Pan –Dorset Safeguarding Children Partnership - Section 11 Audit Tool 2025

Agency Name:	**South Western Ambulance Service Foundation Trust (SWASFT)**
Departments or Service Units included in scope of audit:	**Ambulance services provided by SWASFT**
Departments or Service Units NOT included in scope of audit and rationale:	**Private ambulance providers – Not commissioned by SWASFT**
Name of Auditor:	**Lerryn Udy - Head of Safeguarding, SWAST**
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Date Audit Completed:	**17/01/2025**

Introduction

The South Western Ambulance Service NHS Foundation Trust (SWAST) is responsible for the provision of ambulance services across an area of 10,000 square miles which is 20% of mainland England. The Trust serves a total population of over 5.5 million and is estimated to receive an influx of over 23 million visitors each year.

Our operational area is predominantly rural but also includes large urban centres including Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth, and Poole.

Our core operations focus is the delivery of emergency ambulance 999 services (A&E). We have 92 ambulance stations, two Emergency Operations Centres, and two Hazardous Area Response Teams (HART). The Trust also provides the clinical teams for four air ambulance charities across the South West and works closely with the Devon Air Ambulance Trust.

We employ nearly 6,000 mainly clinical and operational staff, around 950 volunteers (including community first responders, BASICS doctors, fire co-responders and ambulance service volunteers) and over 800 students in training.

SWASFT works across 7 Integrated Care Board (ICB) areas.
• Gloucestershire
• Bath and North East Somerset, Swindon and Wiltshire (BNSSG)
• Dorset
• Kernow (Cornwall and Isles of Scilly)
• Somerset
• Devon
• Wiltshire

1. LEADERSHIP AND ACCOUNTABILITY:

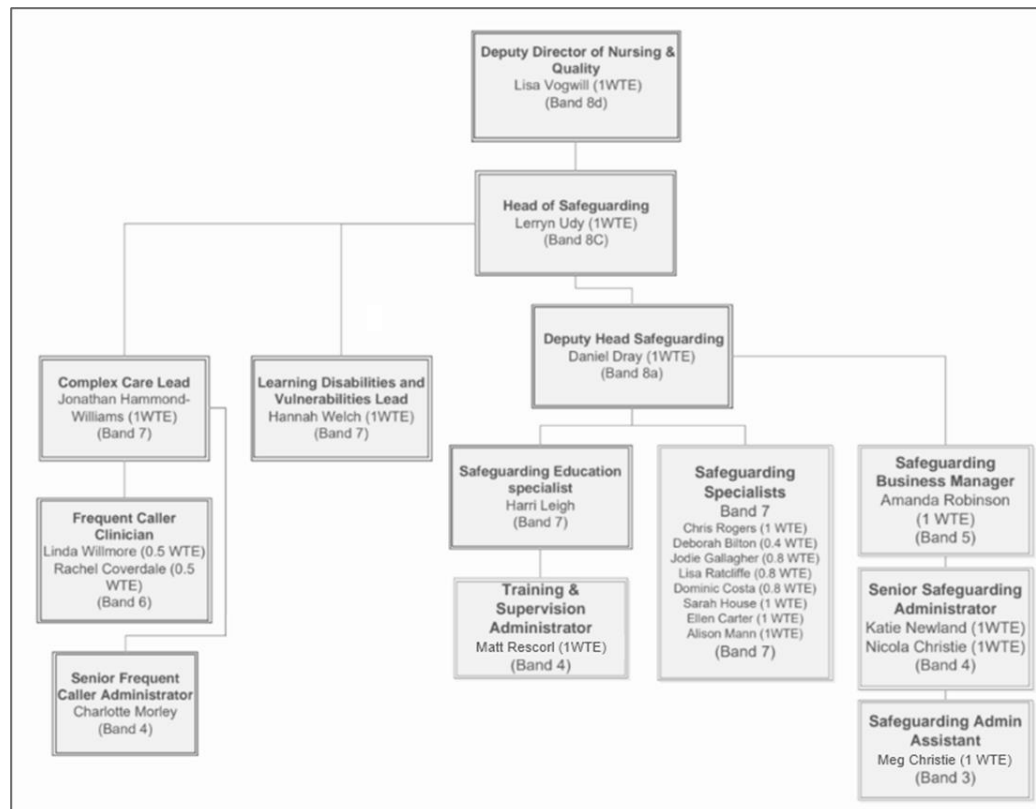| Standard	Examples of Evidence	Score	Descriptors
1.1 Who is the named strategic lead for safeguarding?	• Named in Safeguarding Policy • Attendance at PDSCP if applicable or similar forums. • Promotion of role within and external to organisation on a regular basis. • Actively promoting a safeguarding culture. • Job description contains roles and responsibilities of designated person. • Has received training in safeguarding. • Training and CPD records of named Lead Person. • Legally responsible person for safeguarding within the organisation	**0**	• No Evidence Submitted / No named person within organisation
		1	• Named person but not widely known or advertised • Infrequent attendance at safeguarding forums.
		2	• Widely advertised named person who attends PDSCP Meeting or similar forums to promote safeguarding • Job description states role and responsibilities ensures safeguarding policies and procedures are in place • Oversees compliance with Section 11
		3	• Takes lead in organisation for safeguarding • Has undertaken training and a number of initiatives to champion a safeguarding culture • Attends and runs forums at which safeguarding practice is developed and improved • Provides support to the workforce in safeguarding issues • Provides support to the champions in achieving excellence in safeguarding. • This is monitored and reviewed as a part of supervision

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Descriptor Selected – 3

3	• Takes lead in organisation for safeguarding • Has undertaken training and a number of initiatives to champion a safeguarding culture • Attends and runs forums at which safeguarding practice is developed and improved • Provides support to the workforce in safeguarding issues • Provides support to the champions in achieving excellence in safeguarding. • This is monitored and reviewed as a part of supervision

Jane Chandler is the Executive lead for Safeguarding. Jane Chairs the Trust Safeguarding committee and has undertaken the Bond Solon Executive Leadership in Safeguarding Training, as has her Deputy Lisa Vogwill.

Lerryn Udy is the Head of Safeguarding. Lerryn attends PDSCP and other Safeguarding meetings within Dorset and the wider SWAST area. Lerryn is supported by Deputy Head of Safeguarding Daniel Dray who joined SWAST in April 2024.

Lerryn and Dan are experienced safeguarding professionals, they hold the named professional responsibilities for the Trust (Adult and Children). Lerryn and Dan support and advise the Trust with regards to safeguarding and associated activity. In addition, there are 8 Safeguarding specialists and a Safeguarding Education Specialist who have undertaken Safeguarding Supervision training and are available to provide advice and support.

The safeguarding team promote Safeguarding within SWAST, sharing information and recourses, raising awareness and championing excellence. The team hosts drop in's, safeguarding town halls, bespoke training opportunities and support other initiates to embed a safeguarding culture.

Standard	Examples of Evidence	Score	Descriptors
1.2 The organisation is linked into the Pan-Dorset Safeguarding Children Partnership, including contributing to the work of the Partnership and sub-groups The representative(s) understand their role and how to communicate messages from/to the organisation	• Evidence of lines of communication • Job description includes the role and responsibilities linked to the PDSCP • Evidence that the representative understands their roles and responsibilities, e.g. evidence in minutes that the messages from and to the PDSCP • Examples of PDSCP minutes reflect the contributions made by the organisation • Examples of sub groups minutes reflect the contributions made by the organisation	**0**	• No evidence submitted / No named person within organisation.
		1	• There is evidence that has been submitted that illustrates that the organisation is linked to the PDSCP
		2	• There is evidence that has been submitted that illustrates that the organisation has lines of communication that links them to the PDSCP, • There is evidence that the representation on the PDSCP understands their role • There is evidence that the representation communicates messages to and from the organisation and to and from the PDSCP
		3	• There is evidence that has been submitted that illustrates that the organisation has lines of communication that links them to the PDSCP • There is evidence that the representation on the PDSCP understands their role • There is evidence that the representation communicates messages to and from the organisation and to and from the PDSCP • There is evidence that the organisation contributes to the work of the Partnership and its subgroups • This is monitored and reviewed as part of supervision

Descriptor Selected – 2 / 3

2	• There is evidence that has been submitted that illustrates that the organisation has lines of communication that links them to the PDSCP, • There is evidence that the representation on the PDSCP understands their role • There is evidence that the representation communicates messages to and from the organisation and to and from the PDSCP

The Trust has reviewed and reinforced the internal and external safeguarding governance during 2023/24. The internal governance structure includes the development of the Safeguarding Committee which reports to the Quality Committee, which reports to the Trust Board. The Head of Dorset ICB attends the SWAST safeguarding committee.

The Head of Safeguarding within SWAST attends the Dorset Heads of Safeguarding community of practice and the Dorset partnership meetings, in addition to providing assurance reports on a quarterly basis, with the 4th quarterly report being the annual report. All reports will have been presented to and signed off at the Safeguarding committee prior to being presented to the ICB. A summarised version of the Trust annual safeguarding report will be produced and shared with SWAST staff.

The Trust has a safeguarding specialist for each county (7) in addition to a safeguarding education specialist and a learning disability and autism specialist. The Specialists are linked in with their system partners, attending statutory review panels (Child death, rapid review etc) and learning from counties are utilised by the Safeguarding Education Specialist to support the development of training. There are also recourses, for example learning briefings from rapid reviews and multi-agency learning opportunity's available to all staff.

As detailed above the Head of Safeguarding attended Dorset safeguarding partnership meeting and subgroups and the Heads of Safeguarding Community of Practice. Safeguarding specialists will attend community safety partnerships across the SWAST localities in addition to other relevant meetings (SAR/DHR/Rapid revie panels, Adult/Child at risk meetings, MARAC, conferences)

Links have been developed for the SWAST safeguarding Specialists to have supervision and training within Dorset ICB, and in other ICBs (according to the safeguarding specialist's locality and training offers)

Work is underway to develop a SWAST safeguarding Newsletter, and to build on our resources available to staff. Within SWAST safeguarding team we have hosted 'Town Halls' which are Trust wide drop in events, we have shared information within the SWAST Staff Bulletin and shared safeguarding information for inclusion on stations noticeboards.

Standard	Examples of Evidence	Score	Descriptors
1.3 There is a named or designated person(s) with a clearly defined role and responsibilities to champion safeguarding and child protection including:	• Named individuals and evidence of dissemination. • Inclusion in induction.	**0**	• No evidence submitted / No named person within organisation.
		1	• There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding.

- Maintaining a sound knowledge of legislation
- Communicating to staff
- Holding managers to account
- Ensure effective working relationships in place
- Responding to identified training needs
This person has sufficient time and support to carry out their responsibilities. An annual appraisal reviews the job role.
	• Inclusion in newsletter and other staff communications.
	• Named within Policy and Procedures
	• Identified within Job description
	• Code of conduct for Safeguarding
		2	• There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding including:
			  o Maintaining a sound knowledge of legislation & guidance
			  o Communicating to staff
			  o Holding managers to account
			  o Ensure effective working relationships are in place
			  o Responding to identified safeguarding training needs

		3	• There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding including:
			  o Maintaining a sound knowledge of legislation & guidance
			  o Communicating to staff
			  o Holding managers to account
			  o Ensure effective working relationships are in place
			  o Responding to identified safeguarding training needs
			• There is evidence that sufficient time and support to carry out their responsibilities and an annual appraisal reviews the job role.

3		• There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding including:
		  o Maintaining a sound knowledge of legislation & guidance
		  o Communicating to staff
		  o Holding managers to account
		  o Ensure effective working relationships are in place
		  o Responding to identified safeguarding training needs
		• There is evidence that sufficient time and support to carry out their responsibilities and an annual appraisal reviews the job role.	

Follow a commissioned internal review in 2023 SWAST safeguarding structure was reviewed and a business case was successful to increase the Team resource.

Lerryn Udy joined SWASFT on 1/12/2023 as the Head of Safeguarding. Lerryn is supported by Deputy Head of Safeguarding Daniel Dray who joined SWAST in April 2024. Lerryn and Dan are the named safeguarding professionals within SWAST and are knowledgeable and experienced in this role, both having held senior safeguarding positions prior to joining SWAST.

Prior to these appointments and the expansion of the team, staff had an excessive workload and were unable to meet all the requirements of the role.

Head of safeguarding has attended multi-agency safeguarding training provided by the Police (Hydra Macie Training) focussing on Safeguarding Children, this is in addition to ongoing learning and bespoke learning opportunities, for example: Safeguarding leadership provided by Bond Solon specialist training.

Team meetings and supervision have commenced, and the safeguarding supervision policy has been developed and uploaded. All Safeguarding specialists have attended safeguarding supervision training provided by In Trac, specialist trainers. A safeguarding training and supervision administrator has been appointed to support the administration, booking and recording of safeguarding supervision.

The Head of Safeguarding is participating in Trust meetings, allegations meetings, policy reviews and is active within the Trust championing safeguarding and providing advice and guidance as required. The head of safeguarding is available to provide safeguarding supervision to Trust managers and will hold managers to account where concerns have been identified. Where an incident is identified an incident report is raised via InPhase.

This has included providing safeguarding training to the Trust board and governors. Safeguarding services have participated in the Trust Training Needs Analysis for 24/25, and more recently in anticipation of 25/26 and have provided 'train the training' for learning and development staff who deliver safeguarding training. In addition, bespoke training is provided to staff groups as need is identified for example in response to a recent leadership model pilot. Training includes learning from statutory reviews and case studies.

Focus groups for all SWAST staff to attend have been held to consult on changes within the safeguarding referral forms, in addition to staff bulletin articles updating staff on changes that have occurred. The Safeguarding team have also hosted 'town hall events' and developed poster resources for inclusion in stations.

Work is underway to develop a SWAST safeguarding Newsletter, and to build on our online resources available to staff.

Standard	Examples of Evidence	Score	Descriptors
1.4 The organisation has in place a programme of internal audit and review that enables them to continuously improve the protection of children and young people from harm or neglect.	• Evidence of audit programme and outputs. • Self-assessments. • External QA review processes. • Best value review audit. • Evidence of communication of findings. • Evidence of implementation of findings.	**0**	• No evidence submitted / No audit programme in place.
		1	• Ad-hoc audits undertaken, but usually as a result of poor performance or incidents.
		2	• Programme of audit undertaken designed to ensure policies and procedures are being adhered to.

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	• Evidence of Sharing findings.	**3**	• Internal and external audit programme which questions current practice, develops and ensures implementation of continuous improvement programme. • Staff encouraged to challenge practice and suggest audit programmes. • Multiagency audits are undertaken to improve interagency processes. • Mixture of methodologies used. • This is shared with the Performance Management Subgroup

Descriptor Selected – 1/ 2

2	• Programme of audit undertaken designed to ensure policies and procedures are being adhered to.

SWAST has an annual audit programme, this includes ad-hoc Safeguarding audits, for example in 2023/24 an audit was completed regarding the 'Management of Under 1s', this audit was completed and shared within the Trust Safeguarding Committee and Clinical Quality Group. There were recommendations identified which are being actioned. The audit will be repeated next year.

The Head of Safeguarding is consulted on the Trust audit programme. The Safeguarding Team has an opportunity to recommend audits vis their team meetings and contribute to audits within the trust audit plan.

As the Trust reviews it's safeguarding processes and policies there will be regular monitoring and audit of safeguarding activity which will inform training, improvements, and best practice. Finding will be shared via reporting, newsletters, safeguarding committee, and staff communications.

Planning in underway for a Trust Safeguarding audit (February 2025), to be completed with the support of a specialist business assurance provider who provide internal audit services.

The Trust audit schedule for 2025/26 is currently in development.

Standard	Examples of Evidence	Score	Descriptors
1.5 The organisation has a clear written accountability framework. All staff understand to whom they are accountable and what level of accountability they have.	• Evidence of statement. • Staff charts, team descriptions, accountability and individual supervision routes for staff.	**0**	• No evidence submitted / No framework in place
		1	• High-level framework with senior manager responsibilities.

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	• Evidence of volunteer accountability. • Staff/ Volunteers supervision policies and procedures. • Safeguarding policies and procedures highlight lines of accountability • Audits taken place to ensure systems in place are being adhered to.	**2**	• Full framework covering individual roles and hierarchy of supervision, available and accessible. • Policy and procedures are in place which highlight accountability framework
		3	• Statement of accountability of teams, senior management roles clearly defined in relation to safeguarding children when appropriate. • In areas where children are not direct clients nominated roles ensure safeguarding practices are in place and adhered to (e.g. adult services in which children may be present at client interactions). • The role of contractors in the organisation is clearly defined and managed through clear reporting lines. • Policy and procedures are in place which highlight accountability framework • Staff on secondment know their reporting lines within their host and parent organisation. • Volunteers have clear management structures. • Audits have taken place to ensure accountability framework are being adhered to.

Descriptor Selected – 1/2

2	• Full framework covering individual roles and hierarchy of supervision, available and accessible. • Policy and procedures are in place which highlight accountability framework

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The SWAST website provides details of the Trust board, Governors and Trust Teams Our teams (swast.nhs.uk)

Changes to Trust senior leadership, for example recent appointment of a new Chief Executive, is shared via all user email, video blogs, open teams meeting and Trust bulletins. There are regular chief exec briefings which all SWAST employees can attend

The Board webpage provide details of the Board include photos and names Our Board | SWAST Website. The safeguarding webpage includes images and job titles of everyone within the safeguarding team, these are also available as hard copy posters to put in stations and SWAST premises

There is a clear structural chart for the Quality Patient Care Directorate which includes Safeguarding.

Staff on secondment know their reporting lines within their host and parent organisation. The SWAST Secondment policy relates to both internal and external secondments

There are range of volunteering roles within SWAST:

- Ambulance Service Volunteers (non-patient facing) – Supporting ambulance crew welfare, community engagement events and fundraising.
- Community First Responders - volunteers who support their local community by attending emergency calls ahead of an ambulance.
- Clinical / Non-Clinical Staff Responders – Trust employees who volunteer to attend emergencies in their local communities on their day off.
- Fire Co-Responders - Retained fire fighters who attend emergency calls on behalf of the Trust, as part of their day to day role with the Fire and Rescue Service.
- St John Ambulance Community First Responders - Volunteers who under their work with St John Ambulance, respond within their local community ahead of an ambulance.

There is a policy and webpage which details important contacts, include name and contact details and quick links to relevant forms and polices

A range of Trust policies and procedures are in place which identify roles and responsibilities.

Standard	Examples of Evidence	Score	Descriptors
1.6 All staff are aware of their own roles & responsibilities and those of the organisation for safeguarding and protecting children. Business/Service plans and reports incorporate staff responsibilities for safeguarding and promoting the welfare of children including	- Staff are aware of their safeguarding responsibilities - Business/Service plans for own and contracted organisations have safeguarding incorporated. - Evidence of implementation.	0	No evidence submitted / Organisation does not develop service plans or does not include safeguarding items in them.
		1	- Service plans indirectly action safeguarding services. - Staff understand about safeguarding

objectives, where appropriate, for staff members	• Evidence of safeguarding as mandatory specific area of development. • Evidence of link to safeguarding.	**2**	• Service plans have dedicated section on safeguarding which specifies the delivery of services which will be undertaken to address this area. • Staff are aware of their responsibility in respect to safeguarding
		3	• Each part of the organisation includes safeguarding in their service plan. • Internal and external sources shape the requirements including legislation, client and staff feedback. • Staff are aware of their responsibility of safeguarding and that of other members of the organisation.

Descriptor Selected –2

2	• Service plans have dedicated section on safeguarding which specifies the delivery of services which will be undertaken to address this area. • Staff are aware of their responsibility in respect to safeguarding

Safeguarding has been included within Trust board meetings and included in forward planning – for example the 'One Team' model, Business Continuity and within the Trust Training Needs Analysis (TNA).

All staff receive safeguarding mandatory training and induction which clear explains roles and responsibilities in regards to safeguarding children and how to make a referral.

Staff are aware of their role in safeguarding and the Trust has raised in excess of 50,000 safeguarding and care concerns in last financial year (approximately 25% of which are for children). Work is underway to improve referral systems and enhanced staff training to refine safeguarding referrals, improving quality and timeliness.

Staff are aware of how to make safeguarding referrals and how to contact the safeguarding team to seek advice. The safeguarding team have reviewed the webpages and have been providing contact details via poster and town hall events to promote the accessibility of our services. There is also a telephone support line which staff can use to access safeguarding advice, during office hours the telephone line is manned by the safeguarding team, out of hours it is manned by senior clinicians, these clinicians have access to safeguarding 'drop in' to discuss calls they have received.

Staff raise professional safeguarding allegations where there are concerns about staff members or other professionals.

Standard	Examples of Evidence	Score	Descriptors

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1.7 All appropriate staff understand the need for accurate, clear and on-going case-work recording. Your agency has arrangements for auditing the quality of recording.	• Supervision and appraisal records. • Supervision and appraisal policy and procedure. • Staff self-report non-compliance. • Links from outcomes of supervision and appraisal into training and development plans. • Continuous Learning and Development/ personal training and development plans. • QA reviews.	**0**	• No evidence submitted / No supervision or appraisal process in place
		1	• Supervision and appraisals occur at intervals, basic recording. No monitoring of processes.
		2	• Regular supervision and appraisals. Monitoring of compliance.
		3	• Supervision and appraisal form a central part of the safeguarding agenda for the organisation. • Supervision agendas ensure staff can discuss concerns about cases and can access support to improve the outcomes for the child. • Appropriate actions from supervisions and appraisals are fed into team and service delivery plans. • Outcomes from supervision and appraisals are fed into training and development plans.

Descriptor Selected – 1

2	• Service plans have dedicated section on safeguarding which specifies the delivery of services which will be undertaken to address this area. • Staff are aware of their responsibility in respect to safeguarding

The Trust supervision policy(s) have been uploaded (clinical supervision and safeguarding supervision have separate policies).

All Safeguarding specialist have attended safeguarding supervision training and are able to provide 1:1 and group safeguarding supervision. Our safeguarding specialist will provide safeguarding supervision as part of their roles and responsibilities. The Trust have also appointed a safeguarding training and supervision administrator (Dec 2024) who will manage the booking and recording of safeguarding supervision.

Trust clinical supervisors have received Safeguarding training. Clinical supervision is recorded and collated centrally within the Trust education team.

Staff within Safeguarding Team receive internal and external supervision in partnership with the ICBs.

The Trust have a Safeguarding Educational Specialist who develops Training and CPD in relation to safeguarding. This is currently delivered by a train the trainer method with quality assurance provided by the Safeguarding educator.

All of the safeguarding team have annual appraisal, these are at 100% compliance.

Safeguarding supervision is currently being provided. Trust processes in relation to Safeguarding supervision are being reviewed and there will be an awareness raising process in April 2025 to encourage the uptake of safeguarding supervision.

SWAST safeguarding team are further developing the FCMS (electronic record) to support case-work recording.

Standard	Examples of Evidence	Score	Descriptors
1.8 Contractors to the organisation who work with children are Section 11 compliant. This is reviewed within contract set up and monitoring process.	• Contracts stipulate that service has to be section 11 compliant. • Evidence of contract set up and monitoring	0	• No evidence submitted / or no services commissioned are section 11 compliant.
		1	• Services that are contracted or commissioned are section 11 compliant and this is within their contracts.
		2	• Services that are contracted or commissioned are section 11 compliant and this is within their contracts and this is reviewed regularly to evidence compliance.

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		3	• Services that are contracted or commissioned are section 11 compliant and this is within their contracts and this is reviewed regularly to evidence compliance • Evidence of contract monitoring in respect of safeguarding is maintained

Descriptor Selected – 1

2	• Services that are contracted or commissioned are section 11 compliant and this is within their contracts and this is reviewed regularly to evidence compliance.

Private Ambulance Provides (PAP) receive Safeguarding training in line with that delivered by the Trust via a train the trainer programme or by attending Trust provided training, this will be monitored via the PAP contractual agreements.

The Head of Safeguarding attended the Trust contracting meeting.

The Head of Safeguarding has developed a safeguarding community of practice for our Private Provider colleagues to support learning, development, support, resources sharing etc in relation to safeguarding.

2. POLICIES AND PROCEDURES:

Standard	Examples of Evidence	Score	Descriptors
2.1 The organisation has written policies, and where applicable a procedure, for safeguarding and protecting children that is accessible to all staff. Policy and procedures are reviewed on a regular basis to maintain compliance with new national/local legislation/guidance and service and personnel changes.	• Up to date safeguarding policy and procedures in place • Code of conduct for staff and volunteers • Evidence that staff can easily access the policies and procedures • Documented evidence of dissemination and availability • Staff have been trained in the use of the policies and procedures. • Induction handbook or e-learning programme • Audit log with review dates for policy and procedures produced by the organisation. • Process in place to update policy after organisational changes. • Audits take place to ensure adherence to the procedure.	**0**	• No evidence submitted / No policy or procedure in place. • No evidence is submitted / Policy has not been updated and no process in place to initiate updates
		1	• Policies in place but of low standard, not clear, out of date, in process or being written or having key sections missing. • Disseminated and available but only to a small percentage of staff, many without ready availability (e.g. no immediate access to Intranet) • Procedure in place to update policies and these have been updated since Working Together 2015
		2	• Policies in place but not endorsed by the PDSCP, or suitable external party. • Evidence of staff accessing policies and procedures • Dissemination to all staff. • Policies are owned by champion or designated person who ensures regular reviews as per update procedure. • Policy update forms part of annual business service plan work
		3	• Policies in place • Regular planned updates are programmed and the document owner (designated person or champion) ensures new legislation is incorporated. • Evidence of staff accessing and adhering to the policy and procedure Staff have been trained in the use of the policy & procedure. • Induction handbook or e-learning programme • Disseminated to all staff with immediate and easy access. • Regular reminders of updates circulated to all staff. Policy and procedures discussed at induction and at appraisals. • Appropriate staff have been trained in the use of the policies and procedures.

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				▪ Policy expiry date set to two years ensures it is updated on regular basis, and ad hoc updates enabled to comply with new legislation. ▪ Process in place to update policy when personnel or service changes. ▪ Audits take place to ensure that policy and procedures are adhered to.

Descriptor Selected – 2

2	• Policies in place but not endorsed by the PDSCP, or suitable external party. • Evidence of staff accessing policies and procedures • Dissemination to all staff. • Policies are owned by champion or designated person who ensures regular reviews as per update procedure. • Policy update forms part of annual business service plan work

The Trust has the following policies available on their webpages:

Safeguarding

- Chaperone Policy

- Capacity Consent De-escalation and Safe Holding Policy

- Clinical Supervision Policy

- Managing Allegations against people who work with children, young people or vulnerable adults Policy

- Safeguarding Policy (joint Adult and Child)

- Safeguarding Supervision Policy

These polices are available to access by all SWAST staff.

Amendments of reviews of policies are subject to consultation and approval within Trust governance structures. For safeguarding polices this will now include approval at the Safeguarding Committee. Policies are updated regularly by the named owner.

There is a piece of work underway to review all Trust safeguarding policies.

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The Safeguarding Supervision Policy, Managing Allegations against people who work with children, young people or vulnerable adults Policy and The Complex Care Policy have been reviewed during 2024/25.

There are also a range of Standing Operating Procedures (SOPs) and clinical guidance relating to safeguarding which are under regular review by the safeguarding team.

A safeguarding audit is planned in February 2025 to review practice against policy.

Standard	Examples of Evidence	Score	Descriptors
2.2 These policies and procedures are in line with, and make reference to, the PDSCP multi-agency Child Protection policies and procedures.	• The policy and procedures makes reference to the PDSCP policies and procedures • The policy and procedures makes reference of how to access the PDSCP policies and procedures (including links to the website) • Evidence that staff have accessed relevant training	**0**	• No evidence submitted / no reference to the PDSCP procedures
		1	• Some reference to the PDSCP procedures but it is not clear or out of date, or in the process of being written.
		2	• Reference to the PDSCP procedures which clearly identifies how to access them • Some staff training on the process of referral regarding a child protection concern
		3	• Clear reference to the PDSCP procedures with links to the policies and procedures so staff can easily access them • Appropriate staff trained on the process of safeguarding children and what to do if they are concerned.

Descriptor Selected – 0	
N/A	• No evidence submitted / no reference to the PDSCP procedures

As SWASFT covers the whole of the South West policies apply across all areas and therefore there is no specific reference to PDSCP policies and procedures.

Standard	Examples of Evidence	Score	Descriptors
2.3 Your organisation/ service clearly communicates any changes to policy and procedures to all	• Evidence of dissemination of changes to staff / volunteers (briefings, newsletter, team meeting minutes etc…) • Audit of current practice	**0**	• No evidence submitted or staff are not informed regarding changes to policies and procedures • No evidence submitted / or no record of when training updated.

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| relevant staff and ensures they are implementing current practice

All new policies, guidance and legislation regarding safeguarding children are incorporated into training and briefings. | • Supervision notes evidence implementation of safeguarding procedures

• Record of when training updated and new policies and procedures are included
• Record of when training updated and new guidance and legislation are included
• Record of when training updated and new guidance regarding safeguarding are included | **1** | • Some evidence of dissemination regarding some changes to staff
• No evidence of audit of practice in relation to policy and procedures
• No evidence of discussions within supervision
• Evidence of new policies, guidance and legislation are incorporated in the training, but there is not record of this. |
|---|---|---|---|
| | | **2** | • Evidence of dissemination regarding changes to all staff
• No evidence of audit of practice in relation to policy and procedure
• Evidence of new policies, guidance and legislation are incorporated in the training and this is recorded in the training. |
| | | **3** | • Evidence of dissemination of changes to all staff
• Evidence of audit of practice to ensure that changes are being implemented into practice
• Examples of discussions within supervision regarding changes in practice in relation to changes in policy/procedure
• Evidence of new policies, guidance and legislation are incorporated in the training and this is recorded in the training.
• This is monitored and reviewed. |

Descriptor Selected –2

| **2** | • Evidence of dissemination regarding changes to all staff
• No evidence of audit of practice in relation to policy and procedure
• Evidence of new policies, guidance and legislation are incorporated in the training and this is recorded in the training. |
|---|---|

Staff are consulted on changes and reviews of policy, this can occur with Trust governance structures (Safeguarding committee, Clinical quality group etc) or via staff consultation on SharePoint
Staff are notified of changes and updates to practice via our Trust bulletins and training.

All policies include version control tables which inform the read of recent changes to the policy include overview of the changes and who authored the changes.

Where policy or guidance changes guidance is provided to support this such as 7 minute learning briefings, town hall events or staff bulletin articles. A safeguarding newsletter is in development and this will include dissemination in Policy development and changes.

Safeguarding training includes reference to relevant policy and guidance.

Audits are undertaken as part of a Trust audit plan.

In 2025/26 there is a planned Safeguarding internal audit, the Trust will be supported by an external specialist company to undertake this audit.

Standard	Examples of Evidence	Score	Descriptors
2.4 There are clear procedures for recording and reporting concerns or suspicions of abuse of children which all staff are aware of.	• Staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004. • Staff are familiar with the current Working Together to Safeguard Children statutory guidance • Staff are aware of how to act to safeguard and promote the welfare of a child in line with the current Working Together to Safeguard Children statutory guidance • Procedures of reporting and recording concerns or suspicions about a child. • Safeguarding training, induction and renewable training programme. • Risk analysis and record of concerns. • Code of conduct. • Supervision records.	**0**	• No evidence submitted / there are no procedures in place for recording and reporting concerns or suspicions of abuse • Staff do not have access to the current Working Together to Safeguard Children statutory guidance
		1	• There are procedures in place but they are not up to date • Some staff have access to the current Working Together to Safeguard Children statutory guidance • Some staff receive safeguarding training.
		2	• There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004. • There is evidence that staff are familiar with the current Working Together to Safeguard Children statutory guidance • There is evidence that staff are aware of how to act to safeguard and promote the welfare of a child in line with the current Working Together to Safeguard Children statutory guidance through supervision notes and team briefings. • Procedures of reporting and recording concerns or suspicions about a child are in place and up to date. • There is evidence that appropriate staff have received safeguarding training, induction and renewable training programme.

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		3	• There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004. • There is evidence that staff are familiar with the current Working Together to Safeguard Children statutory guidance • There is evidence that staff are aware of how to act to safeguard and promote the welfare of a child in line with the current Working Together to Safeguard Children statutory guidance through supervision notes and team briefings. • Procedures of reporting and recording concerns or suspicions about a child are in place and up to date. • There is evidence that appropriate staff have received safeguarding training, induction and renewable training programme. • There is evidence of risk analysis and record of concerns. • There is a Code of conduct. • There is evidence supervision records

Descriptor Selected – 1

2	• There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004. • There is evidence that staff are familiar with the current Working Together to Safeguard Children statutory guidance • There is evidence that staff are aware of how to act to safeguard and promote the welfare of a child in line with the current Working Together to Safeguard Children statutory guidance through supervision notes and team briefings. • Procedures of reporting and recording concerns or suspicions about a child are in place and up to date. • There is evidence that appropriate staff have received safeguarding training, induction and renewable training programme.

Staff are aware of the need to report concerns, and it is evident from reviews of referrals received (approx 53.000 annual, 25% of which are for children) that staff are making safeguarding referrals for children. However, our current processes and training do not support staff to understand the difference between Child in Need and Child Protection/Safeguarding concerns. Therefore, all concerns are raised via the Child protection/Safeguarding route. This has been discussed with our MASH and ICB colleagues and is recognised as agreed practice.

Safeguarding Training has been reviewed, from 2024 staff have received both online mandated training and face-to-face safeguarding training, this has supported the Trust in meeting it's training compliance, and importantly the confidence and competence of our workforce. There has been a further increase to safeguarding training included in induction as part of the 2025/26 training needs analysis. All SWAST safeguarding training is developed by our Safeguarding Education Specialist who provides train the trainer learning for our education department.

Trust safeguarding policies and procedures are in place. Safeguarding supervision is available for all SWAST staff (as previously described)

Standard	Examples of Evidence	Score	Descriptors
2.5 There is clear guidance on how to respond to a disclosure of abuse from children, which includes a confidentiality policy and procedure	• The safeguarding policy and procedures includes a section on what to do if a child discloses abuse. • The safeguarding policy clearly states that if a child discloses that they are being abused that this cannot be kept confidential • Confidentiality Policy in place • Staff aware of what to do if a child discloses • Staff aware of the Confidentiality policy	**0**	• No evidence submitted / no guidance on what to do if a child discloses abuse • No confidentiality policy (separate or integral to the safeguarding policy)
		1	• There is evidence of guidance regarding what to do if a child discloses they are being abused, however it is not clear • There is confidentiality policy in place but it is unclear • There is no evidence that staff are aware of either the guidance or the policy
		2	• There is evidence of clear guidance for staff which is up to date regarding what to do if a child discloses abuse. • There is a clear policy regarding confidentiality and when to share information • There is evidence that some staff are aware of both the guidance and the policy
		3	• There is evidence of clear guidance for staff which is up to date regarding what to do if a child discloses abuse. • There is a clear policy regarding confidentiality and when to share information • There is evidence that all staff are aware of both the guidance and the policy • This is monitored and reviewed.

Descriptor Selected – 1

2	• There is evidence of clear guidance for staff which is up to date regarding what to do if a child discloses abuse. • There is a clear policy regarding confidentiality and when to share information

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	• There is evidence that some staff are aware of both the guidance and the policy

Safeguarding policy details staff responsibility to raise concerns, include where there is no consent. There are also SOPs and guidance to support the application of policy.

Staff are aware of policy and guidance, and this is supported by training, supervision, advice telephone line and staff comms.

The trust does not have information sharing agreements in place with all areas across our footprint (20% of England) work is underway to gather information sharing agreements for all 7 ICB areas to ensure they are up to date.

Staff receive mandatory information governance (IG) training and there is a wealth of IG policy s to support practice, including (but not exhaustive):
- o Access and Disclosure Policy
- o Consent Policy
- o Corporate Record Management Policy
- o Freedom of Information Policy
- o Information Governance Management framework and Information Governance Management framework document

Standard	Examples of Evidence	Score	Descriptors
2.6 The policy and procedures help staff to recognise the additional vulnerability of some children against the categories defined in Working Together and these are in line with those of the PDSCP	• The safeguarding policy and procedure signposts the additional vulnerability of some children. • Staff have access to training regarding additional vulnerabilities of children if appropriate • The policy and procedure and the training is reviewed in line with Working Together and PDSCP	0	• No evidence submitted / no recognition regarding additional needs within the safeguarding policy and procedure and staff are not aware of them.
		1	• Staff aware of children with additional needs through briefing, supervision etc… but this is not within the policy and procedure
		2	• The policy and procedure signposts the additional vulnerability or some children and staff are aware of these. • Staff have accessed training regarding additional vulnerabilities of children if appropriate.
		3	• The policy and procedure signposts the additional vulnerability or some children and staff are aware of these.

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			• Staff have accessed training regarding additional vulnerabilities of children if appropriate. • The policy and procedure and the training is reviewed in line with Working Together and the PDSCP.

Descriptor Selected – 0/1

2	• There is evidence of clear guidance for staff which is up to date regarding what to do if a child discloses abuse. • There is a clear policy regarding confidentiality and when to share information • There is evidence that some staff are aware of both the guidance and the policy

There is evidence from safeguarding referrals that staff are mindful of additional vulnerabilities.

The review of safeguarding referral forms has resulted in an additional text box within the Children's referral to enable staff to record any additional vulnerabilities.
A review of the safeguarding policy is also underway, and the revised policy will include additional vulnerabilities.

The Trust has recently recruited a Learning Disabilities, Autism and vulnerabilities specialist, this post will support the raising of staff awareness regarding additional vulnerabilities as will the appointment of 5 additional safeguarding specialists.

As previously detailed safeguarding training has increased, and course content has been reviewed to include additional vulnerabilities and how to recognise and report additional concerns within a safeguarding referral.

Safeguarding supervision support staff to understand the complexities of safeguarding and consider additional vulnerabilities.

Staff are provided clear guidance within policy, training and associated resources of what to do if a child discloses, how and when to make referrals and how and when to share information.
There are a range of Information Governance policies, and IG training which supports staff in the appropriate sharing of information.

SWAST footprint is wider than PDSCP (20% of South West England) and therefore PDSCP specific policies are not referenced.

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3. INFORMATION SHARING, COMMUNICATION AND CONFIDENTIALITY:

Standard	Examples of Evidence	Score	Descriptors
3.1 All staff work to key principles for Information Sharing: Guidance for practitioners and managers. [Information sharing advice for safeguarding practitioners - GOV.UK]	• Access to Information sharing guidance • Staff briefings regarding information sharing	**0**	• No evidence submitted / staff are not working to the key principles for information sharing
		1	• Guidance made accessible to practitioners and managers but no evidence that it is being followed
		2	• Evidence of staff briefings relating to the Guidance • Evidence of staff putting the guidance into practice in records
		3	• Evidence of staff briefings relating to the Guidance • Evidence of staff putting the guidance into practice in records • Records are monitored and reviewed in light of the guidance.
Descriptor Selected – 0			
2	• Evidence of staff briefings relating to the Guidance • Evidence of staff putting the guidance into practice in records		

Recent review into Safeguarding practice has identified that the trust does not have information sharing guidance in place for all of our partners. Work is underway to rectify this.

Action is already underway to lease with all system partners via ICBs and partnership boards to update all information sharing agreements. In addition, our referral process is under review and referrals will be sent to the local Authority who can share with partners as required based on their triage of the information they receive.

The Trust has up to date Information Asset Register and Record of Processing Activities

The Trust has a range of policies and procedures to support safe and appropriate information sharing both from safeguarding and information governance.

Safeguarding training includes the importance of the safe sharing of information

Information is shared via safeguarding referrals to the local authorities, and where there is a risk and action for another agency to safeguard a child. Where a crime has been committed police will be notified via formal reporting routes.

Information is appropriately shared in Rapid Reviews, Safeguarding Children Practice Reviews and Learning from Experience Events.

Safeguarding information being shared is managed centrally via the Safeguarding Business Support Team and the Information Governance Team. With a record maintain of what is shared and with whom.

Standard	Examples of Evidence	Score	Descriptors
3.2 The organisation understands its duty to share information, even without user consent, when there are child protection concerns.	• Staff aware of what to do when they have a concern about a child • Induction programme includes what to do if you have a concern about a child. • Policies and procedures regarding sharing information	**0**	• No evidence submitted or staff are not aware of what to do if they have a concern about a child.
		1	• Record of induction programme undertaken which includes what to do if you are concerned about a child.
		2	• Record of induction programme completed which includes what to do if you are concerned about a child • Clear accessible policies regarding sharing information in relation to child protection concerns • Record of training / briefings undertaken regarding sharing information in relation to child protection concerns

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		3	• Record of induction programme completed which includes what to do if you are concerned about a child • Clear accessible policies regarding sharing information in relation to child protection concerns • Record of training / briefings undertaken regarding sharing information in relation to child protection concerns • Records are monitored and reviewed.

Descriptor Selected – 1

2	• Record of induction programme completed which includes what to do if you are concerned about a child • Clear accessible policies regarding sharing information in relation to child protection concerns • Record of training / briefings undertaken regarding sharing information in relation to child protection concerns

Full review regarding the sharing of Safeguarding concerns has been undertaken to ensure key principles of information sharing are followed.

Safeguarding policy and information governance polices detail staff responsibility to raise concerns, include where there is no consent. There are also SOPs and guidance to support the application of policy. Staff are aware of policy and guidance, and this is supported by training, supervision, advice telephone line and staff comms.

Staff receive mandated induction and training on both safeguarding and information governance.

Standard	Examples of Evidence	Score	Descriptors
3.3 Staff actively participate in multi-agency meetings, reviews and forums to consider individual children / families.	• Minutes for multi-agency meetings • Multi-agency plans	0	• No evidence submitted / staff do not take part in multi-agency meetings / forums.
		1	• Some files have minutes which illustrate that staff have participated in the multi-agency meeting • Some files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children
		2	• Files have minutes which illustrate that staff have participated in the multi-agency meeting • Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children

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		3	• Files have minutes which illustrate that appropriate staff have participated in the multi-agency meeting • Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children • Examples of professional challenge and/or escalation can be evidenced. • Records are monitored and reviewed to ensure that minutes and plans are on files.

Descriptor Selected – 1/2

3	• Files have minutes which illustrate that appropriate staff have participated in the multi-agency meeting • Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children • Examples of professional challenge and/or escalation can be evidenced. • Records are monitored and reviewed to ensure that minutes and plans are on files.

Child Death Over Panels are attended by safeguarding specialist and child death lead.

Rapid Reviews are attended by Safeguarding Specialists

County based safeguarding specialists in all ICB/ partnership areas have improve SWASFT engagement and visibility with partners. SWAST attend Strategy meetings, multi-agency risk management meetings and acre plan reviews for complex children. There is evidence of SWAST challenging or professional escalating concerns (for example: responses to non-fatal strangulation in children in care)

The Complex Care team, who support people with complex unmet care needs and/or frequent callers, work with multi-agency partners to support the development of plans and improve outcomes.

SWAST care plans, complex plans and hospital plans are approved and monitored via the complex care group which is chaired by the Head of Safeguarding.

Standard	Examples of Evidence	Score	Descriptors
3.4 There is good communication between members of the	• ICT systems that allow sharing of information regarding children whom there are concerns	0	• No evidence submitted / no communication between members of the organisation
		1	• Evidence that ICT systems allow members to share information regarding children whom there are concerns

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Organisation about children for whom there are concerns and where relevant, a system for 'flagging' these children.	• Records reflect good communication between members • Systems are in place to allow children whom there is a concern to be flagged.	**2**	• Evidence that ICT systems allow members to share information regarding children whom there are concerns • Evidence from records that information is shared successfully between members • Evidence that systems allow children to be flagged for whom there is a concern.
		3	• Evidence that ICT systems allow members to share information regarding children whom there are concerns • Evidence from records that information is shared successfully between members • Evidence that systems allow children to be flagged for whom there is a concern. • These systems are monitored and reviewed to improve practice.

Descriptor Selected – 1

2	• Evidence that ICT systems allow members to share information regarding children whom there are concerns • Evidence from records that information is shared successfully between members • Evidence that systems allow children to be flagged for whom there is a concern.

Trust is working to fully introduce Child Protection –Information Sharing that allows staff to see if a child is on a CP plan and alerts the local authority of engagement with unscheduled care. However at present due to IT limitations staff cannot access NCRS to trigger CP-IS, this is on the Risk Register and actions are underway to address this risk.

Once staff can access NCRS action will be required to ensure guidance and expectations are reflected in our training and policies.

SWAST can flag children with care plans or complex needs, this information is available to call handlers and medical dispatchers and can be shared with frontline crews.

Where cases are exceptionally complex internal MDTs are held, chaired by safeguarding services, to plan and share information in relation to the child and their care needs.

Standard	Examples of Evidence	Score	Descriptors
3.5 Relevant data is made available to PDSCP for core business, such as quality assurance monitoring, audit and	• Agencies provide a report on safeguarding to the PDSCP • Agencies provide relevant performance information to the PDSCP • PDSCP requested reports	**0**	• No evidence submitted / No data supplied to the PDSCP
		1	• Evidence of some performance information being presented to the PDSCP
		2	• Evidence of regular performance information presented to the PDSCP • Evidence of requested reports presented to the PDSCP • Evidence of appropriate analysis

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		3	• Evidence of regular performance information presented to the PDSCP • Evidence of requested reports presented to the PDSCP • Reports to the PDSCP highlight performance information for your agency • Detailed analysis, commentary and areas of concern are highlighted within reports supplied to the PDSCP.

Descriptor Selected – 1

2	• Evidence of regular performance information presented to the PDSCP • Evidence of requested reports presented to the PDSCP • Evidence of appropriate analysis

Trust has recently agreed the new template for submitting quarterly data to PDSCP.

Our reports are provided to the Head of Safeguarding on a quarterly basis, and the ICB Head of Safeguarding attends our Safeguarding Committee.

Bespoke reports can be developed for our partnership colleagues on request.

As the referral systems is reviewed and replaced a dashboard will be available to monitor data, trends and audit activity. This will improve the timeliness and quality of data shared with PDSCP

Standard	Examples of Evidence	Score	Descriptors
3.6 Your organisation can ensure information on children and their family, which is of a personal and sensitive nature, is accurate, up to date and	• Records are kept securely • Records are up to date • Data is kept confidential if appropriate • Confidential waste arrangements in place	0	• No evidence submitted / Data and records are not kept up to date or securely.
		1	• Evidence that some records are kept accurate up to date • Evidence that some records are kept securely • Evidence that some information is not shared unless in line with procedure.
		2	• Evidence that records are kept accurate up to date • Evidence that records are kept securely • Evidence that information is not shared unless in line with procedure.

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		3	• Evidence that records are kept accurate and up to date • Evidence that records are kept securely • Evidence that information is not shared unless in line with procedure. • Evidence that systems in place to keep information are accurate and up to date and this is monitored and reviewed by supervision and audits.

Descriptor Selected – 1

2	• Evidence that records are kept accurate up to date • Evidence that records are kept securely • Evidence that information is not shared unless in line with procedure.

Clinical records are stored appropriately; Trust has a confidential waste policy and process.

Safeguarding data held in the Trust is access control and databased are registered with the Information Governance team.

Electronical systems have Data Protection Impact assessments.

Our information sharing with partners is being reviewed to ensure meets our legal requirements and that we can justify our reason for sharing as some partners have raised concerns about this.

Our Records databases, DPIAs and information sharing agreement are being reviewed to ensure they are fit for purpose and inline with Trust policy and IG guidance.

The Trust have safeguarding and IG policies in place, and associated induction and mandated training.

Standard	Examples of Evidence	Score	Descriptors
3.7 Your organisation has a statement on the security and retention of children and their families' records.	• Policy and Procedures in place regarding record keeping, which includes a statement on the security of personal records	0	• No evidence submitted / No statement regarding the security and retention of records in place.
		1	• Evidence that a statement is in place regarding the security and retention of records, but it has not been reviewed for over 2 years and staff are not aware of it.
		2	• Evidence that a statement is in place regarding the security and retention of records and staff are aware of it.

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		3	• Evidence that a statement is in place regarding the security and retention of records
			• Evidence that staff are aware of the statement and implement it.
			• Evidence that the statement is reviewed regularly.
			• Evidence that information beyond the retention period has been securely destroyed.

Descriptor Selected – 2

2	• Evidence that a statement is in place regarding the security and retention of records and staff are aware of it.

The safeguarding policy includes information and guidance relating to trust wide information governance however it does not detail what the safeguarding team do with information and how records within team are stored and for how long.

The Trust Information Governance team has a retention schedule and policies and procedure in relation to records management which the safeguarding team adhere to.

4. LISTENING TO CHILDREN AND YOUNG PEOPLE:

Standard	Examples of Evidence	Score	Descriptors
4.1 Business/Service plans are informed by the views of children and families, including groups who are often excluded e.g. disabled / Children in Care	• Customer feedback processes, e.g. survey, forums, staff feedback. • Business plans for own and contracted organisations have statements that reflect input from children and families • Evidence of implementation. • Trustee minutes of informed decisions. • Evidence referenced in service plan.	**0**	• No evidence submitted / No service plan or views of children and families not included.
		1	• Service plan has been developed indirectly from evidence base of children and families. • No or little correlation between client wishes and service plan content.
		2	• Direct correlation between service plan contents and the evidence base from children. • Reference to specific items in evidence base within service plan.
		3	• Service plans developed in sequence with evidence collection and interpretation. • Programme of client feedback and information gathering timed to influence development of service plan. • All areas of organisation include client informed decisions. • Evidence of children and their families influencing the service plan development, verifying, prioritising and agreeing sign off together with the organisation and their partners.

Descriptor Selected – 0

2	• Direct correlation between service plan contents and the evidence base from children. • Reference to specific items in evidence base within service plan.

Voice of child or parents' wishes often missing from referrals. However, referral forms have been reviewed and now include a prompt for staff to include the voice of the child and where appropriate their caregiver. Safeguarding practitioners will gain the voice of the child where they are involved in safeguarding cases.

The Trust is introducing the patient's voice within the Safeguarding Committee, with a case study being present at each meeting.

A safeguarding patient story is presented to the Board once a year with the first story from Safeguarding presented in September 2024, which focussed on a Child who was a high intensity User of SWAST, they were a looked after child with complex safeguarding needs. This story included the child's voice, gained by the safeguarding practitioner and a mental health practitioner who knew the child.

The Trust used InPhase incident management system to investigate and learn from incidents, the Trust has also made the transition to PSIRF.

Learning from child deaths, Rapid Reviews and statutory reviews is undertaken and an action tracker is in place to support this.

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Where considering complex cases SWAST work with the MDT to develop care plans which contain the child's voice and includes their thoughts, feelings and wishes in relation to their care and treatment.

Gaining feedback from children/families is difficult as we are an emergency service with no ongoing case management of children/families.

The newly developed Learning disability and autism plan has been developed with people who have learning disability and autism and their families via partnership and service user groups.

Standard	Examples of Evidence	Score	Descriptors
4.2 The service design and review process takes into account the views of young people and their families. Consideration is given to the way in which a service can be improved to ensure children's safety and welfare.	• Procedures in place to encourage this as an automatic process. • Children's wishes and needs being reflected in service design/delivery	**0**	• No evidence submitted / No process to gather individual child views.
		1	• Process in place to gather wishes during client consultations which are then used in case decisions. Some evidence in case files of this process.
		2	• Child views are gathered and recorded early in contact process. • Evidence of how these views influence case decisions is detailed.
		3	• Their views are recorded throughout the case file and are encouraged through interactive sessions, tasks and activities around understanding their views. Processes are designed to take into account views and form an essential part of the daily interaction with clients.

Descriptor Selected – 0/1

1	• Process in place to gather wishes during client consultations which are then used in case decisions. Some evidence in case files of this process.
2	• Child views are gathered and recorded early in contact process. • Evidence of how these views influence case decisions is detailed.

Clinical assessment and intervention often provides some evidence of the wishes of the child being captured.

Current safeguarding referral forms do not capture the voice of the child or parents' wishes. Trust is reviewing process to enable this to be captured as part of all safeguarding referrals. Th revised form explicitly captures the child's voice, and their care giver's voice.

Some referrals include a discussion with the child and their family/care giver.

Revised safeguarding training is supporting the improvement of staff awareness with regards to hearing the voice of the child and care giver, and discussing the referrals and seeking consent (where safe to do so)

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Clinical response plans for children include their thoughts, feelings and wishes where possible and appropriate.

Standard	Examples of Evidence	Score	Descriptors
4.3 Children are made aware of their right to be safe from abuse. This is achieved through information made available, for children, young people and parents about where to go for help in relation to maltreatment and abuse.	• Websites, posters, prominent display, child guides (where applicable and this should also account for any changes to working practice e.g. hybrid or virtual working because of the Covid-19 pandemic). Individual case file management involving information given to specific children. • Code of conduct.	**0**	• No evidence submitted / the organisation does not promote a safeguarding culture.
		1	• Basic promotion through posters and other mass communication means.
		2	• Processes ensure children are informed of the right to be safe at the first interaction and at other appropriate points. This is reinforced by prominent display of posters and leaflets.
		3	• The organisation utilises a wide variety of communication methods ensuring vulnerable children and hard to reach groups also understand the right to be safe. • The information is kept up to date, refreshed and modified to fit the client group. • Constantly looking for ways to reach new audiences and keeping messages fresh and appealing.

Descriptor Selected – 1

2	• Processes ensure children are informed of the right to be safe at the first interaction and at other appropriate points. This is reinforced by prominent display of posters and leaflets.

Trust communicates to staff via Trust bulletins and this sometimes contains messages in relation to safeguarding. Some staff record safeguarding advise given to patients on their electronic patient records.

Staff have access to directory of services which they can share with patients.

Staff have access to NHS apps and guidance on their hand held devices.

SWAST safeguarding website has been reviewed and fully updated, further work is required in relation to accessibility requirements

Safeguarding specialist will be working within counties and be visible in stations and provide frontline staff with safeguarding resources.

Due to the nature of SWAST interaction with patient (often home based – not SWAST locations) the use of posters to inform patients is not applicable – however online resources and signposting can be utilised.

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Staff are provided with safeguarding training which emphasis the right of children to live free from abuse and neglect, the importance of the lived experiences of the child and hearing their voices and taking action to promote safety, wellbeing and safeguarding.

SWAST are working on developing our web resources further to provide more patient information in a range of formats.

Standard	Examples of Evidence	Score	Descriptors
4.4 Children are listened to, taken seriously and responded to appropriately, including during individual case decision-making	• Evidence of a culture of listening to children's voices. • CAF form, referral forms, feedback, children and young people surveys, young person panels, forums, audits, case file comments, publicity material, individual responses. • When a child is not able to provide their views because of age or ability, the case files record the views of other parties, but make judgements on the child's perspective and needs. • Evidence in case file	**0**	• No evidence of consultation on population or individual child basis. • No evidence submitted • No response process for children's voices.
		1	• Basic levels of opportunity for children to be listed to and some evidence of response to children's voices.
		2	• Evidenced opportunities for children's voices within case files and through other forums such as surveys. Policies in place to ensure children's voices are acted upon
		3	• Programmed child involvement, planned and co-ordinated. • Each child contact provides and evidences an opportunity for the child to be listened and responded to. • Regular child forums, opportunities for individual and population feedback

Descriptor Selected – 0/1

1	• Basic levels of opportunity for children to be listed to and some evidence of response to children's voices.
2	• Evidenced opportunities for children's voices within case files and through other forums such as surveys. Policies in place to ensure children's voices are acted upon

Our referrals are currently lacking in information relating to the voice of the child or views of family or other parties. However, has been reviewed and the revised from include prompts and spaces to include the voice of the child and the caregiver (where safe to do so). Increased in safeguarding training to frontline staff supports this change in process and includes the importance of the voice of the child and family wishes are routinely captured where safe to do so.

The safeguarding team are liaising with the patient engagement team to enhance our feedback loop.

Clinical response plans for children include their thoughts, feelings and wishes where possible and appropriate.

Safeguarding stories, including the patients voice are shared at Trust board and in the safeguarding committee.

Due to the nature of SWAST as emergency service it is difficult to engage with children outside of the emergency/urgent call Staff are attending too.

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SWAST engagement team attend promotional events, providing resources at county events such as fairs, county shows, Blue light days, school events this enable engagement with children and their families.

Standard	Examples of Evidence	Score	Descriptors
4.5 As a minimum the organisation evaluates outcomes from the perspective of the child or young person.	• From referral/ initiation of a service to closure activities and outcomes are evaluated from the perspective of the parents and children. • Policy and procedures • Pro-formas with outcome recording	**0**	• No evidence submitted • No evaluation undertaken. • C&YP are not identified in evaluation processes as a separate client or potential contact group.
		1	• Basic or inconsistent evidence of child's perspective in outcome evaluation.
		2	• Policies ensure that outcomes are evaluated from the perspective of C&YP, in line with the organisation's legislative requirements.
		3	• C&YP's perspectives are evidenced throughout the organisation. • Outcome targets are developed, written and evaluated with the input from C&YP.

Descriptor Selected – 0 1 2 3 (insert as appropriate)

2	• Policies ensure that outcomes are evaluated from the perspective of C&YP, in line with the organisation's legislative requirements.

SWAST receives feedback from LA partners on our referrals, these can include feedback on the referral itself and the outcome.

Feedback has been shared and utilised for patient stories within Board reports and at safeguarding committee.

With the expansion of the safeguarding team audit and feedback evaluation and learning are areas we will be improving and focussing on.

The revised referral systems will enable a routine audit of the voice of the child and consent via a dashboard functionality.

Safeguarding specialists attend strategy meetings, rapid reviews, case reviews and multi-disciplinary meetings. This includes liaising with other professionals, and where appropriate children and their families regarding the provision of care and feedback on experiences. Learning is captured from these processes and informs police development, training and future work plans.

Where children have personalised care plans these are shared with the child and care giver (where safe to do so) to gain input, and feedback, care plans are reviewed and evaluated with amendments made as required based on feedback received.

Feedback has been received from patents of children and young people following incidents and this has supported learning.

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The development of the Learning disability and autism plan has been supported by feedback from people with learning disabilities and autism and their families.

5. RECRUITMENT AND SELECTION:

Standard	Examples of Evidence	Score	Descriptors
5.1 The organisation has recruitment and selection procedures for all personnel, including volunteers, which is in line with the PDSCP's Safer Recruitment guidance Safer Recruitment and Employment (proceduresonline.com)	• Recruitment policy and procedure. • Evidence of implementation. • NHS Employment Check Standards • Compliance data available through TRAC Recruitment system	**0**	• No evidence submitted / No policy in place.
		1	• Policy dictates references are taken up and process in place.
		2	• Process in place with audit and monitoring to ensure job commencement only takes place after references are accepted.
		3	• References are taken up, checked and recorded. • An audit programme ensures job commencement only takes place after references are accepted. Anomalies are resolved. • References are collected using a standard form to ensure complete information is collated.

Descriptor Selected –3

3	• References are taken up, checked and recorded. • An audit programme ensures job commencement only takes place after references are accepted. Anomalies are resolved. • References are collected using a standard form to ensure complete information is collated.

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The attached recruitment and selection policy outlines our approach which is in line with NHS Employment Check Standards. The policy outlines that one of the intentions of the Policy is to support patient safety and safeguarding standards by the promotion of safe employment practices within the organisation. The policy applies to all new appointments into the Trust including Bank and Volunteers.

References are collected using a standard template that is built into our ATS (applicant tracking system) Trac. Some organisations will complete their own reference templates and return. Our ATS system Trac, will send automatic chaser emails to referees if responses are outstanding, and successful references are recorded as a successful employment check on the ATS system.

We have a risk assessment and escalation process to review outstanding recruitment checks before an individual commences, which is outlined in the policy.

No employee will undertake regulated activity until DBS is received, in line with the risk assessment outlined in the policy (section 15.9) individuals will be redeployed to alternative duties or continue training until DBS is received.

PDF

Recruitment and
Selection Policy 16.11

Standard	Examples of Evidence	Score	Descriptors
5.2 The organisation's recruitment and selection procedures include methods for exploring candidates' attitudes to children and perception of acceptable behaviour.	• Recruitment and selection procedure. • Evidence of implementation. • Procedure regularly reviewed.	**0**	• No evidence submitted / No policy in place.
		1	• Recruitment and selection procedure requires that references are checked, but there is little or no logging of reference checking and exploring attitudes to children • Recruitment and selection procedure in place but does not refer to PDSCP safer working practice.
		2	• Recruitment and selection procedure requires that reference are checked and there is evidence of this. • There is documentation that illustrates that the recruitment and selection process explores the candidate's attitudes to children.

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		3	• Recruitment and selection procedure requires that reference are checked and there is evidence of this. • There is documentation that illustrates that the recruitment and selection process explores the candidate's attitudes to children. • The recruitment and selection process is regularly reviewed in line with PDSCP recommendation and research.

Descriptor Selected – 1

1	• Recruitment and selection procedure requires that references are checked, but there is little or no logging of reference checking and exploring attitudes to children • Recruitment and selection procedure in place but does not refer to PDSCP safer working practice.

Within the Trust we actively promote a positive set of behaviours as being key to our performance both individually and collectively. Our recruitment, selection and screening processes are designed to uphold these standards and we invite all our candidates to actively share with us through these processes how they will bring these behaviours to life,(including examples) however they do not specifically draw out people's attitudes to children but do cover attitudes to all patients and colleagues.

Standard	Examples of Evidence	Score	Descriptors
5.3 The organisation's recruitment policy ensures professional and character references (one of which must be from current or most recent employer) are received and verbally checked.	• Recruitment policy and procedure. • Evidence of implementation	0	• No evidence submitted / No policy in place.
		1	• HR policy requires that references are checked, but there is little or no logging of reference checking and anomaly resolution.
		2	• HR policy contains instructions on anomaly resolution. • HR case files contain fields to record anomalies and resolution. • These are completed when applicable.
		3	• Culture of reference checking involves ensuring facts are checked and all references are suitable for safer recruitment. • Applicants are challenged when issues are found and appropriate action taken. Audit is undertaken on reference checking. • References are collected using a standard form to ensure complete information is collated. • The policy is monitored and reviewed.

Descriptor Selected –3

3	• Culture of reference checking involves ensuring facts are checked and all references are suitable for safer recruitment.
	• Applicants are challenged when issues are found and appropriate action taken. Audit is undertaken on reference checking.
	• References are collected using a standard form to ensure complete information is collated.
	• The policy is monitored and reviewed.

In line with NHS Employment Checks standards a reference from current or most recent employer is sent. All references are reviewed by a HR Services Administrator and any unsatisfactory references are escalated for a review in line with policy around unsatisfactory checks. The references are checked further through our Risk assessment stage before a candidate commences employment by a manager within the HR Services Team.

No employee will undertake regulated activity until DBS is received, in line with the risk assessment outlined in the policy (section 15.9) individuals will be redeployed to alternative duties or continue training until DBS is received.

In March 2024 the HR Services underwent an external audit of HR Workforce and Recruitment Controls. Testing and evaluation of the core controls and supporting documentary evidenced identified that there were adequate processes in place for areas reviewed, with a small number of recommendation for improvement around training and induction.

Standard	Examples of Evidence	Score	Descriptors
5.4 DBS checks are completed on all staff and volunteers (including their managers) who have relevant contact with children and young people. You should make reference to the statutory or non-statutory guidance applicable to your sector.	• Recruitment policy and procedure. • DBS register against staff names. • Does the policy ensure who needs what level of DBS check? • DBS renewals on three year programme.	0	• No evidence submitted / No DBS policy in place or applied inconsistently. • Policy does not comply with current DBS legislation.
		1	• DBS checks undertaken prior to employment. • Poor record keeping of renewals/ resolution of anomalies.
		2	• DBS policy updated to keep pace with current legislation. • Register of DBS checks maintained and accessible for audit. • Regular renewal process in place.

• QA reviews which verify procedures. •	**3**	• Advice sought from or audits undertaken by the DBS to ensure excellence in this area. • Actively ensure new roles and people moving across the organisation have DBS checks when appropriate. • Register of roles and requirements for DBS checks.	

Descriptor Selected –3

3	• Advice sought from or audits undertaken by the DBS to ensure excellence in this area. • Actively ensure new roles and people moving across the organisation have DBS checks when appropriate. • Register of roles and requirements for DBS checks.

The Trust DBS check process is outlined in the Recruitment and Selection Policy (attached sections 14 and 15), which includes roles requiring DBS, in addition the Trust utilises the NHS Employers DBS Eligibility Check Tool as a further safeguard.

All Bank appointments require an up to date DBS. The Trust position is to not recheck DBS unless there is a change of role/promotion that requires a different DBS status, and this is checked at offer stage.

The process for unsatisfactory or unreceived DBS outlined in policy (15.3 and 15.4). The Trust uses a risk assessment process to assess convictions and cautions, and a review will be undertaken with the Head of Safeguarding when qualifying criteria is met as outlined in the policy. All DBS check date are recorded on ESR. The Trust has undergone a number of audits in relation to recruitment check processes and the most recent audit is about to be concluded.

PDF

Recruitment and Selection Policy 16.11

Standard	Examples of Evidence	Score	Descriptors	
5.5 Employees involved in the recruitment of staff to work with	• Staff attended safer recruitment training.	**0**	• No evidence submitted / no staff have attended the safer recruitment training	

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children have received training as part of a 'safer recruitment' training programme.		1	• Some staff involved in recruitment have attended safer recruitment training.
		2	• Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training.
		3	• Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training. • Staff ensure that they undertake the training every three years.

Descriptor Selected – 1

1	• Some staff involved in recruitment have attended safer recruitment training.

As part of their induction all new recruitment team members undertake training with their Team Leader,   We utilise the NHS Employers training modules to support this. Catalogue (learninghub.nhs.uk), the catalogue includes:

- Employment checks: understanding requirements for identity checks
- Employment checks: understanding requirements for right to work checks
- Employment checks: understanding requirements for professional registration and qualification checks
- Employment checks: understanding requirements for criminal record checks
- Employment checks: understanding requirements for employment history and reference checks
- Employment checks: understanding requirements for work health assessments
- Feedback survey

Refresher training was provided to the team in 2024.

6. STAFF INDUCTION, TRAINING/DEVELOPMENT AND SUPERVISION:

Standard	Examples of Evidence	Score	Descriptors
6.1 The organisation has an induction process for all staff and volunteers that includes familiarisation with safeguarding policies and procedures including a copy of the safer working practices policy Safer Recruitment and Employment (proceduresonline.com) This could also include: **Guidance for safer working practice for those working with children and young people in education settings**	• Evidence of induction process with familiarisation of policy and procedures and implementation. • Safer working guidance read and signed by all staff members.	**0**	• No evidence submitted / No induction programme or no reference to safeguarding policies and procedures.
		1	• Induction programme with basic reference to policy and procedures and signposting.
		2	• Induction programme for all employees provides a basic introduction to safeguarding. • For appropriate staff additional induction programmes are delivered. • Staff have read and signed the safer working practice policy
		3	• Corporate induction programmes ensure all staff are aware of contact points for safeguarding concerns; signposted to become familiar with relevant policy and procedures. • Staff are checked for understanding of safeguarding as appropriate for their role. • Staff have read and signed the safer working practice policy • The process is monitored and reviewed.

Descriptor Selected – 2

2	• Induction programme for all employees provides a basic introduction to safeguarding. • For appropriate staff additional induction programmes are delivered. • Staff have read and signed the safer working practice policy

All staff receive safeguarding learning on their induction training. This is increasing in 2025/26 to one full day from frontline staff.

In April 2024 this increased to 4.5hr face to face training for patient facing staff (in addition to the skill for health e-learning), this will continue into 2025/26.

Safeguarding training is developed by the Safeguarding Education Specialists and delivered via a train the trainer approach where the specialist training the training with the learning and development department.

Standard	Examples of Evidence	Score	Descriptors
6.2 Safeguarding Children training is included in	• Person specification for roles.	**0**	• No evidence submitted / No training programme in place.
		1	• Induction programme in place, but not timely delivered to all appropriate staff.

		Score	Descriptor
induction programmes for all new staff and volunteers.	• Systems in place to ensure workforce is fit for purpose. • Induction in place. • Induction and Training records for each staff member. • Copies of certificates held.	2	• Staff receive an induction that is relevant role, with refresher and additional safeguarding training as required. Evidence of induction and training records.
		3	• Induction programme is integrated into service and personal development plans and exceeds basic requirements. • Staff are encouraged to identify additional training and a learning culture is present. • Induction programme is monitored and reviewed

Descriptor Selected – 2

2	• Staff receive an induction that is relevant role, with refresher and additional safeguarding training as required. Evidence of induction and training records.

All staff receive safeguarding induction e learning on joining the Trust.

SWAST are reviewing safeguarding training offer at present, in April 2024 safeguarding training was increased to include 4.5hrs face-to-face training which was developed by our safeguarding education specialist.

The agreed 2025/26 TNA had provided an increase to 1 whole day safeguarding training provided on induction for frontline staff, mandated online training and 4.5hrs face-to-face.

The Safeguarding Education specialist is working on the enhancement of the SWAST website/Safeguarding webpages to promote additional safeguarding offers both internal and external, linking with our colleagues in Learning and development.

Standard	Examples of Evidence	Score	Descriptors
6.3 The organisation is confident that relevant front line professionals can recognise signs of abuse and neglect and know how to respond. The organisation recognises the particular safeguarding vulnerabilities of children who are disabled	• Records of staff induction and training regarding signs of abuse and neglect. • Access to the PDSCP website • Staff aware of PDSCP procedures in relation to substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity • Staff have attended training in respect of the above issues • Staff are aware of the CAF process • Staff have completed training on CAF • Staff have completed a CAF	0	• No evidence submitted • No evidence submitted or staff are not aware of the impact of mental health, substance misuse, domestic violence and or learning disabilities have on parenting capacity. • No documentation to show that staff are unaware of how to refer to social care. • No documentation to show that staff are aware of how to complete CAF.
		1	• Mandatory induction and training programme includes signs and symptoms of abuse and neglect in place but not delivered timely to staff • Evidence that staff are aware of PDSCP procedures in relation to substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity • Documentation to illustrate that staff are aware of the CAF process. • Documentation to illustrate that staff know how to refer to social care.

	• Staff are aware of how to refer to social care. • Staff have referred to social care	**2**	• Mandatory induction and training programme includes signs and symptoms of abuse and neglect and is delivered to all frontline staff • PDSCP website is on the desktop of all frontline staff. • Evidence that staff are aware of PDSCP procedures in relation to substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity • Documentation and evidence of training that staff are aware of the CAF process. • Documentation and evidence of training that staff know have to refer to social care.
		3	• Mandatory induction and training programme includes signs and symptoms of abuse and neglect and is delivered to all frontline staff • PDSCP website is on the desktop of all frontline staff. • Induction and training programmes are monitored and reviewed • Evidence that staff are aware of PDSCP procedures in relation to substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity • Documentation and evidence of training that staff are aware of the CAF process. • Documentation and evidence of training that staff know have to refer to social care. • There is a framework of review in place to ensure that staff have received appropriate training regarding the issue of parenting capacity.

Descriptor Selected – 1

2	• Mandatory induction and training programme includes signs and symptoms of abuse and neglect and is delivered to all frontline staff • PDSCP website is on the desktop of all frontline staff. • Evidence that staff are aware of PDSCP procedures in relation to substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity • Documentation and evidence of training that staff are aware of the CAF process. • Documentation and evidence of training that staff know have to refer to social care.

NOTE: As SWASFT covers the whole of the South West policies apply across all areas and therefore there is no specific reference to PDSCP policies and procedures.

Training is provided at various levels to relevant staff. A review of the training was completed in 2023/34 and the content and amount of training was fully reviewed, considering the time and standards set out in the 3 intercollegiate documents.

Training during 2024 has been focussed on what is a good referral and what partners need to be included in referrals and ensuring the voice of the child/family is heard.

The Trust has a Safeguarding education specialist who informs the content of safeguarding training. Our safeguarding specialist will be increasing the training offer with bespoke sessions, lunch and learn, 7-min learning etc.

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External training offers will be advertised on the safeguarding webpage and Trust CPD pages.

Standard	Examples of Evidence	Score	Descriptors
6.4 Staff understand the when and how to make a referral to Children's Services or when instead to initiate Early Help Assessments.	• Training programme includes Early Help Assessments and Safeguarding where appropriate. • For all other staff an awareness of how to ask for a referral or Early Help Assessment and support in achieving this.	**0**	• No evidence submitted / Staff unaware of thresholds or Early Help Assessment and Referral process.
		1	• Appropriate staff have received training in Early Help Assessments and referral processes.
		2	• All staff know in principle who to contact to initiate an Early Help Assessment or referral.
		3	• Relevant staff are able to identify potential abuse, initiate, become lead professional and monitor Early Help processes and where appropriate referrals. • Referrals and Early Help Assessments are monitored for outcomes, patterns and possible preventative action. • Information is shared with other agencies in a dynamic and appropriate way.

Descriptor Selected – 0 1 2 3 (insert as appropriate)

N/A	• No evidence submitted / Staff unaware of thresholds or Early Help Assessment and Referral process.

Staff are aware of the need to report concerns, and it is evident from reviews of referrals received (approx. 53.000 annual, 25% of which are for children) that staff are making safeguarding referrals for children. However, our current processes and training do not support staff to understand the difference between Child in Need and Child Protection/Safeguarding concerns. Therefore, all concerns are raised via the Child protection/Safeguarding route. This has been discussed with our MASH and ICB colleagues and is recognised as agreed practice.

Frontline crews attending in an emergency situation have limited information on scene or context to the situation and wider professional/services involved, therefore we recognise that although the thresholds are low this is appropriate to mitigate risk.

Standard	Examples of Evidence	Score	Descriptors
6.5 All staff and volunteers receive on-going training on their individual and the organisation's roles and responsibilities with	• Record of staff training • Record of staff supervision regarding safeguarding.	**0**	• No evidence Submitted or training in place
		1	• Some training in place but it is not received but this is not recorded or monitored. • No multiagency training accessed

regards to safeguarding children. This includes PDSCP-delivered multi-agency training to help staff understand their roles and those of colleagues.		**2**	• Individual staff and volunteers have regular training which is recorded as part of their development. • Staff receive multi-agency training regarding safeguarding children
		3	• Staff and volunteers have regular training regarding their individual roles and responsibilities with regards to safeguarding children. • Safe and volunteers attend PDSCP multi-agency training • Records demonstrate the above and that this training in ongoing and ensures that staff are competent and confident at their responsibility regarding safeguarding • This is monitored and reviewed

Descriptor Selected – 1

2	• Individual staff and volunteers have regular training which is recorded as part of their development. • Staff receive multi-agency training regarding safeguarding children

A full review of Trust safeguarding training was undertaken in 2024.

Induction and training offer has increased. In 2024-25 staff received an addition 4.5hr face to face safeguarding training on top of the mandated online safeguarding training. In 2025-26 frontline staff continue to complete the online training and receive 4.5hrs face to face – building toward their competencies as per the intercollegiate document.

The Trust has a Safeguarding education specialist who informs the content of safeguarding training. Our safeguarding specialist will be increasing the training offer with bespoke sessions, lunch and learn, 7-min learning etc.

External training offers will be advertised on the safeguarding webpage and Trust CPD pages. This will support staff to access mutli-agency training offers.

Standard	Examples of Evidence	Score	Descriptors
6.6 Staff working with children receive regular management supervision on an individual basis and can access further support when required.	• Supervision and appraisal records. • Supervision and appraisal policy and procedure. • Staff self-report non-compliance.	**0**	• No evidence submitted / No supervision or appraisal process in place
		1	• Supervision and appraisals occur at intervals, basic recording. No monitoring of processes.
		2	• Regular supervision and appraisals. Monitoring of compliance.

		3	• Supervision and appraisal form a central part of the safeguarding agenda for the organisation.
	• Links from outcomes of supervision and appraisal into training and development plans. • Continuous Learning and Development/ personal training and development plans. • QA reviews.		• Supervision agendas ensure staff can discuss concerns about cases and can access support to improve the outcomes for the child. • Appropriate actions from supervisions and appraisals are fed into team and service delivery plans. • Outcomes from supervision and appraisals are fed into training and development plans. • This is monitored and reviewed annually.

Descriptor Selected – 0

2	• Regular supervision and appraisals. Monitoring of compliance.

The Trust is currently not providing structured safeguarding supervision. The safeguarding supervision policy has been agreed, safeguarding staff who need regular supervision are receiving it from the ICBs within their localities.

Safeguarding specialists have completed safeguarding supervision training to enable them to deliver safeguarding supervision

A Safeguarding training and supervision administrator has been appointed, this postholder will support the reporting and recording of supervision – managed by the safeguarding education specialist. The process for booking, collating and reporting on safeguarding supervision is in development with an aim to launch in April 2025.

Appraisal are undertaken regularly, the safeguarding team are at 100% compliance with appraisals.

Standard	Examples of Evidence	Score	Descriptors
6.7 All staff who work with children receive regular refresher safeguarding training at least once every 3 years.	• Record of staff attending safeguarding training • Record of staff attending PDSCP training	0	• No evidence submitted / no training in place
		1	• Some training in place but there are no consistent/reliable records kept.
		2	• Training in place for single agency training and multiagency safeguarding training and records reflect that staff have regularly received refresher training.
		3	• Training in place for single agency training and multiagency safeguarding training and records reflect that staff receive refresher training at least every three years. • This is monitored and reviewed.

Descriptor Selected – 1

1	• Some training in place but there are no consistent/reliable records kept.
2	• Training in place for single agency training and multiagency safeguarding training and records reflect that staff have regularly received refresher training.

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A full review of Trust safeguarding training was undertaken in 2024.

Induction and training offer has increased. In 2024-25 staff received an addition 4.5hr face to face safeguarding training on top of the mandated online safeguarding training. In 2025-26 frontline staff continue to complete the online training and receive 4.5hrs face to face – building toward their competencies as per the intercollegiate document.

The Trust has a Safeguarding education specialist who informs the content of safeguarding training. Our safeguarding specialist will be increasing the training offer with bespoke sessions, lunch and learn, 7-min learning etc.

Trust currently only provides single agency learning; however, staff of varying professional qualifications may be present (paramedics, nurses, doctors etc)

The Trust shares offers of external multi-agency training advertise via the safeguarding team and the CPD team.

Trust safeguarding specialists attend Multi-agency training in addition to their Trust mandatory training.

Training records are maintained electronically via ESR.

Standard	Examples of Evidence	Score	Descriptors
6.8 Senior staff are kept up-to-date with changes in statutory requirements and new, evidence-based, ways of working	• Briefings to senior managers • Training for senior managers • Development days for senior management regarding safeguarding	0	• No evidence submitted / senior staff are not up to date with changes occurring safeguarding.
		1	• Evidence of briefings that senior staff are up to date with some changes which has resulted in change of working.
		2	• Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working. • Evidence of senior staff undertaking PDSCP training regarding safeguarding and new ways of working. • Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.
		3	• Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working. • Evidence of senior staff undertaking PDSCP training regarding safeguarding and new ways of working. • Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.

| | | | • Evidence that senior staff disseminate information regarding changes in statutory requirement and new evidence based ways of working. |
| | | | • Evidence that ways of working have been implemented into practice as a result of changes. |

Descriptor Selected – 0 /1

2	• Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working.
	• Evidence of senior staff undertaking PDSCP training regarding safeguarding and new ways of working.
	• Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.

The Safeguarding governance structure was fully reviewed in 2024 and has been strengthened.

SWAST have now established a Safeguarding Committee and the Head of Safeguarding provided safeguarding training to the Board in February 2024 (accompanied by Head of Safeguarding in another Ambulance service who also undertook the SWAST safeguarding review), and in March safeguarding training was delivered to the Trust Governors by the Head of Safeguarding and Safeguarding Education Specialist.

Updates regarding progress against the safeguarding improvement plan are provided inline with Trust governance structures.

The Head of Safeguarding attends Partnership Boards, Southwest SAB Shair Networks and NHS England safeguarding regional meetings, in addition to relevant conferences (Ambulance Safeguarding conference) and partnership development days. Briefings are provided to senior managers as required.

Safeguarding specialists attend external training, development days and conferences relevant to their role.

Standard	Examples of Evidence	Score	Descriptors
6.9 Outcomes and findings from reviews & inspections are disseminated to appropriate staff and volunteers.	• Briefings held for staff regarding results of inspections • Briefings held for staff regarding results of serious case reviews • Staff newsletters sent to staff regarding recommendations regarding reviews and inspections • Training to include lessons learnt from inspection and reviews.	0	• No evidence submitted / outcomes and finds are not disseminated to appropriate staff
		1	• Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections.
		2	• Evidence that staff have attended briefings regarding the findings of serious case reviews and inspections. • Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections. • Evidence that training includes lessons learnt from serious case review and inspections.

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	• Recommendations are monitored and reviewed	**3**	• Evidence that staff have attended briefings regarding the findings of serious case reviews and inspections. • Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections. • Evidence that training includes lessons learnt from SCR and inspections • Evidence that the lessons learnt from serious case review and inspections are embedded within practice.

Descriptor Selected – 0

2	• Evidence that staff have attended briefings regarding the findings of serious case reviews and inspections. • Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections. • Evidence that training includes lessons learnt from serious case review and inspections.

Safeguarding Specialists attend panels and briefings in relation to reviews and inspections, where appropriate frontline staff are invited or Safeguarding specialist will provide briefings, and updates within their localities.

Safeguarding training includes lessons learnt from reviews and inspections. Including case studies and recommendations/action taken.

An action tracker is in place and learning captured via 7 min briefings, developments are being made to the Trust website to capture and share these learnings.

Head of Safeguarding has hosted town halls which include updated on safeguarding activity, priorities and learnings.

Safeguarding assurance reports captures learning from statutory reviews.

Safeguarding newsletter is in development.

Safeguarding stories are shared at safeguarding committee and Trust board.

Web resources are being developed to more robustly capture and share learning from statutory reviews.

The Trust holds briefings and town hall events following mock inspections and inspections to share findings and recommendations.

Standard	Examples of Evidence	Score	Descriptors
6.10 There is an annual appraisal process which includes a review of each member of staff's role and their skills, competencies and knowledge around safeguarding children. Any training gaps are identified in the appraisal process and training is completed.	• Appraisal process in place • Annual appraisals include skills, competencies and knowledge around safeguarding children. • Training calendar / options • Framework for sharing information	**0**	• No evidence submitted / No appraisals in place.
		1	• Evidence of appraisals occur at regular intervals, basic recording. No monitoring of processes. • Training calendar / options in place • Appraisal in place but not linked to training.
		2	• Evidence of appraisals occurs at regular intervals and there is evidence of monitoring of compliance in place. • Evidence that the training offered to staff is linked to the appraisals
		3	• Evidence of appraisal form is a central part of the safeguarding agenda for the organisation. • Evidence of appropriate actions from appraisals are fed into team and service delivery plans. • Evidence of outcomes from appraisals are fed into training and development plans. • Evidence that the training offered to staff is linked to the appraisals • Training is reviewed annually in line with appraisal process.

Descriptor Selected – 1

2	• Evidence of appraisals occurs at regular intervals and there is evidence of monitoring of compliance in place. • Evidence that the training offered to staff is linked to the appraisals

Within the Safeguarding team and quality directorate appraisal compliance is at 100%.

Appraisals are person focussed and links training and learning needs.

Appraisal are delivered inconsistently across the organisation, effectiveness of appraisals or if appraisals link to training needs are not audited. Appraisal compliance is monitored and the trust is working to improve compliance.

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7. COMPLAINTS, ALLEGATIONS, WHISTLE-BLOWING AND ESCALATIONS:

Standard	Examples of Evidence	Score	Descriptors
7.1 The organisation has effective policies & systems in place to manage concerns and complaints as well compliments from service users or other professionals. Complaint process is child and young person friendly.	• Complaint policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner. • Evidence of lessons from complaints being incorporated into service plans, policies and procedures. • Complaints have been received from children and young people and responded to.	**0**	• No evidence submitted / No policy in place
		1	• Policy in place but has not been widely disseminated to service users and professionals. • Policy is not shown to work effectively and there is little evidence of complaints being logged and managed professionally.
		2	• Widely disseminated policy available to professionals and service users. Process demonstrated to work with complaint logs and outcomes.
		3	• Complaint policy forms wider part of participant inclusion in asking for positive and negative feedback. • Outcomes and lessons are fed back into practice and Service Plans for improvement. • Complaint procedures are child orientated and adapted to their needs and understanding.

Descriptor Selected – 0 1 2 3 (insert as appropriate)

2	• Widely disseminated policy available to professionals and service users. Process demonstrated to work with complaint logs and outcomes.

Complaints policy in place and disseminated, complaints policy inline with National Complaints Standards. Children are not specifically included in the National Complaints Standards.

Standard	Examples of Evidence	Score	Descriptors
7.2 The organisation has effective policies & systems in place to enable whistle blowing on an organisational and individual level.	• Whistle blowing policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner. • Evidence of lessons from whistle blowing being incorporated into Service Plans, Policies and Procedures.	**0**	• No evidence submitted / No policy in place
		1	• Policy in place but has not been widely disseminated to service users and professionals. • Policy is not shown to work effectively and there is little evidence of whistle blowing being logged and managed professionally.
		2	• Widely disseminated policy available to professionals and service users. Process demonstrated to work with logs and recorded outcomes.
		3	• Policy forms wider part of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvement.

Descriptor Selected – 3

3	• Policy forms wider part of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvement.

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Freedom to Speak Up embedded within SWAST. Freedom to speak up guardians work closely with HR and Safeguarding services.

The Trust's Freedom to Speak Up Team are well embedded into our organisation, which is evidenced through the number of concerns that are raised every month/year. Enclosed is a Board Report, and a NGO Gap Analysis that evidences an extensive data set covering the previous 24 months. This is made possible through a case management system that enables the FTSU Team to capture concerns raised, how they are responded to, length of time taken to respond, and specific learning from speaking up.

The Trust supports our FTSU Team to inform culture change through the monthly FTSU Meetings that take place every month (chaired by Director of People Operations and attended by a NED) during which the team review progress and work plans in line with the FTSU strategy and wider work plans. The FTSU Team are members of the Trust's Just and Learning Culture Forum, which enables them to share anonymous learning from the cases they manage, inclusive of policy and process recommendations they put forward on behalf of our colleagues who speak up.

In March/April 2024 the FTSU Team will be holding focus groups to understand from colleagues how it feels to speak up in our Trust, to ensure we are doing everything we can to break down any perceived barriers or challenges that our colleagues may feel.

For a more extensive review and understanding of FTSU, please see evidence listed below.

Item 15 - FTSU
Report and Self-Asses

Standard	Examples of Evidence	Score	Descriptors
7.3 The organisation has effective allegation policies & systems in place for professionals and service users. All allegations made by children against adults are processed through the	• Allegation policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner. • Evidence of lessons from allegations being incorporated into Service Plans, Policies and Procedures.	**0**	• No evidence submitted / No policy in place
		1	• Policy in place but has not been widely disseminated to service users and professionals. • Policy is not shown to work effectively and there is little evidence of allegations being logged and managed professionally.
		2	• Widely disseminated policy available to professionals and service users. Process demonstrated to work with logs and recorded outcomes. • Liaison with local LADO when an allegation occurs.

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normal referrals system within ChAD which is specifically designed to be child-friendly, and children are supported by CS staff throughout the process	• Grievance and Harassment policies. • Evidence of link to and awareness of LADO notifications when allegation occurs.	3	• Policy forms wider part of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvement. • Allegation procedures are child orientated and adapted to their needs and understanding when required.

Descriptor Selected – 2

2	• Widely disseminated policy available to professionals and service users. Process demonstrated to work with logs and recorded outcomes. • Liaison with local LADO when an allegation occurs.

People Partners and the Head of safeguarding work closely to manage allegations.

Trust is reviewing the allegations process, there is concerns around some over sharing of information both internally and to the LADO.

Records of allegations are maintained.

The Trust management of allegation policy is under review.

Standard	Examples of Evidence	Score	Descriptors
7.4 The Organisation has a named senior officer and senior manager(s) with responsibility for ensuring the organisation follows these procedures effectively	• Named senior manager and officer in place • Policy and procedures in place • Policy and procedure reviewed regularly	0	• No evidence submitted / no named senior manager or officer in place
		1	• Evidence of a named senior manager and officer in place.
		2	• Evidence of a named senior manager and officer in place • Policy and procedures in place
		3	• Evidence of a named senior manager and officer in place • Policy and procedures in place • Policy and procedures reviewed regularly • Staff briefed about the policy and procedure.

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Descriptor Selected – 0 1 2 3 (insert as appropriate)

2	• Evidence of a named senior manager and officer in place • Policy and procedures in place

Named senior managers in place. Head of Safeguarding supports professional allegation referrals and risk assessment, working closely with senior people partners.

Review of allegations management process and policy currently underway.

Records of allegations management are maintained.

Standard	Examples of Evidence	Score	Descriptors
7.5 The senior manager(s) in your organisation are trained to handle allegations and complaints about individuals who work with children. This includes allegations made by children.	• Record of senior manager undergoing training in line with the PDSCP training. • Evidence of implementation of policy and procedure (e.g. minutes, record of policy reviews and communications). • Record of outcomes. • QA reviews which monitor effectiveness of policies and processes. • Staff are aware of the statutory duty to safeguard and promote the welfare of	**0**	• No evidence submitted/No or poor complaint policy/procedure in place • No evidence submitted/there are no proceudres in place for recoding and reporting concerns or suspicions of abuse • Staff do not have access to "What to do if you are worried a child is being abused"
		1	• Senior Manager has undertaken training • Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process • There are procedures in place about reporting concerns but they are not up to date or appropriate • Some staff have access to "What to do if you are worried a child is being abused" • Some staff receive safeguarding training

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	children in accordance with the Children Act 2004. • Staff are familiar with guidance "What to do if you are worried a child is being abused" • Procedures of reporting and recording. concerns or suspicions about a child • Safeguarding training, induction and renewable training programme. • Risk analysis and record of concerns. • Code of conduct • Supervision records	**2**	• Senior manager has undertaken training and there is evidence that this has been put in to practice • Audit programme of complaint and allegation process in which the effectiveness is monitored. • There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004. • There is evidence that staff are familiar with What to do if you are worried a child is being abused" and are aware how to act to safeguard and promote the welfare of a child in line with the document through supervision notes and team briefings. • Procedures of reporting and recording concerns or suspicions about a child are in place and up to date. • There is evidence that appropriate staff have received safeguarding training, induction and a renewable training programme.
		3	• Senior manager has undertaken training and there is evidence that this has been put in to practice • Externally assessed audit programme in which the organisation ensures all parties to allegations are treated fairly and in line with policy and procedure. • There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004. • There is evidence that staff are familiar with What to do if you are worried a child is being abused" and are aware how to act to safeguard and promote the welfare of a child in line with the document through supervision notes and team briefings. • Procedures of reporting and recording concerns or suspicions about a child are in place and up to date. • There is evidence that appropriate staff have received safeguarding training, induction and a renewable training programme. • There is evidence of risk analysis and records of concerns • There is a staff Code of Conduct • There is evidence in supervision records

Descriptor Selected – 0/1

2	• Senior manager has undertaken training and there is evidence that this has been put in to practice
	• Audit programme of complaint and allegation process in which the effectiveness is monitored.
	• There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004.
	• There is evidence that staff are familiar with What to do if you are worried a child is being abused" and are aware how to act to safeguard and promote the welfare of a child in line with the document through supervision notes and team briefings.
	• Procedures of reporting and recording concerns or suspicions about a child are in place and up to date.
	• There is evidence that appropriate staff have received safeguarding training, induction and a renewable training programme.

Allegations management process was fully reviewed in 2024, management of professional allegations policy has been reviewed and revised policy now live. There is an professional allegations database where key information is captured. Full HR records are maintained by the Trust People Partners.

Allegations against professions are managed by senior people partners, Head/Deputy Head of safeguarding and senior clinical staff/operations officers.

There are close working relationships between SWAST, our LADOs in each of our 7 counties and our Police colleagues.

There is a monthly professional allegations meeting held between safeguarding and HR, this reviews all open safeguarding professional allegations.

Safeguarding assurance reports includes professional allegations.

The Trust has a code of conduct and staff have professional codes of conduct inline with their registrations (nurses – NMC, paramedics – HCPC, Medics – GMC)

The management of professional safeguarding allegations is on the Trust audit programme.

The management of professional allegations is discussed in safeguarding training, and there is bespoke allegations training developed and delivered by our Safeguarding Education Specialist.

The Trust has robust reporting mechanisms vis line management, InPhase, Freedom to Speak up and safeguarding.

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Standard	Examples of Evidence	Score	Descriptors
7.6 All complaints and allegations of abuse are recorded, monitored and available for internal and external audit.	• Evidence of implementation of policy and procedure (e.g. minutes, record of policy reviews and communications). • Registers of outcomes. • QA reviews which monitor effectiveness of policies and processes.	0	• No evidence submitted / No or poor complaint policy/ procedure in place.
		1	• Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process.
		2	• Audit programme of complaint and allegation process in which the effectiveness is monitored.
		3	• Externally assessed audit programme in which the organisation ensures all parties to complaints and allegations are treated fairly and in line with policy and procedure. • Scrutiny panel acts as external verifier and moderator.

Descriptor Selected – 1

2	• Audit programme of complaint and allegation process in which the effectiveness is monitored.

All complaints and allegations of abuse are recorded,

There is monthly monitoring of allegation database with HR and safeguarding

Audit of allegations included in Trust audit plan.

Reports provided to safeguarding committee.

Close liaison with Police and LADO regarding outcomes and external investigations/processes.

Standard	Examples of Evidence	Score	Descriptors
7.7 Relevant staff are aware of the importance of appropriate challenge in case conferences and reviews. Staff understand how to escalate concerns as appropriate, both internally to their own agency and externally.	• Policy and procedure in place regarding the case conference process. • Process in place regarding escalating concerns in relation to case conference	1	• No evidence submitted or no process in place.
		2	• Processes, policies and procedures in place but no evidence that staff are aware of it and no concerns have been escalated.
		3	• Process, policies and procedures in place and some staff are aware of it. • Evidence in briefings that staff have been made aware of the process. • Evidence of concerns been escalated from your agency.
		4	• Process, policies and procedures in place and some staff are aware of it. • Evidence in briefings that staff have been made aware of the process. • Evidence of concerns been escalated from your agency.

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			• Process has been monitored and evaluated.

Descriptor Selected – N/A

3	• Process, policies and procedures in place and some staff are aware of it. • Evidence in briefings that staff have been made aware of the process. • Evidence of concerns been escalated from your agency.

SWAST will participant in case conference as required however are not the lead agency.

Internal allegation management meetings are held, the allegations management policy has been fully reviewed and implemented. Relevant HR/People Partner polices are in place.

Head/Deputy Head of Safeguarding attend external LADO / Professional allegations meetings and understand the importance of professional challenge and escalation.

Examples available of SWAST providing challenge to Police, LADO, DBS and professional colleagues – appropriately and constructively.

Partnership board shave escalation policies in place of which SWAST are aware.

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IMPROVEMENT AND REVIEW PLAN

Where your agency/organisation scores at level 0 or 1 for any standard, improvements should be identified and reported (using the table) below to the PDSCP. If you feel that actions need to be taken to standards rated as 2 then please also include these in the below action plan.

SWASFT has a full action/recovery plan for safeguarding which covers all these areas in relation to Children, young people and adults at risk.

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