

Pick up the Phone Campaign

7 Minute Briefing



1 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 a 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.

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

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

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Commissioners & Executive Leads of NHS Trusts to receive assurance that:

- Telephone contact number of the Trust's Midwifery and Health Visiting/ School Nursing Teams are accessible via their NHSE Trust Website.
- 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.
- The NHS Trust's Safeguarding Supervision Policy includes a mandatory expectation that front line clinical staff access line management/ safeguarding supervision oversight when participating in decision making at Child Protection Conferences.

2

As a Registered Health Professional, your regulatory body stipulates you are accountable for your actions and omissions in practice. This includes information sharing. E.g. GMC, HCPC and NMC: [Read The Code online - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk)

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

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



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**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 of this 7-minute briefing.

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 health care of an individual are aware of the **emerging concerns** that could **impact** on the child and future safeguarding, including:

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

Do not assume another colleague is in receipt of new information.

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Contacting out of area colleagues

Check via a search engine on the home page of a NHS Trust Website for the details of the generic phone number for the Midwifery or Health Visiting Office.
If not available call the NHS Trust Switchboard and ask to be directed.

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Remember! A lack of information sharing about emerging concerns of a 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 and can impact on the child's lived experiences relating to their health and well-being and the anticipated long-term outcome for the child.

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