

Freedom of Information Act 2000 disclosure log entry

Reference

23-24142

Date response sent

28/07/23

Subject

External Safeguarding Review

Details of enquiry

I understand that a External Safeguarding Review was completed recently. I would therefore request a copy of this review through Freedom of Information.

Response sent

Please find attached the document you have requested, which is entitled 'Review of Safeguarding at Tavistock and portman NHS Foundation Trust, February – May 2022.' (see overleaf)

Review of Safeguarding at Tavistock and Portman NHS Foundation Trust

February – May 2022

Final Report

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This Report is based upon the findings of a Review of Safeguarding undertaken between February and May 2022. This report is true to the best of my knowledge and based upon the evidence made available at the time.

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1. Introduction

The Trust identified the scope of the review. The aims of the review were:

- Provide the Trust's Board with an independent evidence-based insight into the sufficiency and effectiveness of its current arrangements for safeguarding
- Benchmark the Trust's arrangements against "best of class" arrangements in other health and care providers.
- Support the Board in reviewing the best future arrangements for safeguarding within the context of the Trust's Strategic Review and the changing structural landscape for health and care in England.

The reviewer was commissioned in February 2022 to undertake this project with a proposal based on the Trust's aims. (Appendix A).

The reviewer would like to thank the Executive Medical Director, Chief Nurse and all the staff involved in the review for the transparency and honesty in the conversations that have informed the findings.

The focus of this review has been to take staff forward rather than looking back at anything already being worked on.

Conversations were held with a wide range of professionals involved in safeguarding within the Trust and documents were made available to the reviewer to examine (Appendix A).

This report sets out the analysis of the evidence provided, to produce findings and recommendations for the Trust to consider to further improvements to be made to strengthen the safeguarding arrangements to satisfy the legal and statutory requirements.

2. Structures and Processes

The safeguarding structure was revised in December 2019. This led to the addition of service safeguarding leads and champions within services. It also describes how service supervisors would undertake much of the guidance and advice.

It is acknowledged that safeguarding supervision is best placed as an integral part of the clinical supervision work that is a key part of services across the Trust. However, anyone who is providing safeguarding advice must have sufficient, and appropriate, training to be able to support staff to make sound decisions. There needs to be oversight by the Service Safeguarding Leads to enable the Trust Safeguarding Committee to scrutinise each service.

The flow of assurance chart shows the safeguarding committee reporting to the Executive Team. However, it is not clear from the chart how the Committee links with other committees such as quality. It was clear from the conversations that safeguarding is an integral feature at the incident panel and within the Integrated Governance Committee. Safeguarding incidents are recorded on the incident management system. The relationship between safeguarding and other committees is not clear on the chart from an external perspective. Throughout the conversations there were positive views of the Executive Director for Safeguarding but there was limited understanding of the responsibilities of other Board members.

Potential for Development

To strengthen the profile of safeguarding throughout the wider Trust systems, it would be of benefit to make it clear what role each committee and the Board have in safeguarding.

Safeguarding needs to be a golden thread throughout the Trust's systems. This would enable better use of the Central Safeguarding Team in advising senior leaders on the legal and statutory frameworks. It would also allow for continual scrutiny of the development of specialist services to ensure that there are always sound safeguarding arrangements in place.

The reviewer has not seen the safeguarding and risk form. However, there were several comments by staff interviewed, that the form is not always applicable to some services. The safeguarding documentation needs to be in place as a safe system for staff to manage safeguarding concerns. It is important to recognise the diverse nature of the services. There needs to be adherence to the statutory safeguarding frameworks, but it would be

of benefit to use peer supervision for the service leads to fully explore how services reflect their safeguarding compliance. The central team and service safeguarding leads have the knowledge and skills to support this work.

Potential for Development

For Safeguarding Unit Meetings to include peer supervision for service leads, facilitated by an external person e.g., Designated professional

3. Policies and procedures

3.1 Safeguarding Adult Policy

The Safeguarding Adult Policy is clear and concise. It sets out the requirements for the Trust within the legal and statutory context. It provides a structure for monitoring the safeguarding arrangements. It includes the principles underpinning the statutory framework for safeguarding adults and the need to make safeguarding personal. However, it could be strengthened in how it sets out the Trust's commitment to safeguarding supervision, or link to a separate policy or procedure.

3.2 Safeguarding Children Policy

The policy links to the relevant legal and statutory frameworks as well as the London Child Protection Procedures. It would be strengthened by having hyperlinks to ensure that staff have access to the most up to date versions of external documents.

The policy is too lengthy to support staff. There is no clear policy and procedure as they are merged. The policy needs to set out the legal and statutory framework under which the Trust must discharge its safeguarding responsibilities. The procedure needs to provide the core principles under which each service must work to safeguard children, either as patients or when their parents are patients.

The procedures must provide clarity of what staff should do at each stage of recognising issues that might lead to a child being vulnerable to abuse or neglect. This does not

mean that a referral to social care is required but how supervision, recording, and review will be in place. The procedures should be focused on identification of risk factors, supervision, decision making, and types of actions required.

The policy/procedure does not reflect the national focus of the Trust, only Camden. Staff informed the reviewer that they must search for contact details to refer outside of Camden.

Potential for Development

- Broaden the policies to include the national function of the Trust.
- For the Children's policy to be focused on identification of risk factors, supervision, decision making, and types of actions required.
- Build on the Trust's commitment to supervision to include safeguarding supervision, beyond those cases meeting the statutory processes. Consider how to record supervision more effectively. All staff are eligible for supervision.

4. Governance and reporting

Accountability for safeguarding rests with the Chief Executive. The Trust Board has an Executive Lead for safeguarding, currently sitting with the Executive Medical Director.

Key Responsibilities of the Board



Provide leadership in the long-term strategic planning for safeguarding services for the organisation



To ensure that safeguarding is positioned as core business in strategic and operating plans and structures.



To oversee, implement and monitor the ongoing assurance of safeguarding arrangements.



To ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding.



To understand the potential cause and consequences of gross negligence.

Within the conversations and the documentation, there was limited evidence regarding any direct links between the central team and the Trust Board. The view was that this is achieved through the Medical Director and the Assistant Medical Director, who are seen as supportive of the team. However, it would be of benefit to raise the profile of whole central team and those leading on safeguarding within services. The Board must view the central team as the core of the safeguarding expertise for the whole organisation.

The Trust Board should receive reports directly from the Safeguarding Committee, even if the in-depth scrutiny is delegated to the Integrated Governance Committee. It would be good practice for the Safeguarding Committee to be chaired by a Non-Executive Director. It is noted that the committee structure is currently being reviewed and so this would be an opportunity to consider the potential to strengthen the direct link between the Safeguarding Committee and the Board.

Potential for Development

Consider Non-Executive Director chairing for the committee.

The quarterly performance reports were reviewed, and these provided the data regarding safeguarding, e.g., concerns raised, supervision and referrals. In the conversations there were views about the performance reports. These are reliant on the Patient Safety Coordinator to push services for data on supervision. However, this is only focused on the supervision for child protection cases. There is so much more to safeguarding within the Trust and this does not reflect the immense work being undertaken by the central team and service leads. The performance reports would benefit from having a section to demonstrate the outcomes of safeguarding referrals and impact of any interventions achieved by the staff. For example, there was a section on safeguarding concerns for over 18 years, with no referrals to Multi Agency Risk Assessment Conference (MARAC), but without any indication as to whether any of the concerns related to domestic abuse. It would be of benefit to the continual improvement for safeguarding outcomes for the report to set out themes of concern and the impact of

any actions by staff. This would help to demonstrate the effectiveness of the safeguarding system within the Trust, as well as the knowledge and skills of the staff.

The Trust delivers a range of unique services. These can range from those serving complex trauma patients, for whom there needs to be a high level of safeguarding knowledge and skilled staff who are able to support patients to manage the risks, utilising safeguarding supervision, and progress a trauma informed approach.

The Committee has membership from across services, including the Department of Education Lead. However, it would be of benefit to align the DET with the central safeguarding team and safeguarding committee to ensure that tutors and students are receiving the level of training and supervision equitable to the wider Trust.

A key part of the committee is to consider if there is sufficient trust between directorates and the Board e.g., whistleblowing, governance for allegations against staff?

Potential for Development

Review the performance report template to reflect the diversity of services and how staff are developing their knowledge and skills. An example of good practice was seen within the GIDS.

The annual reports were examined by the reviewer. These set out the monitoring requirements for the Trust. These areas are reviewed in 4.2.

The Adult Safeguarding Annual Report 2020-21 noted the low number of referrals in some services. It includes a discussion about the type of services suggesting that there will be few patients meeting the safeguarding criteria within the Care Act 2014: care and support needs, unable to manage themselves. It is recognised within the report that despite this, the number of referrals was low in comparison to the number of patients seen. This was an issue raised within the review conversations. There was a view that some of the services do not have high levels of safeguarding because the patients do not have extensive care and support needs that they cannot manage. In the conversations there were examples given of how teams considered safeguarding concerns, or issues that did not meet safeguarding thresholds. There was evidence of a committed

professionals signposting patients to services to help them. This needs to be explored through peer supervision for the safeguarding leads and through the audit programme. This would elicit whether the low level of safeguarding concerns is accurate.

The Safeguarding Adults Annual report sets out priorities relating to areas where there needs to be development of staff to be able to have the knowledge and confidence to respond to certain safeguarding issues, e.g., domestic abuse, Prevent, and the application of the Mental Capacity Act (MCA).

It is important that the Trust provide a smooth transition for children to adult services. Given that there needs to be increased competence in the application of the MCA, this should include 16–17-year-old children. Additionally, it would be good to consider allegations against staff. This would acknowledge the breadth of types of staff working within the Trust either as permanent staff or trainees.

The Safeguarding Children Annual Report 2020-21 sets out the key areas for assurance. However, it does not provide clear assurance about what has been achieved, and what needs to be improved. The reason for this is that it reads as if the Trust only delivers local services, rather than national. The focus is mainly on child protection, child in need and looked after children. It would be helpful if it could represent the wider safeguarding agenda. The report does not reflect the examples of good practice identified within some conversations. This might be due to strengthening of systems since the report was written.

4.2 Overview of governance and reporting

The chart shows the monitoring requirements for the Trust with a reviewer evaluation.

Trust Safeguarding Monitoring		Review Comments and Potential for Development
<i>Training</i>	The Staff Training and Development Committee will monitor the uptake of adult	Views were raised that some of the training is not always relevant to specific services. It

	<p>and child safeguarding training as part of their continual monitoring of mandatory training, Compliance of this, will be reported to the Organisational Development and People sub-committee of the Integrated Governance Committee (IGC). The group will refer training issues to the respective director for action as required.</p>	<p>is recommended that service leads and champions are engaged in developing case studies to ensure that the training is stimulating practitioners to be delivering best practice in safeguarding. there should be an HR report of compliance for each service with a narrative of actions taken to improve any gaps.</p>
<p><i>Safeguarding activity</i></p>	<p>The Joint Trust Safeguarding Adults and Children Committee will monitor all adult safeguarding activity including the number of concerns being recorded and where/whether concerns are being reported to the relevant local authority.</p>	<p>There was feedback from services about the level of concerns expected to be reported. Comments expressed that there was an expectation that there must be safeguarding concerns reported. This needs to be explored by the Safeguarding Committee through the use of mapping and scrutiny of outliers, e.g., high or low concerns.</p>

		The reporting needs to be focused on referral numbers, incidents across services, thematic learning.
<i>Annual Report</i>	The Trust Adult and Safeguarding Lead / Named Doctor for Safeguarding Children will provide an annual report to the Risk and Safety sub-committee of the IGC arisen in respect of either safeguarding adults/children or the delivery and uptake of training in line with the requirements set out in the policy	The annual reports need to provide more than training information. There should be evidence of audit findings, themes arising from supervision, priorities (national).
<i>Incidents</i>	The Adult / Child Safeguarding Leads will review any incidents relating to Safeguarding and report concerns/ investigations/ lessons learned to the Patient Safety and Clinical Risk Lead.	There should be a core agenda item for the Safeguarding Committee to ensure that there is thematic learning for the Trust which can be disseminated to services and the Trust Board.
<i>Risk Register</i>	The Adult / Child Safeguarding Lead will be responsible for adding any	This needs to be agreed at the Safeguarding Committee and then feedback from the

	<p>specific adult/child safeguarding risks to the Operational Risk Register as they arise, and this Risk Register will be monitored through the Trust's Risk Management Procedures.</p>	<p>Board.</p>
<p><i>Audits</i></p>	<p>The Trust's Safeguarding Team will undertake spot check audits of cases with adult safeguarding concerns to ensure that the records show that all relevant procedures have been followed. If this audit raises concerns the relevant lead will make recommendations to the Patient Safety and Clinical Risk Lead and an action plan will be developed and followed. Any action plan will be monitored by the Risk and Safety Sub-Committee.</p>	<p>The Named Safeguarding Adult professional has plans for focused audits which is good practice. However, there needs to be clarity on the meaning of the 'safeguarding team'. This should include the service Safeguarding Leads to work together with the Named Professionals to develop an audit programme which is undertaken as peer reviews. It is also recommended that external stakeholders are invited to take part in the audits where possible, e.g., Designated professionals, SAB Chairs, LSCPs.</p>
<p><i>Supervision</i></p>	<p>In the Children's annual report there was a section on 'Supervision of children'</p>	<p>This needs to be wider than child protection. Within services safeguarding supervision is being</p>

		undertaken for wider safeguarding cases.
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5. People (Competence, capacity, capability, training & development, supervision, management, and support)

5.1 Central Team

- Named Professional for Safeguarding Adults
- Named Doctor for Safeguarding Children
- Named Nurse for Safeguarding Children
- Patient Safety Co-ordinator

There was a consistent view that the central team are helpful in giving advice and supporting services. However, the team consists of a limited resource with each role either having other responsibilities beyond safeguarding or, as in the case of the Named Professionals, only working 1 or 2 days a week. There needs to be sufficient resource to provide assurance of robust safeguarding arrangements that meet the legal and statutory requirements.

The reviewer was informed that the wte for the three named professionals equates to 0.9 wte. In recognition of the requirements, set by the Intercollegiate guidance for Safeguarding Children and Adults, for the role of named professional, it is concluded that the wte needs to be between 1.2 and 1.5 wte to ensure that there is capacity to deliver the service. The team should be established in a way that the named professionals are able to provide the cover for the team, rather than an expectation on service leads to offer this.

The term named professional has been used. It should be noted that there is a requirement within the Intercollegiate document for there to be a named nurse and doctor for safeguarding children.

Potential for Development

Increase the hours of the central team to 1.2-1.5wte.

5.2 Service safeguarding leads and champions

Each service has a safeguarding lead and there are additional safeguarding champions. However, these roles do not have clear job descriptions. They also do not have time allocated to enable the role to be undertaken. This leads to service leads having to take significant time away from their main role if a serious safeguarding issue needs to be addressed.

The champions are used to dealing with safeguarding within their day-to-day work. However, there can be challenges when staff are asking for advice about thresholds and referrals not being accepted by some local authorities.

The champions provide supervision for child protection cases, and this is extending to children in need and special educational needs. This needs to be opened to include 'grey areas', those cases that cause staff to have questions about whether there are safeguarding issues. The term 'champion' does not reflect the level of work being provided. It would appear that some of those undertaking this role are providing a specialist function rather than solely raising awareness of safeguarding.

The champions suggested that it would be helpful to have 0.5 -1 session of protected time to support them in their safeguarding role and to enable them to be valued as safeguarding team members. It would be of benefit to align these roles with those of the service safeguarding leads, to enable small teams to be developed and integrated into the individual services. This would not need to be resource intensive, just making clearly defined roles.

Given the complex nature of some of the Trust's services, there needs to be a safeguarding team structure established which covers the central team and services. With the central team having 1.2-1.5 wte plus dedicated administrative support, each service should have a 0.2- 0.5 wte across the service lead and champion. This would enable staff to be supported with cases, supervision, reporting and space for those in the safeguarding roles to have their own specific peer supervision.

There needs to be governance around the job descriptions of those providing safeguarding support. Those providing safeguarding advice have access to the central leads for supervision and there is a training allocation for each lead. However, the roles need to be more clearly defined with time factored in to enable them to deliver the function. Additionally, structured peer supervision would facilitate confidence building and greater analysis of safeguarding issues to increase knowledge and skills throughout the Trust.

Those providing safeguarding support are integrated within services. This helps to show a good understanding of the clinical specialism within the service. However, a clearer structure is needed to guarantee that those providing safeguarding advice and support receive high level supervision, access to the central team, Board, and can take part in the safeguarding unit or committee meetings.

Potential for Development

- Increase the safeguarding hours across services to 0.2-0.5wte for service lead/champion in each service.
- Revise job descriptions for all safeguarding roles to define functions and allow for time to deliver.

6. Collaboration and Partnerships

Locally to Camden, there is good partnership working. However, the frustration for practitioners is that this is not replicated throughout their work due to the national focus of the Trust.

Service leads raised concerns that they do not always have easy access to contact details to make referrals outside of Camden. The national services should be reflected in the policies

and procedures to ensure that staff are able to make appropriate referrals onwards for their patients.

The central team have good relationships with the Camden Designated Safeguarding professionals and there is engagement with the Camden Safeguarding Children Partnership.

Potential for Development

The Trust would benefit from building on the relationships with external stakeholders, for example, by having the Designated Professionals as members of the Safeguarding Committee and by inviting others to take part in some of the internal audits. It would also be of benefit for the service safeguarding leads to have peer supervision facilitated by independent supervisor. This would provide external stakeholders with confidence of an open culture across the Trust.

7. Best Practice Findings

7.1 Within the Trust

There is an immense commitment to get safeguarding right for the Trust. This was seen within the central team and services. There are opportunities to address the most complex safeguarding issues through the culture of clinical supervision within the organisation.

Those spoken to were able to articulate how safeguarding issues are identified and a plan of action put into place.

A particular area of good practice was found in the recent work of the GIDS. The lead has developed a clear standard operating procedure and monitors the impact of any safeguarding concern, even those that do not meet the threshold for a statutory referral but perhaps a referral to another service, e.g., CAMHS. There was a clear recognition that the children, and their families, might have highly complex needs and there needs to be a consistent approach to supervising the staff involved to ensure that, if there is a risk to the child, it is addressed at the right time.

7.2 Learning from good practice in other organisations

Larger trusts have a 'Head' of safeguarding. However, T&P have named professionals who are valued, have a high profile and report to the Executive Lead. There is no reason to put in any additional layers for reporting, but it would be of benefit to strengthen the central team with additional capacity.

Good practice in Trusts would be to have service safeguarding leads with clear role descriptions, time, training, and supervision to do the role.

7.3 Potential for further good practice

The Trust has key external stakeholders from a local to national picture. The Trust provides some distinct services which are exploratory within the NHS. There needs to be a balance between the services being able to test their work within a robust safeguarding framework. This is achievable through a structured approach to scrutiny and assurance which is supported at all levels of the Trust and engages external sources to provide an independent view. These sources/ individuals have the potential to contribute to internal governance, e.g., safeguarding committee, audits, training, supervision for leads. There should be an ambition for the central team and service leads to disseminate their specialist safeguarding expertise to other providers and agencies on a national basis.

8. Recommendations

Area for development	Rationale for change	Expected impact
<p>Safeguarding roles and responsibilities from Board to Floor.</p>	<p>There are committed safeguarding individuals working across the Trust. However, the capacity and clarity of role for these individuals needs to be strengthened.</p> <p>1.Trust Board</p> <ul style="list-style-type: none"> ○ Non-Executive Director to focus on safeguarding and to chair the Safeguarding Committee. ○ Executive Director with responsibility for safeguarding. <p>2. Central Safeguarding Team</p> <ul style="list-style-type: none"> ○ Increase wte across the team to 1.2-1.5 wte ○ Strengthen direct links to Trust Board <p>3. Service Safeguarding Leads</p> <ul style="list-style-type: none"> ○ There needs to be a clearly defined job description with dedicated time. ○ It is recommended that this is not a ‘one size fits all’ but framed for each service. 	<p>Improved assurance for Board and commissioners.</p> <p>The Trust safeguarding culture is developed and there is greater understanding of safeguarding across the organisation.</p>

	<ul style="list-style-type: none"> ○ Must not be reliant on an individual but a sustainable model. The role needs to be at a senior level but not necessarily by Directors/Assistant Directors of services. <p>4. Safeguarding champions</p> <ul style="list-style-type: none"> ○ Safeguarding ‘champions’ within each service there should be team members who have a special interest in safeguarding. This should be seen as a developmental role and potential for succession planning for service safeguarding leads. ○ These individuals will support the leads to highlight specific issues within the service, provide supervision. These specialists need time to undertake the role. <p>Within services there should be 0.2-0.5wte across lead and champion.</p>	
<p>Policies and Procedures</p>	<p>Safeguarding Children needs amending to provide a clear policy and procedure to enable staff to undertake their activity. This should set the safeguarding principles to which the service Standard Operating Procedure can align.</p> <p>A Trust safeguarding supervision strategy should be established to demonstrate how safeguarding supervision is integrated within the clinical supervision and include specific safeguarding supervision for named professionals and service leads.</p>	<p>Staff are clear on their roles and responsibilities for safeguarding.</p> <p>There is a benchmark for those undertaking audits to measure against.</p>

	Service level standard operating safeguarding procedures (SOP) should be developed. An example of good practice: GIDS SOP.	
Safeguarding assurance	<p>Performance reporting is in place but given the diverse nature of the Trust's services, it is recommended that this be revised to cover the core principles e.g., section 11 for safeguarding children.</p> <p>Safeguarding Committee needs to enable those leading on safeguarding to have space to reflect and develop the arrangements across the trust, it is recommended that there is an independent chair for the committee, or NED.</p> <p>The membership and attendance should be monitored to ensure that all services are included in the Trust safeguarding culture and arrangements.</p>	Trust Board is more effective in demonstrating the commitment to continual improvement of safeguarding outcomes for those using services.
Training	<p>Training should be aligned to the specialist areas covered by the Trust, with examples of case studies to reflect the nature of the work.</p> <p>Training needs to reflect the Intercollegiate guidance for both safeguarding children and adults.</p>	The Board can demonstrate assurance that staff have the knowledge and skills to identify and respond effectively to signs of abuse or neglect, and potential risks.
Safeguarding Supervision	Safeguarding supervision should build on the culture of supervision already in place within the Trust. For reporting, this should be wider than child protection supervision. The	Some services deal with child protection cases. Whilst others deal with complex needs for children or adults and so the safeguarding issues

	<p>themes from cases discussed in supervision should be presented and reviewed by the Safeguarding Committee.</p> <p>Service Safeguarding leads need to have their own safeguarding supervision. It is recommended that this is achieved through peer group supervision, with an external supervisor.</p> <p>It is recommended that there is a safeguarding supervision strategy:</p> <ul style="list-style-type: none"> ○ What is safeguarding supervision? ○ Who will deliver safeguarding supervision? Inc external supervisor for service leads and Named Professionals ○ How is safeguarding supervision provided? Frequency, link with clinical supervision ○ Why safeguarding supervision? To contribute to the development of staff, identification of issues in a changing clinical environment, to inform trust and national picture for safeguarding. 	<p>can be vague. The supervision framework will enable all staff to have the reflective space, and supervisor who is competent in safeguarding.</p>
<p>Safeguarding Activity</p>	<ul style="list-style-type: none"> ○ All clinical staff need to know how to identify abuse/neglect or risk factors ○ All clinical staff need to know how to refer safeguarding concerns ○ All clinical staff need to know how to record safeguarding concerns 	<p>All staff will understand their role and responsibilities for safeguarding, and this will be demonstrated through the record systems.</p>

	<ul style="list-style-type: none"> ○ All clinical staff need to know how to work in partnership to address safeguarding concerns under the legal frameworks ○ All clinical staff need to have access to support when there is a grey safeguarding issue ○ All clinical staff need have formal safeguarding supervision to reflect on their cases ○ The safeguarding and risk documentation needs to be reviewed in conjunction with service safeguarding leads to reflect the diverse nature of services. 	
<p>Other issues</p>	<p>During the conversations the following issues were raised consistently. These should be considered within the Safeguarding Committee or Unit meeting.</p> <ul style="list-style-type: none"> ○ Adult services need to look at ‘think family’ approach ○ Parent role in children/adult cases ○ Transition from children to adults ○ Forensic services – adults – some are parents ○ Recognition of services based outside of Camden for support with agencies in those areas ○ GIDS – waiting list, NHSEI expectations regarding under 16 referrals ○ GIDS – impact of waiting lists that families go to private sector or online. This has the potential to place children at risk due to insufficient 	

	<p>safeguarding governance within those organisations</p> <ul style="list-style-type: none">○ There needs to be better understanding of Prevent and domestic abuse within the Trust.○ Services find that clinicians hold concerns when referrals are not responded to by Children's Social Care or thresholds are not met.	
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9. Appendices

A

1. Introduction

The Trust has identified the scope of the review. It is noted that the aims of the review are:

- Provide the Trust's Board with an independent evidence-based insight into the sufficiency and effectiveness of its current arrangements for safeguarding
- Benchmark the Trust's arrangements against "best of class" arrangements in other health and care providers.
- Support the Board in reviewing the best future arrangements for safeguarding within the context of the Trust's Strategic Review and the changing structural landscape for health and care in England.

2. Methodology

A consultative and coaching approach will be used to ensure Trust ownership of the review.

The core of the methodology is to listen to all views and undertake immersion into relevant documents. It is crucial to test findings with the Trust throughout to achieve a final report that presents a reflective 'window on the system'.

The methodology utilises a deep dive into the safeguarding culture. This will be achieved using documentation and hearing from both corporate and operational practitioners responsible for safeguarding those individuals who receive care and treatment from the organisation.

Key lines of enquiry will be formulated from the desktop review which will be tested within the conversations with practitioners. Subsequently an analysis of the evidence will be undertaken to develop findings that focus on a systemic view of safeguarding. The findings will be used to provide options for a framework to support the organisation in meeting its safeguarding responsibilities in a transforming landscape for health care.

Phase one

For the initial phase, the Trust will be asked to supply a wide range of documents relating to safeguarding activity and performance.

This will provide the reviewer with full information regarding:

- Organisation structure chart and service overview
- Safeguarding structure chart
- Policies and procedures for safeguarding (including training and supervision)
- Operational Policies for Trust services (including training and supervision)
- Board safeguarding, quality, and performance reports
- Any safeguarding incident reports from last three years

The reviewer will formulate key areas for further exploration with staff and check these with the senior leadership team.

Phase two

Insights from the reading will be used to conduct conversations with key individuals within the Trust and externally.

- Individual conversations with the central safeguarding team
- Group session with those leading on safeguarding within clinical divisions.
- Meet with commissioning leads/ Designated Safeguarding professionals from CCG/ICS

Following the conversations, emerging themes will be considered and tested against a review of best practice in the safeguarding structures and processes of other providers.

The analysis will include:

- Evaluation of the capability, capacity, and culture in respect of safeguarding across the organisation
- Assessment of professional practice, management, and administrative arrangements, both centrally and within clinical and educational services, for overseeing and supporting safeguarding
- Identification of areas of good practice internally which can be spread together with best practice from other providers.

Phase three

This will be the writing phase during which the report will be completed. The report will be formed under the headings required by the Trust:

- Structures and Processes
- Policies and procedures
- Governance and reporting
- People (Competence, capacity, capability, training & development, supervision, management, and support)
- Collaboration and Partnerships
- Best practice findings
- Recommendations

The recommendations section will include options for a revised safeguarding framework across the Trust.

3. Outputs and outcomes

The reviewer will aim to ensure:

- Ownership by the staff – to enable them to have their work recognised and identify ways they can, individually and collaboratively, strengthen their safeguarding practice.
- Provide a final report that will cover the headings set by the Trust and include a framework that can be developed to take the work forward in a clear and measurable way.

- To facilitate the review in a way that supports a sustainable future for a strong safeguarding culture across the Trust

B

Conversations held with:

- Executive Director for Safeguarding
- Central Safeguarding Team
- Service Safeguarding Leads
- Safeguarding Champions

Documents viewed:

- Organisation structure chart
- Policies and procedures for safeguarding
- Some operational policies for Trust services
- Annual safeguarding reports
- Summary of safeguarding incidents

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