Papworth Hospital NHS
NHS Foundation Trust

Document title: Safeguarding Children and Young Adults Policy

Document number: DN270

Staff involved in Development (job titles):	Director of Nursing /Deputy Director of Nursing Lead Nurse for Child Protection Social Work Team leader/ Safeguarding lead Alert team Transition steering group
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Key points of this document

1. The purpose of this policy is :
   - To enable the delivery of safe care for children and young people at Papworth Hospital NHS Foundation Trust and to safeguard children and young adults against deliberate harm or abuse.
   - To outline the process to be followed should deliberate harm or abuse be suspected.

2. This policy covers anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years, is living independently, is in further education, a member of the armed forces, in hospital or in custody in secure accommodation for a child and young person, does not change their status or entitlement to safeguarding services or protection under The Children's Act 1989 (Working Together to Safeguard Children 2013).

3. For the purposes of this document the following terms will be used those under 16 are referred to as children, those aged 16 and 17 years are referred to as young people as the conditions of the Childrens Act 1989 apply as does the provisions of the Mental Capacity Act 2005. Those aged over 18 are referred to as adults.

Contents

1. Introduction

The core purpose of Papworth Hospital NHS Foundation Trust , thereafter known as the Trust is to provide a comprehensive range of cardiothoracic services for adult patients. However in 1994 the Trust Board endorsed the development of an adolescent service for patients with Cystic Fibrosis (CF) and, in 1995, endorsed the admission of young patients requiring the unique services of the Respiratory Support and Sleep Centre (RSSC). Furthermore, in 2010 the Board of Directors extended this to cover admission to any side room, on exceptional occasions, children or young adults that may require access to the full range of specialist services offered by the Trust following discussion with and approval of the executive directors and senior nursing team. It was also acknowledged that these children will require the services of our out-patient departments. The numbers of these patients attending is less than 2%

The aim of this document is to enable the trust to meet its statutory requirements set out in the Children Act 2004 to safeguard and promote the welfare of children by ensuring that have access to policies and practice guidance describing their responsibilities.

Section 11 of the Children Act 2004 places a legal duty on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. The organisation also has to comply with care quality commission: outcome 7 Safeguarding people who use services from abuse.

The Trusts duty under section 11 is, therefore wider than child protection. To be effective it requires staff members to acknowledge their individual responsibility for safeguarding and promoting the welfare of children as well as the commitment of the Trust management to support them in this.

This document is complementary to and should be used in conjunction with the more detailed interagency procedures of Cambridgeshire Local Safeguarding Children Board (LSCB). These govern the action that must be taken in respect of children in need and children in need of protection. Trust healthcare professionals are expected to take into account the NICE Clinical Guideline 89 when to suspect child maltreatment when exercising their clinical judgement.

Staff are encouraged to access the resources available via the safeguarding App available on the intranet. The content of the material within this app was originally developed by NHS Midlands and East and further updated and developed in by a consortium of CCG safeguarding leads in the East. NHS England regional safeguarding leads have supported the development of the content to suit all healthcare staff in England and the content has been additionally developed by safeguarding leads across England.

2. Scope

This policy applies to all staff working for the Trust regardless of their role or place within the trust, and must be brought to their attention and read by them. The policy is also applicable to agency staff, bank staff, volunteers and visitors. Reference is made here to the Trust's Safeguarding Adult Policy that gives guidance in relation to adults at risk (DN 307 Protection of Vulnerable Adults)

Safeguarding children is everyone's responsibility; for services to be effective each Professional and organisation should play their full part (Working Together to Safeguard Children 2015).
This policy applies to all children from unborn up to 18years of age whether the children are service users of the Trust's in their own right or children cared for by service users who are receiving services from the Trust. It also applies to other children in the wider community that come to the attention of Trust staff in the course of their work.

3. Definitions

A Child: Is defined in the Children Acts 1989 and 2004, **a 'child'** under this act, is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his/her status or entitlement to services or protection under the Children Act 1989 (Appendix A: Glossary Working Together HM Government 2015).

Safeguarding and promoting the welfare of children is defined (in WorkingTogether 2015) as;

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

Child Protection is part of safeguarding and promoting welfare and refers to the activity which is undertaken to protect specific children who are suffering or are likely to suffer significant harm.

Effective safeguarding arrangements in every local area should be underpinned by two key principles: (Working Together 2015)

- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Children in Care The term *Children Looked After (Children in Care)* has a specific legal meaning based on the Children Act 1989. A child is looked after by a local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in sections 20 and 21 of the Children Act 1989,

or Is placed in the care of a local authority by virtue of an order made under part IV of the Act.

Staff It should be noted that any reference to 'staff' or 'people who work with children' includes both paid and voluntary workers.

4. Responsibilities

Safeguarding children is everyone's responsibility; for services to be effective each professional and organisation should play their full part (Working Together to Safeguard Children 2015).
Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends on effective joint working between agencies and professionals who have different roles and expertise. To achieve this joint working, there need to be constructive relationships between individual workers, promoted and supported by strong leadership and commitment from the chief officers in all agencies.

4.1 The Trust Board

The board of directors is responsible for:

- Acting on any significant issues/ concerns raised by the Joint Safeguarding Committee.
- Ensuring that there are available resources for safeguarding children
- Ensuring there is a nominated director for the responsibility of safeguarding children.

4.2 The Director of Nursing The Director of Nursing, as the executive safeguarding lead for the Trust, has board level responsibility. They are a member of the LSCB Board and has delegated responsibilities for safeguarding, in line with statutory requirements to the following:

- Deputy Director of Nursing
- Safeguarding lead
- Named Nurse for Child Protection
- Named Doctor for Child protection
- Joint Safeguarding Committee

4.3 Deputy Director of Nursing responsibilities include;

- Providing a strategic lead for safeguarding across the organisation and provision of support to enable the operational development of this area of work.
- Working with Named professionals and safeguarding lead to ensure a strategic professional lead across the trust.
- Ensuring that there are procedures for dealing with allegations of abuse against members of staff and volunteers.
- Collaborating with HR in order to ensure that processes including recruitment and management of visitors take into account the need to safeguard and promote the welfare of children and young people.
- Chairing Joint Safeguarding Committee.

4.4 Safeguarding lead responsibilities include:

- Supporting the Trust in its clinical governance role by ensuring safeguarding issues are part of the governance.
- Providing support and advice for staff to promote good professional practice which safeguards and promotes the welfare of children and their families.
- Act as a subject matter expert when responding to concerns raised within the trust. Responsible for keeping contemporaneous notes
- As Papworth is a regional and nation centre not all child protection concerns will be addressed locally. The safeguarding lead will provide liaison with safeguarding teams across the country as appropriate
- Promoting, influencing, developing and delivering the safeguarding training strategy.
- Key member of Joint Safeguarding Committee

4.5 Named Nurse and Doctor for safeguarding Children responsibilities include

- The main focus of the named professionals (named nurse and doctor) for safeguarding children and young people is to safeguard children within the Trust.
- They are responsible for promoting good professional practice within the Trust and providing advice and expertise for fellow professionals. In relation to children's health and development, child maltreatment & local arrangements for safeguarding and promoting the welfare of children.
- Providing a vital source of professional advice on safeguarding and child protection matters
- Attend and participate in the various LSCB Sub-groups
- Working together with other organisations, in accordance with LSCB guidance, to provide a rapid and coordinated response in event of a child death
- As the trust is primarily an adult cardiothoracic centre and children form less than 2% of the patient group these are not full time roles.
- Key member of Joint Safeguarding Committee

4.6 Joint Safeguarding committee

The joint safeguarding committee is responsible for the following:

- Setting the strategy for vulnerable patients including those with Dementia and Learning Difficulties
- Developing and reviewing the following Trust documents/ strategy:
- Children and Young Adults policy (this document)
- Deprivation of liberty safeguards (DOLS) guidance
- PREVENT – policy and referral pathway
- Chaperone policy
- Policy for Protection of Vulnerable Adults from Abuse (DN307)
- Reviewing serious complaints and incidents relating to safeguarding of adults / children and young people
- Promoting working relationships with the Cambridgeshire LSCB and ensuring representation.

4.7 All managers' responsibilities include

- Ensuring that all staff are made aware of their roles and responsibilities in relation to this policy
- Ensuring that all staff have read the policy and are aware of what actions they need to take
- To identify any additional training and support needs required by their staff to enable them to perform their duties as defined in this policy
- Monitoring periodically staff awareness of their roles in relation to this policy.
- Following other appropriate Trust procedures, simultaneously where necessary e.g. disciplinary procedures, complaints and incident reporting
- Ensuring appropriate Divisional representation at the Trust's Joint Safeguarding Committee and appointment of Safeguarding champions from each patient area.

4.8 Consultants responsibilities include

- Ensuring that junior medical staff within their team know how to access safeguarding children, policies and procedures and complete the mandatory safeguarding training.
- Ensuring the safe admission for any children to the trust.

4.9 All healthcare staff have a vital contribution to child protection through their:

- Recognition of children in need of support
- Participation in enquires about the needs of an individual child
- Contribution to the assessment of a child's needs and her/his parents' capacity to meet them.
- Planning and provision of support to a child in need.
- Planning and participation in protection plans to support a child at risk.
- Appropriate referrals for therapeutic help to a family via child and adolescent mental health services.

5. Reporting Concerns

The trust recognises and reflects the priorities established by Cambridgeshire LSCB. Staff need to be aware of current issues such as honour based violence, child sexual exploitation (CSE), trafficking, cultural differences, special needs of disabled children and forced marriage which may all impact on children. Please refer to the specific guidance on this on the LSCB website

http://www.cambridgeshire.gov.uk/lscb/info/5/disabled_children_and_safeguarding
http://www.cambridgeshire.gov.uk/lscb/info/3/child_sexual_exploitation
http://www.cambridgeshire.gov.uk/lscb/info/6/domestic_abuse_forced_marriage_and_honour_based_violence
http://www.cambridgeshire.gov.uk/lscb/info/4/cultural_competence_in_safeguarding

There are also resources available via Safeguarding App available on the hospital intranet.

Female Genital mutilation (FGM) includes any mutilation of a female's Genitals, including the partial or total removal of the external genitalia for so-called cultural or other non-medical reasons. FGM is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is illegal and is a child protection issue. Professionals have a duty to act to safeguard girls at risk of FGM **Serious Crime act 2015.** This has established a mandatory duty to report cases – http://www.cambridgeshire.gov.uk/lscb/info/8/female_genital_mutilation
Please also refer to the information on the safeguarding App.

Staff should adopt the "think family" approach and will consider the following questions in relation to users of the trust

- Are there family members under 18years old?
- Are family members under 18 receiving services from other agencies, if so which ones and what is there role?
- Are Childrens Services involved- if so what is there involvement?
- Is the child on a child protection plan?
- Is the child a young Carer?
- Does the service user have contact with children through their network of family and friends?
- Resources are available on think family are available at http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/298/children_and_families_procedures_and_resources/3

There is guidance on raising concerns to in Appendix B
There is also guidance on what to do if there is suspicion of abuse or Non Accidental Injury – appendix A

The thresholds for safeguarding referrals in Cambridgeshire can be accessed at http://www.cambridgeshire.gov.uk/download/downloads/id/552/the_revised_mosi

Each member of staff has responsibility for reporting a concern to their line manager and seeking further advice if needed. These concerns need to be documented on Datix.

Advice of child safeguarding issues can be sought through the Named Nurse or Safeguarding Champion. Outside normal office hours, advice can be sought from senior staff or the Bronze on call.

As Papworth is a regional and nation centre not all child protection concerns will be addressed locally. The safeguarding lead will provide liaison with safeguarding teams across the country as appropriate.

Concerns that are raised through Datix will be reviewed by either the safeguarding lead or Deputy Director of nursing.

Safeguarding children and young people is an annual agenda item at the Clinical Governance Management Group.

6. Working in partnership with parents

The principle of working in partnership with parents is implicit within the philosophy of the *Children Act* 1989. The Act promotes respect for autonomy of the family to bring up children without unnecessary intervention from external agencies. Partnership with parents based on cooperation and agreement is a guiding principle upon which the Children and Young People Services provide services for all children in need and children in need of protection.

Sharing information with parents may be difficult but research suggests that parents will find it easier to work with professionals is they are dealt with openly.

7. Following up a missed appointment

Missed appointments have been shown to have a strong link to neglect.

> *Neglect may have been apparent to professionals through a combination of poor growth, non-attendance at health appointments, including routine surveillance, or poor school attendance* . Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014 DOH – available on the LSCB website.

If a child or young person misses an appointment an attempt to contact the child / young person or their parent or guardian, must be made to ascertain the reason for the appointment being missed. If there is reason for concern about the child's / young person's wellbeing, then the Social Work team should be informed and flow chart in appendix D followed. This should then be followed up with a letter to the GP (suggested template Appendix E stating that the appointment was missed, whether you have contacted the child, young adult, parent or guardian, the reason given and any further action taken.

8. Records for Children

Responsibility for this is via the Medical Records Committee via the Clinical Governance Management Group. In the event of a child safeguarding issue, these records may need to be shared with other agencies. Advice should be sought from the Named Nurse, Named Doctor, safeguarding lead or Caldicott guardian

9. Confidentiality and Sharing Information

The decision to share or not to share information about a child/young person should always be based on professional judgement, supported by the cross-governmental guidance *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers* (HM Government, 2015).

Information sharing must be done in a way that is compliant with the Data Protection Act, the Human Rights Act and the common law duty of confidentiality. However, a concern for confidentiality must never be used as a justification for withholding information when it would be in the child/young person's best interests to share information. The Caldicott Principles set out in *Information: To share or not to share?*

The Information Governance Review (*Caldicott 2 Review)*, March 2013, provide general principles that health and social care organisations should use when reviewing their use of client information and exemplify good practice. The principles in Appendix F should be followed when considering whether to share information.

10. Reporting Child Death

Childhood deaths whether they are expected as part of a natural part of a long term condition or unexpected need to be reported to the LSCB using the form in Appendix G. The Named Nurse for Safeguarding Children must be informed and the forms forwarded to her once completed. If assistance is required when filling in the forms please refer to the Named Nurse for Safeguarding Children or safeguarding lead

11. Managing safeguarding children allegations against staff

The framework for managing allegations is set out in Working Together to Safeguard Children (2015). The framework applies to all who work with children and young people, including those who work in a voluntary capacity. It also covers a wider range of allegations than child protection, including cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child
- behaved in a way that indicates s/he is unsuitable to work with children

It is essential that any allegation of abuse made against a person is dealt with consistently, fairly, quickly and in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

Any suspicion, allegation or actual abuse by a member of staff must be reported to the Director of Nursing immediately. Refer to the Disciplinary Procedure DN117. All staff fall within the scope of this policy. Careful consideration of the need for suspending the member of staff from duty during an investigation must be discussed with the Director of Nursing and will be based on a formal inter-agency risk assessment

All allegations will be reported to the **Local Authority Designated Officer (LADO)** by the Director of Nursing within one working day, at which point the Trust will act on their advice.

The role of the LADO is as an integral part of the framework for managing allegations against staff. They are responsible for the management and oversight of individual cases and must be informed of all allegations or concerns relating to staff or volunteers that fit the criteria above.

Local Authority Designated Officer team:

- Janet Farr - janet.farr@cambridgeshire.gov.uk;
- Lynn Chesterton - lynn.chesterton@cambridgeshire.gov.uk.

Telephone contacts:

- 01223 727968;
- 01223 727969;

- 01223 727967;

12. Training

All staff will be trained in safeguarding children, the details of this being in accordance with their level of contact with children and role.
All staff require a minimum standard of level 1 training and all front line and/or clinical staff, a minimum of level 2.
In addition it is best practice for key staff to undertake training programmes in a multi-agency forum.
The Trusts safeguarding training records are reviewed by the Joint Safeguarding Committee.

Please refer to the Training Needs Analysis (DN302) for levels of training needed for each staff group. This is based on Safeguarding children and young people: roles and competences for health care staff. Intercollegiate document March 2013

Safeguarding children training		
Level	**Staff Group**	**Frequency**
Level 1	All staff including non- clinical managers, contractors, agency staff and volunteers	3 yearly- 2 hours over 3 years
Level 2	**All staff who have some degree of contact with children and or parents.** Including all nurses and Doctors, porters AHP's, technicians	3 yearly – 3-4 hours over 3 years.
Level 3	**Senior staff and bronze on call - including** safeguarding link nurses and social workers	3 yearly – 6 hours over 3 years
Level 4	**Named professionals –** including Named nurse and Named Doctor Safeguarding Lead, director and deputy director of nursing	3 yearly 24 hours over 3 years

Non Attendance at Training

It is the responsibility of managers to identify the training required by all substantive staff, on recruitment, relevant to their job role and responsibility and as procedures are developed or amended. It is the responsibility of staff to access and attend training relevant to their role. The annual appraisal/individual performance review process should also be used to confirm that staff have undertaken the required training and

identify any future training needs. Managers should ensure that staff are booked on to the relevant training for their job role via Human Resources Learning & Development Department who will ensure that records of attendance are maintained via a central database.

The Learning & Development team will notify managers of staff non-attendance at training courses. It is the manager's responsibility to re-book staff and ensure attendance at the next available training session. Where this is not achievable, managers must assess the associated risks and report through the relevant directorate group.

13. Staff Disclosure and Barring Service (DBS) Checks

DBS checks are mandatory for every new Trust employee. There are two levels of DBS checks, standard and enhanced as well as an additional pre employment check that is completed by all staff working at Papworth. Further details pertaining to DBS checks can be found in the Staff Disclosure and Barring Service Policy.

14. When to Use a Chaperone

The safety, privacy and dignity of the patient are paramount. The process of chaperoning allows medical and other health staff to safeguard themselves from any accusation by patients of improper conduct. It can be expected that parents will be present with the child or young adult, but this does not substitute the need for a formal chaperone .

Refer to Chaperone Guidelines DN168.

15. Visitors

Visitors other than patient carers, relatives, personal friends, including VIP visitors, are to be escorted whilst on site in patient areas at all times. Professional visitors will be managed as per HR policy.

Refer to the Disciplinary Procedure DN117. All staff fall within the scope of this policy. Careful consideration of the need for suspending the member of staff from duty during an investigation must be discussed with the Director of Nursing and will be based on a formal inter-agency risk assessment

Any complaints that involve children and young adults must be reported to the Director of Nursing, who will report these on to the Local Authority Named Officer. All allegations will be reported to the Local Authority Named Officer by the Director of Nursing or Deputy Director of Nursing within one working day, at which point the Trust will act on their advice.

16. Support Arrangements for Staff

The trust accepts that Safeguarding Children is a challenging and complex area of work; difficult judgements have to be made and staff will need support to ensure that they are able to deal with this professionally and to have the opportunity to learn and develop following such incidents.

If a member of staff is involved in reporting/recognising or investigating a child protection issue, please refer to support arrangements for staff DN288.

Particular supervision can be arranged by contacting Safeguarding lead, Named nurse for child protection or Deputy Director of nursing.

External supervision is accessed by the Named Nurse and Safeguarding Champions, and is provided by the Designated Nurse at NHS Cambridgeshire.

17. Audit & Governance

Any child safeguarding incident will be discussed at the Joint Safeguarding Committee and any actions identified monitored for completion. The learning is then used to plan future changes in staff training.

Monitoring of staff knowledge about procedures if an incident or issue is suspected will be carried out through an annual audit and the training programme adjusted accordingly.

As part of our Global Trigger Tool review of patient episodes, we will highlight any case notes randomly selected and, once reviewed, bring forward for discussion at the Joint Safeguarding Committee to identify actions and monitor for completion.

Monitoring of actions identified from the annual Section 11 self-assessment will be through the Safeguarding Vulnerable People Committee

Key Legislation and guidance

- Children Act 1989
- The Human Rights Act 1988
- The Data Protection Act 1998
- Children Act 2004
- Home Office (2003) Hidden Harm. Responding to the needs of children of problem drug users. Executive summary of the report of an inquiry by the Advisory Council on the Misuse of Drugs.
- NSPCC (2003) It Doesn't Happen to a Disabled Child.
- HM Government (2007) Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.
- Department for Children, Schools and Families (2009) Think Family Toolkit Improving support for families at risk Strategic overview.
- Department for Education and Department of Health (2015) Promoting the Health and Wellbeing of Looked After Children.
- Department for Education (2009) Safeguarding Disabled Children: Practice Guidance Care Quality Commission Essential Standards.
- Royal College of Psychiatrists (2011) Parents as patients: supporting the needs of patients who are parents and their children. College Report CR164.
- Department of Health (2015) Working Together to Safeguard Children A guide to interagency working to safeguard and promote the welfare of children
- Department of Health (2013) Information: To Share or not to Share –

Government Response to the Caldicott Review.

- Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014 DOH
- Safeguarding children and young people: roles and competences for health care staff. Intercollegiate document March 2013

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Appendix A– Terms of Reference Joint Safeguarding Committee

Membership

Deputy Director of Nursing (Chair)
Human Resources Representative
Learning & Development Representative
Heads of nursing
Safeguarding lead
Modern Matrons
Named Doctor for Safeguarding
Named Nurse(s) for Safeguarding
PALS Manager
Social Work representative
Ward Sister RSSC
Dementia lead
Learning Disabilities lead
Safeguarding Champions

Co-opted:
Designated Nurse for Safeguarding Children & Looked After Children
Designated Nurse for safeguarding Adults

A member of the Trust's staff will act as Secretary to the Committee.

Duties

- Provision of expert health advice on child protection to staff and other agencies, as appropriate, regarding individual cases and contribute to the planning of services.
- Provision of inputs to the Local Safeguarding Children's Board (LSCB) agencies in the ongoing development of policies, procedures and guidance.
- Identification of training needs of all staff including the training needs of medical personnel.
- Multidisciplinary training.
- The review of child protection standards in the Trust.
- Systems between different parts of the heath services for the transfer of children's records and other relevant information.
- Service level agreements that incorporate child protection requirements including a clear monitoring process.
- Effective systems of child protection audit to monitor the application of agreed child protection standards.
- Appropriate doctors/nurses to undertake the trusts responsibility for case reviews
- Dissemination of recommendations and implications of case reviews in conjunction with the chief executives concerned.
- Identification and reporting of unmet needs in service provision to senior managers and the consequences of the situation.
- Coordination and liaison with other professionals with child protection responsibilities within health services and other partner agencies.
- Adherence to the Trust's operational procedure for child protection (Appendix 10), when a non-accidental injury or child abuse is suspected.

Frequency of Meetings

Meetings will be held Quarterly, with further ad hoc meetings called as and when appropriate.

Quorum

The Committee will be considered quorate if the following are present:

5	Assistant Director of Nursing.
6	Lead Nurse for Safeguarding Child or Safeguarding lead
7	Directorate Representative.
8	One other.

Reporting

Board of Directors
↓
Quality & Risk Committee
↓
Clinical Governance Management Group
↓
Joint Safeguarding Committee

Appendix B – RCN Definitions of Child Abuse & NICE Guidance on When to Suspect Child Maltreatment

The Nursing and Midwifery Council (NMC) Code of Conduct states that all nurses have a duty and personal responsibility to act in the best interests of a child or young person, and to inform and alert appropriate personnel if they suspect a child is at risk or has been abused. This role is not limited to nurses, but extends to all staff working at Papworth.

This means that you must first know how to identify the children who are at risk, and then know where to seek expert advice and support.

What are maltreatment, abuse and neglect?

- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. This includes fabricating the symptoms of, or deliberately causing, ill health to a child.

- **Emotional abuse** is the persistent emotional ill-treatment of a child that causes severe and persistent adverse effects on the child's emotional development. This may involve:
  - Conveying to a child that she/he is worthless, unloved, inadequate, valued only insofar as they meet the needs of another person.
  - Imposing inappropriate age or developmental-related expectations on children.
  - Frequently causing children to feel frightened.
  - Exploiting or corrupting children.

- **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve:
  - Physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts.
  - Children looking at, or being involved in the production of, pornographic material.
  - Encouraging children to behave in sexually inappropriate ways.

- **Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs that is likely to result in the serious impairment of the child's health or development. This includes:
  - Failing to provide adequate food, shelter and clothing.
  - Neglecting or unresponsiveness to a child's basic emotional needs.

The signs of Child Abuse

All nurses need to be aware of the potential signs of child abuse.
Common indicators of abuse and neglect include:

- Physical signs such as hand-slap marks, bruising in unusual areas, bruised eyes, bite marks.
- Poor physical care and inadequate hygiene, inappropriate dress or failure to seek appropriate health care.
- Unrealistic parental expectations and over protection of a child.
- A child's behaviour may also indicate that they have been abused. For example, the child may show fear of adults or a fear of certain adults when they approach them, display aggressive behaviour or deliberate self-harm and substance abuse. The story provided by the adult might be inconsistent with any injuries.

Definitions of Consider & Suspect Using NICE Guidance RCN – June 2003, Updated June 2005.

Appendix C – Suspected Child Maltreatment Action Flow Chart (in cases of suspected Non accidental Injury)

Action to take when there is a suspected case of child abuse, either a patient or a visitor

Suspected cases of child abuse must be dealt with immediately - **never ignore or leave until the next day**

*** INFORMATION:**

Cambridge Contact Centre for Children's Services at Cambridgeshire Direct is open Monday to Friday 8.00 am to 8.00 pm for advice and guidance.

If the child in question is from outside the region, the duty Social Worker or the Contact Centre will give advice on who to contact.

CHILD ABUSE SUSPECTED

In an Emergency Situation

Call the Police 999

Speak to nurse in charge who may **seek more expert advice from trust safeguarding professionals**

Nurse in charge / link doctor
Contact on call Paediatrician via Addenbrooke's Switchboard (700 0)

0900-1700
Refer to Line Manager

1700-0900
Out of hours / weekends

Contact Designated Doctor for Safeguarding Children
(Dr Emilia Wawrzkowicz)
If appropriate

NHS Cambridgeshire
01223 725330

Contact On Call Paediatrician

Addenbrooke's Hospital
Switchboard (700 0) or
Princess of Wales Hospital
Switchboard (704 0)

If unavailable
Speak to the Contact Centre
* (see note above)
0345 045 5203

Contact Social Worker
Ext. 4279/4631
Rln 922/998/137

Contact Senior Nurse On Call (Bronze)
Via Switchboard

Document Action

Document Action

Contact Emergency Duty Social Work Team
01733 234724

Document Action

Nov 2016

IF YOU HAVE ANY QUERIES – CONTACT THE NAMED NURSE FOR CHILD PROTECTION – Claire Jones or **SAFEGUARDING LEAD** – Penny Martin

Papworth Hospital NHS
NHS Foundation Trust

Appendix D
Flow Chart for Dealing with Safeguarding Concerns

Initial Concern- if you are not sure how to proceed at this stage, please seek prompt advice from a senior colleague or member of safeguarding team. At all stages please ensure that you record details accurately and take appropriate action

Some concerns re parents / carers ability to meet childs needs

Discuss with parents/carers & senior staff in area & safeguarding team, liaise with other staff involved in case

Concerns allayed?

YES

Routine provision of medical care

NO

Information regarding inappropriate care eg unexplained bruises, missed appointment etc.

Discuss with parents/carers & senior staff in area & safeguarding team. Liaise with other hospital staff involved in case

Concerns allayed?

No

Clear child protection issues – eg disclosure or symptoms of abuse

Inform Childrens social care, member of safeguarding team and parents/carers. NB: Sharing information at this stage may be difficult but research suggests that they will find it easier to work with professionals to ensure the welfare of their children if they are dealt with openly

The concerns discussed with childrens social care should be put into written form and received by Social services within 2 working days

Incident to be recorded on datix. Liaise with Safeguarding team for support and further

Key Advisors:
Safeguarding Lead Bleep 998
Social Work team:
Named Nurse
Deputy Director of Nursing

At this stage it is important to know that the statutory responsibility for continuing further investigation lies with social services, but they are likely to need information and help from health

Cambridge Contact Centre for Children's Social care is open Monday to Friday 8.00 am to 8.00 pm for advice and guidance.
0345 045 5203 **out of hours** **01733 234724**
If the child is from outside the region, the duty Social Worker or the Contact Centre will give advice on who to contact.

Appendix E – Letter Template for Follow up of Missed Appointment

Date

Dear

(Insert details of child/young person)

The above named failed to attend an out-patient appointment on **insert date**.

* We contacted this * child's / young person's * parent / guardian **(give brief description of conversation).**

***** We attempted to contact this * child's / young person's * parent / guardian and got no response.

We * are / are not concerned about the safety of the above named * child / young person.

We * have / have not contacted our Social Work team.

* delete as appropriate

Yours sincerely

Place file copy in patient notes.

Appendix F- Guidance for information sharing

Keeping children and young people safe from harm requires professionals and others to share information about their health and development and exposure to possible harm. Often, it is only when information from a number of sources has been shared and pulled together that it becomes clear that there are concerns a child is in need of protection or services.

Information can be shared in a multi-agency arena with consent from the parents if they are under section 17 of the Children's Act 1989, this covers children in need. If the family are in a child protection arena (section 47 of the Children's Act 1989) then Professionals have a statutory duty to share information in order to safeguard the welfare of the child.

It is important of course to keep a balance between the need to maintain confidentiality and the need to share information to protect others. Decisions to share information must always be based on professional judgement about the safety and wellbeing of the individual and in accordance with legal, ethical and professional obligations.

If you are unsure about sharing information but are clear that you are acting in the best interest of the child, your regulatory body protects you. You should seek advice from the Caldicott guardian and always clearly document your rationale for sharing.

The Seven Golden Rules to Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix G – Notification of Child Death

Process for notification of both expected and unexpected deaths are shown below

EXPECTED Child Death

Responsible Consultant explains to parents the multi-agency response for all expected child deaths and ensures that support is available. Leaflet is available, called the 'child death review processes' on the LSCB website (Local Safeguarding Children's Board)

24 Hours

The notification form 'A' must be sent to the CDOP (Child Death Overview Panel) **asap** and receipt confirmed
The SECURE e-mail of the CDOP is: CAPCCG.cdop@nhs.net (must be sent from a NHS.net account)
Natalie Jones, Child Death Review Manager. Cambridgeshire LSCB (they will pass it on if it's a different area) Tel: 01733 776148

CDOP co-ordinator requests Form B - completion from relevant clinician in due course

Inform Designated Doctor for Child Protection (Dr Baxendale), Director of Nursing, Deputy Director of Nursing and Lead Social Worker

2 Months

All information sent to Child Death Overview Panel and case reviewed

All forms A and B are found on www.gov.uk website, then search 'Child Death reviews: forms for reporting child deaths

UNEXPECTED Child Death

Defined as **the death of a child (0-18years) not anticipated as significant possibility 24hrs before the death**

Responsible Consultant explains to parents the multi-agency response for all unexpected child deaths and ensures that support is available. Leaflet is available, called ' the child death review processes' on the LSCB website (Local Safeguarding Children's Board

Responsible Consultant informs: The Coroner, Police,-as soon as possible LA Children's Services

The notification form 'A' must be sent to the CDOP (Child Death Overview Panel) asap and receipt confirmed.
The SECURE e-mail of the CDOP is: CAPCCG.cdop@nhs.net (must be sent from a NHS.net account)
Natalie Jones, Child Death Review Manager. Cambridgeshire LSCB (they will pass it on if it's a different area) Tel: 01733 776148

Medical records/ summary of medical needs made available to police on request who are acting on behalf of the coroner

Inform Designated Doctor for Child Protection (Dr Baxendale), Director of Nursing, Deputy Director of Nursing and Lead Social Worker

Within 7 days

Information sharing meeting : once initial post mortem result received – case discussion held between key professionals involved

8-10 Weeks

Final post mortem report – final case discussion with all professionals involved to share all information

3 Months

All information sent to Child Death Overview Panel and case reviewed

All forms A and B are found on www.gov.uk website, then search 'Child Death reviews: forms for reporting child deaths'

Appendix H – Methodology for Case File Audit

Context

As part of the Local Safeguarding Children's Board's (LSCB) strategic approach to the safeguarding review required by the Government in response to the Baby P case, the LSCB has requested that Cambridgeshire County Council's Childrens Social care, education all Cambridgeshire NHS Trusts and Cambridgeshire Police all undertake a small audit of case files. The outcome of each audit will be used to inform the LSCB's action and improvement plan and the work programme for the following year.

This will also provide important evidence for national government and each relevant regulatory body of the action taken by Cambridgeshire LSCB to assure itself of the current position in the area.

Methodology

1. Identify the cohort of cases involving a section 47 investigation and/or child protection processed in your agency over a one year period (December to December)

2. Take a random sample of 10% of the cohort for audit (record your sampling methodology).

3. Undertake a desk based audit of the selected files against the following standards:

    a. Compliance with LSCB and single agency procedures.

    b. Quality of professional practice benchmarked against the profession's code of conduct and standards of practice.

    c. Timeliness.

    d. Evidence and effectiveness of supervisory oversight.

4. Identify actions required to improve practice.

5. Identify examples of good practice suitably anonymised.

6. Prepared an anonymised report with recommendations for action for your agency with a copy to go to the Cambridgeshire LSCB Business Unit by the end of February.

Appendix I – Equality Impact Assessment Form

Name of Policy/ Project/ Service: **Children & Young People's management**
Name of person / team completing the assessment: **Claire Tripp**
Date initial Assessment completed: **13 June 2007**
Date Full Equality Impact Assessment started: **13 June 2007**
Date completed: **June 2009**

Stage 1

Aims and objectives of Policy/ Project/ Service	To ensure safe effective management of paediatrics in an adult environment.
Strategic objectives	
Which group(s) will it benefit	Those under 19 years of age.
Legislation	Children Act (2004). Working to Safeguard Children DoH 2015

Stage 2

Which group has been consulted with?	Joint Safeguarding committee
How did this consultation take place?	Via regular CPC meetings.
Are there any identified gaps?	
Do you need further information from another party?	

Stage 3 – will this have a negative / positive impact and on which group?

Groups effected	Positive impact	Negative impact	Reasons
RACE			
DISABILITY			
GENDER			
AGE	✓		Ensures compliance with required legislation and standards relating to children
SEXUAL ORIENTATION			
RELIGIOUS & BELIEF			
OTHER e.g. rural			

Does it meet the specific and general duties of each legislation and the Trust's Equality & Diversity Policy?

Groups effected	Yes	No	Reasons
RACE	✓		
DISABILITY	✓		
GENDER	✓		
AGE	✓		
SEXUAL ORIENTATION	✓		
RELIGIOUS & BELIEF	✓		
TRUST EQUALITY Policy	✓		

Can any negative impacts be minimised or improved? If yes, how?

Groups effected	Yes	No	How
RACE			
DISABILITY			
GENDER			
AGE			
SEXUAL ORIENTATION			
RELIGIOUS & BELIEF			

Stage 4 – consider alternatives
Examine available data, research, studies, guidance, reports, recommendations, and surveys, audits that may be relevant to this policy/service and list what they are and how they relate.

Stage 5 – consultation
Ensure that ALL groups are able to participate and individual needs are met

Groups consulted on issues of	Service users	Family Carers	Staff
RACE			
DISABILITY			
GENDER			
AGE			
SEXUAL ORIENTATION			
RELIGIOUS & BELIEF			
Other – general policies & services			

Stage 6 – decide whether to adopt the policy/ service

Stage 7 – monitoring arrangements

Stage 8
Date report sent to Human Resources Manager _____
Date report sent to Trust Board for approval and agreement _____
Date report approved for publication by Trust Board? _____
Date report published _____
Where has the report been published? _____
Has the report been distributed to participants? _____

Further document information

Approved by Executive Director/local committee**:**	Joint Safeguarding Committee Quality and Safety Management Group
Approval date:	October 2013
Approved by Board of Directors or Committee of the Board **(required for Strategies and Policies only):**	Quality and Risk Committee
Date:	December 2016
This document supports: *standards and legislation – include exact details of any CQC & NHSLA standards supported*	▪ Care Quality Commission Outcome (7) Leg (11) ▪ Care Quality Commission Review – Safeguarding children (2009) ▪ NICE guidance, when to suspect child maltreatment (2009) ▪ Working Together to Safeguard Children (2015) ▪ Children Act (2004) ▪ Local Safeguarding Children's Board Policies & Procedures ▪ Serious Crime Act 2015 ▪ Female Genital Mutilation (FGM): guidance for health care staff . DOH 30th Oct 2015 – updated 27th May 2016
Key related documents:	▪ Papworth Admission & Resuscitation Procedure (Appendix P) ▪ Criminal Records Bureau & Employment Checks Policy ▪ Chaperone Guidelines DN168 ▪ Disciplinary Procedure DN117 ▪ Support Arrangements for Staff DN288 ▪ Training Needs Analysis DN302 ▪ NICE Quick Reference Guide When to Suspect Child Maltreatment (July 2009)

Equality Impact Assessment: Does this document impact on any of the following groups? If YES, state positive or negative, complete Equality Impact Assessment form from DN507 Single Equality Scheme, and attach.

Groups:	Disability	Race	Gender	Age	Sexual orientation	Religious & belief	Other
Yes/No:	No	No	No	Yes	No	No	No
Positive/ Negative:				Positive			

Counter Fraud In creating/revising this document, the contributors have considered and minimised any risks which might arise from it of fraud, theft, corruption or other illegal acts, and ensured that the document is robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist (LCFS).