

29th June 2017

Bow School's Response to Prevention of Future Deaths Report

On the 12.05.17, following the Inquest into the untimely death of Nasar Ahmed, the Senior Coroner for the Inner North London Coroner Court made a request under the Coroner and Justice Act 2009 and reg.28 Coroners (Investigations) Regulations 2013 for a report from Bow School setting out what actions have been taken to prevent future deaths arising if similar circumstances were to occur again. Alongside this request the Coroner made four further requests from a number of agencies under reg.28.

This report addresses the matters of concern raised directly to the school. Please note that, in addition to the actions detailed within this report, the school has actively engaged with other organisations, including Compass Wellbeing and Barts NHS Trust, to support them to review practices and implement actions within their organisations to protect against future deaths in school settings. School staff are also working with the Local Authority's Education Department and Tower Hamlet's Education ['THE'] Partnership to raise awareness with schools across the area of the steps they have taken to minimise risk of similar incidences. The school remain committed to working with parents and pupils to manage medical conditions effectively. They recognise that key to this is improving existing systems and ensuring these are robustly monitored to accurately identify needs and reduce risk. Also pivotal to the improvements is a commitment to supporting staff to provide effective preventative interventions and prompt response to medical emergencies.

The Coroner commented within the report that Nasar's mother was present for the medication review conducted by the school nurse on the 03.05.16, but that a member of staff wasn't present. She commented that this was contrary to the school policy. It should be noted that, at time of Nasar's death, the 'Supporting Student with medical needs' policy did not require a member of staff to attend the annual review of an Individual Health Care Plan; rather the requirement was that staff were involved in the original decision to have a plan.¹ It should also be noted that this policy complied with the standards expected by national guidance for schools including 'Supporting pupils at school with medical conditions statutory guidance for governing bodies'², the 'Special Educational Needs and Disability Code of Practice'³ and 'Keeping children safe in Education'⁴.

Notwithstanding this the school has revised the relevant policy to require that a member of pastoral team responsible for the child, (usually the Year Learning Manager ['YLM'] or the Year Learning Assistant [YLA]) attends the initial meeting and all reviews. It has also been amended so it no longer requires a first aider to contact the Head teacher's personal assistant to call emergency services, but rather requires staff do this immediately and then

¹ See page 4 of 2016 policy

² Published by the Department for Education, available at:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

³ <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

⁴ <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>



notify the office so that parents can be informed at the earliest opportunity. The revised policies are due to be ratified at the next Governing Body meeting on the 12.07.17, but staff have already implemented these changes into their practice.

The Coroner also raised concerns that the system in place for ensuring that actions arising from individual health plans ['IHP'] and medication reviews were undertaken was not sufficiently robust. Since Nasar's death, the school's Safeguarding Committee has undertaken a thorough review of all IHPs for pupils in the school. This included ensuring that all medicines kept within emergency boxes at the school are as prescribed and in date.

The Executive Headteacher, along with Headteacher representatives from across the area, has been invited by the Local authority to meet to discuss the school nursing service as part of a scheduled contract renewal process. This meeting is due to take place later this year, but it is understood that the concerns identified during the Inquest will inform that process. In the interim the school has been working with Compass Wellbeing to clarify the procedure for setting up IHP meetings and medication reviews. The school has additional processes to ensure this procedure is robustly monitored at senior level. The procedure requires that, in all cases an update of the pupil's medical need is required at each review. Principally it remains the responsibility of the child's parents or school nurse to make contact with the child's GP or other medical professionals involved in their care prior to the meeting. Where, at the review meeting, this hasn't been done or there is any uncertainty regarding the pupil's current need the school nurse is required to follow up with direct contact to the pupil's GP and confirm the position to the school administrator by email. The deputy head responsible for safeguarding is also copied into those emails. The procedure also differentiates between medication reviews and IHP meetings/ reviews to ensure that necessary follow up can be scheduled separately. For example, where actions are required as a result of the medication review, a follow up review is scheduled for the following week. Currently both the school nurse and the attending member of staff are required to notify the school administrator if follow up action is required following a review. A reminder is sent by the administrator shortly before the deadline for action to the school nursing service and YLM.

The Safeguarding Committee⁵ has developed a flowchart to outline the responsibilities under the 'Support students with medical needs' policy. The committee has as a standard agenda item 'IHP and medication reviews' so that effectiveness of managing medical needs is considered at each meeting. It is responsible for setting the schedule of meetings for all IHP or medication reviews on a half termly basis. The school administrator is required to liaise with Compass Wellbeing and the YLM to ensure all parties are present at meetings. The Designated Safeguarding Lead ['DSL'] also receives details of IHP meetings and the decisions made and conducts spot checks on the IHPs and medicines so that compliance with expectations can be maintained. The DSL provides a compliance report each half term to the safeguarding committee. In addition, senior leaders at the school meet with Compass Wellbeing managers on a termly basis to review practice, the implementation of the policy and procedures and to assess the quality of communications between the school nursing service and pastoral teams within the school. Any concerns regarding compliance with those expectations or training needs of staff are also addressed at that meeting.

⁵ This committee is Chaired by the Deputy Head with safeguarding responsibilities and attended by the Designated safeguarding lead, the Governor responsible for safeguarding, the SENDCo, Child protection officer, senior first aider, senior colleague responsible for trips and visits, the heads of the upper and lower school and the HR manager who maintains the School's Single Central Register.

The Coroner commented that school staff were encouraged to familiarise themselves with pupil's care plans and required to do so for school excursions, but in other circumstances staff may not have been familiar with health needs of all pupils. In response to this the school now have a clear understanding between Compass Wellbeing, parents and pupils that information regarding a child's medical needs will be shared with all staff on the basis that all staff need to have access to, and understanding of, this information. This information has been made more visible for staff as detailed below and policies and processes have been revised to reflect this common understanding, for example, all staff have access to the school's electronic medical needs registers. The amended policies are due to be ratified by the Governing Body on the 12.07.17.

In addition, the induction programme for new staff has been amended to include medical needs information in induction packs and training is provided to all new staff on how to access medical needs information on the pupil's SIMs record. All staff are also offered training with Compass Wellbeing on basic first aid. All staff are required to sign to confirm they have read and understood key policies in relation to medical needs and safeguarding. The school has also devised roles and responsibilities charts for key policies, such as:

- Supporting students with medical needs
- Safeguarding and Child Protection
- SEND policy
- Trips and Visits
- Asthma Awareness policy

The school extended this support to children in transition, i.e. those moving into the school from Year 6 and in year admissions from other schools. Staff use opportunities such as school visits and induction days to request medical information from parents and the child's current school records. This information is shared with Compass Wellbeing so IHP and medication requirements can be reviewed over the summer holidays and are in place at the start of each school year. This also protects against any gap in IHP or medication reviews.

In addition, all IHPs are being scanned and attached to the relevant child's electronic record (the SIMS profile) so that it can be viewed quickly by staff. An alert symbol has also been added to relevant pupils' SIM profiles so that it is immediately visible if a child has an IHP. Alerts have also been added to the school's Cashless Catering System to flag students with allergies so that kitchen staff are aware of those children. Catering staff are encouraged to liaise with the relevant pastoral team or Compass Wellbeing to check if unsure and continue to challenge if they feel a pupil's choice may place them at risk. There is also a procedure for catering staff to report concerns where children with allergies regularly seek to purchase food containing allergens.

The school's SENDCo will provide briefings to all staff for children with medical needs each September. Further briefings will be provided to all staff if a child with medical needs starts in year and all new staff receive the briefing as part of their induction if they do not start in September or if a child's needs change following a review. All staff received a briefing on the pupils with medical needs on the 05.06.17 and will receive half-termly reminders. Those reminders will also require they review their 'class context sheets' to ensure medical information for students is up to date. The Safeguarding Committee will undertake spot checks to ensure compliance, the first of which will be completed by the 04.07.17.

Since the Inquest the Deputy Head teacher responsible for safeguarding has reviewed all information held in respect of children with medical needs to ensure that the IHP register, Asthma Register, Allergies Register and Other conditions register is accurate. The registers are now discreetly displayed by type of need, the pupil's name and photograph, symptoms and key actions in each of the staff common areas, the kitchen, learning support areas and internal exclusion room. These are reviewed and updated on a half-termly basis.

A fourth issue identified by the Coroner was that not everyone involved in trying to help Nasar was first aid trained. This is correct, however, there is no requirement that all school staff are first aiders. The 'First aid in schools' guidance⁶ is explicit that it is not a condition of a teacher's employment contract that they provide first aid. It is a matter for individuals whether they wish to volunteer for those responsibilities, though as an employer a school's Governing Body must ensure that they have sufficient first aiders to provide first aid for school staff. The Health and Safety Executive ['HSE'] advises that organisations such as schools consider possible risks to pupils and visitors within their risk assessments and allow for this when determining the number of first aid personnel they may require. It is important to clarify that the school does have an appropriate number of first aiders on site at all times, including on the 10.11.16. Furthermore, whilst it wasn't referenced within the narrative determination, the school's arrangements to safeguard students was subject to review by OFSTED on the 17.11.16 and found to be effective, in particular OFSTED commended the rigour of risk assessments for school trips.

Within her narrative determination the Coroner recognised that the learning assistant responded immediately when Nasar said he was unwell and that a first aider was with him within 20 seconds. She reported that the first aider made preliminary checks with Nasar, including asking him if he had pre-existing conditions or had experienced symptoms before and then rang for an ambulance and sought their advice on how to best assist Nasar. The Coroner also noted that a second first aider attended within two minutes and, recognising that he did have a pre-existing condition, requested his IHP (and, by implication, medication).

The Coroner rightly recognised within the narrative determination this was 'a very pressured situation'. She queried whether staff may have responded differently if they had received training or, for those who had, whether they may benefit from additional first aid training. It is important to highlight that staff administering first aid are not expected to perform those responsibilities to the standard of care that clinicians trained to perform emergency medical interventions are held to. The guidance simply requires that staff use their 'best endeavours to secure the welfare of the pupil'. It is understood that the Coroner did not intend her comments to be taken as a criticism of the actions of staff on that day. To do so may well have an unintended consequence of deterring otherwise willing volunteers from taking on these vital responsibilities. She recognised staff had responded immediately and sought appropriate advice on administering the EpiPen from the London Ambulance Service operator and paramedic, but were not instructed to do so because the classic signs of anaphylaxis were not obvious. The outcome, despite the staff best endeavours, was tragic in this instance. The school appreciates that publishing this report, alongside those from all agencies asked to respond to the Coroner's concerns, offers a further opportunity to publicise

⁶ Issued by the Department for Education in 2000, available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf

the potential lifesaving messages around use of EpiPens in such circumstance and we fully endorse this.

The school is also grateful for the opportunity this report affords them to provide assurance that staff and pupils have been offered additional first aid training and to report that the whole school community have embraced those opportunities. A further 25 members of staff have volunteered to complete a first aid training course approved by the HSE over the next academic year, many have already completed their training including all staff responsible for supervising internal exclusion room. The safeguarding committee have devised a first aid training plan, which was presented to and approved by the Governing Body's standards committee on the 14.06.17. This ensures that staff supervising areas of small group work, learning assistants and those who lead in higher risk subjects (e.g. PE, technology and science) are prioritised for HSE first aid training. First aid training programmes are added to the calendar at the start of each academic year, with staff identified for each course. This can only be amended on the authority of the Headteacher. In addition, those who have already completed their HSE first aid programme will receive an additional one-day training on asthma, allergies and Epi-Pen. This is in addition to the first aid training at work refresher courses.

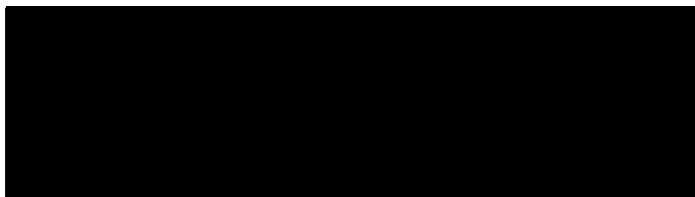
Those members of staff who have already completed a HSE approved first aid training course will, from September 2017, meet monthly with the school nurse to share information and review latest advice, guidance and practice. The school's half-termly safeguarding bulletins contain an updated list of all first aiders in the school and they have agreed to run regular briefings for staff at the start of each half-term. They will also run briefings for pupils on a rolling programme so that there is increased awareness of who on the staff team have first aid training.

On the 05.06.17 a member of the Governing Body who is also a GP provided a briefing to all staff on the policy and procedures for supporting students with medical needs. . He explained how to identify Asthma and Anaphylaxis symptoms which indicate medical needs were escalating or becoming critical and how to respond. This briefing is due to be repeated in September 2017.

To raise awareness more widely across the school posters have been placed in all classrooms and throughout the school, including in the dining pavilion. These detail the steps to take where someone is having an asthma attack or allergic reaction. Allergens posters continue to be placed at key sites within the dining pavilion and menus will be annotated with all allergens, not just at Bow School but in all schools supplied by the catering provider. The Executive Headteacher is working closely with the catering provider to ensure that catering staff are trained and aware of their responsibilities within the school's policies and has been assured that the annotated menus will be in place by the beginning of September 2017.

On the 11.07.17 the Deputy Head will meet with [REDACTED] of Anaphylaxis Campaign, an awareness raising charity, to discuss how the school could support the work of their campaign and raise awareness more generally. Thereafter, on the 13.07.17 pupils will not be required to follow their usual timetable, instead there will be a themed day of activities and learning opportunities on healthy living. As part of this staff will be raising awareness of what pupils can do to support students with medical needs. The PSHE curriculum will include medical needs awareness lessons. Year 9 pupils will be offered first aid training in July 2017, this will be extended to all pupils in the next academic year.

We trust these actions will ensure that our whole school community is equipped to fully support children with medical needs and respond effectively if a medical emergency arises. We remain committed to working with the wider educational networks and services to improve outcomes for those children with medical conditions and, above all, hope that the steps we have taken offer some comfort to Nasar's family and friends.




Interim Associate Head teacher