

## Safeguarding Adults, Children, Young People and the Unborn Baby Policy

---

<b>Document Data</b>			
<b>Document Type:</b>	Policy		
<b>Document Reference</b>	22459		
<b>Document Status:</b>	Approved		
<b>Document Owner:</b>	Safeguarding Lead Nurse		
<b>Executive Lead:</b>	Chief Nurse		
<b>Approval Authority:</b>	Clinical Quality Group		
<b>Review Cycle:</b>	36		
<b>Date Version Effective From:</b>	<b>1/4/2020</b>	<b>Date Version Effective To:</b>	<b>1/4/2023</b>

### What is in this policy?

This policy outlines the way in which University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) staff will work together to safeguard and promote the welfare of all patients (adults, children and unborn babies) according to statutory requirements. This is consistent with the Trust's core values and protecting patients.

Safeguarding Adults, Children, Young People and the Unborn Baby Policy - Reference Number  
[Procedural Document Reference]

<b>Document Change Control</b>				
<b>Date of Version</b>	<b>Version Number</b>	<b>Lead for Revisions (Job title only)</b>	<b>Type of Revision</b>	<b>Description of Revision</b>
Aug 2018	1.0	Safeguarding lead	Major	First draft of combined Adult and Children's Policy
March 2020	2.0	Safeguarding Lead	Minor	Minor revisions to support merger with Weston General Hospital

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

## Table of Contents

1.	Introduction	7
2.	Purpose	7
3.	Scope	8
4.	Definitions	8
4.1	Safeguarding Children	8
4.2	Child in Need (Children Act 1989 Section 17(10))	8
4.3	Significant Harm (according to The Children Act 1989 Section 31 (2))	9
4.4	Young Carers	9
4.5	Safeguarding Adults	9
4.6	Key Principles of Safeguarding Adults (Care Act 2014)	9
4.7	Abuse – in relation to adults	10
4.8	Safeguarding Reviews	11
5.	Duties, Roles and Responsibilities	11
5.1	The Trust Board of Directors	11
5.2	Chief Nurse	12
5.3	Deputy Chief Nurse (Adults)/Head of Nursing for Children	12
5.4	Lead Nurse for Safeguarding	12
5.5	Operational Lead Nurse’s for Safeguarding	12
5.6	Safeguarding Nurses	12
5.7	Safeguarding Steering Group	13
5.8	Operational Groups	13
5.9	Divisional Boards	13
5.10	All Staff	14
5.11	Line Managers	14
5.12	Consultants (looking after Children)	14
5.13	Named Professionals in Children’s safeguarding	15
5.14	Divisional Heads of Nursing	16
5.15	Director of People	16
5.16	Patient Safety & Clinical Effectiveness Departments	16
5.17	Human Resources	16

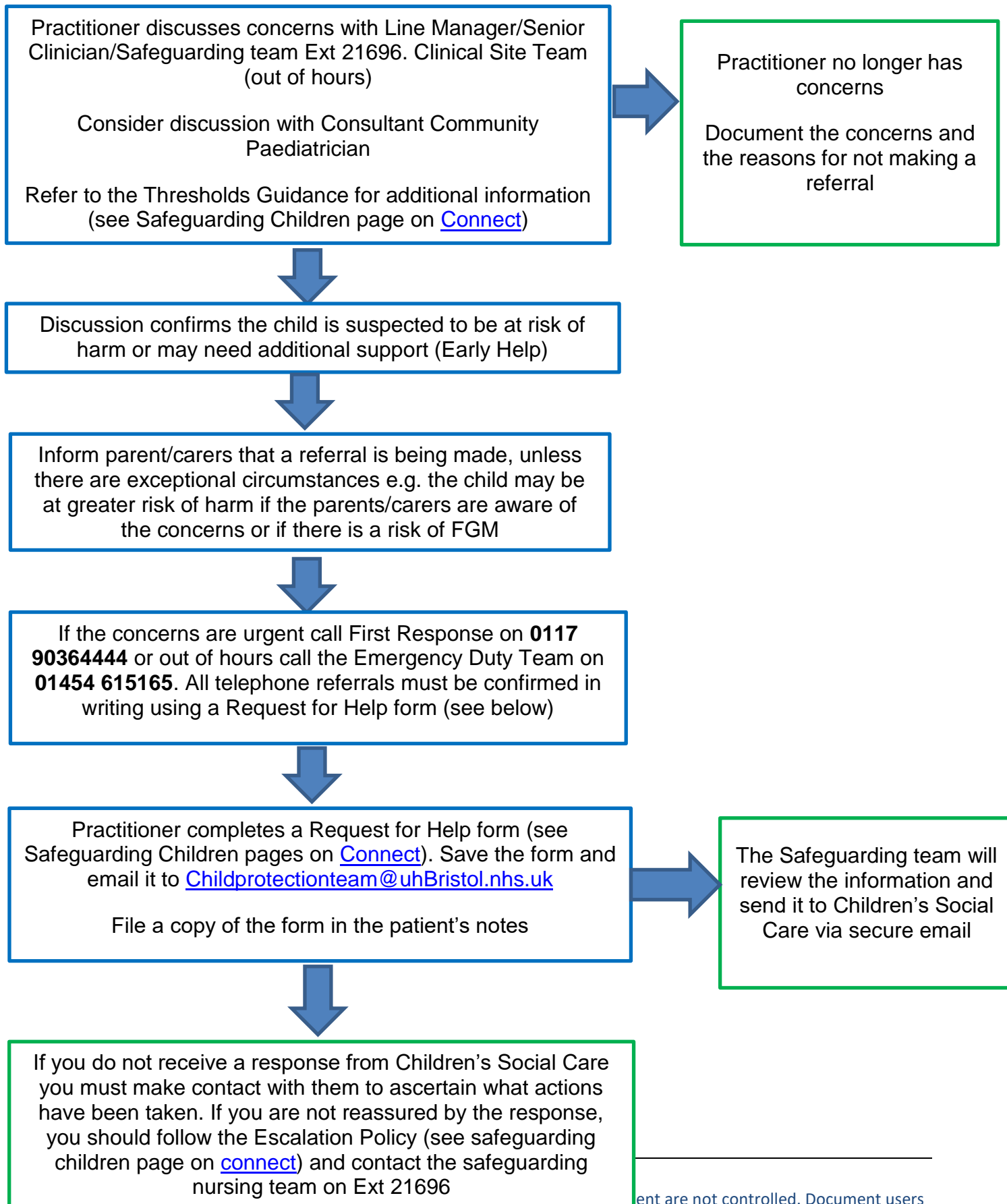
---

Status: Approved

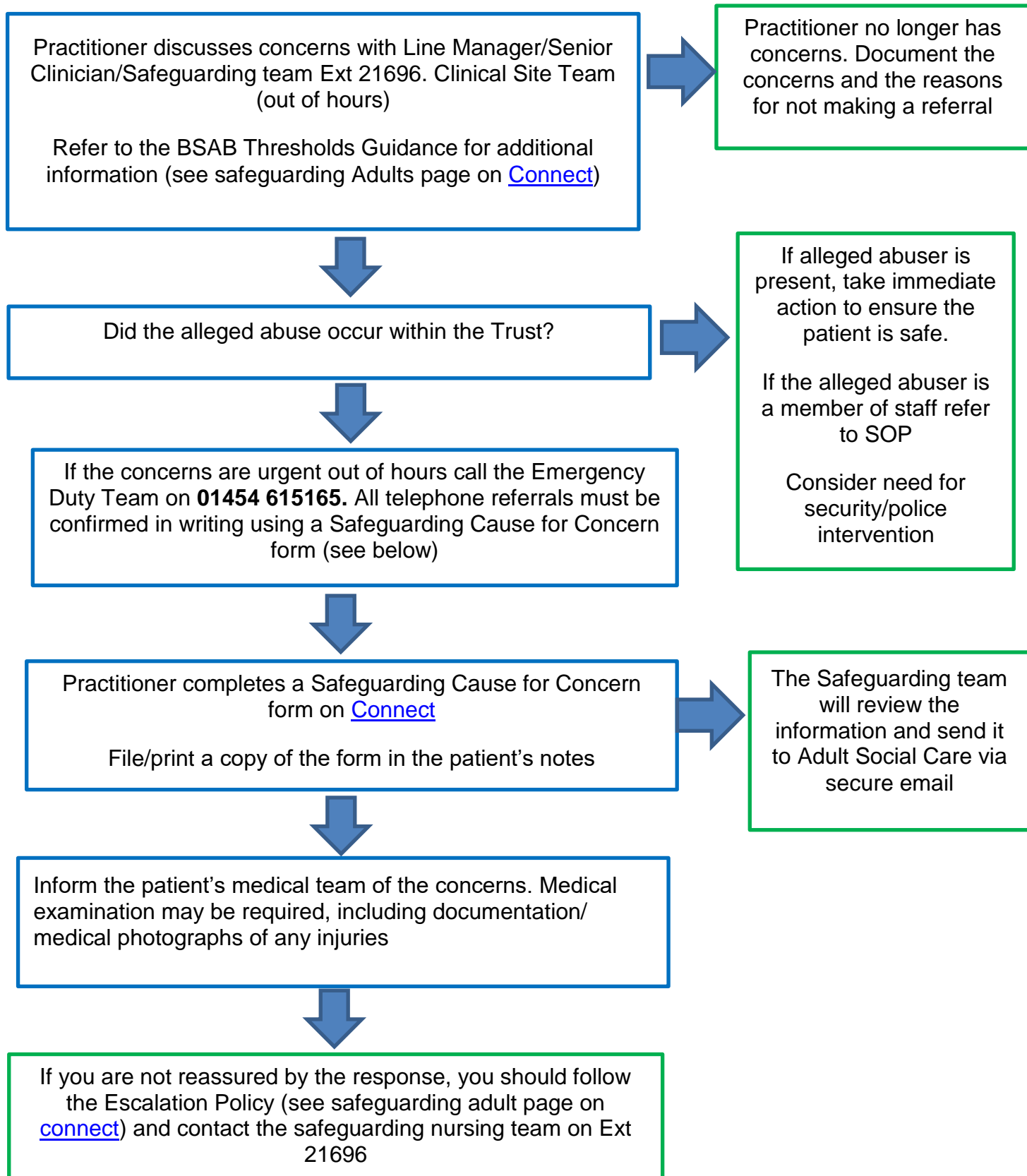
The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

5.18 Patient Support and Complaints team (PSCT) and Listening, Information, Advice, Involvement, Support, Experience (LIAISE), Patient Advice and Liaison Service (PALS)	17
6. Policy Statement and Provisions	17
6.1 Key Policy Principles	17
6.2 Partnership Working	17
6.3 Prevention of Abuse	18
6.4 Governance	18
6.5 Confidentiality and Information sharing	18
6.6 Supervision and Support for Staff	19
7. Audit and Assurance	20
8. Safer Recruitment and Employment	20
9. Standards and Key Performance Indicators	21
9.1 Applicable Standards	21
9.2 Measurement and Key Performance Indicators	21
10. References	21
10.1 In relation to Safeguarding Adults	21
10.2 In relation to Safeguarding Children	22
11. Associated Documentation	23
12. Appendix A – Monitoring Table for this Policy	24
13. Appendix B – Dissemination, Implementation and Training Plan	24
14. Appendix C – Document Checklist	25
15. Appendix D – Equality Impact Assessment (EIA) Screening Tool	26
16. Appendix E – Extremism and Radicalisation (PREVENT & CONTEST)	28
16.1 Why Health care staff?	29
16.2 PREVENT Training	29
16.3 Trust PREVENT Leads	29
16.4 PREVENT Referral Process	30
17. Appendix F – Modern Slavery/Human Trafficking	31
18. Appendix G – Useful Contact Details	32

## What to do if you're worried a child is being abused



## What to do if you're worried an adult is being abused



Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

## 1. Introduction

**The Trust is committed to providing high quality care at all times, while promoting and safeguarding the welfare of those who use the services provided by the Trust.**

This policy will be used throughout the Trust to promote the safety of all unborn babies, children and adults at risk and to ensure that the Trust fulfils its role in safeguarding all patients under our care and act to protect those who allege, are at risk of, or have experienced abuse (for 'Children' read Child/Young Person/Unborn baby).

All reasonable measures will be taken to ensure that the risk of harm to children and adult's welfare is minimised and, where there are concerns about the welfare of a patient, staff within the Trust will take all appropriate actions to address these concerns. Staff will work collaboratively with other agencies involved in safeguarding and will follow national and local legislation, policy and guidance, including the following:

- The Children Act 1989 and 2004;
- Children and Social Work Act 2017;
- The Adoption and Children Act 2002;
- The Sexual Offences Act 2003;
- Female Genital Mutilation Act 2005;
- Working Together to Safeguard Children (HM Government updated 2018);
- Serious Crime Act 2015;
- South West Child Protection Procedures;
- Bristol Safeguarding Board Multi Agency Guidance;
- The Care Act 2014;
- The Mental Capacity Act 2005.

This policy should be used in conjunction with the procedures detailed in the relevant Standard Operating Procedures (SOP) for [adults](#) or [children](#).

The Trust's responsibilities in this area include co-operation with the Local Authorities and regional partner agencies, both at a strategic and operational, level through the Chief Nurse as the designated board director responsible for safeguarding adults, children and young people, the Named Professionals' and Safeguarding Nurse membership of sub groups.

## 2. Purpose

The purpose of the policy is:

- (a) To raise awareness of the recognition of abuse of children and adults at risk;

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

- (b) To clarify how the Trust will promote the safeguarding and welfare of children and adults at risk;
- (c) To minimise the risk of abuse;
- (d) To ensure that, should abuse come to the notice of Trust staff, they know what to do;
- (e) To clarify governance structures, processes, roles, lines of accountability and responsibility in relation to safeguarding patients, including those of the named professionals;

The policy also enables the Trust to:

- (f) Meet statutory requirements as outlined in the Care Act 2014 and Section 11 of the Children Act 2004;
- (g) Be proactive in relation to the priority placed on risk management and the mitigation of risks to protect patients, staff and the organisation;
- (h) Directly ensure compliance with the requirements of the Care Quality Commission (CQC) to register as a healthcare provider. This policy relates primarily to the Fundamental Standard 13: Safeguarding service users from abuse;
- (i) Meet the safeguarding requirements of the local NHS Commissioners and Local Safeguarding Partners.

### **3. Scope**

As a major provider of local and tertiary healthcare services, the Trust places a priority on its responsibilities in relation to safeguarding adults, children young people and the unborn. Responsibilities for safeguarding are enshrined in legislation. Some duties apply only to children, some apply only to adults, and some apply to both. This policy will deal with each in turn.

The policy is applicable to all staff employed by the Trust, volunteers working within the Trust and independent contractors and services hosted by the Trust. It applies across all Trust sites, recognising that children from ages 16 to 18 will usually be cared for in Adult services.

## **4. Definitions**

### **4.1 Safeguarding Children**

A Child is defined in the Children's Act 1989 as anyone who has not yet reached their 18<sup>th</sup> birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in secure accommodation does not change his/her status or entitlements to services or protection (Working Together to Safeguard Children 2018).

### **4.2 Child in Need (Children Act 1989 Section 17(10))**

He/she is unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him/her of services by the local authority.

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.



OR/AND

His/her health or development is likely to be significantly impaired or further impaired without the provision for him/her of such services.

OR/AND

He/she is disabled.

#### **4.3 Significant Harm (according to The Children Act 1989 Section 31 (2))**

“Where the question of whether harm suffered by a child is significant depends on the child’s health or development, their health or development shall be compared with that which could be reasonably expected of a similar child”.

#### **4.4 Young Carers**

A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work) (Working Together to Safeguard Children 2018).

#### **4.5 Safeguarding Adults**

The term ‘Adult at Risk’ has replaced ‘Vulnerable Adult’. The term focuses on the situation causing the risk rather than the characteristics of the adult concerned. Safeguarding duties apply to any adult (18 years or over) who meets the following criteria:

‘Has needs for care and support (whether or not the local authority is meeting those needs)

AND

Is experiencing, or at risk of, abuse or neglect;

AND

As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect’.

(Care Act 2014)

An Adult at Risk could include: adults who are elderly and frail, with learning or physical disabilities, lacking capacity, with a chronic illness, a sensory impairment, mental health needs, who have a life limiting illness, who have HIV or AIDS, who misuse substances or alcohol or at risk of exploitation.

#### **4.6 Key Principles of Safeguarding Adults (Care Act 2014)**

The Trust will seek to promote practices that maximise the independence of vulnerable people of all ages. Employees should remember that adults in their care have:

- The right to choose.
- The right to privacy.

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

- The right to independence.
- The right to protection and safety.

These rights are laid out in the Care Act 2014 under the six core principles which underpin all Safeguarding work:

<b>Empowerment</b>	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
<b>Prevention</b>	Strategies are developed to prevent abuse and neglect that promote resilience a self-determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
<b>Proportionate</b>	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest and only get involved as much as needed
<b>Protection</b>	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
<b>Partnerships</b>	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
<b>Accountable</b>	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

#### **4.7 Abuse – in relation to adults**

Abuse is about the misuse of the power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Abuse may be:

- A single act or repeated acts;
- An act of neglect or a failure to act, or;

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

(c) Multiple acts (e.g. an adult at risk may be neglected and financially abused).

Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

A number of abusive acts are crimes and the Police must be informed and consulted with where there is a concern which may involve a criminal component.

**For full details refer to the Safeguarding Adults Procedures SOP on the DMS.**

#### **4.8 Safeguarding Reviews**

**These include Safeguarding Adult Reviews (SAR), Domestic Homicide Reviews (DHR), Local or National Child Safeguarding Practice Reviews (previously Serious Case Reviews (SCR)).**

There are a number of statutory processes which may be implemented, as part of a multi-agency investigation, when an adult or child dies or suffers significant harm as a result of abuse or neglect, and there are concerns about partnership working. These reviews are carried out as part of duties of the Local Safeguarding Partnership arrangements.

For serious incidents involving a child, the local Safeguarding Partners should undertake a rapid review of the case and, in conjunction with the national Child Safeguarding Practice Review Panel, decide if it is appropriate to undertake a local or national Child Safeguarding Practice Review (Working Together 2018), previously known as a Serious Case Review.

The purpose of the reviews is to establish whether there are lessons to be learned regarding the way local professionals and agencies work together to safeguard adults or children and also to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

### **5. Duties, Roles and Responsibilities**

Everyone shares a responsibility for safeguarding and promoting the welfare of adults at risk and children, irrespective of individual roles (Working Together to Safeguard Children 2018). This applies to all staff including those who do not routinely see children but who see parents or carers and those with long term care needs.

University Hospitals Bristol NHS Foundation Trust through the Chief Executive Officer and the Trust Board have a duty under Section 11 of the Children Act 2004 and the Care Act 2014 to ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children and young people. The Trust has clear lines of accountability within the organisation.

#### **5.1 The Trust Board of Directors**

Has ultimate responsibility for ensuring that all patients are safeguarded within the Trust, and for ensuring that all staff:

- a. Are aware of how to recognise and respond to safeguarding concerns including signs of abuse.

- b. Have access to and receive the appropriate level of training, updating and access to professional advice and support.
- c. Are informed of and follow Trust safeguarding policies and procedures.

The Board monitors a range of safeguarding activities internally through a number of different processes including: Safeguarding Steering Group, Safeguarding Operational Groups for Adults & Children, Service Delivery Group, Clinical Quality Group and the Clinical Effectiveness Committee.

Compliance with the Care Quality Commission Fundamental Standard 13 'Safeguarding Service Users from Abuse' is also reviewed at the Clinical Quality Group.

External scrutiny is also provided through the process of representation and regular reporting to Local Partnership Boards and the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) Safeguarding Commissioning Standards.

The Board is ultimately accountable for ensuring that patients are safeguarded. The Board monitors this via the Clinical Quality Group, through which the Assurance Framework is considered for compliance.

## **5.2 Chief Nurse**

The chief nurse is the designated Board Executive responsible for oversight of the Trust's safeguarding adults, children and young people and the Named Professionals' and Safeguarding Nurse membership of sub groups.

## **5.3 Deputy Chief Nurse (Adults)/Head of Nursing for Children**

Responsible for strategic lead in the Trust and will deputise for the executive lead in their absence.

## **5.4 Lead Nurse for Safeguarding**

Responsible for ensuring safeguarding policies and procedures are up to date and embedded within practice, maintain oversight of regulatory and commissioning compliance, including safeguarding training content and compliance.

The post holder will report to the executive lead for safeguarding.

## **5.5 Operational Lead Nurse's for Safeguarding**

Supports the strategic lead in ensuring that safeguarding operational procedures for adults and children are embedded in practice. They will act as an expert with other clinicians and teams, providing complex advice, support and supervision.

## **5.6 Safeguarding Nurses**

The safeguarding nurses are responsible for co-ordinating the Trust's involvement with external agencies regarding individual safeguarding cases, and for advising, assisting and supporting other Trust colleagues involved in the process.

### **5.7 Safeguarding Steering Group**

This is chaired by the Chief Nurse and is responsible for:

- Identifying risks around safeguarding children and adults within the Trust and communicating these to the Trust board;
- Ensuring compliance with the Care Quality Commission 'Standard 13 – Safeguarding Service Users from Abuse';
- Ensuring that changes in current legislation and recommended practice are identified and disseminated to all divisions within the Trust;
- The implementation and monitoring of action plans, following recommendations by local Serious Case Reviews/Safeguarding Adults reviews and Domestic Homicide Reviews , supported by the relevant Safeguarding Operational Group (CPOG/APOG);
- Risk overview/management;
- Maintain oversight of the safeguarding annual work and audit plans to ensure compliance with the above.

The Trust Safeguarding Steering Group meets every quarter. This group is responsible for assurance in relation to all safeguarding in the Trust.

### **5.8 Operational Groups**

Child Protection Operational Group (CPOG) – chaired by the Head of Nursing for Children's services and Safeguarding Adult/MCA Operational Group – chaired by the Deputy Chief Nurse, these groups will:

- (a) Support the Safeguarding Steering Group focusing specifically on operational issues across the Trust.
- (b) Ensure that all necessary processes and systems are in place to protect Children and Adults at risk from harm and to identify risk and respond accordingly.
- (c) Ensure that these processes are central to risk management and clinical governance arrangements.
- (d) Ensure learning from serious incidents, Serious Case Reviews Safeguarding Adults Reviews and Domestic Homicide reviews are implemented across the Trust.
- (e) Escalate areas of concern or risks to the Safeguarding Steering Group.
- (f) Lead the development and implementation of policies and procedures, training design and delivery, work plans, audit and annual report.
- (g) Monitor Trust internal incidents and any action plans resulting from internal investigations.

### **5.9 Divisional Boards**

Each divisional board is responsible for ensuring that corporate requirements for safeguarding, including monitoring safeguarding training compliance, are met within their own areas.

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

Divisions are required to report on any safeguarding activities including training compliance, incidents or risks every six months to the Safeguarding Operational Groups.

### **5.10 All Staff**

All staff have a contractual obligation and a statutory duty to safeguard adults, children and the unborn baby and must ensure that safeguarding forms an integral part of all stages of the care they offer, even if they do not work directly with patients. This requirement is based on the outcome of the Laming report (HM Government 2003) identifying that child protection is 'everyone's responsibility' and also the Care Act 2014 section 14.8.

Staff will be able to achieve this through full compliance with the Trust policy and procedures, attendance at appropriate mandatory training and recognising the responsibilities which are detailed in all Trust job descriptions. Not all employees will work on a regular basis with people at risk (whether they be patients, their families or their visitors) however, most will do at some time and each of these employees is responsible for safeguarding such people.

Staff who work directly with children will have specific responsibilities as detailed in the Safeguarding Children Procedures document. They also need to be aware of the process for raising concerns about any adults associated with children they are working with. Staff working with Adults will need to refer to Safeguarding Adults Procedures document for guidance.

Staff who are not working directly with children need to be aware of their responsibilities to safeguard and promote the welfare of the children associated with the adult or family they are working with. They need to be aware of the 'Think Family' agenda and consider 'adult' risk factors which may affect the patient's ability to care for a child, such as domestic violence, substance misuse and mental health issues. They need to be aware of what to do and how to make a referral to Children's Social Care, in line with the South West Child Protection Procedures.

All staff need to complete the mandatory training appropriate to their role as detailed in the Mandatory Safeguarding Children and Adults Training guidelines on the Trust Safeguarding webpage.

### **5.11 Line Managers**

Must ensure that all staff members:

- (a) Are aware of the Trust safeguarding policies and procedures, together with their individual role in safeguarding and promoting the welfare of all patients.
- (b) Receive the training and supervision needed to recognise and act upon patient welfare concerns, and respond to their needs.

### **5.12 Consultants (looking after Children)**

The Trust expects all its medical employees looking after children to follow General Medical Council (GMC) guidance; 'Protecting children and young people: The responsibilities of all doctors' (2018).

All children attending or admitted within the Trust will have a named lead consultant, who will take overall responsibility for the child's care. The lead consultant should:

- (a) Be named on Medway and within the patient's notes.

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

- (b) Take appropriate action if any child protection concerns are raised with them e.g. refer to First Response (concerns can be discussed with the on call consultant community paediatrician or the named professionals).
- (c) Attend strategy meetings or arrange for a named deputy to attend and agree feedback mechanism with deputy.
- (d) Provide, within the required timescales, written reports as requested by Social Care/Police/Court or the strategy meeting chairperson.
- (e) Abide by decisions taken at strategy meetings particularly in regard to communication with parents around child protection issues.
- (f) Provide safe discharge for patients with any safeguarding issue, ensuring liaison with the relevant Children's Social Care team has taken place and that all outstanding issues are fully considered and a follow up action plan agreed.
- (g) Provide discharge summaries that include consideration of risk to children.
- (h) Follow the Trust policy for children who do not attend (DNA)/are not brought to outpatient appointments.

These actions are all consistent with recommendations from the Laming Report (2003).

### ***5.13 Named Professionals in Children's safeguarding***

Guidance from Working Together to Safeguard Children (2018) states that all NHS Trusts and NHS Foundation Trusts should identify a named doctor, named nurse and named midwife for safeguarding children. The Trust supports all staff in fulfilling their designated statutory duties, which will include but are not limited to:

- (a) Take a lead within the Trust on safeguarding children matters and to advise the Trust Board.
- (b) Ensure access to safeguarding supervision and/or peer support to those staff involved in safeguarding children on a regular three monthly or ad hoc basis.
- (c) Identify the training need, through the development of a safeguarding training strategy and signpost staff to appropriate mandatory training for their role, supported by the paediatric clinical skills trainer. This includes ensuring training is delivered, evaluated and updated.
- (d) Support the Trust in its clinical governance and assurance by ensuring audits and assurance exercises on safeguarding are undertaken and that safeguarding issues are part of the Trust's clinical governance system.
- (e) Promote safeguarding practice within the Trust and provide advice and expertise for fellow professionals. In complex cases the named professionals/members of the Safeguarding Team should be invited to all internal professional and strategy meetings.
- (f) Work with partner agencies and participate in local and regional safeguarding groups, including the Bristol Safeguarding Children Board and its sub groups.
- (g) Work closely with professionals from the Trust Legal Department to ensure that members of staff have appropriate advice and support when involved in legal or court proceedings concerning child protection matters.

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.



- (h) Be responsible for conducting the Trust's internal case management reviews for serious case reviews and other case reviews as part of a multi-agency learning and improvement framework (except if they were professionally involved in the case). Ensuring that any relevant action plans are followed up, including the dissemination of recommendations.
- (i) The full duties of the named professionals and the core competencies required are set out in the Intercollegiate Document (2014). The Named Professionals are supported with their roles and responsibilities by the Trust safeguarding nurses.
- (j) Contact details for the Trust named professionals can be found via the Trust intranet site.

#### **5.14 Divisional Heads of Nursing**

Divisional heads of nursing are responsible for the management of safeguarding within their division. They are also the named representative for the division on the Trust Safeguarding Steering Group.

#### **5.15 Director of People**

Act as the Trust internal allegations officer and the contact with the Local Authority Designated Officer (LADO), supported by the Lead Nurse for Safeguarding. As such they will be the contact in the Trust for outside agencies should any staff be alleged to have abused outside of the work at the Trust which could be in their personal life or in other employment.

In addition they have the responsibility to inform the LADO and possibly the Police of concerns pertaining to the Trust e.g. where a staff member or volunteer is suspected of abuse (see section 6.4).

In addition, along with the executive lead for safeguarding they will make the final decisions regarding suspension of staff in relation to safeguarding, reporting to professional bodies and the Disclosure and Barring Scheme (DBS).

**For full details refer to the Allegations Guidance SOP.**

#### **5.16 Patient Safety & Clinical Effectiveness Departments**

They will share any incidents, serious incidents requiring investigation (SIRIs) and never events relating to an adult at risk with the safeguarding team for an assessment of the need for a safeguarding referral.

They will also be responsible for Strategic Executive Information System (STEIS) reporting and liaising with CQC in relation to allegations regarding internal safeguarding cases e.g. alleged abuse by hospital staff.

#### **5.17 Human Resources**

HR staff may also become aware of alleged abuse via disciplinary investigations or whistle-blowers which should be shared with the safeguarding team as soon as possible.

Allegations of abuse identified via clinical risk, complaints and HR routes are always referred to local multi-agency safeguarding arrangements. Investigations are co-ordinated by those arrangements and should not begin independently of them. In cases of uncertainty a member of



the Safeguarding Team should be contacted to make the decision on the appropriate pathway (See Appendix G).

### ***5.18 Patient Support and Complaints team (PSCT), Listening, Information, Advice, Involvement, Support, Experience (LIAISE) or Patient Advice and Liaison Service (PALS)***

The PSCT advise and support families who have concerns about any service they are receiving from the hospital. PALS based at Weston General Hospital, LIAISE based at Bristol Children's Hospital and also offer a local resolution service within the Women's and Children's Division and may be called upon by families to offer support in these circumstances.

The team will follow the safeguarding policies, including making safeguarding referrals as required.

## **6. Policy Statement and Provisions**

### ***6.1 Key Policy Principles***

- (a) The welfare and safety of Children and Adults at risk is paramount.
- (b) Staff have a duty to report if they see, hear or suspect abuse.
- (c) The Trust will work collaboratively with all other members of the safeguarding multi-agency teams.
- (d) The Trust will work to ensure that the legal, statutory requirements are known and used appropriately, and that all actions are proportional, legal, accountable and necessary.
- (e) Where there is need to invoke Safeguarding measures, staff will follow the Trust Safeguarding Procedures guidance, in line with the statutory framework of the Care Act 2014 for adults and the Children Act 1989 and 2004 for children.
- (f) In addressing patients and families issues in relation to protection, if language is a barrier to communication, an independent interpreter should be used. Relatives, friends, or staff should not be used as interpreters.
- (g) Staff must consider their own safety and the safety of others at all times, and not confront an alleged abuser.
- (h) Training compliance reports are provided to all divisions on a quarterly basis. Divisions will provide a quarterly training report to inform the Safeguarding Steering Group. This does not negate the responsibility of all managers to review the training of their own teams.

### ***6.2 Partnership Working***

The Trust will actively work within a multi-agency framework to ensure that the welfare and safety of Children and Adults at risk is paramount. This joint working will be under the auspices of the regional Safeguarding Partnership Arrangements for adults and children.

### **6.3 Prevention of Abuse**

The safeguarding agenda is a key Trust priority and prevention of all forms of abuse is an integral part of the Trust's work and philosophy of care.

Prevention – It is better to take action before harm occurs (Care Act 2014).

Measures to promote prevention will include, amongst others:

- (a) Commitment to inter-agency working and co-ordination.
- (b) Encouragement of staff and volunteers to understand what constitutes abuse through awareness raising, education and easily accessible training programmes.
- (c) Zero tolerance to any abuse, neglect or inappropriate care.
- (d) Strategies, standards, policies and procedures that are clear, concise and encourage good practice.
- (e) Recording complaints and incidents in a timely, effective manner and responding to them positively.
- (f) Developing positive service cultures and the removal of unacceptable practices.
- (g) "Freedom to Speak Up" policy.
- (h) Employment and recruitment practices that are robust and effective.

### **6.4 Governance**

The Safeguarding Steering Group chaired by the chief nurse (Executive Lead for Safeguarding) and with senior representation from all Divisions, supported by the Child Protection Operational Group and the Safeguarding Adults Operational group, is the means through which the Trust Board oversees the Trust's safeguarding activity.

This includes compliance with the Care Quality Commission Registration requirements (Regulation 13 Safeguarding Service Users from Abuse) and that the Trust meets all statutory requirements in relation to safeguarding patients (including Section 11 of the Children Act 2004 and section 14 of the Care Act 2014). The Terms of Reference of this group are updated annually to ensure that the governance structure is fit for purpose; as such it monitors the effectiveness of the procedures and policy.

### **6.5 Confidentiality and Information sharing**

People using the Trust services may normally be assured that their details and information known to professionals about them is kept confidential in line with current legislation and regulatory body guidance such as the Nursing and Midwifery Council (NMC) and GMC Codes, and the General Data Protection Regulations (GDPR) and Data Protection Act 2018.

The legislation does not prevent, or limit, the sharing of information for the purpose of keeping children, young people or adults at risk safe. The welfare of the individual is paramount (The Children Act 1989, Human Rights Act 1998, United Nations Convention of the Rights of a Child 1991, the Care Act 2014) and information that is relevant to safeguarding will be shared with other professionals within health or other agencies as is necessary to safeguard a patient's welfare.

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

The child, who is of sufficient age and understanding, and the parent/person with parental responsibility, or the adult themselves should normally be aware of and/or consent to any liaison and sharing of information with other professional colleagues unless to do so would place the child/young person/adult at greater risk of significant harm, place the practitioner at risk of harm or allow evidence to be contaminated or destroyed.

In general the law does not prevent individual sharing of information with other practitioners if:

- (a) Those likely to be affected consent;
- (b) The public interest in safeguarding the person's welfare overrides the need to keep the information confidential;
- (c) Disclosure is required under court order or other legal obligation.

Please refer to the Trust Information Governance Policy and the 'Information Sharing: Practitioners Guide' (HM Government 2018) available via the Safeguarding Children page of the intranet. Further advice can be obtained from the Trust's Safeguarding Nursing Team, Legal Department, data protection officer or the caldicott guardian.

It is essential that all health professionals and their teams have access to advice and support from named and designated safeguarding professionals and undertake regular safeguarding training and updating as detailed in Working Together to Safeguard Children (2018).

### ***6.6 Supervision and Support for Staff***

It is acknowledged that staff involved in the care of an abused child or adult or where abuse is suspected, may experience feelings of distress. Support and supervision is available via the Safeguarding Team plus by self-referral to Occupational Health's counselling service.

Supervision and support for the Safeguarding Operational Leads will be provided by the Trust Safeguarding Lead Nurse.

The Trust Safeguarding Lead Nurse will receive supervision and support from the Designated Nurses and via local, regional and national specialist networks along with peer supervision in the Southwest Network of Safeguarding Adults leads.

The purpose of safeguarding supervision is to provide the practitioner with an opportunity to reflect on their work with adults, children and families where there are safeguarding issues, to receive objective support and advice and to agree an action plan which focuses on the needs of the patient at risk of abuse.

The supervision process should also support the practitioner and ensure they have access to pastoral support. Supervision aims to ensure that there is consistency in thresholds and standards for all practitioners across the Trust.

Regular three-monthly supervision is available /offered to all practitioners who potentially carry a vulnerable adult/child case load. This will be provided by the safeguarding nurses/named professionals/staff trained in safeguarding supervision. For further details refer to the Safeguarding Supervision guidelines within the Trust Clinical Supervision Policy.

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

## **6.7 Safeguarding Training**

Training is an essential feature of working together to safeguard and promote the welfare of children, and families. The Trust requires that all Trust employees access mandatory training.

All staff must complete the minimum of level one safeguarding children and adults training. All other staff who have increased contact with children, young people, unborn babies or adults at risk must attend additional training.

The specific level of training required for all staff groups, dependant on role and level of responsibility, is detailed within the Trust Mandatory Safeguarding Training Matrix's which is based on the recommendations of the Intercollegiate Document: Roles and Competencies for Health Care Staff for Children (2019) and for Adults (2018).

Additional training information is available on the safeguarding pages of connect.

## **7. Audit and Assurance**

The Trust has in place a Safeguarding Audit and Assurance Programme which provides assurance of safeguarding activity carried out across the Trust. Audits are carried out as a result of findings from case reviews, serious incidents or internal management reviews, as well as for other internal quality assurance action.

The Operational Groups are responsible for the evaluation of the audit results and action plans The Audit and Assurance programme is also overseen by the Safeguarding Steering Group. Audit and Assurance findings may also be reported externally to the BNSSG CCG and/or the Local Safeguarding Partners.

The Trust also reports on a quarterly and annual basis to BNSSG CCG and Local Safeguarding Partners in line with the requirements of the Safeguarding Commissioning Standards and Contract Schedules for providers of health services.

## **8. Safer Recruitment and Employment**

It is known that people who pose a risk to children may be attracted to organisations which provide services for children and young people. The Trust's recruitment procedures are undertaken in accordance with the NHS employment legislation and guidance which includes the Safeguarding Vulnerable Groups Act (2006) and Safer Recruitment (2006).

This ensures that enhanced Disclosure and Barring (DBS) checks are obtained on all staff whose work will bring them into contact with children, young people and vulnerable adults, prior to them having unsupervised access to patients within the Trust.

Recruiting managers shall seek guidance from Human Resources, to determine the level of DBS check required for the role. The manager shall ensure clearance is obtained before the applicant commences employment. This will include pre-employment checks on all staff, confirming their identities and right to work in the United Kingdom (see Modern Slavery Appendix F). References

will also be sought for all new staff as part of this process. Adverse DBS returns are considered in line with internal agreed practice.

All job descriptions reflect the requirements for all staff to have due regard for safeguarding. All staff are required to conduct themselves in a professional manner, adhering to their professional codes of conduct and Trust policies at all times.

Please refer to the Trust recruitment and selection policies for further information.

## **9. Standards and Key Performance Indicators**

### **9.1 *Applicable Standards***

Care Quality Commission Regulation 13 (Safeguarding service users from abuse)

Bristol, North Somerset, South Gloucestershire (BNSSG) Clinical Commissioning Group  
Safeguarding Standards

Local Safeguarding Partners performance monitoring standards, including Section 11 Audits (Children Act 2004).

### **9.2 *Measurement and Key Performance Indicators***

The Trust has in place an Audit and Assurance Programme which provides assurance of safeguarding activity carried out across the Trust. Audits are carried out as a result of findings from child safeguarding practice reviews, safeguarding adults reviews, domestic homicide reviews, serious incidents or internal management reviews, as well as for other internal quality assurance action.

The Safeguarding Operational Groups are responsible for the evaluation of the audit results and action plans. The Audit and Assurance programme is also overseen by the Safeguarding Steering Group. Audit and Assurance findings may also be reported externally to the BNSSG CCG and Local Safeguarding Partners.

The Trust also reports on a quarterly and annual basis to BNSSG CCG and Local Safeguarding Partners in line with the requirements of the Joint Safeguarding Commissioning Standards and Contract Schedules for providers of health services.

## **10. References**

### **10.1 *In relation to Safeguarding Adults***

Care Act 2014

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315993/Care-Act-Guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf)

Mental Capacity Act (2005). London.

[http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga\\_20050009\\_en.pdf](http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf)

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

NHS England Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (July 2015) <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

NHS England Safeguarding Policy (June 2015) <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguard-policy.pdf>

NHS England Safeguarding Alerts Policy and Procedure (June 2015)  
<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-alerts-policy.pdf>

NHS England Managing Safeguarding Allegations Against Staff policy and Procedure (June 2015)  
<https://www.england.nhs.uk/wp-content/uploads/2015/07/managing-safeguarding-allegations-against-staff.pdf>

Serious Crime Act (2015) (Domestic Abuse)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/482528/Controlling\\_or\\_coercive\\_behaviour\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf)

Modern Slavery Act (2105)  
[http://www.legislation.gov.uk/ukpga/2015/30/pdfs/ukpga\\_20150030\\_en.pdf](http://www.legislation.gov.uk/ukpga/2015/30/pdfs/ukpga_20150030_en.pdf)

Safeguarding Adults Protocol - Pressure Ulcers and the interface with a Safeguarding Enquiry (Department of Health & Social Care 2018)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf)

Modern Slavery Act (2015) <http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

## ***10.2 In relation to Safeguarding Children***

South West Child Protection Procedures [www.swcPPP.org.uk](http://www.swcPPP.org.uk)

The Children Act 1989 and 2004 <http://www.legislation.gov.uk/ukpga/1989/41/contents>  
<http://www.legislation.gov.uk/ukpga/2004/31/contents>

Human Rights Act 1998 <http://www.legislation.gov.uk/ukpga/1998/42/contents>

Every Child Matters (DCSF 2003)  
<https://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf>

The Victoria Climbié Inquiry (DH 2003)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/273183/5730.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf)

The Sexual Offences Act 2003  
[http://www.cps.gov.uk/legal/p\\_to\\_r/rape\\_and\\_sexual\\_offences/soa\\_2003\\_and\\_soa\\_1956/](http://www.cps.gov.uk/legal/p_to_r/rape_and_sexual_offences/soa_2003_and_soa_1956/)

Female Genital Mutilation Act 2005 <http://www.legislation.gov.uk/ukpga/2003/31/contents>

The Adoption and Children's Act 2002. <http://www.legislation.gov.uk/ukpga/2002/38/contents>

Bichard Inquiry Report (HMSO 2004)  
<http://media.education.gov.uk/assets/files/pdf/b/bichard%20inquiry%20report.pdf>

Safeguarding Vulnerable Groups Act 2006 <http://www.legislation.gov.uk/ukpga/2006/47/contents>

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

Public Law Outline (2008) <https://www.justice.gov.uk/downloads/protecting-the-vulnerable/care-proceeding-reform/pd12a.pdf>

The Protection of Children in England: A Progress Report (2009)  
<http://www.cfoa.org.uk/download/18006>

The Protection of Children in England: Action Plan, The Government's response to Lord Laming (2009) <https://www.gov.uk/government/publications/the-protection-of-children-in-england-government-response>

Vetting and Barring Scheme (2009) <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

When to suspect child maltreatment: Quick reference guide, NICE clinical guideline 89 (July 2009)  
<https://www.nice.org.uk/guidance/cg89>

Health and Social Care Act 2012 <https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets>

Protecting Children and Young People: the responsibility of all doctors - GMC (2012)  
[http://www.gmc-uk.org/guidance/ethical\\_guidance/13260.asp](http://www.gmc-uk.org/guidance/ethical_guidance/13260.asp)

Working Together to Safeguard Children (2018)  
<http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf>

Safeguarding Children and Young People: Roles and Competences for Healthcare staff. Intercollegiate Document, Third Edition (2018)  
[http://www.lscbchairs.org.uk/sitedata/files/Safeguarding\\_Children\\_Heal.pdf](http://www.lscbchairs.org.uk/sitedata/files/Safeguarding_Children_Heal.pdf)

## **11. Associated Documentation**

[Mental Capacity Act and Deprivation of Liberty Safeguards Policy](#)

[Domestic Violence and Abuse Policy](#)

[Adult Enhanced Observation Policy](#)

[Child Abduction Policy](#)

[Did Not Attend \(DNA\) Outpatients Policy for Children and Young People](#)

[Management of Missing Patients Adults and Young People](#)

[Restrictive Interventions Restraint and Clinical Holding for all Patients Policy](#)

[Disciplinary Policy](#)

[Freedom to Speak up Policy](#)

[Serious Incident Policy](#)

[VIP and Celebrity Visitor Procedure](#)

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.



Further guidance is available via the Safeguarding Connect page:

<http://connect/GOVERNANCEANDQUALITY/SAFEGUARDING/Pages/default.aspx>

## 12. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
Practice is in line with Policy	Annual safeguarding Report	Annual review of safeguarding activity and risks.	Annual	Safeguarding Steering group	Trust Board
Training is given to all colleagues	Compliance with Training targets	Provision of training in line with Intercollegiate documents for Adults and Children	Quarterly report	Divisions	Safeguarding Operational groups
CQC Regulation 13 met	Datix system	Regulation 13 detail review. Overview of Serious Incident reports	Quarterly	Safeguarding Operational groups	Safeguarding Steering Group

## 13. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
<b>The Dissemination Lead is:</b>	Lead Nurse for Safeguarding
<b>Is this document: A – replacing an expired policy, B – replacing an alternative policy, C – a new policy:</b>	A
<b>Alternative documentation this policy will replace (if applicable):</b>	N/A
<b>This document is to be disseminated to:</b>	All Trust staff and volunteers
<b>Method of dissemination:</b>	Training, intranet, Safeguarding Steering , Operational Groups and Link Professionals
<b>Is Training required:</b>	Yes
<b>The Training Lead is:</b>	Lead Nurse for Safeguarding

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.



<b>Plan Elements</b>	<b>Plan Details</b>
----------------------	---------------------

<b>Additional Comments</b>
Safeguarding Training is delivered as part of Trust mandatory training

## 14. Appendix C – Document Checklist

<b>Checklist Subject</b>	<b>Checklist Requirement</b>	<b>Document Owner's Confirmation</b>
<b>Title</b>	The title is clear and unambiguous:	Yes
	The document type is correct	Yes
<b>Content</b>	The document uses the approved template:	Yes
	The document contains data protected by any legislation	Not Applicable
	All terms used are explained in the 'Definitions' section:	Yes
	Acronyms are kept to the minimum possible:	Yes
	The 'target group' is clear and unambiguous:	Yes
	The 'purpose and scope' of the document is clear:	Yes
<b>Document Owner</b>	The 'Document Owner' is identified:	Yes
<b>Consultation</b>	Consultation with stakeholders (including Staff-side) can be evidenced where appropriate:	Yes
	The following were consulted	Safeguarding Steering and Operational Groups
	Suitable 'expert advice' has been sought where necessary:	Yes
<b>Evidence Base</b>	References are cited:	Yes
<b>Trust Objectives</b>	The document relates to the following Strategic or Corporate Objectives:	Safeguarding / Reg 13
<b>Equality</b>	The appropriate 'Equality Impact Assessment' or 'Equality Impact Screen' has been conducted for this document:	Yes
<b>Monitoring</b>	Monitoring provisions are defined:	Yes

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
	There is an audit plan to assess compliance with the provisions set out in this procedural document:	Yes
	The frequency of reviews, and the next review date are appropriate for this procedural document:	Yes
<b>Approval</b>	The correct 'Approval Authority' has been selected for this procedural document:	Yes

## 15. Appendix D – Equality Impact Assessment (EIA) Screening Tool

Query	Response
What is the main purpose of the document?	To Safeguard children, unborn babies and adults at risk within the Trust
Who is the target audience of the document (which staff groups)? Who is it likely to impact on? (Please tick all that apply.)	Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>

Could the document have a significant <b>negative</b> impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment.
<b>Age</b> (including younger and older people)		No	
<b>Disability</b> (including physical and sensory impairments, learning disabilities, mental health)		No	
<b>Gender reassignment</b>		No	
<b>Pregnancy and maternity</b>		No	
<b>Race</b> (includes ethnicity as well as gypsy travelers)		No	
<b>Religion and belief</b> (includes non-belief)		No	
<b>Sex</b> (male and female)		No	
<b>Sexual Orientation</b> (lesbian, gay, bisexual, other)		No	
<b>Groups at risk of stigma</b> or social exclusion (e.g. offenders, homeless people)		No	
<b>Human Rights</b> (particularly rights to privacy, dignity, liberty and non-degrading treatment)		No	

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

Will the document create any problems or barriers to any community or group? NO

Will any group be excluded because of this document? NO

Will the document result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant <b>positive</b> impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		NO	
Will it help to get rid of discrimination?		NO	
Will it help to get rid of harassment?		NO	
Will it promote good relations between people from all groups?		NO	
Will it promote and protect human rights?	YES		Human rights embedded within safeguarding policy

On the basis of the information / evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some <input checked="" type="checkbox"/>	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required? NO

Date assessment complete. 1/10/18.....

Person completing the assessment: XXXXXXXXXX .....

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

## 16. Appendix E – Extremism and Radicalisation (PREVENT & CONTEST)

The current threat from Terrorism and Extremism in the United Kingdom is real and severe and can involve the exploitation of vulnerable people, including children, to involve them in extremist activity. A number of young girls and boys have been persuaded to leave the country against the wishes of their families, in secret, putting themselves in extreme danger.

In April 2015, the Prevent Statutory Duty under Section 26 of the Counter-Terrorism and Security Act 2015 was made a statutory responsibility for the health sector. The Duty stated that the health sector needed to demonstrate “*due regard to the need to prevent people from being drawn into terrorism*”.

Prevent is part of the UK’s Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity.

The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST. As part of CONTEST, the aim of PREVENT is to stop people becoming terrorists or supporting terrorism.

CONTEST is primarily organised around four key principles. Work streams contribute to four programmes, each with a specific objective:

- PURSUE: to stop terrorist attacks.
- PREVENT: to stop people becoming terrorists or supporting terrorism.
- PROTECT: to strengthen our protection against a terrorist attack.
- PREPARE: to mitigate the impact of a terrorist attack.

The Health Service is a key partner in PREVENT and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

PREVENT has 3 national objectives:

Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it

Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support

Objective 3: work with sectors and organisations where there are risks of radicalization which we need to address

The Health Sector contribution to PREVENT focuses primarily on Objectives 2 and 3. PREVENT training is undertaken in line with Objectives 2 and 3 and is delivered at a level appropriate to staff role.

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

### **16.1 Why Health care staff?**

The overall principle of health is to improve the health and wellbeing through the delivery of healthcare services while safeguarding those individuals who are vulnerable to any form of exploitation. PREVENT is also about protecting individuals.

PREVENT aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.

Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities.

Tailored support for any individual identified as being vulnerable to being drawn into terrorism is offered through the voluntary **Channel** programme. This is a Local Authority led multi-agency panel, which decides on what the most appropriate support package for that person will be.

### **16.2 PREVENT Training**

All staff involved in the care and/or commissioning of healthcare should ensure they are aware of the PREVENT Strategy and the referral process.

The Department of Health has developed specific bespoke training for people working in Health known as the Health WRAP. Trainers are required to be trained and approved by the Department of health to be able to deliver this training. The Trust will ensure that it has approved trainers to deliver this training.

All Trust staff and volunteers will receive Prevent basic awareness training as part of Trust induction (level 1 and 2). Level 3 Health WRAP training will be delivered to identified staff working in high risk areas according to their role.

### **16.3 Trust PREVENT Leads**

There is a dedicated lead person in each partner organisation with responsibility for implementing the Home Office PREVENT agenda:

Prevent team	JOB TITLE	PHONE	EMAIL
██████████ ██████████ ██████████	Safeguarding Lead Nurse	██████ ████████	████████████████████
	Employee Services Manager	██████ ████████	

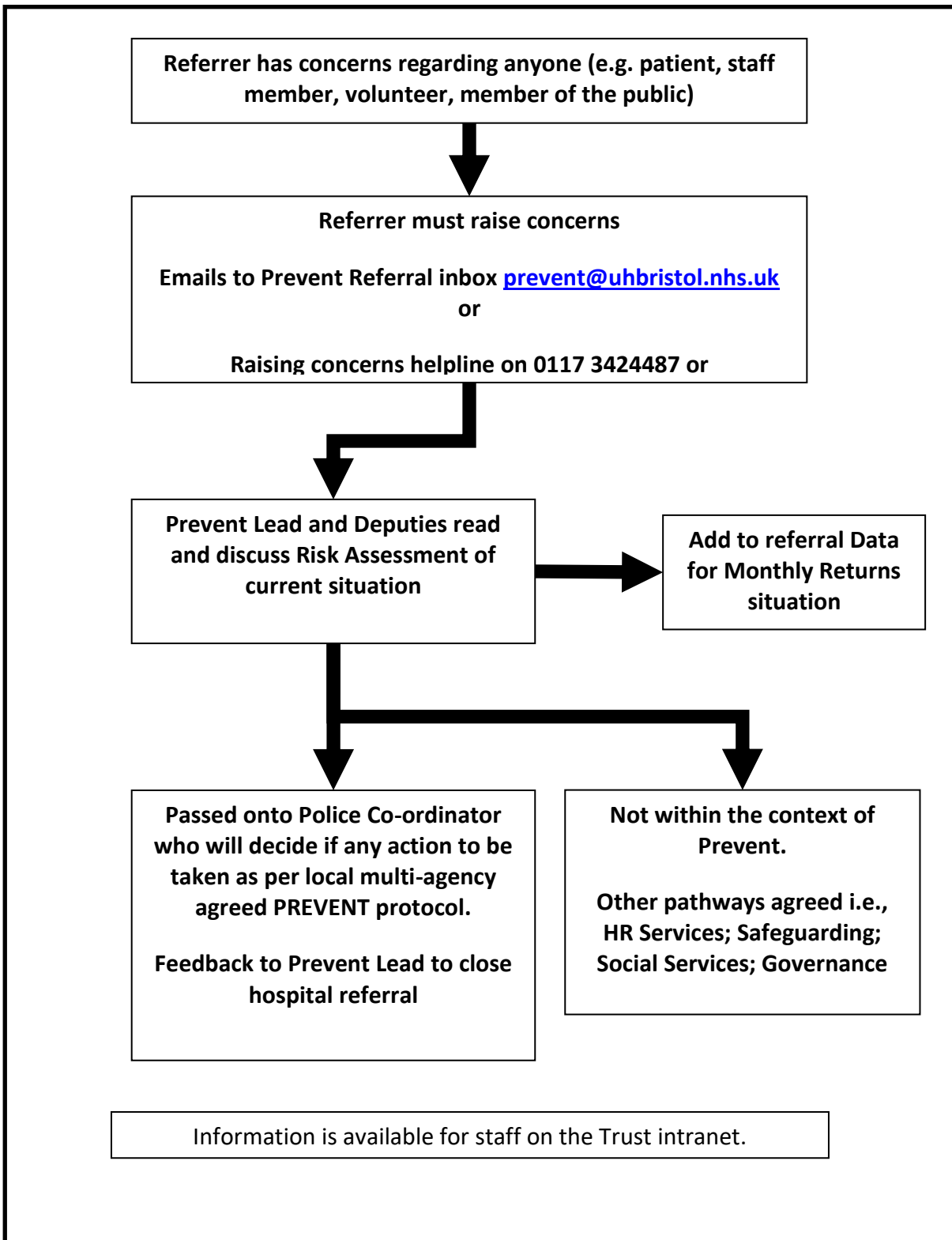
Full information is available on the Safeguarding Children pages of connect

---

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

**16.4 PREVENT Referral Process**



## 17. Appendix F – Modern Slavery/Human Trafficking

**Modern slavery** is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, and abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act received Royal Assent on Thursday 26 March 2015. The offence of modern slavery includes subjecting someone to slavery or servitude, forced or compulsory labour, including child labour, and human trafficking, often breaching human rights law, employment law and health and safety regulations, harsh and inhumane treatment, and exploitatively low pay and long hours.

Someone is in slavery if they are:

- Forced to work either through coercion, mental or physical threat;
- Owned or controlled by an 'employer' through mental or physical abuse, or the threat of abuse;
- Dehumanised by being treated as a commodity or bought and sold as 'property';
- Physically constrained or have unlawful restrictions placed on their freedom of movement.

The Home Office estimates there are 13,000 victims and survivors of modern slavery in the UK; 55% of these are female and 35% of all victims are trafficked for sexual exploitation.

**Human trafficking** is defined as a process that is a combination of three basic components:

- Movement (including within the UK);
- Control, through harm / threat of harm or fraud;
- For the purpose of exploitation

(UNHCR 2006)

All concerns should be reported to the Safeguarding team, the Clinical Site Management team Out of Hours or the Police on 101. The Police or the Local Authority will notify the National Referral Mechanism (NRM) to instigate protection and investigation.

## 18. Appendix G – Useful Contact Details

### Trust Safeguarding Team

[REDACTED]	Strategic Lead Nurse for Safeguarding Adults and Children	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	Safeguarding Operational Lead's  Bristol	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]
[REDACTED] [REDACTED]	Safeguarding Operational Lead's  Weston	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]
Administration Team	Bristol  Weston	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

For further information, and supporting documents please refer to Safeguarding Policy and additional information on web page

<http://connect/governanceandquality/SafeguardingChildren/SafeguardingAdults/Pages/default.aspx>