


POLICY DOCUMENT

Policy Title:	Safeguarding Children
Policy Group:	Whole Organisation
Policy Owner:	Director of Clinical Services
Issue Date:	March 2020
Review Period:	24 months
Next Review Due	March 2022
Author:	Rasheed Meeran
Cross References:	Anti-harassment and victimisation Complaints Grievance Procedure Disciplinary policy Notification of Events Public Disclosures Recruitment Recruitment of sex offenders Risk Management Visiting by children Also: Safeguarding – Code of Conduct - All staff Safeguarding – Code of Conduct – Volunteers Safeguarding vulnerable adults and children – a quick guide
Evidence:	Staff handbook, Protecting and safeguarding children – Surrey Multi Agency Procedures The Children’s Act 1989 Health and Social Care Act 2008
How implementation will be monitored:	Clinical governance audits, MDT meetings and Consultant’s ward rounds Ward based hand over meetings and therapy team meetings
Sanctions to apply for breach:	Training, Disciplinary Action
Computer File Ref.	O:Risk management/ Policies/Whole Organisation
Policy Accepted by MT	7 th April 2020
Sign-off by CEO	

1. STATEMENT OF PURPOSE

This policy provides information on different types of abuse and sets out the standards and practices that aim to ensure children visiting Holy Cross Hospital are protected. It also defines the procedure to follow if case of abuse is suspected.

2. POLICY STATEMENT

Holy Cross Hospital is strongly committed to practices that protect children visiting the hospital. Staff recognise and accept their responsibility to develop an awareness of the risks and issues involved in safeguarding children. The hospital also recognises that it has a responsibility to protect staff from unfounded allegations of abuse. The hospital is committed to working with local safeguarding agencies to ensure the safeguarding of children visiting the hospital.

Holy Cross Hospital operates a zero tolerance policy with regards to abuse. Any allegations or cases of suspected abuse of a child will be taken seriously and reported to Surrey County Council's Multi-Agency Safeguarding Hub (MASH) as appropriate. If the case is considered to be an emergency the police will be contacted by dialling 999.

Holy Cross Hospital provides services for adults only as in and out-patients. In the event that a request is received for the admission of a child or young person, the specific authority of the Chief Executive is required for any services to be provided.

3. INTRODUCTION

The Children's Act 1989 defines a child as anyone who has not reached their 18th birthday. The fact that a child has reached 16 years of age, living independently or is in further education, or in hospital does not change their status.

Child abuse is the broad term used to describe the range of ways in which people (both adults and children) could harm children. This abuse can be in the form of neglect, physical, sexual, or emotional.

Neglect is when someone who is responsible for caring for the child:

- Fails to provide for their basic needs including diet, healthcare or adequate and appropriate clothing.
- Fails to supervise the child in situations which represent possible danger whether at home or elsewhere
- Leaves the child alone at an age when it is inappropriate for their physical emotional, or cognitive development.

Physical Abuse is when someone:

- Physically hurts or injures a child e.g, by hitting, shaking, squeezing, burning or biting.
- Tries to drown or suffocate the child
- Fails to prevent hurt or suffering e.g. no protective barrier in front of fire/stairs
- Harms child by giving alcohol, inappropriate drugs or poison

Sexual Abuse is when someone:

- Entices, encourages, coerces or forces a child to take part in sexual behaviour or makes them observe sexual behaviour
- Shows a child pornographic material in any medium

- Engages them in discussion about inappropriate sexual matters

Emotional Abuse is when someone who is responsible for caring for the child:

- Persistently withholds love and affection
- Constantly shouts at, threatens or demeans a child
- Harasses e.g. racially or with regard to gender, to undermine self esteem
- Overprotects to the extent of excluding child from normal social or educational activity

4. ACCOUNTABILITY AND RESPONSIBILITY

The hospital will ensure that

- Staff start employment after appropriate DBS checks have been completed
- Staff are aware of their responsibilities when they suspect a child is being abused.
- Staff are aware of appropriate reporting pathways (see section 10 and appendix 1 – Escalation plan), and
- Staff cooperate with any investigation

The Director of Nursing Services, Night sister and Director of Clinical Services are the designated Safeguarding Officers at Holy Cross. Incidents or concerns are reported in the first instance to the senior nurse on duty who will report to one of the Safeguarding Officers.

Holy Cross Hospital will work cooperatively and in collaboration with other relevant agencies such as Surrey County Council's The Multi-Agency Safeguarding Hub (MASH) and the Police. The Safeguarding Officers are responsible for monitoring and managing incidents or concerns and liaising with safeguarding agencies.

The responsibilities of the Safeguarding Officers include:

- Ensuring the safeguarding policy is implemented
- Conducting audits, reporting results and acting on recommendations
- Ensuring all staff receive appropriate training in the protection and safeguarding of children
- Maintaining own training to ensure awareness of best practice and access to up to date guidance
- Making the decision to notify external agencies when an allegation is made or a concern raised
- Liaising with external agencies as above
- Notification of any safeguarding issues to Care Quality Commission and funding authorities
- Ensuring records are factual and accurate
- Reporting any safeguarding issues to the Advisory Committee
- Providing information about Safeguarding to patients and relatives

4.1 CHILDREN VISITING

It is well recognised that visits by children are central to the maintenance of normal healthy relationships therefore children are welcome to visit parents or other relatives/friends who are resident at Holy Cross Hospital.

The hospital wishes to support children visiting the hospital where it is in the best interest of the patient and the child but parents and carers need to be mindful of the need to protect their children, and it is not the responsibility of Hospital staff to look after children. All visiting children must be accompanied by a responsible adult at all times.

Individual support and guidance is provided for families by professional staff to facilitate visits by children to minimise the risk of distress.

4.1.1 GUIDANCE

- Children under the age of 16 years are always to be accompanied and supervised by an adult who is responsible for their safety and appropriate behaviour at all times.
- Young people of 16 years or over are allowed to visit as an adult.
- The needs and wishes of a visiting child will be taken into consideration and where appropriate (e.g. a child may be upset by the sight of medical equipment) an area outside of the patient's room may be used for the visit.
- Where the senior nurse on duty or any other person involved with the patient and/or family has concerns about a child visiting they should be discussed with the parents and a joint decision made to continue or discontinue the visits. Concerns would normally be discussed at the multi-disciplinary team meeting.
- Where there are genuine concerns regarding the welfare of any child visiting Holy Cross Hospital they will be reported by the senior nurse on duty to the Safeguarding Officer on Duty during office hours, to Director of Clinical Services during non-office hours or to the Police in an emergency. Details of all Safeguarding contacts are available in the Safeguarding Children's policy.
- Information regarding visiting by children can be found in the Information for Visitors section of the Patient's Guide.
- Some Children may need counselling support to help with coping. Advice is available from the Consultant in Rehabilitation Medicine on appropriate route for accessing support

5. CONFIDENTIALITY

All staff members will respect rules of confidentiality and not divulge information given in confidence unless justified by assessed risk to the child.

6. RECORDING

Staff must ensure that recording of facts, incidents, assessments, referrals and case discussions are accurate, concise, up-to-date, legible, dated and factual. Records must be stored in an individual file and stored securely in a manner that safeguards the right to privacy and security of all individuals concerned.

7. STAFF SUPPORT AND TRAINING

Holy Cross Hospital has a duty to promote safeguarding issues and measures to staff and volunteers to ensure that they:

- Reflect on their own practice and assess risk to ensure their practice would be likely to protect them from false allegations
- Recognise their responsibilities and report any concerns (Code of Conduct)
- Follow guidelines for staff and volunteers (Safeguarding vulnerable adults and children – a quick guide)
- Undertake training every 3 years with an annual update to raise awareness of current issues and legislation

Any staff member involved in dealing with instances of abuse will be provided with an appropriate level of support. Staff will be dealt with in a fair and equitable manner. The Public Interest Disclosures policy sets out the measures in place to protect staff who report an allegation of abuse or raise a

concern. The Grievance Procedure provides a framework for staff to raise concerns about unfair treatment by a Manager or colleague.

Staff directly involved will be kept informed of action that has been taken and its outcome.

8. PROCEDURE TO BE FOLLOWED IF ABUSE IS SUSPECTED

A child discloses abuse:

- A disclosure of abuse by a child should always be taken seriously, it should never be dismissed
- Listen carefully and make observations, document the facts
- Reassure the child that they are being taken seriously and that the disclosure will be reported to the Safeguarding Officer
- The child should not be questioned as the allegations may lead to a criminal investigation and asking leading questions or attempting to investigate the allegations at this early stage may cause problems for any subsequent proceedings
- Inform the nurse in charge immediately. The nurse in charge will inform the senior nurse in the hospital without delay; the senior nurse will inform the Safeguarding Officer
- The Safeguarding Officer or Senior Nurse will decide the appropriate action to take which may be just having a conversation with someone e.g. in the case of a distressed child or it may involve removing the child from any immediate danger and contacting the external authorities e.g. Surrey County Council Multi-Agency Safeguarding Hub or the Police

There are concerns a child may be at risk of abuse or neglect:

- The Safeguarding Officer should be contacted for advice and guidance
- A record should be kept of the concerns to be passed on to the Safeguarding Officer

A child accuses a member of staff, a resident or a visitor to the hospital of abuse:

- The member of staff should immediately report the accusation to his/her Line Manager who will contact the Safeguarding Officer for advice and guidance
- A record of the accusation and actions taken should be made and passed to Safeguarding Officer

The decision to notify Children's Services will normally be taken by the Safeguarding Officer. The Police should be contacted at once if there is evidence of a criminal offence. The Care Quality Commission and relevant Clinical Commissioning Group will be informed by the Safeguarding Officer.

9. DISCLOSURE AND BARRING SERVICE (DBS)

DBS checks are undertaken for all personnel who are required to have one prior to commencing employment. Those working in Regulated Activity will have an Enhanced disclosure including barred list checking (Vulnerable Adults & Children). Those whose work involves the individual having "access to patients in the course of their normal duties" (CQC DBS checks, 2013) will have a Standard disclosure undertaken. DBS checks are repeated 3 yearly unless the individual has signed up to the DBS Subscription update service, in which case an annual status check is done. This includes employees and those who are on Service Level Agreements with the Hospital. A risk assessment will be undertaken for bank staff if there is a gap of 3 months or more in their attendance at the hospital.

10. PROCEDURE TO BE FOLLOWED IF ABUSE IS SUSPECTED

- Listen, Observe, Record and Report – listen carefully and make observations; inform the nurse in charge immediately. The nurse in charge will inform the senior nurse in the hospital without delay. A written report will be required which may be used in evidence later. Staff will not be penalised for reporting mistaken or misplaced concerns (but will be disciplined for making knowingly false accusations).
- Ensure the child at risk is safe and receiving appropriate care -the child at risk must be safeguarded as necessary from any possibility of further harm from the alleged perpetrator and should receive any immediate attention needed
- Preserve evidence - Instances of abuse will be investigated and may constitute a criminal act. Evidence of the abuse must be preserved to assist investigations

The decision to notify Multi Agency Safeguarding Hub will normally be taken by the lead Safeguarding Officer. However any individual can make a report. The Police should be contacted at once if there is evidence of a criminal offence. The Care Quality Commission and relevant Primary Care Trust will be informed by the Safeguarding Officer.

CONTACT DETAILS (full details available at end of document)

If you are concerned about the safety of a child, you can contact the Multi-Agency Safeguarding Hub on: 0300 470 9100 – Monday to Friday from 9am to 5pm.

Outside of these hours, call on 01483 517898

When there are serious concerns about a child's safety – POLICE 999

How will the Hospital ensure if the staff is fit to resume work after a safeguarding allegation?

The results of the investigation will be used to ascertain if the staff member is fit to return to work and an appropriate risk assessment will be carried out. Advice will be sought from external agencies e.g. MASH.

11. RISK ASSESSMENT

The following table summarises individuals who may visit the hospital for any reason and the measures in place to minimise the risk:

A patients' own visitor/s	<ul style="list-style-type: none">• Information gathered from previous service provider at time of pre-admission assessment• Assessment of vulnerability of individual patient at time of admission and preparation of care plan• Visitor registration scheme for people visiting patients in low awareness states• Visitors to sign in and out• Patients' room doors left open during visits by irregular visitors allowing staff supervision
Other patient's visitors	<ul style="list-style-type: none">• Visitors to sign in and out at Reception• Visitors informed they are not authorised to enter rooms of other patients

Potential patients' relatives visiting prior to admission	<ul style="list-style-type: none"> • Appointment made in advance of visit in agreement with Director of Clinical Services or Director of Nursing Services • Sign in and out at Reception • Accompanied at all times whilst on premises
Staff	<ul style="list-style-type: none"> • CRB checks every 3 years • Formal safeguarding training on induction and every 3 years with self-assessment questionnaires every year • Enhanced safeguarding training for staff with professional accountability • Code of conduct re safeguarding issued to all staff • Guidance issued to all staff on safeguarding • All staff sign to say they have read and understood policy re safeguarding
Volunteers	<ul style="list-style-type: none"> • CRB checks every 3 years • Safeguarding training on induction and every 3 years • Code of conduct re safeguarding • Guidance issued to all volunteers on safeguarding
Contractors	<ul style="list-style-type: none"> • CRB checks on regular contractors with unsupervised access • Other contractors must be escorted at all time when working in patient areas • Contractors to sign in and out at Reception
People hiring the pool or other facilities	<ul style="list-style-type: none"> • Issued with rules excluding access to inpatient areas • Supervised to ensure compliance • Noncompliance may lead to suspension of hiring agreement
Sales representatives	<ul style="list-style-type: none"> • Sales representatives seen by appointment only • Escorted at all times whilst on premises
Outpatients and/or people accompanying them	<ul style="list-style-type: none"> • Appointment booked in advance • No access to inpatient areas • Private clinicians treating outpatients responsible for ensuring they do not enter inpatient areas
CCG or Social service representatives or other official visitors conducting patient reviews	<ul style="list-style-type: none"> • Appointments must be made in writing in advance of reviews • Identification checked on arrival • Escorted at all times whilst on premises
Visiting priests or Sisters providing pastoral care	<ul style="list-style-type: none"> • Criminal Records Bureau disclosures every 3 years for all known persons acting in this capacity. • Visiting persons previously unknown to the Hospital and for whom no DBS disclosure has been obtained will either be continuously supervised during their visit or asked to rebook having submitted the relevant evidence.

13. FILING SAFEGUARDING INCIDENTS

A brief summary of the incident will be kept with the Compliments and Complaints Register (irrespective of whether the incident was linked to a complaint or not). This will provide a quickly accessible reference for purposes such as CQC or CCG enquiry.

The documents compiled in the course of the investigation will be scanned and saved in the Safeguarding folder in the m: drive.

Hard copies of the documents will be retained with the patient's health record in the archive store. Documents should not be kept in the ward office with active healthcare records.

If in the event a section 42 enquiry is initiated for a patient residing at the Hospital, the lead Safeguarding Officer will be the liaison person between Holy Cross Hospital, the Multi agency Safeguarding Hub and other external agencies.

14. REVIEWS

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

The policy will be reviewed every year to ensure that the system described continues to provide an effective framework for safeguarding Children.

Multi Agency Safeguarding Hub – contact details

If you are concerned about the safety of a child, you can contact the Multi-Agency Safeguarding Hub on: **0300 470 9100 – Monday to Friday from 9am to 5pm.**

- Email: ascmash@surreycc.gov.uk
- Secure email: ascmash@surreycc.gcsx.gov.uk
- Fax number: 01483 519862

Outside of these hours, call on 01483 517898 to speak to the emergency duty team. In an emergency where **you are concerned for the child's immediate safety** you should call Surrey Police on 999.

Monday to Friday from 9am to 5pm

The Multi-Agency Safeguarding Hub (MASH) responds to initial enquiries about children, young people and adults.

The MASH is based at Guildford Police Station and combines Children's Service social workers, Adult's Service social workers, and health and police staff.

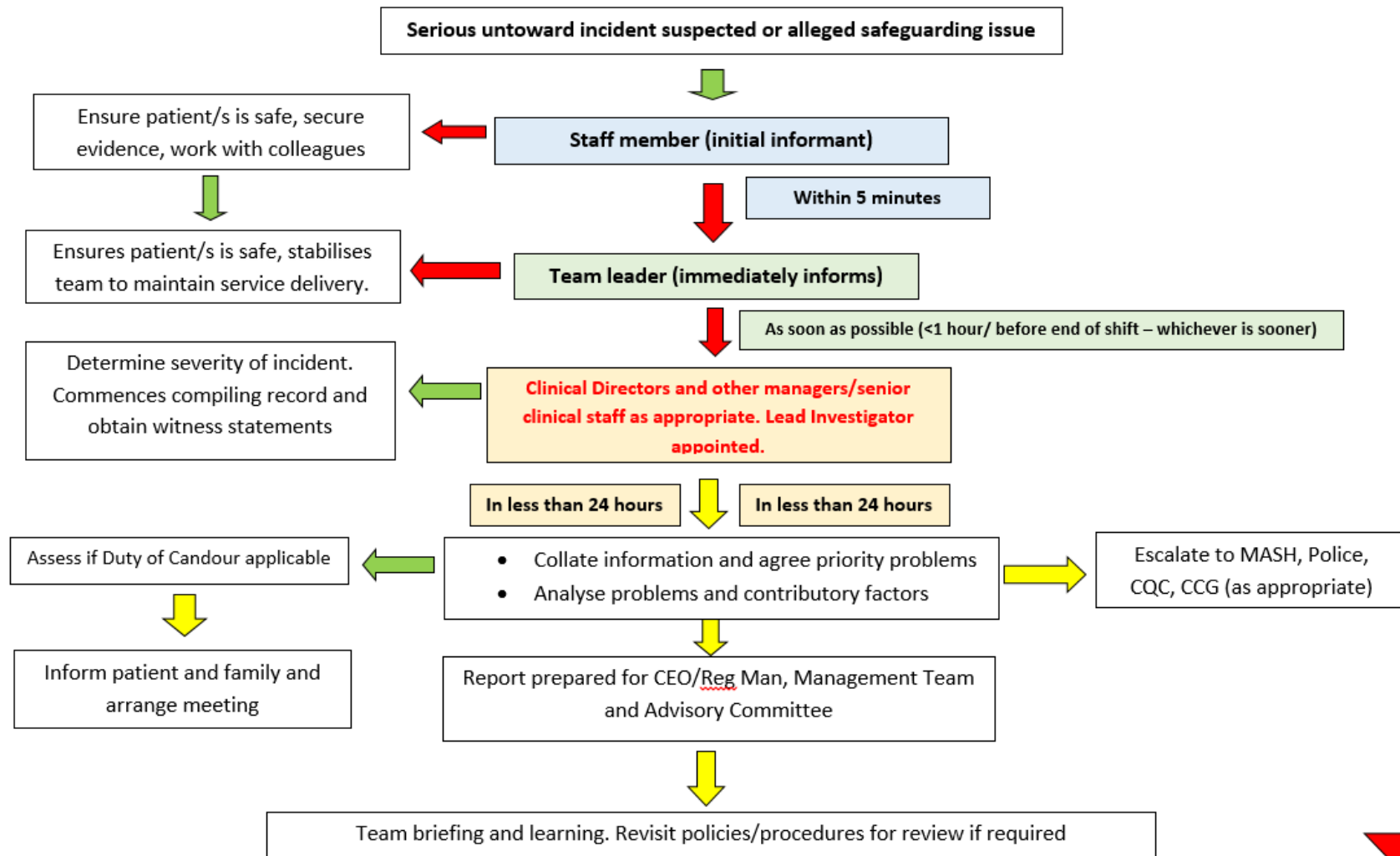
Surrey Safeguarding Children's Board (SSCB) Support Team

Fairmount House, Bull Hill,
Leatherhead, Surrey, KT22 7AH
Tel: 01372 833330

Other actions

Appendix 1 – Escalation pathway

Time scale



Those involved (including patients, staff, victims perpetrators and their family/ carers) will be informed, involved and supported appropriately throughout.