home/respite care, to give a few examples. Even straight-forward cases take time to assess and write reports. Those which require multiple medical investigations, tertiary opinions, chronologies, multiple strategy discussions and liaison with police and legal teams can be extremely time-consuming indeed. We are extremely fortunate in Bradford to have a highly skilled paediatric consultant workforce with enormous experience in child protection – they are supported by the Named and Designated Doctors and the safeguarding children team, in addition to attending regular peer review sessions which have increased to twice monthly.

Historically the numbers of medicals carried out by a senior trainees 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 the last two years this has dropped off again to 23 and 18 respectively. It is likely this reflects ongoing significant staffing pressures in the paediatric department and gaps in the middle grade rota which contribute to difficulty releasing trainees for clinic and attendance at elective medicals. We are aware of this and looking into ways to improve the experience for trainees – they are however getting some direct exposure to safeguarding in our paediatric in-patients during ward. We have worked with the Child Development Centre paediatricians to create opportunities for community paediatric registrars to attend or carry out supervised medicals.

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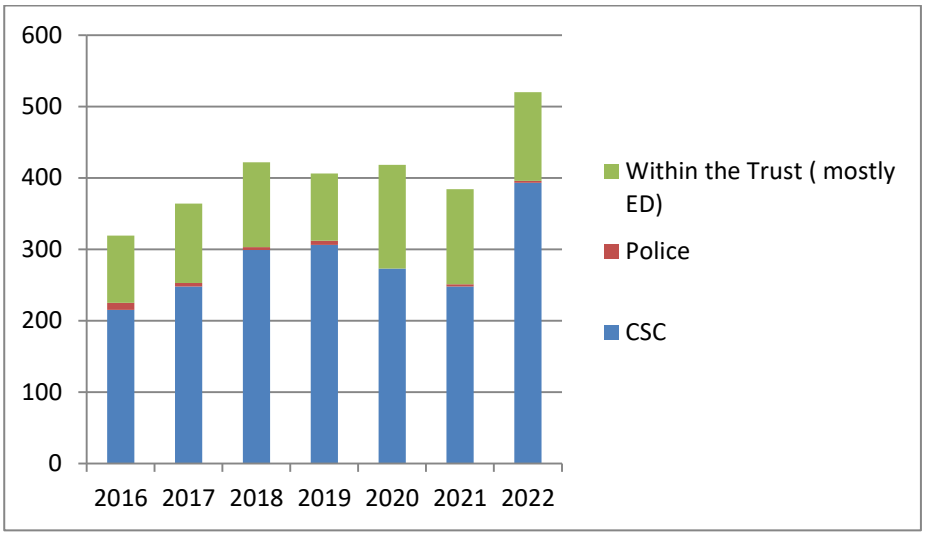
Source of referrals

As usual and expected, the majority of referrals come from Children's Social Care. Looking at the large increase in total medicals for 2022 compared with 2021, it is clear that this is due predominantly to social care referrals for medicals rather than from within our own emergency department.

Figure 4. Source of Referral



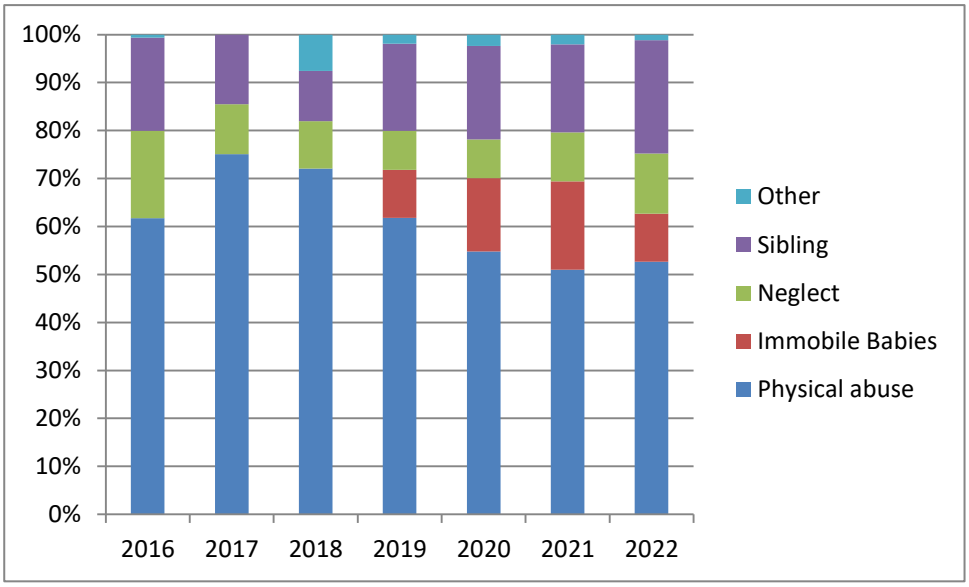
Reason for referral

Most referrals are for suspected physical abuse, with a small number for neglect. 53 non-mobile babies were seen for a safeguarding medical as per the SOP for injuries in non-mobile babies. The private provider Mountain Healthcare continues be commissioned for regional sexual abuse services. Around ¼ of medicals are for siblings (a significant rise in numbers) and we are experiencing an increase in demand for large families with several siblings needing medicals either for physical abuse in the index case or neglect. (See Figures 5 and 6).

Figure 5. Reason for Referral

	Physical Abuse	Immobile Babies	Neglect	Sibling	Other
2016	200		59	63	2
2017	253		35	49	
2018	343		47	50	36
2019	259	42	34	76	8
2020	258	72	38	92	11
2021	200	72	40	72	8
2022	278	53	66	125	6

Figure 6



Outcomes

Just over half are felt to be abuse or likely/possible abuse with a smaller number felt to be due to lack of supervision. 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 and especially in siblings of index cases brought for possible physical abuse. We are intending to look into this further.

The number of serious injuries, fractures and abusive head trauma remains high for our population with a slight increase for 2021 and 22. (See Figure 7).

Figure 7. Outcomes

	Total	Abuse	Uncertain	Poor supervision	Not abuse/ accident	Neglect
2016	334	74	64		150	38
2017	389	85	58		198	50
2018	448	127	75	22	164	63
2019	414	120	75	47	170	57
2020	429	102	78	49	181	53
2021	392	77	84	36	186	35
2022	522	108	92	38	245	69

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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.

In April 2023, the RCPCH commenced a national audit of these standards. The Named Dr has completed this in draft and BTHFT is performing well, compared with other areas (there is an ability to benchmark performance against other responders). However the audit does not close until the end of June 2023; it is in the early stages of submissions and there will be many trusts yet to submit.

2.1.4 Safeguarding the Unborn Activity 2022/2023

Electronic safeguarding documentation

In March 2022 maternity services adopted the Cerner electronic patient record (EPR), replacing the Medway electronic record. A complete health record is now available to all departments in BTHFT. Maternity safeguarding is documented in EPR from the point where safeguarding or child protection concerns are identified. A Maternity Safeguarding and Social notification is generated and communicated to the Maternity Safeguarding Pool where it is processed by the maternity safeguarding team. Where Child Protection issues are clearly identified a referral is made to Children's Social Care (CSC) for the unborn or newborn baby. Midwives are expected to inform women that a referral to CSC is being made on behalf of their children or unborn baby. The exception to this would be if this disclosure could compromise care during the pregnancy or where families are a flight risk. All staff are expected to liaise regularly with other professionals supporting the family as part of safeguarding support or the pre-birth assessment process.

In the year from April 2022 to March 2023 maternity services supported 414 women and families with a heightened level of need leading to potential safeguarding or child protection issues. A safeguarding notification was completed for 8.1% of the total births in this reporting period in comparison to 10.8% in the previous reporting period. CSC involvement with this cohort of families, however brief is 73.6%. The majority of births with social care involvement, lead to a child protection plan. There has been a 14% increase in the number of babies removed from their

parents on discharge from hospital. 44 babies were removed but there appears to be a large increase in babies on an Interim Care Order (ICO) who were placed with their mother in a foster placement or a mother and baby unit. In previous years these 14 babies' would have been removed to local authority care.

Figure 8. Safeguarding Outcomes for maternity

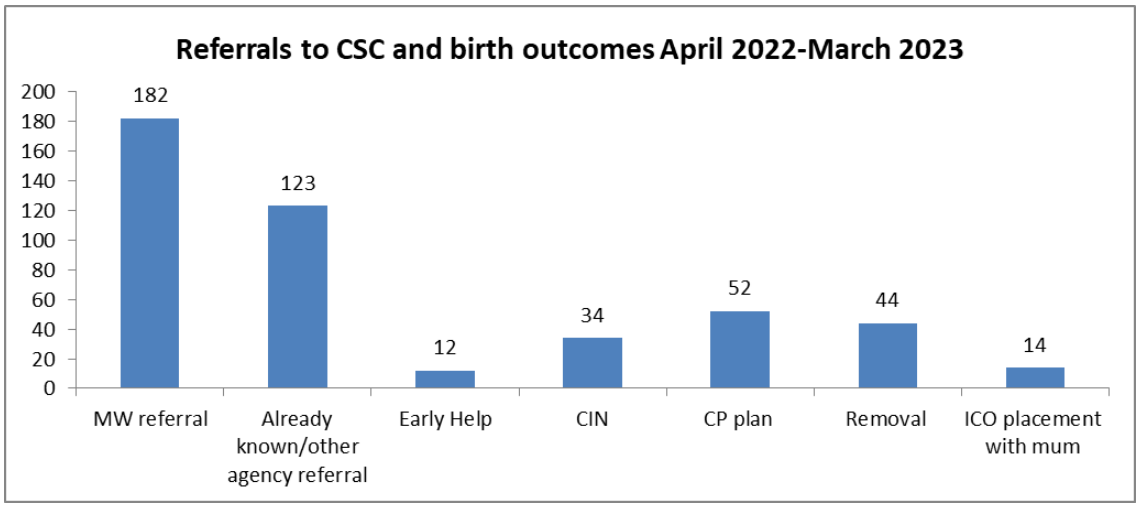
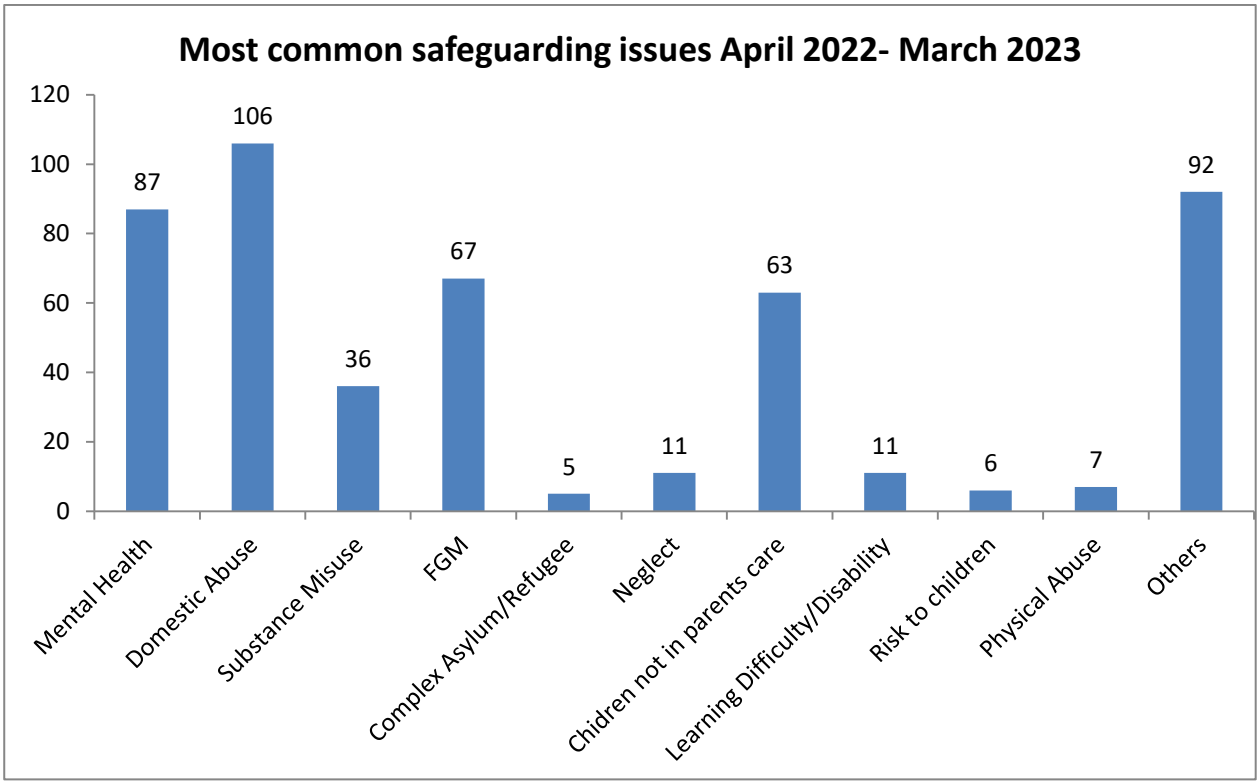


Figure 9. Most common safeguarding issues April 2022-March2023



NB. Many women have multiple complex needs and are included in several categories. 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.

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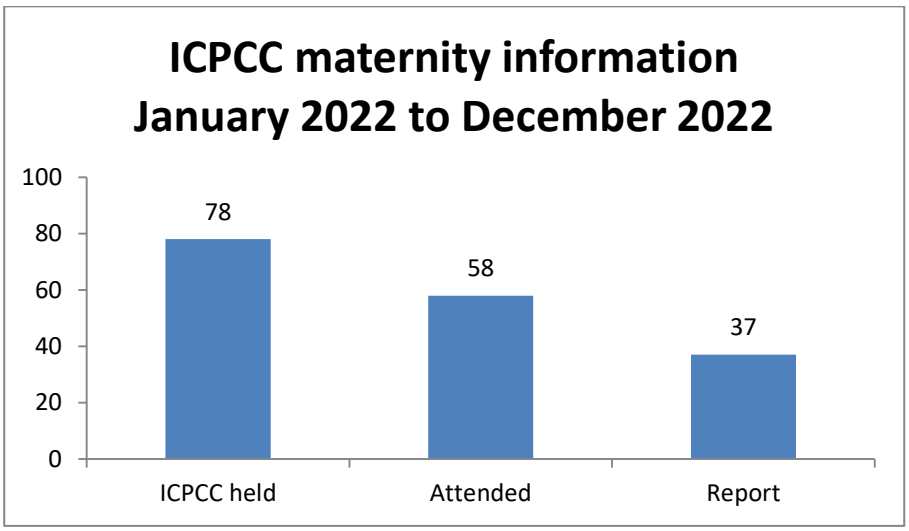
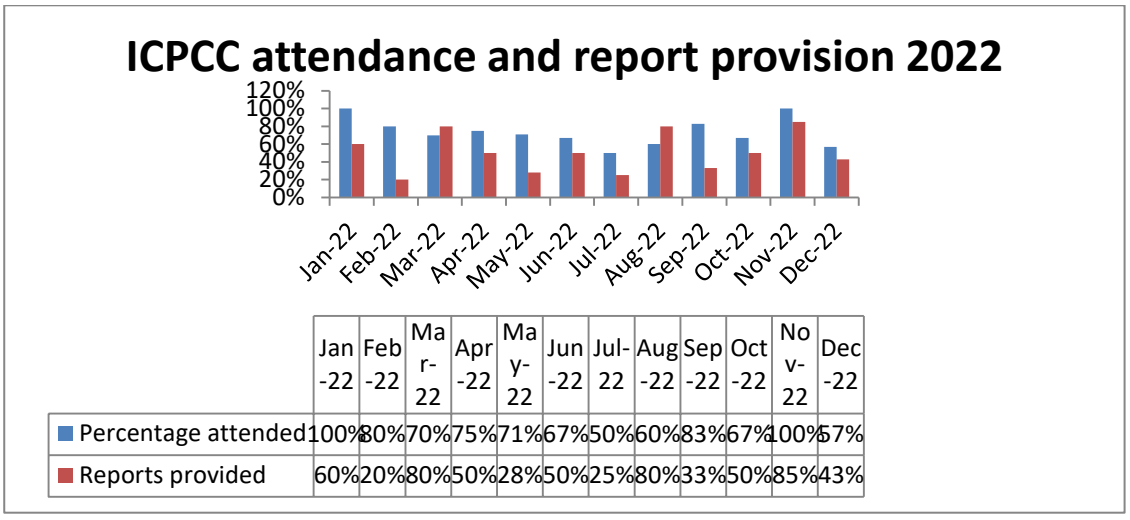
Attendance at Initial Child Protection Case Conference (ICPCC)

In 2021 the Trust made an investment of 1 WTE midwife to help support attendance and report provision at ICPCC. This resource was available from October 2021 and there was a steady increase in attendance at ICPCC. The figures for the year are an improvement on previous performance but work needs to be done to improve written report provision.

Figures 10 and 11. ICPCC attendance and report provision





	Jan -22	Feb -22	Mar-22	Apr -22	May-22	Jun -22	Jul-22	Aug -22	Sep -22	Oct -22	Nov-22	Dec -22
Percentage attended	100%	80%	70%	75%	71%	67%	50%	60%	83%	67%	100%	57%
Reports provided	60%	20%	80%	50%	28%	50%	25%	80%	33%	50%	85%	43%

Adoption medical paperwork

Local authority requests for maternal and infant birth information from the maternity service prior to adoption again remained relatively static during the reporting period with a small increase of 6 to make 23 in total. The last two years requests have been markedly decreased from previous years by 25-50%. There were no out of area requests for information.

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Innovation in 2022-2023

Health Independent Domestic Violence Advocate (HIDVA)

The trust has extended its hosting period for a Health Independent Domestic Violence Advocate (HIDVA). The HIDVA is employed by Survive and Thrive (Staying Put) and financed by Bradford's Domestic Abuse & Sexual Violence team. Better Start Bradford also contributed to secure a second HIDVA who is mainly based with maternity services and the community based teams. Both HIDVAs see Domestic Abuse victims in maternity hospital settings where required. The community based HIDVA is available to see victims in many community based settings. They also provide individual training for staff around asking the question (routine enquiry) and completing a risk assessment.

Co-location working

The maternity safeguarding team is currently co-located with the children's safeguarding team and the perinatal mental health team. There is a high level of supervision available to all staff and collaborative working helps achieve the best outcomes for mothers and babies.

Safeguarding Training

Training toward the end of the reporting period had heavy emphasis on domestic abuse in same sex relationships and the presence of hidden partners in the life of an unborn baby. Staff are encouraged to be inquisitive and document names of persons in attendance at appointments and their role in the life of the unborn baby. They are also encouraged to offer all women time alone in antenatal appointments to facilitate disclosure of sensitive information without fear of being overheard.

Maternity support for teenage parents >16 years old

Pregnant teenagers who are under 16 years old at the beginning of pregnancy are automatically offered midwifery care by the Teenage Pregnancy Specialist Midwife. Older teenagers are triaged by the booking midwife for extra vulnerabilities and referred to the Teens midwife or the Acorn continuity of care team for additional support.

2.1.5 Work Plan & 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.

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A small number of audits have been completed this reporting period due to the continued effect of the COVID19 pandemic and the staff changes within the safeguarding team. The list of completed audits is below:

Organisational Safeguarding Assessment – previously Section 11 audit.

Annual Quality Audit of Child Protection reports.

Audit of Child Protection Medicals against RCPCH standards.

Audit of user experience of safeguarding medicals

There is an ongoing audit of the Safeguarding Practice in ED – which identifies missed flags, missed paediatric liaison forms, missed opportunities to complete safeguarding actions.

Audit of CP-IS checks.

Audit of the completion of the safe discharge on EPR.

Audit of children with high risk flags for CE.

Audit of use of GP safeguarding proforma for referrals of under 18s to Lilac Clinic (TOP).

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 Visibility in BTHFT

Now that the COVID19 Pandemic has abated a focus for the team has been to increase their visibility throughout the Trust. The team now attend BONES on the paediatric ward twice a week, Tuesday and Friday. This attendance means the team are kept updated on the priorities for the ward and any safeguarding concerns for inpatient children.

The team have started to be present in ED one morning per week to provide safeguarding advice and support to both the paediatric and adult ED colleagues. There is a plan to increase this attendance in this coming year as staffing allows, a member of the safeguarding children's team is currently pregnant and will be taking a period of maternity leave which will reduce the capacity in the team.

The aim behind increasing the visibility is to be able to offer support and increase the confidence of the patient facing teams to address safeguarding concerns as they arise. The team will support with practical issues, increase understanding of The David Thorpe model, encourage reflection on cases and be around to support with immediate concerns.

The safeguarding team also manned a stall on the main concourse to raise awareness of Child Exploitation and spoke to members of staff about support available for these children and signs to look out for in identifying child exploitation.

2.1.7 Children and Young People with Mental Health Needs

There are still high numbers of children attending ED where the primary reason for attendance is their acute and chronic mental health needs and the team are aware this mirrors the National picture. The Trust is often seen as a place of safety where there is a lack of suitable provision elsewhere. Further work is required with partners to understand that an acute hospital environment is not a safe place for children with acute and chronic mental health needs and not requiring physical care. A lack of appropriate provision for these children is without doubt a local, regional and national issue. This lack of provision results in the children being admitted to paediatric and adult wards and the safeguarding team remain concerned that admission to an inappropriate environment can cause further significant harm and may pose a risk to other patients.
The Trust was not successful in attempts to recruit a Paediatric Mental Health Practitioner and therefore there is a large workload for the safeguarding team in supporting staff with care for these children and in trying to hold partner agencies to account for their responsibilities in that caring.

The CAMHS huddle continues daily but this has being driven largely by the Safeguarding Team due to a Business Continuity Plan in Bradford District Care Trust.

The CAMHS Crisis pathway is at a point of requiring review and there is a plan to do this in the next year.

A new guidance document has been completed and introduced for the management of distressed, agitated and violent patients under the age of 18.

The newest safeguarding practitioner in the team has a background in CAMHS and is able to provide some support within the team with regards to processes and procedures and expectations.
The team's understanding is that Children's Mental Health is still on the Bradford Partnership risk register and further work is being undertaken district wide to address the issues facing children and families living with mental health issues.

2.2 Delivery of Financial Plan and Key Performance Indicators

2.2.1 Financial Plan

The Safeguarding Team staffing is within budget, the budget was increased temporarily to provide a further safeguarding practitioner for a fixed term period of 6 months. The team have developed a business plan for consideration that includes this additional staffing resource becoming permanent.
During the past 12 months the team has successfully recruited to the vacant posts of Named Nurse Safeguarding Children, Safeguarding Children's Specialist Practitioner, Safeguarding Children's Practitioner and Safeguarding Children's Team Administrator (both fixed term). Having additional resource has allowed the team to become more visible across the Trust and to develop new ways of working. Due to the continued increase in demand for the team, the complexities of

safeguarding cases we feel it is imperative that this additional resource of 1 WTE safeguarding practitioner is as a minimum permanent addition to the team's staffing.

2.2.2 Key Performance Indicators

The key performance indicators are discussed and monitored by the Safeguarding Children Steering Group with any concerns raised to the Trust Integrated Safeguarding Committee. Currently the key performance indicators for the team are:

- Trust training levels
- Safeguarding team quarterly supervision
- Mental Health Enquiry in Maternity Services
- Routine enquiry regarding domestic abuse in Maternity Services
- Attendance at the Bradford District Children's Partnership meetings

2.3 To be in the top 20% of NHS employers

2.3.1 Supervision

Safeguarding supervision is an opportunity for support, challenge and learning around safeguarding cases. Themes from Child Safeguarding Practice and National Reviews, along with government guidance from Professor Eileen Munro and Lord Laming recognise the need for good safeguarding practice to be subject to critical discussion and reflection. High quality supervision demonstrates clear improvements in the outcomes for vulnerable children, young people and their families.

Safeguarding supervision is offered and supported by the safeguarding children's team. Supervision sessions are delivered individually or in groups and these sessions continue to use a combination of online and face to face methods. The team also support triannual supervision for supervisors in clinical areas. We have been able to source training for the newer members of the team to be able to deliver supervision as part of their role.

The team have also facilitated debrief sessions for staff following safeguarding incidents, recognising that working with children and families where safeguarding concerns are identified can be emotionally difficult for the staff involved.

The whole safeguarding team engage in supervision as part of their own practice as per the KPI. There are plans in place to work with our Trust Psychology Colleagues to offer sessions to the team to help reduce the risk of 'burn out' and maintain the team's emotional health and wellbeing so they can continue to fulfil their roles providing assurance through advice and support and supervision to others within the Trust.

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2.3.2 Policy Review and Updates

Changes to staffing within the team have reduced the numbers of policies that have been reviewed and updated, however all policies remain in date and current. Planned changes to ways of working within the Safeguarding Team mean that new Standard Operating Procedures and Guidelines will be developed throughout the coming year.
Policies and Guidelines that have been reviewed are:

- The Safeguarding Children Policy – this has been updated again 2023.
- The BTHFT guidelines for Assessment of Non-mobile Babies with injuries including bruises burns and scalds.
- Guideline for the Clinical Management of Distressed, agitated and violent patients under the age of 18 completed and published. This document has been seen and agreed by CQC.
- A new Training Strategy for the Trust has been developed and agreed.

There is a plan to review the inpatient provision for teenage parents and also the safe discharge policy for teenage parents and their babies in the coming year.

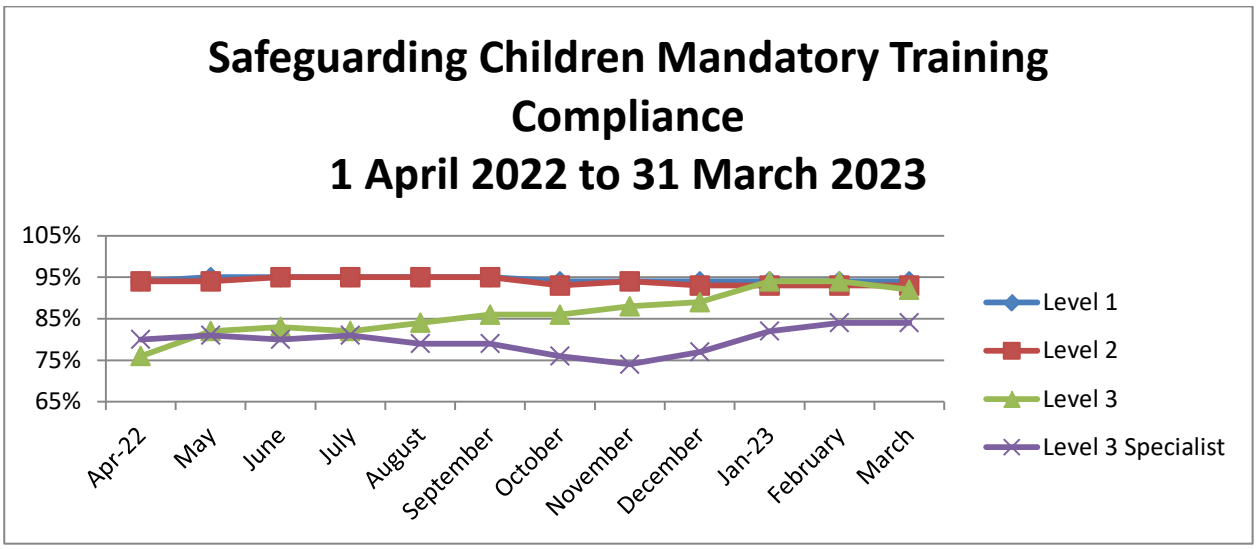
2.4 To Be a Continually Learning Organisation

2.4.1 Training

Trust safeguarding training compliance is monitored through the Safeguarding Children's Steering group as a KPI. Training levels are set for staff roles according to the Intercollegiate Document – Roles and Competences for Healthcare Staff.

Figure 12 shows there has been an increase in training compliance at both level 3 and level 3 specialist – from 31st March 2022 at 70% for level 3 and 78% for level 3S, there has been a marked increase to level 3 92% and level 3S 84% at 31st March 2023.

Figure12. Training Compliance Levels



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A weekly training update and compliance continues to be sent out to managers and heads of CSU's to highlight those staff who require time to attend an update. This update also contains the details for upcoming training offered by the safeguarding teams or by our partner agencies.

The team have delivered 44 sessions of training via a mixture of face to face and online methods at level 3, with the majority being to staff in the ED, recognising the high levels of safeguarding they are identifying on a daily basis. We have also delivered general L3 sessions – open to all departments and sessions for staff in paediatric settings. We are increasing the face to face delivery now that COVID19 restrictions have been lifted.

In addition the safeguarding team have provided training as part of Safeguarding Week, delivered level 2 training and re-established the role of safeguarding champions with sessions offered specifically to recruit interested staff.

Following the publication of the Child Sexual Exploitation Thematic Child Safeguarding Practice Review the BTHFT safeguarding team were successful in a bid to Bradford Hospitals' Charity which enabled us to co-facilitate sessions with the nationally renowned Kendra Houseman from Out of the Shadows (see Appendix 3). The sessions focussed on Child Exploitation and County Lines and were very well evaluated.

The Named and Designated Doctors delivered PG Dip (Child Health) module in safeguarding for University of Leeds and they continue to deliver Child Protection Recognition and Response (CPRR) course for ALSG (The Advanced Life Support Group).

Professional Practice Sessions were run by the Named and Designated Doctors for The Bradford Partnership which were deliverd to a multi-disiplinary audience. Training was provided for frontline social workers and managers around health aspects of safeguarding and medicals.

Training is continually updated to take account of any current learning and changes in practice locally regionally and nationally. Learning from Child Safeguarding Practice Reviews and the National Review into the Murder of Star Hobson and Arthur Labinjo Hughes is included in training as soon as identified.

A new training strategy has been developed during 2022/23 focussing on practitioner self-declaration of training attendance to meet individuals required competences. This new way of recording commenced 01.04.23 and we would ask reviewers to note that initially this may mean a drop in training competence percentages as the declaration is required every 3 years as oppose to annually.

Members of the Safeguarding team are working with Partnership to co deliver training sessions and 1 team member has been approached to be an associate lecturer for the University of Bradford.

2.4.2 Risk

The Named Nurse attends the weekly Paediatric Risk meeting and takes an active role in reviewing and investigating incidents reported through BTHFTs Datix system. The team have also begun attending meetings with the ED team regarding patients who are frequent attenders to ensure they receive the care required.

There has been 1 externally reported serious incident involving 2 children who were patients on the paediatric wards.

2.5 To Collaborate Effectively with Multi-agency Partners

2.5.1 Multiagency Working

Working Together to Safeguard Children (2018) identifies the key stakeholders in safeguarding as the CCGs (now the Integrated Care Board) Police and Local Authority; the BTHFT Safeguarding team continue to work closely with these stakeholders individually and through the Bradford District Safeguarding Children Partnership as required. The safeguarding children's team continue to represent the Trust at the following quarterly meetings:
HCSG – Health Children's Safeguarding Group
Health and Children's Social Care meeting
CDOP – Child Death Overview Panel
And the following sub groups of the Bradford District Safeguarding Children's Board:

- All Age Exploitation
- Learning and Improvement
- Performance Management
- Safeguarding and Professional Practice
- Case review

The team have supported the Local Authority in the introduction of the David Thorpe model of making referrals to Children's Social Care. This has been a large change requiring changes to training, policies and practice and the work continues, the Named Nurse represents the Trust on the Implementation Board. A new independent Children's Trust has been established from 01.04.23 and the team work to support the change and development.

The safeguarding team continue to work with local and regional health partners to share information and best practice. Safeguarding supervision to our health colleagues in partner agencies and a reciprocal arrangement is in place with partners providing supervision for members of the safeguarding team.

Within the Trust the safeguarding children's team work very closely with the midwifery and adults safeguarding teams, jointly managing some cases and offering joint training. There are plans to develop the joint working in the coming 12 months.

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2.5.2 Child Safeguarding Practice Reviews

The team have undertaken 16 formal Rapid Reviews during 2022. These are requested by the Partnership and used to make the decision to proceed to Child Safeguarding Practice Review (CSPR).

2022 saw the publication of the CSPR for 'Harry' (see Appendix 3). Recommendations implemented prior to publication by BTHFT included supervision sessions for the whole Community Children's Nursing Team. Safeguarding training includes the increased risk of abuse for children with disabilities and also the importance of collecting and documenting 'the voice of the child' including for non-verbal children.

The National Panel published their Child Safeguarding Practice Review into the murders of Star Hobson and Arthur Labinjo Hughes (see Appendix 3). The action plan and recommendations are held and monitored by the Bradford District Safeguarding Partnership and BTHFT are supporting the delivery of both. The safeguarding team are managing the BTHFT action plan which includes work on pre-birth assessments & midwifery care for vulnerable teenagers aged 16/17; both of these are ongoing pieces of work. The rest of the action plan for BTHFT is complete and the safeguarding team continue to review to ensure the actions are embedded.

There are currently 5 ongoing Child Safeguarding Practice Reviews where the Trust has had some contact with the children at the centre of the reviews. Once these reviews are published the safeguarding team will be instrumental in actioning and supporting any recommendations for BTHFT and also in creating and reviewing any internal action plan. Learning from all reviews will be captured as part of the ongoing safeguarding team work plan and progress reported through the Safeguarding Children's Steering group and 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:

- Submission of a business plan to the BTHFT Board to include staffing increase for the team in line with the continued increase in demand for safeguarding support and to allow for the continued development of the advice, support and training role and therefore assurance for the Trust.
- Increasing the physical visibility of the Safeguarding Children's Team across the Trust via formal events, face to face training, attending departments to provide advice and support, offer supervision and work with champions.
- Joint review of the CAMHS Crisis pathway and care needs of children attending the Trust where their primary reason for attendance is Mental Health related.
- To monitor the new training strategy and its effect on compliance percentages in its initial implementation.

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- To continue to support the Child and Family Trust and The Bradford District Safeguarding Children Partnership in the development of children's services in Bradford to ensure children are effectively safeguarded.

4 BENCHMARKING IMPLICATIONS

RCPCH audit of standards for CP medicals is due to be submitted in June 2023 and will provide an opportunity to benchmark this activity regionally and nationally.

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 1 risk assessment:

Ability to contact Children's Social Care via telephone and have the call answered in a timely manner when using the new David Thorpe conversational model of referral.

There has been 1 reportable serious incident within this reporting period that had safeguarding implications. One child, who was an inpatient on the paediatric ward, due to his mental health and social care needs and for whom a suitable placement could not be found quickly, allegedly assaulted a younger patient. An internal investigation was untaken, debriefing provided for staff involved and the victim's parent was spoken to. One piece of learning was around the care of children who are patients on the paediatric ward and unaccompanied by a parent. It is recognised that the lack of availability of suitable placements for children with a need for therapeutic care or mental health needs is a local, regional and National risk. Ensuring that the Trust continues to pursue the appointment of a child mental health practitioner would help to mitigate some of this risk.

6 RECOMMENDATIONS

1. A business case for additional funding and therefore resource in the team is being developed to go through the approval process. Throughout 2022/23 the team have monitored referrals and recognised the sustained increase in referral demand and complexity of safeguarding cases identified through the wider Trust and external partners. These complexities lead to high numbers of cases requiring child protection medicals, rapid review and progressing to CSPRs which place further work on the team. There is learning in all safeguarding cases and the sharing of this learning through training, supervision and advice and support could be improved through further investment in the team.

2. The team continue to support Bradford's Children's Social Care Services following the Ofsted inspection in December 2022 where the service was still rated inadequate. A new model of working with the Integrated Front Door, (David Thorpe), from November 2022 has impacted heavily on all the staff teams in the Trust especially the Safeguarding Team. Additional resource would help accessibility of support.

3. The team have remained heavily involved in the care of children accessing BTHFT for their mental health needs, many of these children are known to children's social care and whilst

the team need to have an overview they can't continue to have the level of involvement with these children that is currently required. The team feel that the appointment of a paediatric mental health specialist needs to be a priority for these young people.

4. The Trust has contributed to a National Review commissioned by the government following the widely publicised case of Star Hobson. The National Panel produced a CSPR report that was published in 2022. This included a local action plan and recommendations which the team and Trust have been working to address.

7 Appendices

Appendix 1 - Work Plan (Attached separately)

Appendix 2 - Audit Plan (Attached separately)

Appendix 3 - Links to documents and websites

Children's safeguarding | Out of the Shadows (outofthe-shadows.co.uk).

https://www.saferbradford.co.uk/media/igtlrdzk/bradford-dscp-lcspr-concerning-harry.pdf

https://www.saferbradford.co.uk/media/1xzgfh1b/national-panel-review-sh-and-al-h.pdf