Policy Document

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University Hospitals of North Midlands NHS Trust

Managing Risks Associated with Safeguarding Children

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Executive Lead:	**Chief Nurse**

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4	October 2015	Updated following integration with County Hospital
5	December 2016	Appendix and Process relating to Female Genital Mutilation and Child Sexual Exploitation Added
6	November 2018	Full review – Only Minor Amendments made

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed here

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1. INTRODUCTION

There is clear statutory guidance in place around arrangements to safeguard children. This is set out in Working Together to Safeguard Children (HM Government 2018) and statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004; this is supplemented by standards and guidance published by Royal Colleges and other relevant bodies.

This area has two Local Safeguarding Children Boards (LSCBs) - Staffordshire and Stoke-on-Trent. Each Board has developed its own structure of working and lines of accountability, which are underpinned by the Local Safeguarding Children Boards' procedures. These should be read in conjunction with this policy and can be found at:

http://www.safeguardingchildren.stoke.gov.uk/ccm/navigation/support-for-professionals/procedure-manuals/ or http://www.staffsscb.org.uk/professionals/procedures/

Which Safeguarding Children Board procedures should be used depends on the home address of the child. The process for making a referral to the appropriate children's social care is at Appendix 2.

Child protection training within the Trust reflects the guidance within the *Intercollegiate Document* 2014, the Local Safeguarding Children Boards' training strategies and *Working Together* 2018. Any Trust policies relating to working with children are informed by the same documents.

NICE published a clinical guideline on *When to Suspect Child Maltreatment* (2009). This guidance was updated in October 2017 and provides useful guidance on the circumstances around when to consider and when to suspect child maltreatment. This policy supports the NICE guidance, which can be found at Appendix 1 of this document.

The Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2014: Regulation 13 sets out clear standards for the safeguarding of vulnerable children. This is supported by the Care Quality Commission *document Guidance for providers on meeting the regulations –March 2015* which sets out requirements for organisations to minimise the risk of abuse by having effective systems and processes in place, which are subject to both internal and external scrutiny. More information regarding this guidance can be found at Appendix 13 of this document.

All processes associated with the safeguarding of children can be found within the appendices of this policy.

2. STATEMENT

The University Hospitals of North Midlands is committed to ensuring there is an effective framework in place for managing the risks associated with the safeguarding of children, through having robust systems and effective policies and procedures in place which meet national statutory requirements. This includes having clear procedures in place, having adequate specialist support from the Trust child safeguarding professionals and ensuring the delivery of training programmes, which are relevant to specific staff groups.

The child safeguarding professionals consist of the named doctor, named nurses and named midwife supported by the designated professionals.

An overarching statement which is applicable to policy can be found on the Trust Policies Intranet page.

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3. SCOPE

This policy applies to all areas across the Trust and sets out clear lines of responsibility and accountability.

Although the child safeguarding professionals have specific responsibilities in relation to the arrangements for safeguarding children, it is clear that all staff who may come into contact with children and their families (patients or visitors) have a duty to comply with this policy in ensuring the safety of children.

4. DEFINITIONS

Safeguarding	Proactively seeking to involve the whole community in keeping children safe and promoting their welfare.
Child Protection	Child protection is a central part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm (*Working Together* 2018)
Child	Anyone who has not yet reached their 18th birthday.

5. ROLES AND RESPONSIBILITIES

5.1 Local Arrangements for Managing Risks

All UHNM staff have access to the named professionals for safeguarding children by contacting the Trust child protection office during weekday office hours for advice and support from named professionals or by contacting them direct by telephone or by pager. There is an out of hours answer phone allowing non-urgent messages to be left. Contact details are available via the child protection page on the Trust Intranet.

The Trust has 24 hour child protection cover every day of the year. There is a first on call rota staffed by junior doctors in community paediatrics 9-5, Monday to Friday and the ward based specialist registrars cover out of hours. There is a second on call rota staffed by consultants and an associate specialist in community paediatrics 9-5 every day of the week and the acute consultant paediatrician on call outside of these hours. The community consultant and associate specialist are available for telephone advice to the acute consultant paediatrician from 5pm until 10pm.

5.2 Child Protection Examinations

Most child protection medical examinations for suspected physical abuse are conducted within office hours (9 am - 5 pm Monday to Friday). Children will be seen outside of these hours if there is a medical need and following discussion with social care or the police and the doctor on call.

Radiological imaging in cases of suspected physical abuse is undertaken in line with the Royal College of Radiologists guidance: The radiological investigation of suspected physical abuse in children, September 2017.

Medicals for sexual abuse are conducted through the West Midlands Sexual Assault Referral Centre (SARC) Hub. Acute medicals are conducted in Walsall with historic cases being seen at locations around the West Midlands including at the SARC in Cobridge on set days. Some of the consultant community paediatricians are part of the acute and historic rotas. See child protection pages of intranet for more information.

5.3 UHNM Groups and Committees

The responsibility of these groups and committees complement those arrangements specified within both the Stoke-on-Trent and Staffordshire Safeguarding Children Boards' procedures.

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5.3.1 Executive Committee

The Executive Committee is responsible for:

- The ratification of this policy.
- The receipt of updates on compliance with safeguarding responsibilities as and when required, to ensure that safeguarding children remains a high priority on its agenda.

5.3.2 Quality and Safety Forum

The Quality and Safety Forum is responsible for:

- The approval of this policy.
- The receipt of an annual report by means of monitoring implementation of the arrangements set out within this policy and related Safeguarding Children Board procedures.
- The receipt of the minutes of the Trust Safeguarding Children Working Group and Safeguarding Steering Group, as a means of receiving assurance that safeguarding arrangements are working effectively.
- The receipt of updates on compliance with safeguarding responsibilities, including audits, as and when required, to ensure that safeguarding children remains a high priority on its agenda.
- Approval of the child protection *training strategy* and *training needs analysis* (in line with the Statutory and Mandatory Training Policy)
- The receipt of national safeguarding children related documents and associated action plans.
- The receipt and approval of risk assessments and action plans developed as part of the Trust's on-going monitoring of compliance with the Care Quality Commission Guidance for providers on meeting the regulations – Care Quality Commission March 2015

5.3.3 UHNM Safeguarding Steering Group

In accordance with the *Terms of Reference*, the remit of the Trust Safeguarding Steering Group is as follows:

- To review national legislation and guidance in relation to the child protection and adult safeguarding agendas, to include domestic violence
- To address local implications of such guidance and inform the Group of issues to be reviewed
- To maintain an up to date and accurate risk register with associated action plan; progress against which will be monitored by the Group
- To review outcome of local reviews and where necessary, make recommendations to address any gaps identified
- To review uptake of training throughout the Trust, in line with the Training Needs Analysis
- To advise the Trust Quality and Safety Forum in relation to Trust priorities with regards to the safeguarding agenda
- To ensure compliance with Care Quality Commission, NHSLA and other external inspections/reviews
- To ensure communication channels are in place to cascade information to the clinical area
- To seek assurance regarding the implementation and monitoring of the strategic approach for child protection and vulnerable adults at the UHNM
- To ensure Trust representation on Safeguarding Children and Adult Boards across Stoke-on-Trent and Staffordshire.

5.3.4 UHNM Safeguarding Children Working Group:

In accordance with the *Terms of Reference*, the remit of the Trust Safeguarding Children Working Group is as follows:

<u>Policies and Procedures</u>

- To ensure appropriate policies are reviewed and updated on a regular basis.
- To ensure staff across the Trust are aware of the Policies.
- To review and approve local standard operating procedures and working instructions to ensure these are in line with Trust Policies and latest guidance.

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Training

- To ensure the Trust Child Protection Training Strategy is reviewed and updated on a regular basis.
- To review and monitor the child protection training needs analysis (TNA).
- To ensure staff across the Trust are aware of the Training Strategy.
- To monitor the training of staff, against the TNA.

Delivery Plan

- To monitor progress of the delivery plan.
- To review and update the key requirements of the delivery plan where new guidance requires additional performance indicators.

Education and Good Practice

- To act as a forum to share good practice and ensure mechanisms are in place to cascade to staff across the Trust.

Assurance

- To provide assurance to the Safeguarding Steering Group and Quality and Safety Forum:
- To review the corporate risk register in relation to safeguarding children and ensure this is updated on a regular basis.
- To receive regular updates on the delivery plan
- To provide regular updates to the Safeguarding Steering Group.

Monitoring and Review

- To be appraised of any incident and/or complaint and identify any lessons to be learned.
- To ensure that the Trust is adequately prepared for any external accreditation process in relation to safeguarding children, to include CQC and internal and external audits, serious case reviews.
- To ensure shared learning takes place through consideration of incidents, complaints and audits that have Trust wide ramifications.

5.4 Individual Roles and Responsibilities

5.4.1 Chief Executive Officer:

The Chief Executive Officer has overall accountability for the safeguarding of children within the Trust.

5.4.2 Chief Nurse:

The Chief Nurse is the nominated executive lead for safeguarding children and is responsible for:

- Ensuring appropriate chairing arrangements of the UHNM Safeguarding Steering Group.
- Ensuring the Quality and Safety Forum is provided with an annual report on progress and arrangements.
- Undertaking rigorous self-assessment and the development of action plans as part of the Trust's on-going review of compliance with the Care Quality *Commission Guidance for providers on meeting the regulations – Care Quality Commission March 2015,* supported by the named professionals for safeguarding children
- Ensuring appropriate chairing arrangements of the UHNM Safeguarding Steering Group.

The Chief Nurse is supported by the Director of Nursing, Education, Development and Workforce in the operational delivery of the safeguarding agenda.

5.4.3 Director of Human Resources:

The Director of Human Resources is responsible for:

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- Ensuring implementation of the Trust Policy HR09 Policy and Procedure for the Disclosure and Barring Service Check (previously Policy and Procedure for the Disclosure of Criminal Record)
- Ensuring implementation of the Trust Policy HR08 Recruitment and Selection Policy and Procedure.
- Ensuring implementation of HR01 Disciplinary Policy and Procedure, specifically the procedure for managing allegations against people who work with children.

5.4.4 Associate Directors:

The Associate Director for the Medical Division is responsible for:

- Ensuring that adequate service level agreements and resources are in place to ensure the effective delivery of services for the safeguarding of children.

The Associate Directors across the Trust are responsible for:

- Providing regular reports via the performance management review process on the uptake of child protection training within their division and, where deficiencies are identified, taking action as appropriate.

5.4.5 Clinical Lead for Community Paediatrics / Clinical Director for Paediatrics:

The clinical lead for community paediatrics and clinical director for paediatrics are responsible for ensuring that an annual appraisal of the designated and named doctors in accordance with the Trust appraisal and personal development policies is undertaken

5.4.6 Senior Nurse for Safeguarding

The senior nurse for safeguarding is responsible for:

- Providing line management and clinical leadership to the named nurses for safeguarding children.
- Undertaking annual appraisal of the named nurse in accordance with the Trust appraisal and personal development policies.
- Ensuring that there is continuity and consistency where is an overlap between adults' and children's safeguarding
- Supporting the Director of Nursing, Education, Development and Workforce in ensuring that the Trust is compliant with its arrangements for the safeguarding of children.

5.4.7 Designated doctor for safeguarding children:

The designated doctor for safeguarding children is a CCG role, responsible for:

- Providing professional advice on matters relating to safeguarding children for other professionals, the local CCGs and NHS Trusts, local authority children's social care and the Local Safeguarding Children Boards (LSCBs).
- Providing advice and support to the named professionals in each provider Trust and the Named GP
- Advising on safeguarding training needs and the delivery of training across the health economy
- Planning and delivering interagency training through the LSCBs.
- Providing skilled professional involvement in child safeguarding processes, in line with LSCB procedures, and in serious case reviews.
- As part of serious case reviews, reviewing and evaluating the practice and learning from all involved health professionals and providers who are involved within the CCG area.

5.4.8 Designated nurse for safeguarding children:

The designated nurse role is CCG role. The designated nurse is responsible for:

- Supporting the Trust's named professionals in the delivery of services for the safeguarding of children.

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- Attending each meeting as a member of the UHNM Safeguarding Steering Group.
- Alongside the designated doctor, provide skilled professional involvement in child safeguarding processes, in line with LSCB procedures, and in serious case reviews.
- As part of serious case reviews, work with the designated doctor reviewing and evaluating the practice and learning from all involved in health professionals and providers who are involved in the CCG area.

5.4.9 Named doctor, named nurse and named midwife for safeguarding children:
The named professionals for safeguarding children are responsible for:

- The development of an annual report to the Trust Quality and Safety Forum.
- The development of a *training strategy*, which complies with national legislation and which is supported by a robust *training needs analysis*.
- Undertaking or participating in audits to assess compliance with statutory requirements, and the development of action plans to address any shortfalls.
- Ensuring that all UHNM staff have access to the Child Protection Office during weekday office hours for advice and support from named professionals either by telephone or by pager.
- Providing child protection supervision to staff as required (see Appendix 13).
- Ensuring that staff attending child protection conferences are offered support from the named professionals within the conference process.
- Ensuring that they provide advice and support to Trust staff both in the preparation of reports/statements and in attending court if required.
- Supporting all activities necessary to ensure that the Trust meets its responsibilities in safeguarding children, working closely with other named professionals
- Ensuring that the Trust has policies in place to safeguard and promote the welfare of children, and that staff have access to these policies and is accountable within the managerial framework for the Trust.
- Ensuring that new information relevant to the safeguarding and promoting the welfare of children within the Trust is disseminated to staff.
- The delivery of child protection training, in accordance with the *training needs analysis* and *training strategy*.
- Participating in Local Safeguarding Children Board activities.

5.4.10 Trust staff who have contact with children and their families:
Trust staff have a responsibility for:

- Ensuring compliance with this policy and the associated Local Safeguarding Children Boards' procedures, including making appropriate referrals and acting upon child protection concerns.
- Where required, escalating child protection concerns to the safeguarding children professionals.
- Attending child protection training, relevant to their staff group, as set out in the *training needs analysis* (see APPENDIX 14).
- Accessing child protection supervision

6 EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION

The UHNM Trust named professionals for safeguarding children are responsible for taking a Trust overview of the planning, delivery and evaluation of child protection training. The *training strategy* is developed by the named professionals and incorporates any changes in legislation and policy both from central government and in line with the Local Safeguarding Children Boards and their policies and procedures. This *strategy* includes a *training needs analysis* which sets out the training requirements of each specific staff group, to ensure clarity around the level of training required. This can be found at Appendix 15.

The Trust child protection professionals provide at least monthly level 1 training for all staff in regular contact or in intensive but irregular contact with children. It is expected that all 'frontline' staff (those

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working within child health, the emergency department and maternity) will access some form of child protection update every three years, in line with the Intercollegiate Document. There is a level 1 e learning package for staff who do not have regular contact with children but have intensive and irregular contact.

The level 1 training package is regularly updated to take account of lessons learned from serious case reviews and changes in legislation and guidance.

A half hour child protection presentation is delivered at mandatory training sessions. There is a video recording of mandatory training for use when a trainer is not available to deliver face to face training.

Child protection training has also been included in the corporate mandatory and statutory training programme as part of the *training needs analysis*.

All in house safeguarding children training and LSCB training is recorded on ESR

Training compliance is reported to the Trust Safeguarding Children Working Group and Trust Safeguarding Steering Group.

It is divisional responsibility to ensure that staff comply with training.

7 MONITORING AND REVIEW ARRANGEMENTS

7.1 Monitoring Arrangements

Implementation of this policy will be monitored through:

- The work of the Safeguarding Steering Group and the Safeguarding Children Working Group. The safeguarding performance report with key quality indicators are presented at the groups.
- The Quality and Safety Forum, receiving minutes of these meetings and an annual report which sets out the delivery of standards set out within this policy and related Safeguarding Children Boards' procedures.
- The review of safeguarding children documents and progress against associated action plans.
- The receipt and approval of risk assessments and action plans developed as part of the Trust's on-going monitoring of compliance against the Care Quality Commission's *Guidance for providers on meeting the regulations* – Care Quality Commission March 2015
- Clinical audit as and when required.

7.2 Review

This policy will be reviewed by the named professionals every three years unless there are changes in legislation.

8 REFERENCES

- The Children Act 1989
- The Children Act 2004
- Working Together to Safeguard Children (2018) HM Government
- Local Safeguarding Children Board Interagency Procedures for Safeguarding Children and Promoting their Welfare, Stoke-on-Trent
- Local Safeguarding Children Board Interagency Procedures for Safeguarding Children and Promoting their Welfare, Staffordshire
- The Victoria Climbié Inquiry 2003 (Laming)

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- NICE 2009 updated 2017– When to Suspect Child Maltreatment
- Think Child, Think Parent, Think Family (2009) – Key Recommendations
- Safeguarding Children and Young People: roles and competencies for health care staff, Intercollegiate Document, 2014
- Guidance for providers on meeting the regulations – Care Quality Commission March 2015
- The radiological investigation of suspected physical abuse in children, Royal College of Radiologists, September 2017

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APPENDIX 1 - When to Suspect Child Maltreatment (Quick Reference Guide - NICE Clinical Guideline 89)

Listen and Observe

Take into account the whole picture of the child or young person. Sources of information that help to do this include:

- any history that is given
- report of maltreatment, or disclosure from a child or young person or third party
- child's appearance, demeanour or behaviour
- symptom
- physical sign
- result of an investigation
- interaction between the part or carer and child or young person

Seek an Explanation

Seek an explanation for any injury or presentation from both the parent or carer and the child or young person in an open and non-judgemental manner. An **unsuitable explanation** is one that is:

- implausible, inadequate or inconsistent with the child or young person's presentation, normal activities, medical condition (if one exists), age or developmental stage, or account compared with that given by parent and carers
- between parents or carers
- between accounts over time
- based on cultural practice, because this should not justify hurting a child or young person

Record

Record in the child or young person's clinical record exactly what is observed and heard from whom and when.

CONSIDER child maltreatment

If an alerting feature prompts you to consider child maltreatment:

- look for other alerting features of maltreatment in the child or young person's history, presentation or parent- or carer- child interactions now or in the past

And do one or more of the following:

- Discuss your concerns with a more experienced colleague, a community paediatrician, child and adolescent mental health service colleague, or a named or designated professional for safeguarding children
- Gather collateral information from other agencies and health disciplines
- Ensure review of the child or young person at a date appropriate to the concern, looking out for repeated presentations of this or any other alerting features

At any stage during the process of considering maltreatment the level of concern may change and lead to exclude or suspect maltreatment.

SUSPECT child maltreatment

If an alerting feature or considering child maltreatment prompts you to suspect child maltreatment refer the child or young person to children's social care, following Local Safeguarding Children Board procedures.

EXCLUDE child maltreatment

Exclude child maltreatment if a suitable explanation is found for the alerting feature. This may be the decision after discussion of the case with a more experienced colleague or gathering collateral information as part of considering child maltreatment.

Record

Record all actions taken and the outcome.

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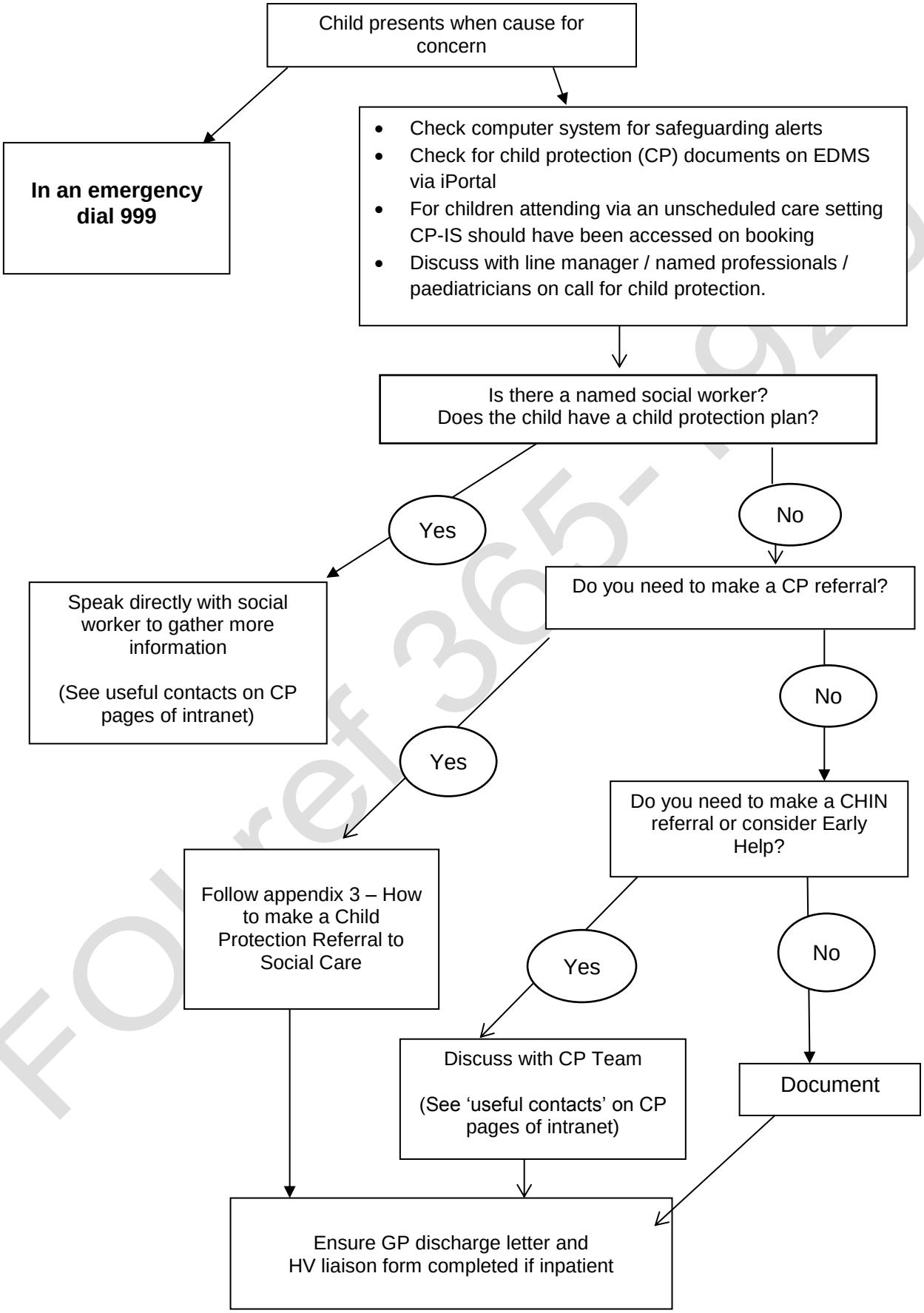
APPENDIX 2 - Process that outlines who staff should contact if they have concerns about a child



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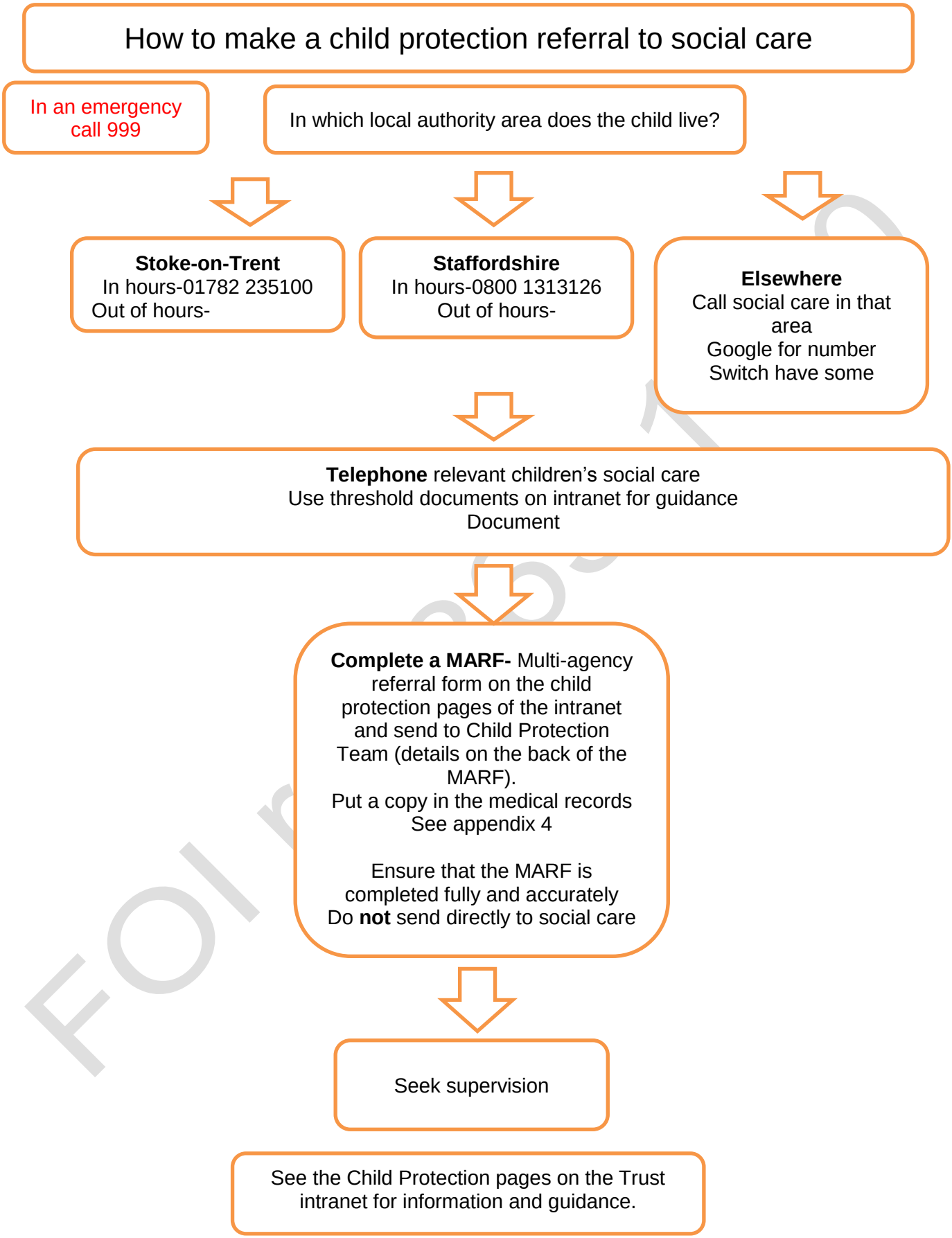
APPENDIX 3 – How to make a child protection referral to social care



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APPENDIX 4 - Multi Agency Referral Form (MARF) to children's social care services

Staffordshire and Stoke-on-Trent Safeguarding Children Boards use the same multi agency referral form for child protection concerns. This can be accessed via the Trust intranet (Clinicians ➔ Clinical Guidance ➔ Child Protection)

A copy of the MARF must be sent to the **child protection office** within one working day where it will be forwarded to the appropriate children's social care and a copy placed in the child's medical records/ or mother's medical notes for the unborn, if this has not already been done.

Email address: UHNMChildProtectionTeam@UHNM.nhs.uk
Fax number: [redacted]
Hand deliver to: Child Development Centre
The referrer will be sent a letter from the child protection team offering supervision following receipt of the completed MARF

PLEASE REMEMBER: **1 copy for child protection office at CDC**
1 copy in medical records-indicate on MARF if not

1 copy to patient (if appropriate)

Do not send the MARF directly to social care.

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APPENDIX 5 - Process for identification of children / young people who are at risk from domestic abuse, and for recognising / acting on concerns

Working Together to Safeguard Children (2015) states; *Professionals should, in particular, be alert to the potential need for early help for a child who is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health,* ***domestic violence****;*

The Home Office (2013) defines domestic violence and abuse as:
Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

More guidance regarding domestic abuse is available via the Safeguarding Children Boards' policies and procedures

ACTION:
If you have concerns that a child or young person is at risk from domestic abuse, please follow the referral process set out in Appendix 3.

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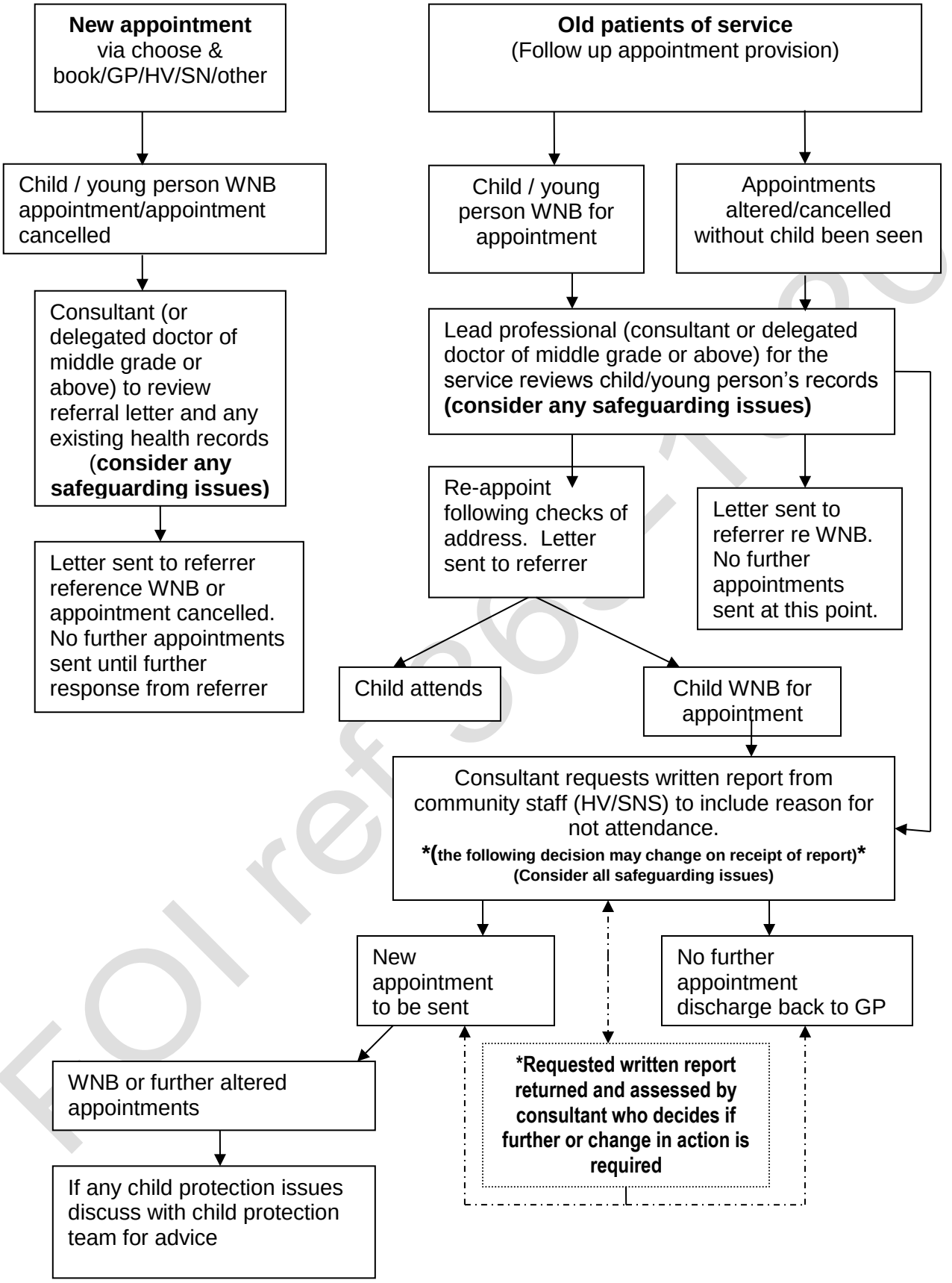
APPENDIX 6 - Children & young persons who are not brought to hospital appointments (WNB)

For the unborn and non-attendance at antenatal appointments see APPENDIX 16



If you have any child protection concerns about the child or young person contact your named doctor / named nurse for safeguarding children.

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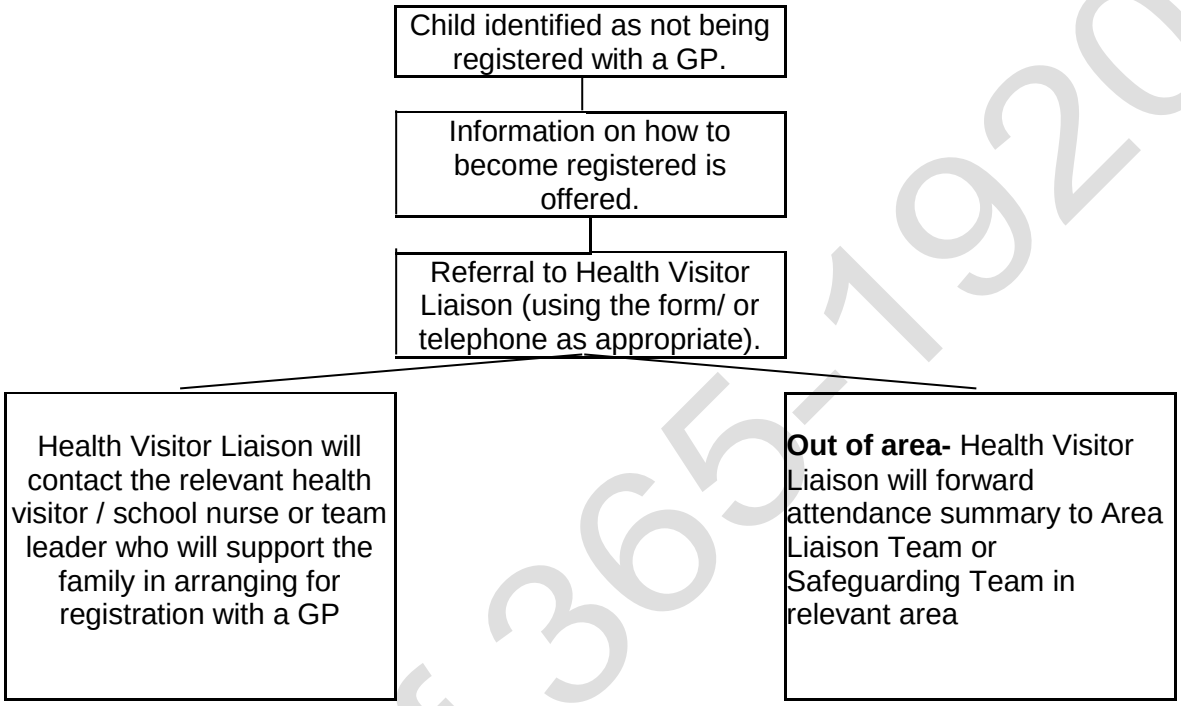
APPENDIX 7 - Process for ensuring that local families with children who are not registered with a GP are offered registration

When a child presents at the UHNM and has been identified as not being registered with a GP, regardless of whether there are child protection concerns, the Health Visitor Liaison should be notified.

Health Visitor Liaison is based at Hanford Health Centre. They are notified by completion of a form but can be contacted by telephone if necessary.
Telephone: **0300 123 0995 3520**



There is a leaflet for parents which can be downloaded from the child protection pages of the intranet

ACTION:
In addition to the above, if you have concerns about a child or young person who is not registered with a GP, please follow the referral process set out in APPENDIX 3.

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APPENDIX 8 - Process for ensuring children or young people (for whom there have been concerns about their safety and welfare) are not discharged until their welfare is safeguarded

Trust Policy No. C21 Policy for the Discharge of Children

The Trust Policy for the Discharge of Children (C21) stipulates that a child about whom there are concerns of deliberate harm should not be discharged home until it is safe to do so. It is the responsibility of the admitting consultant to ensure that discharge does not take place where concerns have been identified, until a referral to children's social care has been made and a discharge plan is in place.

The named professionals are available for support and advice around discharge planning which should also include children's social care and the police if appropriate. A formal discharge planning meeting may be needed with all relevant parties.

Lord Laming, following the Inquiry in 2003 into the death of Victoria Climbié, made the following recommendations:

Laming Recommendation 72: No child about whom there are concerns about deliberate harm should be discharged from hospital back into the community without an identified GP.

Laming Recommendation 70: No child about whom there are child protection concerns should be discharged from hospital without the permission of either the consultant in charge of the child's care or a paediatrician above the grade of senior house officer.

ACTION:
If you have concerns that a child or young person is at risk, please follow the referral process set out in APPENDIX 3.

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APPENDIX 9 - Process for handling suspected fabricated or induced illness

Please refer to NICE guidance (see link in APPENDIX 1) for more information along with the LSCB policy and procedures and Safeguarding children in whom illness is fabricated or induced HM Government 2008

ACTION:

If you have concerns that a child or young person is at risk of fabricated or induced illness, please follow the referral process set out in APPENDIX 3. Do not discuss the referral with the parents or carers until agreement has been reached with other professionals, including police and social care as to what information should be shared with the parents and when, as this may place the child at increased risk of harm.

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APPENDIX 10 - Process for resolving cases where health professionals have a difference of opinion

Laming Recommendation 67: When differences of opinion occur in relation to the diagnosis of possible deliberate harm to a child, a recorded discussion must take place between the persons holding the different views.

When the deliberate harm to a child has been raised as an alternative diagnosis to a purely medical one, the diagnosis of deliberate harm must not be rejected without full discussion and, if necessary, obtaining a further opinion (from the from the named doctor or nurse for child protection or the child protection paediatrician on call).

Laming Recommendation 77: All doctors involved in the care of a child about who there are concerns about possible deliberate harm just provide social services with a written statement of the nature and extent of their concerns. If misunderstandings of medical diagnosis occur, these must be corrected at the earliest opportunity in writing. It is the responsibility of the doctor (or healthcare professional) to ensure that his or her concerns are properly understood.

Laming Recommendation 81: Actions agreed in relation to the care of a child about whom there are concerns about deliberate harm are recorded, carried through and checked for completion.

Laming Recommendation 83: The investigation and management of a case of a possible deliberate harm to a child must be approached in the same systematic and rigorous manner as would be appropriate to the investigation and management of any other potentially fatal disease.

ACTION:

If you are in a situation where health professional colleagues have different opinion to your own, the named professionals for safeguarding children (or child protection paediatrician on-call) should be contacted immediately, to discuss the case.

Where necessary, the referral process set out in APPENDIX 3 should be followed.

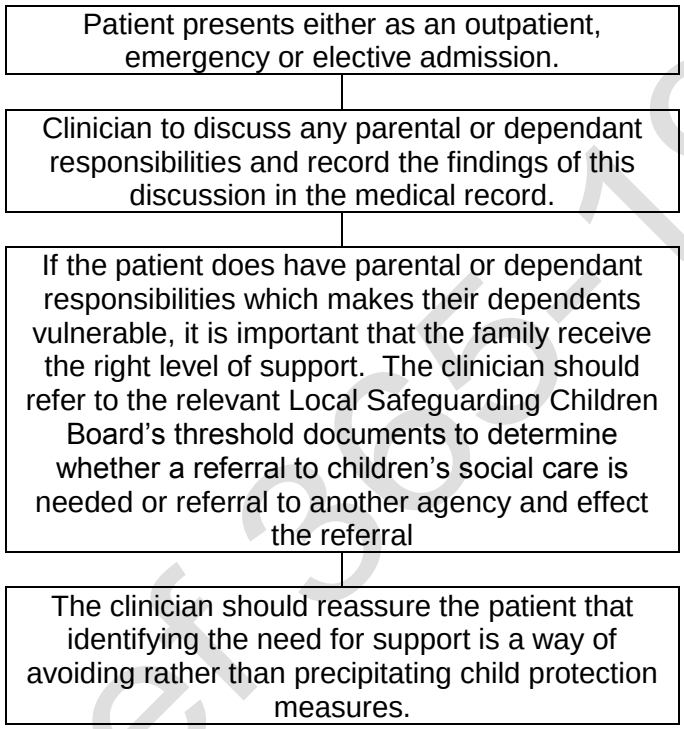
Where there are interagency disagreements the escalation policy for the Safeguarding Children Boards must be used. This can be found on the Local Safeguarding Children Boards' websites

FOI Ref 365-1920

APPENDIX 11 - Process for ensuring that all patients are routinely asked about dependants such as children, or about any care responsibilities

This is particularly important in services such as those dealing with acute admissions or treatment, for example some mental health conditions or where those seeking help for substance misuse may have dependent children or younger siblings needing care. These children may be vulnerable because of the admission of the carer and it is important that appropriate assessment and communication between agencies occurs.

In recent years, there has been a shift in policy, which is now placing greater emphasis on supporting adults in their parenting role. *Working Together* 2018 provides the framework for children's services to support the child and the family.



ACTION:

If you have concerns that the child is at risk of significant harm as a result of parental factors, a safeguarding referral should be made. Please follow the referral process set out in APPENDIX 3 of this policy.

FOI ref 3861920

APPENDIX 12 - Child protection supervision for UHNM staff

Working to ensure children are protected from harm requires sound professional judgements to be made. It is demanding work and can be distressing and stressful.

Section 11 of the Children Act 2004 says that as an organisation there should be in place arrangements that reflect the importance of safeguarding and promoting the welfare of children; this includes appropriate supervision and support for staff. (*Working Together* 2015).

Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family. (*Working Together* 2015)

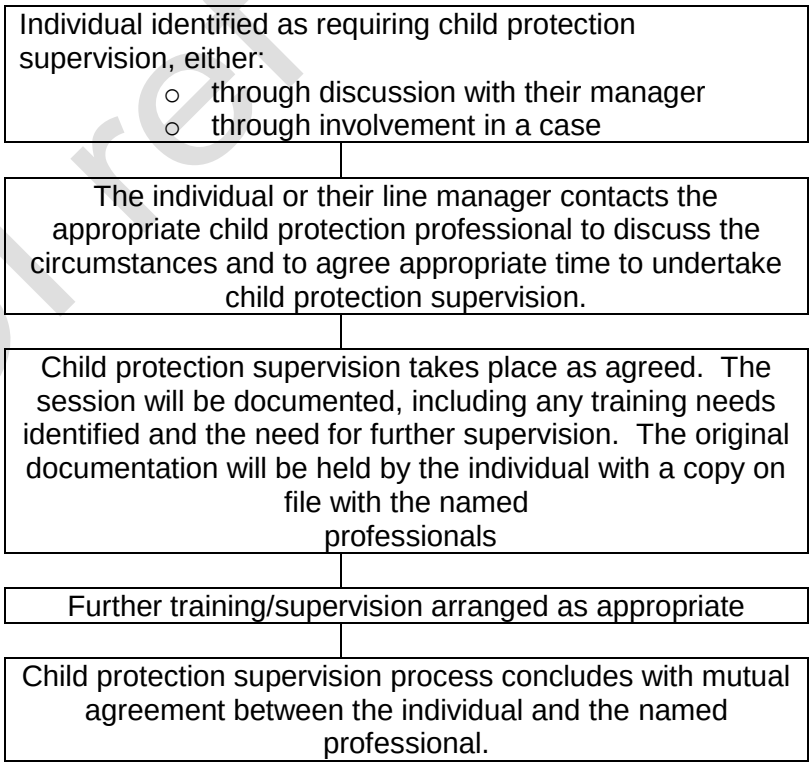
It is considered good practice within the UHNM for all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns to undertake child protection supervision.

The named doctor, named nurses and named midwife offer child protection supervision. This is available to all staff. When the child protection department receive a copy of the multiagency referral form from a member of staff, following a referral, an e-mail is sent to the member of staff inviting them to contact the child protection department or their named professional for child protection supervision.

For professionals who are involved in day-to-day work with children and families child protection supervision is important to:

- ensure that practice is consistent with local safeguarding procedures
- support them in delivering their role and responsibilities
- help to identify any training and development needs.

The Trust named professionals can provide child protection supervision. To access child protection supervision, the following process should be followed:



FOI ref 365-1920

FORM A: UHNM CHILD PROTECTION SUPERVISION

Name of Supervisee: ……

Name of Supervisor: …….....

It is considered good Trust practice for all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns to undertake child protection supervision.

- To enable the member of clinical staff to perform to the standards specified by their own professional body, Staffordshire and Stoke-on-Trent Safeguarding Children Boards' policies and procedures and UHNM policies and procedures.
- To ensure that the member of clinical staff is clear about his/her roles and responsibilities.
- To clarify roles and responsibilities within inter-agency working.
- To promote professional development; identify gaps in knowledge and skills requiring child protection training.
- To ensure accountability for the work undertaken by clinical staff.
- To be a source of support for clinical staff.
- To provide the opportunity to address issues relating to clinical staff care.

As a supervisee I agree to:

- Prepare for the sessions, for example, by having an agenda or preparing notes or transcripts.
- Take responsibility for making effective use of the time, including punctuality, and the outcomes and any actions I may take as a result of child protection supervision.
- Be willing to learn, to develop my child protection skills and be open to receiving support and challenge.

As a child protection supervisor I agree to:

- Keep all information you reveal in the clinical supervision sessions confidential, with the following exceptions:
  - If you should disclose any unsafe, unethical or illegal practice and you are unwilling to go through the appropriate procedures to address the issues identified
  - You repeatedly fail to attend for the appointed sessions.
  - You disclose a child protection incident that has not been reported

  In the event of an exception arising, I will attempt to support you to deal appropriately with the issue. If I remain concerned, I will inform your line manager and the safeguarding children lead for the Trust, only after informing you that I am going to do so.
- Offer you advice, support and supportive challenge to enable you to reflect in depth on issues affecting your child protection practice.

FOI ref 365-1920

FORM B - Child Protection Supervision for UHNM Staff

SPECIFIC CASE SUPERVISION

DATE		**TELEPHONE/FACE TO FACE**	
NAME OF SUPERVISEE / GROUP SUPERVISEE **TITLE**			
NAME OF SUPERVISOR **TITLE**			
AREA/DEPARTMENT			
Subject of a Child in Need Plan		Subject of a Child Protection Plan	

NATURE OF CONCERN/QUERY Tick as appropriate

Neglect		Physical		Sexual	
Emotional		Unexplained injury		Domestic Abuse	
Alcohol abuse		Substance misuse		Social Inclusion	
Schedule / Offender		Vulnerable family		Mental Health Child/carer	
Learning disability child/carer		Other *(Please state)*			
INDIVIDUAL CASE LOAD SUPERVISION		GROUP SUPERVISION			

KEY THEMES

ACTION PLAN

FOI ref 365-1920

CHILD'S VOICE

Review date

Supervisor signature
Print name
Supervisee signature
Print name

FOI ref 365-1920

Child Health Directorate, Medical Division

CHILD PROTECTION OFFICE
University Hospital of North Midlands
Child Development Centre
Hilton Road
Stoke on Trent
ST4 6QG

Tel: 01782 55(6)79802
Fax: [redacted]

Dear XXXXXXXXXXXXXXX

Re: Child Protection Supervision

The Trust Policy (C23) for Managing the Risks Associated with Safeguarding Children sets out clear guidance in relation to child protection supervision.

It is recommended that any professional who is directly working with a child protection case, seek support from a named professional.

Child protection supervision is important to:

- ensure that practice is consistent with local safeguarding procedures
- support in delivering your role and responsibilities
- help to identify any training and development needs of UHNM staff.

In accordance with this policy, you are invited to contact the named doctor/nurse/midwife to arrange this at a mutually convenient time.

The outcome of the session will be recorded and you will be provided with a copy of this documentation. A copy will also be retained within the Child Protection office for future audit purposes.

Please be aware that any concerns regarding professional practice will be shared with your line manager.

Please contact the appropriate child protection professional or Child Protection office on extension (6)79802 to arrange your child protection supervision session.

If you have any queries or concerns regarding this please do not hesitate to contact a named professional for safeguarding children

Yours sincerely

Named professional for safeguarding children

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APPENDIX 13 - Care Quality Commission Safeguarding and Registration Requirements

NB: Please note that this regulation relates to the safeguarding of children and adults

Regulation 13: Safeguarding service users from abuse and improper treatment from the Care Quality Commission's ***Guidance for providers on meeting the regulations of quality and safety***, published February 2015 sets out what providers should do to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13

It states that providers should minimise the risk of abuse occurring by adherence to a series of regulations outlined below:

13.—(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.

(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

(3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

(4) Care or treatment for service users must not be provided in a way that—

(a) Includes discrimination against a service user on grounds of any protected characteristic (as defined in section 4 of the Equality Act 2010) of the service user,
(b) includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint,
(c) is degrading for the service user, or
(d) significantly disregards the needs of the service user for care or treatment.

(5) A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

(6) For the purposes of this regulation— "abuse" means—
(a) any behaviour towards a service user that is an offence under the Sexual Offences Act 2003(a),
(b) ill-treatment (whether of a physical or psychological nature) of a service user,
(c) theft, misuse or misappropriation of money or property belonging to a service user, or
(d) neglect of a service user.

(7) For the purposes of this regulation, a person controls or restrains a service user if that person—
(a) uses, or threatens to use, force to secure the doing of an act which the service user resists, or
(b) restricts the service user's liberty of movement, whether or not the service user resists, including by use of physical, mechanical or chemical means.

The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- Neglect.
- Subjecting people to degrading treatment.
- Unnecessary or disproportionate restraint.

FOI ref 365-1920

- Deprivation of liberty.

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint.

For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

CQC can prosecute for a breach of some parts of this regulation (13(1) to 13(4)) if a failure to meet those parts results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. We do not have to serve a Warning Notice before prosecution. Additionally, CQC may also take any other regulatory action.

The CQC must refuse registration if providers cannot satisfy them that they can and will continue to comply with this regulation.

The guidance is available to read in full at www.cqc.org.uk

FOI ref 365-1920

APPENDIX 14 - Child Protection Training Needs Analysis

Definitions:	
Not working with children:	Working within a Speciality where there is no direct contact with children; i.e. Elderly Care.
Working with children:	Working within a Speciality where children are seen but not on a routine basis (i.e. Orthopaedics)
Working with children within a Paediatric Speciality:	Working within the Paediatric/Child Health Directorate; working within the Emergency Care Centre, working within an outpatient clinic where children are seen (i.e. ENT); working within Maternity.

Staff Group 🡻	**Type of Training 🡻**			
If you feel that your staff group has not been included in the list below, please contact the Child Protection Team (CPT) on Ext. 79802 for advice.	**An Introduction to Child Protection** (via Statutory and Mandatory Training) (e-learning) This session takes ½ hour.	**Level 1:** A detailed training session for staff which includes recognition of abuse, how to make an effective referral, barriers to referrals, information sharing guidance, allegations, etc. The session takes 3 hours. An e-learning package is available for staff who do not work with children on a regular basis or as an interim before face to face training.	**Level 2:** A multi-agency training programme, run by the Local Safeguarding Children Boards. This is a one to three day course depending on which LSCB and needs of delegate.	**Specific: level 3** A specialist multi-agency training programme covering particular aspects of practice. E.g. working with substance misusing parents, teenagers, serious case reviews etc. These could be face to face courses lasting from 2 hours to 2 days or e-learning
Frequency➲:	**Initial- then every 3 years**	**Every 3 Years**	**Once for appropriate staff with an update level 2 or 3 course every 3 years**	**According to need as appropriate (discuss with CPT)**
Consultant and Career Grade NOT working with children	✓	e learning		
Consultant and Career Grade working with children	✓	✓/ e- learning		Recommended (discuss with CPT)

OI ref 3555-19

Staff Group ⇩	Type of Training ⇩			
Consultant and Career Grade working in a Paediatric Speciality	✓	✓	✓	Recommended (discuss with CPT)
Consultant working within ECC	✓	✓	✓	Recommended (discuss with CPT)
Doctor in Training NOT working with children	✓	e learning		
Doctor in Training working with children	✓	✓/ e- learning	According to need (discuss with CPT)	Recommended (discuss with CPT)
Doctor in Training in a Paediatric Speciality	✓	✓	✓	Recommended (discuss with CPT)
Non clinical support staff (e.g. Sodexo - Porters, Estates, Laundry, Domestics, Catering)	✓			
Management Staff not working within a clinical environment	✓			Recommended (discuss with CPT)
Ward Based Midwives (band 6 and above)	✓	✓	✓	Recommended (discuss with CPT)
Ward Based Midwives (band 5 and below)	✓	✓		Recommended (discuss with CPT)
Community Midwives	✓	✓	✓	Recommended (discuss with CPT)
Theatre Staff	✓	Level 1/ e learning		
Nursing staff not working with children.	✓	e learning		
Nursing staff working with children outside a Paediatric Speciality (not routinely seeing children – i.e. plastics)	✓	Level 1/ e learning		Recommended (discuss with CPT)
Nurses (band 6 and above) working within a Paediatric Speciality and A&E	✓	✓	✓	Recommended (discuss with CPT)
Nurses (up to band 5) working within a Paediatric Speciality and A&E	✓	✓		Recommended (discuss with CPT)
Administrative and Clerical Staff (including ICT)	✓			
Nursing Assistants not working with children (i.e. Elderly Care)	✓	e learning		
Nursing Assistants working with children outside a Paediatric Speciality (i.e. ENT)	✓	Level 1/ e learning		Recommended (discuss with CPT)

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Staff Group ⇩	Type of Training ⇩			
Nursing Assistants working within a Paediatric Speciality and A&E	✓	✓		(Recommended discuss with CPT)
Allied Health Professionals (i.e. therapy staff, therapeutic radiographers / physicists / dieticians / audiologists / orthoptists) not working with children.	✓	e learning		
Allied Health Professionals (i.e. therapy staff, therapeutic radiographers / physicists / dieticians / audiologists / orthoptists) working with children.	✓	✓/ e- learning	According to need as appropriate (discuss with CPT)	Recommended (discuss with CPT)
Therapy Staff working within a Paediatric Speciality	✓	✓	According to need as appropriate (discuss with CPT	Recommended (discuss with CPT)
Pharmacists (not working with children)	✓			
Pharmacists (working with children)	✓	Level 1/e learning		
Maternity support workers	✓	✓	(discuss with CPT)	Recommended (discuss with CPT)
Nursery Nurses (Maternity Wards/Neonatal Unit)	✓	✓		Recommended (discuss with CPT)
Diagnostic radiographers	✓	✓/ e- learning		
Play Specialists	✓	✓		Recommended (discuss with CPT)

Additional information:

The Intercollegiate Document; Safeguarding children and young people: roles and competences for health care staff, March 2014 recommends the following as a minimum for staff:
Staff not working directly with children should undertake refresher training equivalent to 2 hours over a 3 year period. This includes stat and mand training

Staff who are in regular or in intensive but irregular contact with children, young people and/or parents/carers should undertake a minimum of 3-4hours training over a 3 year period. The level 1 and level 1 e-learning packages form a part of this. This can also include multi-disciplinary and scenario based discussion drawing from case studies and lessons learned from research and audit.

Staff who work within a paediatric specialty, the emergency centre and maternity should undertake a minimum 8 hours over 3 years, with 16 hours for those in specialist roles. These staff are expected to attend a level 2 course according to grade, with refresher training in level 2 updates or level 3 courses. However a blended learning approach is expected with multi-disciplinary and inter-agency learning with personal reflection, scenario based discussion and case studies, serious case reviews, lessons from research and audit. Safeguarding may be covered within staff meetings, clinical updates and audit, reviews of critical incidents and sudden unexpected events and peer discussions.

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How to book onto training:

An Introduction to Child Protection:
To book a place onto this course, please refer to the Online Training System (within Online Services).

Level 1 Training:
To book a place onto this course book in via smart card:

Face to face: 205 Level 1 Child Protection (Intro to working together) [CSTF Level 2]

E-learning: Level 1 Child Protection (CSTF Safeguarding Children Level 2)

Level 2 and Specific (Level 3) Training:
This training is provided externally by both Staffordshire and Stoke-on-Trent Safeguarding Boards. Staff may attend courses provided by either Board which are free unless the member of staff does not attend on the day, or attends late or leaves early. A separate application must be completed.
The UHNM has some level 3 and 4 courses that can be accessed via ESR using the smart card

Contact Details for Further Advice:

If you would like to discuss your training needs, please contact the child protection team, who will be able to provide advice.
Contact No: (6) 79802

- The child protection intranet page (please see clinical guidance section) also contains details of the training available.

For training at levels 2 or above, the Local Safeguarding Children Boards each have a detailed training prospectus, these are available via the following websites:

- Staffordshire Safeguarding Children Board: www.staffsscb.org.uk
- Stoke-on-Trent Safeguarding Children Board: www.safeguardingchildren.stoke.gov.uk

FOI ref 365-1320

APPENDIX 15 - ASQUAM Achieving Sustainable Quality in Maternity Services Guidelines

There are a number of guidelines particularly relating to the unborn child. These can be accessed via the UHNM intranet Obs and Gynae pages.

→ Clinicians → clinical guidance → clinical guidelines → obs and gynae

Examples include:

ASQUAM Guideline for the Management of Women at Risk of Domestic Abuse in Pregnancy
Also see APPENDIX 4

ASQUAM Concealed Pregnancy Guideline

ASQUAM Guideline for the Management of Missed Appointments

Female Genital Mutilation (FGM) Guideline – (Maternity Specific)

FOI ref 365-1920

APPENDIX 16 - Female Genital Mutilation (FGM)

Female Genital Mutilation is child abuse and is illegal.

The Trust has guidance; Guidance for the Reporting of Female Genital Mutilation

Under mandatory reporting legislation, FGM in an under 18 year old must be reported. See the flowchart (below). Complete the blue FGM proforma, below

If there are concerns that a girl is at risk of FGM, a referral to children's social care must be made. Follow the process laid out in APPENDIX 3,

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(BLUE) FGM REPORTING PRO-FORMA

Females under 18 years of age

HEALTHCARE PRACTITIONER DETAILS		
Name		
Contact Details		
Role		
Place of Work		
Date Form Completed		
GIRLS DETAILS		
Name		
Age / Date of Birth	**Age**:	**DOB**:
Address		
FGM Type Identified: 1 2 3 4 9 **Please circle appropriate number (see SOP for classification)**		
DETAILS OF TRUST'S DESIGNATED SAFEGUARDING LEAD		
Helen Inwood	Deputy Chief Nurse	
Contact Details: Telephone / e-mail	Telephone: 01782 676622	Helen.inwood@uhnm.nhs.uk
Place of Work	UHNM, Royal Stoke University Hospital, Springfield Building, Ground Floor, Newcastle Road, Stoke-on-Trent ST4 6QG	
Police Reference Number		
Time and Date	**Time**:	**Date**:
Child Protection Contacted (Please Tick One)	**Yes**:	**No**
Discussed with Family/Child (Please Tick One)	**Yes**:	**No**:

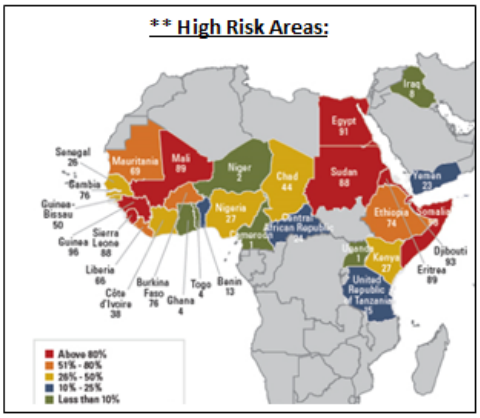
Please return both pages to Child Protection Team & FGM department leads (as per trust SOP)

DI ref 365-1920

University Hospitals of North Midlands NHS
NHS Trust

FEMALE GENITAL MUTILATION (FGM) FLOWCHART

**** High Risk Areas:**



Interaction with a female from a high risk area**/pt admits to FGM

< 18 years old

Are you concerned that a CHILD may have had FGM OR be at risk of FGM?

Use: **FGM REPORTING PRO-FORMA Females under 18 years of age**

The child has told you that they have had FGM.

You have found clinical evidence of FGM

Someone discloses that the girl has had FGM

You consider the girl to be **at risk** of FGM.

Mandatory reporting duty applies

Professional who initially identified the FGM (you) calls 101 police to make a report.

- Record all decisions /actions
- Be prepared to talk to Police.

You will have to provide:
- Girl's name, DoB, address
- Update your local safeguarding lead.
- Your contact details & contact details of your safeguarding lead.

Follow local safeguarding procedures and **refer to children's social care**

IMMEDIATE RESPONSE REQUIRED for identified girl OR another child/other children

Police and social care take immediate action as appropriate

ASSESSMENT OF CASE: Multi-agency safeguarding meeting convened in line with local safeguarding arrangements, including police, social care and health as a minimum.

Health professional (with relevant paediatric competencies) lead on the assessment of the health needs of the child.

Social care and police develop and appropriate pathway.

> 18 year old

FGM found on clinical examination

Female admits to FGM

Use: **Green FGM REPORTING PRO-FORMA for >18 years**

Offer referral to FGM OPD clinic (O&G)

Offer referral for psychological support

Are there any female family members <18

Yes

No

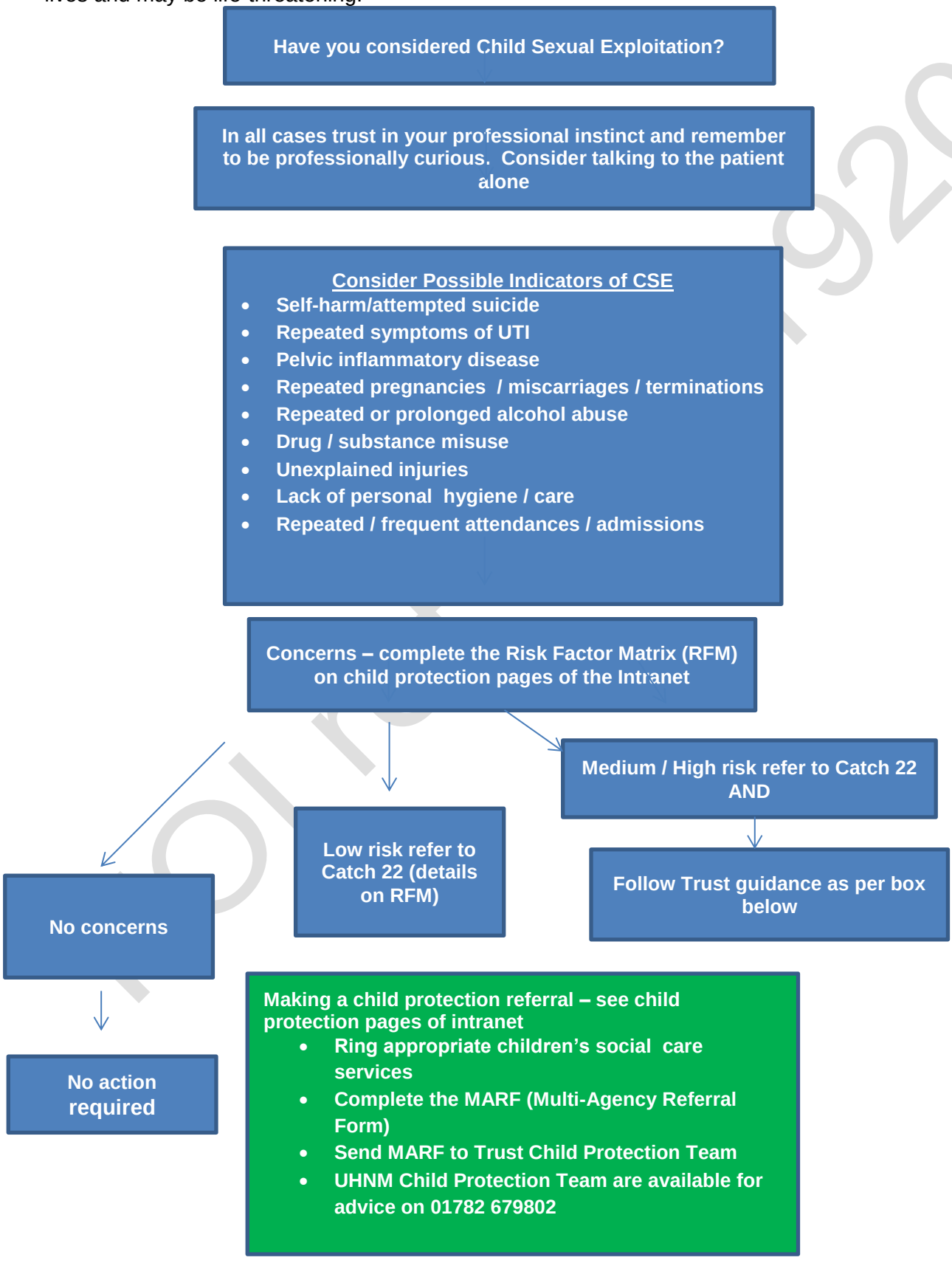
Complete Health Visitor referral form

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. Always ask your local safeguarding lead if in doubt.

APPENDIX 17 - Child Sexual Exploitation - Child Sexual Exploitation

DEF: Child Sexual Exploitation (CSE) is when an individual takes sexual advantage of a child or young person (anyone under 18) for his or her benefit.

CSE occurs throughout the UK affecting boys as well as girls from any social, ethnic or financial background. It robs them of their childhood and has serious long-term effects on every aspect of their lives and may be life-threatening.



APPENDIX 18 – SOP Child Protection Information Sharing System

Standard Operating Procedure (SOP)

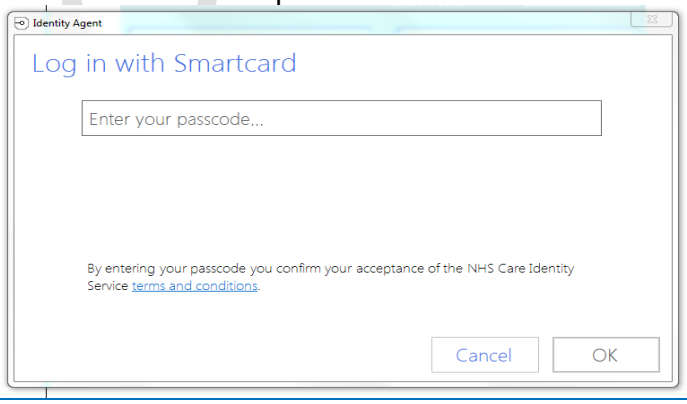
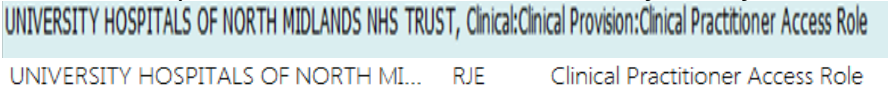
Child Protection Information Sharing System (C23)

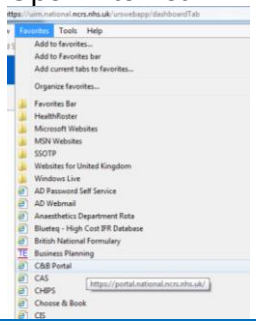
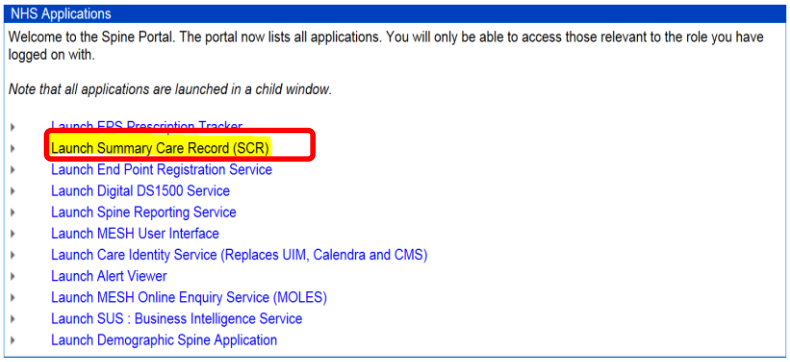
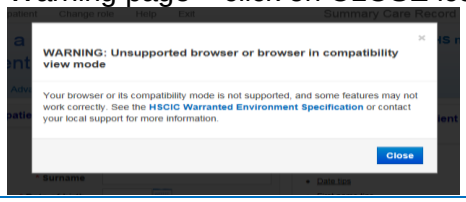
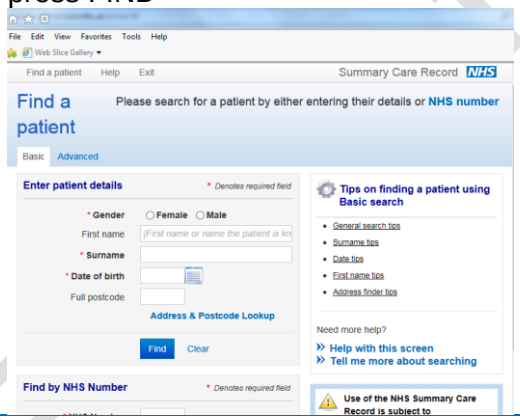
November 2018, Version 3

University Hospitals of North Midlands NHS Trust

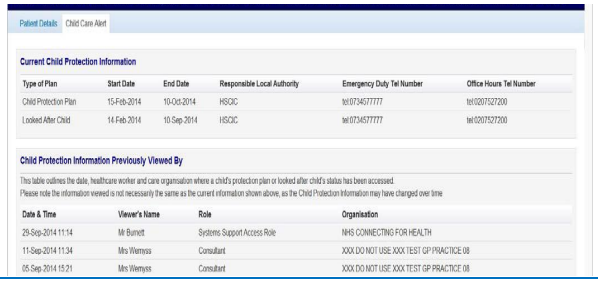
The purpose of this SOP is to enable practitioners to identify if a child / unborn is subject to a Child Protection Plan via the Child Protection Information Sharing system (CP-IS). It does not replace, but works alongside the Trust's current Safeguarding processes by improving communication between agencies when a child / unborn is known to Children's Social Care. Access to the system will allow the health team to be alerted that they are subject to a plan and have access to the contact details for the Social Care Team. The Social Care Team is automatically notified that the child /unborn has attended and both parties can see details of the child / unborn previous 25 visits to unscheduled care settings in England.

This SOP links to Trust Policy C23 and C36.

No.	Description of Procedural Steps
1	Nominated professional to triage and assess patient / Mother as per local procedure in the Emergency Care Portal (Children's Emergency Department CED & Children's Assessment Unit CAU) or Maternity Assessment Unit MAU
2	Nominated CP-IS checker to check status of child or Mother if baby unborn on CP-IS system for all attending children to CED & CAU & Mothers to MAU who are out of area, known to Social Care Team, presenting history does not match injury or illness or any other suspicious circumstances. Any children/ unborn of adult patients where concerns may be raised around their ability to care.
3	To check CP-IS, place smartcard into the smartcard reader slot on the computer. You will see one of two possible start up screens.  Enter your smart card passcode For the first option select the box on the left "Yes I accept …" 
4	Select the required role from the list Please note: you may have more than one role on your list. 

No.	Description of Procedural Steps
5	Open Internet → Explorer → Click on Favourites → click on C&B portal 
6	Click on Launch Summary Care Record (SCR) 
7	Warning page – click on CLOSE icon 
8	You will now see the following page. To find the child's or Mothers details, type in patient's NHS number or date of birth and surname and press FIND 
9	You may be presented with a list of children or Mothers, verify the correct child or Mother by clicking on the name.
10	If there is a Child Care Alert this will be indicated via the Child Care Alert tab. 
11	Click on the Child Care Alert tab if there is one, to view details. If there is no tab then there are no

FOI 365-1920

No.	Description of Procedural Steps
	social care details held  Patient Details Child Care Alert **Current Child Protection Information** Type of Plan | Start Date | End Date | Responsible Local Authority | Emergency Duty Tel Number | Office Hours Tel Number Child Protection Plan | 15-Feb-2014 | 10-Oct-2014 | HSCIC | tel:0734577777 | tel:0207527200 Looked After Child | 14-Feb-2014 | 10-Sep-2014 | HSCIC | tel:0734577777 | tel:0207527200 **Child Protection Information Previously Viewed By** This table outlines the date, healthcare worker and care organisation where a child's protection plan or looked after child's status has been accessed. Please note the information viewed is not necessarily the same as the current information shown above, as the Child Protection Information may have changed over time Date & Time | Viewer's Name | Role | Organisation 29-Sep-2014 11:14 | Mr Burnett | Systems Support Access Role | NHS CONNECTING FOR HEALTH 11-Sep-2014 11:34 | Mrs Wemyss | Consultant | XXX DO NOT USE XXX TEST GP PRACTICE 08 05-Sep-2014 15:21 | Mrs Wemyss | Consultant | XXX DO NOT USE XXX TEST GP PRACTICE 08
12	If there is a child care alert then transcribe information onto the blue CP-IS sticker. Place the completed CP-IS sticker in the child's health record alongside the admission clerking details. For the unborn baby document on K2 within admission text that CP-IS has been reviewed and details if there is a child care alert If there is no alert on the CP-IS system then indicate "No" on line one on the blue CP-IS sticker and in K2 records **Child Protection Information Sharing** System Checked: Yes No Known to social care: Yes No Responsible local authority _____ Emergency telephone numbers _____ Office hours numbers _____ Type of plan_____ Start Date _____ End Date _____ Date_____ Time _____ Name _____ Signature _____ Designation
13	Prior to transfer out of an Emergency Care Portal (unscheduled attendance) ensure receiving area is aware of the CP-IS alert and that the sticker has been placed in the child's health care record. Prior to transfer out of MAU the midwife caring for the Mother uses SBAR to receiving professionals on transfer of on-going care to reduce multiple accessing of CP-IS and document on K2
14	If there is no CP-IS sticker in the notes follow steps 2 to 13 above.
15	If there is no CP-IS Child Care Alert and there are concerns for the child refer to Policy No. (C23) Trust Policy for Managing Risks Associated with Safeguarding Children.
16	Continue to follow Trust Child Protection process in raising concerns