ADMISSION AND DISCHARGE FOR CHILDREN AND YOUNG PEOPLE BELOW THE AGE OF 18 YEARS WHERE THERE ARE SAFEGUARDING CONCERNS POLICY

POLICY

Reference	CPG-TW-SG-C&YPSC		
Approving Body	Patient Safety Committee		
Date Approved	December 2021		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	x		
Issue Date	5th January 2022		
Version	5.0		
Summary of Changes from Previous Version	Reviewed and document dates amended.		
Supersedes	v4.0, Issued 29th December 2017 to Review Date November 2021 (ext2)		
Document Category	• Clinical		
Consultation Undertaken	Safeguarding Steering Group		
Date of Completion of Equality Impact Assessment	16/09/2021		
Date of Environmental Impact Assessment (if applicable)	Not Applicable		
Legal and/or Accreditation Implications	List all legal / accreditation implications		
Target Audience	All health professionals at Sherwood Forest Hospitals NHS Foundation Trust working with children and young people under the age of 18.		
Review Date	December 2024		
Sponsor (Position)	Chief Nurse		
Author (Position & Name)	Lisa Nixon, Named Nurse Safeguarding Children and Young People		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Nursing – Safeguarding Team		
Position of Person able to provide Further Guidance/Information	Lisa Nixon, Named Nurse Safeguarding Children and Young People		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
• Safeguarding children referral documentation • Trust safeguarding documentation	September 2021

CONTENTS

1.0 INTRODUCTION

Safeguarding children and young people, particularly where there is a risk of significant harm, depends on effective joint working and information sharing between professionals and agencies [H.M Government 2015, Children Act 1989, 2004, Laming 2003, 2009].

2.0 POLICY STATEMENT

This policy sets out how the Trust will work and share information with relevant professionals and agencies when children and young people are admitted and discharged from hospital [including babies born in the Trust].

3.0 DEFINITIONS/ ABBREVIATIONS

Named Professionals	Named Doctor, Nurse and Named Midwife for Safeguarding Children
Trust	Sherwood Forest Hospitals NHS Foundation Trust
Child Protection	The process of protecting individual children identified as either suffering and/or at risk of suffering significant harm as a result of abuse or neglect.
DPM	Discharge Planning Meeting
CIN	Children in Care previously referred to as Looked After Child – Child in the care of the local authority.
Significant Harm	"Harm" means ill treatment or the impairment of health or development including, for example, impairment suffered from seeing and hearing the ill treatment of another, "Development" means physical, intellectual, emotional, social or behavioural development. "Health" means physical and mental health and "ill treatment" includes sexual abuse and forms of ill treatment which are not physical [Children Act 1989, 2004]

4.0 ROLES AND RESPONSIBILITIES

Medical and registered nursing and midwifery staff:
It is the responsibility of medical and registered nursing and midwifery staff to follow this policy when admitting and discharging children and young people where there are safeguarding concerns [this includes the birth of new babies].

Named Professionals for Safeguarding Children:
The Named Professionals must be consulted where there is conflict between members of staff and/or Children's Social Care over what actions are required to safeguard the child and young person.

The authors:
It is the responsibility of the authors to review and update this policy by the review date or earlier in response to new statutory guidance/legislation or lessons learnt from clinical incidents, learning reviews or serious case reviews.

5.0 APPROVAL

Following appropriate consultation, this policy (v5.0) has been approved by the Safeguarding Group.

6.0 DOCUMENT REQUIREMENTS

6.1 Overview

6.1 This policy describes the processes to be followed when a child or young person is admitted and discharged because:

6.1.1 They require acute medical or surgical care but have a social worker because they are a child in need, a Child in Care (CIC) or they have a child protection plan in place

6.1.2 There are new safeguarding concerns that reach the threshold for significant harm and a referral is required to Children's Social Care e.g. suspected non-accidental injuries [NAI]

6.1.3 They have self-harmed or have acute mental health issues and require a Child and Adolescent Mental Health Service [CAMHS] or Crisis Team assessment

6.1.4 When a baby is born and there are safeguarding concerns

6.2 Admission

6.2.1 All actions taken during admission should be fully documented within the child's medical record.

6.2.2 For an overview of admission processes see appendix A.

6.3 Discharge

6.3.1 For children and young people who have presented with safeguarding concerns consideration of how they will be discharged safely should start from admission.

6.3.2 Consideration should also be given to the timing of discharge to ensure appropriate professionals are available to provide community support.

6.3.3 Before discharge an agreed and clear multi-agency discharge plan should be documented within the medical record.

6.3.4 In some instances where a child or young person is to be discharged to the care of parents but concerns are judged to be serious Children's Social Care will initiate a Discharge Planning Meeting [DPM]. e.g.-

- Domestic violence
- Poor engagement and neglect
- Differing professional opinions as to the level of risk
- Lack of agreement between agencies
- Escalating self-harm concerns (3 or more admissions in a 6 month period)

6.3.5 However if necessary a DPM can be initiated by the consultant or any other professional involved in the child's care at that time. In this instance the chairing and organisation becomes the responsibility of whoever has initiated the DPM.

6.3.6 For an overview of discharge processes see appendix B

6.4 Babies who are born in the Trust

6.4.1 For the majority of babies any safeguarding concerns will have been identified during the antenatal period and Children's Social Care will already be involved and a pre-birth plan will have been put in place. The pre-birth plan will also identify how, when and where to the baby will be discharged.

6.4.2 The pre-birth plan may or may not indicate that a DPM is required. If a DPM is required this is initiated and co-ordinated by the allocated social worker.

6.4.3 Consideration should also be given to the timing of discharge to ensure appropriate professionals are available to provide community support.

6.4.4 For an overview of babies who are born at the Trust see appendix C

6.5 Consent and Information Sharing

6.5.1 Effective information sharing is an essential element of Safeguarding Children. The Children Act 1989 and 2004, Working Together to Safeguard Children 2020 state we have a duty to co-operate with other agencies to safeguard and promote the welfare of children. Sharing information to protect children is in the public interest.

6.5.2 When making a referral to Children's Social Care (Appendix E) the reasons why should be discussed with the parent/carer and if appropriate the child or young person and where possible their agreement sought to do so. However, such discussions or agreement should not be sought, if by doing so it would:

- Place a child at increased risk of significant harm;
- Interfere with criminal enquiries; or
- Raise concerns about the safety of staff members.

6.5.3 It is legitimate and legal to share information about a child, prior to discussing it with the parents/carers if it is necessary to assist early decision making and/or undertake immediate protective action e.g. allegations of sexual abuse by a parent/carer or suspected fabricated or induced illness.

6.5.4 When a decision is made to share information without agreement the reasons for doing so must be recorded within the child's medical record and shared with Children's Social Care.

6.5.5 Where there is the possibility of a child suffering significant harm the parents/carers lack of agreement to a referral should not prevent a referral to Children's Social Care being made. This should be done at the earliest opportunity.

6.5.6 Sharing information where there is concern about a child's welfare will enable practitioners to consider jointly how to proceed in the best interests of the child

6.6 Documentation

6.6.1 All Safeguarding Children information should be documented and filed within the written and electronic medical records as per Trust practice [appendix D]

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

In order to monitor compliance all records of children and young people admitted and discharged where there have been safeguarding concerns will be audited by the Safeguarding Children Team with support from Division. Records of babies born at the Trust will be audited by the Named Midwife for Safeguarding children. Non-compliance with the policy will be dealt with as and when it occurs. The information obtained from the ongoing audit will be presented in Quarterly Safeguarding reports and will be presented to the Safeguarding Steering Group. Results will also be made available to staff on the Paediatric ward and the Neonatal Unit.

Minimum Requirement to be Monitored **(WHAT – element of compliance or effectiveness within the document will be monitored)**	**Responsible Individual** **(WHO – is going to monitor this element)**	**Process for Monitoring e.g. Audit** **(HOW – will this element be monitored (method used))**	**Frequency of Monitoring** **(WHEN – will this element be monitored (frequency/ how often))**	**Responsible Individual or Committee/ Group for Review of Results** **(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)**
Records of children and young people who are admitted and discharged where there have been safeguarding concerns	Named Nurse for Safeguarding Children.	Audit	Yearly	Safeguarding Steering Group.
Records of mothers and neonates who are admitted and discharged where there have been safeguarding concerns	Named Midwife Safeguarding	Audit	Yearly	Safeguarding Steering Group

8.0 TRAINING AND IMPLEMENTATION

No specific training is required for the application of this policy.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix H
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- HM Government [2018] Working Together to Safeguard Children, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf
- HM Government [1989] Children Act 1989, http://www.legislation.gov.uk/ukpga/1989/41/contents

- HM Government [2004] Children Act 2004, http://www.legislation.gov.uk/ukpga/2004/31/contents
- National Institute for Health and Clinical Excellence [2009] When to suspect child maltreatment, http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89
- National Institute for Health and Clinical Excellence [2021] Antenatal Care
- http://www.nice.org.uk/guidance/ng201/resources/antenatal-care-pdf-66143709695941
- http://www.nice.org.uk/nicemedia/live/11947/40145/40145.pdf
- Nottinghamshire and Nottingham City Safeguarding children Boards [2020] Nottinghamshire and Nottingham City Safeguarding children Boards Safeguarding Children Procedures, http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/procedures-practice-guidance/
- Laming (2003). The Victoria Climbe inquiry . Available: https://www.gov.uk/government/publications/the-protection-of-children-in-england-a-progress-report..
- Laming WH (2009) The protection of children in England: a progress report. https://www.gov.uk/government/publications/the-protection-of-children-in-england-a-progress-report
- Fabricated or Induced Illness. http://nottinghamshirescb.proceduresonline.com/p_fab_ind_illness.html
- National Institute for Health and Clinical Excellence, Self-harm: The short-term physical and psychosocial management and secondary prevention of self-harm in primary and secondary care, Clinical guidelines16, NICE, London, July 2004. https://www.nice.org.uk/guidance/cg16/evidence/cg16-selfharm-full-guideline-2

Related SFHFT Documents:

- Safeguarding Children and Young People Policy
- Policy for Escalating Inter-Agency Safeguarding Children Disagreements
- Antenatal Care Provision Guideline

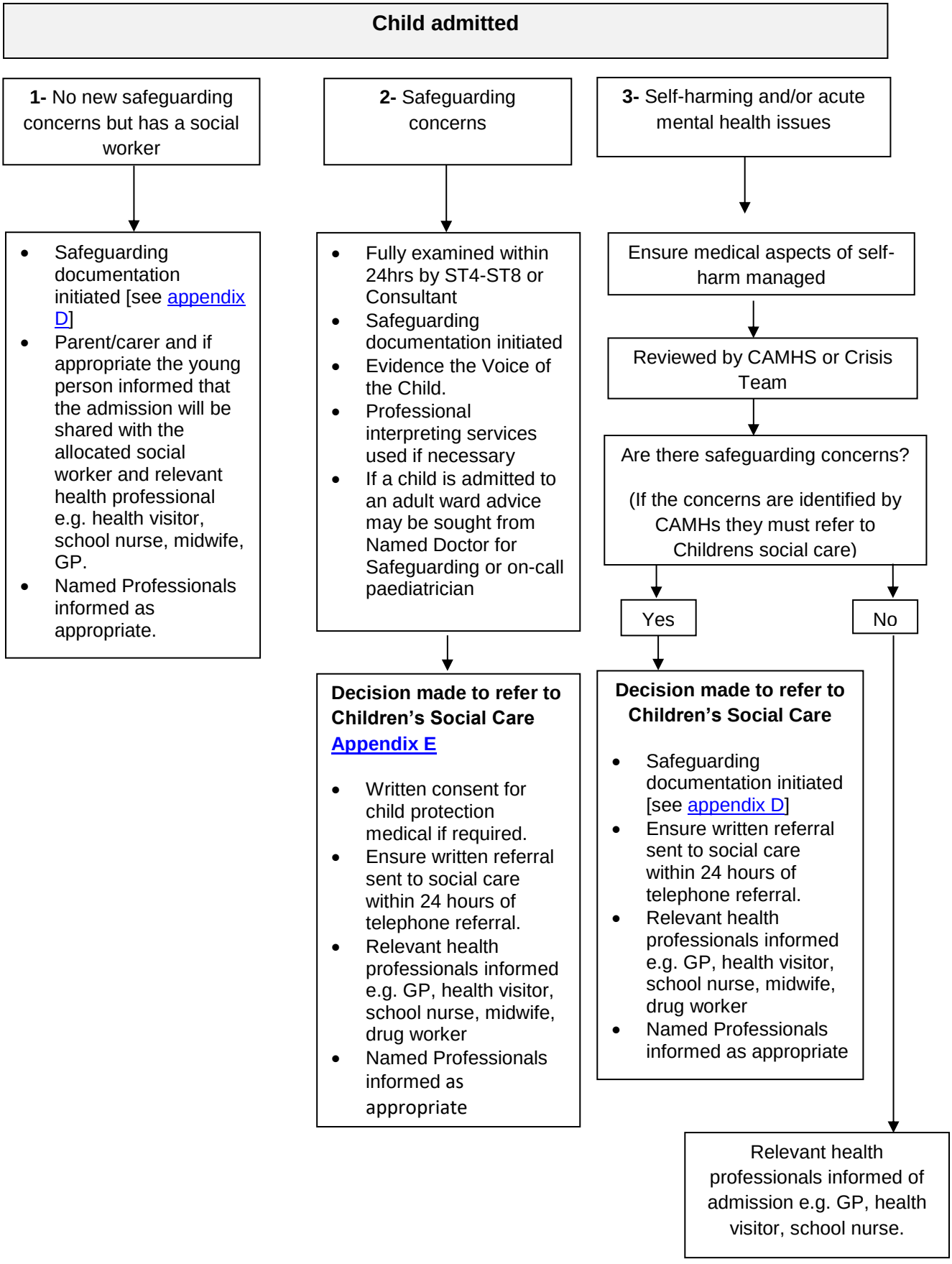
11.0 KEYWORDS

Self-Harm, Mental Health

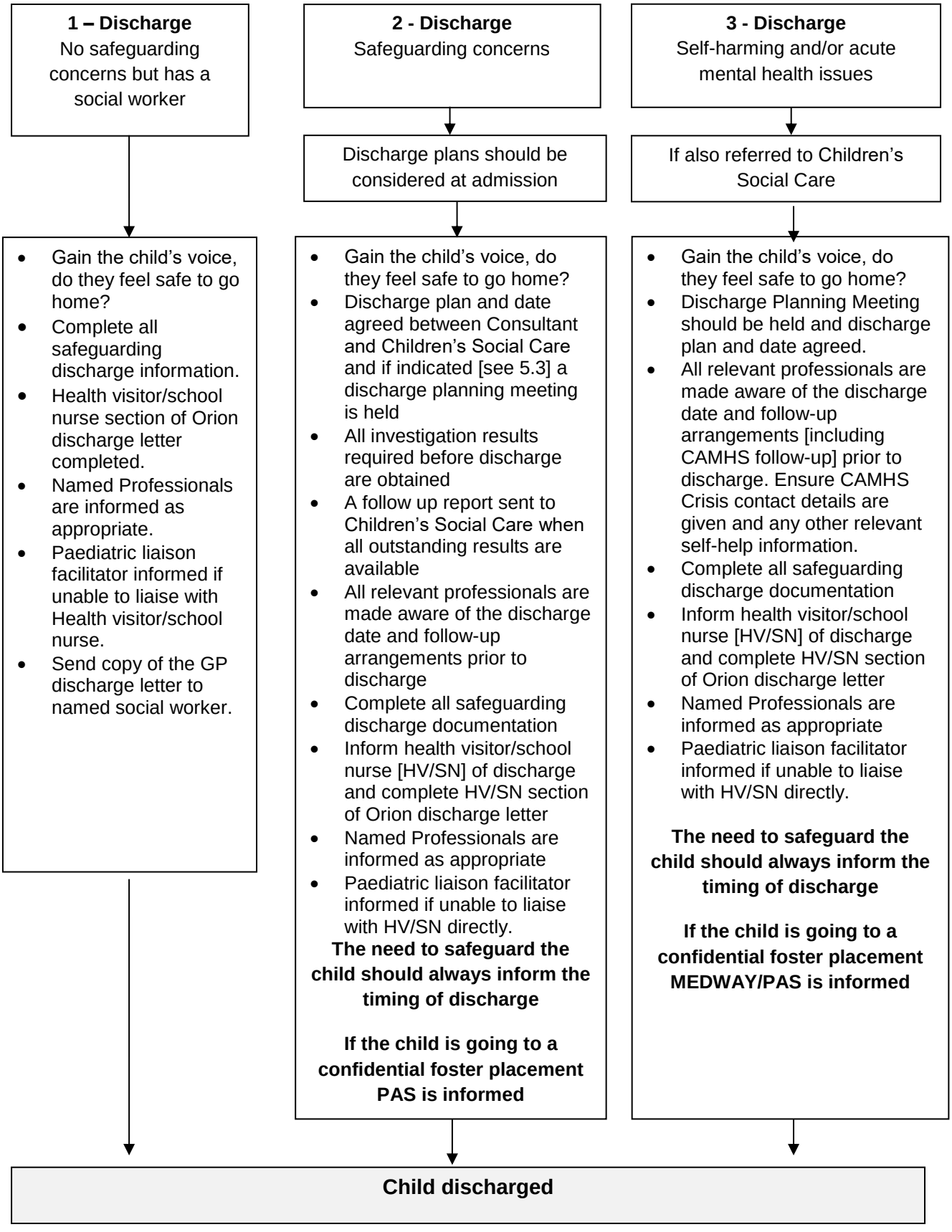
12.0 APPENDICES

Appendix A – Admission
Appendix B – Discharge
Appendix C – Babies who are born in the Trust
Appendix D – Filing Safeguarding Information in Medical Records
Appendix E- Making a safeguarding referral
Appendix F – Discharge Planning Meetings
Appendix G – Safeguarding Discharge planning (suggested meeting template)
Appendix H – Equality Impact Assessment Form

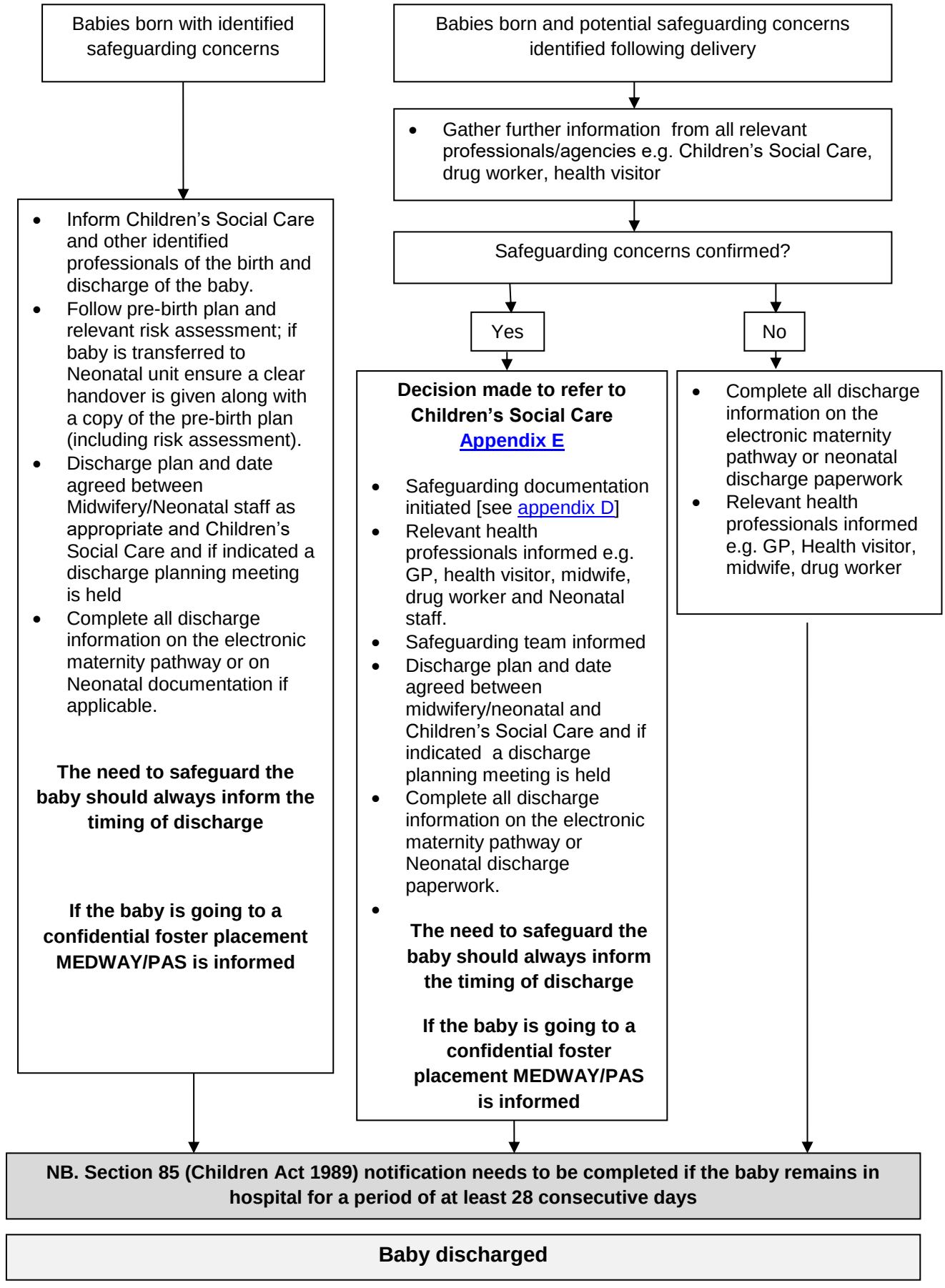
Appendix A – **Admission**



Appendix B – **Discharge**



Appendix C – **Babies who are born in the Trust**



Appendix D- **Filing Safeguarding Information in Medical Records**

All safeguarding children information is filed within the child's medical record [for an unborn child within the mother's record]. This includes hospital alerts and reports or minutes of meetings etc. from Children's Social Care.

For the ongoing safety of the child it is important that safeguarding information is easily identified and accessible. To ensure this the following process is followed:

1. White Safeguarding Children Sticker: At the front of the notes behind the "Patient Identification Sheet" is the red "alert notification" divider. Place a white sticker in section 3 of this divider [NB. This is not the same as the red safeguarding divider]. This sticker says*, "Sensitive 3rd party information contained. Do not disclose without consulting with a Paediatrician or Safeguarding Lead"*.
2. Red Safeguarding Divider: Insert the red "safeguarding divider" behind the Alert divider in either the adult or Child medical record. [the divider is multi-purpose and is also used for "Safeguarding Adults".
3. Safeguarding Admission Chronology Sheet: Place a Safeguarding admission chronology sheet directly behind the red safeguarding divider. Document the date of each safeguarding admission [this provides a reference guide for finding safeguarding information within the main body of the record].
4. File "Confirmation of Referral to Children's Social Care", child protection reports, case conference/strategy minutes etc. behind the red safeguarding divider and chronology sheet [f your ward/department is currently using yellow safeguarding front/continuation sheets these should also be filed here]

Maternity: In addition to the above midwifery Social and Domestic alerts are placed behind the obstetric referral letter for the current pregnancy and are filed in chronological order and the electronic pathway is updated.

Adults: Adult patients who are parent/carers may have health issues that impact on their children/unborn child e.g. substance use, mental health problems, domestic violence which should always be addressed. Safeguarding children information should be documented and filed in their medical record as outlined above.

It is the responsibility of all staff dealing with safeguarding children information to ensure these processes are followed.

NB: There should only be one safeguarding divider in use. Where there are subsequent volumes of medical records the safeguarding information should be transferred to the current volume.

If you require further advice please contact:
Safeguarding team ext. 3357

Chronology sheets can be downloaded from the Safeguarding Children intranet site ["Documentation" folder]. Safeguarding Dividers/ Stickers are available from Case Note Store.

Appendix E – Making a safeguarding referral

How to Make a Referral to Social Care

In working hours TELEPHONE the: **Multi-Agency Safeguarding Hub [MASH]**- Nottinghamshire, if urgent. Non urgent – complete the on line referral form.

1) Clearly explain your concerns and reasons for referral
2) Confirm and document actions to be taken, by whom, when and how.

For Telephone Referrals Confirm referral in writing
(Within 24 hours of the telephone call) – Ensure this is:

- Legible
- Clearly details reasons for concern
- Actions taken
- Agreed plan
- File copy in the patients records behind red safeguarding divider.

Send a copy to:

- MASH or relevant Department
- Safeguarding Team
- GP and any other relevant professional

Contact Numbers and Confirmation of referral forms can be found on the safeguarding intranet.

Document all information in the patients records including discharge information

Appendix F – Discharge Planning Meetings

Type of meeting	Purpose and reason for the meeting	Who calls the meeting	Who should attend
Discharge planning meeting (DPM)	This meeting is to ensure the safe discharge of a child or young person to their home or a place of safety following admission to hospital. You should consider a discharge planning meeting for- -A child with complex health needs -A child with a child protection plan already in place -A looked after child -Escalating self- harm behaviours (3 or more admissions with deliberate self-harm in a 6 month period) - A child with an early help assessment form. -Care post discharge that requires a multi-agency team approach - A child admitted with faltering growth – failure to thrive.	Anyone can call a DPM, this includes: -Hospital Consultant -Hospital Nurse -Child Adolescent Mental Health team (CAMHS to coordinate when the primary need is mental health) -Hospital Specialist nurse. -Social worker (for a child on a child protection plan or in care). The meeting is arranged and chaired by whomever calls the meeting	Child or young person (if appropriate) Parents Member of ward staff Named Consultant Health specialists involved in the care Healthy families team (health visitor/ school nurse) CAMHS worker (If involved) Education Social worker (if involved) Any other professionals or voluntary agencies supporting the child and/or family. Minutes should be taken by an agreed minute taker during the meeting.

Appendix G – **Safeguarding Discharge Planning Meeting**
(Suggested Template)

Patient Name, DOB, Address-

Parents/Carers Details-

Siblings Details-

Person/organisation calling the meeting-

Attendees and Designation-

Apologies-

Areas for Concern-

Professional Intervention-

Protective Factors-

Risks-

Discharge Plan and Actions (who and timescale involved)

Dissenting Opinion

Signature and date

APPENDIX H – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Admission and Discharge of Children and Young People Below the Age of 18 years where there are safeguarding concerns			
New or existing service/policy/procedure: Existing			
Date of Assessment: 16/09/2021			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	This policy provides equitable care for all patients irrespective of race or ethnicity	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None
Gender	This policy provides equitable care for all patients irrespective of gender	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None
Age	This policy provides equitable care for all patients under the age of 18 years. Other Policies are in place to meet the safeguarding needs and safe discharge of adult patients.	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy.	None
Religion	This policy provides equitable care for all patients irrespective of religion	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None

Disability	This policy provides equitable care for all patients irrespective of disability	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None
Sexuality	This policy provides equitable care for all patients irrespective of sexuality	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None
Pregnancy and Maternity	Patients who are pregnant or postnatal will receive the same standard of care as non-pregnant patients.	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None
Gender Reassignment	This policy provides equitable care for all patients irrespective of gender	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None
Marriage and Civil Partnership	This policy provides equitable care for all patients irrespective of marital status or civil partnership	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	This policy provides equitable care for all patients irrespective of socio-economic status	This policy replaces the previous Admission and Discharge of Children and Young People below the age of 18 years where there are Safeguarding Concerns policy	None

What consultation with protected characteristic groups including patient groups have you carried out?

- This policy acknowledges the needs of patients under 18 years admitted to an acute hospital where there are safeguarding concerns. To ensure that it is complaint with all legislation it has been shared with senior divisional staff for consultation and feedback to ensure that it effectively meets the needs of this client group.

What data or information did you use in support of this EqIA?

- HM Government [2018] Working Together to Safeguard Children,
- HM Government [1989] Children Act 1989,

- HM Government [2004] Children Act 2004,
- National Institute for Health and Clinical Excellence [2009] When to suspect child maltreatment,
- National Institute for Health and Clinical Excellence [2008] Antenatal Care
- Nottinghamshire and Nottingham City Safeguarding children Boards [2012]
- Laming (2003). The Victoria Climbe inquiry .
- Laming WH (2009) The protection of children in England: a progress report.
- National Institute for Health and Clinical Excellence, Self-harm: The short-term physical and psychosocial management and secondary prevention of self-harm in primary and secondary care, Clinical guidelines16, NICE, London, July 2004.

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- NO

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Lisa Nixon

Signature:

Date: 16/09/2021