Paediatric Liaison Policy

Document Author	Authorised
Written By: Named Nurse for Safeguarding Children and 0-19 Service Lead **Date:** January 2020	**Authorised By:** Chief Executive **Date:** 22nd June 2020
Lead Director: Director of Nursing	
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DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
Jan 2020	0.1		Director of Nursing	New draft policy	
28 Feb 2020	0.1		Director of Nursing	Content agreed at	Clinical Standards Group
22 March 2020	1.0	22/06/2020	Director of Nursing	Policy approved via Chairs Action at	Policy Management Sub Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents

1 Executive Summary

The Isle of Wight NHS Trust, hereafter referred to as the Trust, is committed to safeguarding and promoting the welfare of children and young people (0 -19 years of age) on the Isle of Wight.

This policy covers all services within the integrated provider Trust which includes the Safeguarding Children and Children in Care Team, The Emergency Department (ED), Urgent Treatment Centre (UTC), 111, Special Care Baby Unit (SCBU), Childrens Ward, Maternity and the 0-19 service.

Trust staff have regular contact with children in a variety of settings and services. This includes children as service users, children as relatives, close contacts or carers of adult service users.

All children will be afforded the same level of safeguarding regardless of their age, religion, disability, culture or gender.

This policy outlines the responsibility and accountability for all members of staff working in these departments, including the Chief Executive and members of the Trust Board, to safeguard and promote the welfare of children and young people.

The policy also outlines the statutory requirements, evidence base and mechanisms for delivery.

2 Introduction

2.1 Each year in the United Kingdom, non-fatal injury results in more than six million visits to emergency care services and approximately two million of these are children. Unintentional injury is a leading cause of death among children aged 1-14 years and puts more children in hospital than any other cause. It is a major concern for all those seeking to improve health and reduce inequalities.

Up to a half of infants less than twelve months in age, and a quarter of older children, will attend an emergency care service each year. Children under five years old carry a disproportionate burden of injuries from falls and fires. They suffer nearly 45 per cent of all severe burns and scalds. About 50 per cent of these happen in the kitchen and approximately 50 per cent of all injuries to the under-fives occur in the home. In any one year, one in eleven children will be referred to a hospital outpatient clinic and one child in fifteen will be admitted into hospital.

In order to provide seamless care to children and young people there needs to be effective pathways and information sharing between health professionals in acute hospital trusts and primary care services.

Following the Laming Inquiry into the death of Victoria Climbie (DH 2003), Laming **(**DH 2009) recommended that information relating to a child's attendance

at Accident and Emergency Departments, discharge from hospital and follow up appointments should be shared with primary care and community services.

3 Definitions

3.1 Child

A child is anyone that has not yet reached their 18th birthday (Children Act 1989 and 2004).

The fact that a child has reached the age of 16 years of age and is living independently, is in further education, member of the armed forces, is in hospital, prison or a young offenders institution does not change their status or entitlement to services or protection under the Children Act 1989. While "unborn children" are not included in the legal definition of children, intervention to ensure their future well- being is encompassed within safeguarding children practice – Working Together to Safeguard Children 2018.

3.2 Safeguarding Children

This is a global term referring to systems in place to protect children from abuse. All agencies working with children, young people and their families take measures to ensure the risks of harm to a child's welfare are minimised and that appropriate steps are taken to address any concerns.

The term safeguarding and promoting the welfare of children is defined in Working Together (2018) as:

- Protecting children from child maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes HM Government (2018).

3.3 Child Protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer significant harm as a result of maltreatment or neglect.

3.4 Professional Judgement

Assessment or actions taken, appropriate to client need, based on professional codes of conduct. Local/National Policy and evidenced based practice boundaries. Recognising own professional limitations and making appropriate referrals to other professionals and agencies for additional expertise.

3.5 Children in Care

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as; children in care, a term which many children and young people prefer.

4 Scope

4.1 This policy applies to all staff who receives information regarding a child or young person's attendance at the Emergency Department, SCBU and Childrens Ward, but specifically relating to Health Visitor and School Nurse professional practice.

4.2 This policy also applies to the Trust Paediatric Liaison Service who are required to share attendance information with Health Visitor and School Nurse staff and, in the case of school age children, are required to make a professional judgement in relation to which attendances are shared.

5 Purpose

5.1 To promote effective communication pathways and systems which co-ordinate children's care between hospital and community services.

5.2 To identify children and families who may require increased support or services.

5.3 To safeguard children and young people and promote their welfare.

5.4 To reduce preventable accidental injuries in children by providing relevant health information to parents and carers.

6 Roles and Responsibilities

6.1 The Trust Board has a duty to ensure that it fulfils its statutory responsibilities to safeguard and promote the welfare of children.

6.2 The Director of Nursing is the Executive Director Lead for Safeguarding with the Trust.

6.3 The Named Nurse for Safeguarding Children is responsible for reviewing this policy at least every two years in conjunction with both the Clinical Lead for the 0-19 Service.

6.4 **The Paediatric Liaison Service** are responsible for daily liaison (Monday-Friday) with the Emergency Department, UTC, 111, Children's Ward, SCBU and Maternity. This team will triage this information and then share it, as appropriate with the 0-19 service. This information will be shared the same day as it is received by the team.

6.5 **Health Visitors and School Nurses** routinely receive verbal and written information from the Paediatric Liaison Service and they should act on this information as detailed in this policy. This information will be from the Maternity/SCBU, Children's Ward, ED, UTC and 111.

7 Policy detail/Course of Action

7.1 HEALTH VISITOR SERVICE FOLLOW UP

All children's attendances or contacts in the Maternity department, SCBU, ED, UTC, 111 and Children's Ward will be triaged by the Paediatric Liaison Team; the Health Visitor will then be notified of the attendance/contact.

Any attendance in the ED or UTC of a child under the age of 1 year pertaining to an accident must be followed up by a face to face contact (preferably a home visit) by a HV within 5 working days of the notification.

- Where more than three attendances occur, involving a pre-school child aged over 1 year, within a six month period, or to children with in the same family, a Health Visitor or delegated member of the team will follow up with a face to face contact within 5 working days of the notification.
- Any serious injury or illness should be followed up by a Health Visitor face to face contact with the family. This should be completed within 5 working days of the notification.
- Attendance in the ED or UTC of any child in relation to minor illnesses must be reviewed, particularly in relation to other recent attendances, to ensure there are no concerns regarding Fabricated or Induced Illness, (FII), or inappropriate use of the ED, due to lack of parental knowledge/understanding. In either situation, a face to face contact should be considered, for reassurance of the family's circumstances, and for the delivery of public health messages in terms of the management of minor illnesses.

Any admissions to the Children's Ward or SCBU must be initially reviewed by a Health Visitor. It may be necessary to gain further clarification of the information received from the Paediatric Liaison Team.

Any paediatric admission of a child under 1 year old must be followed up within 5 working days by a Health Visitor. Professional judgement will indicate whether telephone contact or face to face is required.

Any paediatric admission by a child over 1 year must be followed up within 5 working days by either a Health Visitor or a delegated team member, based on professional judgement by the Health Visitor.

Any variant from these standards must be documented on the child's electronic record. Consideration will be given to professional judgement in terms of following up more minor attendances/admissions.

All attendances and admissions must be recorded on the child's PARIS/electronic record.

Should the follow-up be declined by a parent/carer and the concerns are determined to be significant, the member of staff should contact a member of the Safeguarding Children Team to discuss next steps.

7.2 SCHOOL NURSE SERVICE FOLLOW UP

School Nurses will, in the majority of instances, only receive notifications from the Paediatric Liaison Team regarding children who have attended the ED, UTC or Children's Ward with any of the problems stated in paragraph 8.2 below.

The Paediatric Liaison Team will always notify the School Nursing Service in the following situations-

- Any child safeguarding concerns, including; suspected abuse, physical, sexual, neglect issues or child involvement in domestic abuse incidents.
- Overdoses and other incidents of deliberate self-harm (including kicking and punching walls etc.) or significant risk taking behaviour.
- Any safeguarding issues of a sexual nature, including child sexual exploitation.
- Sexually transmitted infections/or pregnancy- if the child is deemed vulnerable.
- Drug/alcohol misuse or abuse
- Assaults
- Bullying issues or other emotional health problems
- Problems or crisis management association with the following conditions
    - ❖ Epilepsy
    - ❖ Diabetes
    - ❖ Anaphylaxis
    - ❖ Asthma
    - ❖ Any other chronic conditions managed with medication
- Serious injuries, particularly those likely to cause prolonged absence from school and/or long term health problems
- Parental admissions to hospital may also need to be referred to the School Nurses if it is felt it may impact upon the child, such as adult with significant mental health issues, domestic abuse, drug and alcohol issues.
- Elective Home Educated children of statutory school age identified as being either electively home educated or not currently attending a school

This list is not exhaustive, any children identified who are affected by other issues, may need to be brought to the School Nurses' attention via a PARIS/electronic system notification, based on the professional judgement of the Paediatric Liaison Nurse.

Direct verbal liaison between the Paediatric Liaison Nurse and the School Nurse is always an option, to ensure a shared explicit understanding of the child's health needs and situation is clear.

On occasion the School Nurse Team may be required to follow up in schools directly, with older children of secondary school age, following an ED or UTC attendance. This will be based on the School Nurse's own professional judgement.

In the event of a significant mental health issue, the PARIS/ electronic record for the child can be used for reference, to establish the care plan for the child. Liaison may be required with the local CAMHS Team who will be assessing the needs of the child, to establish whether School Nurse intervention is required.

If a child presents with mental health issues but is not known to CAMHS, liaison with their school is important to establish whether the child needs to be referred to CAMHS or other services for further assessment or support.

Consideration should always be given to the ages of other children in the family ('Think Family'). Any pre-school age children will have a Health Visitor linked to them on PARIS/electronic system. Liaison with Health Visitors and other involved professionals may add to the understanding of the child's/ren's situation. This is aimed at improving the planning for assessments and interventions.

7.3 INVOLVEMENT WITH SCHOOL STAFF

On occasion it may be necessary to obtain further information about specific children following paediatric liaison. These occasions will require liaison by a School Nurse with the child's school regarding attendance or concerns regarding their health and wellbeing

Following an ED, UTC or Children's Ward attendance a learning need may be highlighted for school staff to receive training around a special medical need, for example anaphylaxis. The School Nurse should liaise with the parents of the child to establish any special medical need and commence an individual care plan. This will then identify the medical needs of the child and training needs of school staff.
In the event of a trend in attendances through the ED, UTC or Children's Ward with a specific issue, such as alcohol consumption, with a particular school, it may indicate liaison maybe required with the Pastoral Lead or Family Liaison Officer (FLO) to plan targeted work within the school.

7.4 CHILD PROTECTION ACTIONS

Any incident of suspected or confirmed non accidental injury will be shared with the Health Visitor or School Nurse. Depending on the situation this may need a follow up with the family and close liaison with the Safeguarding Children Team and Children's Social Care.

In the event of not being able to access the family of a vulnerable child for follow up, staff must report to their line manager for advice. This may then involve liaison with

the Safeguarding Children Team and Children's Social Care. The School Nurse will also follow up with school staff regarding any concerns there are in school regarding the child's well-being.

7.5 CHILDREN WHO ARE NOT REGISTERED WITH A GP

Where a Health Visitor/School Nurse receives a hospital letter or professional notification that identifies that a child is not registered with a GP, the parent/carer should be encouraged by the relevant professional to register the child at the earliest opportunity, and information must be given to them regarding local GP practices and how to register.

The health professional will monitor whether GP registration has taken place within a month of identifying the absence of GP registration. If this does not occur, the Health Visitor/School Nurse will liaise with the Safeguarding Children Team to discuss what further steps, if any, need to take place to ensure the child has access to, local health services.

7.6 CHILDREN ELECTIVELY HOME EDUCATED

Children that are electively home educated or educated otherwise are often not regularly in contact with other professionals and may only present to either their GP or ED in a health emergency.

Though there are unlikely to be concerns about the general health and wellbeing of the majority of these children, recent national incidents have highlighted that a small proportion may become 'invisible' to services, which may make them more vulnerable to abuse or neglect.

8 Consultation

This policy will be disseminated for consultation in line with the organisations procedural Document Control Policy.

9 Training

This Policy (Paediatric Liaison) does not have a mandatory training requirement or any other training needs.

10 Monitoring Compliance and Effectiveness

The 0-19 service will audit quarterly, the time frame of contact within 5 working days. The outcome will become part of quality and performance. Non-compliance will result in supervised practice for practitioners and competence review.

11 Links to Other Organisational Documents

Internal

- Safeguarding Children and Young People Policy

National

- Safeguarding Children in whom Illness is fabricated or induced (2008)
- Section 11, Children Act 2004: DCSF 2007
- NICE Guidance- Child abuse and neglect-October 2017
- Working Together to Safeguard Children; HM Government 2018
- The Laming Inquiry into the death of Victoria Climbié 2003
- The National Service Framework for Children - DOH 2004

12 References

- The Laming Inquiry into the death of Victoria Climbié 2003
- Working Together to Safeguard Children; HM Government 2018

13 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation
Appendix B Equality Impact Assessment (EIA) Screening Tool

Appendix A

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**Paediatric Liaison Policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	**0**		
Training Staff	**0**		
Equipment & Provision of resources	**0**		

Summary of Impact: N/A

Risk Management Issues: N/A

Benefits / Savings to the organisation: N/A

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs	0	0	0
Totals:	0	0	0

Staff Training Impact	**Recurring £**	**Non-Recurring**

		£
Totals:	0	0

Equipment and Provision of Resources	**Recurring £ ***	**Non-Recurring £ ***
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:	**0**	**0**

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix B

Document Title:	Paediatric Liaison Policy
Purpose of document	To inform trust staff of the process of Paediatric Liaison and to offer structure and ownership to specific staff groups of the process.
Target Audience	0-19 Team, Safeguarding Children Team, Maternity, SCBU, Childrens Ward, ED and UTC.
Person or Committee undertaken the Equality Impact Assessment	*Vicky Kalaker*

Equality Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	√		
	Women	√		
Race	Asian or Asian British People	√		
	Black or Black British People	√		

	Chinese people	√		
	People of Mixed Race	√		
	White people (including Irish people)	√		
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	√		
Sexual Orientation	Transgender	√		
	Lesbian, Gay men and bisexual	√		
Age	Children	√		
	Older People (60+)	√		
	Younger People (17 to 25 yrs)	√		
Faith Group		√		
Pregnancy & Maternity		√		
Equal Opportunities and/or improved relations		√		

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	