# CHILD PROTECTION

<table>
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<tr>
<th>Reference Number:</th>
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<tbody>
<tr>
<td>Author / Manager Responsible:</td>
<td>Beverley Boyd</td>
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<tr>
<td>Deadline for ratification: (Policy must be ratified within 6 months of review date)</td>
<td>December 2010</td>
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<tr>
<td>Review Date:</td>
<td>June 2010</td>
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<tr>
<td>Ratified by:</td>
<td>Director of Nursing (Directors action)</td>
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<tr>
<td>Date Ratified:</td>
<td>December 2007</td>
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**Related Policies**

Author: Bev Boyd  
Job title: Clinical manager  
Version: 2  
Review date: June 2010
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation and ratification schedule</td>
<td>3</td>
</tr>
<tr>
<td>Policy</td>
<td>4</td>
</tr>
<tr>
<td>Procedure</td>
<td>6</td>
</tr>
<tr>
<td>References</td>
<td>8</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>9</td>
</tr>
<tr>
<td>Child protection protocol</td>
<td></td>
</tr>
<tr>
<td>Appendix 2</td>
<td>11</td>
</tr>
<tr>
<td>Training matrix</td>
<td></td>
</tr>
<tr>
<td>Consultation Checklist</td>
<td>13</td>
</tr>
</tbody>
</table>

Author : Bev Boyd  
Job title: Clinical manager  
Date: 11 Dec 2007  
Version: 2  
Page 2 of 13  
Review date: June 2010
**CONSULTATION AND RATIFICATION SCHEDULE**

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
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<tbody>
<tr>
<td>Dr Peter Rudd</td>
<td>September 2007</td>
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<tr>
<td>John Travers</td>
<td>September 2007</td>
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<tr>
<td>Jim Grant</td>
<td>September 2007</td>
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<tr>
<td>Paediatric consultants</td>
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<tr>
<td>Francesca Thompson</td>
<td>December 2007</td>
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**Date policy e-mailed to policy co ordinator**  
5th February 2008

<table>
<thead>
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<th>Name of Committee</th>
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POLICY

1. INTRODUCTION

The Trust recognizes its responsibilities and is committed to ensuring that all children whilst in their care are safe from risk of harm. The underlying principle of the Children Act 1989 is that by law the interests of children come first, thus all health care workers have a professional responsibility to protect children. The purpose of this policy is to provide a co-ordinate approach to the management of Child Protection Issues for all RUH staff to use.

AIMS

The aim of the policy is to:

• Protect Children from abuse or exploitation
• Provide guidance and support to all RUH Staff
• Respond quickly and sensitively to issues relating to abuse.

2. DESIGNATED STAFF

The Trust will have a clearly identified named Nurse and Doctor with allocated time to undertake the role as set out in Working Together to Safeguard Children. (2006). Designated staff are responsible for:

2.1 Attending relevant meetings relating to child protection.

2.2 Maintenance and updating of relevant guidelines.

2.3 Ensuring that the appropriate level of training is provided.

2.4 Providing support to staff involved in child protection cases.

2.5 Ensuring that all standards relating to child protection are met and maintained.

2.6 The Trust will have an identified Allegations officer to respond to allegations of staff accused of abuse.

2.7 The Trust will have a board level lead for children who should ensure that Child Protection arrangements are met.
3. RECRUITMENT

3.1 The Trust will have safe recruitment policy and practice in place (Working together document 2006) in place including Criminal Records Bureau (CRB).

3.2 All staff whose role involves having “substantial access” to children will be enhanced Criminal Records Bureau (CRB) checked as outlined in working together document 92006).

Definition of “Substantial Access”

Staff working: - alone with children
- on regular basis therefore able to build up an influential relationship with a child
- in any situation where it is possible that they could for however short a period be left alone with a child.

STAFF WHO NEED TO HAVE A CRB CHECK AND WHICH LEVEL

Standard Disclosure

- Cleaners/Housekeepers
- Porters
- Post Room Porters
- Security Officers
- Pharmacists
- Chaplains
- Maintenance staff
- Catering staff

All other staff not listed below in: -

- Paediatrics
- NICU
- ITU
- A & E
- Theatres
- HDU
- PACU
- GU Medicine
- Day Surgery Unit

Enhanced Disclosure

- Health Care Assistants
• Nurses
• Doctors (al except junior doctors –see trust guidelines for details )
• Physiotherapists and assistants
• Occupational Therapists and Assistants
• Radiographers
• Audiologists
• Swimming Pool Attendants
• Staff in Paediatrics, NICU and Maternity (who are caring for patients)
• Nursery Nurses
• Phlebotomists

3.3 All staff employed in the areas mentioned above will only commence employment under supervision until confirmation of CRB check has been received.

3.4 All staff working with children will require re checking on a 3 yearly basis in accordance to Local Safeguarding Board regulations.

3.5 Human resources to maintain records of CRB checking process.

3.6 All staff employed in the above mentioned areas must undergo pre employment health checks and may not commence work until this is satisfactory.

PROCEDURE

4 PROCEDURE

4.1 In the event that an employee has concerns that a child is being abused they are required to follow Local Safeguarding Board (LSCB) procedure and guidelines.

4.2 Trust to follow the South West Child Protection Policy and Procedures to be found at www.swcpp.org.uk and BANES handbook for children in need found at www.bathnes.gov.uk and local protocol (see appendix 1).

4.3 Any member of staff who has concerns that a child is at risk of abuse or suspect abuse is occurring must contact the named nurse or Doctor or a member of Paediatric team for advice. (See flow charts and protocol in Appendix 1) or contact Social Services.

4.4 In accordance with the Bichard report all young people below the age of 16 years who are referred to RUH for a termination should be offered the opportunity for a social work service and an initial assessment.
4.5 All concerns must be documented.

4.6 Ongoing concurrent records of actions to be taken must be maintained in a chronological order.

5. ALLEGATIONS OF ABUSE BY STAFF

5.1 When an allegation of abuse has been made against a member of staff, whether involving contact with children in work, leisure time or own children the issue must be reported to the Divisional manager, or in their absence Senior Nurse.

5.2 The above person will immediately inform the allegations officer. In absence of allegations officer the Named Doctor or Nurse to be informed.

5.3 The Allegations officer will immediately inform Human Resources.

5.4 The allegations officer will ensure that signed and dated written details of the allegations are received from the person reporting the allegation, and will collate and record the evidence.

5.5 The allegations officer will inform the Local Authority Designated officer (LADO) within one working day of receiving the allegation.

5.6 The allegations officer will ensure that the person about whom the allegations has been made is informed, following taking advice from Human Resources and the LADO.

5.7 The allegations officer should not:
   • Take any action that may jeopardize future investigation or disciplinary procedures prior to contacting the LADO
   • Suspend or dismiss without taking advice.

5.8 If, following a detailed investigation, disciplinary action is to be taken, it will be conducted in accordance to the Trust Policy and Procedure.

5.9 Following investigation it may be necessary to report misconduct of a member of staff to their professional body.

6. TRAINING

The Trust is responsible for ensuring that all staff have sufficient knowledge and skills in relation to their roles to respond to issues of child protection. The named Doctor and Nurse for Child Protection will organize the delivery of the training. Level of training will be dependent on individual roles within the organization. All practitioners are required to undertake child protection training commensurate with the level of their child protection work as follows.
All staff will be aware that children may be abused and will recognize potential cases.

6.1 All staff will receive an awareness session on induction.

6.2 Staff whose work involves substantial access to children will undergo
   - Child protection session
   - Multiagency training
   - Senior Staff will attend 1 day multiagency training sessions. (Refer to Training Matrix Appendix 2)

6.3 Records of training will be maintained by Named Nurse and Doctor.

7. CONFIDENTIALITY

All professionals working with families MUST make it clear at the outset to those providing the information that confidentiality may not be maintained if withholding information will prejudice the welfare of the child. However information disclosed will only be shared with Key child Protection Agencies.

REFERENCES


Department of Health (2002) Safeguarding children in whom illness id induced or fabricated London. Stationary Office


Department of Health (2003) What to do if you are worried a child is being abused: London. Department of Health Publications


Local Safe guarding Board (LSCB) Policy and procedure Guidelines for BANES. www.bathnes.gov.uk

South West Practice and procedures (2007). Website www.swcpp.org.uk

Author: Bev Boyd Date: 11 Dec 2007
Job title: Clinical manager Version: 2
Page 8 of 13 Review date: June 2010
APPENDIX 1 CHILD PROTECTION PROTOCOL

ROYAL UNITED HOSPITAL

CHILD PROTECTION PROTOCOL

RUH staff member has concerns

If any member of staff has a Child Protection concern, they have a duty to share their concern with their line manager and Social Services

- Contact on-call Paediatric Registrar - bleep 7205 (out of hours bleep 7202), who will liaise with Paediatric Consultant on call
  Or
  Contact Beverley Boyd, Paediatric Clinical Manager bleep 7154 or Bleep 7542

AND

- Refer to Social Services

It would be the responsibility of the Duty Social Worker to make enquiries of the Child Protection Register. However there is also the facility for you to make these enquiries.

A & E staff to continue to check the Child Protection Register

For enquiries to Child Protection Register during office hours:-

- Bath and North East Somerset: Tel: 01225 396111
- Wiltshire Child Protection Register: Tel: 01225 713950
- Somerset Child Protection Register: Tel: 01823 355221

Out of hours, enquiries to be made via relevant EDT – see telephone numbers below.

Referral Process to Social Services

- During office hours: (8.30 am – 5.00 pm Monday to Thursday and 8.30 am – 4.30 pm on Fridays)

  All referrals to RUH Children’s Social Work Team Ext: 5305
• **Out of hours - Referrals to Emergency Duty Teams**

| Children living in B and NES       | -         | Tel: 01454 615165 |
| Children living in Wiltshire      | -         | Tel: 0845 6070888 |
| Children living in Somerset       | -         | Tel: 01458 253241 |

The Hospital Social Work Duty Officer is available for informal advice during office hours on Ext 5305 NR/LM/18.08.04
## APPENDIX 2 TRAINING MATRIX

### Introductory

- Mandatory Training aimed at raising awareness of abuse for all staff members
- All new staff will receive child protection leaflet (for inclusion in induction booklet)
- Junior medical staff as part of medical induction day

**Duration:** 15 to 30 minutes  
Or via induction booklet

**Covers:**
- Existence of child abuse
- Named professionals
- Guidelines

- In house training as part of induction
- Upon completion staff will be aware of child abuse, know who to contact in organisation if they have concern

### BASIC TRAINING

- Directed at staff who work in areas where they are likely to come into contact with children or their carers

**Recommend for**
- Children” representatives at Board Level
- Paediatric, NICU and A+E nursing staff
- In house CAHMS TEAMS
- PAMS Staff
- Radiology Staff
- Night Managers / Modern Matrons
- Paediatric medical staff
- All medical staff who have contact with children. I.e. Orthopaedics, ENT, General Surgery, oral surgery, Ophthalmology, Gynaecology and Accident and Emergency

**Duration** 1 to 2 hours

**Updated:** Yearly for all Paediatric staff.  
Every two years for other staff

**Covering**
- Recap on Introduction
- Categories and indicators of abuse
- definition of significant harm
- Confidentiality + sharing of information
- Documentation and record keeping
- Parental responsibility

- In house training within one month of induction.
- Upon completion staff will be able to recognise abuse and document their concerns.
- Have knowledge of local guidelines
- Understand role of confidentiality and sharing of information
- Where to seek further advice from within the organisation
### Multiagency training

Directed at all staff whose primary role includes clinical contact with children

Half day.
Recommended for

- All Paediatric and Neonatal Staff, Medical and Nursing
- Accident and Emergency Nursing staff and representative medical staff
- Trust Protection Forum Leads

1 or 2 days
Recommended for

- All Senior Nursing staff in Paediatrics and Neonatal unit
- Senior and Paediatric Nursing Staff Accident and Emergency
- Named Nurse and Doctor

**Updated:** Every Three Years

**Covering**

- Recognition of Abuse
- Guidelines and Protocols.
- Roles and Responsibilities of individual agencies
- Case Conferences
- Report Writing
CONSULTATION CHECKLIST

Author; please attach this to each copy of the policy being sent to a meeting for comments.

Dear Chairman, please would you review this policy at your committee and return any amendments / comments to ____________________________ by _____ / _____ / _____

<table>
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<th>Title of meeting</th>
<th>Directors action</th>
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<td>13.12.07</td>
</tr>
<tr>
<td>Name of policy</td>
<td>Child Protection</td>
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<tr>
<td>Name of author</td>
<td>Bev Boyd</td>
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<th>Are there any elements of this policy which present operational issues that require further discussion? If yes, please provide a contact name for the author.</th>
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<td>Is the policy referenced?</td>
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<tr>
<td>Does the policy include a training plan?</td>
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<tr>
<td>Is there a plan for policy implementation?</td>
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<tr>
<td>Does your meeting recommend further consultation with groups or staff other than listed at the front of the policy?</td>
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Other comments from meeting.

Policy accepted without further comment. (Please circle) Yes / No
Policy needs further amendment. (Please circle) Yes / No

Name of Chair __________________________
Signature ____________________________ Date _____ / _____ / _____

For Human Resources Policies only

Name of Staff Side ______________________
Signature ____________________________ Date _____ / _____ / _____