

## Trustwide Safeguarding Children & Young People Policy

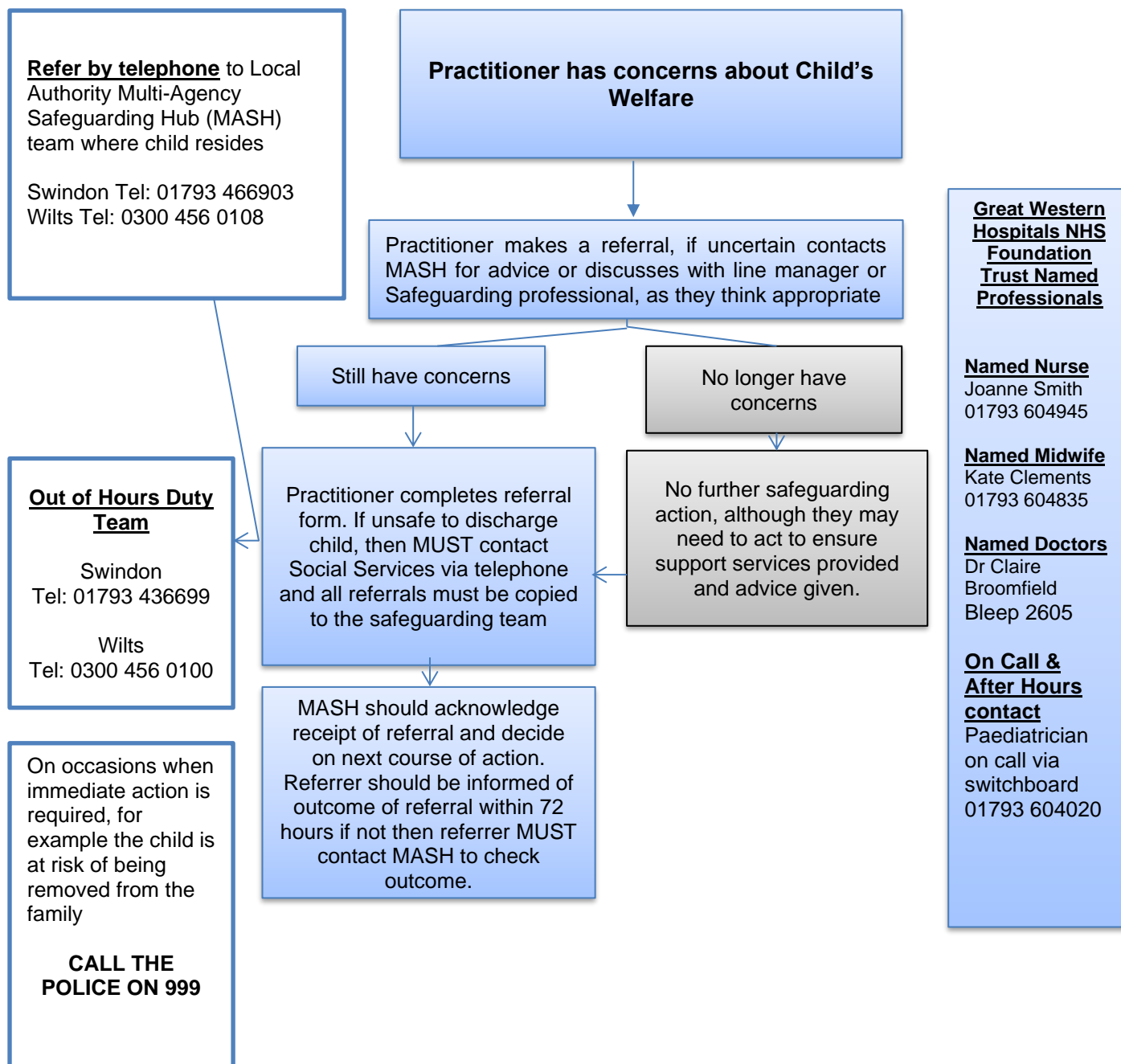
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<b>Target Audience-</b> who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	<ul style="list-style-type: none"> <li>Ensuring any training required is attended and kept up to date.</li> <li>Ensuring any competencies required are maintained.</li> <li>Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.</li> </ul>		
	<p>All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy</p>		
<b>Special Cases</b>	Does not apply to this policy		
<b>Accountable Director</b>	Chief Executive		
<b>Author/originator</b> – Any Comments on this document should be addressed to the author	Named Nurse for Children's Safeguarding & Named Midwife		
<b>Division and Department</b>	Safeguarding Coperate Division		
<b>Implementation Lead</b>	Associate Directors & Divisional Directors of Nursing		
<b>If developed in partnership with another agency ratification details of the relevant agency</b>			
<b>Regulatory Position</b>	Care Quality Commission & The Children Act 1989 & 2004		
<b>Review period.</b> This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

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## Instant Information – What to do if you are worried about a child being abused



### Escalation

If at any time you are concerned about a child and you are worried the correct action is not being taken or you feel that your referral has not been actioned appropriately then you must 'Escalate' as per that Local Authority's Safeguarding Escalation Policy (Ref 14). The Safeguarding team will help you with this process and you can contact them directly or via the Safeguarding Administration Co-ordinator on extension 4961.

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# 1 Introduction & Purpose

## 1.1 Introduction & Purpose

This policy sets out how the Great Western Hospitals NHS Foundations Trust (the Trust) ensures the safeguarding of children and young people that the Trust come into contact with, either as patients or as the children of parents/carers/relatives/visitors that also attend hospital services.

It is the responsibility of all staff at Great Western Hospitals NHS Foundations Trust to prioritise the welfare and safety of children.

In the first instance the Trust follows the South West Child Protection Procedures (SWCPP) (Ref 1) in alliance with other organisations within Swindon, Wiltshire, and the South West region.

The purpose of this document is to:

- Demonstrate the value that the Trust places on safeguarding children and young people.
- Ensure that legal and moral obligations for safeguarding children and young people are met.
- Raise awareness amongst all employees regarding safeguarding children and young people and encourage best practice.

## 1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

<b>Abuse and neglect</b>	Forms of maltreatment. This includes inflicting harm and failing to prevent harm. This could take place within the family, an institutional or community setting, by an adult or adults, child or children known to the child or less frequently a stranger.
<b>Child Protection</b>	It describes the activity undertaken to protect specific children who are suffering, or at risk of suffering or significant harm.
<b>Children in Need</b>	Are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services and those who are disabled (Children Act 1989).
<b>CCG</b>	Clinical Commissioning Group
<b>CSE</b>	Child Sexual Exploitation
<b>CQC</b>	Care Quality Commission
<b>DBS</b>	Disclosure Barring Service
<b>Development</b>	Means physical intellectual, emotional, social, or behavioural development
<b>EDS</b>	Emergency Duty Service
<b>EIA</b>	Equality Impact Assessment

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<b>Emotional abuse</b>	Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on emotional development. Some level of emotional abuse is involved in all types of maltreatment though it may occur alone
<b>Employees</b>	Those directly employed by the Trust as well as other workers such as Bank and Agency Workers, Volunteers, Students and Contractors (collectively referred to as employees within this document)
<b>Harm</b>	Ill treatment or the impairment of health or development
<b>MASH</b>	Multi-Agency Safeguarding Hub
<b>Neglect</b>	Is the persistent failure to meet a child's basic physical and or psychological needs likely to result in the serious impairment of the child's health or development. This can include failure to provide: <ul style="list-style-type: none"> <li>• Food clothing and shelter</li> <li>• Protection from harm</li> <li>• Adequate supervision</li> <li>• Access to appropriate medical care or treatment (not being brought to appointments)</li> </ul>
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Health and Care Excellence
<b>Physical abuse</b>	Is causing physical harm to a child, which also includes fabricating or inducing illness in a child.
<b>Sexual abuse</b>	Involves forcing or enticing a child or young person to take part in sexual activity whether the child is aware of what is happening.
<b>Significant harm</b>	The Children Act 1989 introduced the concept of significant harm, which is any Physical, Sexual, or Emotional Abuse, Neglect, accident, or injury that is sufficiently serious to adversely affect progress and enjoyment of life.
<b>SWCPP</b>	South West Child Protection Procedures online

### 1.3 Legislation

There is a clear legislative framework for health services to safeguard and promote the welfare of children. In UK law, a person's 18th birthday draws the line between childhood and adulthood (Children Act 1989).

Working together to Safeguard Children (2018) identifies safeguarding and promoting the welfare of children as “protecting children from maltreatment, preventing impairment of children's health or development, ensuring children grow up in circumstances consistent with the provision of safe and effective care, taking action to ensure all children have the best outcomes”.

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The Children's Act 1989 states:

- **Section 47** highlights that health agencies have a statutory responsibility to assist Local Authorities in carrying out enquiries when considering if child is at risk of significant harm. We have a duty to co-operate with reporting and multi-agency enquiry.
- **Section 17** places a specific duty on health agencies to co-operate with multiagency plans to provide support for children in need to reach their health and developmental potential. We must co-operate with multi-agency support and planning with the consent of parents.
- **Section 11** of The Children Act 2004 reinforces and broadens existing safeguarding legislation; highlighting that health agencies have a legal responsibility to ensure safeguarding children is promoted and is intrinsic to development and delivery of services.

#### 1.4 Background

The abuse or neglect of children has major long-term effects on all aspects of a child's health, development, and well-being.

Working Together to Safeguard Children (2018) identifies abuse as maltreatment of a child. Abuse or neglect of a child can occur within a family or institution, by and adult or adults, by another child or children. It can happen online or be facilitated online.

In relation to children there are four categories of abuse, these are physical, emotional, sexual and neglect. There are also criminal and sexual exploitation.

Child Safeguarding Practice reviews, formerly known as Serious Case Reviews, continue to highlight key themes in cases where children have been significantly harmed.

When a serious child safeguarding case is identified a rapid review is held within 15 days, following this a decision has to be made regarding outcome and next steps. These are, that no further action is taken, proceed to a local review or refer for a national review.

Learning from reviews is important in protecting the well-being of children and it is important for staff to be informed of the key risk indicators and this is primarily done through training and safeguarding supervision.

Below is a list of the key risk indicators of abuse that can impact on children and should also be considered when planning services:

- Domestic violence
- Poor Parental Mental health
- Parental Substance misuse
- Signs of neglect
- Injuries in non-mobile children
- Child Sexual Exploitation (CSE) and Criminal exploitation (CE)
- Online Safety
- Modern slavery
- Female Genital Mutilation (FGM) and Forced Marriage & Child Trafficking

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- Young people with poor mental health (Deliberate self-harm & Deliberate self-poisoning)

## 1.5 Associated Policies & National Guidance

- The Trust uses the South West Child Protection Procedures (SWCPP), and these can be found via South West Child Protection Procedures ([proceduresonline.com](http://proceduresonline.com)). On here you will find the contact details for all Children's Social Services within the South West.

### [South West Child Protection Procedures \(proceduresonline.com\)](http://proceduresonline.com)

- Click on the relevant authority and you will find the contact and referral details. In addition, there is a search button where you can type in any type of abuse or concern to get relevant information.
- This policy should also be used in conjunction with the Trust Safeguarding Adults at Risk Policy if both the children and adults are at potential risk of abuse

### [Safeguarding adults at risk](#)

- In addition, these policies and guidance's will support staff in protecting children and their decision making and support divisions & teams in developing services for children:
- Swindon Safeguarding Partnership policy and procedures, Children and young people policies and guidance - Swindon Safeguarding Partnership .

### [Policies and publications Information - Swindon Safeguarding Partnership](#)

- Wiltshire Vulnerable Peoples Partnership, Wiltshire Safeguarding Vulnerable People Partnership (SVPP) - Home page ([wiltshirescb.org.uk](http://wiltshirescb.org.uk))

### [Wiltshire Safeguarding Vulnerable People Partnership \(SVPP\) - Home page \(wiltshirescb.org.uk\)](http://wiltshirescb.org.uk)

- NICE Clinical Guideline CG89, Child Maltreatment: When to Suspect Maltreatment in Children Under 18's (2009, updated 2017)

### [Overview | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE](#)

- NICE Guideline NG76, Child Abuse & Neglect (2017)  
[Overview | Child abuse and neglect | Guidance | NICE](#)

## 1.6 Trust Safeguarding Children Organisational Chart

**Appendix B** – Great Western Hospitals NHS Foundation Trust Child Protection/Safeguarding Children Structure outlines the professionals within the Trust who can provide advice and support in relation to safeguarding children.

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## 2 Main Document Requirements

### 2.1 Recognition of Abuse and Neglect

If there are concerns about the safety or welfare of a child staff must always act on these concerns (See Instant Information on page 3 - What to do if you are worried about a Child being abused)

It is important that any member of staff must take any immediate emergency action to ensure the child is safe.

It is important where possible to hear the child's voice to gain a clear picture of their experience, wishes, thoughts and feelings so that you can understand what their 'daily life' is like?

Include parents or guardian in discussions unless to do so would place the child or you at risk.

Do not inform parents or guardian if you feel there are issues regarding sexual abuse, Female Genital Mutilation, Forced Marriage or Fabricated Illness/Perplexing Presentations.

An independent translator must be sought if the child/parents are not fluent in English. This should be via Language line where possible and not reliant on staff members. Family should not be used to translate.

If there are any concerns regarding a child's ability to communicate effectively e.g., related to learning disability or sensory impairment, specialist advice must be sought to ensure the child's voice is heard.

Swindon have an additional policy for children with disability

[Disabled children - Additional child protection procedures - Swindon Safeguarding Partnership](#)

#### Historical Abuse:

Practitioners may receive disclosures of historical abuse. The term 'historical' abuse can lead to complacency in the recognition or identification of the current risk to children. Following disclosure of historic abuse, consideration must be given to whether the alleged perpetrator presents as a current risk to children or vulnerable people. A person may not wish to disclose but the risk to others needs consideration. These cases should be discussed with the safeguarding team to decide whether confidentiality and a person's individual rights or the rights of public protection are paramount.

#### Sexual Abuse:

Sexual Abuse including child sexual exploitation is a criminal offence and any disclosure or allegation of sexual abuse must be referred to Children's Social Care for an appropriate forensic investigation and police investigation as required.

If a medical examination is required for sexual abuse this will be done at the Sexual Assault Referral Centre (SARC) in Bristol for children under 16years. For children over 16 years the examination can be undertaken at the Sexual Assault Referral Centre (SARC) in Swindon.

### 2.2 Making a Safeguarding Referral

The process for making a referral is outlined in 1. Instant Information - What to do if you are Worried about a Child Being Abused at the beginning of this document.

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It is important to complete the referral form for the right local authority. If unsure, ring Children's Social Services to ascertain

The 5 main children's social services that we liaise with for our organisation are:

- Swindon
- Wiltshire
- Gloucestershire
- Berkshire
- Oxfordshire

### 2.3 Seeking Advice

If necessary, advice can be sought from the Safeguarding Team (see Appendix B)

Medical employees should, in the first instance, contact the Consultant of the week (in hours) or the Paediatric Registrar (out of hours). The Named Doctor can also be contacted for advice.

It is important to contact the team by phone and not by email as emails are not monitored daily. If you do send an email, please ensure you follow up if no response received.

In addition, advice can also be sought from the local Children's Social Services and they can be contacted 24 hours/day (see attached Appendix B and Instant Information 1 -What to do if you are Worried about a Child Being Abused).

Working Together to Safeguard Children 2018: A guide to inter-agency working to safeguard and promote the welfare of children (Ref 2) gives clear permission for practitioners to consult with others regarding referrals and information sharing without necessarily identifying the child. Sharing of information in cases of concern about children's welfare will enable professionals to consider jointly how to proceed in the best interests of the child and to safeguard children more generally.

The South West Child Protection Procedures that are used in the South West are the 'go to' references for child protection. In addition to providing advice, they also provide a good research tool by typing in your topic in to the search facility. These procedures are updated twice a year by the host programme developer.

In addition, you should also check the relevant local authority Children's Services/Safeguarding website for their procedures/policies for advice and guidance.

### 2.4 Is the Child Subject to a Child Protection Plan

When concerns of a child protection nature are suspected, the professional should document in the medical and or nursing notes.

The professional should then contact the local authority to ascertain:

- A. Whether the child is subject to a Child Protection Plan, or
- B. If any concerns have been raised in the past by other professionals or agencies.

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## 2.5 Consent

In most cases when making a referral or sharing information it is important to gain consent from those with parental responsibility (Ref: 11 & 19). This will help build good relationships with parents who are, in almost all cases, the best people to look after their children. Consent is needed for making Early Help or Child in Need referrals.

Where children or young people are believed to be suffering, or at risk of suffering, significant harm consent is not essential, but it is best practice to inform the parents unless the professional considers that further harm could come to the child or the professional considers themselves to be at risk.

If the young person is of an age to give consent and has capacity, then you can gain consent from the child and further information on this can be referred to in the Trust Consent Policy (Ref 19)

## 2.6 Documentation

Each health professional has a duty to maintain comprehensive and contemporaneous notes documenting concerns a record must be kept of who is responsible for any action agreed and when these have been completed.

A record must be kept of all decisions made including all face-to-face discussions and telephone conversations. A record must also be kept of who is responsible for carrying out any actions agreed and when these have been completed.

All records must be legible, dated, signed with the name and designation printed (Ref: 11).

## 2.7 Training

All staff will have their training standard met as per Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (2019) (Ref: 4)

## 2.8 Safeguarding Supervision

Safeguarding Supervision is an important requirement of all professionals engaged in clinical activities. It is an essential element within the governance framework; supervision plays a significant role in ensuring the continuous improvement in the delivery of high-quality care to patients/service users.

The model used within Great Western Hospital NHS Foundation Trust is a 'restorative model' and the organisation gives significant importance to the provision of adequate support and guidance to its employees, thereby enabling them to develop their skills and experience to an appropriate level and practice safely. Safeguarding supervision is provided by supervisors who are experienced in safeguarding and have undergone training in a reflective safeguarding supervision model.

Further details can be found in the Safeguarding Supervision for Children and Young People Policy (Ref: 6)

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## 2.9 Allegations Against Staff or Members of the Public Working with Children

Most adults who work with children act professionally providing a safe and supportive environment which secures the wellbeing of the children in their care. However, there will be occasions where a member of staff may have:-

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates he or she may pose a future risk of harm to children.

All staff who have concerns about the behaviour of a colleague or any other adult who works with children must alert the Named Nurse for Safeguarding Children and their Human Resources Divisional Resources Lead.

Further information can be found in the Trust Conduct Policy (Ref: 8) and the various local authority Managing Allegation Policies which can be found on their relevant websites.

## 2.10 Confidentiality and Information

Sharing Information sharing is a crucial aspect in order to safeguard and promote the welfare of children and young people. Information must only be shared with those practitioners who “need to know” and then only the details required to enable professionals to make an informed decision. Employees must document with whom, when and why information was shared.

Disclosure should be justified in each case and guidance should be sought from the safeguarding team, disclosures, and the Trust legal team in cases of uncertainty.

Health records should not be photocopied unless formally requested and permission has been sought from the Health Records Department.

## 3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group, or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be taken if gaps are identified
Compliance with the aspects of this policy that set out to ensure wherever there is a concern of	Selection of individual & multi-agency safeguarding children’s audits will take place every year.	Named Nurse & Named Midwife & Individual Divisional Directors of Nursing.	Quarterly Updates	Maternity, Adults & Children Safeguarding Forum	Action will depend on gaps and changes required & Individual Divisions will be expected to take the

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safeguarding that the appropriate steps are followed.	There will be a formal audit calendar approved by the Named Nurse for Safeguarding Children & Young People & the Named Midwife for Safeguarding each year				necessary action and report back to the Maternity, Adults & Children Safeguarding Forum
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## 4 Duties and Responsibilities of Individuals and Groups

### 4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

### 4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non-Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

### 4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

### 4.4 Trust Board

Set out below are the key responsibilities of the Trust Board to be able to demonstrate compliance with Section 11 Guidance of the Children Act 2004 (Ref: 3) and Working Together to Safeguard Children 2018 (Ref: 2)

The Board is responsible for:

- Participating as an active member of the Swindon Safeguarding Partnership and Wiltshire Vulnerable Persons Partnership Board and subgroups.
- Ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively through:
  - Identifying and supporting the function of Named Doctor and Named Nurse/Midwife for Safeguarding.

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- Providing appropriate infrastructures that offer advice, expertise and promote good clinical practice to all healthcare professionals and support employees to act on their concerns and fulfil their responsibilities in line with the Swindon Safeguarding Partnership and Wiltshire Vulnerable Persons Partnership Board Procedures.
  - Deliver effective and accessible training, as per training needs analysis, in line with the Intercollegiate Document January 2019 (Ref: 16), so that all employees are competent and able to identify early indicators of potential abuse or neglect in children.
  - Ensuring that employees working with children have Disclosure Barring Service (DBS) enhanced checks at outset of employment and periodic.
- Safer Recruitment procedures are adopted for the recruitment of employees. Further information can be found in the Trusts Recruitment and Selection Policy (Ref: 9 ) and the Safer Recruitment – A Guide for NHS Employers (Ref: 17)
  - Setting the strategic context in which organisational policies are developed and for the formal review and approval of Corporate Policies. The Board may designate approval authority to a committee.
  - Ensuring they are alerted to relevant issues arising that may affect policy through the Safeguarding Children Report to Trust Board and through exception reports from the responsible Director.
  - Assuring that the safeguarding children arrangements for the Trust are compliant for registration with the Care Quality Commission (CQC) a requirement for licensing with NHS Improvement. In order to be registered, the Trust board must receive assurance from the Chief Executive that those who use the services are appropriately safeguarded and that employees are suitably skilled and experienced.

#### 4.5 Named Professionals

The Named Professionals are responsible for:

- Supporting and advising the Safeguarding Children Executive Lead regarding safeguarding children and young people issues.
- Promoting good professional practice within the Trust.
- Providing advice and expertise for fellow professionals.
- Supporting the organisation in its clinical governance role.
- Supporting the organisation by ensuring safeguarding audits are undertaken.
- Conducting external/internal case reviews.
- Supporting the safeguarding training strategy that is in place and that training is delivered within the organisation.
- Ensuring any risks identified by the audits or review of legislation and guidance are escalated to the Maternity, Adults & Children Safeguarding Forum.

#### 4.5 Divisional Managers, Associate Medical Directors, Divisional Directors of Nursing & Midwifery, Matrons/Ward Managers, and Neighbourhood Co-ordinators

Divisional Managers, Associate Medical Directors, Divisional Directors of Nursing & Midwifery, Matrons/Ward Managers are responsible for:

- Ensuring that their employees are trained in the use of this guidance and have undertaken Child Safeguarding Children & Young People training for their level of work and as identified in the Trust Safeguarding Children Training Strategy.
- Ensuring employees are aware of the location of the South West Child Protection Procedures.
- Ensuring new employees are informed of the above at Trust and local induction.

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- Keeping employees informed of any changes to this document.

## 5 Further Reading, Consultation and Glossary

### 5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents, or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1.	SWCPP – South West Safeguarding and Child Protection Procedures	<a href="https://proceduresonline.com">South West Child Protection Procedures (proceduresonline.com)</a>
2.	Working Together to Safeguard Children 2018	<a href="https://www.gov.uk">Working together to safeguard children - GOV.UK (www.gov.uk)</a>
3.	The Children Act 1989 and 2004	<a href="https://legislation.gov.uk">Children Act 1989 (legislation.gov.uk)</a>
4.	The National Institute for Health and Care Excellence (NICE) Guidance CG89 (2009 & 2017)	<a href="#">Update information   Child maltreatment: when to suspect maltreatment in under 18s   Guidance   NICE</a>
5.	The National Institute for Health and Care Excellence (NICE) Guidance NG 76 (2017)	<a href="#">Overview   Child abuse and neglect   Guidance   NICE</a>
6.	Safeguarding & Promoting the Welfare of Children Supervision Policy	T:\Trust-wide Documents
7.	Care Quality Commission	<a href="https://cqc.org.uk">Care Quality Commission (cqc.org.uk)</a>
8.	Incident Management Policy	T:\Trust-wide Documents
9.	Recruitment and Selection Policy	T:\Trust-wide Documents
10.	Whistle Blowing (Freedom to Speak Up) Policy	T:\Trust-wide Documents
11.	Clinical Record Keeping Policy	T:\Trust-wide Documents
12.	Information Governance Policy	T:\Trust-wide Documents

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Ref. No.	Document Title	Document Location
13.	Carers Act 2015	<a href="https://www.legislation.gov.uk">Care Act 2015 (legislation.gov.uk)</a>
14.	Swindon Safeguarding Partnership Escalation Policy	<a href="#">Escalation policy - Swindon Safeguarding Partnership</a>
15.	Disabled Children: Additional Child Protection procedures	<a href="#">Disabled children - Additional child protection procedures - Swindon Safeguarding Partnership</a>
16.	Intercollegiate Document January 2019	<a href="https://www.rcn.org.uk">Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff   Royal College of Nursing (rcn.org.uk)</a>
17.	Safer Recruitment – A Guide for NHS Employers	<a href="#">Employment standards and regulation   NHS Employers</a>
18.	Safeguarding Adults at Risk Policy	T:\Trust-wide Documents
19.	Consent for Medical Treatment for All Patients at the Great Western Hospital Policy	T:\Trust-wide Documents

## 5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Members of the Maternity, Adults and Children Safeguarding Forum	27/07/2022
Associate Director of Safeguarding	27/07/2022
Named Doctor for Safeguarding Children	04/05/2022
Named Midwife	13/05/2022
Deputy Chief Nurse	04/08/2022
Associate Director of Midwifery	04/08/2022
Safeguarding Lead for Primary Care Network	27/07/2022

## 6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

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Document Title: Trustwide Safeguarding Children & Young People Policy

## Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? <b>Safeguarding Children &amp; Young People at The Great Western Hospital NHS Foundation Trust</b>		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? <b>This policy is there to ensure children are protected from abuse and that staff understand their responsibilities</b>		
3.	Is there any evidence or reason to believe that the policy, strategy, or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)? <b>The protected characteristics are not protected when it comes to the Rights of the Child &amp; the Children Act 1989 &amp; 2004</b>		<b>No</b>
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e., there might be a <i>relative</i> adverse effect on other groups? <b>(as above)</b>		<b>No</b>
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address? <b>(as above)</b>		<b>No</b>

Signed by the manager undertaking the assessment	<i>Joanne Smith</i>
Date completed	29 <sup>th</sup> June 2022
Job Title	Named Nurse for Safeguarding Children & Young People

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

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## Equality Impact Assessment

### Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

### Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



### Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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