

Dataset

RCPCH Child Protection Service Delivery Standards Audit

Question No.	Question	Response options	Notes
CPS.1 Multiagency arrangements			
CPS.1.a	Our geographical area has a written pathway describing how to access child protection medical assessments for infants, children and young people, 0 to 18 years of age.	Yes No	
CPS.1.b	Our service maintains publicly accessible online instructions regarding how to request a child protection medical assessment from us.	Yes No	
CPS.1.b.1	Our publicly accessible online instructions contain contact numbers.	Yes No	
CPS.1.b.2	Our publicly accessible online instructions contain details of the age range of children who we will see.	Yes No	
CPS.1.c	Our service contributes to multi-agency child protection arrangements.	Yes No	Examples include: Contributing to arrangements with social care and police around whose responsibility it is to arrange an interpreter; Engaging in discussions with multi-agency partners regarding an outline of your service arrangements and how to access them.
CPS.1.c.1	These arrangements are published online.	Yes No	
CPS.1.d	Our service has written information available for families explaining the child protection medical assessment process.	Yes No	
CPS.1.d.1	Our service has written information available for children explaining the child protection medical assessment process in age-appropriate language.	Yes No	
CPS.1.e	Our service has written information available explaining the child protection medical assessment process in most of the languages spoken by families accessing the service in the local area.	Yes No	
CPS.2 Timing of assessments			
CPS.2.a	Our service enables assessments of children and/or infants with suspected physical abuse to normally be	Yes No	Please only think about the child from a child protection medical assessment perspective, as it assumed that any clinical need will always be addressed in a timely way.

	commenced within 24 hours, if the referral is received within working hours, Monday to Thursday.		Please also assume that it has been agreed that a child protection medical assessment should be undertaken.
CPS.2.a.1	Our service enables assessments of children and/or infants with suspected physical abuse to normally be commenced within 24 hours, if the referral is received within working hours on a Friday.	Yes No	
CPS.2.b	This indicator of good practice has been addressed in questions 2a and 2a.1	N/A	
CPS.2.c	We have written service arrangements, outlining how to respond to child protection medical assessment referrals.	Yes No	e.g., a local or Trust/Health Board wide standard operating procedure or equivalent
CPS.2.c.1	Our written service arrangements are available for all staff to view on our intranet.	Yes No	
CPS.2.d	Our written service arrangements state that clinicians should document discussions about child protection referrals in the child's health record, regardless of whether the child is then seen for a medical assessment or not.	Yes No	
CPS.2.d.1	Our clinicians have sufficient access to the child's health record in order to do this.	Yes No	
CPS.2.e	Our written service arrangements state that a clinician with appropriate expertise should be available during normal working hours to engage with partner agencies in a strategy discussion for the child/young person undergoing assessment	Yes No	e.g., strategy discussions regarding the potential need for medical assessment, safe care plan arrangements and further steps
CPS.3 Consent			
CPS.3.a	Our written service arrangements state that where possible, written consent for the child protection medical assessment should be taken from a person with parental responsibility.	Yes No	
CPS.3.a.1	Our written service arrangements state that a Gillick competent child or young person can provide consent if necessary.	Yes No	
CPS.3.a.2	Our service has a consent form available to facilitate written consent for the child protection medical assessment to be taken.	Yes No	Either on a combined or individual consent form.
CPS.3.b	Our service has a consent form available that allows for specific consent to be taken for clinical photography.	Yes No	Either on a combined or individual consent form.
CPS.3.c	Our service has a consent form available that allows for specific consent to be taken for the use of photographs for teaching and/or publication.	Yes No	Either on a combined or individual consent form.

CPS.3.d	Our service has a consent form available that allows for specific consent to be taken for imaging investigations such as skeletal survey and/or neuroimaging.	Yes No	Either on a combined or individual consent form.
CPS.3.d.1	What are your service arrangements for conducting skeletal surveys?	Both the imaging for skeletal surveys and report are sourced within the same health provider organisation undertaking the child protection medical assessment Skeletal surveys are available on request, though both the imaging and report are delivered by a different health provider organisation to that undertaking the child protection medical assessment Imaging for skeletal surveys is delivered by the same health provider organisation that undertakes the child protection medical assessment, but the report is obtained from another health provider organisation Skeletal surveys are not available as part of the child protection medical assessment service Other [Please state]	We are asking this to understand models of service delivery.
CPS.3.d.2	Other	[Free text]	
CPS.3.d.3	What are your service arrangements for conducting CT head imaging?	Both the imaging for CT head and the report are sourced within the same health provider organisation undertaking the child protection medical assessment CT head is available on request, though both the imaging and report are delivered by a different health provider organisation to that undertaking the child protection medical assessment Imaging for CT head is delivered by the same health provider organisation that undertakes the child protection medical assessment, but the report is obtained from another health provider organisation CT head is not available as part of the child protection medical assessment service Other [Please state]	We are asking this to understand models of service delivery.
CPS.3.d.4	Other	[Free text]	
CPS.3.e	Documentation used by our service facilitates the recording of discussions and any subsequent actions	Yes No	

	where consent is withheld for any part of the assessment.		
CPS.4 Competencies			
CPS.4.a	Our written service arrangements state that child protection medical assessments should be carried out by clinicians working at ST4 level or equivalent or above, with relevant Level 3 child protection competencies.	Yes No	
CPS.4.a.1	There are sufficient clinicians at ST4 level or equivalent or above, with relevant Level 3 child protection competencies available in our team to ensure this.	Yes No	
CPS.4.b	Our written service arrangements state that child protection medical assessments should be carried out or supervised by doctors who actively engage in relevant continuing professional development.	Yes No	
CPS.4.b.1	There is a sufficient amount of time in doctors' job plans/rotas to support active engagement in continuing professional development for maintaining skills in seeing child protection cases.	Yes No	
CPS.4.b.2	Our written service arrangements state that child protection medical assessments should be carried out or supervised by doctors who have regular supervision.	Yes No	
CPS.4.b.3	Our written service arrangements state that child protection medical assessments should be carried out or supervised by doctors who attend peer review meetings.	Yes No	
CPS.4.b.4	There is a sufficient amount of time in doctors' job plans/rotas to attend peer review meetings.	Yes No	
CPS.4.c	Our written service arrangements state that appropriate supervision or regulatory measures would be put in place, in line with GMC guidance, if there were recurrent or significant concerns regarding a clinician's ability to produce clear, balanced, and reasonable opinions and actions within the context of child protection medical assessments.	Yes No	
CPS.5 Supervision			
CPS.5.a	Our written service arrangements state that when child protection medical assessments are carried out by clinicians in training, the supervising senior clinician, as a minimum, sees the visible findings or injuries that have raised concern and reviews and co-signs the report.	Yes No	

CPS.5.b	Our service has local agreements in place for the supervision of SAS clinicians.	Yes No	
CPS.5.c	Our written service arrangements state that children seen for a child protection medical assessment should have a documented, named supervising senior clinician responsible for the child protection opinion.	Yes No	
CPS.6 Chaperone			
CPS.6.a	Our written service arrangements state that during child protection medical assessments, a named chaperone should be present as a witness, and to support the child and clinician.	Yes No	
CPS.6.a.1	A process is in place for staff to be made available to undertake this role.	Yes No	
CPS.6.b	Our written service arrangements state that chaperones should be trained with respect to that role.	Yes No	
CPS.6.b.1	There is sufficient resource, in terms of training available, for this to be completed by all chaperones.	Yes No	
CPS.6.c	Our written service arrangements state that chaperones should be qualified health professionals.	Yes No	
CPS.6.d	Our written service arrangements state that chaperones should not be students.	Yes No	
CPS.6.d.1	Our service has enough qualified health professionals available to act as a chaperone.	Yes No	
CPS.6.d.2	Healthcare assistants are considered eligible to act as chaperones at our service.	Yes No	We are asking this to understand models of service delivery.
CPS.7 Child & family support			
CPS.7.a	Our written service arrangements state that when an interpreter is used, their identifying details should be recorded on the child protection medical assessment proforma.	Yes No	Identifying details should contain at minimum name, identification number and language used.
CPS.7.a.1	The proforma is designed to facilitate the recording of an interpreter's identifying details.	Yes No	
CPS.7.b	Our written service arrangements state that only interpreters from organisations approved by the health provider organisation, social care department, or police are to be used.	Yes No	
CPS.7.c	Our written service arrangements state that children and young people are given a choice about who accompanies them in a child protection medical assessment, including not having a relative or social worker present.	Yes No	Noting that a chaperone would still be needed.

CPS.7.d	Our written service arrangements state that children, young people, and families who have a disability should be provided with appropriate support.	Yes No	
CPS.7.d.1	The necessary support for children, young people, and families with disabilities, is likely to be available at our service.	Yes No	For example, the venue is accessible to wheelchair users.
CPS.7.e	Venues designated for use by our child protection medical assessment service are age and developmentally appropriate spaces for children and young people to access.	Yes No	
CPS.7.e.1	Which venue option best describes where most children are seen, when referred within working hours to your service for a child protection medical assessment?	Emergency department cubicle: at least one section curtained Emergency department side room: walled, no curtain Outpatient clinic room: not on hospital site (includes community health centre) Outpatient clinic room: on main hospital site Ward: on main ward Ward: side room Other [Please state]	We are asking this to understand models of service delivery.
CPS.7.e.2	Other	[Free text]	
CPS.7.f	Venues designated for use by our child protection medical assessment service afford private spaces for the assessment and associated discussions to be undertaken, such that discussions are unlikely to be overheard by other children and families.	Yes No	
CPS.8 Communication			
CPS.8.a	Our written service arrangements state that clinicians should record all decisions made during strategy discussions, either before or after a child protection medical assessment.	Yes No	
CPS.8.a.1	Clinicians have sufficient access to the child's health record in order to be able to do this in a timely way.	Yes No	
CPS.8.b	Our child protection medical assessments are documented on a standard proforma.	Yes No	
CPS.8.b.1	Our standard proforma contains body maps for line drawings to record the sites and measurements of any injuries.	Yes No	

CPS.8.b.2	Our standard proforma contains fields for three patient identifiers on each page (e.g., name, date of birth, NHS number).	Yes No	
CPS.8.b.3	Our standard proforma contains a field on each page for the examining clinician's signature.	Yes No	
CPS.8.c	Our written service arrangements state that clinicians should provide attending social workers and/or police officers with a written provisional report at the time of the child protection medical assessment, containing the professional medical opinion regarding the likelihood of abuse based on the history and clinical findings.	Yes No	
CPS.8.d	Our service has a standard form available for written provisional reports.	Yes No	
CPS.8.d.1	Our standard form contains fields for the responsible senior clinician's identifiers, including the clinician's name and that of their employing organisation.	Yes No	
CPS.8.d.2	Our standard form contains a field to name an additional examining clinician as appropriate.	Yes No	For example, when a trainee clinician is being supervised to undertake a child protection medical assessment.
CPS.8.d.3	Our standard form contains fields for three patient identifiers (e.g., name, date of birth, NHS number).	Yes No	
CPS.8.d.4	Our standard form contains a field for the date of examination.	Yes No	
CPS.8.e	Our written service arrangements state that a copy of the assessment (standard proforma), provisional report and final typed report should be kept in the child's health record.	Yes No	
CPS.8.f	Our written service arrangements state that feedback, including results of investigations, is given as appropriate to children, young people, and carers.	Yes No	
CPS.8.g	Our written service arrangements state that a comprehensive type-written report with a full professional opinion should be dispatched to social care (and police if involved), within 10 working days of a child protection medical assessment.	Yes No	If your arrangements state within less than 10 days, then answer Yes.
CPS.8.h	Our written service arrangements contain an agreed process for the secure delivery of type written reports to social care and police.	Yes No	Secure delivery can be by hand, registered post, or a secure email link to a generic account (not a personal email account).
CPS.8.i	Our written service arrangements state that information from a child protection medical report should be securely shared with relevant health professionals (e.g., GP, Health Visitor or School Nurse).	Yes No	

CPS.8.j	Our written service arrangements provide clarity on who is to provide the opinion and write the report when child protection medical assessments require further investigations or admission to hospital.	Yes No	
CPS.9 Photography			
CPS.9.a	Our written service arrangements state that photographs should be taken of all significant visible findings.	Yes No	Excluding occasions where consent is withheld.
CPS.9.b	Our written service arrangements state that photographs taken should be of a standard that is suitable to be used in court.	Yes No	
CPS.9.c	Our written service arrangements state that photographs of significant visible findings should always be taken at the time of the child protection medical assessment.	Yes No	
CPS.9.d	Photography is readily available at our service.	Yes No	
CPS.9.d.1	In your service, who would usually take photographs during child protection medical assessments?	Clinical photographer Clinician: with links to a clinical photography service Clinician: with no links to a clinical photography service Police photographer Photography is not available Other [Please state]	We are asking this to understand models of service delivery.
CPS.9.d.2	Other	[Free text]	
CPS.9.d.3	Is photography available at the same venue as the child protection medical assessment?	Yes, it is available at the same venue No, it is accessed at a different venue No, photography is not available	We are asking this to understand models of service delivery.
CPS.9.d.4	Are photographs usually taken on the same day that the child protection medical assessment takes place?	Yes No	We are asking this to understand models of service delivery.
CPS.9.e	Our written service arrangements contain committee approved guidance for clinicians taking clinical photographs.	Yes No	
CPS.9.f	Our written service arrangements state that photographs taken as part of child protection medical assessments should be stored securely in line with	Yes No	https://fflm.ac.uk/resources/publications/pics-working-group-guidelines-on-photography/

	RCPCH guidance and FFLM PICS Working Group Guidelines on Photography.		
CPS.9.g	Our service has a governance mechanism in place involving a clinical photography department quality assuring the process of clinicians taking clinical photographs.	Yes No	
CPS.9.h	This indicator of good practice relates to the arrangements of external organisations and is therefore not included in this audit.	Yes No	https://childprotection.rcpch.ac.uk/wp-content/uploads/sites/6/2020/10/Child-Protection-service-delivery-standards-2020.pdf#page=24
CPS.9.i	Our written service arrangements state that photography involving intimate images should comply with the intimate images guidance written by the FFLM and RCPCH.	Yes No	https://fflm.ac.uk/resources/publications/guidance-for-best-practice-for-the-management-of-intimate-images-which-may-become-evidence-in-court/
CPS.9.j	Our written service arrangements state that clinical photographs should not be routinely sent with the report.	Yes No	
CPS.9.k	Our service has a process in place to enable clinical photographs to be made available in a secure and timely manner to social care, police or a court on request via our legal department.	Yes No	Excluding occasions where appropriate consent from the clinician is not given.
CPS.10 Investigations			
CPS.10.a	Our service processes for haematological investigations are in line with RCPCH guidance.	Yes No	https://childprotection.rcpch.ac.uk/child-protection-companion/
CPS.10.a.1	In your service, are blood tests available at the same venue as the child protection medical assessment?	Blood tests are accessed at the same venue Blood tests are accessed at a different venue within the same health provider organisation Blood tests are available at a different venue which is within a different health provider organisation Blood tests are not available as part of the child protection medical assessment service	We are asking this to understand models of service delivery.
CPS.10.b	Our written service arrangements for requesting skeletal surveys are in line with the RCR (Royal College of Radiologists) guideline 'The radiological investigation of suspected physical abuse in children'.	Yes No	https://www.rcr.ac.uk/publication/radiological-investigation-suspected-physical-abuse-children
CPS.10.b.1	Our written service arrangements contain practical information regarding how radiology guidance is implemented.	Yes No	This might include relevant contact details and clinical referral pathways.
CPS.10.c	Our written service arrangements state that when a fracture is suspected to be secondary to abuse, relevant	Yes No	https://childprotection.rcpch.ac.uk/child-protection-companion/

	biochemical blood tests are taken, in line with RCPCH guidance.		
CPS.10.d	Our written service arrangements contain practical local information regarding how to make a referral to a range of specialist services.	Yes No	Specialist services – e.g., orthopaedics, metabolic bone clinic, haematology and neurosurgery.
CPS.10.e	Our written service arrangements contain practical information regarding how to obtain an ophthalmological assessment.	Yes No	
CPS.10.e.1	What are your service arrangements for conducting ophthalmological assessments?	An ophthalmological examination is available from within the same health provider organisation undertaking the child protection medical assessment An ophthalmological assessment is available from a different health provider organisation to that undertaking the child protection medical assessment No ophthalmological assessment is available as part of the child protection medical assessment service Other [Please state]	We are asking this to understand models of service delivery.
CPS.10.e.2	Other	[Free text]	
CPS.10.f	Our written service arrangements contain information on how to routinely access a general dental assessment for children undergoing a child protection medical assessment, for use where there is concern about potential dental neglect.	Yes No	
CPS.10.g	Our written service arrangements contain practical information on how to access a paediatric dentist, for use when further dental assessment is needed.	Yes No	
CPS.10.h	Our written service arrangements contain practical information on how to make a referral to a forensic odontologist, for use when further assessment of a bite mark is needed.	Yes No	
CPS.11 Peer review			
CPS.11.a	Our local terms of reference state how frequently peer review meetings should take place.	Yes No	
CPS.11.a.1	Our service maintains peer review meeting attendance records with minutes of the meetings kept.	Yes No	
CPS.11.b	At peer review meetings there is access to the line drawings and/or photographs of visible findings or injuries being discussed.	Yes No	

CPS.11.c	At peer review meetings, there is access to the medical reports relating to the assessments being discussed, in order to review the wording of the opinions given.	Yes No	
CPS.11.d	Regular feedback is obtained from local legal services or senior social work managers regarding the clarity of child protection medical assessment medical reports.	Yes No	
CPS.11.e	Clinicians at our service make links with clinicians in other health provider organisations as part of formal or informal clinical networks to keep in touch with mainstream paediatric and child protection opinion and practice.	Yes No	
CPS.12 Service QI			
CPS.12.a	Regular (minimum annual) monitoring and audit of aspects of the child protection medical assessment service are undertaken by our service.	Yes No	
CPS.12.b	There are processes in place to collect feedback from service users to inform our regular monitoring.	Yes No	
CPS.12.c	Our service actively seeks to remain up to date with research themes in children's safeguarding.	Yes No	
CPS.12.c.1	Our service is open to being involved in research regarding children's safeguarding.	Yes No	
CPS.12.c.2	There is a sufficient amount of time in staff job plans/rotas to allow for research related work.	Yes No	
CPS.13 Clinician support			
CPS.13.a	Clinicians carrying out child protection medical assessments have allocated time in their job plans/rotas for the assessment, associated administration and interagency working.	Yes No	
CPS.13.b	Supervising senior clinicians have allocated time in their job plans/rotas to directly supervise child protection medical assessments.	Yes No	
CPS.13.c	Trainees have appropriate time in their job plans/rotas to carry out child protection medical assessments.	Yes No	
CPS.13.d	All clinicians involved in safeguarding work have access to formal emotional support such as Schwartz rounds and/or psychology support.	Yes No	
CPS.13.e	All clinicians involved in safeguarding work have access to legal advice and support if required.	Yes No	In relation to cases that they are involved with.
CPS.13.f	There is support available for a clinician's personal security as appropriate.	Yes No	For example: secure car parking; lone worker devices; not being expected to be in a venue alone and/or similar.
CPS.14 Models of service delivery			

CPS.14.a	Approximately how many children and young people were referred to your service for a child protection medical assessment in 2022?	[Free text – Numerical only]	
CPS.14.b	Within which age range are children accepted by your service when referred for a child protection medical assessment?	Birth – day before 18 th birthday Birth – day before 16 th birthday Birth – day before 13 th birthday 2 years 0 months – day before 18 th birthday 2 years 0 months - day before 16 th birthday Other [Please state]	
CPS.14.b.1	Other	[Free text]	
CPS.14.c	When referrals for a child protection medical assessment are received during normal working hours, how are those children routinely seen?	As part of a dedicated child protection clinic or rota As part of the general acute on call rota Booked into a clinic that is not a dedicated child protection clinic Other [Please state]	
CPS.14.c.1	Other	[Free text]	
CPS.14.d	With respect to having a dedicated child protection clinic or rota, what is its capacity regarding the number of child protection medical assessments that can be undertaken by the within hours team per day?	1 2 3 4 5 >5 Don't know Other [Please state]	Within hours: Monday-Friday 9am-5pm
CPS.14.d.1	Other	[Free text]	
CPS.14.e	When children are referred to your service for a child protection medical assessment by social care or police within working hours, with concerns about physical		Select all who have a significant role in forming the medical safeguarding opinion at the time of the medical assessment.

	abuse or neglect, clinicians from which clinical background/s see those children to provide that medical safeguarding opinion?		This question is not about training level and assumes appropriate supervision.
CPS.14.e.1	Advanced nurse practitioner	Yes No	
CPS.14.e.2	Emergency care medical practitioner	Yes No	
CPS.14.e.3	Forensic medical examiner	Yes No	
CPS.14.e.4	General practitioner	Yes No	
CPS.14.e.5	Nurse	Yes No	
CPS.14.e.6	Nurse consultant	Yes No	
CPS.14.e.7	Paediatrician	Yes No	
CPS.14.e.8	Physician associate	Yes No	
CPS.14.e.9	Other [Please state]	[Free text]	
CPS.14.f	Which health records do clinicians have access to at the time of the assessment or report writing?	N/A	
CPS.14.f.1	GP records	Paper and digital Paper only Digital only None	General practitioner (GP) records can be summary care record only.
CPS.14.f.2	Local acute paediatric care records	Paper and digital Paper only Digital only None	Local acute paediatric care records can include when visits don't need admission.
CPS.14.f.3	Local health visiting records	Paper and digital Paper only Digital only	

		None	
CPS.14.f.4	Local outpatient community paediatric care records	Paper and digital Paper only Digital only None	
CPS.14.f.5	Local outpatient general paediatric care records	Paper and digital Paper only Digital only None	
CPS.14.f.6	Local school nursing records	Paper and digital Paper only Digital only None	
CPS.14.f.7	Tertiary hospital records	Paper and digital Paper only Digital only None	
CPS.14.f.8	Any comments (optional)	[Free text]	
CPS.14.g	What has been the impact of the child protection service delivery standards on your service?	[Free text]	Enter N/A if there has been no discernible impact.
CPS.99	Lead signature	[Free text]	As registered Lead for the above-named service, taking part in the RCPCH Child Protection Service Delivery Standards Audit, my signature confirms that: - questions have been answered to reflect our arrangements for child protection medical assessments that take place within working hours (Monday-Friday, 9am-5pm)

			<ul style="list-style-type: none">- data provided within the form is accurate to the time of sign off- I understand that the RCPCH will conduct analyses on these data for use within subsequent reporting in the public domain
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