

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

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<b>What is in this policy?</b>	<p>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.</p>		



Safeguarding Adults, Children, Young People and the Unborn Baby Policy - Reference Number  
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August 2024	3.0	Safeguarding lead	Minor	Minor revision to include updated legislation

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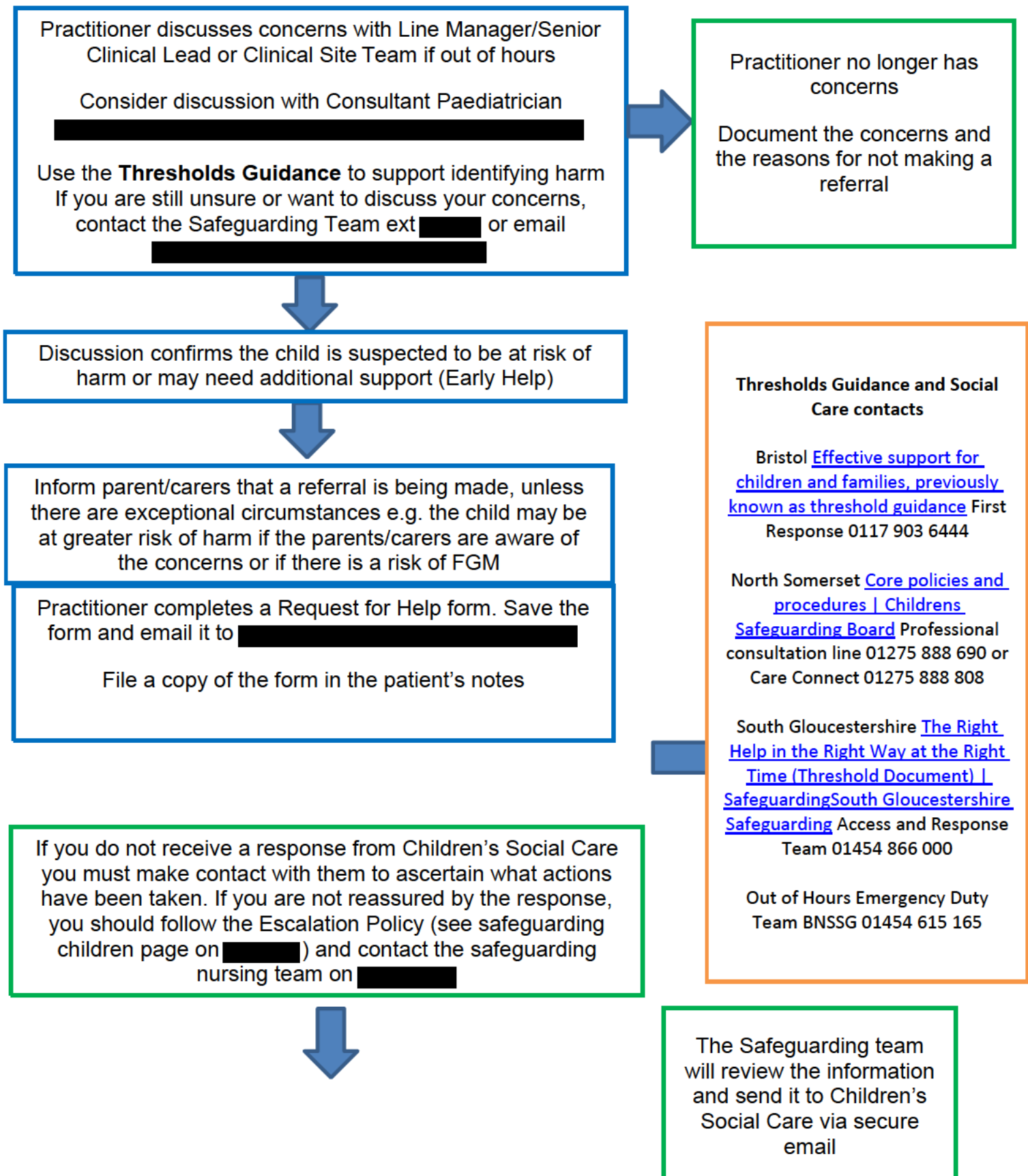
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## What to do if you're worried a child is being abused

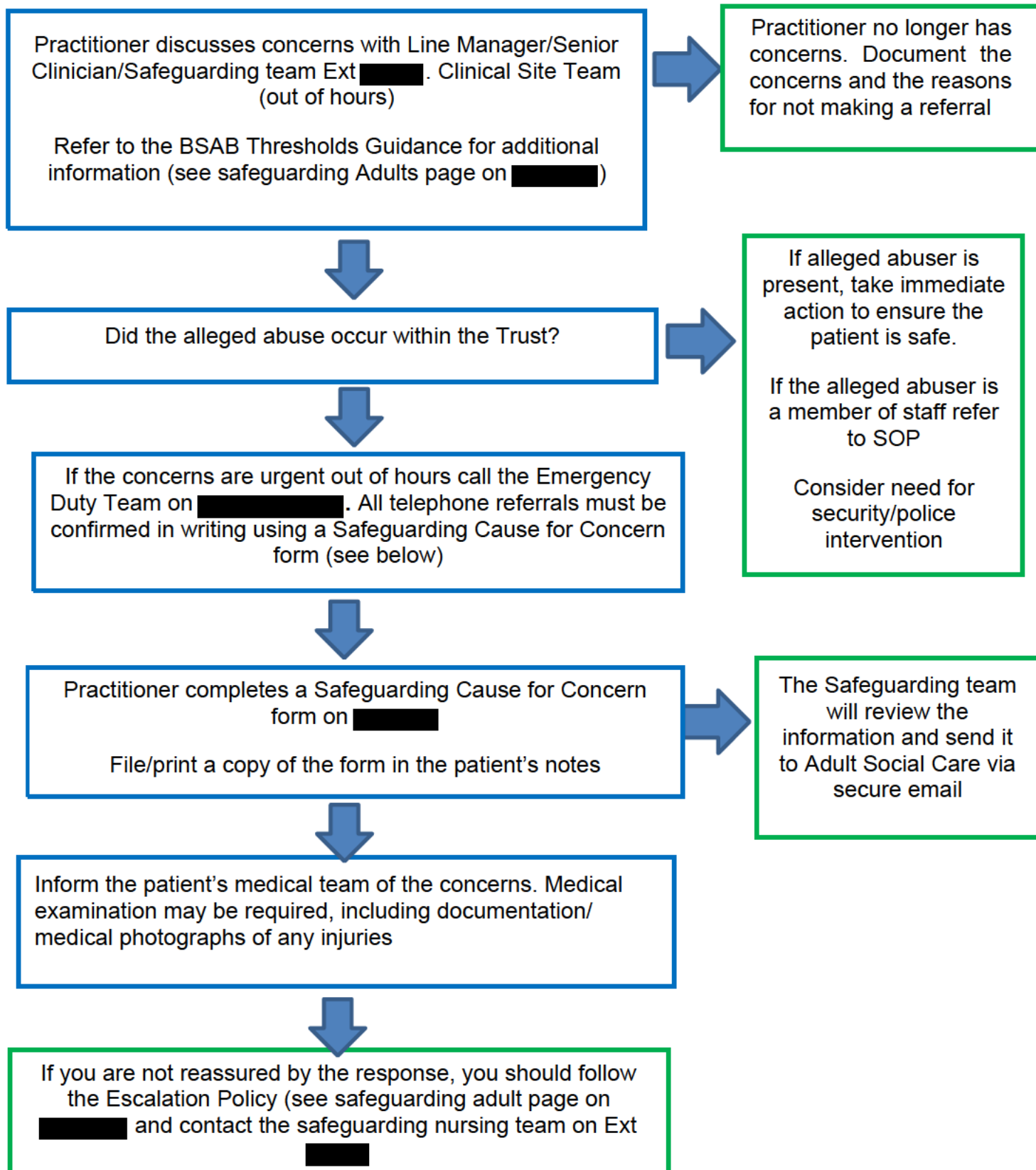




If the concerns are urgent call First Response on [REDACTED]  
[REDACTED] or out of hours call the Emergency Duty Team on  
[REDACTED]. All telephone referrals must be confirmed in  
writing using a Request for Help form (see below)



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



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## 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 2003
- Working Together to Safeguard Children (HM Government updated 2023)
- Serious Crime Act 2015
- Serious Violence Duty 2022
- Health and Care Act 2022
- Domestic Abuse Act 2021
- Modern Slavery Act 2015
- The Slavery and Human Trafficking Regulations 2022
- Southwest Child Protection Procedures
- BNSSG Safeguarding Partnership and Boards Multiagency Procedures
- The Care Act 2014
- Care Act Guidance 2016
- The Mental Capacity Act 2005 and the Code of Practice 2007

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

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 Nursing Officer as the designated executive director responsible for safeguarding adults, children and young people, and the safeguarding Senior Leadership Team and Named Professionals' as participants of local Safeguarding Children's Partnerships and Safeguarding Adults Boards.

## **2. Purpose**

The purpose of the policy is:

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

To clarify how the Trust will promote the safeguarding and welfare of children and adults at risk;

- (b) To minimise the risk of abuse;
- (c) To ensure that, should abuse come to the notice of Trust staff, they know what to do;
- (d) 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:

- (e) Meet statutory requirements as outlined in the Care Act 2014 and Section 11 of the Children Act 2004;
- (f) Be proactive in relation to the priority placed on risk management and the mitigation of risks to protect patients, staff and the organisation;
- (g) Directly ensure compliance with the requirements of the Care Quality Commission (CQC) to register as a healthcare provider. This policy relates primarily to Regulation 13: Safeguarding service users from abuse;
- (h) Meet the safeguarding requirements set out in the Safeguarding Assurance and Accountability Framework 2024 (NHS England) and participate in Local Safeguarding Partnerships and Boards.

### **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 aged 16 and 17 will usually be cared for within 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 2023).

### **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.

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 2023).

#### **4.5 Safeguarding Adults**

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. 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 (temporary or permanent), with a chronic illness, a sensory impairment, mental health needs, who have a life limiting illness, who misuse substances or alcohol or are transitioning to adulthood.

#### **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.

- 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 of one person 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) A single act or repeated acts;
- (b) An act of neglect or a failure to act, or;

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(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.**

#### **4.8 Safeguarding Reviews**

**These include Safeguarding Adult Reviews (SAR), Domestic Homicide Reviews (DHR), Local or National Child Safeguarding Practice Reviews (CSPR).**

There are several 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 2023), previously known as a Serious Case Review.

The purpose of the reviews is to prevent or reduce the risk of recurrence of similar incidents by reviewing the way local systems and policies enabled or inhibited professionals and agencies working together to safeguard children or adults and to explore examples of good practice where this contributes to practice and quality improvements.

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

Everyone shares a responsibility for safeguarding and promoting the welfare of children, irrespective of individual roles (Working Together 2023). This applies to all staff including those who do not routinely see children but who see parents, carers or those who may work within regulated activity with children.

University Hospitals Bristol and Weston NHS Foundation Trust through the Chief Executive Officer and the Trust Board have a duty under Section 11 of the Children Act 2004 to ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children and young people and under the Care Act 2014 to promote the wellbeing of adults and engage in enquiries when there are concerns that the person cannot protect themselves from abuse or neglect. The Trust has clear lines of accountability within the organisation.

#### **5.1 The Trust Board of Directors and Chief Executive Officer**

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.

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- 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 reports to the Safeguarding Assurance Group, Clinical Quality Group and the Quality Outcomes Committee.

External scrutiny is also provided through the process of partnership working, representation and regular reporting to Local Safeguarding Partnerships and Boards and through the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) Safeguarding Quality Contract.

The Trust Board monitors this via the Clinical Quality Group, through which the NHSE Accountability and Assurance Framework is considered for compliance.

## **5.2    *Chief Nurse***

The Chief Nurse is the designated Board Executive responsible for safeguarding children, adults and Prevent.

## **5.3    *Named Professionals for Safeguarding***

Named roles are the statutory and mandatory roles that ensure that safeguarding operational procedures for adults and children are embedded in practice. The named roles include the Named Doctor(s) and Nurse(s) for Safeguarding Children, the Named Midwife, and the Named Doctor and Professional for Safeguarding Adults. They will act as a subject matter expert for safeguarding ensuring training, complex advice and supervision is available for staff.

## **5.4    *Safeguarding Practitioners***

The safeguarding practitioners are responsible for supporting patient facing staff with safeguarding concerns and for advising, assisting and supporting colleagues involved in internal, external and statutory safeguarding processes for their patients.



### **5.5    *Safeguarding Assurance Group***

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

- Identifying risks around safeguarding the unborn, children and adults within the Trust and communicating these to the Trust board
- Ensuring the requirements set out for providers in the NHS England Safeguarding Accountability and Assurance Framework (2024) are met
- Receiving reports from the Divisions and specialties that highlight areas of concern and good practice;
- Ensuring compliance with the Care Quality Commission 'Regulation 13 – Safeguarding service users from abuse and improper treatment';
- Highlighting changes in current legislation and recommended practice and reviewing their implementation by divisional representatives within the Trust;
- Exception reporting and monitoring of action plans, following recommendations by local and national Child Safeguarding Practice Reviews, Adult Safeguarding Reviews and Domestic Homicide Reviews;
- Risk Register oversight;
- Exception reporting and oversight of the safeguarding service and audit plans

The Trust Safeguarding Assurance Group meets quarterly. This group is responsible for assurance in relation to all safeguarding in the Trust.

### **5.6    *Operational Group***

this group will:

- (a) Provide a forum for staff to meet and discuss safeguarding practice and improvement with an all-age approach
- (b) Have a focus on developing the competence and confidence of practitioners attending using a supervision informed approach to learning and improvement
- (c) Share learning from significant cases in UHBW, Safeguarding Reviews and new publications to inform quality and practice improvement across all-age safeguarding

## **5.7 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 Section 11 of the Children Act 2004 and Section 6 of the Care Act 2014 and safeguarding is highlighted in the NHS England Safeguarding Accountability and Assurance Framework 2024 as core business for NHS staff and services. 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.

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 patient 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 abuse, 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 Southwest 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.

## **5.8 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.

## **5.9 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 the child's electronic patient record and any paper light documentation.

- (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 regarding 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 were identified within recommendations from the Laming Report (2003).

### **5.10 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 Assurance Group.

### **5.11 Director of People**

Act as the Trust internal allegations officer and the contact with the Local Authority Designated Officer (LADO), supported by the Named Nurse for Safeguarding Children. 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 support with allegations see the Allegations Management Flowchart.**

### **5.12 Human Resources**

HR staff may also become aware of alleged abuse via staff support procedures, 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).

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

### **6.1 Key Policy Principles**

- (a) The welfare and safety of Children is paramount.
- (b) Adults have the right to live in safety free from abuse and neglect.
- (c) Staff have a duty to report if they see, hear or suspect abuse.
- (d) The Trust will work collaboratively with other safeguarding multi- agency teams.
- (e) The Trust will work to ensure that the legal, statutory requirements are known and used appropriately, and that all actions are proportionate, legal, accountable and necessary.
- (f) Where there is a 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.
- (g) 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 for conversations about abuse and neglect.
- (h) Staff must always consider their own safety and the safety of others and not confront an alleged abuser.
- (i) Training compliance reports are provided to all divisions on a quarterly basis. Divisions will provide a quarterly training report to inform the Safeguarding Assurance 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 Assurance Group chaired by the Chief Nurse (Executive Lead for Safeguarding) and with senior representation from all Divisions 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 1992, 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.

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 2024) available via the Safeguarding Children page of the intranet. Further advice can be obtained from the Trust's Safeguarding Team, HealthCare Legal Team, Information Governance Team or the Trust Caldecott Guardian.

All health trust staff can access advice and support from named and designated safeguarding professionals and undertake regular safeguarding training and updating as detailed in Working Together to Safeguard Children (2023).

## ***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 Team members will be provided through the leadership team and access to external supervision and peer support facilitated.

The Named Professionals can receive supervision and support from the Designated Professionals and via local, regional and national specialist networks along with peer supervision in the Southwest Health Leads Safeguarding Adults Network and Southwest Named Professionals for Safeguarding Children Provider Network.

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 safeguarding adult/child case load. This will be provided by the safeguarding team staff trained in safeguarding supervision. For further details refer to the Safeguarding Supervision guidelines

within the Trust Clinical Supervision Policy.



## 6.7 Safeguarding Training

Training is an essential feature of working together to safeguard adults and children and promote the welfare of children, and families. The Trust requires that all Trust employees access statutory and 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 adult patients must attend additional training at either level 2 or level 3.

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 [updated 2022]) and for Adults (2024).

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

## 7. Audit and Assurance

The Trust has in place a Safeguarding Audit programme which provides assurance of safeguarding activity carried out across the Trust. Audits are carried out following learning and recommendations from case reviews, serious incidents or internal management reviews, as well as for other internal quality assurance action. The trust engages with multiagency audits led by the safeguarding partnerships and boards across BNSSG to contribute to an area wide picture on relevant themes highlighted by increases in activity, learning from incidents or national publications.

The findings of audits are reported to the Safeguarding Assurance Group. Audit and Assurance findings may also be reported externally to the BNSSG ICB and/or the Local Safeguarding Partners.

## 8. Safer Recruitment and Employment

It is known that people who pose a risk to children and adults with care and support needs may be attracted to organisations which provide services for adults, 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 Best Practice Recruitment Resource (toolkit) (2023) New hiring toolkit supports care providers with safer recruitment - GOV.UK ([www.gov.uk](https://www.gov.uk))

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 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)

NHS England Safeguarding Accountability and Assurance Framework (2024)

Bristol, North Somerset, South Gloucestershire (BNSSG) Integrated Care Board  
Safeguarding Standards

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

Joint Targeted Area Inspections. Joint inspections of all services for children in a local authority area on a published theme. Themes are refreshed 6-12 monthly. Ofsted, the Care Quality Commission and HM Inspectorate of Constabulary and Fire & Rescue Services provide the joint inspectorate.

## **10. References**

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)

Care Act Statutory Guidance 2016

Domestic Abuse Act 2021

Domestic Abuse Guidance 2022

Mental Capacity Act (2005 [amended 2019]).

[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)

Mental Capacity Act Code of Practice 2007

NHS England Safeguarding Vulnerable People in the NHS – Safeguarding Accountability and Assurance Framework (2024)

Serious Crime Act (2015)

[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 (2015)

[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 Raising a Safeguarding Concern - [Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern - GOV.UK \(www.gov.uk\)](#)

Southwest Child Protection Procedures [Welcome to the South West Child Protection Procedures](#)

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>

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 (2003) <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>

The Laming Report (2003) [The Victoria Climbié Inquiry: report of an inquiry by Lord Laming - GOV.UK \(www.gov.uk\)](#)

The Wood Report (2021) [Wood Review of multi-agency safeguarding arrangements \(publishing.service.gov.uk\)](#)

Criminal Exploitation of Vulnerable Children and Adults – County Lines (2016-2019) (Updated Oct 2023) [Criminal exploitation of children and vulnerable adults: county lines \(accessible version\) - GOV.UK \(www.gov.uk\)](#)

The Richard Report (2004) [The Richard Inquiry - Report \(ioe.ac.uk\)](#)

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

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Public Law Outline-(Re-launched 2023) [Re-Launch of the Public Law Outline \(PLO\) - Courts and Tribunals Judiciary](#)

The Protection of Children in England: A Progress Report (2009)

[The Protection of Children in England.pdf](#)  
([publishing.service.gov.uk](#))

Disclosure and Barring Service - [About us - Disclosure and Barring Service - GOV.UK](#)  
([www.gov.uk](#))

When to suspect child maltreatment: Quick reference guide, NICE clinical guideline 89 (July 2009)  
(Updated October 2017) [Child maltreatment: when to suspect maltreatment in under 18s](#)  
([nice.org.uk](#))

Health and Social Care Act 2012 [Health and Social Care Act 2012 \(legislation.gov.uk\)](#)

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 (2023)

[Working together to safeguard children 2023: statutory guidance](#)  
([publishing.service.gov.uk](#))

Safeguarding Children and Young People: Roles and Competences for Healthcare staff.  
Intercollegiate Document, Forth Edition (2019)

[Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff](#)  
[| Royal College of Nursing \(rcn.org.uk\)](#)

Adult Safeguarding Roles and Competences for Health Care Staff 2024

[Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications |](#)  
[Royal College of Nursing](#)

## 11. Associated Documentation

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Further guidance is available via the Safeguarding Connect page:

## 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 Assurance Group	Trust Board
Safeguarding training is given to all employees and volunteers	Compliance with Training targets	Provision of training in line with Intercollegiate documents for Adults and Children	Quarterly report	Divisions	Safeguarding Assurance 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>	Executive Lead 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, Supervision, intranet, Safeguarding Assurance Group and Divisional Leads
<b>Is Training required:</b>	Yes
<b>The Training Lead is:</b>	

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

## 14. Appendix C – Document Checklist

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
<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 Assurance 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

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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?		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	

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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.....

Person completing the assessment: .....



## 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.

### **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.

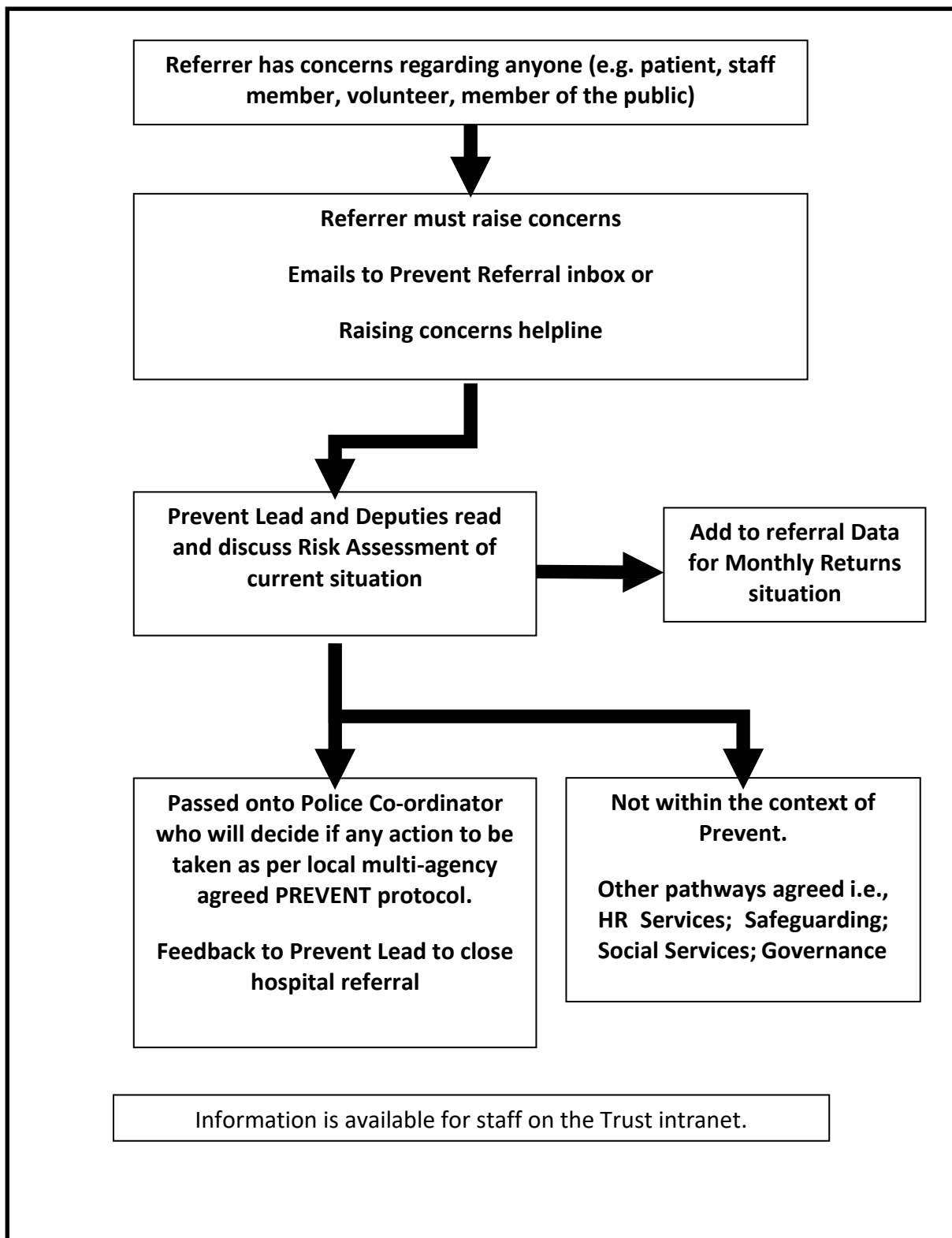
All Trust staff and volunteers will receive Prevent basic awareness training as part of Trust induction (level 1 and 2). Level 3 Health WRAP training will be delivered to identified staff working in high risk areas according to their role.

### **16.3 Trust PREVENT Leads**

The Chief Nursing Officer is the Executive Lead for Prevent. 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
Prevent Lead	Deputy Director of Safeguarding		
	Employee Services Manager		

#### 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.

**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

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 can offer referral to the National Referral Mechanism (NRM) to instigate protection and investigation.

## 18. Appendix G – Useful Contact Details

Trust Safeguarding Team


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