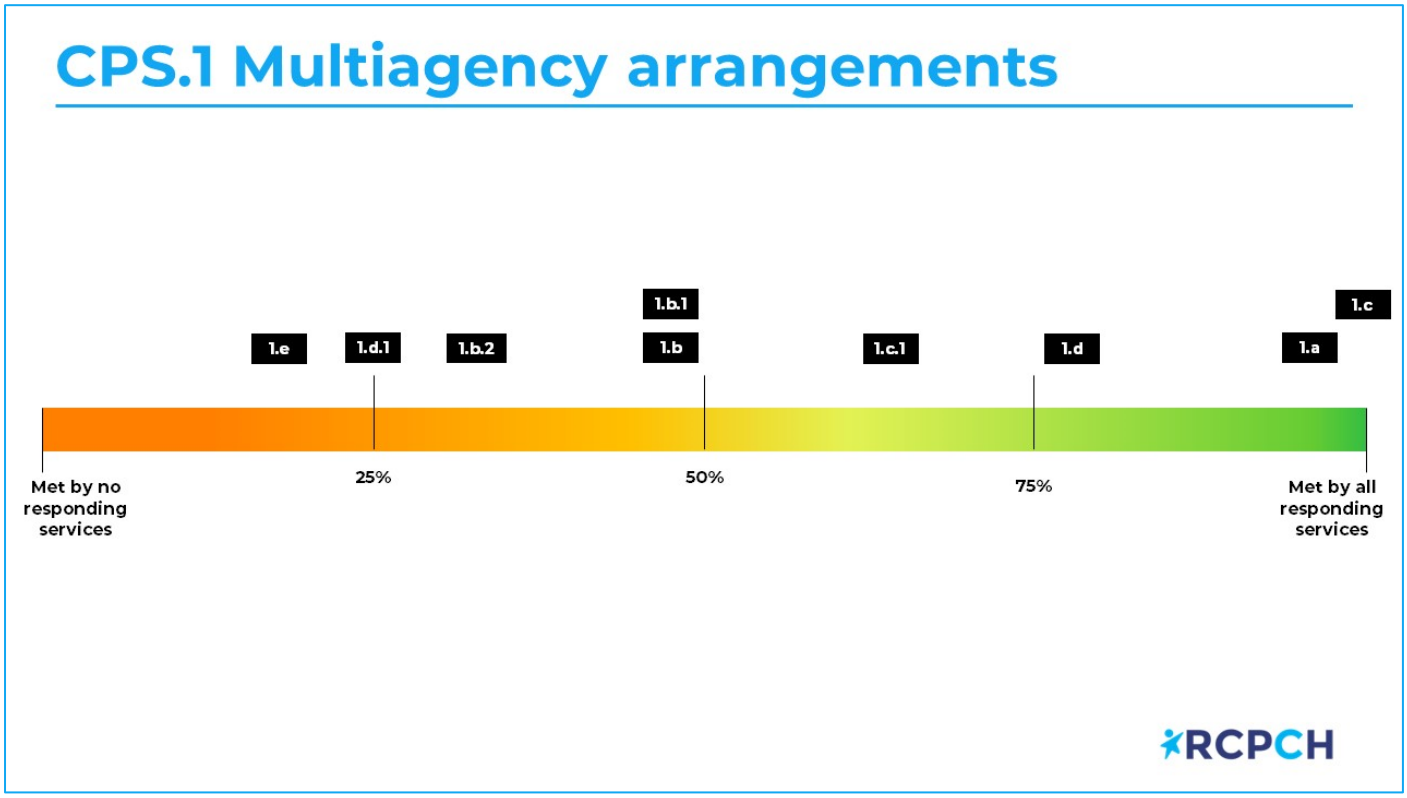
Child Protection Service Delivery Standards Audit 2023

Visual representation of audit data

This document provides visual representation of the audit data to accompany the national report. Full graphs showing service, Trust/Health Board, ICB, regional and country -level results can be found within our downloadable reporting generator.



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.

1.b Our service maintains publicly accessible online instructions regarding how to request a child protection medical assessment from us.

1.b.1 Our publicly accessible online instructions contain contact numbers.

1.b.2 Our publicly accessible online instructions contain details of the age range of children who we will see.

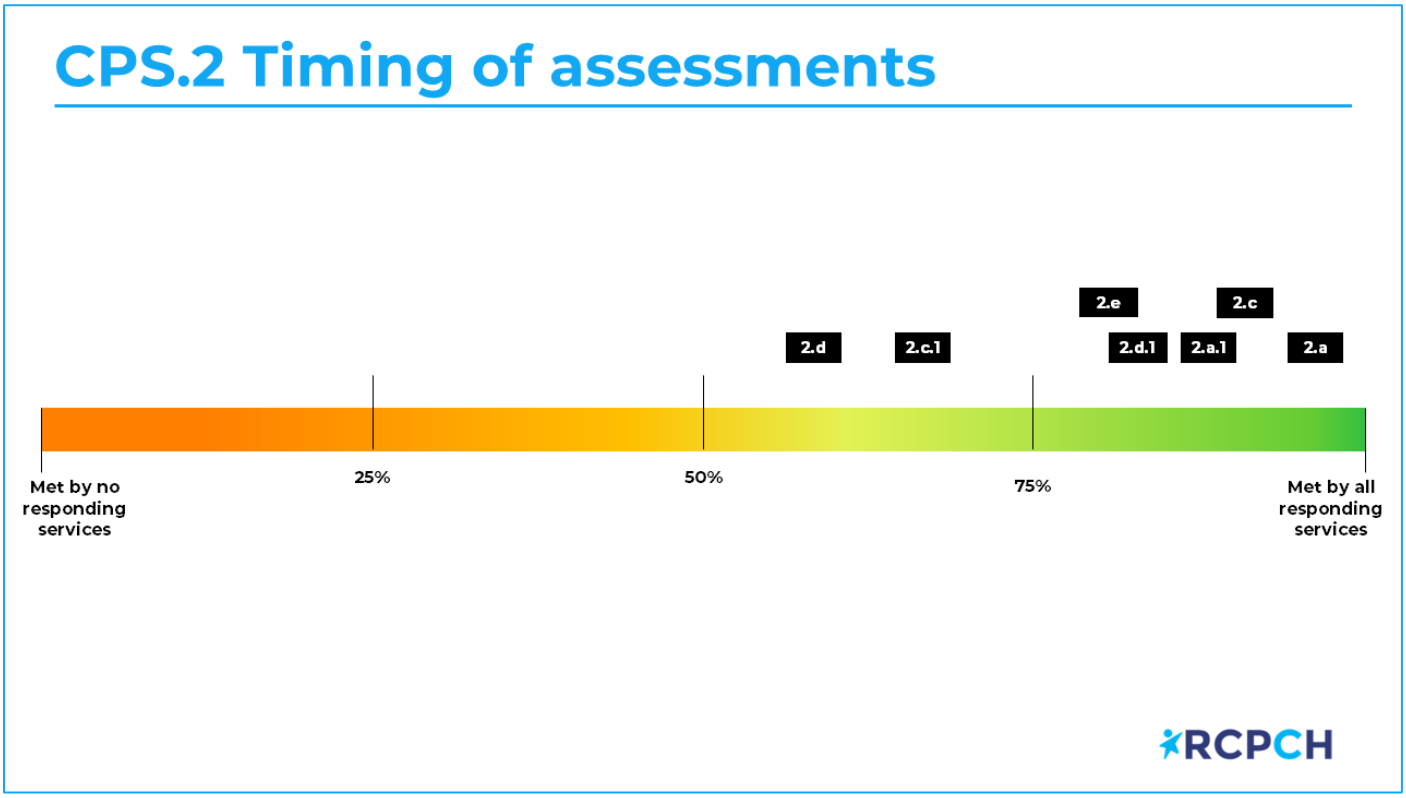
1.c Our service contributes to multi-agency child protection arrangements.

1.c.1 These arrangements are published online.

1.d Our service has written information available for families explaining the child protection medical assessment process.

1.d.1 Our service has written information available for children explaining the child protection medical assessment process in age-appropriate language.

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.



2.a 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, Monday to Thursday

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.

2.b This indicator of good practice has been addressed in questions 2a and 2a.1

2.c We have written service arrangements, outlining how to respond to child protection medical assessment referrals.

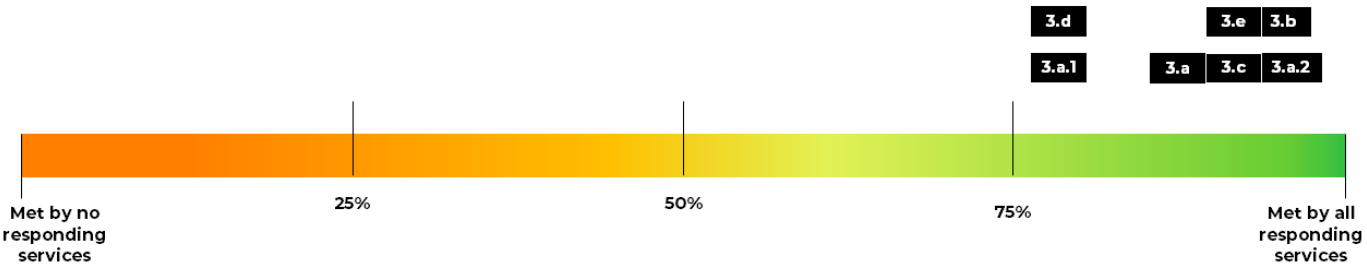
2.c.1 Our written service arrangements are available for all staff to view on our intranet.

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.

2.d.1 Our clinicians have sufficient access to the child's health record in order to do this.

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.

CPS.3 Consent



RCPCH

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.

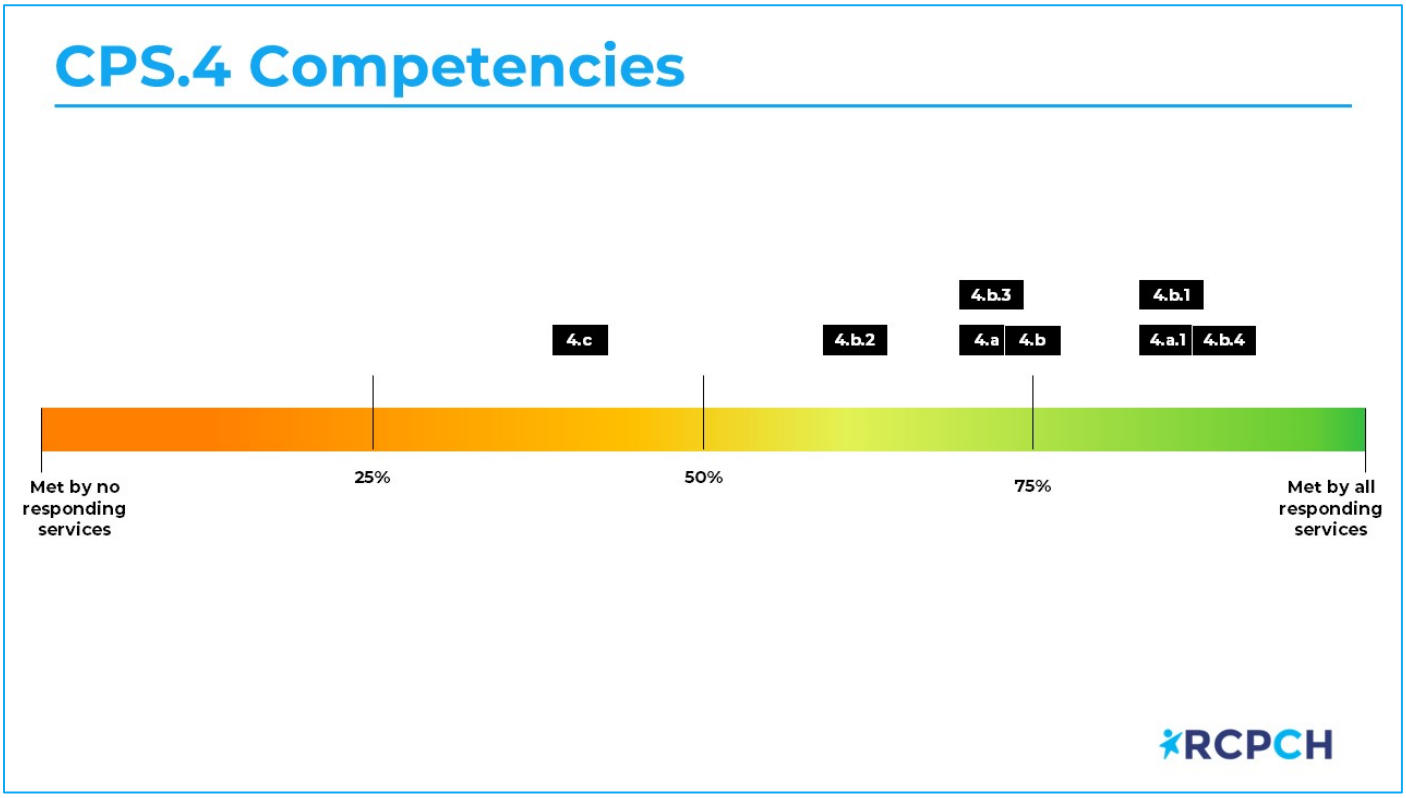
3.a.1 Our written service arrangements state that a Gillick competent child or young person can provide consent if necessary.

3.a.2 Our service has a consent form available to facilitate written consent for the child protection medical assessment to be taken.

3.b Our service has a consent form available that allows for specific consent to be taken for clinical photography.

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.

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.



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.

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.

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.

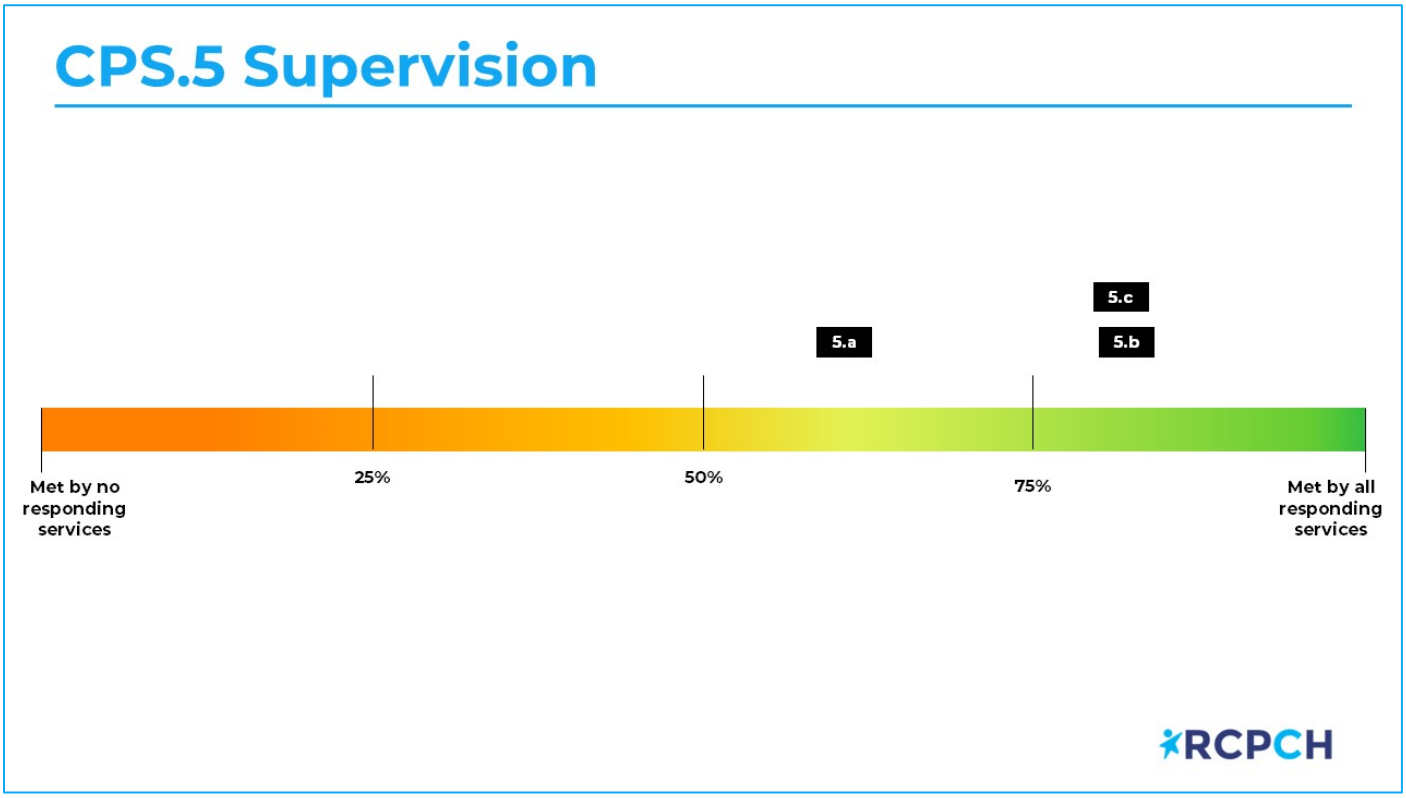
4.b.1 There is a sufficient amount of time in doctors' job plans/rotas to support active engagement in continuing professional development for maintaining skills in seeing child protection cases.

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.

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.

4.b.4 There is a sufficient amount of time in doctors' job plans/rotas to attend peer review meetings.

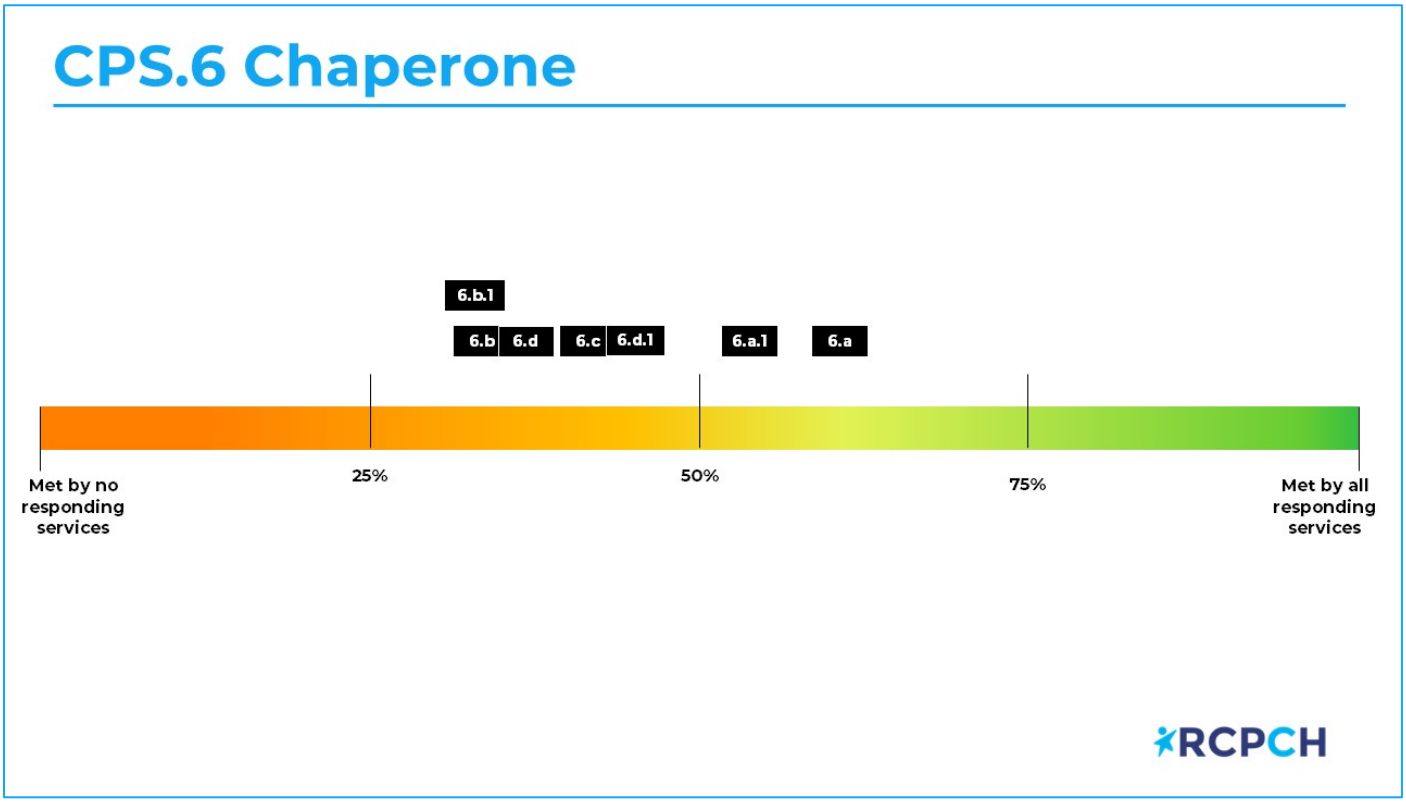
4.c Our written service arrangements state that appropriate supervision or regulatory measures would be put in place, in line with GMC guidance, if there were recurrent or significant concerns regarding a clinician’s ability to produce clear, balanced, and reasonable opinions and actions within the context of child protection medical assessments.



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.

5.b Our service has local agreements in place for the supervision of SAS clinicians.

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.



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.

6.a.1 A process is in place for staff to be made available to undertake this role.

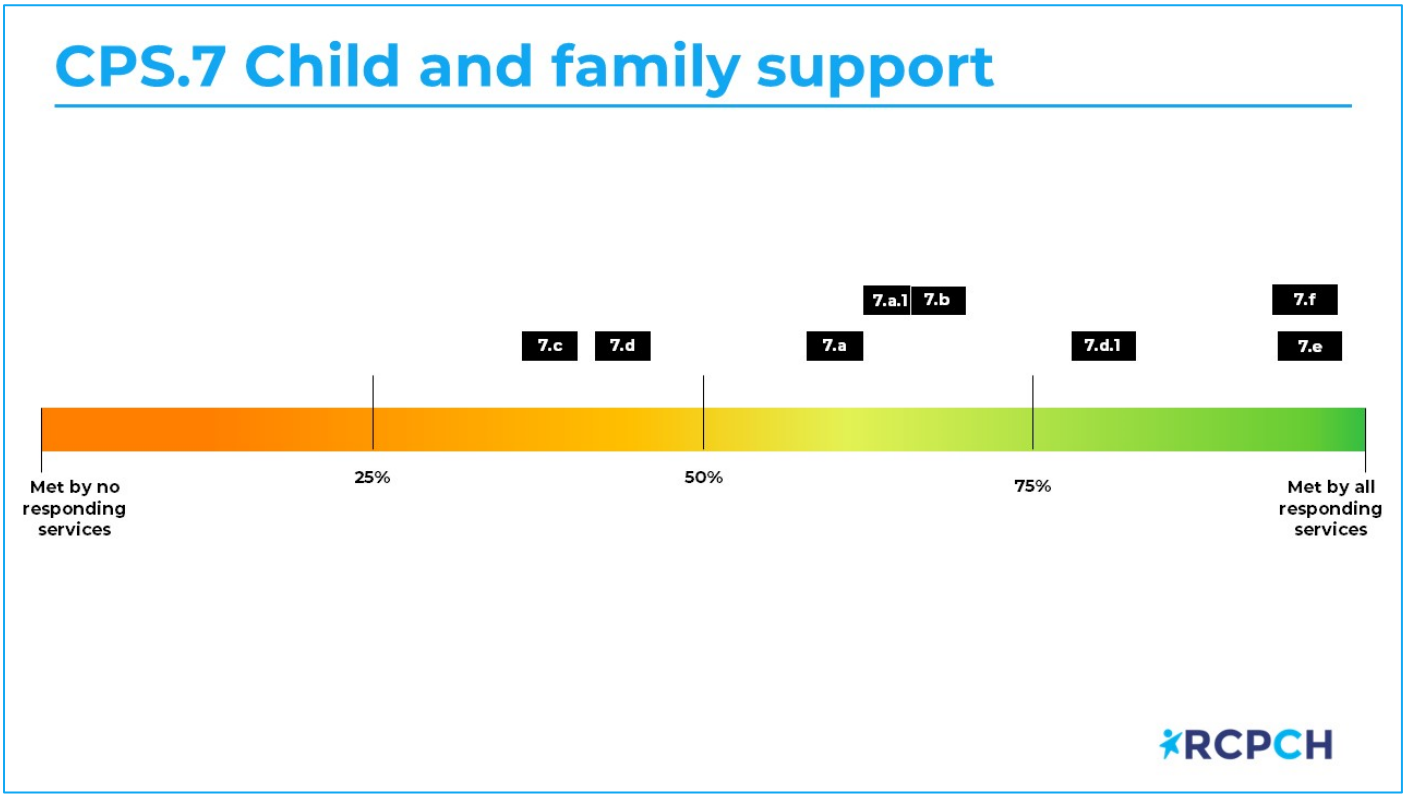
6.b Our written service arrangements state that chaperones should be trained with respect to that role.

6.b.1 There is sufficient resource, in terms of training available, for this to be completed by all chaperones.

6.c Our written service arrangements state that chaperones should be qualified health professionals.

6.d Our written service arrangements state that chaperones should not be students.

6.d.1 Our service has enough qualified health professionals available to act as a chaperone.



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.

7.a.1 The proforma is designed to facilitate the recording of an interpreter's identifying details.

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.

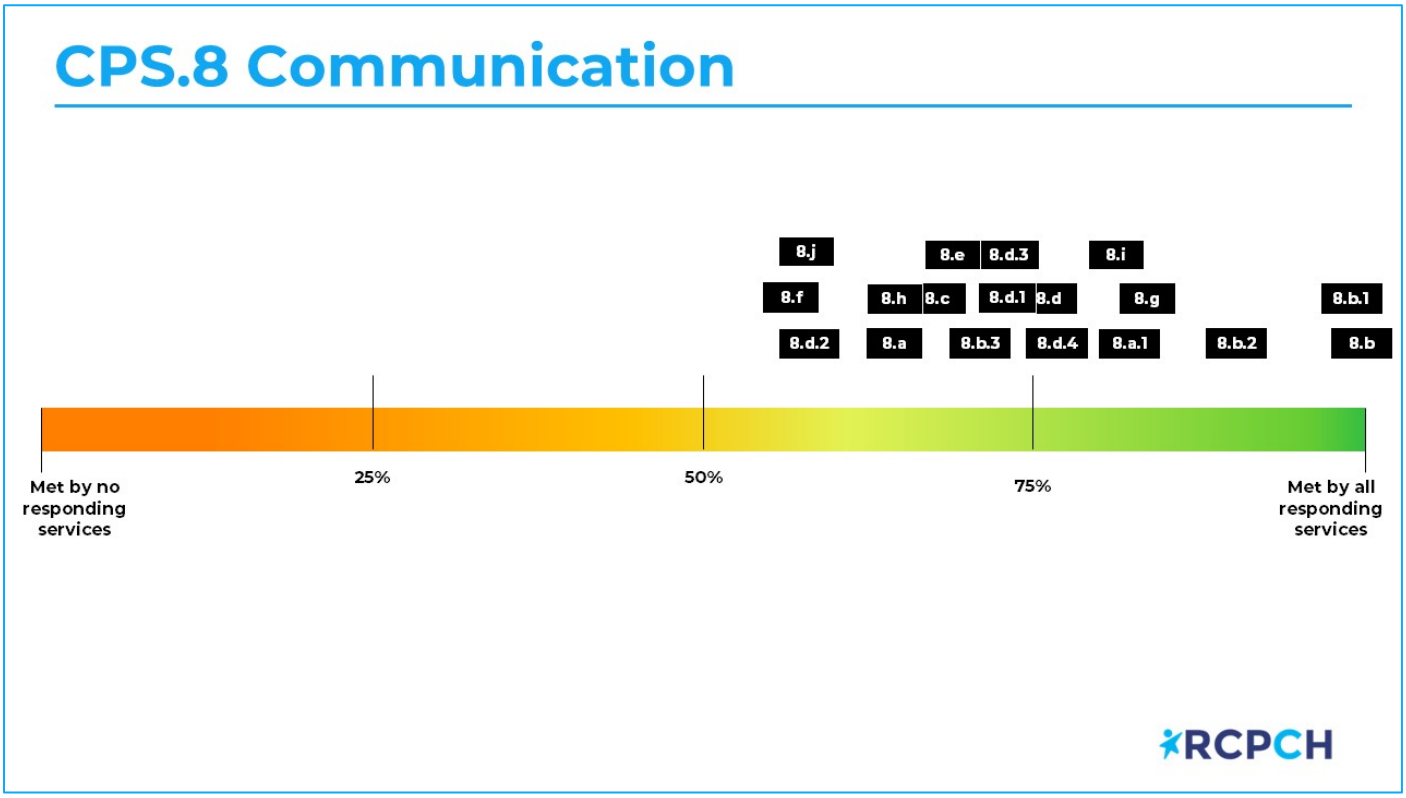
7.c Our written service arrangements state that children and young people are given a choice about who accompanies them in a child protection medical assessment, including not having a relative or social worker present.

7.d Our written service arrangements state that children, young people, and families who have a disability should be provided with appropriate support.

7.d.1 The necessary support for children, young people, and families with disabilities, is likely to be available at our service.

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.

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.



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.

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.

8.b Our child protection medical assessments are documented on a standard proforma.

8.b.1 Our standard proforma contains body maps for line drawings to record the sites and measurements of any injuries.

8.b.2 Our standard proforma contains fields for three patient identifiers on each page (e.g., name, date of birth, NHS number).

8.b.3 Our standard proforma contains a field on each page for the examining clinician's signature.

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.

8.d Our service has a standard form available for written provisional reports.

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.

8.d.2 Our standard form contains a field to name an additional examining clinician as appropriate.

8.d.3 Our standard form contains fields for three patient identifiers (e.g., name, date of birth, NHS number).

8.d.4 Our standard form contains a field for the date of examination.

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.

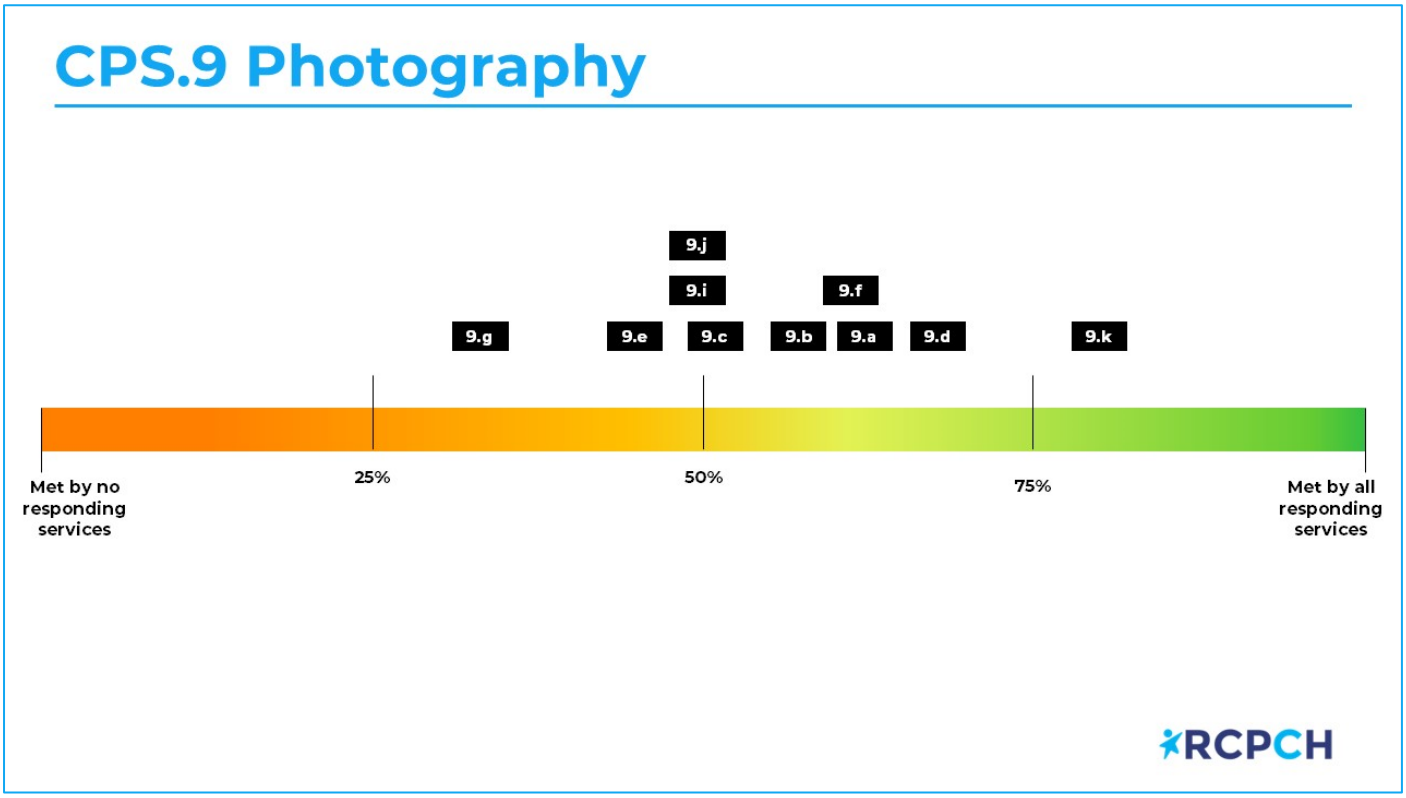
8.f Our written service arrangements state that feedback, including results of investigations, is given as appropriate to children, young people, and carers.

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.

8.h Our written service arrangements contain an agreed process for the secure delivery of type written reports to social care and police.

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).

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.



9.a Our written service arrangements state that photographs should be taken of all significant visible findings.

9.b Our written service arrangements state that photographs taken should be of a standard that is suitable to be used in court.

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.

9.d Photography is readily available at our service.

9.e Our written service arrangements contain committee approved guidance for clinicians taking clinical photographs.

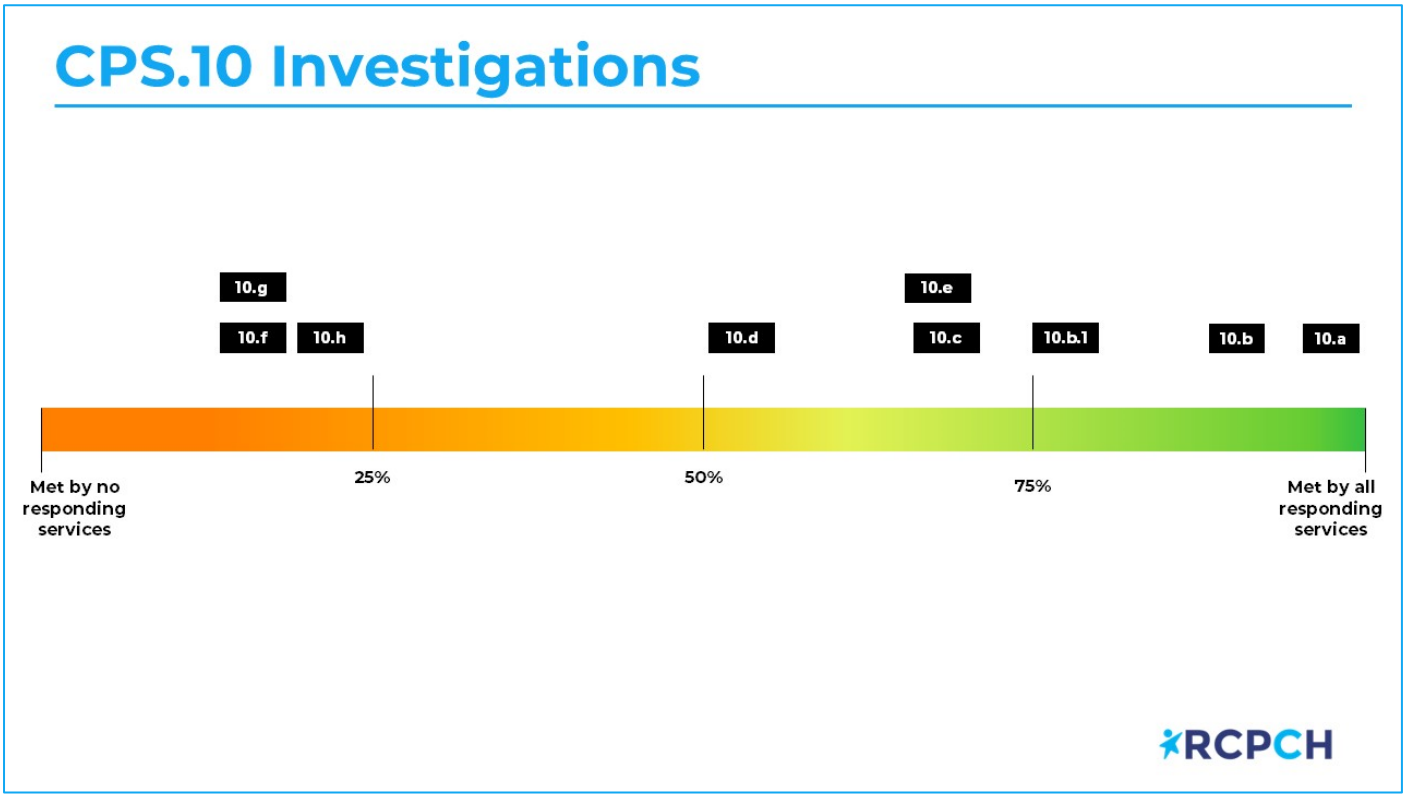
9.f Our written service arrangements state that photographs taken as part of child protection medical assessments should be stored securely in line with RCPCH guidance and FFLM PICS Working Group Guidelines on Photography.

9.g Our service has a governance mechanism in place involving a clinical photography department quality assuring the process of clinicians taking clinical photographs.

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.

9.j Our written service arrangements state that clinical photographs should not be routinely sent with the report.

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.



10.a Our service processes for haematological investigations are in line with RCPCH guidance.

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'.

10.b.1 Our written service arrangements contain practical information regarding how radiology guidance is implemented.

10.c Our written service arrangements state that when a fracture is suspected to be secondary to abuse, relevant biochemical blood tests are taken, in line with RCPCH guidance.

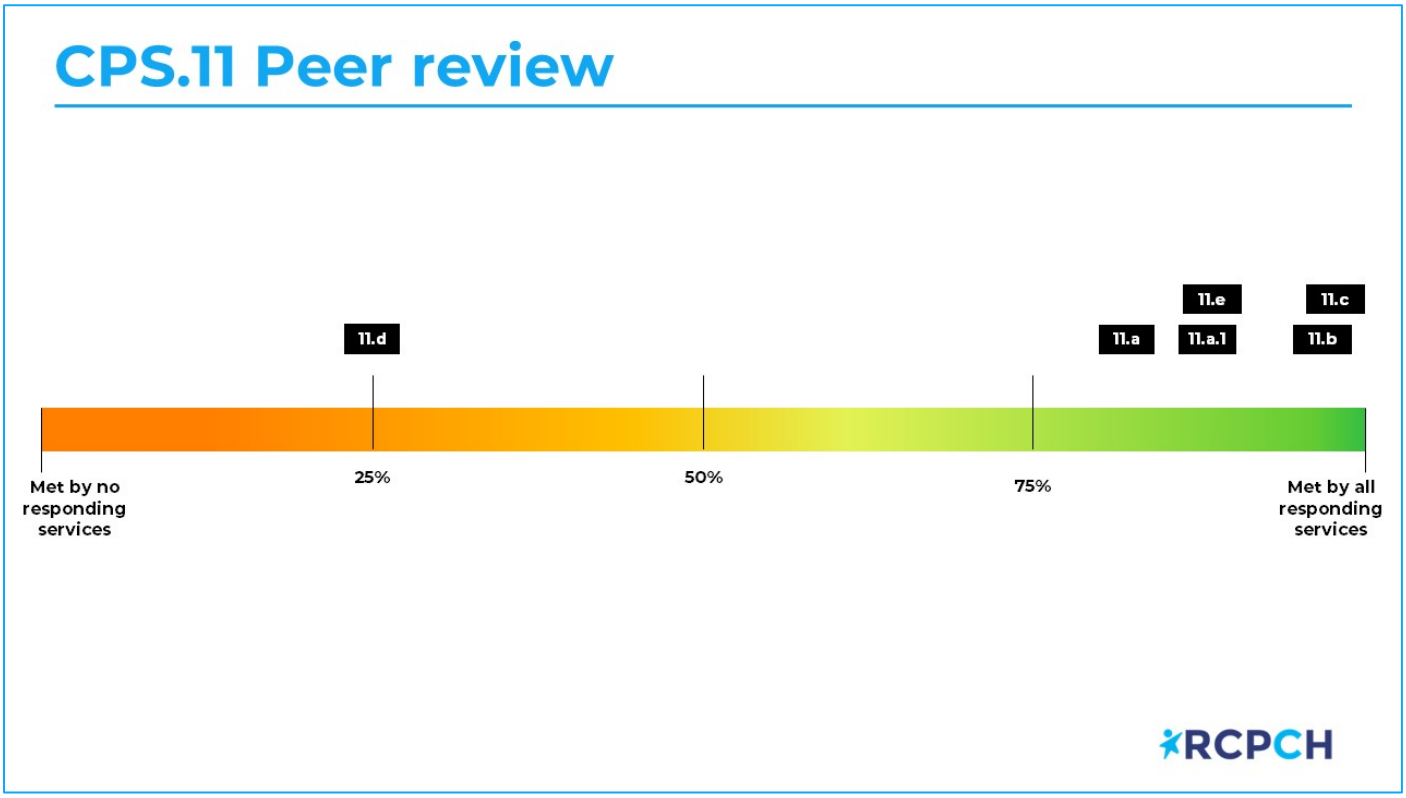
10.d Our written service arrangements contain practical local information regarding how to make a referral to a range of specialist services.

10.e Our written service arrangements contain practical information regarding how to obtain an ophthalmological assessment.

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.

10.g Our written service arrangements contain practical information on how to access a paediatric dentist, for use when further dental assessment is needed.

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.



11.a Our local terms of reference state how frequently peer review meetings should take place.

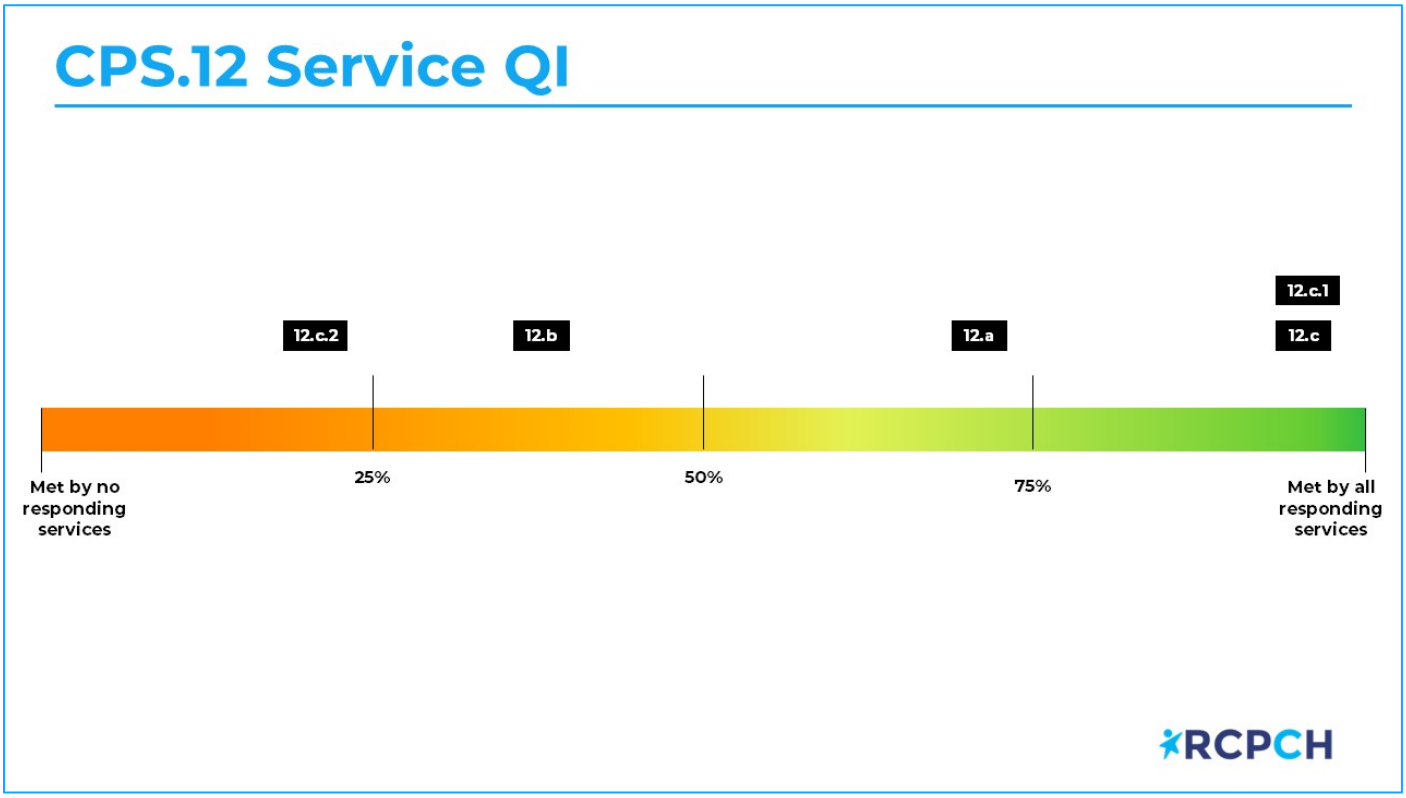
11.a.1 Our service maintains peer review meeting attendance records with minutes of the meetings kept.

11.b At peer review meetings there is access to the line drawings and/or photographs of visible findings or injuries being discussed.

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.

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.

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.



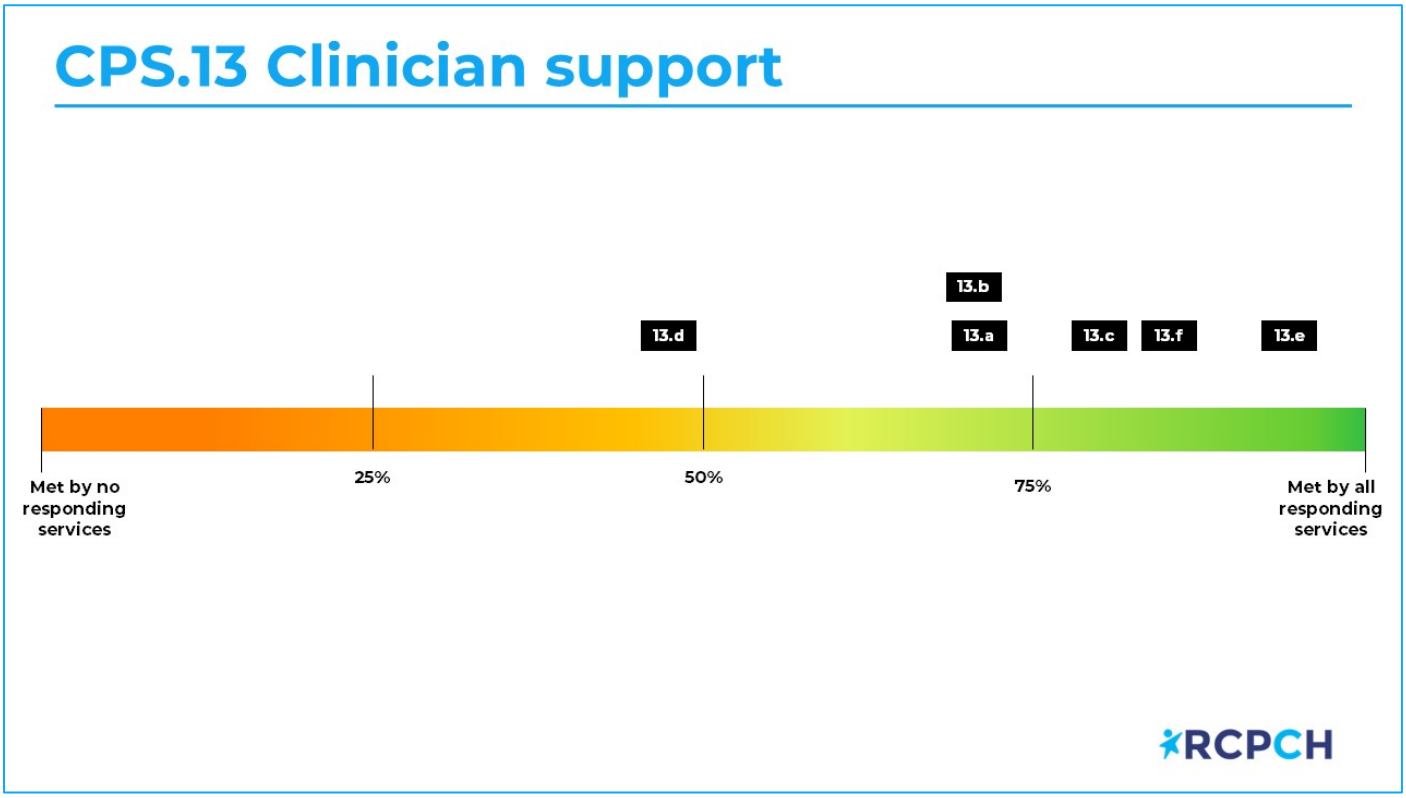
12.a Regular (minimum annual) monitoring and audit of aspects of the child protection medical assessment service are undertaken by our service.

12.b There are processes in place to collect feedback from service users to inform our regular monitoring.

12.c Our service actively seeks to remain up to date with research themes in children's safeguarding.

12.c.1 Our service is open to being involved in research regarding children's safeguarding.

12.c.2 There is a sufficient amount of time in staff job plans/rotas to allow for research related work.



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.

13.b Supervising senior clinicians have allocated time in their job plans/rotas to directly supervise child protection medical assessments.

13.c Trainees have appropriate time in their job plans/rotas to carry out child protection medical assessments.

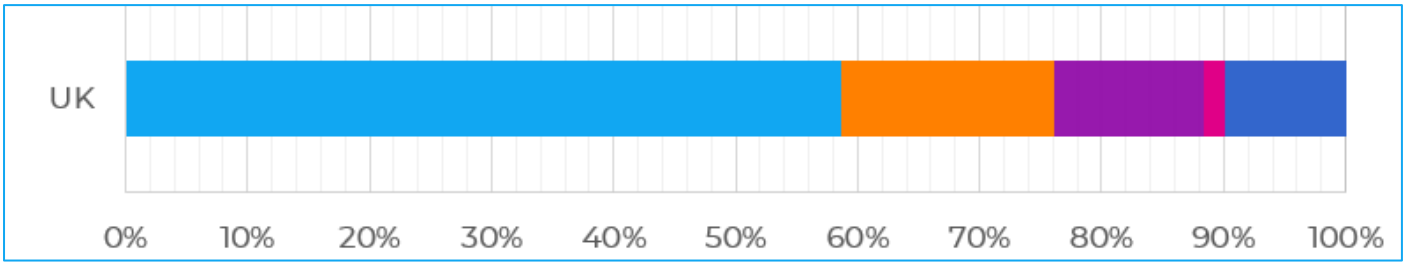
13.d All clinicians involved in safeguarding work have access to formal emotional support such as Schwartz rounds and/or psychology support.

13.e All clinicians involved in safeguarding work have access to legal advice and support if required.

13.f There is support available for a clinician's personal security as appropriate.

Models of service delivery

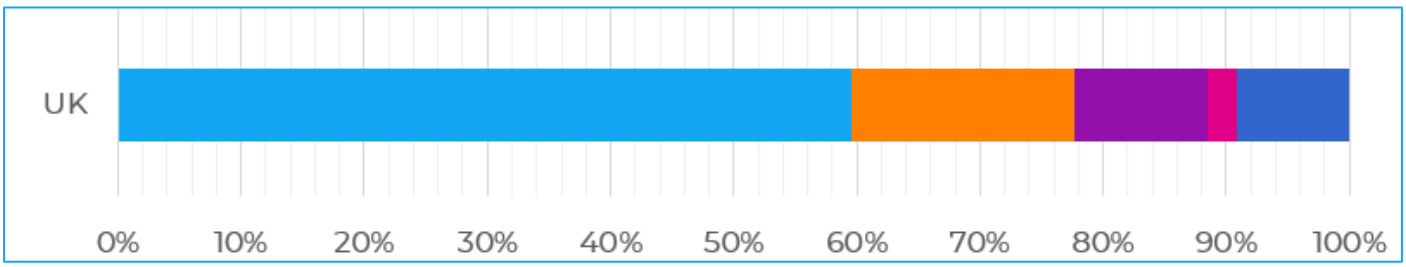
3.d.1 What are your service arrangements for conducting skeletal surveys?



Response option	UK result
Both the imaging for skeletal surveys and report are sourced within the same health provider organisation undertaking the child protection medical assessment	**59% (71/121)**
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	**17% (21/121)**
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	**12% (15/121)**
Skeletal surveys are not available as part of the child protection medical assessment service	**2% (2/121)**
Other [Please state]	**10% (12/121)**

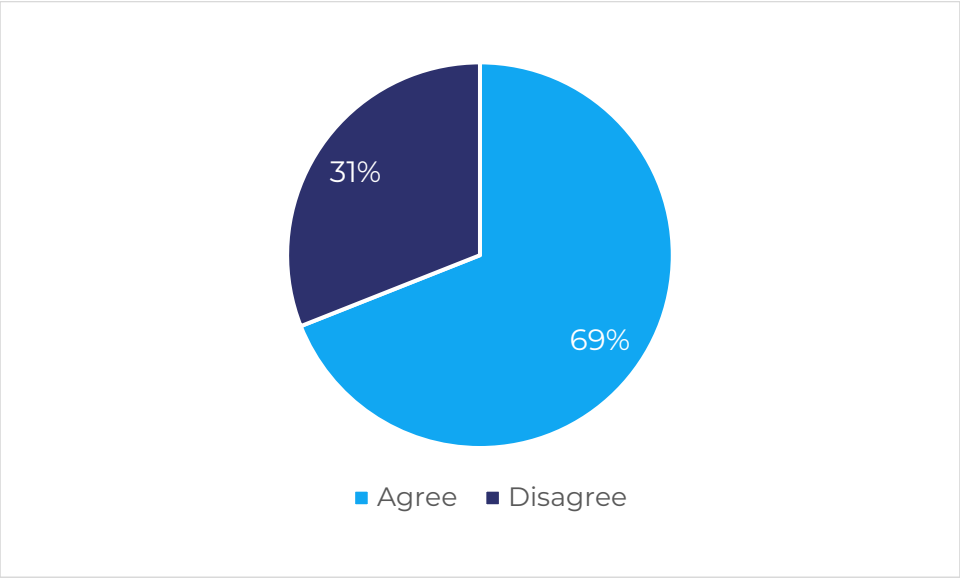
**All Free text/Other [Please state] responses indicated in this document can be viewed here*

3.d.3 What are your service arrangements for conducting CT head imaging?

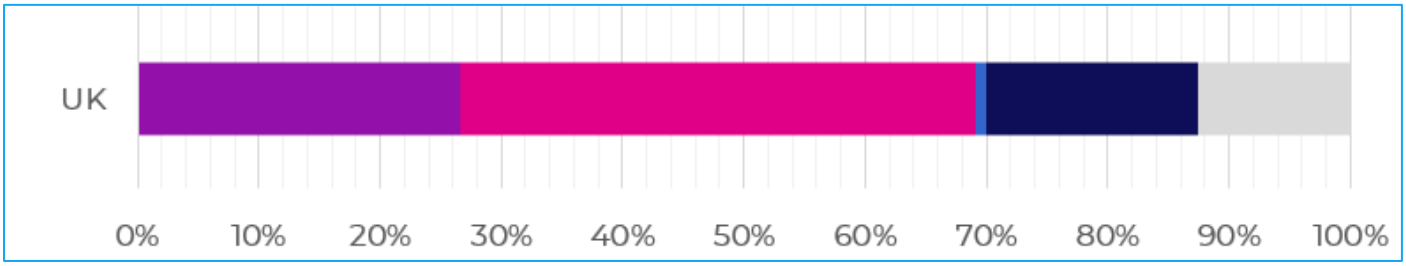


Response option	UK result
Both the imaging for CT head and report are sourced within the same health provider organisation undertaking the child protection medical assessment	**60% (72/121)**
CT head is available on request, though both the imaging and report are delivered by a different health provider organisation to that undertaking the child protection medical assessment	**18% (22/121)**
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	**11% (13/121)**
CT head is not available as part of the child protection medical assessment service	**2% (3/121)**
Other [Please state]	**9% (11/121)**

CPS.6.d.2 Healthcare assistants are considered eligible to act as chaperones at our service.

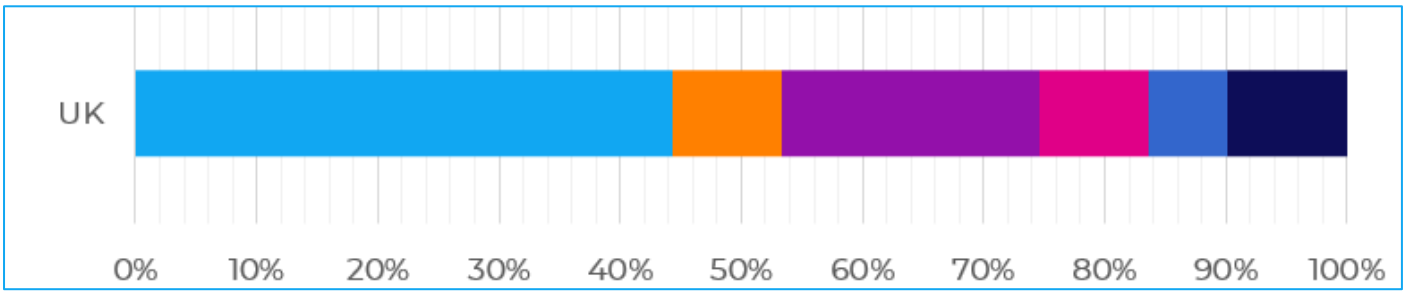


7.e.1 Which venue option best describes where most children are seen, when referred within working hours to your service for a child protection medical assessment?



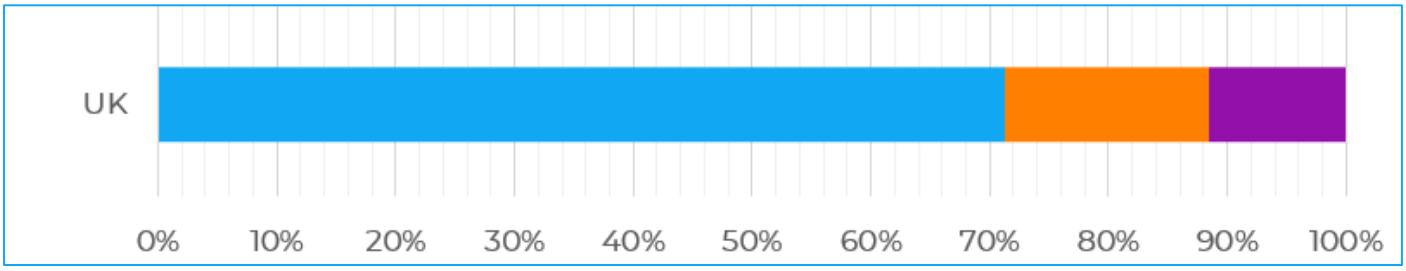
Response option	UK result
Outpatient clinic room: not on hospital site (includes community health centre)	**27% (32/120)**
Outpatient clinic room: on main hospital site	**43% (51/120)**
Ward: on main ward	**1% (1/120)**
Ward: side room	**18% (21/120)**
Other [Please state]	**13% (15/120)**

9.d.1 In your service, who would usually take photographs during child protection medical assessments?



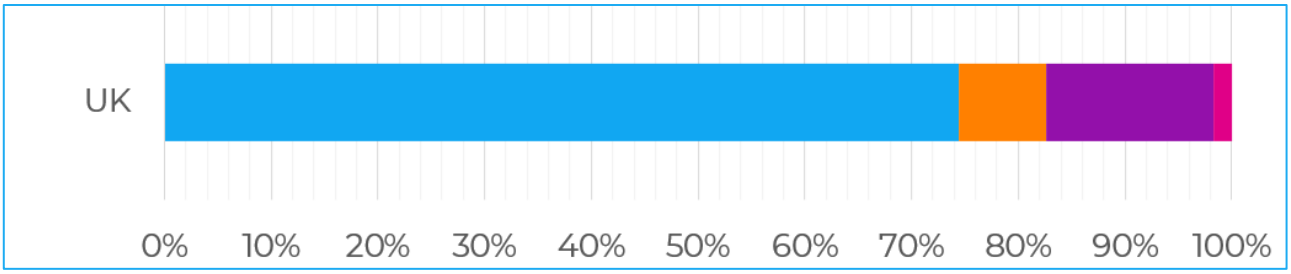
Response option	UK result
Clinical photographer	**44% (54/122)**
Clinician: with links to a clinical photography service	**9% (11/122)**
Clinician: with no links to a clinical photography service	**21% (26/122)**
Police photographer	**9% (11/122)**
Photography is not available	**7% (8/122)**
Other [Please state]	**10% (12/122)**

9.d.3 Is photography available at the same venue as the child protection medical assessment?



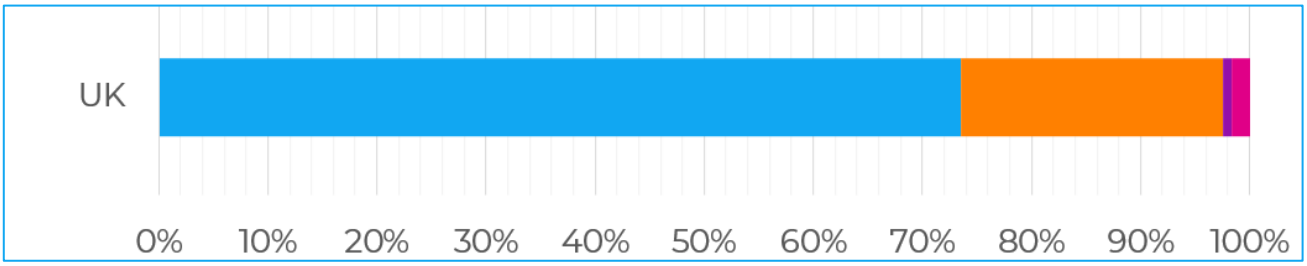
Response option	UK result
Yes, it is available at the same venue	**71% (87/122)**
No, it is accessed at a different venue	**17% (21/122)**
No, photography is not available	**11% (14/122)**

10.a.1 In your service, are blood tests available at the same venue as the child protection medical assessment?



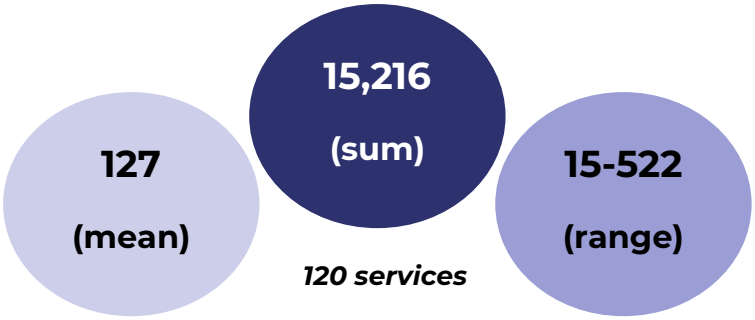
Response option	UK result
Blood tests are accessed at the same venue	**74% (90/121)**
Blood tests are accessed at a different venue within the same health provider organisation	**8% (10/121)**
Blood tests are available at a different venue which is within a different health provider organisation	**16% (19/121)**
Blood tests are not available as part of the child protection medical assessment service	**2% (2/121)**

10.e.1 What are your service arrangements for conducting ophthalmological assessments?

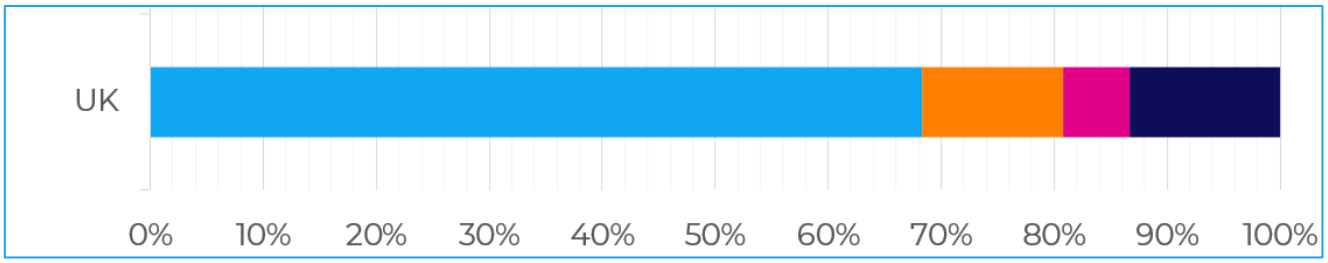


Response option	UK result
An ophthalmological examination is available from within the same health provider organisation undertaking the child protection medical assessment	**74% (89/121)**
An ophthalmological assessment is available from a different health provider organisation to that undertaking the child protection medical assessment	**24% (29/121)**
No ophthalmological assessment is available as part of the child protection medical assessment service	**1% (1/121)**
Other [Please state]	**2% (2/121)**

14.a Approximately how many children and young people were referred to your service for a child protection medical assessment in 2022?

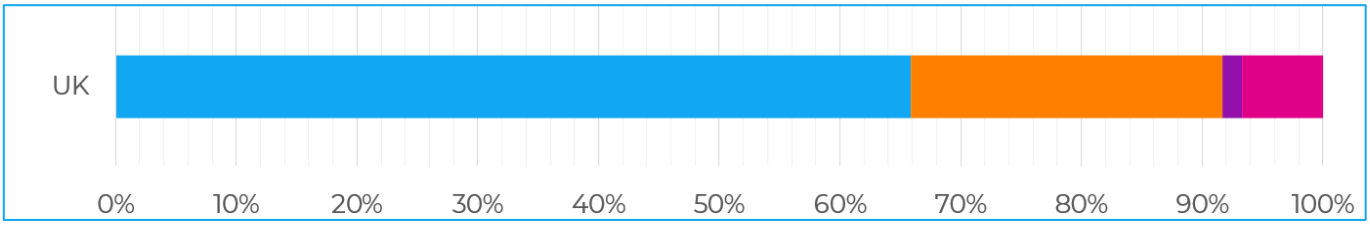


14.b Within which age range are children accepted by your service when referred for a child protection medical assessment?



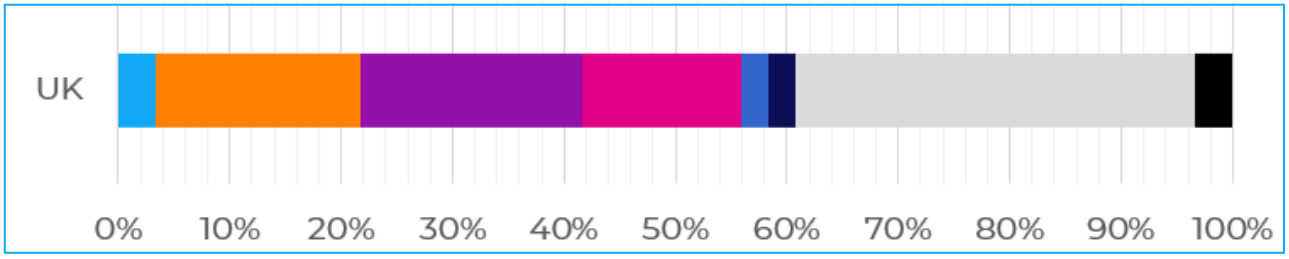
Response option	UK result
Birth - day before 18th birthday	**68% (82/120)**
Birth - day before 16th birthday	**13% (15/120)**
2 years 0 months - day before 18th birthday	**6% (7/120)**
Other [Please state]	**13% (16/120)**

14.c When referrals for a child protection medical assessment are received during normal working hours, how are those children routinely seen?



Response option	UK result
As part of a dedicated child protection clinic or rota	**66% (79/120)**
As part of the general acute on call rota	**26% (31/120)**
Booked into a clinic that is not a dedicated child protection clinic	**2% (2/120)**
Other [Please state]	**7% (8/120)**

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?



Response option	UK result
One assessment	**3% (4/120)**
Two assessments	**18% (22/120)**
Three assessments	**20% (24/120)**
Four assessments	**14% (17/120)**
Five assessments	**3% (3/120)**
More than five assessments	**3% (3/120)**
Other [Please state]	**36% (43/120)**
Don't know	**3% (4/120)**

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 abuse or neglect, clinicians from which clinical background/s see those children to provide that medical safeguarding opinion?

Advanced nurse practitioners at 0% of services

(0/120)

Nurse consultants at 1% of services

(1/120)

General practitioners at 1% of services

(1/120)

Physician associates at 2% of services

(2/120)

Emergency care medical practitioners at 3% of services

(4/120)

Nurses at 4% of services

(5/120)

Forensic medical examiners at 5% of services

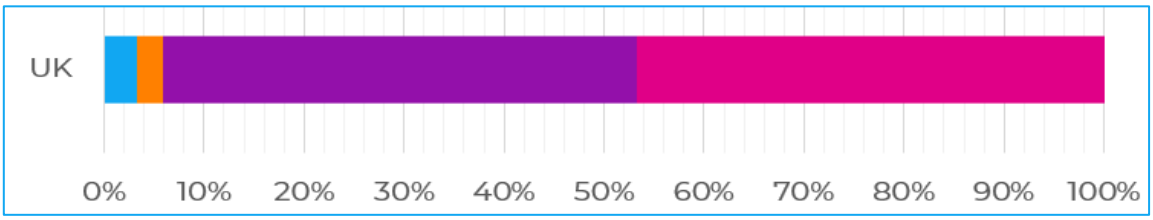
(6/120)

Paediatricians at 100% of services

(120/120)

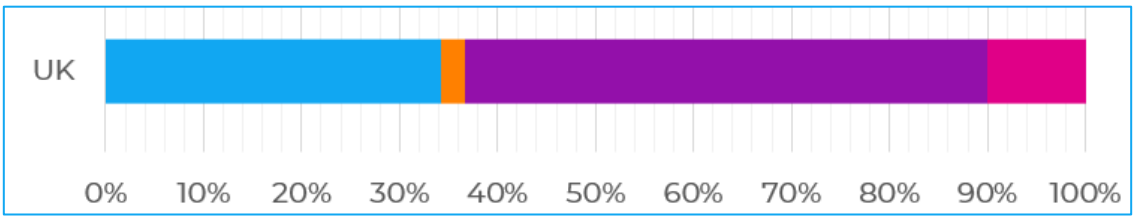
14.f Which health records do clinicians have access to at the time of the assessment or report writing?

GP records:



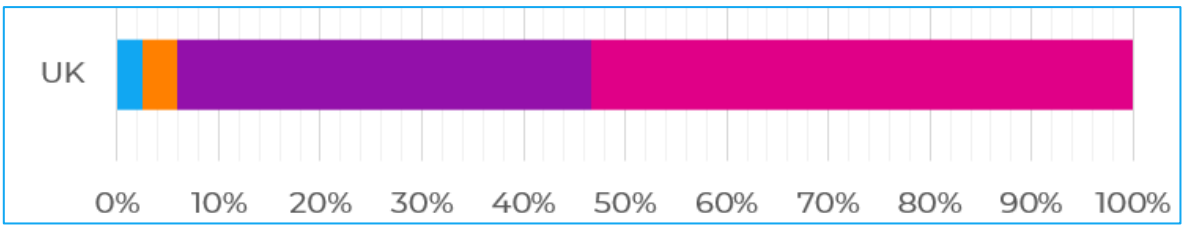
Response option	UK result
Paper and digital	**3% (4/120)**
Paper only	**3% (3/120)**
Digital only	**48% (57/120)**
None	**47% (56/120)**

Local acute paediatric care records:



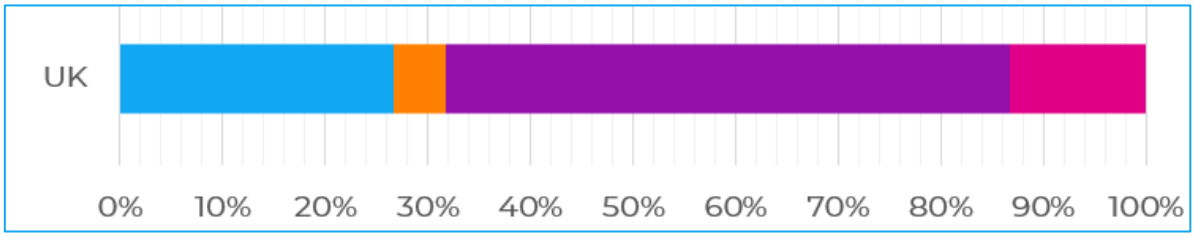
Response option	UK result
Paper and digital	**34% (41/120)**
Paper only	**3% (3/120)**
Digital only	**53% (64/120)**
None	**10% (12/120)**

Local health visiting records:



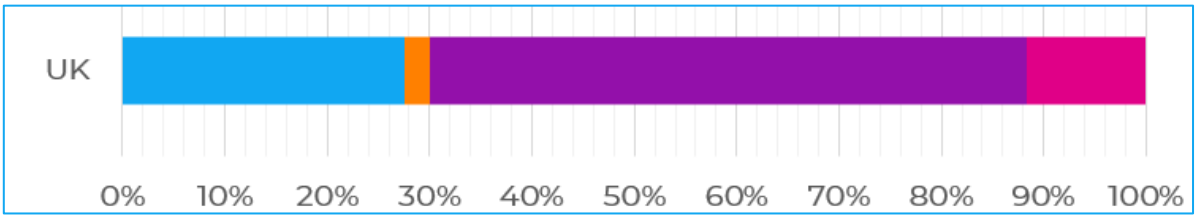
Response option	UK result
Paper and digital	**3% (3/120)**
Paper only	**3% (4/120)**
Digital only	**41% (49/120)**
None	**53% (64/120)**

Local outpatient community paediatric care records:



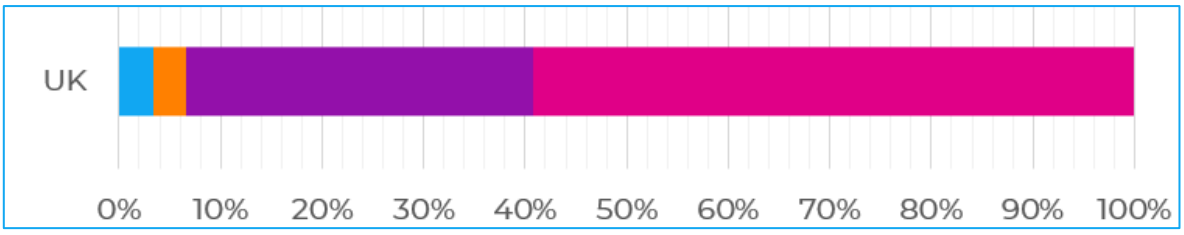
Response option	UK result
Paper and digital	**27% (32/120)**
Paper only	**5% (6/120)**
Digital only	**55% (66/120)**
None	**13% (16/120)**

Local outpatient general paediatric care records:



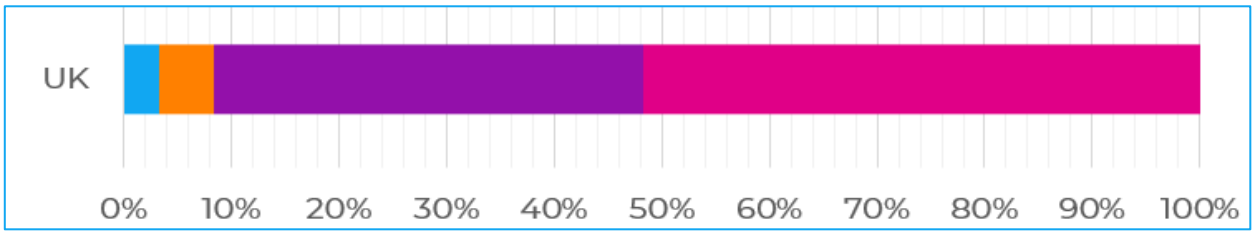
Response option	UK result
Paper and digital	**28% (33/120)**
Paper only	**3% (3/120)**
Digital only	**58% (70/120)**
None	**12% (14/120)**

Local school nursing records:



Response option	UK result
Paper and digital	**3% (4/120)**
Paper only	**3% (4/120)**
Digital only	**34% (41/120)**
None	**59% (71/120)**

Tertiary hospital records:



Response option	UK result
Paper and digital	**3% (4/120)**
Paper only	**5% (6/120)**
Digital only	**40% (48/120)**
None	**52% (62/120)**