

MANAGEMENT

CONTENTS

<u>EXECUTIVE INTRODUCTION</u>	3
<u>SECTION ONE: DEFINITIONS, CATEGORIES, INTERVENTIONS AND GENERAL PRINCIPLES</u>	4
I&S <i>Serious Case Review (murdered by his mother)</i>	4
I&S <i>Serious Case Review (murdered by his mother and her boyfriend)</i>	4
THERE ARE 4 CATEGORIES OF ABUSE	5
INDICATORS OF CHILD ABUSE	5
PHYSICAL	5
EMOTIONAL	6
SEXUAL	6
NEGLECT	7
FABRICATED OR INDUCED ILLNESS	8
<u>RISK AND VULNERABILITY MATRIX DIAGRAM</u>	9
<u>CHESHIRE WEST & CHESTER CONTINUUM OF NEED</u>	10
<u>GENERAL PRINCIPLES FOR ALL STAFF</u>	11
<u>SECTION TWO: DUTIES, ROLES AND RESPONSIBILITIES</u>	14
<u>ALL TRUST EMPLOYEES MUST COMPLY WITH THIS GENERIC POLICY, SPECIFIC POINTS FOR SOME STAFF GROUPS</u>	
THE ROLE OF THE PAEDIATRICIAN AND PAEDIATRIC STAFF	14
SAFE DISCHARGE FROM THE COCH	14
THE ROLE OF ACCIDENT & EMERGENCY STAFF	15
CHILDREN WHO SELF – HARM	16
THE ROLE OF THE CONTRACEPTION AND SEXUAL HEALTH SERVICES STAFF (INCLUDING ADULT SEXUAL HEALTH SERVICES)	16
THE FOLLOWING SIGNS AND BEHAVIOR MAY BE SEEN IN CHILDREN WHO ARE ALREADY BEING SEXUALLY EXPLOITED:	16
THE ROLE OF MATERNITY SERVICES STAFF	17
IMPORTANT POINTS:	17
SAFE DISCHARGE FROM MATERNITY SERVICES	18
THE ROLE OF ADULT NURSING STAFF (INCLUDING AED STAFF)	18
<u>VERY IMPORTANT PLEASE ALSO SEE THE TRUST DOMESTIC ABUSE POLICY</u>	19
THE ROLE OF ANCILLARY AND OTHER STAFF	19
<u>SECTION THREE: REFERRALS- WHAT TO DO</u>	19
REFERRAL TO CHILDREN'S SOCIAL CARE	19
OUTCOME OF REFERRAL TO CHILDREN'S SOCIAL CARE	20
DOCUMENTS (AVAILABLE IN SAFEGUARDING BOX IN THE AED AND CHILDREN'S UNIT)	21
<u>SERIOUS CASE REVIEW (SCR) PROCESS</u>	21
HOW WE MUST CONTINUALLY IMPROVE PRACTICE:	21
<i>Learning's from Local (CoCH involvement) Serious Case Reviews (SCR's) and Practice Learning Reviews (PLR's)</i>	21
<u>SECTION FOUR: EQUALITY AND DIVERSITY</u>	24
CHILDREN WHO MAY BE PARTICULARLY VULNERABLE	24
CHILDREN WHO DO NOT ATTEND (DNA)	24
CHILDREN LIVING AWAY FROM HOME	24
AGE CRITERIA FOR ADMISSION TO THE CHILDREN'S UNIT	25
CRITERIA FOR ADMISSION TO CHILDREN'S UNIT	25
CRITERIA FOR ADMISSION TO ADULT AREAS	25
THE SUPERVISION OF PARENTAL/CARER CONTACT WITH CHILDREN IN THE HOSPITAL ENVIRONMENT	26
CHILDREN IN HOSPITAL (FOR GREATER THAN 12 WEEKS)	26

Executive Introduction

This policy reflects the standards set in the Cheshire Local Safeguarding Children Board (LSCB) manual of procedures.

As a statutory partner of the Local Safeguarding Children Board (LSCB), the Countess of Chester Hospital NHS Foundation Trust recognises that it has a clear responsibility to identify and respond to issues of safeguarding and promoting the welfare of all children. Every adult has a responsibility to protect children and as employees of the Trust we are duty bound always to act in the best interests of a child about whom we may have concerns.

This organisation is governed by legislation to discharge its safeguarding and promoting the welfare of children responsibilities effectively and as such must adhere to the 1989 and 2004 Children Act, Working Together to Safeguard Children DCSF 2013, and the Cheshire West and Chester LSCB Manual of Procedures for Safeguarding Children in Cheshire 2013. For Flintshire children the All Wales Child Protection Procedures should be followed.

Please see the CoCH Safeguarding Children Professional Structure and Safeguarding Children Reporting mechanisms in **Appendix 1**

Alison Kelly

Director of Nursing, Quality and Environment

Executive Lead for Safe Guarding Children Sept 2015

Due to the frequent use and for easier reading throughout this policy please note:

The following 2 terms will be abbreviated to:

Local Safeguarding Children Board (**LSCB**)

Children’s Social Care (**CSC**)

SECTION ONE: DEFINITIONS, CATEGORIES, INTERVENTIONS AND GENERAL PRINCIPLES

2 recent high profile child deaths have again reiterated that each and every one of us at the CoCH has a vital role in the protection of children

I&S

Serious Case Review (murdered by his mother)

“The main finding of the overview report was that professionals in the various agencies involved failed to prevent I&S’s death as they missed a significant number of opportunities to intervene and take action

I&S

Serious Case Review (murdered by his mother and her boyfriend)

I&S was murdered by his mother and stepfather in March 2012. For a period of at least six months prior to this, he had been starved, assaulted, neglected and abused.

“Professionals needed to “think the unthinkable” and to believe and act upon what they saw in front of them, rather than accept parental versions of what was happening at home without robust challenge”.

CoCH staff to note that the CoCH safeguarding children team

Karen Milne Named Midwife/Professional Safeguarding Children/Lead Domestic Abuse

Paula Lewis Specialist Safeguarding Children Practitioner/Early Intervention Lead

Can be contacted via

01 I&S

Bleep I&S

Work mobile 07 I&S

The Named Dr Howie Isaac and the Designated Dr Rajiv Mittal for safeguarding children can be both contacted via 01 I&S

Designated Dr Sarah Dubois for Children In Care can be contacted via 01 I&S

In addition:

Vivien Beswick Str AED Link Safeguarding Children/Domestic Abuse can be contacted on ext I&S

Bev Ellis Str AED Link Nurse Domestic Abuse can be contacted on ext I&S

Carys Williams Link Community Midwife Domestic Abuse can be contacted on ext I&S

Sara Taylor Independent Domestic Violence Advisor can be contacted on ext I&S

The “What to do if you’re worried a Child Is Being Abused” flowchart is available in all areas of the Trust. For additional copies please contact the safeguarding children team on ext I&S

The above members of staff can be contacted to discuss any concerns by any member of staff from anywhere in the Trust. In addition a member of the safeguarding children team visits the AED and the Children’s Unit and the maternity wards on the morning of each working day to collect the notifications of, and to action and follow up any safeguarding children issues that have arisen in the previous 24 hours.

The AED and the Children Unit each have a safeguarding children box in which to place completed safeguarding children notification forms for collection.

GENERAL PRINCIPLES FOR ALL STAFF

All Children who attend the CoCH AED, Children’s Assessment Unit or Children’s Unit or anywhere else in the Trust, must have a safeguarding checklist completed **see Appendix 4**.

The Medi-tech ALERT system must be accessed to check if there is a Child Protection Plan alert in place for the child and if so the instructions given on the alert must be followed. When there are concerns of a safeguarding children nature in pregnancy (requiring a maternity services safeguarding children pro-forma) an alert will be placed on the baby’s electronic record when he/she is born. This will help in the assessment of any concerns re the child in any future CoCH contacts.

If possible all children should be spoken to and their own wishes and feelings should be sought by staff (even very young children can express their thoughts and feelings). **There must be evidence in the child’s CoCH records that staff have sought the wishes and feelings of children to whom they have given care.**

- ☐ When a child suspected to have been abused is admitted to the hospital, the consultant paediatrician on-call should be informed as soon as possible. In all cases of suspected sexual abuse, the referrer should be asked to contact the consultant on-call directly.
- ☐ In all cases of physical injury/bruising, a body chart must be commenced at the onset. This should clearly identify all injuries on the child and all entries should be signed, dated and timed. It is extremely important that an accurate record of all bruising and marks on the child is made, including the need to record any bruising that emerges after / during admission. **The LSCB bruising protocol must be adhered to (see appendix 2), & hard copies of this are available in the key clinical areas and also via the LSCB manual of procedures(CoCH intranet)**
- ☐ All records must be factual, consistent and accurate (clearly reflect the situation and actions taken) and should be written at the time or as soon as possible after the event (within 24 hours). Also a full account of your assessment, care plan and actions taken should be documented clearly. It is better to avoid abbreviations, jargon, meaningless phrases or offensive statements.
- ☐ All discussions about the child should be recorded in the hospital notes, including telephone conversations. The records should be readable on photocopies and written using black ink .They should be dated, timed accurately and signed with name legibly printed alongside your signature for the first entry. Any correction should be done by striking through errors with one line - initial, time and date. The original entry should still be read clearly. Do not amend using white correction fluid, scribbling out or writing over the original.
- ☐ If someone is taking notes on behalf of a doctor, then the doctor must make it very clear what should be recorded on his/her behalf in the notes (e.g. if a junior doctor is taking notes on a ward round describing a Consultant’s findings and opinion then the Consultant should very clear with regards to what he/she wishes to be recorded, and should check at the earliest opportunity that what is recorded in the notes is an accurate reflection, this is particularly important when dealing with a case of suspected abuse as any misinterpretation at any point could lead to minimisation of the situation by subsequent DR’s/staff members.
- ☐ During ward rounds, when assessing a child with suspected abuse, the doctor conducting the ward round should ensure that all available information (check the medi-tech alert system), past as well as present is reviewed before future management decisions are made. This includes checking the computerised patient care notes kept by nursing staff, any

SECTION FIVE: SUPPORTING STAFF AND VOICING CONCERNS

Escalation and Resolution

“There will always be differences of professional opinion. However, practitioners and agencies have a responsibility to challenge when it is believed that other agencies are failing to recognize child maltreatment and/or their response leaves children at risk of significant harm. This policy is to ensure partner agencies have a quick and straightforward means of resolving professional differences in view of specific cases, in order to safeguard the welfare of children and young people” (LSCB Resolution Pathway and Escalation Policy 2013)

If at any point a member of CoCH staff feels that their concerns about a child are not being acted upon appropriately they must discuss this with the safeguarding children team who will take responsibility for ensuring the case is appropriately managed within the CoCH. If the safeguarding children team are concerned that concerns about a child are not being managed appropriately by Children’s Social Care, the case must be discussed with the relevant team manager within Children’s Social Care. If this does not resolve the differences and the concerns for the child remain, the case will be discussed with the Designated Doctor and Nurse for Safeguarding Children and at the highest level within Children’s Social Care. If the child is within the hospital setting, he/she should not be discharged until CoCH staff can conclude that their concerns are being addressed in the child’s best interests. Any unresolved issues will be managed as per LSCB escalation policy which can be accessed via [\(CoCH intranet\)](#)

The Trust will support staff as part of its commitment in the implementation of this policy; the range of support available can be reviewed in the Supporting Staff Policy. Safeguarding children issues may be stressful for staff who need to empathise with victims and carers, confront abuse issues, resolve conflict and establish support and protection. It is important that the impact on staff is recognised and that they have appropriate opportunities for support through management or clinical supervision. If necessary, it should be possible to offer access to confidential independent counselling. This can be accessed via the Occupational Health Department.

Speak Out Safely (Raising Concerns about Patient Care) and Whistle Blowing Policy

It is the responsibility of all members of staff, medical, clinical or non-clinical, to ensure that high standards of care, treatment and services are provided at all times for patients and that all patients are **safely** in our care. From time to time, staff may have concerns about the care or treatment given to any patient(s), including **children and young people**, and may wish to discuss these with managers. All concerns raised by staff about patient care will be dealt with seriously, promptly, and be subject to a thorough and impartial investigation where necessary. Managers have a particular responsibility to protect patients, and to handle concerns about their care in a way that will encourage the voicing of genuine misgivings, while at the same time protecting staff against unfounded allegations. No recriminations will follow reports which are made in good faith about low standards of care or possible abuses. All staff must comply with the Trust Values and put patients at the heart of everything they do

Human Resources Department

The Trust will comply with current National Guidance on the recruitment of staff and will act with speed to any allegations of “professional abuse” in accordance with the guidelines set out in Working Together to Safeguard Children” (DCSF 2015) and the Cheshire LSCB Manual of Procedures. The CoCH will identify a senior manager who will have responsibility for referral **(where appropriate)** and ongoing liaison with the Local Area Designated Officer (LADO) in the LSCB regarding an allegation made against a CoCH member of staff. More information regarding Safer Recruitment, Guidance for Safer Working Practice for adults who work with children and young people, Allegations Procedures, are all available via the LSCB website see [\(CoCH intranet\)](#)

The Local Authority Designated Officer can be reached via the contact number/address below.

The Children's Safeguarding Unit

4, Civic Way [Floor 4]

Ellesmere Port

Cheshire

Tel: 0