

Safeguarding Audit Strategy April 2022-23

Bradford Teaching Hospitals NHS Foundation Trust

Audit strategy in line with Strategic objective: To be a continually learning organisation

1. Safeguarding activity

	Topic	Target Date	Present to steering group	Area and lead	Related SCR/SI/LL R/JTAI or other	Aims	Key Findings	Action Points	Status and re-audit date
1.1	Organisational Safeguarding audit previously known as Section 11	Due Oct 2022		J Sims and Named Nurse		External assurance against the Children's Act.			In progress 9.1.23 JS confirmed complete
1.2	Quality of Medical Reports	March 2023		Paediatrics J Sims and R Skelton		To audit the quality of safeguarding medical reports regarding quality and readability. This includes whether there was a clear opinion. Annual dip sample carried out at same time as completing database for all medicals. Key			

						themes identified,			
1.3	Audit of CP medicals against RCPCH standards published Oct 2020	Dec 22		J Sims	Star	Larger audit completed in 2021 focus on a few specific standards for 2022.			Update Sept 22 – RCPCH is creating self-assessment tool for Trusts – will incorporate all standards. BTHFT signed up and awaiting publication of tool 9.1.23 National self assmt tool has been released, so this can now be commenced
1.3 .1	Survey of service user experience for safeguarding medicals	Dec 2022		J Sims	RCPCH National Standards for Safeguarding Medicals	Survey of young people, carers and social workers (where appropriate) and their experience of attending for safeguarding medical. Similar survey in 2016 but will aim to shorten			In progress Sept 22 9.1.23 In progress

						and do as Survey Monkey.			
1.3 .2	Review of interpreters for CP medicals	Dec 2022		J Sims					Will be incorporated in RCPCH tool – see 1.3 9.1.23 National tool now released, so can be commenced
1.3 .3	Review of provisional Safeguarding medical report slip.			J Sims					Will be incorporated in RCPCH tool – see 1.3 9.1.23 National tool now released, so can be commenced

2. Communication and training

	Topic	Target Date	Present to steering group	Area and lead	Related SCR/SI/LR/JTAI	Aims	Key Findings	Action Points	Status and re-audit date
2.1	Local knowledge of Child Exploitation	Autumn 2022		Trust-wide for all staff. Named Nurse	Thematic review for CSE	To determine knowledge of child exploitation amongst staff throughout the Trust. To be done electronically via Survey Monkey			9.1.23 LW plans to complete this using Survey Monkey
2.2	Safeguarding Practice in A&E	Ongoing	Ongoing	Safeguarding specialist nurses (AED)		<ul style="list-style-type: none"> Identify missed flags Missed paediatric liaison forms Missed safeguarding opportunities as per paediatric liaison criteria checklist Feed back into 			Ongoing

						ED supervision and audit programme <ul style="list-style-type: none"> Includes collection of numbers of cases for non-mobile under 1s with bruising, burns, scalds 			
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3. Documentation

	Topic	Target Date	Present to steering group	Area and lead	Related SCR/SI/LLR/JT AI	Aims	Key Findings	Action Points	Status and re-audit date
3.1	CP-IS Ward/ED dip sample	Spring 2022		SE		1. To ensure CP-IS checks are embedded in AED and CDA practice 2. To provide appropriate training to identified staff who are not consistent in performing CP-IS checks.	Audit completed between 22-24th April 2022. Findings show that out of 128 patients – ED completed 106 CP-IS Checks and failed 22. Out of the 28 patients admitted to the Ward – 21 CP-IS CP-IS Checks	Audit Report Completed	Outcomes of Audit to be implemented

							<p>were completed and 7 were failed.</p> <p>To escalate staff who repeatedly fail to complete CP-IS Checks to ED Matron</p>		
3.2	CP-IS in Maternity services	Dec 2022		EMR		<ol style="list-style-type: none"> 1. To ensure CP-IS checks and embedded in maternity services 2. To provide appropriate training to identified staff who are not consistent in performing CP-IS checks. 			9.1.23 Plan to relaunch. Decision to be made as to who is responsible for completing the CP-IS check. To be audited in 2023-2024 following launch. Therefore deferred to 23-24 plan due to logistics.
3.3	Audit of completion of safe discharge form on EPR for 14-17 yr olds	Sept 2022		SE/AZ	Action from Integrated SG committee	<ol style="list-style-type: none"> 1. To identify the use of the Paediatric Discharge Planning Template 	<p>Audit completed. To formally record.</p> <p>Findings showed that the discharge planning template is not completed.</p> <p>The template is also not available to young people – 16 and 17 years old.</p>	To complete Audit Report	<p>Ongoing</p> <p>Audit EPR discharge form for 16-17 year olds – not being used. Needs concentrated work on discharge and safe discharge. 12.12.22 – Audit old.</p>

									completed. Action plan items to be finalised (i-add to training; ii-look to have added to adult system as auto-gen'd form) iii-TG to share with SG champions to encourage use within own departments). 10.1.23 – Safeguarding Champions meeting is fixed for 19 January 2023.
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4. Risk factors for safeguarding

	Topic	Target Date	Present to steering group	Area and lead	Related SCR/SI/LL R/JTAI	Aims	Key Findings	Action Points	Status and re-audit date
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4.1	High risk CSE flagging procedures.	Monthly audit and annual summary		Alex Zurek	CSE Challenge Panel RB SCR Jack & Autumn SCR Developing theme MACE	<ol style="list-style-type: none"> 1. On-going cross-reference of all children who have been notified of being at high risk of child exploitation to ensure they are flagged through EPR . 2. Ensure that staff are recognising the flag and notifying the safeguarding children's team, to ensure all relevant safeguarding concerns have been communicated. 			Ongoing Annual audit due July 23
4.2	Audit of identification and management of safeguarding issues for 14-17 year olds on adult wards	Sept 2022		SE/AZ	Internal risk incident re inappropriate discharge.	<ol style="list-style-type: none"> 1. Assess whether young person given a choice about where they would be cared for (adult vs paed's ward) 2. Assess whether safeguarding risks recognised and acknowledged 3. Has there been a risk 			9.1.23 LW to follow up with AZ

						<p>assessment regarding the safety of the environment young person is being nursed in (Nightingale wards in some cases)</p> <p>4. Assess the documentation of these issues Was the SG team contacted?</p> <p>5. Ensure an adult or person with PR is aware of discharge</p> <p>6. To assess the utilisation of the discharge questions on adult wards. (audit of this already completed by SE Feb 22)</p> <p>7. Ensure appropriate transport home is arranged</p>			
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5. Midwifery related audits

	Topic	Target Date	Present to steering group	Area and lead	Related SCR/SI/LL R/JTAI	Aims	Key Findings	Action Points	Status and re-audit date
5.1	Perinatal MH and SMS audit of tool to ensure that women are being appropriately referred for services.	April 2022		JT and EMR			Jemma/Eileen to complete		9.1.23 EMR confirmed completed.
5.2	Midwifery representation at ICPCC for unborn babies (includes providing a written report)	June 22		EMR			Eileen to complete – continuous audit (awaiting write up of most recent)		9.1.23 Marked as completed – ongoing audit.

6. Audits to collaborate effectively with local and regional partners

	Topic	Target	Present to	Area and	Related SCR/SI/LL	Aims	Key Findings	Action Points	Status and
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		Date	steering group	lead	R/JTAI				re-audit date
6.1	Strategy meeting and outcome/feedback from referrals	Autumn 2022				Audit invites to strategy meetings, outcomes, receipt of minutes and feedback from CSC referrals	Plan from Bradford Partnership to do a Multi agency audit for this (stated at PMAE Feb 22)		9.1.23 Partnership have provided no plans to date
6.2	Use of GP referral form for Lilac TOP clinic (contains specific SG info)	June 22		JS, Jo H (Lilac) and Kirsty K (Named GP)	Kieran	Dip sample of referral forms completed by GP to refer to Lilac clinic. (NB ability for self-referral now including under 18s)	Of 17 referrals of under 18s in 2021, 8 were referred by GP (rest self –referrals or BPAS or Locala) GP proforma used in 5 of 8 cases ie 62.5%.	Room for improvement – needs re-launch in primary care (KK). Explore whether Locala have a similar tool (via HSCG)	Complete Oct 22

	Completed
	In progress
	Ongoing work
	Not yet actioned