

**LOOKED AFTER CHILDREN QUALITY ASSURANCE FRAMEWORK
 FOR REVIEW HEALTH ASSESSMENTS**

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DOCUMENT CONTROL

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Lead Director	Director of Nursing and Patient Safety		

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Marion Griffin	Looked After Children's Nurse
Sarah Ashe	Named Nurse for Safeguarding
Rosie Elflain	Specialist Nurse for Looked After Children
All members	Healthy Care Partnership Meeting
All members	Clinical Policy Review Group
All members	Clinical Governance
All members	Senior Managers Operational Group
Andrew Sinclair	Equality and Diversity

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1. INTRODUCTION

- 1.1 **Under the Children Act 1989 and amended legislation, Somerset Partnership NHS Foundation Trust has a duty to comply with requests from the local authority to take part in the provision of services and support to children in need, and ensure the services they commission meet the particular needs of looked after children.**
- 1.2 Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. It is known from research that they frequently enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect.
- 1.3 The guidance contained in this document aims to support practitioners to promote and improve health outcomes for children and young people in care, and assist staff to carry out a comprehensive review of the health of children in care, to plan and deliver services that are tailored to individual needs in a timely manner.
- 1.4 These guidelines apply to all Public Health and Looked after Children Nurses working with the 0-19 Service for the Trust and should be read in conjunction with the statutory guidance 'Promoting the Health and Well-being of Looked after Children' (DCSF/DoH 2009) and NICE/SCIE guidance on the 'Health of Looked after Children' (2010 and modified in April 2013).

2 PURPOSE AND SCOPE

- 2.5 The review of Children's Care Regulations (1991) states that Looked After Children and Young People (LACYP) must have a formal health assessment twice a year for children under five years and annually for children and young people over five years.
- 2.1 Guidance on 'Promoting the Health and Well-being of Looked after Children' (2009) states that the Review Health Assessment should be undertaken by an appropriately qualified registered nurse/midwife. Therefore, all review health assessments for children under five will be undertaken by the named Health Visitor and for all school aged children the review will be undertaken by the named School Nurse for the school the child attends.
- 2.2 This document therefore aims to provide clarification for practitioners on the content and quality of health assessments for looked after children in line with the Statutory Guidance Promoting the Health and Well-being of Looked After Children (2009)
- 2.3 This document applies to the Looked After Children Health Team, Health Visiting Teams, School Nursing Teams and other Public Health staff.

3 DUTIES AND RESPONSIBILITIES

- 3.1 **The Trust Board** has a duty to ensure that it fulfils its statutory responsibilities to safeguard and promote the welfare of children and young people who are Looked After and placed in Somerset.

- 3.2 **The Designated Non-Executive Director** supports the Executive Lead and the Looked After Children team in all aspects of the Looked After Children and Safeguarding agenda, monitors activity and outcomes and provides additional assurance to the Board in this area.
- 3.3. **The Director of Nursing and Patient Safety** is the Executive Director Lead for Safeguarding with the Trust.
- 3.4 **The Director of HR and Workforce Development** will ensure that robust recruitment and vetting procedures are in place, including appropriate mechanisms for undertaking relevant criminal record review through the Criminal Records Bureau.
- 3.5 **The Named Nurse for Safeguarding Children** will be responsible for escalating poor quality Statutory Health Assessments through existing Safeguarding procedures. The Named Nurse for Safeguarding Children will ensure key messages regarding the health of looked after children are disseminated to Trust staff via the Children and Young People's' Service management team and other key Trust committees.
- 3.6 **All Public Health Nurses and Looked after Children (LAC) Nurses** must complete health assessment documentation to the agreed standard detailed below and within the statutory time scale.
- 3.7 **Specialist Nurse LAC** must ensure that all completed health assessments are quality assured and any that fail to meet the standard required by the Trust, are flagged in the first instance to the member of staff and their line manager, and in extreme cases to the Named Nurse for Safeguarding Children.
- 3.8 **Specialist Nurse LAC** will review the Quality Assurance Framework every three years.
- 3.9 **All Trust staff** must prioritise the provision of health services to Looked after Children.
- 3.10 **Children and Young People's Clinical Area Managers (CAMs)** are responsible for ensuring:
- That staff understand and work within the standards of this policy
 - All staff who complete review health assessments have the appropriate skills and competencies to undertake the role by receiving appropriate training
- 3.11 **Children's Social Care practitioners** are responsible for informing the Looked after Children Health team when a child is placed in care and the LAC administrator is responsible for facilitating and organising review health assessments in partnership with the LAC Nurses and Specialist Nurse.
- 3.12 **All Trust staff using the RiO system** are required to document any concerns regarding the Looked After Child, any actions that they have taken, highlight the Risk History, Risk Screen and Alerts, and progress notes

4. EXPLANATIONS OF TERMS USED

- 4.1 **LAC- Looked After Child.** This is a Child or Young Person who has been accommodated under the Children Act (1989) and is in the care of the Local Authority.

CLA Agreement- Child Looked After Agreement. This is parental consent to treatment and share information.

IHA- Initial Health Assessment. It is a Statutory requirement for all children and young people to have an Initial Health assessment within 20 working days of becoming 'Looked After'

RHA-Review Health Assessment. It is a Statutory requirement for all Looked After Children to have a yearly Review Health Assessment if they are 5 years and older and every six months if they are under five years old.

BAAF- British Agency of Adoption and Fostering

SDQ-Strength and Difficulties Questionnaire- A Mental Health screening tool which highlight specific areas of need. This should be completed within two weeks of the child or young person being placed in foster care and the score used to inform the emotional well-being component of the Statutory Health Assessment.

5. REVIEW HEALTH ASSESSMENTS

- 5.1 The review of Children's Care Regulations (1991) states that a Review Health Assessment must be undertaken twice a year for children under five years and annually for children and young people over five years.
- 5.2 Individual nurses need to report any capacity issues to their Clinical Area Manager who will, in the first instance review capacity within their team. When staffing issues cannot be resolved and the Review Health Assessment cannot take place within the specified time frame, the LAC Administrator and the LAC Nurses must be informed.
- 5.3 There are occasions when a male nurse will specifically be asked to carry out the health assessment on a young person, if a request has been made by the child/young person or the LAC nurse.
- 5.4 Details of the child's Social Worker will be included in the review paperwork. Public Health Nurses should contact the Social Worker before the review date for updated information on the child's current situation, to discuss any concerns that they may have and to confirm if a Strengths and Difficulties Questionnaire (SDQ) has been completed (4-16 years). It is also important to ascertain whether there are any health and safety concerns for the practitioner if they are undertaking the assessment in the family home i.e. parental drug/alcohol use or domestic violence.
- 5.5 Where available, information from Children's Social Care should include the most recent Child Looked After (CLA) statutory review with the assessment paperwork.

- 5.6 A copy of consent will be included with the BAAF paperwork and sent to the practitioner carrying out the review. However, where the child or young person is competent to do so, it is best practice to gain written consent from them using the BAAF form at the start of the review.
- 5.7 The Review Health Assessment should be a holistic assessment based on a social model of health. It should include aspects of physical, emotional and social health and identify health needs and health neglect that might have gone unrecognised. The questions on the British Adoption and Fostering form (BAAF) reflect this model.

6. PURPOSE OF THE REVIEW HEALTH ASSESSMENT

- 6.1 To review any actions and recommendations from the Initial and any previous Review Health Assessments
- 6.2 Ensure any previous identified health needs have been actioned
- 6.3 Identify any new health needs and ensure appropriate follow up or referral occurs
- 6.4 Provide general information about the health needs and outcomes of the Looked after Children population in Somerset
- 6.5 To provide a summary of the child's health and recommendations for future practice (**Part C** on the form, **Appendix VI**) which is the section shared with the Social Worker, Foster Carer, Independent Reviewing Officer and if appropriate the young person and the birth parent.
- 6.6 Anonymised information from the BAAF form is used by Somerset Partnership NHS Foundation Trust and Somerset County Council to produce an annual performance report.
- 6.7 The numbers of Looked after children who have had a review health assessment and also a dental check are sent to the DfE. For these reasons it is important that as much information as possible is recorded on the BAAF form.

7. COMPLETING A REVIEW HEALTH ASSESSMENT

7.1 When completing/carrying out a Review Health Assessment, please remember:

Part A identifies who the child/young person is, why they are in care, where they live, who they live with and how to contact them. These details can change between the time the request is sent out and the child is seen, so it is necessary to check that the details of the GP, carers and school have not changed. If they are different, record the new details on to the BAAF form.

- 7.2 **Part B** is an information gathering exercise from a holistic point of view. It is from this information that **Part C (Appendix VI)** is written.

- 7.3 When undertaking the Review Health Assessment, the health professional should record on the form who is present at the assessment, whether the child was offered time alone with the Nurse, and the place, date and time of the health assessment.
- 7.4 If information about a child is not available, or the child does not want to answer or elaborate on a question, this should be noted. This may be especially important when asking about emotional or behavioural issues, or contact with birth family.
- 7.5 **Part C is mandatory and all sections must be completed fully.** This information will be sent to the responsible social worker and used in the child/young person's statutory review. Personal or sensitive health topics should not be put in this plan or discussed in group settings without the express knowledge and consent of the young person.
- 7.6 If practitioners have any queries about undertaking the Review Health Assessment, completing the BAAF form, guidance on the follow up health needs identified, or require information about a child, the Looked after Children Nurses are always available for advice.
- 7.7 Please read **Appendix A, B and C** for Review Health Assessment Guidance for children under 5 years, primary school age and secondary school age.
- 7.8 **Therefore prior to undertaking a review health assessment the practitioner should:**
- Read the child/young person's health records in order to identify any on-going health concerns and past history that would have an impact on their health
 - Read the previous health assessment summary/recommendations to be aware of any previous identified health issues and ensure appropriate action had been taken
 - Read the last Statutory Review minutes (CLA) to establish whether any health issues were discussed and need follow up
 - Contact the child's Social Worker via email or telephone to ask if there are any changes in the child's circumstances or any information about the child's health or wellbeing that might be relevant at the forthcoming health assessment
 - Liaise, if possible with any other health professional working regularly with the child e.g. CAMHS
 - Contact Child Health Screening Support Manager to check the child or young person's immunisation status and obtain their NHS number

8. TRAINING REQUIREMENTS

8.1 The LAC Nurses will undertake review health assessments of LACYP with complex needs and those who do not attend main stream education.

8.2 The practitioner must be competent to carry out the health assessments and:

- Have knowledge of the document, 'Promoting the Health and well-being of Looked after Children' (2009) and other relevant documents (Appendix A - C have further information).
- Have knowledge of assessing children in line with the document, 'Framework for the Assessment of Children in Need and their Families' (DoH 2000) specifically 'dimensions of a child's developmental needs'. (see Appendix D)
- Have attended essential training in the health needs of Looked after Children
- Have attended level 3 Child Protection training
- Be aware of referral pathways
- Undertake supervision in line with Somerset Partnership NHS Foundation Trust protocols
- Be able to access appropriate equipment and facilities
- Be familiar with best practice detailed in Appendix E

9. EQUALITY IMPACT ASSESSMENT

9.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

10. MONITORING COMPLIANCE AND EFFECTIVENESS

10.1 Process for Monitoring Compliance

Mechanisms are in place for ensuring that

- training will be provided by the LAC health team for practitioners conducting review health assessments
- review health assessments are quality assured by LAC health team/Specialist Nurse LAC against an agreed set of local standards, based on national good practice
- outcomes from review health assessments have clarity, a realistic time-frame and an identified practitioner for completion

- the LAC health team includes assessment contemporaneously and chronologically in a child/young person's records
- outcomes are included in a child/young person's Health Plan
- outcomes from assessment are audited for effectiveness
- the views of Looked After Children and Young People are sought and considered in service development

11. COUNTER FRAUD

- 11.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

12. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes which inform this procedural document are as follows:

Section	Outcome
Information and involvement	1 Respecting and involving people who use services
	2 Consent to care and treatment
Personalised care, treatment and support	4 Care and welfare of people who use services
	6 Cooperating with other providers
Safeguarding and safety	7 Safeguarding people who use services from abuse
	12 Requirements relating to workers
Quality and management	14 Supporting workers
	15 Statement of purpose
	16 Assessing and monitoring the quality of service provision
	17 Complaints
Suitability of management	21 Records
	23 Requirement where the service provider is a body other than a partnership

Relevant National Requirements

Promoting the Health of Looked After Children (DoH, 2002, 2007)

NICE Guidelines for Looked After Children (2010)

13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

References

Promoting the Health of Looked After Children (2002, 2007)

NICE Guidelines for Looked After Children (2010)

Adoption and Children Act, 2002

Children Act 1989

Children Act 2004,

Escalation Policy, (Somerset LSCB, 2013)
 Safeguarding Children and Young people: roles and competences for health care staff. Intercollegiate document, September 2010
 Every Child Matters (2003)
 Improving the Mental Health of Looked After Young People (Young Minds, 2012)
 Healthy schools, healthy children? The contribution of education to pupils' health and well-being (Ofsted 2006)

Cross reference to other procedural documents

Child and Young Person Attendance at A&E MIU Walk in Centre
 Children and Adults Policies
 Clinical Supervision and Coaching Policy
 Confidentiality and Data Protection Policy
 Consent and Capacity to Consent to Treatment Policy
 Consent to Examination or Treatment Policy
 Development & Management of Procedural Documents
 Information Governance Policy
 Managing Allegations Against Staff within the context of Safeguarding
 Managing Historic Allegations of Child Abuse and Neglect Policy
 Record Keeping and Records Management Policy
 Risk Management Policy and Procedure
 Safeguarding Adults at Risk Policy and Process
 Safeguarding Children Policy and Procedure
 Serious Incidents Requiring Investigation (SIRI) Policy.
 Staff Appraisal and Managerial Supervision Policy
 Staff/Service User Relationship and prevention of abuse Policy
 Untoward Event Reporting Policy and procedure
 Whistle blowing Policy

All current policies and procedures are accessible to all staff on the Trust Intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (on the home page, click on Information, then Local Guidance)

14. APPENDICES

14.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A	Focus of assessment of children under 5 years
Appendix B	Focus of assessment for primary school children
Appendix C	Focus of assessment for secondary school children/young people
Appendix D	Dimensions of Childs Developmental Needs
Appendix E	Guidelines for Good Practice
Appendix F	Part C BAAF Form
Appendix G	Part C BAAF Form
Appendix H	Looked After Children's Team Operational Processes Review and Initial Health Assessments

Focus of assessment of children under 5 years

- attachment behaviour and resilience
- physical health including known health conditions
- growth and development
- diet
- immunisations
- teeth
- monitoring of developmental milestones, in particular the development of speech and language, gross and fine motor skills, vision and hearing, play and pre-literacy skills, social and self-help skills

Focus of assessment for primary school children

- physical health and management of specific health conditions, for example asthma
- communication skills
- ability to make relationships and relate to peers
- mental and emotional health including depression and conduct disorders
- school progress
- exercise, diet and understanding of a healthy lifestyle
- maintenance of personal hygiene
- awareness of basic safety issues including road safety
- where appropriate, recognition and support with the physical and emotional changes associated with puberty
- access to age appropriate information about sexuality
- immunisations
- dental health
- attachment behavior

Focus of assessment for secondary school children/young people

- ability to take responsibility for health and manage conditions such as asthma and diabetes
- communication and interpersonal skills
- educational and social progress
- healthy lifestyle including diet and physical activity
- access to positive activities
- dental and dermatological health
- mental and emotional health including depression and conduct disorders
- access to information on sexual health and contraception, advice around forming positive and safe relationships with an emphasis on building self-esteem
- advice available for males and females around Chlamydia testing and the prevention of sexually transmitted diseases
- access to sources of information and advice about a range of health issues including the risks of tobacco, alcohol and substance misuse- specialist referral should be considered if appropriate
- immunisations
- access to support for young people leaving care who are identified as particularly vulnerable
- recognition of increased vulnerability during transition towards independent living

DIMENSIONS OF CHILD'S DEVELOPMENTAL NEEDS

Health

Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

Identity

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self-Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

(Framework for the Assessment of Children in Need and their Families, DoH 2000)

GUIDELINES FOR GOOD PRACTICE

- BAAF form must have child/young person's NHS number
- Completed forms must show in-depth assessment, be fully completed and have explicit outcomes
- Height and weight should be completed
- It is the responsibility of assessing practitioner to clarify immunisation status from Child Health Screening Support Manager
- If a child/young person does not have permanent registration at a GP, this should become an action in Part C
- If there are no actions from assessment, '**no recommendations**' should be documented in Part C Health Recommendations. This part should not be left empty.
- Outcomes from Part C should be specific, measurable, achievable, relevant and time-framed (SMART), with the name of the practitioner whose task it is to carry out the outcome.

Part C BAAF form

Form RHA LOOKED AFTER CHILDREN

CONFIDENTIAL

Name of young person		DoB	
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Part C should be retained in the child's health records and a copy sent to the social worker. It is good practice, with appropriate consent, to share this information with the child's current and future carers. This summary should also be shared with adoption and fostering panels. For adoption only, a copy of this entire form will be sent to the child's adoption agency.

SUMMARY REPORT FROM AGENCY HEALTH ADVISER

Date completed	
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Summary of current health status

Changes in health since last assessment
Present physical health and dental health
Developmental/educational concerns
Emotional and behavioral development
Carers/parenting issues in current placement

Part C BAAF form

Form RHA – C LOOKED AFTER CHILDREN

CONFIDENTIAL

Name of young person		DoB	
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HEALTH RECOMMENDATIONS FOR CHILD CARE PLAN

Date of next health assessment:			
Issues	Action required	By when	Named person responsible
Allergies	Yes/No		
Immunisations up to date?	Yes/No		
Registered with GP?	Yes/No		
Permanently registered with GP?	Yes/No	Name	
Registered with dentist?	Yes/No	Name	

All issues to be reviewed by social worker at Looked After Child Reviews

Name of person completing Part C		Date	
Designation		Address	
Qualifications			
Telephone		Postcode	
Email		Fax	
Signature		Panel	

LAC HEALTH TEAM OPERATIONAL PROCESS (REVIEW AND INITIAL HEALTH ASSESSMENTS) MARCH 2013

LAC Admin Team notified that a child/young person has become CLA. Admin update New notification/review spread sheet.

LAC Admin Team receive trigger through PROTOCOL that a LAC health review is required. Admin update New notification/review spread sheet.

- At weekly team meeting, allocate new case LAC Nurse
- For RHA-central point of contact to be notified (to be agreed)
- Allocated clinician registers child/YP on RiO

- Admin to request assessment as per process.
- Allocated LAC Nurse to formulate chronology/health history to send with BAAF form. Send previous Part C summary for

If no IHA/RHA assessment appointment received within 5 working days, allocated nurse to make courtesy call to chase appointment date.

- Date given, PROTOCOL updated
- SAFEGUARDING: Specialist Nurse must be notified if dates for health assessments are not being given within timescales-may need to consider escalation through safeguarding.

