

Changes in this version

Changes to executive leads, responsible and accountable roles.

Safeguarding Oversight Group now Safeguarding Committee

Addition of Appendix 1 – Safeguarding and Prevent Organogram

Board Level Policy

1. Policy Purpose

This policy and the associated guidance set out the principles to be adopted by all staff to safeguard those vulnerable and/or at risk. The associated **MPD961/7- Safeguarding and Prevent** outlines the process for managing and reporting suspected cases of concern and the multi-agency approach to responding to reported cases.

There are now legal and statutory duties for staff to prevent abuse and neglect to children and adults who may be at risk. These duties include a duty to report where it is suspected or known that a child or adult at risk may be at risk of abuse or neglect or has suffered abuse or neglect. All staff must therefore report or escalate any concerns regarding abuse or neglect as a Safeguarding concern.

2. Scope of Application

Safeguarding and Prevent are the responsibility of all staff, including senior managers, the NHS board, paid staff, volunteers, session workers, agency staff and students or anyone working on behalf of NHS Blood and Transplant (NHSBT).

This policy covers all areas and functions of NHSBT and its staff working in an embedded manner with, or on, the premises of other NHS organisations.

3. Policy statement and detail

Safeguarding

NHSBT believes that a child, or adult should never experience abuse of any kind. We have a responsibility to promote the welfare of all children, young people and adults and to keep them safe. We are committed to continually developing and implementing policies and procedures to safeguard children, young people and adults involved with **and** employed by the organisation.

The following key principles: underpin Safeguarding practice and make Safeguarding personal

- Empowerment: Providing people with support, assistance, and information; enabling them to make choices and give informed consent
- Protection: Support and representation for those in greatest need
- Prevention: It is better to take action before harm occurs
- Proportionality: Proportionate and least intrusive response appropriate to the risk presented
- Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability: Accountability and transparency in delivering Safeguarding

Prevent

PREVENT is part of the Government counter-terrorism strategy (CONTEST) and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Healthcare staff will meet and treat people who may be vulnerable to being drawn into terrorism, and all staff have a responsibility to safeguard vulnerable individuals of all ages that they come into contact with. Preventing radicalisation sits alongside long-established duties on professionals to safeguard vulnerable children, young people and adults from exploitation from a range of other harms such as drugs, gangs and physical and sexual exploitation.

Objectives

NHSBT's commitment to the protection of the vulnerable and the Safeguarding of children, young people and adults will be achieved through recruitment and staff management policies alongside the appropriate use of Disclosure and Barring Services (DBS) systems. It will enable staff to identify concerns, report and share information, record and keep accurate records of events, understand accountabilities, and provide training and governance arrangements. This document uses definitions from the legislation and government guidance pertaining to England, but staff should refer to the relevant devolved administrations guidance listed in this document and local policies and procedures where applicable. In addition to Safeguarding, an NHS provider has a contractual Safeguarding responsibility which includes Prevent. Under the Prevent duty, the health sector is required to ensure that healthcare workers are able to identify early signs of an individual being drawn into, or vulnerable to, radicalisation. Staff must be able to recognise key signs of radicalisation and be confident in referring individuals via their Safeguarding processes thus enabling them to receive the support and intervention they require.

4. Roles and responsibilities

The NHSBT Board has responsibility for the success of the organisation, including the effective arrangements for Safeguarding compliance with relevant legislation and guidance, and also the duty for PREVENT, as a component part of Safeguarding. This includes understanding the role and relevance of Safeguarding to the function of the organisation, its wider relationships and creating a culture where staff feel able and supported in identifying and dealing with Safeguarding issues under the Prevent duty as they arise. They should agree an executive lead for both Safeguarding and Prevent and receive an annual report on the effectiveness of the organisation's arrangements for Safeguarding and Prevent.

The Caldicott Guardian is responsible for ensuring the organisation and its staff are clear when to share information to safeguard children, young people and adults through appropriate safe routes. In NHSBT the Caldicott Guardian is the Chief Medical Officer.

The Chief Executive is the accountable officer with overall responsibility for the management of the Safeguarding and Prevent arrangements, providing leadership and strategic direction. The Chief Executive has overall responsibility for ensuring appropriate systems and processes are in place.

The Executive Lead for Safeguarding and Prevent in NHSBT is the [Director for Organ and Tissue Donation and Transplantation](#) on the NHSBT board. They delegate the responsibility for Safeguarding and PREVENT within the organisation to the **Designated Safeguarding and Prevent Leads** but are accountable at an ET level to ensure the governance and statutory reporting requirements and organisational focus on Safeguarding and Prevent are met.

Designated Safeguarding and Prevent Lead(s) is a statutory role with defined responsibilities and competencies. They are accountable to the Executive Lead/ CEO and have accountability for Safeguarding and Prevent across the directorates of NHSBT. They are responsible for the governance, systems, training and statutory reporting for Safeguarding and Prevent working with external agencies as required, and for solving complex Safeguarding issues in partnership where necessary. They have a key leadership role in promoting good professional practice, providing advice and expertise to practitioners and senior managers. They undertake this role so the organisation fulfils its governance obligations by ensuring:

- audits on Safeguarding and Prevent arrangements are undertaken
- a Safeguarding and Prevent training strategy is in place and delivered
- Policy recommendations are made to the board.
- Staff are aware of and feel confident to utilise the NHSBT safeguarding escalations procedure.

The Designated Safeguarding and Prevent Leads are responsible for negotiating with other health organisations and agencies about individual cases or wider policy where necessary and facilitating NHSBT's contribution to any serious case reviews or domestic homicide reviews the organisation is involved in, unless they have had personal involvement in the case, in which case this could be delegated to another named professional colleague. Where the Designated Safeguarding and PREVENT Leads are in receipt of information which raises concerns that members of the public could be at risk of harm, they have a responsibility to escalate this to the relevant statutory agency or police.

There is also a designated Lead for the Safeguarding of children.

The Safeguarding Oversight [Committee](#) is chaired by a Designated Safeguarding and Prevent Lead.

[NHSBT's safeguarding and Prevent accountability structure is documented in Appendix 1](#)

Directors are responsible for compliance with the Safeguarding and PREVENT policy and procedures within their sphere of responsibility, creating an open, learning culture and ensuring staff receive appropriate training and support.

Senior Managers are responsible for compliance with the Safeguarding and PREVENT policy and procedures within their sphere of responsibility, creating an open, learning culture and ensuring their managers and staff receive appropriate training and support. As part of the on-call rota they are responsible for ensuring a referral to social care notifying the Designated Safeguarding and PREVENT Lead (if appropriate), when concerns raised by staff are reported to them.

Managers have the responsibility for ensuring there are operational systems in place within their teams to fulfil the requirements of the policy. This includes ensuring staff have the competencies set out in the Intercollegiate Competency document and that there are systems for clinical supervision and Safeguarding and PREVENT advice out of hours where relevant from on call managers across the NHSBT directorates.

All Staff have a responsibility to observe and comply with the policies and procedures of NHSBT. This includes undertaking training to ensure they have the appropriate competencies so that they are able to identify Safeguarding and PREVENT concerns and take appropriate advice and action.

Directorate Clinical Audit, Risk and Effectiveness (CARE) Groups are responsible for identifying Safeguarding and PREVENT risks, influencing the clinical audit programme and ensuring the effectiveness of Safeguarding and PREVENT arrangements in the directorate. They may review Safeguarding or PREVENT incidents where appropriate to generate learning, reporting to the Directorate Senior Management Team, the CARE Committee, and the Executive Team. The on-call senior managers and Designated Safeguarding and PREVENT Leads are responsible for ensuring cases are reported as per the Safeguarding policy and an annual Safeguarding and PREVENT report is produced for CQSGG and the NHSBT Board.

The CLINICAL GOVERNANCE COMMITTEE (CGC) is responsible to the Board and has overall responsibility for ensuring that through the audit of compliance with this policy and learning from any relevant incidents or Serious Incidents, that there is continuous and measurable improvement in the quality and effectiveness of the Safeguarding and PREVENT practice.

The NHSBT CLINICAL QUALITY AND SAFETY GOVERNANCE GROUP (CQSGG) is responsible for providing challenge and scrutiny to the management of Safeguarding incidents, drawing together the learning from each directorate to enable organisation wide learning and to inform Safeguarding (including PREVENT) reports to the executive team and board. They are responsible for the implementation of any action plans arising from Serious Case Reviews (SCR's). The Safeguarding Oversight Group (established in 2020) will report details and relevant risks to CQSGG.

The Safeguarding Oversight Committee provides the annual report to CQSGG, CGC & the NHSBT Board. The group is chaired by one of the Designated Safeguarding and PREVENT leads for NHSBT. The group will include the health and safety lead, freedom to speak up guardian and professional leads from each directorate. The group provides oversight to all Safeguarding and PREVENT related issues, providing a professional forum in NHSBT to seek and specify assurance in line with best national practice and initiatives. It will provide assurance to the NHSBT CGC that Safeguarding incidents are managed in accordance with national guidance whilst ensuring that, where possible, trends are identified, and appropriate action is taken. The Safeguarding Oversight Committee will report annually on Safeguarding to NHSBT CGC. The Safeguarding Oversight Committee will commission and oversight the training provision within NHSBT and ensure learning is shared across the organisation

5. Training and awareness

All NHSBT staff are required to complete mandatory Safeguarding training every 3 years and to have awareness of this policy.

This policy is accessible to all staff through the document library and is linked on the Safeguarding Intranet page.

6. Reporting in relation to policy

Individual Safeguarding or Prevent concerns are reported internally through an electronic Safeguarding Notification Form. These are reviewed by the National Safeguarding Lead and/or Corporate Lead Nurse on a daily basis, and themes and data reported at the Safeguarding Oversight Committee.

The Safeguarding Oversight Committee meets bi-monthly to provide assurance of compliance and governance of this policy. The Safeguarding Oversight Committee provides an annual report to the Clinical Governance Committee and the NHSBT Board.

Directorate CARE committees may review Safeguarding or Prevent incidents or arrangements within their directorate.

The ~~Governance and Audit Committee~~ **Audit, Risk and Governance Committee** ensures compliance with this policy through audit and learning from serious incidents. This committee reports to the NHSBT Board.

The CARE committee provides challenge and scrutiny to the management of Safeguarding and Prevent incidents, and reports to the Executive Team and NHSBT Board.

7. Related policies and procedures

- **FRM4456** - Confidential Record of Safeguarding Concern
- **DAT4104** – Flow Chart - Escalation procedure
- **MPD961** – Safeguarding and Prevent
- **MPD1642** – Safeguarding Children on Blood Donation / Component Donation sessions

8. Policy Review and Compliance Monitoring

Element/Activity being monitored	Lead/roles	Reporting arrangements and frequency	Recommendations/actions
Policy review	Chair Safeguarding Oversight Committee	Safeguarding Oversight Group (bi-monthly)	This policy will be reviewed in line with new legislation and/or guidance and updated as required.
Assurance on Compliance	Chair Safeguarding Oversight Committee	Safeguarding Oversight Group (bi-monthly) Clinical Quality and Safety Governance Group (quarterly)	Assurance of effectiveness of Safeguarding Policy and Practice across NHSBT services
Policy/process effectiveness	Chair Safeguarding	Safeguarding Oversight Group (bi-monthly)	Annual report

BLP12/1.1 – Safeguarding and Prevent: Management of the Vulnerable and At-Risk Policy



Blood and Transplant

Copy No:

Effective date: DRAFT

	Oversight Committee	Clinical Quality and Safety Governance Group (quarterly) Clinical Governance Committee (annually)	
Breaches	Chair Safeguarding Oversight Committee	Safeguarding Oversight Group (As required/bi-monthly)	Necessary action will be taken

9. Version Control and RACI view

Version	Owner	Approved by and basis of changes	Approved Date	Effective Date	Date of Next Review
1 (POL 182/4)		Safeguarding Oversight Group	04/01/2024	04/01/2022	14/08/2024
2 (BLP4/1)	Ella Poppitt	Safeguarding Oversight Group – policy moved onto new template CGC approved <i>CGC reapproved with no changes required</i> <i>Board approved</i>	14/08/24 13/09/24 (tbc) (tbc)	Sept 2024	Within a year
(R) Responsible	Andrew Broderick (Chief Nurse Clinical Services, Corporate Nursing and Plasma) OR Anthony Clarkson (Director for Organ and Tissue Donation and Transplantation)				
(A) Accountable	Anthony Clarkson (Director for Organ and Tissue Donation and Transplantation)				
(C) Consultees	Safeguarding Oversight Committee				
(I) Informed	All staff need to be informed of this policy				

Appendix 1 – Safeguarding and Prevent accountability organogram

