Pick up the Phone Campaign

Multiagency version 2: 7 Minute Briefing

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Background: Learning from a recent Rapid Review, where a baby sadly died, highlighted significant gaps in information sharing across the regional Midwifery & Health Visiting teams involved in the baby's care.

The review identified common issue concerning the absence of shared electronic health records between NHS Trusts preventing information sharing between health colleagues, and a lack of timely notification about **emerging or actual concerns and referrals** to children's social care. This has been identified as a significant system risk across the region, including for multiagency partners.

The National roll out of the NHSE Digital Shared Care Records is not an imminent solution to mitigating this risk.

Therefore, ALL practitioners are requested to go 'back to basics' 'pick up the phone' and to out of area colleagues to share information about emerging concerns and referral to children's and adult social care.

The Safeguarding Children Partners to receive assurance that:

- The Websites of Local Authority and NHS Trust's have the generic contact numbers to signpost callers to specific departments.
- Systems are in place for cascading this 7-minute briefing to all front-line staff: through Safeguarding Newsletters, team briefings etc.
- This 7-minute briefing is included in Safeguarding Training.
- Safeguarding Supervision Policies include the mandatory expectation that front-line staff access line management/safeguarding supervision oversight when participating in decision-making at Child Protection Conferences.



NEED TO KNOW? CALL!

As regulated Professionals, your regulatory body stipulates you are accountable for your actions and omissions in practice.

Within the context of safeguarding, information is shared between professionals to:

- Ensure continuity and safe handover of care and support for individuals at risk across LLR.
- · Reduce the risk of harm.
- Check in and discuss or triangulate information from parents and carers to expose disguised compliance.
- Safeguard children and adults at risk.

Health Services. Patient Handover
Community and Acute Staff to notify each
other of their contact numbers. Including
out of hours.

Patient Admission: The contact details of out of area health staff involved in the patient's care to be recorded in patient records.

Patient Discharge Planning: Includes prompts to ensure a comprehensive handover of any untoward incidents and concerns including those identified in point 3

Types of information to be shared & triangulated with colleagues include (not an exhaustive list)

Safeguarding referrals to child and adult social care. Share information to check if other colleagues involved in the care and support of an individual are aware of the emerging concerns that could impact on the child and future safeguarding, including:

- Children open to Childrens Social Care.
- Disclosures by children indicating parental discourse that have not met a safeguarding threshold.
- Parental substance abuse, domestic abuse, mental health.
- Lack of parental compliance with the health and social care plans.
- Failure to bring a child to an appointment, including a health appointment.
- Parents who disclose or display aggression.
- Parental refusal for Early Help that has not met a safeguarding threshold.

Contacting out of area colleagues

Check via a search engine the home page of a local authority or NHS Trust Website for the details of the generic phone number for the relevant team.

If not available call the Switchboard and ask to be redirected.

Remember! A lack of information sharing about emerging concerns and child's health and development can seriously affect the outcome and future safeguarding arrangements for the child.

When information is not shared between health professionals it creates a lack of opportunity to challenge decisions with Children's Social Care & partners from a sound knowledge base and is in the best interest of the child. It weakens the negotiation, debate, and identification of the need to escalate concerns relating to the impact of a child's lived experiences can have on their health and well-being and the anticipated long-term outcome for the child.

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