Leeds Community Healthcare NHS Trust

Child Protection Supervision Policy	
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Executive Summary

This policy provides Leeds Community Healthcare NHS Trust (LCH) with a framework for child protection supervision and sets out the statutory responsibilities and regulatory requirements that ensure staff receive the appropriate level of support and supervision in line with their roles and responsibilities when working with children, young people and families (Not Seen Not Heard CQC 2016, Working Together to Safeguard Children HM Government 2015).

The roles and responsibilities for LCH staff are outlined in regards to providing, accessing, evaluating and monitoring compliance of child protection supervision. The policy provides a menu of options on a variety of ways child protection supervision may be delivered. The key functions of supervision are included to guide staff on the purpose and benefits of supervision.

The core functions and purpose of supervision are detailed within the policy. Staff working directly or indirectly with children, young people and families must discuss the appropriate level of child protection supervision required to support them in their professional role with their line manager.

If staff need **urgent** advice on a case they must obtain this **immediately without delay** from their manager, Named or Designated Professionals or Children's Social Work Services and not wait for their scheduled child protection supervision.

Related polices

- PL312 Clinical Supervision Policy
- Leeds Safeguarding Children Board Procedures
- PL354 LCH Risk Management Policy and Procedure

Equality Analysis

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of the vision, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy and any outcomes have been considered in the development of this policy.

Contents

1. Introduction

Healthcare practitioners have a significant role in relation to ensuring that children and young people are safeguarded from harm and therefore require a clear structure of child protection supervision to support their practice (Nursing and Midwifery Council 2015, General Medical Council 2013). Working to ensure children are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful.

All of those involved should have access to advice and support from, for example peers, managers, named and designated professionals. Child protection supervision should facilitate case focussed discussion which supports practitioners to reflect on decision making and promotes analytical thinking. (Working Together to Safeguard Children HM Government 2015)

2. Purpose

The purpose of this policy is to provide a framework for the practice of Child Protection Supervision within LCH which will ensure that staff from the Trust receives the appropriate level and model of supervision when dealing with cases where there are concerns about the welfare of a child.

3. Scope

This policy is for all:

- Staff working directly or indirectly with children, young people and families.
- Child Protection Supervisors
- Heads of Service and Line Managers who have responsibility for ensuring that staff time and training is available to allow child protection supervision to take place

The policy recognises that some services may agree standards for supervision that exceed the minimum standard set out in this policy. For example Early Start and Child and Adolescent Mental Health Service (CAMHS) have developed a service specific child protection supervision policy to meet the needs of their staff, their level of involvement with children and families.

4. Definitions

A child: being under the age of 18 years.

Direct contact: cases where the practitioner is providing a service or care to a child or young person.

Indirect contact: cases where the practitioner is providing a service or care to an adult who is caring for, is related to or has close contact with a child or young person

Child protection supervision: a meeting or a discussion between a supervisor and a supervisee/s, where both supervisor and supervisee reflect on, scrutinise and evaluate the work carried out, assessing the strengths and weaknesses of the supervisee, providing coaching development and pastoral support for the supervisee.

The supervisor should also provide professional challenge to the supervisee. Each session will include agreeing the agenda, reviewing actions from previous supervision, listening, exploring and reflecting, agreeing actions and reviewing the supervision process itself.

The key functions of child protection supervision are:

- management (ensuring competent and accountable performance/practice)
- development (continuing professional development)
- support (supportive/restorative function)
- engagement/mediation (engaging the individual with the organisation)

Effective child protection supervision is important, promoting standards of good practice and support for practitioners working with families and children. Effective supervision;

- Keeps the focus on the child
- Avoids drift
- Maintains objectivity and challenges fixed views
- Tests and assesses the evidence base for decisions
- Addresses the emotional impact of work.

5. Responsibilities

5.1 Executive Director of Nursing is responsible for ensuring that there are mechanisms in place for overall implementation, monitoring and revision of this policy

5.2 Designated Professionals are responsible for providing professional advice and support to the named professionals, commissioners and all providers of children's services on professional issues relating to child protection supervision. [Appendix 1: Competencies for Child Protection Supervisors before training to become a supervisor]

The Designated Doctor must provide expert advice and child protection supervision for doctors on request on an individual case basis.

5.3 Named Professionals are responsible for providing professional advice in relation to safeguarding children to all staff within the trust. This includes providing one to one supervision for individuals when requested.

Safeguarding Named Nurses/Named Doctors will have child protection supervision with the Designated Nurse/Doctor not less than 3 monthly.

The Safeguarding Team are responsible for;

- providing training and support for safeguarding supervisors
- monitoring and reporting attendance of supervisors supervision

- monitoring and reporting supervisee feedback

5.4 Heads of Service, Managers and Team Leaders must ensure:

- All required staff are aware of policy through induction processes
- That staff are supported to access appropriate supervision for their individual level of involvement with children and families.
- That there are adequate numbers of supervisors within the service
- Named supervisors are able to provide supervision as part of workload objectives
- There are systems and processes in place for recording, monitoring and reporting of attendance at child protection supervision.
- There are systems in place to ensure that staff who are not compliant are identified and plans put in place to ensure compliancy.
- Operational or performance issues identified to them by Supervisors, Named Nurses or other sources in regard to the policy are addressed through LCH Risk Management Policy and Procedure

5.5 Safeguarding Supervisors[1] are responsible for:

- Preparing for child protection supervision sessions
- Coordinating the negotiation of Child Protection Supervision Contract, which includes ensuring that supervisees are aware of their roles and responsibilities, in reference to accountability and confidentiality
- Ensuring the supervision session includes a review of the list of vulnerable children and families provided by the supervisee to gain oversight of the level of risk a supervisee is managing
- Regularly reviewing plans, actions and recordings
- Accepting joint responsibility for agreed decisions reached in supervision
- To complete all essential documentation and retain in line with the trust information governance arrangements. [Appendix 2: The Child Protection Supervision Contract/Agreement; Appendix 3: Child Protection Supervision Record Sheet; Appendix 4: Record of attendance at Group Supervision Sessions]
- To ensure, when facilitating one to one safeguarding supervision, that all key decisions/actions, agreed within supervision are recorded within the child's record and previous recorded actions are reviewed and signed by both supervisee and supervisor.

[1] Supervisors working full time hours should be able to supervise 3 practitioners without any additional support

- Ensuring discrimination does not take place within child protection supervision and to acknowledge and deal with any issues which impede effective communication
- To report individual or organisational issues identified in supervision to the supervisee's line manager as appropriate.
- To have undertaken child protection training in line with statutory guidance (Working Together to Safeguard Children HM Government 2015), organisational mandatory training requirements and the Safeguarding children and young people: roles and competences for health care staff (2014).
- To have undertaken additional specialist training in child protection supervision [Appendix 2: The Child Protection Supervision Contract/Agreement]
- Identifying shortfalls in their own performance and deal with these in the group supervision sessions or individually with the group supervisor
- To maintain a list of individual or group supervision sessions, recording lessons learned as part of personal development and learning
- Attending a minimum of two Supervisor of Supervisors sessions in a 12 months period.

5.6 Supervisee's are responsible for:

- Accessing the appropriate level and frequency of supervision in line with their roles and responsibilities,
- Attending child protection supervision on time and prepared for the session by identifying issues and cases to be discussed [bringing the clients records to the supervision.
- Maintaining an ongoing list of children, young people and families with vulnerabilities which is shared at each supervision session
- Actively participating, being open and sharing information within the session.
- Giving and accepting constructive feedback and participate in problem-solving
- Implementing agreements and action plans and inform child protection supervisor and line manager if plans cannot be implemented
- Maintaining confidentiality
- Identifying issues in themselves or supervisor which may impede communication with particular emphasis on power, gender and cultural issues
- Escalating to the line manager any challenges in accessing supervision.
- Keeping a record of attendance at child protection supervision and any themes, lessons learned or identified actions discussed as part of their individual professional reflective diary.
- Completing supervision evaluation/evaluation tool yearly

6. Supervision

6.1 Content of Child Protection Supervision/Cases to Bring to Child Protection Supervision

The purpose of child protection supervision is to:

- Reflect on high risk cases and to consider any case where there maybe issues, both positive and when things could be improved, developing that it would be useful for the practitioner to take time to reflect upon.
- Forward plan and identify tasks in a clear, precise way, ensuring tasks are achievable and are not contradictory: establish boundaries for who does what, to ensure that tasks are consistent with role, status and department or section responsibilities.
- Identify gaps in skills and knowledge needed to accomplish the tasks and any process, which could challenge or obstruct the completion of the tasks. Consider the need to escalate identified concerns.

Stresses and vulnerabilities will include a range of issues for children, young people and families. The following list, which is not exhaustive, identifies vulnerabilities within a child's and family's life and suggests cases which may be considered by supervisees to bring to child protection supervision:

- Children who are subject to a child protection plan
- Children subject to a child in need plan
- Children and families who are experiencing stress or have identified vulnerabilities; e.g. a child is looked after or a child's needs are not being met, domestic abuse, parental substance misuse, mental ill health, learning difficulty or disability.
- Identified challenges to partnership working.
- Cases in which staff are core group members
- Any other cases that raise concern e.g. Female Genital Mutilation (FGM), Prevent, Human Trafficking, Family Group Conferencing

6.2 Confidentiality

Confidentiality will be maintained except if information is disclosed by the supervisee that identifies a risk for others, illegal activity, a breach of Professional Codes of Conduct or none adherence to Trust policies and procedures or if there is cause for concern about the well being or the competence of the supervisee. In these circumstances the duty of the supervisor is to discuss with the supervisee their concerns and the action that will be taken. The supervisor must ensure the supervisee's manager is informed. It is important that both parties understand this fact and in most cases the supervisee will be encouraged and given an opportunity to inform their manager themselves, before the supervisor is obliged to. Equally supervisees may sometimes have to breach confidentiality for similar reasons. If they have concerns they must discuss these with the supervisor initially. If this does not resolve the matter they must then inform their own line manager.

6.3 The Supervision Process

Child protection supervision is not an optional extra. It is recognised that a flexible approach is required for individual staff and staff groupings to meet the requirements of this policy. The policy, therefore, reflects a framework which may be adapted to a number of models as follows:

- One to One supervision
- Group supervision - uni-professional or multi-professional.

One to One Supervision: is a dedicated pre-planned one to one discussion/session lasting approximately 60 minutes between a supervisee and supervisor. The discussion will include use of the Discrepancy Matrix and/or Seven Ps Perspective, developed by T Morrison and J Wonnacott[2]. [Appendix 6: Discrepancy Matrix and Seven "Ps" Perspective]

One to One supervision may also include Child Protection advice and support, verbally or face to face, from a line manager, Named or Designated Professionals. These discussions **must** be recorded as child protection supervision by the supervisor and the supervisee.

Peer supervision may be sought from a trusted peer who has the appropriate level of knowledge and skills in safeguarding and recorded as one to one supervision. These discussions **must** be recorded as child protection supervision by the supervisor and the supervisee and if individual cases are discussed this **must** be recorded in the child/family records.

Group Supervision: Professionals from the same professional group or from different professional groups may meet to discuss child protection cases.

For example: Supervision of Medical Staff

All Community Paediatricians working on the LCH on call rota receive peer group supervision via

- the weekly child protection meeting,
- the monthly colposcopy peer review meeting
- Monthly clinical governance meeting.

6.4 Recording of Child Protection Supervision

The following documentation must be completed:

1. Supervision session date. Supervisee must email lch.wfi@nhs.net following their session copying in the supervisor. Email must include:

[2] Wonnacott J (2012) Mastering Social Work Supervision Jessica Kingsley Publications

   a. date of supervision
   b. type of supervision [Clinical or/and Child Protection]
   c. who was present
2. The supervision contract agreement (Appendix 3). A copy must be given to the supervisee's line manager for their personal file
3. Child Protection Supervision Record Sheet as part of the electronic record. This should include
   a. Reason for bringing case to supervision
   b. Key actions
   c. Level of risk to the child and how being managed
   d. Record if the plan is to continue or if plan is changed.

   If having group supervision individual group members should maintain a personal Child Protection Supervision Record Sheet

   Documentation retained by supervisees or supervisors must not contain person-identifiable information.
4. If individual cases are discussed all actions, plans or changes to plans must be recorded in the child's/parent's records by supervisee. Ideally this should be completed within the supervision session.

6.5 Frequency of Child Protection Supervision

All staff having direct contact with children, young people and families must have child protection supervision, as minimum, every 3 months [4 times a year]. Child Protection Supervision requirements are included in ESR Competency Role Matrix. With discussion and agreement from Named Safeguarding Nurse, staff working term time only may have supervision 3 times a year [each term].

6.6 Changing Child Protection Supervisor

The Child Protection supervisor or/and supervisee can request that the agreed supervision contract should be terminated.

In the event of a breakdown in the supervisory relationship the supervisor and supervisee's line manager must be informed. This type of disagreement is not a reason for not receiving child protection supervision. It is incumbent on both supervisor and supervisee to act to resolve the problem as soon as possible.

7. Supervision for Child Protection Supervisors

This will be provided by the Safeguarding Children Team via group supervision. A child protection supervisor may request individual sessions from a Named Nurse Safeguarding Children if required.

The format of the group supervision sessions is as follows:

- Opportunity for each child protection supervisor to discuss the issues raised by supervisees
- Opportunity for each child protection supervisor to give information about the numbers of staff supervised.
- Short update, essential information to be given to supervisors by the Named Nurse.

  The Named Nurse will record the sessions in line with recording of child protection supervision and report in accordance with Trust arrangements.

8. Mental Capacity Act (MCA 2005 Code of Practice)

The Mental Capacity Act is concerned with decision making for people who lack capacity to make decisions or want to plan for a time in the future when they may lose capacity to make certain decisions. The Act generally applies to those over the age of 16. Section 5 of the act allows carers and health and social care staff to carry out certain tasks without fear of liability. Section 44 introduces the offences of ill-treatment and wilful neglect.

Children under 16

The Act does not generally apply to children under the age of 16 except

(i) when the Court of Protection is involved over decisions regarding property and affairs where the decision(s) may extend beyond the child attaining the age of 18 and

(ii) (ii) offences of ill treatment or wilful neglect of a person who lacks capacity can also apply to victims younger than 16 (section 44). The Children Act 1989 usually applies in most cases.

Young People aged 16-17 years

Most of the Mental Capacity Act applies to young people aged 16-18 years who may lack capacity to make specific decisions, however there are three exceptions:

- Only people aged 18 and over may make a lasting power of attorney
- Only people aged 18 and over can make advanced decisions refusing treatment
- The Court of Protection may only make a statutory will for a person aged 18 or over

This guidance in the Mental Capacity Act 2005 Code of Practice is designed specifically to assist carers, health and social care practitioners in the assessment of mental capacity and, where necessary, making decisions on behalf of individuals who lack capacity in their best interests. The incapacity to make decisions must be due to an impairment or disturbance of the functioning of their mind or brain (rather than immaturity or being overwhelmed by the implications of the decision). If an individual over the age of 16 has capacity to make care and treatment decisions their decisions must be respected. Where decisions for those under the age of 16 are made by the person with parental responsibility that person must have the capacity to make those decisions. Detailed guidance is available in the Mental Capacity Act 2005 Code of Practice

9. Education and Training Requirements

The Safeguarding Team, with service managers, will ensure sufficient supervision training courses are available for staff required to train as a supervisor.

Managers who offer advice to staff in relation to child protection must have undertaken child protection training Level 1, in house, single agency training delivered either face to face or elearning and also the Leeds Local Safeguarding Children Board Multi agency Level 2.

Services who have very infrequent contact with children or parents, must have some arrangement for a nominated Directorate Manager and/or corporate lead who is trained to LSCB level 2 and can offer supervision for a number of teams or services.

10. Monitoring Compliance and Effectiveness

Minimum requirement to be monitored/ audited	Process for monitoring/audit	Lead for the monitoring/audit process	Frequency of monitoring/ auditing	Lead for reviewing results	Lead for developing/ reviewing action plan	Lead for monitoring action plan
Staff compliant with policy	ESR	Staff and Heads of Service Managers/Line managers	Monthly	Staff and Heads of Service Managers/Line managers	Staff and Heads of Service Managers/Line managers	Staff and Heads of Service Managers/Line managers
Numbers of supervisors within services	Safeguarding Team Data	Staff and Heads of Service Managers/Line managers	Every 6 months	Safeguarding Team	Safeguarding Team and Heads of Service Managers/Line managers	Safeguarding Team
Attendance of child protection supervisors at two group supervision sessions per year.	Safeguarding Team Data	Safeguarding Team	Annual	Safeguarding Team	Safeguarding Team with Staff and Heads of Service Managers/Line managers	Safeguarding Team
Supervisee's evaluation	Evaluations forms	Safeguarding Team	Annual	Safeguarding Team	Safeguarding Team	Safeguarding Team

11. Approval and Ratification process

This policy has been approved by the Clinical and Corporate Policies Group and ratified by SMT on behalf of the LCH Board.

12. Dissemination and Implementation

Dissemination of this policy will be via the Clinical and Corporate Policy Group to services and made available to staff via the intranet.

Implementation will require:

- Operational Directors/Heads of Service/General Managers to ensure staff have access to this policy via the manager's cascade/team brief and ensure they understand their responsibilities for Child Protection Supervision
- There needs to be robust procedures in place locally to provide support for staff and which comply with the requirements of this policy
- The Safeguarding Team will provide appropriate support and advice to staff on the implementation of this policy

The policy will be available within the Child Protection Manual via the Intranet, which is linked through to Leeds Health Pathways.

13. Review arrangements

The policy will be reviewed in three years by the authors, or before as legislation indicates.

Appendix 1: Competencies for Child Protection Supervisors before training to become a supervisor

Staff who wish to offer child protection supervision should have the following competencies prior to starting the training course to become a child protection supervisor.

- Experience and understanding of clinical supervision delivering or/and receiving.
- Ability to professionally challenge
- Ability to reflect on own and others practice
- Communication skills
- Experience, knowledge and skills in managing and contributing to the child protection process.
- Knowledge of current child protection policies, procedures and guidelines
- Experience of partnership and multi-agency working in safeguarding children.

Appendix 2: The Child Protection Supervision Contract/Agreement

This agreement is to be used in between the practitioner (supervisee) and the child protection supervisor.

Supervisory Contract /Agreement

Practitioner …….

Practitioner Line Manager ……

Supervisor ……

Supervisor Line Manager……..

"Child Protection Supervision is a process to which either individuals or groups of individuals are committed.

It is a supportive and enabling means of encouraging professionals to reflect on their practice. It takes place in a safe environment and optimises its potential for maintaining effective practice in child protection."

(Levels of Professional Concern Working Group, 1997)

Child Protection Supervision involves:

- Discussing cases of actual or suspected child abuse or neglect
- Discussing cases at varying levels of concern. From high risk cases to those with early potential indicators.

Practicalities	Are the sessions meeting your needs? Review as required.
Frequency	3 monthly for those in direct or indirect contact with children. Supervision can be sought between sessions.
Length	1- 11/2 hours maximum
Venue	To suit practitioner and supervisor

Rights and Responsibilities within Agreement

Confidentiality	Confidentiality is respected unless a risk to practice is identified and accountability issues are raised. In these cases the issue will be first raised with the supervisor or supervisee prior to contacting the relevant manager
Choice	Practitioner is free to choose a supervisor from outside the immediate team from the list of supervisors available.
Professional Responsibility	The identification of cases to bring to supervision lies with the practitioner.
Commitment	To be given priority to enable safe Practice
Documentation	Details that supervision has taken place should be recorded in the client's individual records with the reason for the supervision. If the outcome is to continue with the plan this must be recorded, outcomes resulting in a change of action or care plan should be recorded and evaluated in the usual way. The supervisee and supervisor will sign the record of the session. A list of the dates of the supervision sessions should be kept in the practitioners and supervisors reflective diary

Proposed Venue(s)**……**

Proposed Review Dates**……**

Proposed Frequency**……**

Proposed Length of sessions **……**

Practitioner:

Supervisor:

Copy Sent to Line Manager

Date

Appendix 3: Child Protection Supervision Record Sheet

This record is to be used to record a one to one supervision or a group session between a child protection supervisor and a supervisee about a child protection topic.

Date	Duration	Supervisor

Issues Discussed

Actions/Plan

Reviewed Date:

Practitioner:

Supervisor:

Actions:

Appendix 4: Record of attendance at Group Supervision Sessions

Supervisor……..

Venue……

Date	Duration	Practitioners Name and Base

Copy held by

Group Supervisor

Supervisee should record themes lessons learned in own professional diary.

Appendix 5: Child Protection Supervision Feedback Form

This is being piloted - copies are available

Thank you for taking the time to complete this questionnaire

1. Please complete the following:

Name

Supervisor

Service

2. Do you have:

- ◯ **Group Supervision?**
- ◯ **Individual Supervision?**

3. Are CSWS currently involved with the child?

- ◯ **Yes**
- ◯ **No**

4. Do you have a supervision contract?

- ◯ **Yes**
- ◯ **No** (if no, please ask for a supervision contract)

5. Is your supervision within the time frame of every three months?

- ◯ **Yes**
- ◯ **No**

If 'no', please give a reason

6. Which tools are used in supervision?

- [ ] **Discrepancy Matrix**
- [ ] **7 Ps**
- [ ] **Other**
- [ ] **No tools used**

If 'other' tools have been used, please can you describe them?

7. Do you record on the safeguarding supervision template and safeguarding node, on SystmOne (S1)?

- ◯ **Yes**
- ◯ **No**
- ◯ **Not applicable, not on S1**

8. The key themes discussed during supervision are:

- [ ] **Domestic violence**
- [ ] **Neglect**
- [ ] **CP Plan**
- [ ] **Early Help Plan**
- [ ] **Drift**
- [ ] **Other**

Please can you describe the key themes discussed

9. Have you discussed this case previously with the safeguarding team?

- ◯ **Yes**
- ◯ **No**

10. Is this case 'new' to supervision?

- ◯ **Yes**
- ◯ **No**

11. Has your supervision session ever been quality assured by a member of the safeguarding team?

- ◯ **Yes**
- ◯ **No**

If 'Yes' a session has been quality assured, please state the year it was undertaken during.

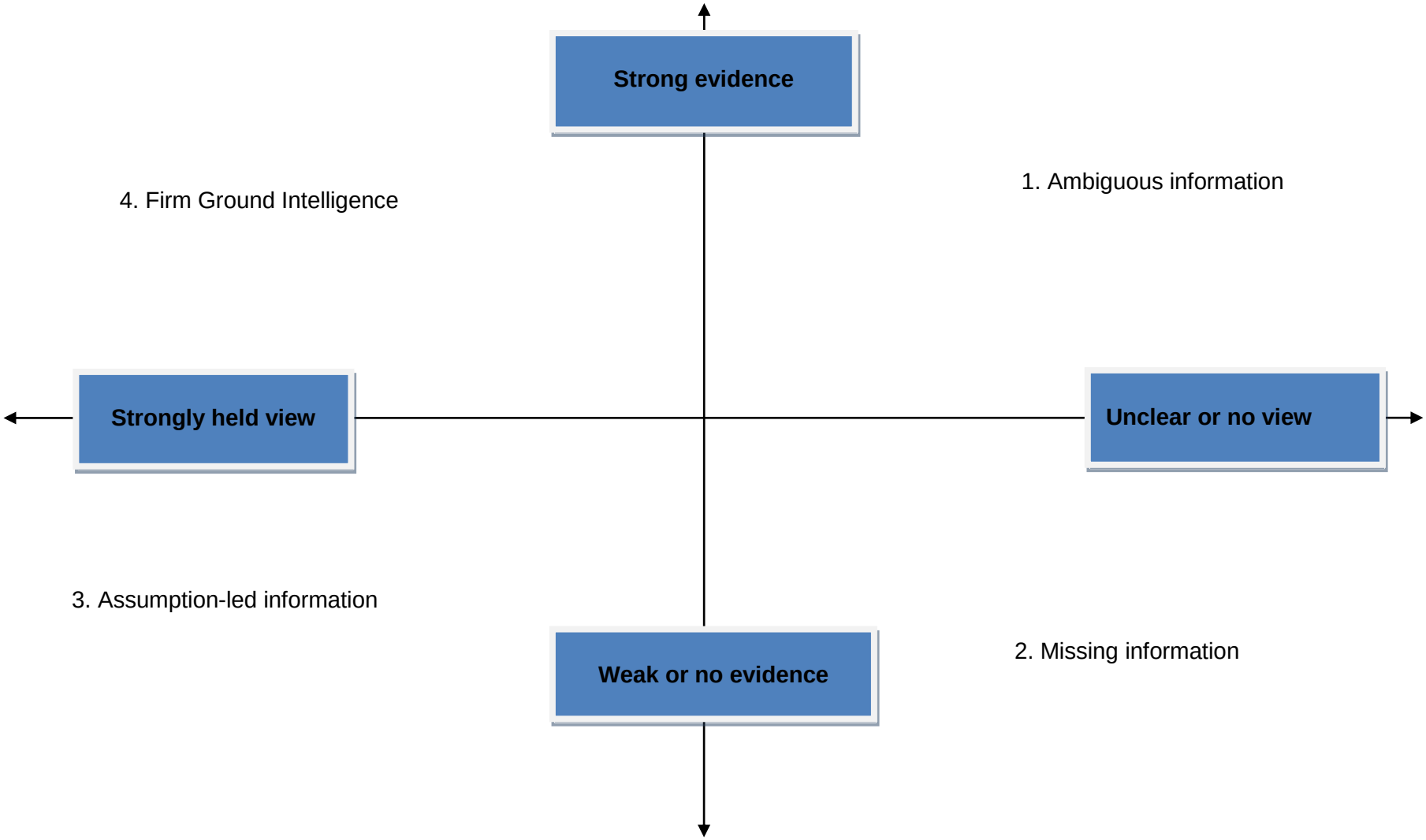
12. Please feel free to add any additional comments here:

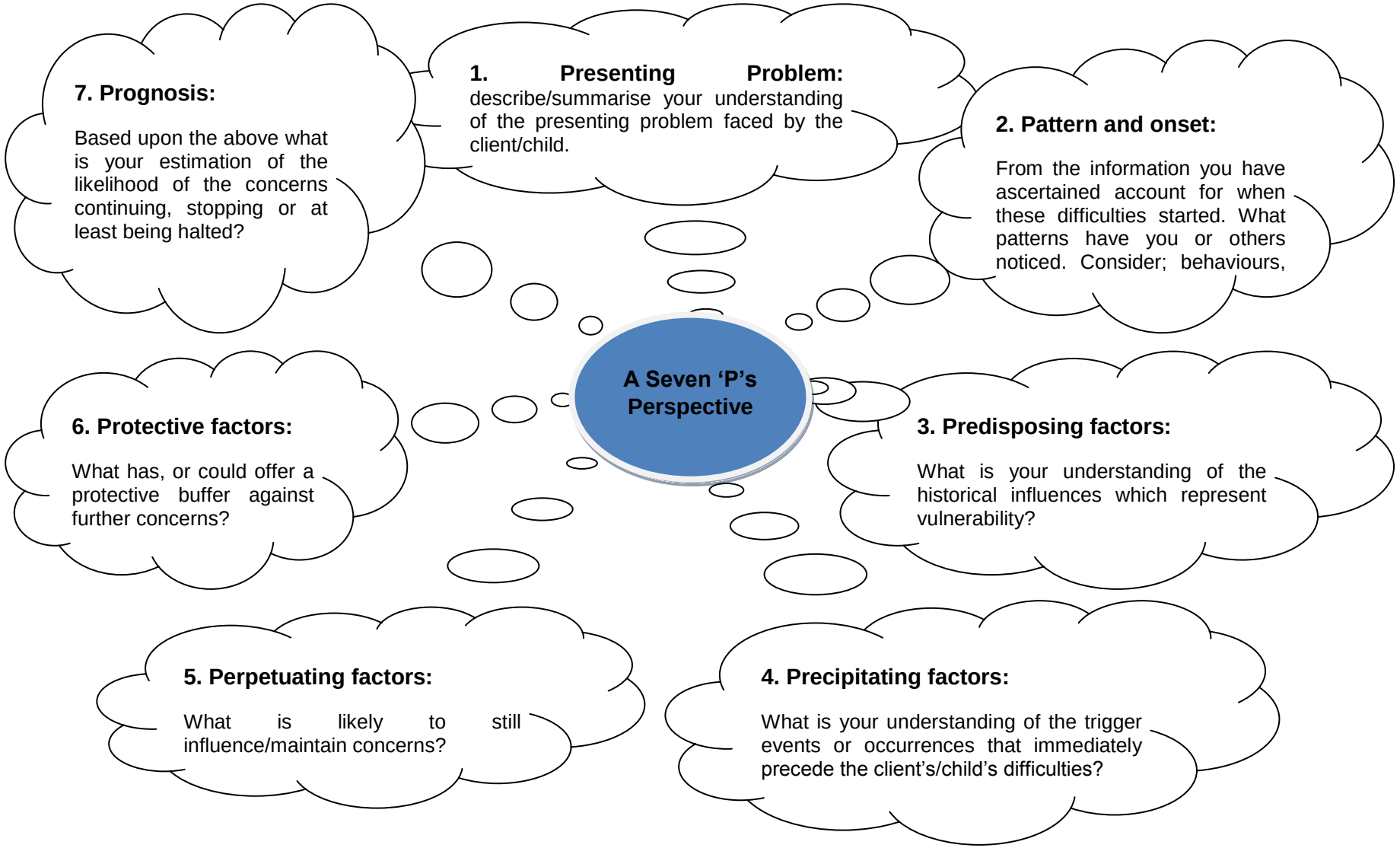
13. How did having supervision feel for you today?

- ◯ Adequate
- ◯ Supportive
- ◯ Frustrating
- ◯ Brilliant

Any further comments

Appendix 6: Discrepancy Matrix and Seven "Ps" Perspective (T Morrison & J Wonnacott 2009)




A Seven 'P's Perspective
1. Presenting Problem: describe/summarise your understanding of the presenting problem faced by the client/child.
2. Pattern and onset:
From the information you have ascertained account for when these difficulties started. What patterns have you or others noticed. Consider; behaviours,
3. Predisposing factors:
What is your understanding of the historical influences which represent vulnerability?
4. Precipitating factors:
What is your understanding of the trigger events or occurrences that immediately precede the client's/child's difficulties?
5. Perpetuating factors:
What is likely to still influence/maintain concerns?
6. Protective factors:
What has, or could offer a protective buffer against further concerns?
7. Prognosis:
Based upon the above what is your estimation of the likelihood of the concerns continuing, stopping or at least being halted?

Original Policy Consultation Process

Title of Document	Child Protection Supervision Policy
Author	Maureen Kelly Senior Designated Nurse Safeguarding Children NHS Leeds
New / Revised Document	Revised
Lists of persons involved in developing the policy	Maureen Kelly Senior Designated Nurse Safeguarding Children NHS Leeds
List of persons involved in the consultation process	Victoria Auld, Named Nurse Safeguarding Children Anessa Rush, Named Nurse Safeguarding Children Dr Peter Erdhardt, Designated Doctor Safeguarding Children Gill Armstrong, Clinical Effectiveness Lead Quality and Professional Development Shelagh Davenport, Clinical Effectiveness Facilitator, Dr Amanda Thomas, Executive Medical Director David Hall, Lead Infection Prevention and Control Denise Balaban-Smith Head of Facilities John Glynn, Health and Safety Officer Kath Hesp, Administrator, Nursing, Education and Clinical Effectiveness **Leeds York Primary Foundation Trust** Lindsay Britton, Named Nurse Safeguarding Children Dr. Chris Buller, Named Doctor Safeguarding Children Dr Norman McClelland, Associate Director for Nursing **Leeds Teaching Hospitals Trust** Dr. George Fonfe, Named Doctor

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Review Process July 2016

List of persons involved in the consultation process	Named Nurses: Children's Safeguarding Operational Group Comments received from: Tracy Taylor, Named Nurse Safeguarding Children Sharon Forrest, Clinical Lead School Nursing Service