

## **Lord Nash**

Parliamentary Under Secretary of State for the School System
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Deas Kudam.

Thank you for your report into the tragic circumstances surrounding the death of Christopher Sears in November 2014 whilst travelling on a school bus. I am grateful to you for drawing this terrible incident to my attention and I have carefully considered the matters of concerns raised in your report, and what action I might take to prevent future deaths.

Your concern that LA contractual arrangements do not require tendering bus companies to ensure that their drivers are qualified in basic life support skills is a matter for the Department for Transport (DfT), and we understand that Andrew Jones is replying separately to you on this issue.

The Department for Education (DfE) provides advice to LAs on the provision of school transport, which falls within my remit of responsibilities, (this can be found at <a href="https://www.gov.uk/government/publications/home-to-school-travel-and-transport-guidance">https://www.gov.uk/government/publications/home-to-school-travel-and-transport-guidance</a>). This advises that all local authorities should ensure that all drivers and escorts taking pupils to and from school and related services have undertaken appropriate training, and that this is kept up to date. This training includes "training in the implementation of health care protocols to cover emergency procedures".

It is our intention that LAs should ensure that school bus drivers and escorts have training in basic life support skills and in the implementation of emergency protocols (your third 'Matter of Concern'). We intend to consult on a revised version of the guidance on school transport in the autumn. Subject to any responses received in response to this consultation, we will consider whether we should further clarify both the description of the training that drivers should undertake and our expectation that training for bus drivers and escorts should include basic life support training alongside the implementation of healthcare protocols, including emergency protocols.

On your concern that the school did not, as a result of no medical diagnosis, have a medical plan in place, we have already introduced a new duty on governing bodies to support pupils with medical conditions. This was introduced by Section 100 of the Children and Families Act 2014 which came into force on 1 September 2014. Our aim is to give parents confidence that the right support and systems will be put in place to ensure that pupils receive the support they need. This is a clear signal to schools that supporting pupils with medical conditions is an important issue and will help them to meet their legal responsibilities.

The statutory guidance came into force alongside the new duty on 1 September 2014 and is available at <a href="https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3">https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3</a>. The guidance sets out our minimum expectations of schools, and covers the preparation and implementation of school policies for supporting pupils with medical conditions and the use of individual care plans. Schools must have a 'supporting pupils with medical conditions' policy. The governing board should ensure that policies, plans, procedures and systems are properly and effectively implemented.

We also advise that schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. The guidance outlines an expectation that school staff, healthcare professionals and parents should work together to agree the type and level of support a child needs when they are in school to effectively manage their medical condition. This would usually be recorded in a pupil's individual healthcare plan. It also raises the possibility that LAs may need to be informed, given their responsibility for providing home to school transport.

We believe this provides the right level of guidance to schools to ensure that effective healthcare plans are put in place, whilst allowing the flexibility they need when handling an individual pupil's needs. We will, however, ensure that there is a reference to this advice within our guidance on home to school transport so that LAs are aware of the responsibilities of schools in drawing up such plans.

Finally, on your concern that basic life support training is not taught as a matter of course to young adults, whilst schools are not under a statutory duty to provide emergency life skills teaching, many do teach it as part of personal, social, health and economic (PSHE) education.

We do not prescribe which topics schools should teach in PSHE and instead they use their professional judgement to teach bespoke topics to meet the local needs of their pupils. Having said that, topics for teaching can be wide-ranging and can include first aid and staying healthy. Many schools work with expert organisations, such as the Red Cross and St John Ambulance who provide learning materials, tool-kits and targeted resources and carry-out school visits and life-saving skills demonstrations and events. The Government has promoted the use of these tool-kits and learning resources to schools. Additionally the Government has demonstrated its commitment in this area by:

- Promoting a programme of study that teaches young people how to recognise and follow health and safety procedures and how to use emergency and basic first aid.
- Providing £254,911 in funding for St John Ambulance to support first-aid training for 31,500 pupils and 600 school first aid champions.
- Support our policy of encouraging schools to purchase defibrillators as part of their first-aid equipment by setting up a scheme so they can buy defibrillators at a reduced price.

We believe this range of measures is sufficient to improve awareness of and to support the training of pupils in first aid and emergency medical situations. They are appropriate and proportionate and in line with letting schools determine their own local needs and priorities.

Overall, I believe that the proposed changes to our guidance on home to school transport, together with the revised advice already issued to schools about supporting pupils with medical conditions, and our continued commitment to promoting training in basic like support skills will help to increase further the safety of pupils travelling to and from school. I therefore trust you will be reassured that the Government is playing its full part in learning the lessons from Christopher's tragic death and that his family, friends and others affected can take some consolation from our efforts to ensure that such rare but terrible incidents are less likely to occur in future.

JOHN NASH