



**North Lancashire**

# **SAFEGUARDING CHILDREN AND VULNERABLE ADULTS POLICY (INCORPORATING STANDARDS FOR SERVICE DELIVERY)**

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## **1. INTRODUCTION**

NHS North Lancashire, as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children they deal with; and to protect vulnerable adults from abuse or the risk of abuse.

In discharging these statutory duties/responsibilities account must be taken of *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004* (HM Government 2007); *Working Together to Safeguard Children* (HM Government 2006); *Statutory Guidance on promoting the Health and well-being of Looked After Children* (DH 2009); *No Secrets* (DH and Home Office 2000); *Mental Capacity Act 2005: Code of Practice* (Department for Constitutional Affairs 2007), and the policies and procedures of the Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (LSAB).

As a commissioning organisation we are also required to ensure that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect vulnerable adults from abuse or the risk of abuse; that health providers are linked into the Local Safeguarding Children Safeguarding Adult Boards and that health workers contribute to multi-agency working.

This policy has two functions: it details the roles and responsibilities of NHS North Lancashire as a commissioning organisation and that of its employees; whilst at the same time provides clear service standards against which independent healthcare providers and NHS North Lancashire will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

### **1.1 Scope**

This policy aims to ensure that no act or omission by NHS North Lancashire as a commissioning organisation, or via the services it commissions, puts a service user inadvertently at risk; and that rigorous systems are in place to proactively safeguard and promote the welfare of children, and to protect vulnerable adults from abuse, or the risk of abuse, and to support staff in fulfilling their obligations.

The policy applies to NHS North Lancashire as a commissioning organisation; it also provides clear standards against which healthcare providers, including independent contractor services, will be expected to comply with.

This document will be reviewed, every two years or in line with changing national and local guidance.

### **1.2 Principles**

In developing this policy NHS North Lancashire recognises that safeguarding children and vulnerable adults is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. In

order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- the commitment of senior managers to safeguarding children and vulnerable adults
- clear lines of accountability within the organisation for work on safeguarding
- service developments that take account of the need to safeguard all service users, and is informed, where appropriate, by the views of service users
- staff training and continuing professional development so that staff have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and vulnerable adults.
- Safe working practices including recruitment and vetting procedures
- Effective interagency working, including effective information sharing

## 1.3 Definitions

### Children

In this policy, as in the Children Act 1989 and 2004, **a child** is anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' therefore means children and young people throughout.

**Safeguarding children** is defined in the Joint chief Inspectors' report *Safeguarding Children (2002)* as:

- All agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare is minimised; and
- Where there are concerns about children and young people's welfare all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in partnership with other agencies.

### Vulnerable adult

The definition of a vulnerable adult is that which is used within the Safeguarding Vulnerable Groups Act 2006; for the purpose of this policy a vulnerable adult is any person over the age of 18 years who is in receipt of healthcare which includes treatment, therapy or palliative care

Definitions of abuse are contained within the glossary section of the policy

## 2. SAFEGUARDING CHILDREN AND VULNERABLE ADULTS

### 2.1 Roles and responsibilities

#### 2.1.1 Chief Executive

- Ensures that the health contribution to safeguarding and promoting the welfare of children and vulnerable adults is discharged effectively across the whole local health economy through the organisation's commissioning arrangements;

- ensures that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all services users across North Lancashire are safeguarded from abuse or the risk of abuse;
- ensures that safeguarding children and vulnerable adults is identified as a key priority area in all strategic planning processes;
- ensures that safeguarding children and vulnerable adults is integral to clinical governance and audit arrangements;
- ensures that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding children and vulnerable adults which are in line with Local Safeguarding Children and Adult Board procedures, and are easily accessible for staff at all levels of each organisation;
- ensures that service specifications drawn up by NHS North Lancashire as a commissioning organisation include clear service standards for safeguarding children and vulnerable adults; these service standards are monitored thereby providing assurance that safeguarding standards are met;
- ensures that all staff in contact with children, adults who are parents/carers and vulnerable adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and vulnerable adults, know how to act on those concerns in line with local guidance;
- ensures the organisation co-operates with the Local Authority in the operation of the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB);
- ensures that all health organisations with whom NHS North Lancashire has commissioning arrangements have links with their Local Safeguarding Children and Safeguarding Adult Boards.

### **2.1.2 Executive Directors**

- Ensure that their Directorate has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding children and vulnerable adults;
- ensure that all service specifications, invitations to tender and service contracts fully reflect safeguarding requirements as outlined in this policy document with specific reference to the clear standards for service delivery (see appendices).

### **2.1.3 Senior Managers**

- Ensure that service plans /specifications /contracts/invitations to tender etc include reference to the standards expected for safeguarding children and vulnerable adults;
- ensure that on recruitment of staff working with children and or vulnerable adults, or handling information on children and or vulnerable adults, that references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, that qualifications are checked and that CRB checks are undertaken in line with national and local guidance;

- ensure that staff in contact with children, adults who are parents/carers and vulnerable adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect, know how to act on those concerns in line with local guidance;
- ensure safeguarding responsibilities are reflected in all job descriptions and the KSF framework relevant to the job role.

#### **2.1.4 Individual Staff Members**

- to be alert to the potential indicators of abuse or neglect for children and vulnerable adults and know how to act on those concerns in line with local guidance
- to take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding children and vulnerable adults;
- understand the principles of confidentiality and information sharing in line with local and government guidance;
- all staff contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect children and vulnerable adults

### **3. IMPLEMENTATION**

#### **3.1 Method of Monitoring Compliance**

The standards expected of NHS North Lancashire and all healthcare providers are detailed in the appendices. Compliance will be measured by annual audit – an audit tool will be made available to all providers to facilitate the recording of information.

Note: all allegations of abuse made against a worker and any Serious Untoward Incident against a child or vulnerable adult to be notified to the [Barbara Campbell – Head of Safeguarding & Patient Safety to whom information notified] (see section 3.3 for contact details)

The effectiveness of the policy will be monitored via NHS North Lancashire on an annual basis.

#### **3.2 Breaches of Policy**

This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to The Trust so that the level of risk can be assessed and an action plan can be formulated (see section 3.3 for contact details).

### 3.3 Contact Details

Barbara Campbell Head of Safeguarding & Patient Safety NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 01524 519321 Email: <a href="mailto:barbara.campbell@nhs.net">barbara.campbell@nhs.net</a>	Anne Kopcke Designated Nurse NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 07788 416457 Email: <a href="mailto:anne.kopcke@nhs.net">anne.kopcke@nhs.net</a>	Margaret Hey Safeguarding Manager NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 01524 519326 Email: <a href="mailto:Margaret.hey@nhs.net">Margaret.hey@nhs.net</a>
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## 4. REFERENCE DOCUMENTS

In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Local Safeguarding Children and Adults Board.

### Statutory Guidance

Department of Health, Home Office (2000) *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (issued under Section 7 of the Local Authority Social Services Act 1970)

Department of Health et al (2000) *Framework for the Assessment of Children in Need and their Families*, London, HMSO

Department of Health et al (2009) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham, DCSF publications

Department for Constitutional Affairs (2007) *Mental Capacity Act 2005: Code of Practice*, TSO: London

HM Government (2006) *Working Together to Safeguard Children*, London, TSO

HM Government (2007) *Safeguarding children who may have been trafficked*, DCSF publications

HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*, DCSF publications

HM Government (2008) *Safeguarding Children in whom illness is fabricated or induced*, DCSF publications

HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage*, Forced Marriage Unit: London

Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005*, London TSO

### **Non-statutory guidance**

HM Government (2008) *Information Sharing: Guidance for practitioners and managers*, DCSF publications

HM Government (2006) *What to do if you're worried a child is being abused*, DCSF publications

Royal College Paediatrics and Child Health et al (2006) *Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health*

### **Best practice guidance**

Department of Health (2004) Core Standard 5 of the *National Service Framework for Children Young People and Maternity Services* plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children

Department of Health (2009) *Responding to domestic abuse: a handbook for health professionals*

HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*, Forced Marriage Unit: London

### **Local Safeguarding Children Board**

Policies, procedures and practice guidance accessible at: [http://www.lancashire.gov.uk/education/safe\\_child\\_board/safeguarding\\_children\\_procedures/index.asp](http://www.lancashire.gov.uk/education/safe_child_board/safeguarding_children_procedures/index.asp)

Learning and Recommendations from Serious Case Review accessed at: <http://www.lancashire.gov.uk/education/safe%5Fchild%5Fboard/serious%5Fcase%5FReview/>

### **Local Safeguarding Adults Board**

Policies, procedures and practice guidance accessible at: <http://www.lancashire.gov.uk/acs/sites/safeguarding/professionals/policies-procedures/index.asp?siteid=3552&pageid=13747&e=e>

### **Care Quality Commission**

Care Quality Commission (2009) *Guidance about compliance: Essential Standards of Quality and Safety*

### **Independent safeguarding authority**

HM Government (2009) *The Vetting and Barring Scheme guidance: October 2009*

## 5. Glossary

CAF	Common Assessment Framework
LSCB	Local Safeguarding Children Board
LSAB	Local Safeguarding Adult Board
LAC	Looked After Children

### 5.1 Categories of abuse

#### **Abuse of children:**

For **children's** safeguarding, the definitions of abuse are taken from *Working Together to safeguard Children* (HM Government, 2006).

**Abuse and neglect:** Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children

**Physical abuse:** May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

**Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

**Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

#### **Abuse of vulnerable adults:**

For **adult** safeguarding, the definitions are taken from *No Secrets* (Department of Health and the Home Office, 2000).

Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. Of particular relevance are the following descriptions of the forms that abuse may take:

**Physical abuse:** including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

**Sexual abuse:** including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

**Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or material abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and acts of omission:** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Discriminatory abuse:** including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

**Appendix 1. Safeguarding standards for NHS North Lancashire and health care providers (excluding independent contractor services).**

	Standard	Components of standard
<b>1. Leadership</b>		
1.1	There is a board lead for safeguarding children and vulnerable adults (these roles can be combined)	<ul style="list-style-type: none"> <li>- Their job description clearly identifies their safeguarding responsibilities</li> </ul>
1.2	The organisation is linked into the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB)	<ul style="list-style-type: none"> <li>- There is representation at a senior level</li> <li>- There is a clear written statement of their roles and responsibilities in relation to this work</li> <li>- The organisation contributes to the work of the Safeguarding Boards, including participation within its sub groups</li> </ul>
1.3	<p>There is a named lead for safeguarding children and a named lead for vulnerable adults.</p> <p>The focus for the named professionals is safeguarding within their own organisation.</p>	<ul style="list-style-type: none"> <li>- All NHS Trusts providing services for children must identify a named doctor and named nurse for safeguarding children; (where maternity services are provided, a named midwife for safeguarding children will be identified. Job Description). roles and responsibilities for the named doctor and nurse for safeguarding children are detailed in the Intercollegiate document, <i>Child Protection Roles and Competencies for Health Staff</i> (2006).</li> <li>- Safeguarding leads should have expertise in adult and/or child health services dependent on their role and responsibilities; should understand the nature of abuse and neglect and the local arrangements for safeguarding children / vulnerable adults.</li> <li>- Supervision arrangements should be in place for the safeguarding lead in respect of their safeguarding responsibilities; an annual appraisal will include a review of the job role.</li> <li>- Safeguarding leads will have sufficient time, support and flexibility to carry out their responsibilities – this should be detailed in their job plans</li> </ul>
<b>2. Governance arrangements / Quality Assurance</b>		
2.1	The PCT board regularly reviews safeguarding across the organisation.	<ul style="list-style-type: none"> <li>- The PCT board should receive regular reports on their arrangements for safeguarding. At a minimum an annual report should be presented at board level with the expectation that this will be made public.</li> <li>- Reports on safeguarding may also be included within another report, e.g. the Clinical Governance, risk management, patient and staff experience groups</li> </ul>
2.2	An adverse incident reporting system is in place which identifies circumstances/incidents which have compromised the safety and welfare of children and or vulnerable adults	<ul style="list-style-type: none"> <li>- All serious untoward Incidents (SUI) compromising the safety and welfare of children and vulnerable adults are to be reported to The Safeguarding Patient Safety Commissioning Team lead as seen in 3.3 within the NHS Safeguarding Children and Vulnerable Adults Policy (incorporating Standards for Service Delivery)</li> <li>- All complaints that refer to the safety of children and vulnerable adults are referred and investigated thoroughly as per protocol. Findings outlined within annual PCT board annual report.</li> </ul>

2.3	A programme of internal audit and review is in place that enables the organisation to continuously improve the protection of all service users from abuse or the risk of abuse.	Audits of safeguarding arrangements to include progress on action to implement recommendations from: <ul style="list-style-type: none"> <li>- Serious Case Reviews</li> <li>- Internal management reviews as a consequence of SUI's compromising the safety/welfare of service users</li> <li>- Reports from national bodies e.g. Ofsted, Care Quality Commission,</li> <li>- View timescales, action plans and evidence of implementation.</li> </ul>
2.4	All new referrals to Children's Social Care from Health Professionals referrer must be aware of outcome and decision documented within records.	- Evidence within records. Conflict or disputes actioned as per protocol.
<b>3. Safeguarding policies, procedures and systems</b>		
3.1	Staff at all levels, have easy access to safeguarding children and vulnerable adult policies and procedures. These policies and procedures must be consistent with statutory, national and local guidance.	<ul style="list-style-type: none"> <li>- Policies and procedures are updated regularly to reflect any structural, departmental and legal changes</li> <li>- All policies and procedures undergo an equalities impact assessment</li> <li>- All policies and procedures must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness and to ensure they are working in practice.</li> <li>- Policies and procedures to specifically consider children and vulnerable adults in special circumstances, e.g. those with a disability, those who do not speak English as their first language</li> </ul> <p>Local Safeguarding Adult policies can be accessed at:  <a href="http://www.lancashire.gov.uk/acs/sites/safeguarding/professionals/policies-procedures/index.asp?siteid=3552&amp;pageid=13747&amp;e=e">http://www.lancashire.gov.uk/acs/sites/safeguarding/professionals/policies-procedures/index.asp?siteid=3552&amp;pageid=13747&amp;e=e</a></p> <p>Local Safeguarding Children policies can be accessed at:  <a href="http://www.lancashire.gov.uk/education/safe_child_board/safeguarding_children_procedures/index.asp">http://www.lancashire.gov.uk/education/safe_child_board/safeguarding_children_procedures/index.asp</a></p>
3.2	There are clear procedures for recording and reporting concerns, suspicions and allegations of abuse to children and to vulnerable adults in line with national and local guidance.	<ul style="list-style-type: none"> <li>- The procedures include a process for recording and reporting abuse.</li> <li>- View policy/pathway</li> </ul>
3.3	There is a process for resolving cases where health professionals have a difference of opinion in relation to safeguarding concerns for children and vulnerable adults	- Evidence of process procedure for resolving difference of opinion in relation to a safeguarding concern.

3.4	There is clear guidance on how to respond to a disclosure of abuse from all children and vulnerable adults which includes a confidentiality policy and procedure.	- <b>Evidence of procedural guidance, flowchart and confidential policy.</b>
3.5	There is clear guidance on managing allegations against staff and volunteers working with children and or vulnerable adults in line with those of the LSCB and LSAB.	<p>This includes identifying a Senior Officer who has overall strategic responsibility for ensuring the organisation operates the procedures; and a nominated Senior Manager to whom all allegations or concerns are reported; and a deputy in his/her absence. The procedure <b>must</b> be followed when there are concerns that any person in a position of trust (whether paid or unpaid) has:-</p> <ul style="list-style-type: none"> <li>- behaved in a way that has harmed a child and or vulnerable adult, or may have harmed a child and or vulnerable adult</li> <li>- possibly committed a criminal offence against or related to a child or vulnerable adult</li> <li>- behaved towards a child or vulnerable adult in a way that indicates s/he is unsuitable to work with children or vulnerable adults</li> </ul> <p>All cases will be reported through the monthly clinical review meeting called by the Commissioner All substantiated cases to be reported to the staff as at 3.3 in addition to other regulatory bodies.</p> <p>- Whistle blowing policies</p>
3.6	There are robust complaints and whistle blowing policies/procedures in place	- A guarantee is provided to staff and service users that using the procedures appropriately will not prejudice their own position or prospects.
3.7	There is a process for ensuring that all patients are routinely asked about dependents such as children, or about any caring responsibilities	- Contained within organisations, documentations, reports and clinical assessments.
<b>The following policies, procedures and systems applies only to providers of services to children and young people</b>		
3.8	There is clear guidance as to the action to take where there is concern a child is being deliberately harmed through fabricating or inducing illness (FII). Guidance to be in line with national and LSCB guidance.	<ul style="list-style-type: none"> <li>- Whilst guidance will reflect that of LSCB it must also identify the referral pathway for practitioners within the healthcare setting</li> <li>- Statistical evidence of fabricated induced illness referrals and outcomes achieved.</li> </ul>
3.9	There is clear guidance for practitioners working with sexually active children under 18 years which is in line with that of LSCB	<ul style="list-style-type: none"> <li>- Whilst the procedure will apply to all sexually active young people under 18, <b>it is essential that all cases involving under 13s are discussed with the organisation's named professional for safeguarding</b> – advice can also be sought Children's Social Care or Police Protection Unit (PPU)</li> <li>- All cases involving under 13s should be fully documented including detailed reasons where a decision is taken not to share information</li> <li>- Review referrals made and outcomes achieved.</li> </ul>

3.10	There is clear guidance for dealing with children and young people who are at risk of domestic violence, and for recognising /acting on concern	<ul style="list-style-type: none"> <li>- Guidance to be informed by <i>Improving safety, Reducing harm Children, young people and domestic violence: A practical toolkit for front line practitioners</i> (DH 2009) accessed at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108697">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108697</a></li> <li>- Robust Domestic Abuse Policy, multi-agency risk assessment conference and Domestic Abuse Notification systems.</li> </ul>
3.11	There is a process for following up children who do not attend an appointment for specialist care.	<ul style="list-style-type: none"> <li>- This will ensure the clinician and referrer are aware that the child has not attended and can take any follow up action considered appropriate to ensure the child's needs are bring met.</li> <li>- This process must be audited on a regular basis (at least annually) to ensure that it is working</li> </ul>
3.12	There is a system for flagging children for whom there are safeguarding concerns	<ul style="list-style-type: none"> <li>- This process must be audited on a regular basis (at least annually) to ensure that it is working</li> </ul>
3.13	General guidance is provided to staff on appropriate behaviours when working with children and young people in line with national and local guidance.	<ul style="list-style-type: none"> <li>- Detailed guidance on safe working practices for adults who work with children is available on the DCSF website at <a href="http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00311/">http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00311/</a></li> </ul>
<b>The following procedure applies to NHS commissioning organisations and hospitals providing care for adults</b>		
3.14	There are clear procedures on the implementation and management of Deprivation of Liberty Safeguards in line with the Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice	<ul style="list-style-type: none"> <li>- Managing authorities, i.e. hospitals providing in patient facilities for adults, must have in place a procedure that identifies whether a deprivation of liberty is or may be necessary; what steps are taken to assess whether to seek an authorisation; whether all practical and reasonable steps have been taken to avoid a deprivation of liberty; what action they should take if they do need to request an authorisation; how they review cases; and who should take the necessary action;</li> <li>- Supervisory bodies to have in place a procedure that identifies the action they should take, who should take it and within what timescales.</li> <li>- Supervisory bodies and managing authorities must have in place a procedure that identifies what actions should be taken when an urgent authorisation needs to be made; who should take that action; and within what timescales.</li> <li>- Supervisory bodies and managing authorities must have in place processes for reviewing deprivation of liberty and reducing the levels of restriction where reasonably possible</li> </ul>
<b>4. Parents/carers experiencing personal problems</b>		
4.1	All staff working with parents or carers who are experiencing personal problems (including substance misuse, mental health issues, domestic abuse and learning disabilities) must give consideration to the needs of the children and where necessary ensure that they are assessed and	<ul style="list-style-type: none"> <li>- Front line practitioners working with children where there may be issues of compromised parenting must ensure that a CAF has been completed and that where there is an identified need for a coordinated approach to the delivery of services the case will be managed under local procedures for children in need of support.</li> <li>- Where a child is thought to be at risk of significant harm a referral must be made to children's social care in line with local procedures, all telephone referrals must be followed up in writing within 48 hours using the</li> </ul>

	appropriate referrals are made	agreed interagency processes.
<b>5. Domestic violence (including forced marriage and honour based violence)</b>		
5.1	The organisation takes account of national and local guidance to safeguard those children and adults experiencing domestic abuse.	<ul style="list-style-type: none"> <li>- Front line practitioners should be trained and equipped to include routine questions about domestic violence, including in ante-natal care;</li> <li>- Front line practitioners should be clear about the referral processes to MARAC and to be able to evidence participation</li> <li>- Information about local services on domestic violence is available to all women whether they are affected by domestic violence or not;</li> <li>- There is clear guidance for staff and managers for employees experiencing domestic violence</li> <li>- There are clear processes for supporting /dealing with employees who are perpetrators of domestic abuse</li> </ul> <p>Further specific guidance is available in the tool kit for front line practitioners <i>Improving safety, Reducing harm Children, young people and domestic violence</i> (DH 2009) accessed at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108697">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108697</a></p>
5.2	<p>There is a designated person within the organisation who is accountable for promoting awareness of forced marriage - this may be incorporated into the position of the safeguarding children, safeguarding adult or domestic abuse lead.</p> <p>The organisation takes account of statutory and best practice guidance for forced marriage.</p>	<ul style="list-style-type: none"> <li>- There is a named person whose responsibility it is to ensure that cases of forced marriage are handled, monitored and recorded properly</li> <li>- Policies and procedures are in place to protect those facing forced marriage. These can be incorporated into existing policies and procedures in relation to safeguarding children, safeguarding vulnerable adults and protecting victims of domestic violence</li> <li>- Front-line staff dealing with cases of forced marriage have access to, and are strongly recommended to consult, the practice guidelines issued by the Forced Marriage Unit.</li> </ul> <p>statutory guidance can be accessed at: <a href="http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-right-to-choose">http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-right-to-choose</a></p> <p>guidance for professionals is available at: <a href="http://www.fco.gov.uk/en/global-issues/human-rights/forced-marriage-unit/info-for-professionals">http://www.fco.gov.uk/en/global-issues/human-rights/forced-marriage-unit/info-for-professionals</a></p>
<b>6. Information sharing</b>		
6.1	There are agreed systems, standards and protocols for sharing information within the service and between agencies in accordance with national and local guidance	<ul style="list-style-type: none"> <li>- Staff understand what to do and the most effective ways of sharing information if they believe a child may require particular services in order to achieve their optimal outcomes;</li> <li>- staff understand what to do and when to share information if they believe a child may be at risk of significant harm or an adult is at serious risk of harm;</li> <li>- agency-specific guidance is produced to complement guidance issued by central government and training is</li> </ul>

		<p>made available to existing and new staff as part of their induction programme and ongoing training;</p> <ul style="list-style-type: none"> <li>- managers are fully conversant with the legal framework and good practice guidance issued for practitioners</li> <li>- Caldicott Guardian</li> </ul>
<b>7. Inter-agency working</b>		
7.1	The organisation embeds CAF / single assessment processes within its existing systems and processes	<ul style="list-style-type: none"> <li>- The organisation has in place sufficient staff who are trained and competent to complete a CAF in their work with children and families and or adults who may be parents or carers.</li> <li>- Where there are concerns that a child is in need of additional services practitioners should work within Lancashire County Council's framework for the Common Assessment Framework. Operational guidance on CAF can be accessed at: <a href="http://www.lancashire.gov.uk/education/childrenstrusts/reports/pdf/lancashire_caf_operational_guidance.pdf">http://www.lancashire.gov.uk/education/childrenstrusts/reports/pdf/lancashire_caf_operational_guidance.pdf</a></li> <li>- The organisation has in place sufficient staff who are trained and competent in the single assessment process when working with vulnerable adults.</li> <li>- Evidence to demonstrate integrated working is part of all front line staff objectives</li> </ul>
7.2	The organisation works with partners to protect children and vulnerable adults and participates in reviews as set out in statutory, national and local guidance	<ul style="list-style-type: none"> <li>- Staff to provide, when requested, written and verbal information on their involvement with a child and or family to inform the case discussion in relation to Serious Case Reviews; Child Death Overview Processes; MARAC; MAPPA</li> <li>- Professionals who are invited to attend a multi-agency meeting in relation to safeguarding a child or vulnerable adult must prioritise to attend; and will submit a written report where requested to do so. The report will include a chronology of their involvement, assessment and analysis of the capacity of parent / carers to meet the needs of the child/vulnerable adult and recommendations for action</li> </ul>
7.3	The organization works with partners to protect children by engaging with the CDOP, Serious Case Review (SCR) and Multi Agency Risk Assessment Conference (MARAC) Processes and local protocols	<ul style="list-style-type: none"> <li>- The organization has in place robust protocols and processes that demonstrate multi agency working and improved outcomes for children.</li> <li>- Systems are in place to manage processes effectively</li> <li>- Lessons learned, actions, timescales.</li> </ul>
<b>8. Safe recruitment practices</b>		
8.1	Robust recruitment and vetting procedures are in place to help prevent unsuitable people from working with vulnerable adults and children.	<p>Vetting and Barring Scheme</p> <ul style="list-style-type: none"> <li>- Staff working in a 'regulated activity' which involves providing care, treatment, advice, guidance, therapy or transport to children and vulnerable adults and this work is being carried out frequently (one day a week or more), intensively (four days or more in one month or more or overnight must have an enhanced CRB check</li> <li>- Staff working in 'controlled activities' in general healthcare settings and meeting the frequency test identified above, will require a standard CRB check; from April 2010 this will be extended to an enhanced CRB. Controlled activities also include positions which involve access to health/medical records of children and</li> </ul>

		<p>vulnerable adults where the person will have the opportunity to build up patient relationships with these vulnerable groups. This does not include positions that have access to staff records or sensitive data in general so will not include positions such as HR or finance.</p> <ul style="list-style-type: none"> <li>- The above requirements apply to new recruits and staff changing jobs on or after 12<sup>th</sup> October 2009. There is no requirement to start carrying out blanket checks on existing staff who are not changing jobs as there is a structured phasing in programme to which all organisations will be required to comply.</li> <li>- For staff working with children and or vulnerable adults references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, qualifications are checked and the appropriate CRB check is undertaken in line with national and local guidance.</li> </ul> <p>The NHS Employment Check Standards (NHS Employers 2008) provides detailed guidance on the necessary checks in respect of all applicants (i.e. for NHS positions and for staff in ongoing NHS employment, including temporary staff, staff on fixed term contracts, volunteers, students, trainees, agency staff and contractors) accessed at: <a href="http://www.nhsemployers.org/primary/primary-3524.cfm">http://www.nhsemployers.org/primary/primary-3524.cfm</a></p>
8.2	Safeguarding responsibilities are reflected in all job descriptions relevant to role and responsibilities	
8.3	Staff involved in employing staff are trained in the processes of 'safe recruitment'	<ul style="list-style-type: none"> <li>- Assurances received that each organization is stage of registration or registered with ISA. Demonstrate that they maintain the requirement, notify of any non-compliance.</li> <li>- All Job Descriptions contain safeguarding element re roles/responsibilities relevant to post.</li> <li>- Safe recruitment training in place,</li> <li>- Protocols and procedures.</li> <li>- Policy dissemination to staff</li> <li>- Statistical evidence non compliance</li> </ul>
<b>9. Record keeping</b>		
9.1	Staff working with children and vulnerable adults record their work in accordance with statutory and best practice guidance.	<ul style="list-style-type: none"> <li>- All staff maintain an accurate, clear record of their involvement on a routine basis. The record is clear, accessible, comprehensive and contemporaneous with both judgments made and decisions taken carefully recorded. The record is dated, signed and the persons name legibly written at the end of the record entry;</li> <li>- Where there are concerns about a child's or vulnerable adult's welfare, all concerns, discussions about the child / vulnerable adult, decisions made and the reasons for those decisions must be recorded in writing in the child's/adults records;</li> <li>- For services working with children: on first contact with a child basic personal information must be recorded. This information includes: full name; address; gender; date of birth; school; names of persons with parental responsibility; primary carers (if different). Information to be kept up to date.</li> </ul>

<b>10. Supervision and support</b>		
10.1	Staff working directly with children and vulnerable adults have access to advice support and supervision to enable them to manage the stresses inherent with this work	<ul style="list-style-type: none"> <li>- Access to advice / support is available to all staff working with children and vulnerable adults</li> <li>- For front line practitioners working directly with children, young people and vulnerable adults where there are concerns about harm, self-harm or neglect this will include the supervisor regularly reading the case files to review and record in the file whether the work undertaken is appropriate to the child's/adults current needs and circumstances, and is in accordance with the agency's responsibilities.</li> </ul>
10.2	Named professionals seek advice from designated professionals for complex issues or where concerns may have to be escalated.	<ul style="list-style-type: none"> <li>- Evidence of documented advice and support, supervision provided.</li> </ul>
<b>11. Staff training and continuing professional development</b>		
11.1	There is a funded training strategy for safeguarding	<ul style="list-style-type: none"> <li>- The training strategy should include training on safeguarding children; safeguarding vulnerable adults; the interagency process that support safeguarding practices including CAF, Lead Professional, Contact point; Information Sharing; single assessment process,</li> <li>- Training programmes should be tailored to address the identified needs of staff at different levels in the organisation and stages of professional development. Training must reflect statutory and local guidance such as <i>Working Together to Safeguard Children</i>; <i>Intercollegiate document, Child Protection Roles and Competencies for Health Staff</i> (2006) and the LSCB /LSAB training strategies</li> <li>- Training must be audited to ensure its effectiveness and quality assured</li> <li>- Training takes account of emerging messages from national and local reviews of safeguarding</li> </ul>
11.2	All staff (including administrative staff) have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and vulnerable adults.	<ul style="list-style-type: none"> <li>- At a minimum: <ul style="list-style-type: none"> <li>o Staff in contact or working with children, adults who are parents/carers and vulnerable adults have a mandatory induction, which includes familiarization with their safeguarding responsibilities and the policies and procedures to be followed if they have a concern about a child's welfare or the safety of a vulnerable adult. Induction training should be completed within the first 6 months of employment;</li> <li>o regular refresher training should be provided every 3 years</li> </ul> </li> </ul>
11.3	Staff required to use restrictive physical interventions have received specialist training. Specialist training should include the legal duties enshrined in the Mental Capacity Act 2005 (including the law relating to assault against a person) and national guidance on consent for examination or treatment.	<ul style="list-style-type: none"> <li>- Staff understand when different types of restraint are or are not appropriate, prioritizing de-escalation or positive behaviour support over restraint where possible</li> <li>- Know whether and what type of restraint should be used in a way that respects dignity and protects human rights where possible</li> <li>- Understand that restraint should only be used as a last resort .where it is necessary and proportionate, and that restraint used should be the least restrictive and for the minimum amount of time to ensure that harm is prevented and that the person, and others around them are safe</li> </ul>

Standards 12 apply only to healthcare providers offering in-patient facilities to children under 18 years only				
12.1	There is clear guidance on the management of children admitted to adult wards which ensures that care is delivered in a safe environment	<ul style="list-style-type: none"> <li>- In those circumstances where under 18's are admitted to adult mental health wards account is taken of the set of criteria outlined in the document 'Safe &amp; Appropriate Care for Young People on Adult Mental Health Wards (2009)</li> <li>- Transitional policies</li> </ul>		
12.2	There is clear guidance as to the discharge of children for whom there are child protection concerns.	<ul style="list-style-type: none"> <li>- No child about whom there are child protection concerns is discharged from hospital without a documented plan for the future care of the child. This plan must include follow up arrangements.</li> <li>- The need to safeguard a child should always inform the timing of their discharge, so that the likelihood of harm can be assessed while he or she is in hospital.</li> <li>- Discharge Plans, Discharge Policies/Procedures.</li> </ul>		
12.3	Specialist paediatric advice is available at all times	- Document out of hours service paediatric cover.		
12.4	The child's GP and health visitor/school nurse is notified of admissions	- Where a child is not registered with a GP the parent/carer should be advised to register the child with a local GP practice.		
12.5	NHS North Lancs and the Local Authority shall be notified of any child (normally resident in Central NHS North Lancashire likely to be accommodated for a consecutive period of at least 3 months; or with the intention of accommodating him/her for such a period (ref s.85 & s.86 CA1989).	<p>Contact details: Head of Safeguarding and patient Safety and Designated Nurse</p> <table border="1"> <tbody> <tr> <td>Barbara Campbell Head of Safeguarding &amp; Patient Safety NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 01524 519321 Email: <a href="mailto:barbara.campbell@nhs.net">barbara.campbell@nhs.net</a></td> <td>Anne Kopcke Designated Nurse NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 07788 416457 Email: <a href="mailto:anne.kopcke@nhs.net">anne.kopcke@nhs.net</a></td> </tr> </tbody> </table>	Barbara Campbell Head of Safeguarding & Patient Safety NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 01524 519321 Email: <a href="mailto:barbara.campbell@nhs.net">barbara.campbell@nhs.net</a>	Anne Kopcke Designated Nurse NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 07788 416457 Email: <a href="mailto:anne.kopcke@nhs.net">anne.kopcke@nhs.net</a>
Barbara Campbell Head of Safeguarding & Patient Safety NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 01524 519321 Email: <a href="mailto:barbara.campbell@nhs.net">barbara.campbell@nhs.net</a>	Anne Kopcke Designated Nurse NHS North Lancs Moor Lane Mills Moor Lane Lancaster LA1 1QD Tel: 07788 416457 Email: <a href="mailto:anne.kopcke@nhs.net">anne.kopcke@nhs.net</a>			
12.6	There is clear guidance on the management of children admitted to inpatient facilities and who subsequently die that ensures that the CDOP co-ordinator is informed of the child death and that protocol is followed.	- Evidence of local protocol to be demonstrated.		

<b>Standards 13 apply only to Providers of Child and Adolescent Mental Health Services (CAMHS)</b>		
13.1	As part of the assessment and care planning, child and mental health professionals should identify whether abuse or neglect, or domestic abuse, are factors in a child's mental health problems and should ensure that this is addressed appropriately in the child's treatment and care, and where a child is currently affected, referral is made in line with LSCB procedures	<ul style="list-style-type: none"> <li>- Evidence within Care Plans, referrals to Children's social care section 47.</li> <li>- Common Assessment Frameworks</li> <li>- Referral rates</li> </ul>
13.2	There are clear procedures for staff to follow in situations when inpatient beds are required but not immediately available within the relevant service.	<ul style="list-style-type: none"> <li>- The rationale that a young person needs admission is often related to a perceived level of clinical risk; procedures need to be in place to manage this risk effectively for all young people, including those who traditionally may not fit a unit's criteria. Clear procedures are also needed to enable families to make informed decisions about care</li> </ul>
<b>Standards 14 apply only to providers of in-patient facilities for adults and A&amp;E Departments</b>		
14.1	Deprivation of Liberty Safeguards is only used when it is in the best interests of the person.	<ul style="list-style-type: none"> <li>- The service will, if allowed by legislation, only request authorisation under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards as appropriate under the Act</li> <li>- DOL safeguard procedures to be in place and followed</li> <li>- The service implements and reviews any subsequent authorisations in line with guidance</li> </ul>
14.2	The use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual	<ul style="list-style-type: none"> <li>- The use of restraint should be discussed, agreed and documented in advance wherever possible; is used as a last resort and is the minimum response necessary for the shortest possible time, to make the individual and others as safe as possible.</li> <li>- Where restraint is used it is documented and followed by an assessment of the person restrained and others involved in the restraint for signs of injury and any emotional or psychological impact</li> </ul>
14.3	Rapid tranquilisation will only be used in accordance with NICE clinical guidelines on Violence	<ul style="list-style-type: none"> <li>- There is clear guidance on the use of rapid tranquilisation in line with NICE clinical guidance on Violence: the short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments (2005)</li> </ul>
<b>Standards 15 apply only to adult mental health services only (including those providing general adult and community services, forensic, psychotherapy, alcohol and substance misuse and learning disability services)</b>		
15.1	Practitioners working within adult mental health services should routinely record details of patient's responsibilities in relation to children, and consider the support needs of patients who are parents and of their children, in all aspects of their work using the Care Programme Approach (CPA)	<ul style="list-style-type: none"> <li>- Evidence with Care Programme approach</li> <li>- Robust communication pathways</li> </ul>

15.2	All inpatient mental health services must have policies and procedures relating to children visiting inpatients as set out in the <i>Guidance on the Visiting of Psychiatric Patients by Children</i> (HS 1999/222:LAC (99)32), to NHS Trusts	<ul style="list-style-type: none"> <li>- Mental health practitioners must consider the needs of children whose parent or relative is an inpatient – whether formal or informal – in a mental health unit, and make appropriate arrangements for them to visit if this is in the child's best interests.</li> <li>- Risk Assessments</li> </ul>
15.3	Staff routinely assess the risk and history of abuse and the person's vulnerability to abuse, including predatory behaviour or sexual vulnerability and manage any identified risks	- Evidence within Care Programme approach.
15.4	A consultant psychiatrist should be directly involved in all clinical decision making for service users who may pose a risk to children	- Evidence within Care Programme approach re consultant involvement.
15.5	All assessment, CPA monitoring, review, and discharge planning documentation and procedures should prompt staff to consider if the service user is likely to have or resume contact with their own child or other children in their network of family and friends, even when the children are not living with the service user	<ul style="list-style-type: none"> <li>- Care programme meetings to include consideration of the needs of any children and young people (including the unborn child) involved and possible risks of harm to them when making arrangements for inpatient visits, leave arrangements and discharge from an institutional setting and their ongoing treatment;</li> <li>- where a service user resumes or has contact with children, this should trigger an assessment of whether there are any actual or potential risks to the children, including delusional beliefs involving them, and drawing on as many sources of information as possible, including compliance with treatment;</li> <li>- safeguarding policy, protocol or guidance includes specific mention that a referral should always be made to children's social care if a service user has delusional beliefs involving children and/or homicidal thinking prior to completing suicide involving their children / or where there are concerns a service user might harm their child as part of a suicide plan</li> </ul>
15.6	Safeguarding training specifically includes the risks posed to children from parents with delusional beliefs involving their children or who might harm their children as part of a suicide plan	<ul style="list-style-type: none"> <li>- Evidence within Safeguarding Training Packs</li> <li>- Evidence within Safeguarding Strategy</li> </ul>
<b>Standards 16 apply only to A&amp;E Departments, ambulatory care units, walk in centres and minor injury units</b>		
16.1	Specialist paediatric advice is available at all times to A&E departments and all units where children receive care.	- Declaration of Compliance required within Board Report
16.2	All staff working in the above named services/departments should be able to: <ul style="list-style-type: none"> <li>- recognise abuse in children /vulnerable adults</li> </ul>	<ul style="list-style-type: none"> <li>- Staff should be alert to the need to safeguard children when treating parents or carers of children.</li> <li>- Staff should be alert to parents/carers who seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries.</li> </ul>

	<ul style="list-style-type: none"> <li>- be familiar with local procedures for making enquiries to find out whether a child is subject to a child protection plan.</li> </ul>	<ul style="list-style-type: none"> <li>- Staff should know how to make a referral to children's social care where there are concerns a child has suffered or is at risk of significant harm in line with local procedures – this includes ensuring that all referrals are followed up in writing using the CAF referral process for a child protection concern.</li> <li>- Staff should know how to make a safeguarding adult alert in line with local procedures</li> </ul>
16.3	<p>All attendances for children under 18 yrs to A&amp;E, ambulatory care units, walk in centres and minor injury units should be notified to the child's GP.</p> <p>Attendances at A&amp;E will also be copied to the health visitor and or school nurse depending on the age of the child.</p>	<ul style="list-style-type: none"> <li>- Audit of notification system, timescales and areas of weakness or non-compliance.</li> </ul>
16.4	<p>All child deaths certified in A&amp;E to be notified in accordance with CDOP Procedure.</p>	<ul style="list-style-type: none"> <li>- Evidence of local protocol to be demonstrated.</li> </ul>
16.5	<p>A&amp;E staff are able to tell if a child has presented at the Accident and Emergency Department recently and if they are subject to a child protection plan and have informed Children's Social Care of such attendance.</p>	<ul style="list-style-type: none"> <li>- Review of current information systems to ensure it remains fit for purpose.</li> </ul>
<b>Standards 17 applies only to community providers offering services to children and /or families</b>		
17.1	<p>As part of the Healthy Child Programme, regular health reviews are undertaken which provide the opportunity to identify risk factors that make children more likely to experience poorer outcomes.</p>	<ul style="list-style-type: none"> <li>- Audit of health reviews</li> </ul>
17.2	<p>All professionals delivering primary care should have the necessary skills and training to carry out their role, Know when it is appropriate to refer a child to children's social care for help as a 'child in need', and know how to act on concerns a child may be at risk of significant harm.</p>	<ul style="list-style-type: none"> <li>- The child's GP should be informed when a referral has been made</li> <li>- Audit of internal management reviews, serious case reviews and significant events.</li> </ul>
17.3	<p>Community health practitioners should have a clear means of identifying in records those children (together with their parents and siblings) who are subject to a child protection plan</p>	<ul style="list-style-type: none"> <li>- Evidence of systems and protocols in place.</li> </ul>

17.4	There is good communication between GPs, community nursing services (i.e. health visiting, school nursing and community midwifery services) in respect of children for whom there are concerns.	<ul style="list-style-type: none"> <li>- Each GP practice should be informed of who their 'named' health visitor / school nurse / community midwife is and how they can be contacted.</li> <li>- Evidence of primary care and multi-disciplinary meetings</li> </ul>
<b>Standards 18 relate to NHS North Lancashire (as a commissioning organisation):</b>		
18.1	There is a designated doctor and nurse for safeguarding children to work with the nominated director and senior management within NHS North Lancashire	<ul style="list-style-type: none"> <li>- These professionals must be accountable to the Board lead for safeguarding and take a strategic, expert lead on all clinical aspects of safeguarding children throughout the health economy of NHSCl.</li> <li>- These professionals have sufficient support, time and access to training available to them to fulfil their roles and responsibilities effectively</li> </ul>
18.2	There is a named public health professional with responsibility for children in need issues including child protection as necessary.	<ul style="list-style-type: none"> <li>- Looked after children are part of the group of children in need and should be considered as part of the Joint Strategic Needs Assessment</li> <li>- Public health programmes such as Change for Life reach Looked After Children (LAC)</li> </ul>
18.3	NHS North Lancashire takes account of statutory guidance for Promoting the Health and Well being of Looked after Children (2009)	<ul style="list-style-type: none"> <li>- Arrangements are in place to meet the health needs of LAC in line with statutory guidance, this includes taking on the role of 'responsible commissioner'</li> <li>- There is a designated nurse and doctor for LAC who provides strategic and clinical leadership and advice</li> <li>- Systems are in place to ensure LAC are registered with a GP and have access to dentists near to where they are living (including arrangements to fast track the transfer of GP held clinical records). Primary care teams are supported where appropriate in fulfilling their responsibilities to looked after children</li> <li>- Arrangements and services for LAC to be monitored against agreed targets and quality standards to ensure a robust service is in place</li> <li>- Appropriate arrangements are in place for the transition from child to adult health services</li> <li>- There is effective co-ordination between health bodies, particularly at a strategic level. This will include joint working between public health, clinical health and CAMHS so as to ensure a social rather than a purely health model for promoting health</li> <li>- To ensure that in commissioning services for LAC they have sufficient clinical and strategic leadership and capacity to enable them to deliver their responsibilities as set out in statutory guidance</li> </ul>
18.4	There is a process for ensuring that families coming to the attention of NHS North Lancashire not registered with a GP are offered registration.	<ul style="list-style-type: none"> <li>- Evidence within protocols and procedures</li> </ul>
18.5	NHS North Lancashire contributes to the funding of LSCB and LSAB to enable them to discharge their functions effectively	<ul style="list-style-type: none"> <li>- Evidence of funding agreements</li> </ul>

18.6	Strategic commissioning arrangements as part of the Children's Trusts arrangements focus on health services which meet the needs of children in need, including looked after children.	- the views of children and young people are sought when developing local plans (including those of LAC)
18.7	Robust and performance monitoring systems are in place with all providers, including independent contactors/contracted services to ensure they are making appropriate arrangements to safeguard children and vulnerable adults	- Healthcare providers are provided with clear standards for service delivery - Declarations of compliance for healthcare providers and NHS North Lancashire will be scrutinised.
18.8	Independent contractors (GPs, pharmacists, dentists and optometrists) and their practice staff have robust systems and practices in place to ensure they can fulfil their role in relation to safeguarding children and vulnerable adults.	- Training update - advice and support sought - Supervision evidenced - protocol and procedures robust and reviewed bi-annually - Commissioner/Provider meetings
18.9	To have access to Sexual Assault Referral centres (SARCs) for victims of rape and sexual assault, including services for children and vulnerable adults	
18.10	Primary care teams have access to medical practitioners trained in examining, identifying and assessing children and vulnerable adults who may be experiencing abuse or neglect	to ensure that local arrangements include having in place the necessary premises, equipment and appropriately trained staff for undertaking forensic medical examinations: these arrangements to avoid repeat examinations