

Content

Department Name: Paediatrics

Process Name: Safeguarding of Emergency Patient

Change History:

Version	Draft	Date	Author	Comments
0.1	Y	13/11/25	Jenny Poole	First draft issued for review following mapping workshop
0.2	Y	12/12/25	Jenny Poole	Revised draft sent following feedback from GT
0.3	Y	19/12/25	Jenny Poole	Revised draft sent following feedback from NM & LN
0.4	Y	14/01/26	Jenny Poole	Revised draft following feedback received
1.0	N	19.01.26	Jenny Poole	Sign off received from GM, final map issued



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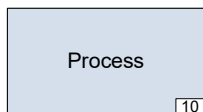

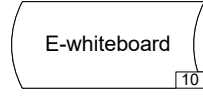
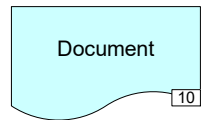
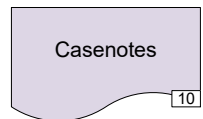
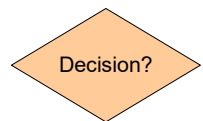



Map 1 Paediatrics – Safeguarding – Emergency Patient – Map No 1 – As Is	Page 5
Map 2 Paediatrics – Safeguarding – Issues and Ideas Log – Map No 2 – As Is	Page 6


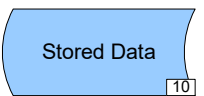


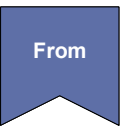

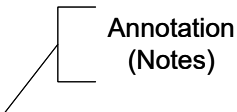
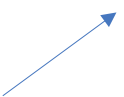




Improvement team


● **Improve health** ● **Better care** ● **Lower costs**

Legend


	Symbol used to Indicate the start or end of a process
	Symbol used to indicate an event, task or action
	Symbol used to indicate whiteboard actions
	Symbol used to indicate e-whiteboard actions
	Symbol used to indicate paper documents and proforma activity excluding patient Case Notes
	Symbol used to indicate Case Note activity
	Symbol used to indicate a decision point. The question is shown in the icon and there will be two options
	Symbol used to indicate a choice as to which path to take. There can be multiple outputs.
	Symbol used to indicate a point whereby all output paths should be actioned.
	Symbol used to illustrate Diary/Whiteboard Updates , labelled accordingly i.e Admission Diary = AD Receptionist Diary = RD Transfers Whiteboard = TW Patient Whiteboard = WB

	Symbol used to Indicate the start or end of a process
	Symbol used to indicate a system where data is captured inc. emails
	Symbol used to indicate a reporting point i.e. system generated reports or escalation points to management etc.
	Symbol used to indicate a link to another map
	Symbol used to indicate a link from another map
	Symbol used to illustrate link to maps within other Visio documents
	Symbol used to include a comment or additional information
	One-way arrow used to show sequence of events and what is produced by an event.
	Symbol used to illustrate multiple issues , numbered accordingly
	Symbol used to illustrate multiple ideas , numbered accordingly


Legend

 Symbol used to Indicate Happy


 Defects

 Symbol used to Indicate Indifferent


 Over Production

 Symbol used to Indicate Unhappy

 Waiting

 Symbol used to Indicate Worried

 Un-utilised Skills

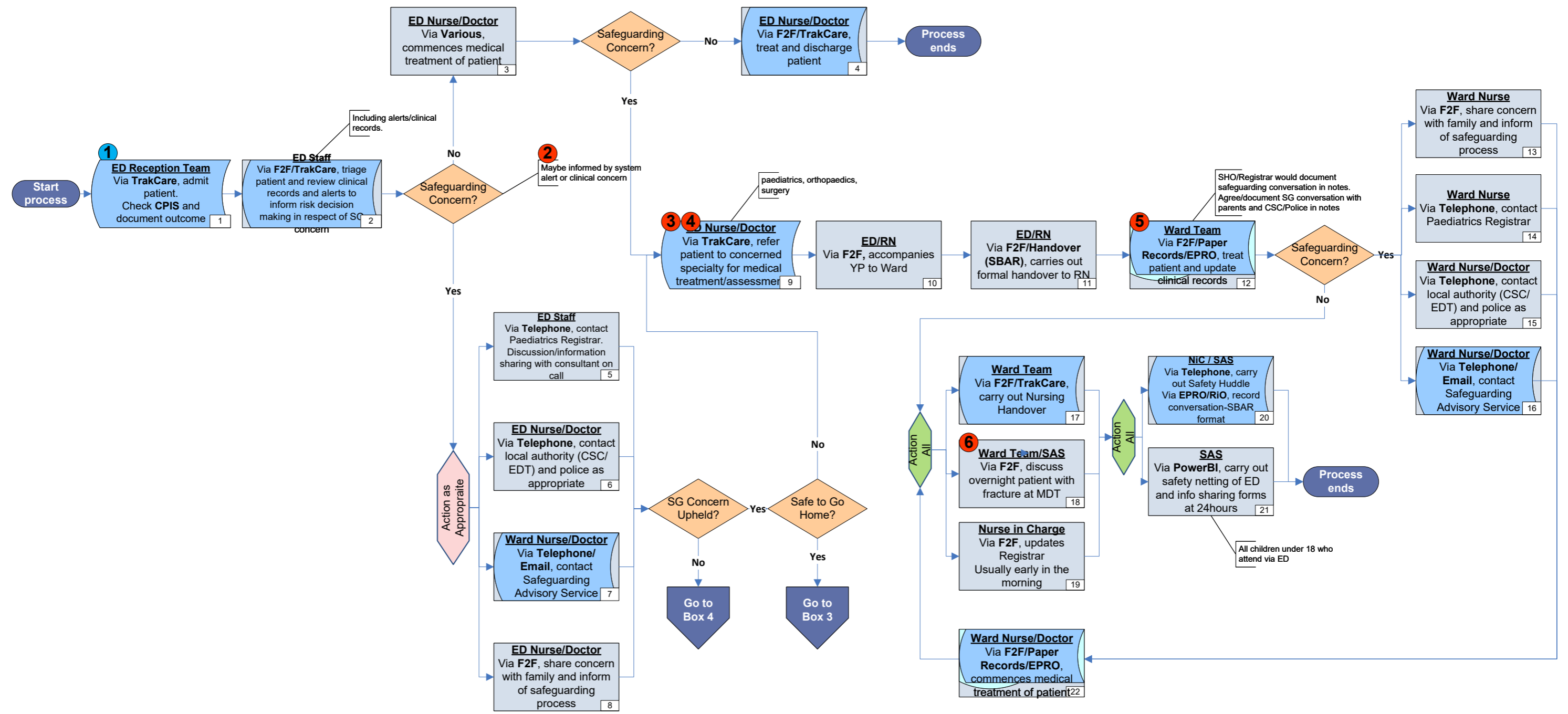
 Symbol used to Indicate Angry

 Transportation

 Inventory

 Motion

 Extra Processing



Safeguarding concern can be raised by anyone at any point

OoH – Ortho SHO should call the Paediatrics registrar in any concern

At all stages of the child's journey consider Safeguarding and Protection of Unborn babies and Children Policy flowchart and SSCP Effective support document

Notes	Issues	Ideas
1 Patient may be referred from a number of different routes - call from GP GP straight to ED consultant on call registrar on call ED walk-in Ambulance Police straight to ED Family CSC call School surgical referral 111 call Midwifery Ward Team	1 There is no standard way that referrals come in so information varies. Multiple routes in and different information provided	1 Single point of access/contact. Review by senior member of team.
	2 Systems don't tell whole story, and not all visits will raise a safeguarding concern, e.g. a clinical picture may become a concern due to an alert, equally or a child with an alert may not be a concern if the clinical picture isn't worrying.	2 Requires team knowledge, experience, professional curiosity, and collaboration
	3 Admission from ED via 2 routes - (1) to Paeds Reg, (2) to ward manager	3 Single point of referral
	4 Separate admissions for CYP under paediatrics/surgical/ortho/dental. No awareness of CYP cohort / paed oversight.	4 Joint care for paed if under a specialty team e.g. paed and surgery. Safety brief awareness.
	5 Safeguarding conversion (DoC) happens after admission to ward (often next day). Consent required to contact CSC - this sometimes triggers DoC.	
	6 Dignosis not always checked or challenged	
	Where is senior decision maker involvement from Paediatrics in the current pathway: <i>between 0900-1700 M-F this is currently the 'hotweek consultant'; from mid Jan 2026 the rota will change to one that meets the national RCPC standards which includes presence of senior medical consultant at times of peak demand with enhanced evening and weekend presence</i>	
	Communication between sub-specialty team e.g. ortho and paed? Documentation? Verbal Comms? To whom?	this needs to be led at senior decision making level ie consultant; aided by rota changes and senior presence; <i>but does this also need some focus on building relationships between colleagues and some comms about potential/actual safe guarding cases in line with this QI work</i>
	Neglect / FII is more difficult to pick up	Regular teaching/awareness built in to safeguarding sessions/teaching; now have a new role of a senior doctor who has a Somerset wide safeguarding role. Peer review teaching sessions.
	RO not used but could have valuable information - however, another system could be checked	Can request individual access to this system – as 'read only' for senior colleagues with a specific reason (ie safeguarding) of need
	EPRO not available in all areas - not currently in ED or wards - Digital hold up.	EPRO across all areas would make sharing information easier
	Some of the team may not want/feel confident to raise a safeguarding concern	Could escalate to a senior colleague
		Could a Quick Reference Guide (QRG) be used to identify concerns or to ensure nothing is missed?
		Could on-call radiologist be involved to check scans/x-rays if any doubt, before starting safeguarding process?