

Policy for Flagging Up Child Protection Plans on ADAstra Medical Records

November | 2018

Responsible Committee: Clinical Governance Committee

Date Effective: November 2018

Supersedes: January 2015

Next Review Due: November 2019

Version Number: 2.0

Comments (details of change):

1.0 Introduction

- 1.1 “Working together to safeguard children” (DH, 2013) outlines the NHS responsibility to work with statutory agencies of Social Care and Police in the protection of vulnerable children and young people.
- 1.2 This guidance applies to all children and young people up to the age of 18 years old in accordance with the “Children Act “(DH, 2004) and “Working Together to Safeguard Children” (DH, 2013)
- 1.3 Information sharing is key to the goal of delivering care that is coordinated around the needs of an individual. It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection (DfE, 2008).
- 1.4 An electronic system for ascertaining which children are subject to child protection plans will achieve improvements in information sharing and collaboration between agencies and professionals and facilitate decision making by clinicians.
- 1.5 This procedure outlines the process for walk-in centre and urgent care centre (UCC) staff, safeguarding team and clinicians in relation to the flagging up of children who are subject to child protection plans within the SELDOC unscheduled care settings.
- 1.6 This policy must be read in conjunction with relevant sections of the Staff Handbook and the following SELDOC policies:
 - Incident and SI Reporting
 - Safeguarding Children and Young People
 - Disciplinary Policy
 - Information Systems Security Policy
 - Information Sharing Policy
 - Confidentiality policy
 - DBS policy

2.0 Rationale

- 2.1 All staff and duty clinicians, have a duty to safeguard and promote the welfare of children and young people in accordance with SELDOC’s safeguarding policies listed in 2.1

- 2.2 A decision may be made at a case conference that a child is required to be the subject of a child protection plan. This will facilitate and make explicit a co-ordinated approach to:
- Ensure that each child in the household is safe and prevent them from suffering further harm
 - Promote the child's health and development
 - Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child
- 2.3 Health professionals need to be aware of any child subject to a child protection plan that attends an unscheduled care setting. Up to date information is required to assist clinical judgements and decision making.
- 2.4 A confidential, secure and effective system is required for checking a child's status in relation to being subject to a child protection plan, in order to facilitate information sharing between Social Care and health.
- 2.5 The ADAstra system is a password protected system with individual passwords for approved users. This will enable specific child protection concerns to be communicated in a structured and systematic way, maintaining a secure patient record of these concerns and what further action has been taken.
- 2.5 The protection of vulnerable children or children at risk of abuse must be managed in accordance with relevant laws and guidance, including but not limited to:
- Working Together to Safeguard Children (March 2013)
 - "What to do if you are worried a child is being abused", (DfE,2006)
 - Local Safeguarding Children Board's Joint Service Protocols
 - Framework for Assessment of Children In Need And Their Families (DH, 2000)
 - The Children Act (DH, 2004)
 - Information Sharing: Guidance for practitioners and managers (DfE, 2008)

3.0 Scope

- 3.1 This procedure will relate to children who are subject to child protection plans in the boroughs of Lewisham, Lambeth, Southwark and Sutton.
- 3.2 This policy will apply to all staff and clinicians that have contact with patients, carers or relatives.

4.0 Principles

- 4.1 The ADAstra record will flag up records of children currently subject to a child protection plan in order to support routine screening questions and clinical judgement and enable collate and evaluate relevant information.

4.2 The system will not enable children who have previously been subject to child protection plans to be identified. **SELDOC's safeguarding procedures must be followed whether or not a child is currently subject to a child protection plan**

4.3 **The local authority may have information about a child and family who is not subject to a child protection plan. Therefore a phone call to Social Care may be required to obtain further information.**

4.4 For children currently subject to a Child Protection Plan, the system will have a record of:

- The child's name
- DOB
- Last known address
- Registered GP
- Ethnicity
- Date of child protection conference
- Category of child protection plan
- Name of the social worker and telephone number if available

4.5 When any child presents to SELDOC's unscheduled care services ADAstra will be routinely checked by relevant staff and duty clinicians.

4.6 If any child presents with new safeguarding concerns then staff will need to make a child protection referral (refer to SELDOC's Safeguarding Children and Young People Policy).

5.0 Confidentiality and Data Protection

5.1 The Medical Director will be responsible for controlling access authorisation to ADAstra.

5.2 Authorised users are responsible for keeping their log in user name and password secure.

5.3 All staff will have a completed CRB clearance and clinicians a completed enhanced CRB clearance (refer to DBS policy).

5.4 All non-clinical staff will have undertaken training in line with the Information Governance Training policy.

5.5 All staff and duty doctors are deemed to have accepted their terms and conditions set out in their terms of employment contract and Duty Doctor SLA respectively.

5.6 Any breach in confidentiality must be reported in line with SELDOC's Incident and SI Reporting Policy

5.7 Any breach in confidentiality is classed as gross misconduct and is managed in line with SELDOC's Disciplinary Policy.

6.0 Roles and Responsibilities

All staff will report safeguarding concerns in line with SELDOC policy.

6.1 Administrator(s)

- 6.1.1 The administrator(s) will pre load ADAstra with the up to date list of all children subject to child protection plans from the boroughs of Lambeth, Southwark, Lewisham and Sutton.
- 6.1.2 The administrator(s) will have fixed weekly sessions whereby updates of changes to those added or removed from the child protection plans will be amended on the ADAstra system. .
- 6.1.3 The administrator(s) will maintain a log register to confirm that she has received the child protection lists and that she has entered the data on to the ADAstra system.
- 6.1.4 The administrator will be required to dispose of any hard copies of data in a confidential manner as per SELDOC policy of waste management of confidential data.

6.2 Non-Clinical Staff

- 6.2.1 When recording patient's details, non- clinical staff will routinely check patient's D.o.B., name, and confirmation of address.
- 6.2.2 These details will then be checked against the Summary Care record to identify the patient's NHS number and enable matching of records within ADAstra.

6.3 Duty Clinicians

- 6.3.1 Duty Clinicians must routinely search the patient's ADAstra medical record for special notes.

6.4 Social Care Named Person

- 6.4.1 Social Care will be responsible for providing the initial complete list of children subject to child protection plans plus an amended list each week with the list of names, addresses, D.o.B of those who have been added or removed from the child protection plan in the previous week.
- 6.4.2 Updated lists will be submitted to a central secure NHS SELDOC email for which receipt will be acknowledged. This is set up to automatically forward to the Quality Co-ordinator who will update the ADAstra record with in line with changes to the Child protection plan list and register any new cases appropriately.

6.4 SELDOC Safeguarding Lead (Medical Director)

The Safeguarding Lead will be responsible for:

- 6.5.1 Responding to incidents / complaints
- 6.5.2 Producing a quarterly report to be presented to Clinical Governance Committee for information on progress and compliance in the development of this agenda.
- 6.5.3 Procedure review, updates and disseminating information across the organization as required.

7.0 Training and development

- 7.1 All staff must attend safeguarding training and be aware of their responsibilities regarding safeguarding and promoting the welfare of children and young people
- 7.2 All clinical staff will have undertaken Level 3 Safeguarding Training; all non-clinical staff will have undertaken Level 1 Safeguarding Training.

8.0 Monitoring compliance with this procedure

- 8.1 The Safeguarding Lead will monitor the use of and compliance with this procedure and a quarterly report presented to the Clinical Governance Committee and to external bodies in line with requirements.

Process	Monitoring/ Audit method	Frequency of monitoring
Cross check between full copy of children subject to child protection plans and Adastra to check for accuracy	Compliance report	Monthly Report to CGC
All children who access the walk-in centre: documented evidence in case notes that child protection plan checked against Adastra records	Case notes audit	Quarterly