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Managing Safeguarding Caseloads in School Nursing using Productive Community Services

Nichola Osborne & Claire Towers

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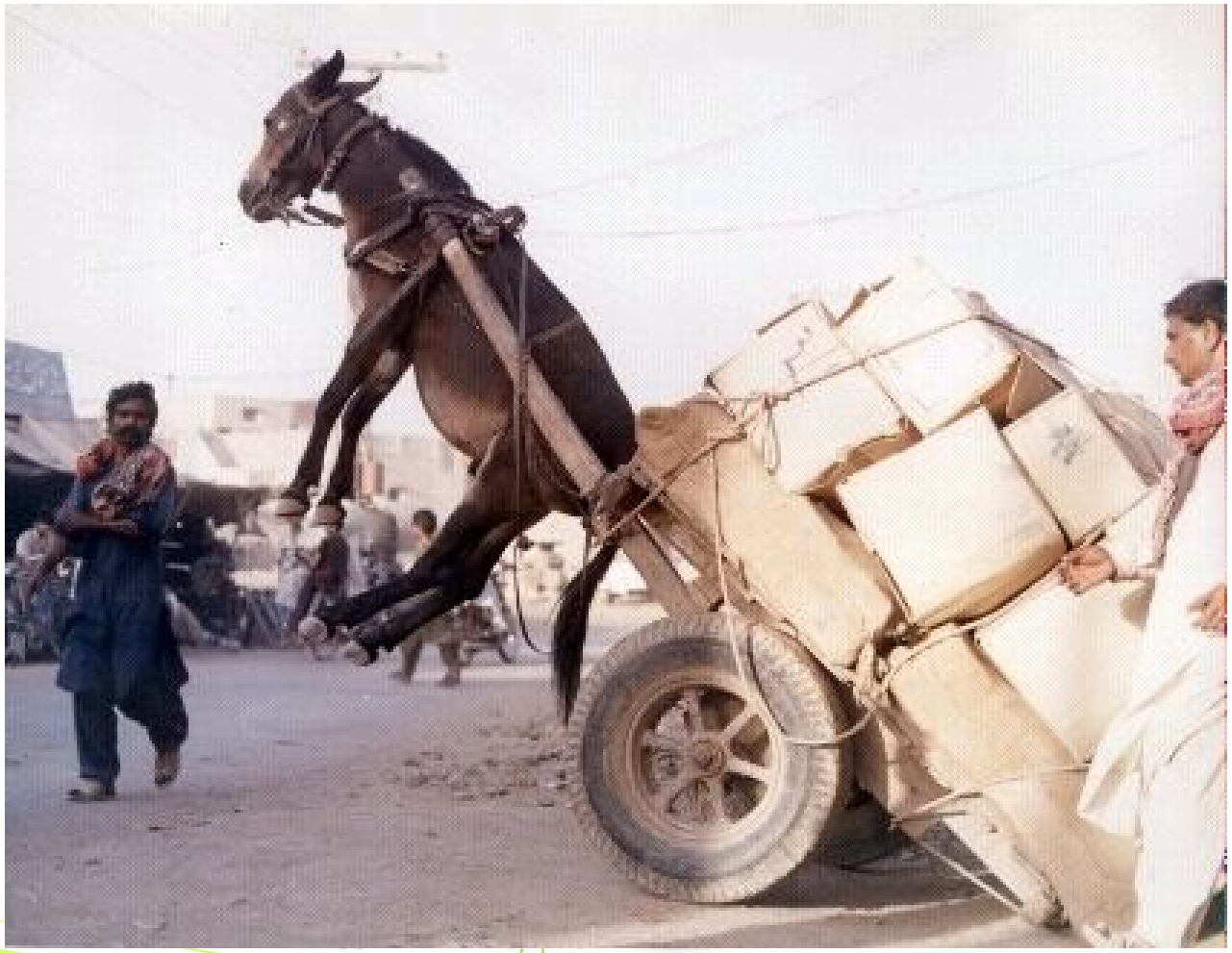
As a health professional managing safeguarding you may relate to this….



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Background to the project

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National Context:

• Serious case reviews published following the deaths of Victoria Climbie and Baby Peter highlighted areas for improvement:-

- **Managers** needed to have a clearer understanding of safeguarding caseloads held by the staff they managed.
- **Managers** needed to ensure staff received adequate and regular safeguarding training.
- **Staff** needed access to regular, high quality clinical and management supervision.

•Nationally safeguarding levels have increased rapidly year on year. Figures have highlighted 11 million children involved with child protection services (Laming 2009).

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Local Context in Bolton:

• 45,000 school aged children with a workforce of 21 WTE School Nurses - workforce capacity / demand issues.

• A significant increase year on year in the number of children identified as vulnerable and needing progressive services from School Nursing.

• A significant increase in the number of children in Local Authority care.

•School Nursing Managers & Team Leaders needed to increase their awareness of:

- Numbers of safeguarding cases on a team & individual practitioner level
- Whether training & safeguarding supervision policies were being adhered to?
- What was a manageable safeguarding caseload?

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Productive Community Services

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What we did….

- Prioritised safeguarding work and introduced clear pathways to inform decision making.

- Workforce Plan:
  - -To evidence the productivity of the workforce and to better understand the demand and capacity issues.
  - -To establish timings for each task being undertaken (Lorenzo SNOMED coding was introduced to confirm the time estimations).
  - -To help us to revisit service priorities and consider what was achievable.
  - - Skill mixing opportunities to ensure continued universal provision.

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Knowing How We Are Doing Board

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Quality and Safety	Improving Patient Experience
- Management supervision - Mandatory Training - Hand Hygiene Audit - Safeguarding figures - ADHD medication reviews - Incident Reporting	- Complaints - Compliments - Thank you cards - Results of service user consultations
Staff Wellbeing	**Improving Productivity**
- Clinical Supervision - Appraisals - Training - Sickness Levels - Staff Questionnaire - Team events & birthdays	- ADHD pathways - LAC assessments: No's waiting; No's completed on time - Attendance at C/C; CG; Initials - Immunisations completed - Lorenzo SNOMED performance report. - Enuresis Clinic

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Board guidance

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• RAG Rating Table

Red, Amber, Green Parameters Pro-Rata'd			
Hours worked	RED	AMBER	GREEN
37.5 AYR	31+	21 - 30	0 - 20
37.5 TTO	27+	18 - 26	0 - 17
35 AYR	30+	20 - 29	0 - 19
35 TTO	25+	17 - 24	0 - 16
30 AYR	25+	17 - 24	0 - 16
30 TTO	22+	15 - 21	0 - 14
25 AYR	21+	14 - 20	0 - 13
25 TTO	18+	12 - 17	0 - 11
22.5 AYR	19+	13 - 18	0 - 12
22.5 TTO	16+	11 - 15	0 - 10
20 AYR	18+	11 - 17	0 - 11
20 TTO	15+	10 - 14	0 - 9
18 AYR	16+	11 - 15	0 - 10
18 TTO	13+	9 - 12	0 - 8

• Board Guidelines

The board is completed using a RAG rating system.
This means **Red**, **Amber** and **Green** when compared to the agreed standard. Anything written in **blue** is for information only and not RAG rated.

Safeguarding & Child Action:
SG column is split into 2 sections. The top one is the actual number of clients with a safeguarding plan, the bottom relates to the numbers who have been discussed at management supervision.
The CAM figure is the number on your caseload.
To calculate the RAG rating you need to give 2 points for each SG case and 1 point for each CAM and total the amount

The standard is:

- Under 20
- 21-30
- 31+

When you have calculated your figure please write it on the board in the correct colour.

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Benefits of our board

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• The use of a **RED**, **AMBER**, **GREEN** system gives an 'at a glance overview' of the caseload.

•Facilitates tailored management supervision for staff roles / responsibilities.

•Provides an overview of all supervision and training.

•Caseloads are equitable dependant on hours worked.

• Individual team members have a clearer understanding of their own and their colleagues safeguarding case-load; promoting team working.

• Team leaders can identify hot spot areas and potential bottle-necks facilitating planning and implementation of solutions.

•The project has enabled us to demonstrate the productivity and workforce capacity issues in the service to senior managers and commissioners by providing a comprehensive set of metrics and performance indicators.

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This is how we now feel about managing safeguarding in Bolton….

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