The Royal Wolverhampton NHS Trust

Policy Number
CP41
Title of Policy
Safeguarding Children Policy

Contents

Attachment

Appendices

1.0 Policy Statement (Purpose / Objectives of the policy)

Section 11 of the Children Act (2004) places a duty on staff employed by The Royal Wolverhampton NHS Trust, to have arrangements in place to ensure that organisational functions are discharged with regard to the need to safeguard and promote the welfare of children in accordance with The Children Act (1989) and Working Together to Safeguard Children (Department for Education, 2018a). Refer to **Attachment 1: Safeguarding Children Flow Chart.**

This policy is supplemental to, and not a replacement for, the Wolverhampton Safeguarding Together policy and procedures. These policies and procedures can be accessed via the following link:
www.wolverhamptonsafeguarding.org.uk

The Trust is committed to working in partnership with parents, carers and families to promote an open, transparent, and non-judgmental environment. The Trust recognises the importance of listening to children and ensuring that their opinions are taken into consideration.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy (OP109) is to be considered the primary and overriding Policy.

2.0 Definitions

2.1 Children or Young People

For this policy a child or young person is defined as everyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years 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, does not change their status or entitlements to services or protection.

Consent for treatment and intervention should be considered. In most situations, the care and welfare of children under the age of 16 will be dealt with under the care of the Children Act 1989. There are however parts of the Mental Capacity Act (2005), which applies to children under the age of 16 where the ill treatment or wilful neglect of a child who lacks capacity is considered a criminal offence. Consent for treatment by young people aged 16-17 should be considered by the practitioner. If mental capacity is in question, then a Mental Capacity Assessment should be completed and documented in the patient records. (See Appendix 4- Flow chart for Mental Capacity Assessment in 16-17-year-olds).

2.2 Safeguarding and promoting the welfare of children

Safeguarding is a continuum of responses that seek to prevent **or** respond to abuse and neglect. It is an umbrella term for both 'promoting welfare' and 'protecting from harm'. Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children (Department for Education, 2018a):

- 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
- Taking action to enable all children to have the best outcomes

2.3 Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate online abuse. Children may be abused by an adult or adults or another child or children.

2.4 Significant Harm

The Children Act 1989 (Section 47) introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

2.5 Early Help

Support provided as soon as a problem emerges, at any point in a child's life, from in utero through to the teenage years. Early help can also prevent further problems arising. RWT staff, in particular those who are caseload holders, should actively seek to find out if there are opportunities to provide early intervention and lead on Early Help Assessments. RWT Early Help Navigator provides advice and support on initiating, participating, and leading on Early Help Assessments and can be contacted on 01902 695163.

2.6 Child in Need

Section 17 of the Children Act (1989) defines a child as being in need as the following:

- He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from agencies
- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority and other agencies
- He or she has a disability.
- Children are in households where the parents have no recourse to public funds (NRPF). When assessing the needs of a child, practitioners must refer to and follow the Department for Education's statutory guidance, Working together to safeguard children (2018).

2.7 Child protection

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.

2.8 Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. The Neglect multiagency WeCan tool is available to support practitioners to evidence concerns around neglect.

2.9 Physical abuse

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

2.10 Sexual abuse

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

2.11 Emotional abuse

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

2.12 Children and Young People in Care

The term 'Children and Young People in Care' refers, under the 1989 Act, to all children young people being looked after by a local authority.
The term Looked after, was also introduced by the Children Act 1989, and refers to children and young people who are under the age of 18, those who live away from their parents or family and are supervised by a social worker from the Local Authority Children's Services.
The different sections of the Children Act under which the child could be in care are given below.

- **Section 20 -** This is a voluntary agreement with their parent who holds parental responsibility.
- **Section 31 -** A Care Order is created by court placing a child or young person in the care of the local authority, with parental responsibility being shared between parents and the local authority.
- **Section 38 -** An interim care order gives the local authority shared parental responsibility and allows them to make decisions about where the child lives and the welfare of the child.
- **Section 44 & 46 -** Emergency Orders for the protection of children where the police have reasonable cause to believe the child would otherwise be likely to suffer significant harm.
- **Section 21 -** When the child or young person is under remand to local authority care or subject to a criminal justice supervision order with a residence requirement.

2.13 Domestic Abuse

The Home Office (2013) definition of domestic violence and abuse is "any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional." See policy OP108 Domestic Abuse Policy.

2.14 Fabricating and Induced Illness

Previously known as Munchausen's Syndrome by Proxy, fabricated or induced illness is a condition whereby a child suffers harm through the deliberate action of her/his main carer, and which is attributed by the adult to another cause. It is a relatively rare but potentially lethal form of abuse.

https://westmidlands.procedures.org.uk/ State that in the first instance the GP or consultant who is responsible for the child's health is the key clinical lead and should take responsibility for all decisions about the child's health care. If there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, children's social care must convene and chair a strategy discussion that involves all the key professionals responsible for the child's welfare. Any suspected case of Fabricated or Induced illness may be viewed as a commitment of a crime, and therefore the Police should always be involved in accordance with paragraphs 5.17-5.22 of Working Together to Safeguard Children (Department for Education, 2018).

2.15 Child Sexual Exploitation (CSE)

Child Sexual Exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual

activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology.

2.16 Female Genital Mutilation (FGM)

FGM is a form of child abuse and violence against women and girls and should be dealt with as part of existing child and adult protection structures, policies, and procedures. A mandatory reporting duty for FGM was introduced via the Serious Crime Act (2015). Any disclosure or concern disclosed to staff regarding a female at immediate risk of or has undergone FGM should result in a safeguarding referral. See Policy CP67 Identification and management of Female Genital Mutilation (FGM) Policy.

2.17 Honour Based Violence (HBV)

Honour Based Violence is a crime or incident committed to protect or defend the honour of a family and/or community.

2.18 Forced Marriage

A forced marriage is where one or both people do not consent to the marriage as they are pressured, or abuse is used to force them to do so.

2.19 Child Trafficking and Modern Slavery

The recruitment transportation, transfer, harbouring or receipt of the child for the purpose of exploitation is considered trafficking in persons even if this does not include the threat or use of force or other forms of coercion.

2.20 Contextual Safeguarding

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

2.21 Child Criminal Exploitation (CCE)

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes. CCE is increasingly being recognised as a major factor behind crime in local communities. CCE often occurs without the victim being aware that they are being exploited and involves young people being encouraged, cajoled or threatened to carry out crime for the benefit of others. In return they are offered friendship or peer acceptance, but also cigarettes, drugs (especially cannabis), alcohol or even food and accommodation.

2.22 Escalation

The course of action that should be taken by professionals where there are concerns that the child/young person's safety is compromised, and the current action of other agencies does not support effective safeguarding of the child/young person. Wolverhampton Safeguarding Children Board Escalation Policy available at: http://www.wolverhamptonsafeguarding.org.uk/images/safeguarding-children/WSCB-Escalation--Policy-Jun2016-v1--Final---doc.doc

2.23 Mental Capacity Assessment (MCA)

Mental capacity (often called "capacity") is the ability to understand, remember and weigh up information to make a decision that can be communicated to others. Anyone over 16 years of age is presumed to have capacity, and many younger people (depending on their maturity) may have capacity to make decisions about healthcare. The Mental Capacity Act 2005 defines lack of capacity as the inability to make a specific decision because of impairment or disturbance in the function of the mind or the brain regardless of whether it is permanent or temporary. Capacity can be impaired due to the effects of injury, alcohol or drugs, and by confusion, panic, shock, fatigue or pain; however, the presence of such factors does not automatically mean that the person lacks capacity. The capacity to consent is specific to each decision, If in doubt, take advice from people who are close to the patient and other healthcare staff. Assessment of and conclusions about incapacity must be recorded on the consent form and in the patient's notes. RWT staff must always act in the patient's best interest. A Best Decision prompt sheet can be found on the RWT Intranet site:
http://intranet.xrwh.nhs.uk/pdf/departments/safeguarding/Safeguarding_Best_Decision_Prompt_Sheet.pdf

If you are still unsure, seek advice from Legal Services.

Please see also CP06 Consent Policy, Section 13.0 *How do I assess capacity?*
CP06 Consent to Treatment and Investigation Policy
Also, Appendix 4- Mental Capacity Assessment in 16–17-year-olds

It is important that 16- and 17-year-olds are able to make their own choices and provide consent if they have capacity.
The Liberty Protection Safeguards (LPS) were introduced in the Mental Capacity (Amendment) Act 2019, and this is currently under review with regards to implementation for health. LPS will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements. For further information on LPS please see Liberty Protection Safeguards: what they are?

3.0 Accountabilities

3.1 Chief Executive

The Chief Executive is ultimately responsible for ensuring that the health contribution to safeguard and promote the welfare of children is discharged effectively and that there is a process in place to ensure that staff are aware of and follow the policy.

3.2 Chief Nurse; Lead Executive for Children and Safeguarding

- As the nominated Director/Executive is responsible for coordinating the management of safeguarding.
- Ensures that the board receives sufficient assurance on the effectiveness of the service.

3.3 Head of Safeguarding and Deputy Head of Safeguarding.

- Manages the children and adult safeguarding service and provides expert leadership on all aspects of the safeguarding agenda.
- Is responsible for ensuring that the trust has robust systems and processes in place for the protection and ongoing support of adults and children
- Supports the work generated by the Wolverhampton Safeguarding Children and Adult Board

Head of Safeguarding	01902 695163
Deputy Head of Safeguarding	01902 695163

3.4 Trust Named Professionals, Named Doctor and Safeguarding Team

- Will provide expert effective support and supervision to staff within their organisation.
- Will act as a resource providing accessible, accurate and relevant information to all RWT staff.
- Contribute to monitoring compliance and quality safeguarding children practice.

Safeguarding Children Team Lead	01902 695163
Safeguarding Children Team	01902 695163
Early Help Navigator	01902 695163
Children and Young People in Care Team	01902 444349
Named Doctor	01902 444347

3.5 Safeguarding Children Lead

- Provide advice and support to the Named Professionals
- Provide professional advice regarding child protection to other professionals
- Promote, influence, and develop training
- Review and evaluate practice and learning from Serious Case Reviews by all involved, health professionals and providers

3.6 Consultant on-call for Child Protection

- Provide advice to Trust staff regarding acute child protection concerns
- Take referrals from other teams or agencies where there are concerns of significant harm to a child such as when a child protection medical is required
- Will participate when required in Child Protection Conference Call as part of a Strategy Discussion

On call Consultant Paediatrician (to be contacted via switchboard) 01902 307999

3.7 Employees

All practitioners providing services to children/young people must do the following.

- Be alert to the potential indicators of abuse or neglect and know how to act on those concerns
- Focus on the voice of the child and ensure their views and opinions are considered in the planning and delivery of care to safeguard and promote their welfare.
- Participate in training as directed by The Royal Wolverhampton Trust
- Actively partake in supervision in line with trust policy (OP106) if stipulated as part of job role
- Understand the principles of confidentiality and information sharing in line with local and government guidance

- Contribute to a multi-agency approach to safeguard and protect children
  All employees will know how to contact the Named Nurse/Midwife/Safeguarding Nurse Specialist for guidance and support and participate in Strategy Discussions upon request of the Multiagency Safeguarding Hub, Social Worker and/or MASH Safeguarding Nurse.

4.0 Policy Detail

4.1 Trust Arrangements for Reporting Concerns and Managing Safeguarding Risks to Children: Referral process and Information Sharing

All staff should exercise vigilance in their work to mitigate against the risk that children using RWT services might be suffering from abuse. If a member of staff becomes concerned that a child may be suffering from abuse or neglect, they must discuss these concerns with an appropriate professional and refer to the **Safeguarding Children Flow Chart (Attachment 1).** Concerns may be discussed with:

- Their Line Manager
- Safeguarding Children Lead
- Named Nurse Safeguarding Children
- Safeguarding Children Nurse
- MASH Safeguarding Nurse
- Nurse on-call within the Safeguarding Children Team (01902 695163)
- Named Doctor Safeguarding Children
- Named Midwife for Safeguarding
- Middle grade paediatric doctor on call
- Consultant Paediatrician on call
- Children's Hospital bleep holder
- Emergency Department staff will escalate to the Consultant where relevant

Parents and carers must be informed of the role of trust staff in relation to information sharing and local safeguarding procedures. The need to discuss the case or the principles of information sharing must not incur an undue delay in the referral to Children's Social Care services (CSC). Referrals must be appropriate, acted upon the same day and take into consideration GDPR principles. Please see OP07, Health Records Policy for guidance.

4.2 Escalation

Occasionally situations arise where staff feel actions or decisions of another professional or agency do not adequately safeguard or promote the welfare of a child. Disagreements can be healthy and adopt creative and new ways of working with children and families. However, these disagreements always require a resolution. The child's safety and wellbeing is paramount at all times and professional differences must not detract from timely and clear decision making. If a difference of opinion around the concerns for a child or family is considered between health practitioners or a health practitioner and CSC, the Trust Safeguarding team must be contacted who will support staff to operate the Wolverhampton Safeguarding Children Board Escalation Policy available at: http://www.wolverhamptonsafeguarding.org.uk/images/safeguarding-children/WSCB-Escalation--Policy-Jun2016-v1--Final---doc.doc The policy contains a clear pathway to follow.

4.3 Notifications

A 'flagging' process for children who are subject to child protection is available to Trust staff accessing the MSS, Patient Administration System (PAS) and Clinical Web Portal. However, staff need to be aware that there may be safeguarding concern with a child who does not have a safeguarding flag attached to their health records. A SOP has been developed for the Safeguarding button on Clinical Web Portal and is available on the local intranet site (see Appendix 2). Newborn babies subject to a protection plan when born are similarly flagged as an unborn on the mother's records. A flagging system is also in place on the maternity information system, "Badgernet" for cases of concern. If a child attends the Trust Emergency Department and a flag indicates they are subject to a safeguarding plan the Emergency Department member of staff must inform the relevant Social Worker and Midwife.

When concerns about the deliberate harm of a child / unborn baby have been raised, or if staff are worried about a child's/ unborn baby's welfare, professional curiosity must be practiced, and enquiries must be made by contacting the Multiagency Safeguarding Hub to find out if the child/ unborn baby is subject to a safeguarding plan **whether or not** there is a flag on the system.

Additionally, The Child Protection Information Sharing (CP-IS) programme helps clinicians in unscheduled care settings identify vulnerable children. Data relating to children (including unborn children) with a Child Protection Plan or with Children and Young People in Care status are securely transmitted to and stored in CP-IS and is presented as a flag indicating the patient is a vulnerable child. This helps health care professionals within and across boundaries to build a complete picture of a child's visits to unscheduled care settings, supporting early detection and intervention in cases of potential or actual abuse.

4.4 Consent and Information Sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people (Department for Education, 2018b). Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe (Department for Education (2018a). Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern. Where appropriate, concerns should be discussed with the parent or carer and consent sought for a referral to children's social care unless seeking agreement is likely to

- Place the child at risk of significant harm through delay or the parent's actions or reactions.
- Lead to the risk of loss of evidential material for example in circumstances where there are concerns or suspicions of a serious crime or induced illness.

If the staff member decides not to seek parental permission before making a referral, the decision and rationale for this must be recorded in the child's file and on the referral. Where parents or carers refuse to give permission for the referral, unless it would cause undue delay, further advice must be sought from the Safeguarding Children team and the outcome fully recorded. If having taken full account of the parent's wishes, it is still considered there is a need for a referral to be completed:

- The reason for proceeding without parental agreement must be recorded.
- The parent' withholding must form part of the referral to Children's Social Care.
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

Information may be shared between professionals and local agencies without consent if it is to promote the welfare and protect the safety of children. This must be clearly documented in the patient's records.

4.5 Information requests.

All information requests, whether written or verbal, from professionals or relatives, should come through the Health Records Access Team in line with OP07, Health Records Policy.

If information is required by Police, Solicitors or the Child and Family Court Advisory Services (CAFCAS) this must be requested in writing. On these occasions staff must seek advice from the Safeguarding Children Team or the Trust Legal Team who can direct to the appropriate department.

Trust staff will not be permitted to complete reports for private / civil proceedings such as divorce where these are requested by either parent or solicitors of the parents unless a court order has been issued. If the police require medical records, the request must be forwarded to the Health Record Access Team as soon as possible, from wherever it may be received within the Trust.

The Police will be asked to provide a completed Data Protection form as it is the safest way to ensure that the information that is being requested is wholly accurate and fully validated prior to the Health Records Access Team obtaining medical records. All Data Protection forms will require a signature from the Police officer requesting the information and a counter signature from a senior member of the Police force (Sergeant). If the Police require a medical statement from a Healthcare professional the request must be forwarded to the Health Records Access Team as soon as possible and they will determine which Healthcare Professional, the request must be forwarded to and what consent forms need to be signed.

The statement will normally relate to a particular episode of care. The relevant healthcare professional can be located by viewing the patient's electronic record via clinical web portal, once it is determined who is responsible for providing a medical statement, the details can then be passed to the Police who can liaise directly with the appropriate clinician.

All Police requests received are logged by the Health Records Access Team. Copies of the requested information are saved to serve as evidence of disclosure.

4.6 Record Keeping

Record keeping is an essential element of evidencing the accountability of the organisation to patient's who use our services. There are several different patient records used across Royal Wolverhampton Trust including paper records and electronic records.

Maternity documentation can be viewed in the Maternity Documentation 2020 SOP. Badgernet is the electronic system for maternity documentation.
Staff are trained locally to their specialist area and are expected to record safeguarding practice as part of their training and professional guidance. All safeguarding concerns and practice should be documented clearly and in chronological order stating what actions have been taken to address this.

4.7 Unborn babies

All concerns about pregnant women indicating potential safeguarding concerns must be discussed as early in the pregnancy as possible with the Named Midwife for Safeguarding or Safeguarding Children Team and relevant Wolverhampton Safeguarding Together procedures must be followed. These concerns should be addressed as early as possible before the birth to ensure a full assessment can be undertaken the appropriate level of support is offered to parents. Information indicating concerns and the current threshold met must also be documented in the hospital health records and communicated with the Midwife leading on the care being provided to the mother. Note this may be a Midwife in another area/cross boundaries.

A Child Protection birth plan should be completed by the Midwife, Social Worker and parent/s around 20 week's gestation. Please refer to: https://westmidlands.procedures.org.uk/ykpzl/statutory-child-protection-procedures/additional-guidance#s537 for further advice in regards to pre-birth procedures.

The relevant Safeguarding Partnership procedures must be followed, and the appropriate level of referral made to support the family of the unborn to address need (Early Help Assessment) or risk of harm (Multi-agency Referral Form) to the Multi Agency Safeguarding Hub in which the pregnant woman resides. For operational guidance, refer to: The Maternity Safeguarding Process Making Referrals May 2020 SOP.

The concerns, actions, and multi-agency communication must be documented in the Maternity Information System called Badgernet. The Maternity MARAC Research Process 2020 SOP can provide operational guidance. Referral forms must be uploaded to Badgernet, and information must be shared across maternity services/Named Community Midwife via the Named Midwives for Safeguarding if there are plans for cross boundary birth.

Social (Child Protection) birth plans must be recorded on the integral social workflow section in the Badgernet system, by the Named Community Midwife by 34 weeks gestation. Where there are any social complexities, plans may be updated as more information is uncovered. Pre-birth Checklists are completed jointly by the Named Community Midwife and Social Worker and must be uploaded to Badgernet system by 34 weeks gestation.

4.8 Child protection concerns

If there are safeguarding concerns or a risk has been identified, staff must follow the Safeguarding Procedure and refer directly to the Multiagency Safeguarding Hub using the Electronic Multiagency referral form which can be accessed via

http://trustnet.xrwh.nhs.uk/departments-services/s/safeguarding-service/making-a-referral/

The referral must be completed for the area the child is currently residing in. The postcode checker must be used to confirm this is the correct local authority area. A copy of this referral must be sent to rwh-tr.safeguarding-children@nhs.net. If the practitioner deems this is an urgent referral, they must contact the social care department where the child resides by telephone to raise their concerns of the presenting situation and then follow this up with a Multiagency Referral Form immediately. The contact numbers for the relevant social care department can be found on the RWT Intranet Departments & Services > S > Safeguarding Service > Safeguarding Children > Making a Referral . If the practitioner deems the child to be at immediate risk, the police need to be contacted via 999 and then followed up with a referral to Children's Social Care. Outside of working hours the area's Emergency Duty Team must be contacted. If a referral is completed, the practitioner must record this using the safeguarding note on Clinical Web Portal.

Where child abuse is alleged or suspected, a medical assessment should be considered as part of the Strategy Discussion undertaken with Children's Social Care and the appropriate health representative. The Police Officer or Social Worker will be responsible for arranging the medical with the appropriate doctor, as agreed at the Strategy Discussion. Consent from the person with parental responsibility should be obtained. In some cases, this may be in the form of a court order. When a doctor has examined a child and concerns about deliberate harm have been raised, no subsequent appraisal of these concerns must be considered complete until each concern has been fully addressed, accounted for and documented. The investigation and management of a case of deliberate harm to a child must be approached in a systematic and rigorous manner.

Where there are child protection concerns, a strategy meeting must be held, and all agencies / professionals must attend. This meeting is the responsibility of social care and/or Police to organise but it is a matter of good practice for health professionals to ensure that all relevant health professionals are informed of the outcome of the strategy meeting. Please see The Royal Wolverhampton NHS Trust Standard Operating Procedure-Attendance at Strategy Discussions (Children's Safeguarding). Appendix 3

When a child is admitted to hospital with concerns about deliberate harm, a clear decision must be taken as to which Consultant is to be responsible for the child. This must be clearly documented in the child's notes. No child about whom there are child protection concerns must be discharged at any time without the sanction of the consultant in charge of the child's care. A referral to Child and Adolescent Mental Health Service must be completed. A Multiagency Referral Form must be completed if the child is not known to Children's Social Care. If the child is open to Children's Social Care, the Social Worker must be made aware of the attendance. If the child is in care, the Children and Young People In Care (CYPIC) team must be notified of the attendance to ensure liaison with the appropriate Named Nurse for CYPIC.

It is important to note that information or concerns must **not** initially be shared with

the parent / carers where there are concerns regarding sexual abuse or fabricated or induced illness. A communication or disclosure strategy must be agreed in strategy meeting or discussion with police and social care in these cases.

4.9 Attendance at Multiagency Meetings and Conferences

Trust staff as may be required to attend discharge planning meetings, strategy discussions, child protection conferences, core groups, child in need meetings and early help or "team around the family" meetings for children. It is essential that current information is provided in multi-agency forums. In the event of annual leave or sickness, a report must be provided in the absence of the practitioner and apologies provided. Where possible another qualified colleague may attend on their behalf. Employees are expected to prioritise work associated with safeguarding children and may be asked to join in strategy discussions.

4.10 Attendance at a Child Protection Case Conference

The professional is required to provide a child protection case conference report which can be accessed at http://trustnet.xrwh.nhs.uk/departments-services/s/safeguarding-service/safeguarding-children/cp-conference/ containing all information to the Conference Chair and the family 24 hours ahead of an Initial Conference and 3 working days before a review conference. This form requests professionals to identify what they are worried about and what is going well.

4.11 Health attendance and chairing at Child Protection/Child In Need meetings

Upon invitation, Trust staff are to attend Initial and Review Case Conferences, Core Groups and Child In Need meetings. These should be documented, and minutes should be filed in patient records or uploaded onto Badgernet in the social section of the electronic record.

When the Case Conference is for a school age child the School Nurse is to attend the Initial Case Conference and Child in Need meeting. If there are no health needs the School Nurse will not attend any further core groups, child protection conferences or Child In Need meetings regarding this child unless requested if a health need arises. The School Nurse needs to review minutes from the core group, conference reviews and Child In Need meetings to continuously assess whether attendance is required if a health need is identified. **Refer to the Safeguarding Process School Nursing Service (Appendix 1).**

There is an expectation for professionals to attend safeguarding meetings. This may include trust staff being asked to chair and take minutes where a social worker is not present to prevent delay.

4.12 Documentation in Health Records

It is best practice for any adult service user to be asked about dependent children and their details obtained on admission / attendance. This includes their name, date of birth, address, GP and school or pre-school. Upon discharge, it is important to think family and consider if there have been any significant changes that may require a referral to children's social care or liaison with their lead health professional to ensure the family receive appropriate support.

Patient records must reflect the threshold of intervention when safeguarding concerns are identified. Care plans must be kept up to date in accordance with the current multiagency intervention and safeguarding status. Patient records within the community setting must contain a chronology and genogram. A chronology must be kept and updated with any significant events and genogram must be completed for professionals to recognise any complexities to the families' current state. It is imperative that an accurate contemporaneous record is maintained and records history of events, contacts and justification for decisions and actions taken. It is important that records reflect the differences between fact, observation, allegations, and opinion. Records should be completed in accordance with the Trust Health record and documentation keeping standards. Where possible, comments made by the child, family and others must be recorded in their own words using quotations. The voice of the child, as outlined in the Working Together to Safeguard Children 2018 document, must be reflected within the entry, who was present during the contact and their relationship to the child.

4.13 Safety planning and discharge arrangements

If there is a safeguarding children concern identified and there is no current plan in place sufficient to address the concerns, (e.g., Early Help Assessment, Child in Need or Child Protection Plan) no child or young person may be discharged without a discharge planning meeting. This is a hospital responsibility to organise and hold. All relevant professionals and agencies must be requested to attend (e.g., Social Worker. Early Help Lead, Health Visitor, School Nurse, school representative, voluntary agency, Multi-Agency Team professionals) and a plan sufficient to meet the needs of the child or young person agreed for children who have an allocated Social Worker or where concerns have been raised with social care during their admission, the practitioner must ensure the Social Worker has been informed of the plan for discharge.

4.14 Children not registered with a General Practitioner

Where there are safeguarding issues relating to a child or young person, discharge planning must include the checking and where possible, allocation, of a General Practitioner. No child for whom there are child protection concerns should be discharged before a General Practitioner has been allocated and evidence of this has been sought.

4.15 Private Fostering

A child is identified as being privately fostered when he/she is under 16 years old (or 18 if they have a disability) is looked after by someone who is not a parent, close relative, guardian or person with parental responsibility for 28 days or more without the involvement of City of Wolverhampton Council. These children need to be identified to the Multiagency Safeguarding Hub so appropriate support can be offered. Further information can be sought via: https://www.wolverhamptonsafeguarding.org.uk/images/safeguarding-children/Private-Fostering---information-for-professionals.pdf.

4.16 Children with Disabilities

The Care Act 2014 Sections 58 – 64 contain provisions relating to disabled children, young carers, and transition services for disabled children. The Local

Authority has an obligation to assess needs not only of the child but also the parent or carer during transition this may identify the need for a Child in need plan to be initiated.

4.17 Children and Young People in Care

This term was introduced by the Children Act 1989 and refers to children and young people who are under the age of 18, those who live away from their parents or family and are supervised by a social worker from the Local Authority Children's Services.

For further support in relation to Looked After Children, contact the team on rwh-tr.LookedAfterChildren@nhs.net. Please also see CP08 Children and Young People in Care Policy

4.18 Young Carers

If a child is identified as a young carer a referral to Multiagency Safeguarding Hub is required for the local authority carry out an assessment under section 17ZA of the Children Act (1989). Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, considering the young carer's needs and wishes.

4.19 No recourse to public funds

No recourse to public funds applies to migrants who are 'subject to immigration control' and as a result have no entitlement to certain welfare benefits, local authority housing, homelessness assistance and access to free healthcare. These families need to be identified to the Multiagency Safeguarding Hub via an electronic Multiagency Assessment Form for an assessment to be made of the family to provide appropriate ongoing support.

4.20 Support for staff involved in safeguarding children and young people

Working to ensure children and young people are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful. All of those involved have access to advice and support from their peers, Managers or Named Professionals. On-going supervision of cases where there are complex issues is offered to all professionals across the Trust including Community staff. Further supervision can be provided for staff members following discussion with the Safeguarding team. See also the Trust Safeguarding Children Supervision policy (OP106).

4.21 Untoward/Incident report

Any local Safeguarding issues that are deemed to have not been dealt with adequately must be recorded on DATIX and investigated accordingly by the area lead.

4.22 Child Safeguarding Practice Reviews (CSPR's) The Chief Nurse must be informed of all cases which meet threshold for a Child Death Review. Wolverhampton Safeguarding Together One Panel oversee all child death reviews and lead on the investigation. Where the Trust is required to take part in a Child Safeguarding Practice Review, the scoping will be completed by the Trust Safeguarding Team members as directed by the Safeguarding Children Lead or the Head of Safeguarding. The scoping will not be released to the safeguarding children board without discussion of the report with the Head of Safeguarding and

Chief Nurse. The Senior Matron will be informed of any concerns that are identified and need addressing immediately.

Local, national and regional SCRs and recommendations must be discussed by the Trust Safeguarding Operational Group, Trust Named Professionals and used to quality assure the robustness of the Trust processes. Any recommendations or changes to practice will be fed back to the Trust Safeguarding Operational Group and the Trust Child Safeguarding Practice Review, Domestic Homicide Review and Serious Adult Review Group. Trust Named Professionals will advise and support where required.
Recommendations and actions will be implemented by the responsible areas or others identified as responsible and must be monitored by the relevant Divisional Management Board.

4.23 Multiagency Safeguarding Hub (MASH) and Multi Agency Risk Assessment (MARAC) Checks

A health representative (MASH Safeguarding Nurse, Named Nurse Safeguarding Children or Safeguarding Children Nurse) from Royal Wolverhampton Trust sits within the Multiagency Safeguarding Hub in order to complete lateral health checks as part of the ongoing enquiries initiated by referrals received. The representative may require information to be provided by staff within RWT in relation to recent contact, current health status and interventions that have taken place. This information should be provided by professionals as a matter of urgency in order for accurate and timely assessments to be made. The practitioner may be required to take part in strategy meetings. Please see The Royal Wolverhampton NHS Trust Standard Operating Procedure – Attendance at Strategy Discussions (Children's Safeguarding) Appendix 3.

MARAC children checks are undertaken by a Safeguarding Children Nurse and the MARAC agenda is populated with the Information obtained. Once the check has been completed the MARAC check is recorded on Clinical Web Portal using safeguarding note. The Safeguarding Nurse may require information to be provided by staff within RWT in relation to recent contact, current health status and interventions that have taken place. This information should be provided by professionals as a matter of urgency for accurate and timely assessments to be made.

4.24 Safeguarding Training

Safeguarding training is part of the Trust's Mandatory Training Plan. This training is based on a training needs analysis which outlines the different levels of training available to staff and stipulates which staff are to complete each level of training dependent upon their role within the trust. All staff are expected to complete safeguarding training as part of their Induction Programme to the Trust and subsequently attend any further safeguarding training in relation to their role. The safeguarding training needs analysis is based on the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff: Intercollegiate Document (Royal College of Nursing, 2019).

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does t h e implementation of this policy require additional revenue resource	No
3	Does t h e implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments	

6.0 Equality Impact Assessment

The Trust's Equality Impact Assessment template has been completed and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

http://trustnet.xrwh.nhs.uk/departments-services/e/equality-diversity-and-inclusion/

7.0 Maintenance

This policy will be reviewed every three years by the Safeguarding Children Service or earlier if warranted by a change in standards, guidance, or legislation and or if changes are deemed necessary from internal sources.

8.0 Communication and Training

Safeguarding training is mandatory for all Trust staff. Education and Training correlate attendance producing regular reports. The importance of safeguarding supervision will be reiterated in safeguarding training for all Trust staff that require this as per policy OP106.

9.0 Audit Process

The audit process formulates the quarterly safeguarding report which is presented to the Trust Board for assurance and in turn informs the Annual Safeguarding Report. The annual report is an overall assurance document which does not identify specifics.

Criterion	Lead	Monitoring method	Frequency	Committee
Training compliance	IMTG/Safeguarding Children Team	Training database	Monthly	TSOG/IMTG
Safeguarding supervision compliance	Safeguarding Children Team	Supervision database	Quarterly	TSOG
The Children Act (2004): Section 11 compliance	Safeguarding Children Team	Audit	Yearly	TSOG/Wolverhampton Safeguarding Together

10.0 References

Wolverhampton Safeguarding Together (2018): *Our Arrangements for Safeguarding Children and Young People in Wolverhampton.*

Data Protection Act (2018)

Department for Education (DfE) (2018a) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. London: HM Government

Department for Education (DfE) (2018b) *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers*. London: HM Government

Royal College of Nursing (2019) *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff: Intercollegiate Document.* London: Royal College of Nursing.

The Children Act (1989) Available at www.legislation.gov.uk

The Children Act (2004)

Wolverhampton Safeguarding Children Board (2016) *WSCB Escalation Policy: (Resolution of Professional Disagreements in Safeguarding Work).* Wolverhampton: WSCB.

Part A - Document Control

Policy number and Policy version: **CP 41** **Version 6.0** **April 2022**	**Policy Title** **Safeguarding Children Policy**	**Status:** **Final**		**Author:** **Named Nurse Safeguarding Children** **Director Sponsor:** **Chief Nursing Officer**
Version / Amendment History	Version	Date	Author	Reason
	V1	April 2006	Head of Safeguarding	New Policy
	V2	June 2010	Designated Nurse Safeguarding Children	Policy Review
	V3	July 2014	Senior Nurse Safeguarding Children	Policy Review
	V4	June 2015	Head of Safeguarding	Policy review inclusion of requirements S85 CA89 The Care Act 2014
	V5	February 2019	Named Nurse Safeguarding Children	Policy review following Working Together to Safeguard Children (2018)
	V5.1	April 2021	Named Nurse Safeguarding Children	Policy review following Wolverhampton Safeguarding Together Document (2019)
	V5.2	December 2021	Named Nurse Safeguarding Children	Reviewed by Chief Nursing Officer – extended to May2022 pending full

				review
	V6.0	April 2022	Named Nurse	Policy review

Intended Recipients: This policy applies to all staff members who are directly employed by Royal Wolverhampton Trust.	
Consultation Group / Role Titles and Date: Head of Safeguarding, Senior Managers, Service Leads, CCG, 0-19 Service, Community Children's Teams, Midwifery Service, Hospital and Community Paediatricians, Trust Safeguarding Operational Group (TSOG).	
Name and date of Trust level group where reviewed	Trust Safeguarding Operations Group 03/02/2021 Trust Policy Group April 2022
Name and date of final approval committee	Trust Management Committee – April 2022
Date of Policy issue	May 2022
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	April 2025 (3 yearly review)

Training and Dissemination:

To be placed on the Intranet

Mandatory Safeguarding Children training

Band 7/8 Forum/Senior Nurses Group

Trust Safeguarding Operational Group (TSOG)

Royal Wolverhampton Hospital Trust all user bulletin

To be read in conjunction with:

CP 53 Safeguarding Adults at risk Policy

CP03 Management of Ligature risk Policy

Standard Operating Procedure-Attendance at Strategy Discussions (Children's Safeguarding)

CP67 Identification and management of Female Genital Mutilation (FGM) Policy

Department for Education (2015) *What to do if you're worried a child is being abused: advice for practitioners*. London: Department for Education.

Department for Education (DfE) (2018a) *Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children*. London: Crown Copyright

Department for Education (DfE) (2018b) *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers*. London: Crown Copyright

HR10 Managing Allegations of Behaviour Indicating Unsuitability to Work With Children and Adults with Needs for Care and Support.

OP101 Children & Young People Did Not Attend/Failed To Be Brought/No Access At Home Policy

OP105 VIP/Celebrity Visitors to the Trust

OP106 Safeguarding Children Supervision Policy

OP108 Domestic Abuse Policy

Intercollegiate Document (2019)

CP06 Consent to treatment, Mental Capacity Assessment, and investigation policy

Mental Capacity Act 2019

NICE NG76 Child Abuse and Neglect guidance

Regional child protection procedures for the West Midlands
https://westmidlands.procedures.org.uk/

Royal Wolverhampton Trust Strategy 2018-2021: Our Vision for a Better Future

Standard Operating Procedure for undertaking Statutory Health Assessments with Looked After Children

Wolverhampton Safeguarding Together (2019) Escalation policy [Online]. Available at:

https://www.wolverhamptonsafeguarding.org.uk/search-results?q=escalation+policy

Wolverhampton Safeguarding Together Document (2019)

Initial Equality Impact Assessment (all policies): Completed Accessed 30/03/2021
Impact assessment (as required): NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904

Monitoring arrangements and Committee	Compliance exceptions and mandatory training compliance reported via the Trust Safeguarding Operational Group. Ongoing monitoring through the Safeguarding Children Audit Programme. The safeguarding team will continue to review the Safeguarding Note on Clinical Web Portal.

Document summary / key issues covered:

Safeguarding children is widely acknowledged as “everyone’s business”. Royal Wolverhampton Trust has a statutory duty to safeguard and promote the welfare of children and young people (Section 11 Children Act, 2004).

All children deserve the best opportunity to achieve their full potential and to do this they need to be supported, valued and protected. The Children Act (1989) and (2004) and the statutory guidance; Working Together to Safeguard Children (Department for Education, 2018a) set out the principles for safeguarding and promoting the welfare of children and states that anyone working with children should see and speak to the child; listen to what they say; take their

views seriously; and work with them and their families collaboratively when deciding how to support their needs.

The Trust works in partnership with the Wolverhampton Strategic Safeguarding Partners, i.e. The Local Authority, Clinical Commissioning Group and West Midlands Police and wider safeguarding partners. This collaboration is crucial to keep children, young people, and families in Wolverhampton safe.

Key words for intranet searching purposes	Safeguarding Children Wolverhampton Safeguarding Together
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.	**No**

Part B **Ratification Assurance Statement**

Name of document: CP 41 Safeguarding Children Policy

Name of author: Jacqueline Baines Job Title: Named Nurse Safeguarding Children.

I, the above-named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.

- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.

- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).

- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.

- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.

- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.

- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: J. Baines

Date:

Name of Person Ratifying this document (Director or Nominee):
Job Title:
Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	**Policy Title CP41 Safeguarding Children Policy**	
Reviewing Group		**Date reviewed:**
Implementation lead: Laura Powell, Safeguarding Children Lead, Laura.powell3@nhs.net 01902 695163 07818016365		

Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	To be placed on the intranet	Within one month of approval
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Mandatory Safeguarding Children training for all RWT staff	On going Action Lead: Safeguarding Children Team.
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Mandatory Safeguarding Children training for all RWT staff	Not Applicable
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	This policy aims to provide structured guidance to all RWT employees in Safeguarding Children. The policy stipulates processes, identifies key terms and provides guidance for staff to follow. This policy will be presented at	

	the Trust Safeguarding Operational Group, Band 7/8 forum/Senior Nurses group alongside trust-wide dissemination via the Trust all user bulletin and Intranet (both within the Policies and Strategies – updated policies section) and the Safeguarding page.	
Financial cost implementation Consider Business case development	There are no financial implications to the review of this policy.	Not applicable
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation	This is a review of CP 41. There are no specific policy issues.	

Safeguarding Process for **Child Protection** (CP)

Action required from School Nurse

Initial Case Conference request from safeguarding unit to RWT Safeguarding Team for Child Protection

Request received by **Generic School Nurse Base**

Health Assessment completed by the School Nurse

Report emailed to **wolverhamptonsafeguarding@secure.wolverhampton.gov.uk**

School Nurse invited to **subsequent meetings** to present findings from report

School Nurse invited to **Initial Case Conference** to present findings from report

School nurse attends **subsequent meetings**

School nurse attends **Initial Case Conference**

Joint decision made by those present: **Are there ongoing health issues requiring action and input from the School Nurse?**

Yes → School nurse **carries out identified actions**

No → School Nurse notified of dates of subsequent meetings but **does not attend**. **Informs other health professionals if they are the ones best placed to attend.**

Ahead of next meeting, School Nurse **reviews the child by checking systems (RWT systems and CareFirst)** in line with agreed timescales – see footnote*

Does information indicate School Nurse needs to meet with the child?

Yes → **School Nurse meets with child**

No

School Nurse completes **Local Authority Safeguarding Report** and forwards it to the Local Authority prior to the meeting. Report also **uploaded to the Trust electronic record.**

Health needs identified by School Nurse or other professional?

Yes → **School Nurse to contact Social Worker** (or vice versa)

No → School Nurse to repeat **Health Assessment annually as a minimum**

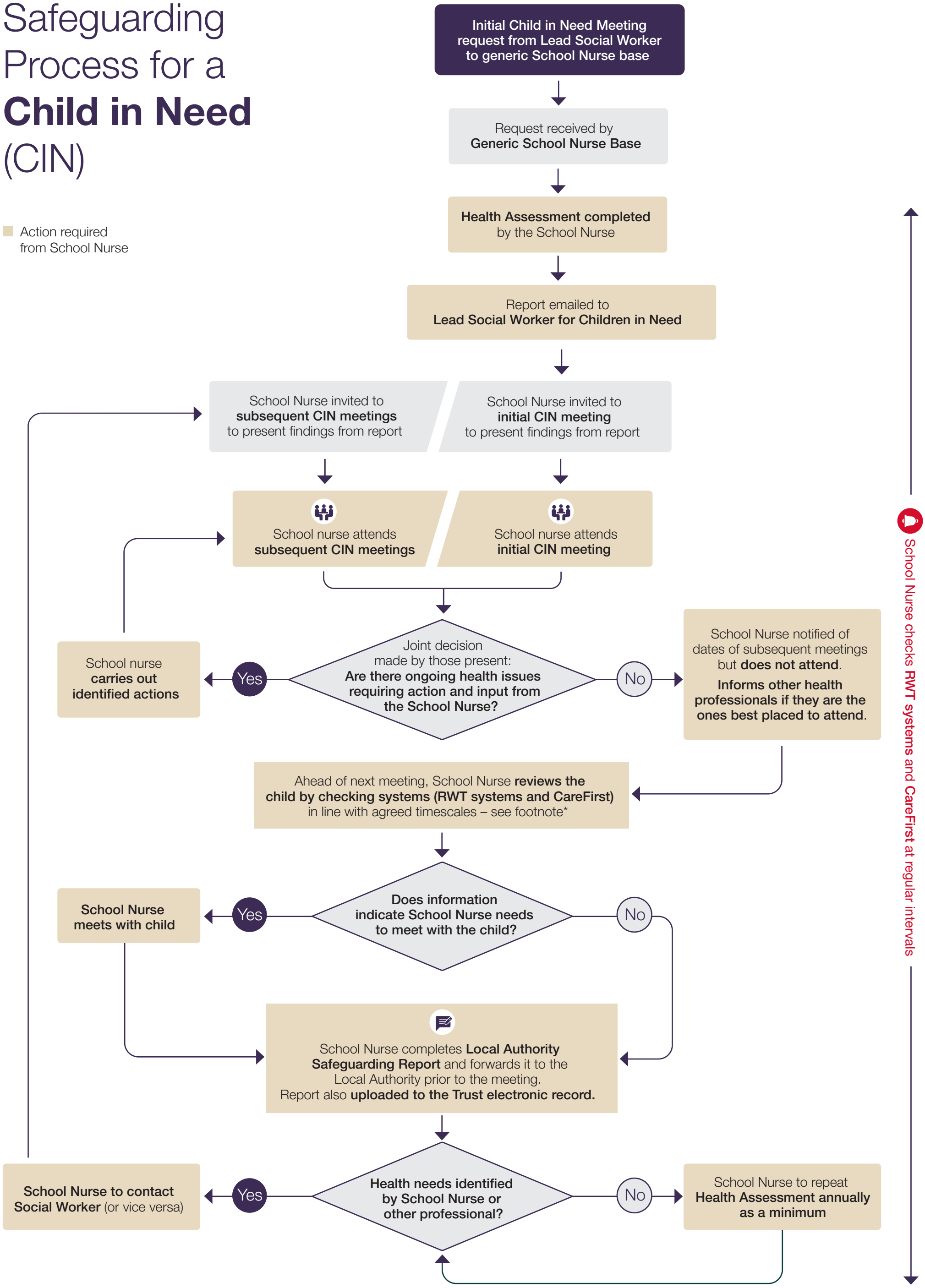
School Nurse checks **RWT systems** and **CareFirst** at regular intervals

*For CP conferences, decisions are captured within 24 hours on CareFirst but minutes can take up to 20 working days

WCC 1965 01/20

Safeguarding Process for a **Child in Need** (CIN)

Action required from School Nurse

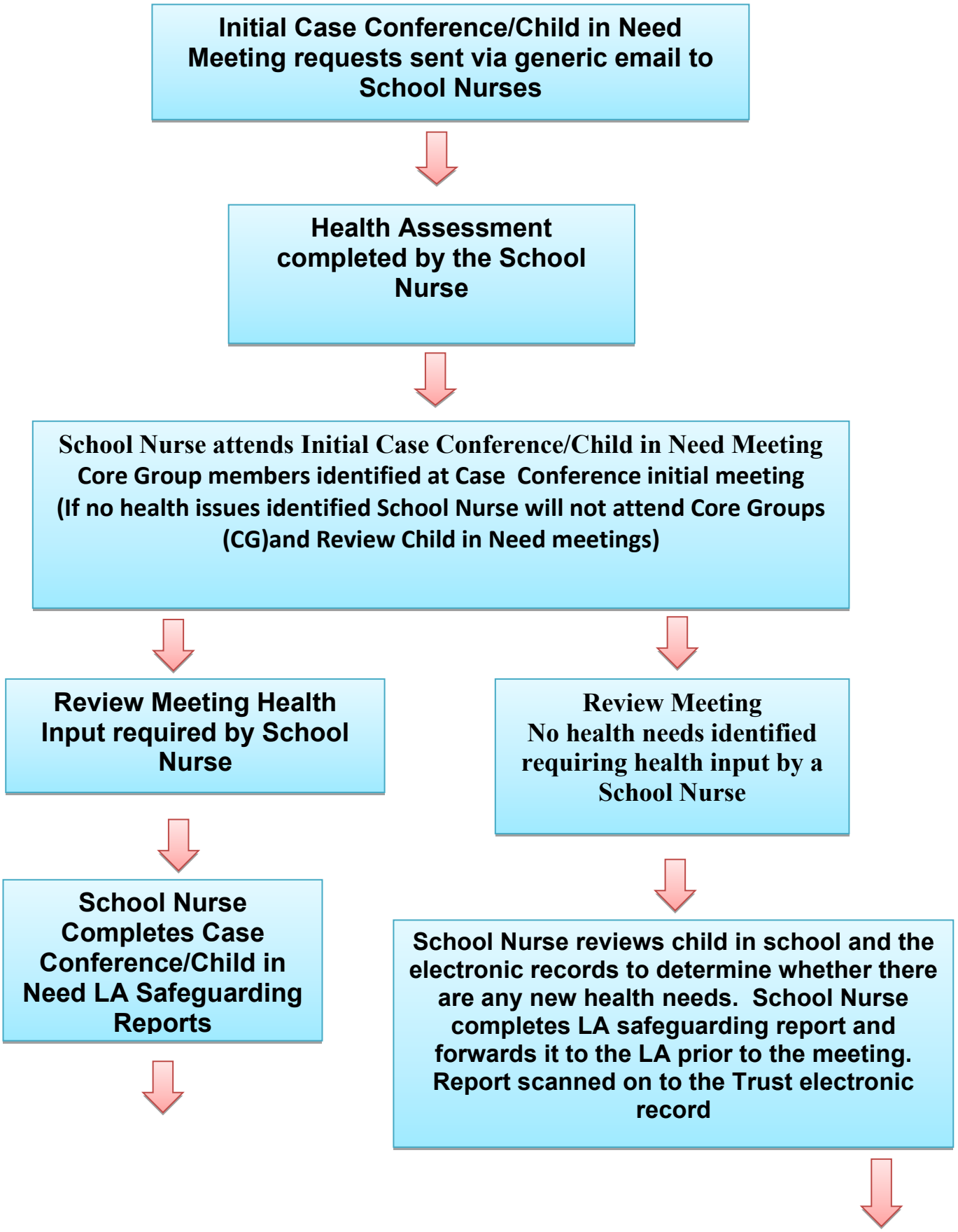


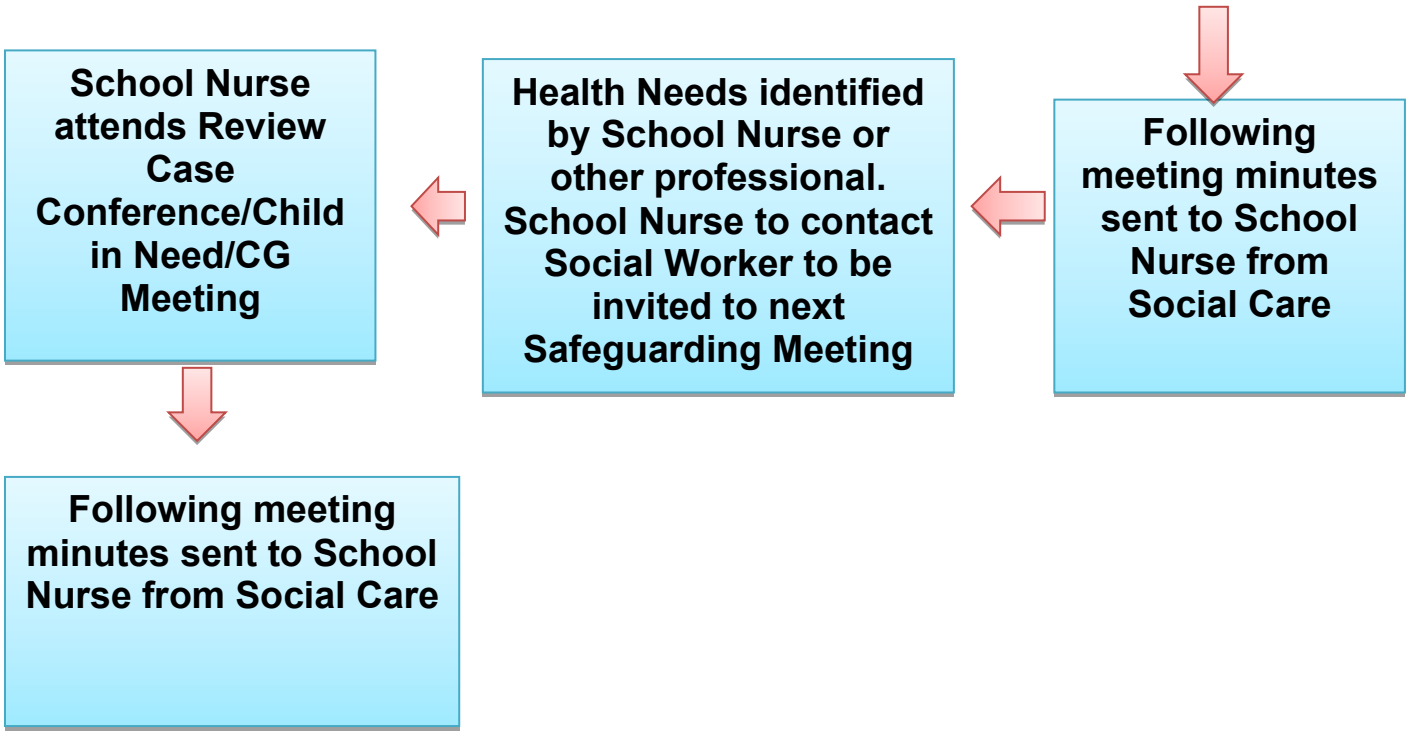
*Following meeting minutes are accessible on CareFirst within 10 working days

WCC 1965 01/20

Appendix 1

Proposed New Safeguarding Process School Nurse Service




Following meeting minutes sent to School Nurse from Social Care
Health Needs identified by School Nurse or other professional. School Nurse to contact Social Worker to be invited to next Safeguarding Meeting
School Nurse attends Review Case Conference/Child in Need/CG Meeting
Following meeting minutes sent to School Nurse from Social Care

STANDARD OPERATION PROCEDURE

Title: Clinical Web Portal Safeguarding Note (Button) Process to add an entry	**Procedure No:** **1**	**Document commenced:** February 2019		**Version:** 1
Procedure written by: Fiona Pickford Lesley Walker	**Procedure Approved By:** Trust Safeguarding Group	**Approved Date:** October 2019	**Review Date:** February 2020	**Pages:** 3

1. **Objective**

   To ensure governance arrangements of the processes in relation to the Clinical Web Portal safeguarding note/button.

2. **Scope**

   The Royal Wolverhampton NHS Trust – all staff

3. **Supporting Policies**

   3.1. CP41 Safeguarding Children policy
   3.2. CP53 Safeguarding Adults policy
   3.3. OP12 IT Security Policy
   3.4. OP13 Information Governance policy
   3.5. OP07 Health Records policy

4. **Process**

Safeguarding concern identified – refer to CP41 Safeguarding Children policy and CP53 Safeguarding Adults policy.
Consider discussion with the Safeguarding Team.

↓

Safeguarding note to be raised via Clinical Web Portal.
All staff with access to CWP can create a note.

↓

Process to add safeguarding note

- Access Clinical Web Portal
- Search for patient
- Go to the 'Notes' section and select 'Create Note'
- Re-enter password
- In the 'New Note' Screen, select a category* from the drop down list under the **Safeguarding** criteria
- Disregard 'Tags'
- Select Yes or No to the question – 'Have you reported your Safeguarding concerns by following Trust Policy for this patient?'
- In the free text section - add brief details of the concern and contact details of the referrer
- Select 'Publish'

It is the referrer's responsibility to update the Safeguarding Note.
If an incorrect entry is made, the user should contact
ICT Systems & Applications Services Team - rwh-tr.softwareservices@nhs.net.

***Category List (see policy)**
- Adult – Deprivation of Liberty
- Adult – Discriminatory
- Adult – Domestic Abuse
- Adult – Emotional/Psychological
- Adult – Exploitation (Modern Day Slavery / Honour Based Violence)
- Adult – Financial
- Adult – Neglect by 3rd Party
- Adult – Organisational
- Adult – Physical
- Adult – PREVENT
- Adult – Self Neglect
- Adult – Sexual Abuse
- Adult – Sexual Exploitation
- Adult – Other
- Child – Development of child, health, behaviour, family relationships
- Child – Emotional harm
- Child – Medical Assessment
- Child – Missing
- Child – Neglect
- Child – Other
- Child – Physical abuse
- Child – Safety and protection, emotional warmth, stimulation
- Child – Section 17/Disability
- Child – Sexual Abuse
- Child – Sexual Exploitation
- Child – Child Protection Plan – Emotional Abuse
- Child – Child Protection Plan – Neglect
- Child – Child Protection Plan – Physical Abuse
- Child – Child Protection Plan – Sexual Abuse
- Mother – Unborn Child
- Safeguarding Note only
- Safeguarding Team Review

Process to review safeguarding note within 1 working day (by the Safeguarding Team)

- Reports will be generated by RWT Safeguarding Administration team on a daily basis and forwarded to the nominated nurse on call for review of entries against the Safeguarding Note.

Role of the Nominated Safeguarding Nurse

- Access Clinical Web Portal
- Select patient
- Access the 'Safeguarding Note' button (top right hand side of screen).
- Exit 'Safeguarding Note' button.
- Select 'Create Note' (in Notes section)
- Re-enter password
- Select 'Safeguarding Team Review' from the category list under the **Safeguarding** criteria
- Disregard 'Tags'
- Select No to the question – 'Have you reported your Safeguarding concerns by following Trust Policy for this patient?'
- In the free text section - add the preferred wording of 'Read and Acknowledged' plus any additional narrative required. Ensure contact details of referrer are recorded.
- Select Publish

- MASH checks are to be entered on the Safeguarding Note – use Adult or Child Other category. Add the preferred wording of 'MASH check completed' in the free text section.

If an incorrect entry is made, the user should contact Application Support

The Royal Wolverhampton NHS Trust Standard Operating Procedure - Attendance at Strategy Discussions (Children's Safeguarding)

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

To provide best practice, evidence based guidance to guide and support The Royal Wolverhampton NHS Trust staff on their roles and responsibilities in relation to attendance at strategy discussions as part of safeguarding procedures. This Standard Operating Procedure is aimed at all staff working within The Royal Wolverhampton NHS Trust that have direct responsibility for children subject to safeguarding procedures.

2.0 Accountabilities

Staff working across the Trust have a direct responsibility for children subject to safeguarding procedures and should therefore actively participate upon request to strategy discussions when it is deemed they are best placed to provide clear, accurate and most current information.

3.0 Procedure/Guidelines Detail / Actions

When should a strategy discussion be held?

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving local authority children's social care (including the residential or fostering service, if the child is looked-after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process and when new information is received on an already open case.

What is the purpose of a strategy discussion being held?

Local Authority Children's Social Care services should convene a strategy discussion to determine the child's or unborn child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm.

The purpose of the discussion is to:

- Share available information
- Agree the conduct and timing of any criminal investigation
- Decide whether enquiries under Section 47 of the Children Act 1989 must be undertaken.

Where there are grounds to initiate an enquiry under Section 47 of the Children Act 1989, decisions must be made as to:

- What further information is needed if an assessment is already underway and how it will be obtained and recorded
- What immediate and short term action is required to support the child, and who will do what by when
- Whether legal action is required.

The timescale for the assessment to reach a decision on next steps must be based upon the needs of the individual child, consistent with the local protocol and no longer than **45 working days** from the point of referral into local authority children's social care.

Who attends the strategy discussion?

A local authority social worker, health practitioners and a police representative should, as a minimum, be involved in the strategy discussion. Involvement from other relevant practitioners will depend on the nature of the individual case but may include:

- The practitioner or agency which made the referral
- The child's school or nursery
- Any health or care services the child or family members are receiving.

All attendees must be sufficiently senior to make decisions on behalf of their organisation and agencies.

Department for Education (2018) requires that all professionals share appropriate information in a timely way and discuss any concerns about an individual child with colleagues and local authority children's Social Care. Every professional, as well as their organisation, is required to fully participate in order for services to be effective. No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. Furthermore, it is not safe for any professional to assume that another agency will pass on information that is significant to the safeguarding of a child.

Department for Education (2018) stipulates during and following the Strategy Meeting the Health Professional is required to:

- Advise about the appropriateness or otherwise of medical assessments, and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment
- Provide and co-ordinate any specific information from relevant practitioners regarding family health, maternity health, school health mental health, domestic abuse and violence and substance misuse to assist strategy and decision making

- Secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions
- Undertake appropriate examinations or observations, and further investigations or tests, to determine how the child's health or development may be impaired.

Information to be provided by the Health Professional

When a request has been received to provide information or attend a strategy meeting, the child's health record will need to be reviewed. The following information needs to be determined:

- Are the child's immunisations up to date?
- Did the child receive all mandated assessments?
- Were the appointments (this may be antenatal in the case of the unborn child), screening and assessments attended at the scheduled time?
- Has the child seen the General Practitioner and what were the reasons for this?
- Has the child attended the Accident and Emergency Department?
- Has the child had any serious illnesses, conditions or operations?
- Have any current health issues been identified?
- Is the service currently involved in the child's care?
- Are there any significant events in the child's record such as domestic abuse?
- Have any vulnerability factors been identified?
- Any concerns noted such as interactions, relationships, home conditions?
- What threshold has this family met?
- Clarify current address and contact details

Information shared must be clearly recorded in the child's health record with any actions identified.

How will the Health Professional participate in the strategy discussion?

The Health Professional must attend the strategy discussion where requested or share relevant information by a conference call, virtual meeting or attend in person where appropriate to the circumstances.

The Health Professional will present their information. Following all information being presented and discussions held, each professional will make a decision in regards to which threshold has been met. The decision could be; No further local authority social care Involvement at this stage but may require other services, complete an assessment under Section 17 or initiate a Section 47 enquiries and/or police to investigate a possible crime. The Health Professional will then contribute to the plan.

When are strategy discussions held?

The Regional Child Protection Procedures for West Midlands stipulate strategy meetings/discussions should be convened as soon as practicable bearing in mind the needs of the child and must take place within **three working days** of child protection concerns being identified, except in the following circumstances:

- For allegations/concerns indicating a serious risk of harm to the child (for example, serious physical injury or serious neglect) the strategy meeting/discussion should be held on the same day as the receipt of the referral.
- For allegations of penetrative sexual abuse, the strategy meeting/discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence.
- Where immediate action is required by either agency, the strategy meeting/discussion must be held within one working day.
- In cases of organised abuse or allegations against staff or volunteers the strategy meeting/discussion should be held within one working day.

Recording the strategy discussion

Irrespective of whether the strategy meeting/discussion takes the form of a telephone discussion or face-to-face meeting, it is the responsibility of the chair to ensure that the decisions and agreed actions are fully recorded. All agencies attending must take notes of the actions agreed at the time of the meeting/discussion. The chair is responsible for ensuring that a copy of the record is made available to all those invited as soon as practicable.

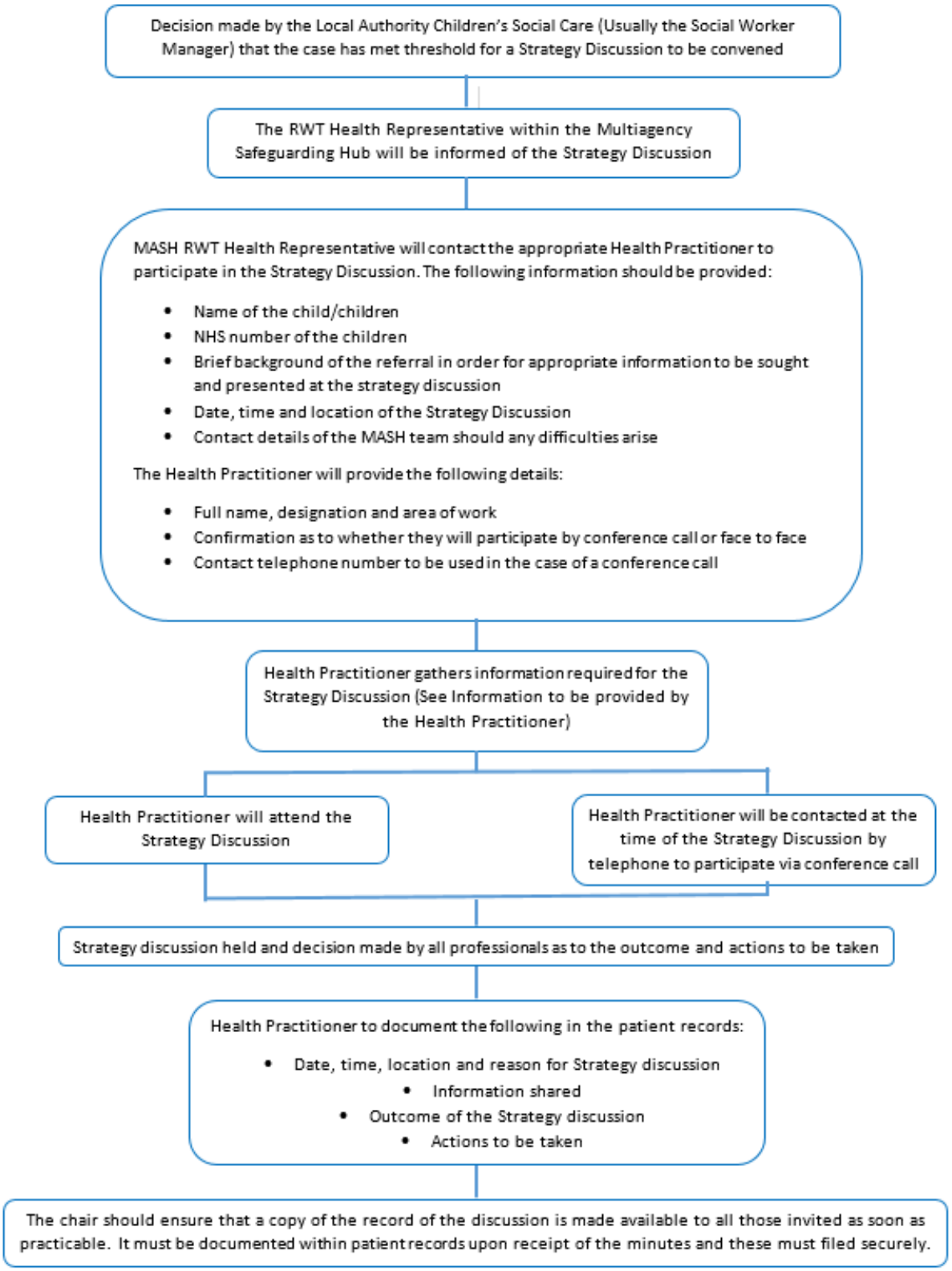
Information Sharing

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect (HM Government, 2018).

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively:

- All practitioners must be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as ‘special category personal data’.
- Where practitioners need to share special category personal data, they must be aware that the Data Protection Act 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent if it is not possible to gain. It cannot be reasonably expected that a practitioner gains consent, or if to gain consent it would place a child at risk.

Flow Chart of the process



4.0 Equipment Required

The practitioner will require a telephone, access to patient records and a quiet and private room to confidentially contribute to the discussion. In the case the discussion is being held using Microsoft Teams, the practitioner will require a laptop or iPad with access to Microsoft Teams.

5.0 Training

There is no specific training for attendance at strategy discussions however if support is required, this can be accessed on an individual basis from the Safeguarding Children Team by contacting 01902 695163.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance

It is the responsibility of the Safeguarding Children Team to ensure this Standard Operating Procedure is kept up to date with current evidence based practice, guidance and local policy and procedure.

9.0 Communication and Training

In order to ensure all practitioners are cited on this SOP the following actions will take place;

- To be included in the RWT all user trust bulletin
- Presented to Trust Safeguarding Operating Group
- Delivered through mandatory safeguarding children training

- To be placed on the intranet

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Feedback to be provided by MASH Safeguarding Nurse to be provided to the MASH health meeting on activity in strategy discussions.	MASH Safeguarding Nurse	Ongoing data collection using daily activity spreadsheets.	Bimonthly	MASH health meeting

11.0 References

Children Act 1989 and 2004

Department for Education (2018) *Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children*. London: Crown Copyright

General Data Protection Regulations (2018)

HM Government (2018) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. Crown Copyright

Nursing and Midwifery Council (2018) The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: Nursing and Midwifery Council.

Regional Child Protection Procedures for West Midlands.

Part A - Document Control

Procedure/ Guidelines number and version	**Title of Procedure/Guidelines** The Royal Wolverhampton NHS Trust Standard Operating Procedure - Attendance at Strategy Discussions (Children's Safeguarding)	**Status:** Final		**Author: Safeguarding Children Team Lead** **For Trust-wide Procedures and Guidelines Director Sponsor: Chief Nurse**
Version / Amendment History	Version	Date	Author	Reason
	New procedure – version 1	04.06.20	Safeguarding Children Team Lead	Staff participation in strategy discussions introduced.
Intended Recipients: Staff Trust wide who hold responsibility for a child who is being discussed at strategy discussion.				
Consultation Group / Role Titles and Date: MASH Health Meeting attendees (including Deputy Designated Safeguarding Nurse, CCG) MASH Manager Trust Safeguarding Operating Group attendees Safeguarding Team Leads and Head of Safeguarding				
Name and date of group where reviewed	19.09.2019 – Multiagency Safeguarding Hub Health Meeting 09.02.2020 – Local Governance Meeting 04.11.2020 – Shared with members of Trust Safeguarding Operating Group			
Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)	08.06.2020 - Local Governance Meeting			
Date of Procedure/Guidelines issue	October 2020			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	June 2023			

Training and Dissemination:

- To be included in the RWT all user trust bulletin
- Presented to Trust Safeguarding Operating Group
- Delivered through mandatory safeguarding children training
- To be placed on the intranet

To be read in conjunction with: CP41 Safeguarding Children Policy

Initial Equality Impact Assessment: Completed Yes
Full Equality Impact assessment (as required): NA
If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904 for Trust- wide documents or your line manager or Divisional Management office for Local documents.

Contact for Review	Safeguarding Children Team Lead 01902 695163
Monitoring arrangements	It is the responsibility of the Safeguarding Children Team to ensure this Standard Operating Procedure is kept up to date with current evidence based practice, guidance and local policy and procedure.

Document summary/key issues covered.

This SOP provides best practice, evidence based guidance to guide and support The Royal Wolverhampton NHS Trust staff on their roles and responsibilities in relation to attendance at strategy discussions as part of safeguarding procedures. This SOP is aimed at all staff working within The Royal Wolverhampton NHS Trust that have direct responsibility for children subject to safeguarding procedures.

Key words for intranet searching purposes	Safeguarding, strategy discussion, safeguarding children, MASH

(Part B) **Ratification Assurance Statement**

Name of document: The Royal Wolverhampton NHS Trust Standard Operating Procedure - Attendance at Strategy Discussions (Children's Safeguarding)

Name of author: Laura Powell **Job Title: Safeguarding Children Team Lead**

I, Laura Powell, the above named author confirm that:

- The Procedure presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: 
Date: 08.06.2020

Name of Person Ratifying this document (Director or Nominee): Fiona Pickford
Job Title: Head of Safeguarding
Signature: (refer to email dated 24 July 2020)

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

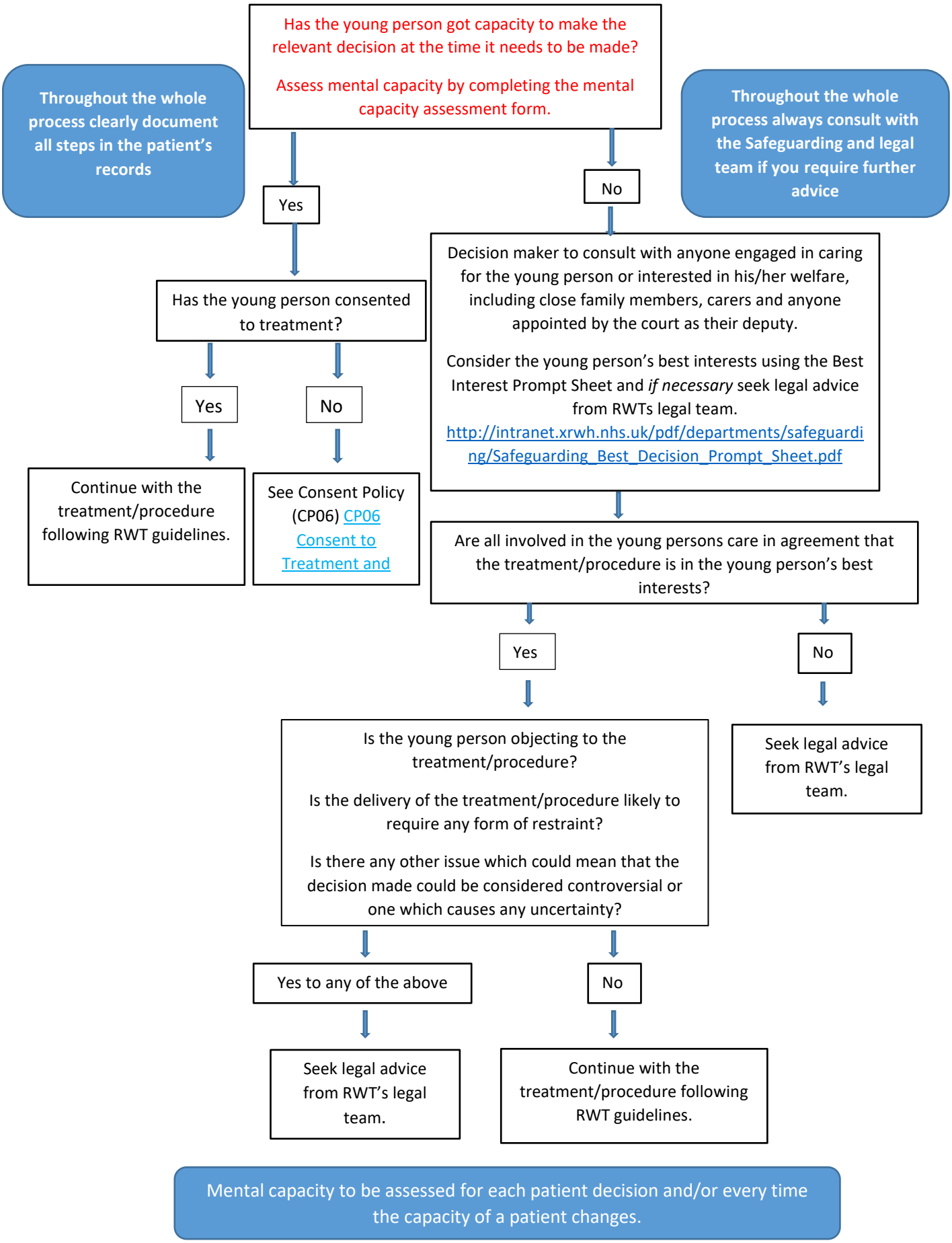
Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN
To be completed when submitted to the appropriate committee for consideration/approval

Procedure/Guidelines number and version	**Title of Procedure/Guidelines**	The Royal Wolverhampton NHS Trust Standard Operating Procedure - Attendance at Strategy Discussions (Children's Safeguarding)
Reviewing Group		**Date reviewed:** 08.06.2020
Implementation lead: Laura Powell, Safeguarding Children Team Lead		

Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	SOP to be disseminated to staff by email as a resource.	Immediately following publication.
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	To be discussed as part of staff safeguarding supervision and training.	Ongoing.
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Not required.	
Procedure/Guidelines communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	SOP to be disseminated to staff by email as a resource. Publication of SOP to be shared with Trust Safeguarding Operational Group and Matron's/Senior Nurse meeting.	
Financial cost implementation Consider Business case development	Not applicable.	
Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation	Not applicable.	

Flow chart for mental capacity, best interests and consent in a young person aged 16-17



Mental capacity to be assessed for each patient decision and/or every time the capacity of a patient changes.