**Appendix 2 Audit Form**

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| **Start date: End date: Acknowledgement sent:** | **Please tick all that apply** |
| **Title of audit:****Named Nurse for Safeguarding Children- Review of Safeguarding Children Policy** | **Type of audit? Cancer?** Local  SWICS  Regional  CSCCN  National  Peer review  Re-audit \* Other  Trust-wide Mortality surveillance Expanded Practice Protocol Changes from previous audit implemented **National Audit?**Health Commission  NCEPOD:  NSF:  NICE No:NICE type: CG  TA IPG NICE title:**Trust Commission?**Clin Gov Op Group  Clin Gov Committee  Clinical Risk Group  Other, specify……  Trust audit programme\*  Department audit programme  Serious incident or clinical review  Multiprofessional  Patient Involvement  **Resources needed? \* priority given**Medical records No  PDA / Formic  Funding for locum cover  Data entry\*  Data Analysis\* Report\* Supported by CAD  |
| **Objective**:To ensure that the correct procedure is followed when concerns about a child where abuse or neglect are raised |
| **Background:**The Trust is signed-up to the South West Child Protection Procedures This detailsSafeguarding Children procedures. |
| **Method: Pilot planned** 1. Check the Trust’s Nursing Assessment Record (NAR) documentation for all patients onthe ward.Check the Health Care Record (HCR), including ED forms and Maternity Records for identified Children |

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| --- | --- | --- | --- | --- |
| **Audit standards** | **Percentage** | **Exceptions** | **Evidence** | **Definition** |
| Correct identifiable data about the child has been clearly written | 100% | None | As per appendix 1 of the policy | Documentation check of allNAR front sheets. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Information about other professionals involved with the family have been clearly recorded | 100% | None |  | Documentation check of allNAR. |
| Advice about a child for whom there are safeguarding concerns, is sought from an appropriate professional or agency and is clearly documented | 100% | None |  | Documentation check of allNAR |
| For identified Children where there are safeguarding concerns, there is supportive text in the HCR clearly explaining the actions required and/or taken. | 100% | None |  | Document check NAR andrelevant HCR’s |
| For identified Children where there are safeguarding concerns, there is supportive text in the HCR clearly explaining the circumstances. | 100% | None |  | Documentation check of relevant HCRs. |
| Liaison with multi-agency colleagues in the community has been actioned and clearly documented | 100% | None |  | Documentation check of HCR’s. Paediatric Liaison Form completed and copied into HCR |
| Child Protection Referral forms for Social Care are completed in full and contain all information required | 100% | No Safeguarding concerns |  | Documentation check of relevant HCRs |

Continue on an extra sheet if necessary

**Who is responsible for the production and implementation of the action plan resulting from this audit? (Senior Manager / Consultant)**

Printed name: Jane Murray

Signature:………………………………………

Department: Clinical Support and Family Services Directorate

**Printed name(s) of project lead (for certificates)**

1………………………………………………………………………Signature:………………………………………….......Ext / bleep

2………………………………………………………………………Signature:……………………………………………...Ext / bleep