

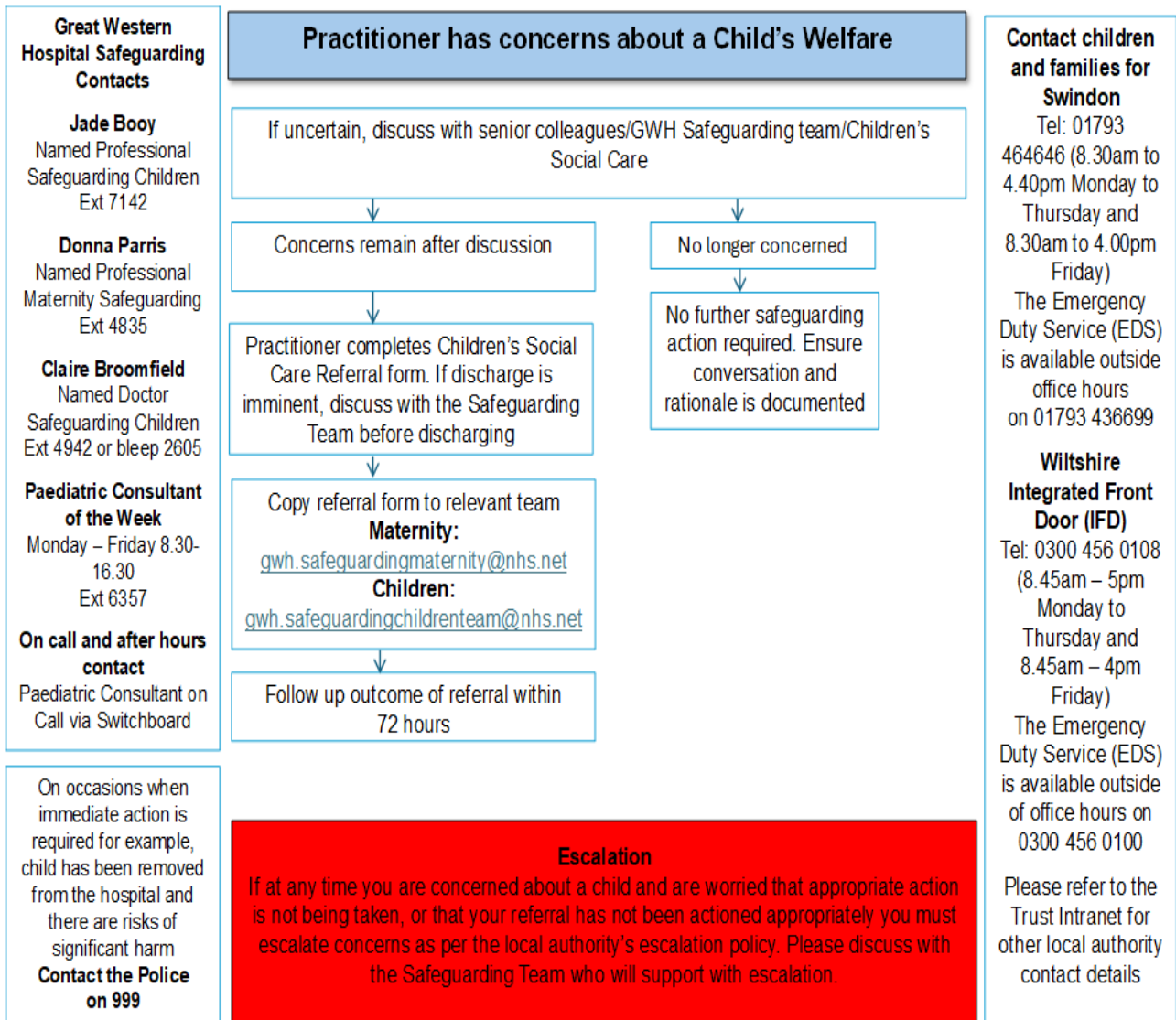
Trust-wide Policy	
Trust Wide Safeguarding Children and Young People Policy	
Policy number:	Corp - 10050
Scope of policy:	All staff
Ratifying committee:	Maternity Adult Children Safeguarding Forum
Date ratified:	26 September 2025
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Accountable lead job title:	Chief Nurse
Division and/or department:	Corporate Safeguarding
Lead author(s) job title:	Named Professional Safeguarding Children Named Professional Maternity Safeguarding
Document summary:	The policy is applicable to all employees that work with children including managers, nurses, doctors, allied health care professionals and health care assistants in all Divisions.
Published by:	Corporate Governance Team, Great Western Hospitals NHS FT
To be read in conjunction with:	CQC (Care Quality Commission) regulates the Trusts activity and its right to provide services and should be read in conjunction with relevant guidance. Nursing and Midwifery Council Guidance General Medical Council Guidance Stage 2 Full Equality Impact Assessment
Review period:	This document will be fully reviewed every 3 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.

Version control history	
Please record brief details of the changes made alongside the next version number.	
Version	Brief summary of changes
3.0	Update of contact details for agencies
	Updated relevant legislation
	Inclusion of Person in Position of Trust Guidance

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1. Instant Information – Managing Concerns



2. Purpose

This policy outlines how Great Western Hospitals NHS Foundation Trust (the Trust) fulfils its responsibilities to safeguard and promote the welfare of children and young people who come into contact with our services - whether directly as patients, or indirectly as the children of parents, carers, relatives, or visitors receiving care within the organisation.

The safety, protection, and wellbeing of children is a fundamental duty of all staff, regardless of role, department, or location. Safeguarding is everyone's responsibility and forms an essential part of delivering safe, high-quality care.

The Trust is committed to working in accordance with:

- The Southwest Child Protection Procedures (SWCPP)
- Local safeguarding partnerships across Swindon, Wiltshire, and the wider Southwest region
- The Swindon and Wiltshire Safeguarding Partnerships' individual safeguarding policies and procedures
- The NHS England Safeguarding Accountability and Assurance Framework (NHSE, 2022)
- The Intercollegiate Document: Safeguarding Children and Young People – Roles and Competencies for Healthcare Staff (2019)
- Working Together to Safeguarding Children (2023)

The Trust aims to support effective, multi-agency safeguarding practice by:

- Affirming its commitment to safeguarding children and young people as a corporate and clinical priority
- Ensuring compliance with all relevant statutory, regulatory, and ethical obligations
- Promoting awareness and accountability across the workforce
- Embedding a child-centred, outcome-focused approach in all safeguarding activity
- Supporting staff through clear policy guidance, training, and access to safeguarding expertise

3. Scope

This policy applies to all individuals working within Great Western Hospitals NHS Foundation Trust, including:

- Permanent staff
- Temporary or bank staff

4. Agency or contract staff

- Volunteers
- Students and trainees
- Honorary contract holders

It is relevant across all Trust settings including inpatient, outpatient, and community services where staff may encounter children and young people either directly as patients or indirectly through their contact with adults.

For the purpose of this policy:

- A child is legally defined as anyone under the age of 18.

- Safeguarding responsibilities also extend to unborn babies where there is concern regarding actual or potential risk of harm

5. Definitions

The following terms and acronyms are used within this document:

GWH	Great Western Hospital
IP&C	Infection Prevention and Control
BSW	Bath, Salisbury and Wiltshire
CONS	Children’s Outreach Nursing Services
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CSPR	Child Safeguarding Practice Review
CU	Children’s Unit
ED	Emergency Department
LNU	Local Neonatal Unit
MASH	Multi Agency Safeguarding Hub
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NN	Named Nurse Safeguarding Children
RCN	Royal College of Nursing
RCPCH	Royal College of Paediatricians and Child Health
UTC	Urgent Treatment Centre

4.Roles and Responsibilities

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

The Trust Board of Great Western Hospitals NHS Foundation Trust holds ultimate accountability for ensuring the organisation meets its statutory safeguarding responsibilities. The Board provides strategic leadership, appoints an Executive Lead for safeguarding, and ensures there are robust governance and oversight arrangements in place. The Board ensures safeguarding is delivered safely, effectively, and in the best interests of children and young people across all Trust services.

4.5 Named Professionals

- 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.

5.Process

This process applies to all staff employed by Great Western Hospitals NHS Foundation Trust who have a concern that a child has suffered, or is at risk of suffering, abuse or neglect. All staff have a legal and professional duty to take appropriate action when safeguarding concerns arise.

5.1 Recognition of Abuse and Neglect (Appendix B.)

Staff must be able to recognise the signs and indicators of abuse and neglect. Abuse and Neglect can take many forms, including but not limited to:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Domestic abuse
- Child exploitation
- Perplexing presentation or induced illness
- Female Genital Mutilation (FGM)
- Radicalisation

5.2 Seeking Advice (appendix C)

In the first instance, consult with a senior or experienced colleague for advice.

If necessary, advice may be sought from the Safeguarding Team (see Appendix B) who are available between 8.30am and 16.30pm, Monday - Friday

Medical staff should, in the first instance, contact the Consultant of the Week (Monday – Friday, 8.30am - 4.30pm) and can be contacted via ext. 6357. The Paediatric Registrar is available for support and advice out of hours. The Named Doctor for Safeguarding is also available for advice in office hours.

In addition, advice can be sought at any time from Children's Social Care, which provides a 24-hour service (see *Instant Information 1 – What to Do if You Are Worried about a Child Being Abused*).

5.3 Making a Referral (Appendix D)

Where there is concern that a child is at risk of abuse or neglect, or has already been harmed, a referral must be made to the relevant Children Social Care service without delay.

It is important to ensure the referral form goes to the correct local authority. If you are unsure which local authority the child resides within, you can search the postcode [here](#)

The process for referral to children's social care is outlined in the [Safeguarding children page](#) on the trust intranet.

It is a requirement that the GWH Maternity and Children Safeguarding Teams are copied into all referrals submitted to the local authority. The designated email addresses are: gwh.safeguardingmaternity@nhs.net
gwh.safeguardingchildrenteam@nhs.net

It is the responsibility of the referring practitioner to follow up the outcome of the referral within 72 hours. If you are concerned with the outcome, please contact the safeguarding team to discuss and support will be provided to escalate if deemed necessary.

5.4 Consent

Wherever possible, safeguarding concerns should be shared openly and honestly with the child's parents or carers, and their consent obtained before making a referral. However, consent is not required where:

- It is believed that there is reasonable cause to suspect the child is suffering or likely to suffer significant harm.
- Seeking consent could place a child or another person at risk of immediate harm
- Seeking consent could undermine a criminal investigation
- The child is considered Gillick competent or capable of making an informed decision themselves

Any decision to refer without consent must be clearly documented in the child's record and the referral form along with the rationale.

Referrals submitted without consent that do not reach the threshold of significant harm will not be accepted by Children's Social Care.

5.5 Documentation

All safeguarding concerns must be thoroughly, accurately, and contemporaneously recorded in the appropriate Patient Record System, in line with the Trust's Clinical Record Keeping Policy and the requirements of each professional body (where applicable).

Records must:

- Provide clear, factual details of the concern or incident including a verbatim account what was said.
- Document all actions taken, including advice sought and decisions made.
- Record whether parental consent was obtained or not.
- Include details of any referral (time, date, and recipient).
- Capture all face-to-face discussions and telephone conversations.
- Identify who is responsible for carrying out agreed actions and the timescales for completion.

- Document any follow-up communication with Children's Social Care.

All records must be timely, objective, legible and complete, and may be shared as part of multi-agency safeguarding processes.

5.6 Children Subject to a Child Protection Plan or Child Looked After

When a child presents to GWH, the Child Protection – Information Sharing (CP-IS) system must be checked to determine whether the child is currently subject to a Child Protection Plan or is a Looked After Child.

If a child is subject to a Child Protection Plan or is a Child Looked After, the relevant safeguarding team must be notified and reason for admission should be made clear.

5.7 Managing Missed Health Appointments

Regular attendance at health appointments is essential to safeguarding the health, development and wellbeing of children and young people. Missed or repeatedly cancelled appointments may indicate underlying vulnerability or risk and must be addressed promptly.

Please refer to the Paediatric Was Not Brought Policy. [Was not brought Policy](#)

6. Allegations Against Staff or Members of the Public Working with Children

Any allegations against a member of staff or volunteer within GWH should be acted upon in accordance with the Trusts Person in a Position of Trust (PiPoT) Guidance. [PiPoT Guidance](#)

7. Training and support

All staff must complete mandatory safeguarding training appropriate to their role, as outlined in the Intercollegiate Document (2019). Training compliance is monitored by the Trusts Maternity, Adult and Children's Safeguarding forum and forms part of clinical governance requirements.

Safeguarding Supervision is available for trust staff to access. Please refer to the Children's and Maternity Safeguarding Supervision Policy for further information.

Staff are expected to prioritise training that aligns with their professional role and identified development needs and not default to sessions selected solely for ease or convenience.

7.1 Named Professionals for Safeguarding

The Named Professionals for Safeguarding hold strategic responsibility for ensuring that safeguarding training is effectively delivered and embedded within departments across the Trust. The Named Professionals can support with:

- Ensuring all staff have access to appropriate safeguarding training and learning opportunities.
- Deliver and evaluate safeguarding training in line with national and local requirements.

7.2 Learning and Development Systems and Compliance Manager

The Learning and Development Systems and Compliance Manager plays a critical role in supporting safeguarding training compliance by maintaining accurate workforce data and reporting systems.

- Maintain up-to-date safeguarding training data within the ESR system.
- Ensure robust systems are in place to monitor and assure safeguarding training compliance across services.

- Produce and disseminate a monthly training compliance report to relevant stakeholders.

7.3 Line Managers

Line managers are accountable for supporting and maintaining safeguarding training compliance within their teams.

- Ensure up-to-date information on staff leavers and joiners is shared promptly with the ESR Data Team.
- Ensure all staff have access to the ESR dataset for accurate training records.
- Book staff onto required mandatory safeguarding training in a timely manner.
- Monitor safeguarding training compliance within their teams.
- Address instances of non-compliance in line with the organisation’s performance management policy.

7.4 Staff must:

- Access regular updates and refresher training as required in line with intercollegiate requirements.
- Be aware of their own responsibilities in safeguarding children
- Know how to recognise, respond, refer, and record concerns

Training information can be found here [GWH Intranet](#)

8. Consultation

Below is a list of consultees who supported the formulating of this document.

Job title and department	Date approved
Matron for Paediatrics	
Matron Children’s Outreach Nursing Service	
Matron for Community Midwifery	
Deputy Chief Nurse	
Director for Maternity and Neonatal services	
Divisional Director of Nursing Family and Specialist Services	
Divisional Director of Nursing of Medicine	
Associate Director Safeguarding	
Named Doctor Safeguarding Children	
Named Professional Safeguarding Children	
Named Professional Maternity Safeguarding	
Maternity, Adults and Children Safeguarding Forum	
Specialist Safeguarding Children Professional	
Specialist Safeguarding Midwife	
Specialist Safeguarding Nurse Emergency Department	
Associate Medical Director Medicine	
Associate Medical Director Family and Specialist Services	
Learning and Development Systems and Compliance Manager	

9. 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 safeguarding that the appropriate steps are followed.	Selection of individual & multi-agency safeguarding children's audits will take place every year. There will be a formal audit calendar approved by the Named Nurse for Safeguarding Children & Young People & the Named Midwife for Safeguarding each 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 necessary action and report back to the Maternity, Adults & Children Safeguarding Forum

10.Supporting documents

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	Link to document location
1	BSW Multi-agency pre-birth protocol	BSW Multi-agency pre-birth protocol to safeguard unborn babies - October 2024 - Swindon Safeguarding Partnership
2	South West Child Protection	https://swcpp-swindon.trixonline.co.uk/

	Procedures	
3	Children Act 1989 and 2004	Children Act 1989 (legislation.gov.uk)
4	Working Together to Safeguard Children (2023)	https://assets.publishing.service.gov.uk/media/6849a7b67cba25f610c7db3f/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf
5	Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff	Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Royal College of Nursing
6	The National Institute for Health and Care Excellence (NICE) Guidance CG89 (2009 & 2017)	Update information Child maltreatment: when to suspect maltreatment in under 18s Guidance NICE
7	The National Institute for Health and Care Excellence (NICE) Guidance NG 76 (2017)	Overview Child abuse and neglect Guidance NICE
8	Person in a Position of Trust	EOLAS

	Guidance	
9	Clinical Record Keeping Policy	EOLAS
10	Incident Management Policy	EOLAS
11	Recruitment and Selection Policy	EOLAS
12	Whistle Blowing (Freedom to Speak Up) Policy	EOLAS
13	Information Governance Policy	EOLAS
14	Paediatric Was Not Bought Policy	EOLAS
15	Swindon Safeguarding Partnership Multi – Agency Process for the Resolution of Professional Disagreements Relating to Safeguarding Protection of Children (Escalation Process) - Swindon Safeguarding Partnership	Multi-Agency Process for the Resolution of Professional Disagreements Relating to Safeguarding Protection of Children (Escalation Process) - Swindon Safeguarding Partnership

	on Process)	
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Appendix A – Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Safeguarding Children and Young People Policy		
2.	<p>Briefly describe the aim of the policy, strategy, project. What needs or duty is it designed to meet?</p> <p>The Safeguarding Children and Young People Policy aims to protect children and young people from harm, abuse, and neglect, ensuring their safety and well-being in healthcare settings.</p> <p>It is designed to meet the duty of care that healthcare organisations have to safeguard vulnerable individuals. The policy provides clear guidance on identifying, reporting, and responding to concerns related to safeguarding, helping staff understand their roles and responsibilities in protecting children and young people and to comply with legal and regulatory frameworks.</p> <p>Essentially, the policy aims to:</p> <ol style="list-style-type: none"> 1. Promote the welfare and safety of children and young people. 2. Prevent harm and abuse by ensuring staff are trained and informed. 3. Ensure a coordinated and effective response when safeguarding concerns arise. 		
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)?		No
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?		No
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?	Yes	
Signed by the manager undertaking the assessment		Donna Parris	
Date completed		29 September 2025	
Job Title		Named Professional Safeguarding Children	

On completion of Stage 1: A full impact assessment will normally be required if you have answered YES to one or more of questions 3, 4 and 5 above.

[Link to document](#)

Appendix B – Appendix 2 Categories of Child Abuse

Under Working Together 2023 guidance, there are four categories of abuse:

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a. provides adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protects a child from physical and emotional harm or danger
- c. ensures adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Risks Outside the Home

Risk outside the home (ROTH) refers to the contextual safeguarding approach adopted in Swindon to understand and respond to, young people's experiences of significant harm experienced beyond their families.

It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over this, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including:

- exploitation by criminal gangs and organised crime groups such as county lines or local lines
- trafficking
- online abuse
- teenage relationship and peer-on-peer abuse
- sexual exploitation
- influences of extremism leading to radicalisation



Appendix C – Seeking Advice

[GWH Intranet](#)

Swindon MASH

-  Telephone: 01793 464646
-  Email (for professional referrals): contactchildrenandfamilies@swindon.gov.uk

Wiltshire MASH

-  Telephone: 0300 456 0108
-  Email (for professional referrals): IntegratedFrontDoor@Wiltshire.gov.uk

If unsure which local authority the child resides in, you can confirm by checking their postcode using a local authority search tool, such as:

<https://www.gov.uk/find-local-council>

Appendix D, Making a referral

Request for help and support guidelines and contact information

Children and Families Contact Swindon is the new ‘front door’ for the Council’s children’s social care services, and provides a single point of contact to request help and support for families or report safeguarding concerns.

Anyone who has a concern about a child, or wants to request help from the service, should:

- Telephone: 01793 464646
- E-mail: contactchildrenandfamilies@swindon.gov.uk

This approach has been developed to ensure that families and children get the right help, at the right time, from the most appropriate teams.

All practitioners have a responsibility to refer a child to Children's Social Care under section 11 of the Children Act 2004 if they believe or suspect the child:

- has suffered significant harm
- is likely to suffer significant harm
- has disability, developmental or welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989
- is a Child in Need whose development would be likely to be impaired without provision of services

The referrer must always have the opportunity to discuss their concerns with a qualified social worker.

New referrals and referrals on closed cases should be made to Children and Families Contact Swindon. Referrals on open cases should be made to the allocated social worker for the case, or in their absence their manager or the duty social worker.

Contact details

- E-mail: contactchildrenandfamilies@swindon.gov.uk
- Telephone: 01793 464646 (during normal office hours which are 8.30am to 4.40pm Monday to Thursday, and 8.30am to 4.00pm Friday)
- The Emergency Duty Service (EDS) is available outside office hours on 01793 436699
- [Referral form - Request for help and support](#)

When completing the request for help and support form, the referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. The referrer will be asked for information about some of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all children in the household
- Family address and, where relevant, school or nursery attended
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents
- Names and date of birth of all household members, if available
- Where available, the child's NHS number and education UPN number
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant or important recent or historical events or incidents in the child or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator, if relevant
- Referrer's relationship and knowledge of child and parents
- Known involvement of other agencies or professionals, for example, a GP
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known

Other information may be relevant and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm.

The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. Where a professional decides not to seek parental permission before making a referral to Children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to Children's Social Care.

For more detailed information, refer to the [South West Child Protection Procedures](#).