Whilst reflecting the policy of North Lincolnshire Clinical Commissioning Group (NLCCG), it is vital to ensure the smooth transition of Safeguarding Children arrangements from NHS North Lincolnshire NHSNL. Hence, this document will remain the policy of NHSNL.

TRANSITION
Safeguarding Children Policy (incorporating Safeguarding Children through Commissioning of Services)

Version:	2.1
Ratified by:	
Date ratified:	
Name of originator/author:	Sarah Glossop, Designated Nurse – Safeguarding Children
Name of responsible committee/individual:	Clinical Commissioning Group Committee
Date issued:	October 2012
Review date:	March 2013 (will be subject to monthly review through Transition period)
Target audience:	ALL NLCCG (NHSNL) Staff or those commissioning on behalf of NLCCG (NHSNL).

NB. This document is based upon NHS North Lincolnshire's Safeguarding Children through Commissioning of Services v1.1 ratified in January 2011 which sets out the responsibilities of commissioning health organisations. This updated document is intended to reflect Safeguarding Children arrangements through the transition period from Primary Care Trusts to Clinical Commissioning Groups. This document will be subject to regular revision through 2012 and into 2013 as new Safeguarding Children, and NHS infrastructure guidance is issued.

North Lincolnshire
Clinical Commissioning Group

Version Control Sheet

Version	Date	Author/Director	Status	Comment
1.0	December 2010	Designated Nurse – Safeguarding Children	Draft	Circulated for comments from Executive Lead, Designated Doctor and provider leads and Named Professionals
1.1	January 2011	Designated Nurse – Safeguarding Children	Draft	Amendments made following comments
			Ratified	
2.0	August 2012	Designated Nurse – Safeguarding Children	Draft (Working)	Will be subject to monthly review through transition and to ensure compliance with new local and national guidance
2.1	October 2012	Designated Nurse – Safeguarding Children	Draft (Working)	Will be subject to monthly review through transition and to ensure compliance with new local and national guidance

NHS
North Lincolnshire
Clinical Commissioning Group

NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

Transition Safeguarding Children Policy (incorporating Safeguarding Children through Commissioning of Services)

1. PURPOSE

This document is based upon NHS North Lincolnshire (NHSNL)'s Safeguarding Children through Commissioning of Services v1.1 ratified in January 2011 which sets out the responsibilities of commissioning health organisations. **Whilst reflecting the policy of North Lincolnshire Clinical Commissioning Group (NLCCG), it is vital to ensure the smooth transition of Safeguarding Children arrangements from NHSNL. Hence, this document will remain the policy of NHSNL until its dissolution.**

Following ratification by the Clinical Commissioning Group Committee, this document will be subject to regular review through 2012 and into 2013 as new Safeguarding Children, and NHS infrastructure guidance is issued. The document will be subject to interim ratification by the Quality Group, and will be presented to the Clinical Commissioning Group Committee for final approval by March 2013, following final clarification of multi-agency arrangements (subject to review led by the Department of Education), and receipt of the finalised accountability and assurance framework to secure children's [and adult] safeguarding in the future NHS.

2. INTRODUCTION

Primary Care Trusts (until March 2013, then Clinical Commissioning Groups from April 2013) have a duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people. Working with Local Authorities they should ensure that services are coordinated and integrated where possible and that information about children is actively managed. (HM Government 2010).

3. RATIONALE

North Lincolnshire Clinical Commissioning Group[1] is committed to promoting the welfare of children and to protecting them from the risks of harm.

Safeguarding and promoting the welfare of children is the responsibility of all statutory and voluntary agencies, children and young people, parents, carers and the wider community. Since the Children Act 2004, primary legislation decrees that staff, working in all organisations that come into contact with children, have a duty to safeguard children and promote their welfare.

[1] and NHSNL until its dissolution

- Section 10 places a duty on all agencies to co-operate with the local authority in order to improve the well being of children in the area. This duty promotes early intervention to safeguard and promote children and young people's well being in order that good outcomes can be delivered.
- Section 11 Children Act 2004 - places a statutory duty on a range of agencies to safeguard and promote children and young people's welfare.

All NHS bodies are explicitly identified within the primary legislation. The responsibilities identified for Strategic Health Authorities, and Primary Care Trusts, will transfer to the NHS Commissioning Board and Clinical Commissioning Groups from April 2013. Following amendments to Sections 11 and 13 of the 2004 Act. CCGs and the NHS CB will have identical duties to those of PCTs, i.e. to have regard to the need to safeguard and promote the welfare of children and to be members of LSCBs. The revised version of Working Together will set out expectations as to how these duties should be fulfilled.

This statutory duty to safeguard and promote the welfare of children also applies to the services with whom any of the above bodies or agencies have contracts with.

The Care Quality Commission also carried out a review of health organisations at the request of the Secretary of State in response to the death of Peter Connolly (Care Quality Commission, 2009a). The CQC recommended that,

> *"Organisations that commission healthcare should make certain, through their service specifications and contracts, that the safeguarding arrangements of their providers, including GP practices, are effective."*

4. OBJECTIVE

The Objective of this document is twofold:

1. To outline the principles and values that inform the practice of North Lincolnshire Clinical Commissioning Group (NLCCG) (and NHS North Lincolnshire (until its dissolution) staff in delivering services to vulnerable children, children in need and those requiring protection (subject to a child protection plan).
2. To provide clarity to commissioning healthcare professionals on the inclusion of safeguarding standards into contracts with providers. It is also a policy for all those commissioning services on behalf of NLCCG[1] to take responsibility to safeguard and promote the welfare of children and young people with knowledge of current legislation and guidance.

NHS North Lincolnshire (and from April 2013 NLCCG) is a member of North Lincolnshire Safeguarding Children Board (NLSCB). The first point of reference and main procedure manual for practitioners throughout NLCCG is

[1] or NHSNL

the **North Lincolnshire Safeguarding Children Board Procedures** available on the North Lincolnshire Council website[1]. A link to these Procedures can be found on NHS North Lincolnshire intranet and public website.

The policy also sets out the structures in place through Safeguarding Children Training to ensure a safe workforce in delivering services to vulnerable children.

5. JUSTIFICATION FOR THE POLICY/PROCEDURE

This policy is based upon Legislation and National Guidance as well as local guidance provided by NLSCB Procedures. The key legislation and documents which outline the responsibilities of PCTs and their successor CCGs and underpin this policy are:

- The Children Act 1989
- The Victoria Climbié Inquiry Report by Lord Laming; 2003
- National Service Framework for Children, Young People and Maternity Services: Core Standards (Department of Health, 2007)
- The Children Act 2004
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under s11 of the Children Act 2004 (HM Government, 2007)
- Essential standards of quality and safety (Care Quality Commission, 2009b)
- Working Together to Safeguard Children, (HM Government, 2010)
- Safeguarding children A review of arrangements in the NHS for safeguarding children (Care Quality Commission, 2009)
- Arrangements to secure children's and adult safeguarding in the future NHS. The new accountability and assurance framework – interim advice (NHS Commissioning Board, September 2012)

and takes account of

- concerns expressed within and recommendations made by The Munro Review of Child Protection (2011), and Government's response to these in ensuring that health reforms do not fragment leadership and professional responsibility locally for safeguarding and child protection,

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1 http://www.northlincs.gov.uk/NorthLincs/SocialCare/childprotection/ChildProtectionProcedures.htm

This policy has also been developed whilst recognising that Working Together to Safeguard Children (HM Government, 2010) is subject to review and during the Department of Education led consultation period on three documents:

- Working Together to Safeguard Children
- Statutory Guidance on Learning and Improvement
- Managing individual cases: the Framework for the Assessment of Children in Need and their Families

Further details can be found at Appendix A on the specific safeguarding provisions and requirements found in:

- The National Service Framework for Children, Young People and Maternity Services (Children's NSF
- Children Act 2004
- NHS Standards

6. LOCAL SAFEGUARDING CHILDREN BOARD ARRANGEMENTS

North Lincolnshire Safeguarding Children Board (NLSCB)

"The Local Safeguarding Children's Board is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do." Working Together to Safeguard Children 2010 para 3.2

The membership of NLSCB is drawn from public, private and voluntary organisations across North Lincolnshire who have responsibilities for children and their families and is chaired by a person independent of all local organizations.

NLSCB has a number of subgroups which report to the main Board. These are:

- Performance Group
- Child Death Overview Panel
- Serious Case Review Panel
- Safe Practice Group
- Communication Group
- Quality Assurance Group

7. RESPONSIBILITIES

7.1 Commissioning PCTs

The current specific responsibilities of commissioning PCTs are set out in paragraphs 2.49-2.60 of Working Together to Safeguard Children and 2.108-2.111(HM Government 2010), and are included for reference at Appendix B

7.2 Clinical Commissioning Groups (and NHS Commissioning Board).

The interim accountability and assurance framework (NHSCB, Sept 2012) outlines the following as arrangements for children's *[and adult]* safeguarding in the future.

CCGs (and the NHS Commissioning Board (NHSCB) will be statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children *[and vulnerable adults]*. This includes specific responsibilities for looked after children and for supporting the Child Death Overview process. Local authorities will have the same responsibilities in relation to the public health services that they commission, including public health services for children aged 5-19.

CCGs (and the NHS CB) will have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) *[and (subject to the Care and Support Bill) Safeguarding Adults Boards (SABs)]*, working in partnership with local authorities to fulfil their safeguarding responsibilities.

In addition to other distinct responsibilities, the NHS CB will be responsible for developing overall NHS policy on safeguarding, providing oversight and assurance of CCGs' safeguarding arrangements and supporting CCGs in meeting their responsibilities. This will include working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners.

As a result NLCCG will need to work closely with the NHS CB – and in turn will work closely with local authorities, LSCBs *[and SABs]* – to ensure that there are effective NHS safeguarding arrangements across the North Lincolnshire health community, whilst at the same time ensuring absolute clarity about the underlying statutory responsibilities that each commissioner has for the services that they commission, together with a clear leadership and oversight role for the NHS CB.

The full accountability framework is being developed by the NHS CB, and will set out in more detail how the NHS CB and CCGs will work together to minimise risk, improve outcomes for children and vulnerable adults, develop and sustain effective partnerships, and ensure they are able to access the necessary clinical expertise and advice.

The interim accountability and assurance framework identifies that as a minimum CCGs need to have:

- plans to train staff in recognising and reporting safeguarding issues
- a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- appropriate arrangements to co-operate with local authorities in the operation of LSCBs *[and SABs]*
- secured the expertise of a designated doctor and nurse for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood, who will need to be embedded in the

clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

7.3 Clinical Commissioning Group Committee (CCGC)/ governing body

The CCGC /governing body is accountable for the overall management of the organisation's policies and procedures. The CCGC/governing body is under a duty to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

7.4 Chief Officer

The Chief Officer has overall responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole health economy through commissioning arrangements.

7.5 Executive Lead for Safeguarding Children

Whilst the Chief Officer retains the overall responsibility for Safeguarding Children, as with many other commissioning organisations, much of the functional responsibility is delegated to an Executive Lead for Safeguarding Children. For the CCG this is the Senior Officer (Quality)

The Executive Lead sits on North Lincolnshire Safeguarding Children Board who have responsibility for:

- The strategic direction of safeguarding children in North Lincolnshire
- Ensuring that the NLSCB fulfils its statutory duties
- that the NLSCB is a full contributor to the overall strategic direction for children in the area and
- Agreeing and reviewing the business plan for the NLSCB.

The Executive Lead for Safeguarding Children provides strategic leadership on NLCCG (NHSNL)'s safeguarding agenda.

7.6 Governance Framework

The Quality Group meets monthly, and receives verbal or written briefing reports from the Designated Nurse including performance data, and exception reports.

The Quality Group reports directly to the Clinical Commissioning Group Committee/governing body who receive the minutes of the Quality Group, and also exception reports on key risks or developments.

The Clinical Commissioning Group Committee receive an Annual Report prepared by the Designated Nurse which also sets out the Action Plan/Strategy for the forthcoming year.

7.7 Designated Doctor and Nurse for Safeguarding Children.

The Designated Doctor and Nurse for Safeguarding Children take a strategic, professional lead on all aspects of the health service contribution to

safeguarding children across North Lincolnshire and cover all providers. Designated professionals are directly responsible to and accountable to the Executive Lead for Safeguarding Children in supporting all activities necessary to ensure that North Lincolnshire health economy meet their responsibilities in safeguarding children including policy document development. The Designated Doctor is a Consultant Paediatrician employed by the local acute provider, with a Service Level Agreement in place with NLCCG (NHSNL) to provide the Designated Doctor function. The Designated Nurse is employed directly by NLCCG (NHSNL). The Designated Nurse and Doctor job descriptions are in keeping with the RCPCH led intercollegiate competency framework. Both the Designated Doctor and Designated Nurse sit on NLSCB as professional advisors.

- The Designated Doctor is a member of the
  - Serious Case Review Subcommittee and
  - Child Death Overview Panel.
- The Designated Nurse for Safeguarding Children is a member of the
  - Performance Group,
  - Serious Case Review Subcommittee (Chair)
  - Child Death Review Panel
  - Safe Practice Group
  - Quality Assurance Group

7.8 Designated Nurse and Doctor for Looked After Children

The Designated doctor and Nurse for Looked after Children assist commissioning health organisations in fulfilling their responsibilities as commissioner of services to improve the health of looked after children. The Designated Doctor is a Consultant Paediatrician, and the Designated Nurse is a senior nurse and health visitor employed by the local acute and community health provider, with a Service Level Agreement in place with NLCCG (NHSNL) to provide the Designated functions. The Designated Nurse and Doctor job descriptions are in keeping with Statutory Guidance on Promoting the Health and Well-being of Looked After Children[1]

7.9 Paediatrician for unexpected deaths in childhood

Each commissioning health organisation needs to ensure that the LSCB, acting through the Child Death Overview Process, has access to a consultant paediatrician whose designated role is to provide advice on and coordinate the paediatric/ medical investigative response to the unexpected death of a child. This access is provided by the local acute and community provider, with a Service Level Agreement in place with NLCCG (NHSNL). This is delivered by the Consultant Paediatrician on call at the time of a child's unexpected death,

[1] Department of Children, Schools and Families, and Department of Health 2009.

with the advice and coordination of the responses by the Designated Doctor for Safeguarding Children.

7.10 NLCCG (NHSNL) Staff

Safeguarding children is everyone's responsibility under the Children Act 1989/2004. This policy applies to all NLCCG (NHSNL) staff or any service commissioned by, or on behalf of NLCCG (NHSNL). NLCCG (NHSNL) expects that staff will comply with these duties.

North Lincolnshire Safeguarding Children Board (NLSCB) have produced procedures. All staff must have access to NLSCB Procedures - it is an individual responsibility of all staff to ensure they have access to this document at work. NLSCB Procedures must be used to assist with your work involving children.

NLSCB Procedures give full explanations of all aspects of Child Protection and procedures to follow in cases of suspected Child Abuse. It is the responsibility of every individual working with children to ensure they are cared for safely. Knowing the local procedures is a duty of care and assists the process of keeping children safe by responding appropriately. The procedures can be accessed through the following link:

North Lincolnshire Safeguarding Children Board Procedures[1]

All staff should also be familiar with NICE Clinical Guideline 89 – When to suspect child maltreatment. A summary of the NICE guidance can be found at Appendix C.

8. SPECIALIST SAFEGUARDING TRAINING AND SUPPORT

As commissioners of health services NLCCG (NHSNL) have a statutory duty to safeguard and promote the welfare of children (Children Act 2004, section 11).

Working Together to Safeguard Children (DfES, 2010) identifies specific functions for safeguarding children and indicates professional roles and responsibilities for meeting these requirements, including specifically, training.

Safeguarding training is an aspect of quality standards which is monitored by the Care Quality Commission on behalf of the DoH. The Care Quality Commission standards for training are those specified in the RCPCH led Intercollegiate Document, 2010. Compliance with training is also monitored by the Local Safeguarding Children Boards.

NLCCG (NHSNL) will ensure all staff are trained at an appropriate level to recognise, report and take other action, as per the Intercollegiate competency document, in accordance with each individual staff member's role and contact with children, or children's information. NLCCG (NHSNL) will comply with the standard in respect to Staff Training and Continued Professional Development as outlined for providers at 9.1.3 below.

9. ENSURING SAFEGUARDING CHILDREN ARRANGEMENTS IN ALL COMMISSIONED SERVICES

All services commissioned by or on behalf of NLCCG (NHSNL) will include specific service standards which will be included within contractual agreements and be adhered to by all providers.This **includes services solely or primarily for adults** as they may be parents or carers, cared for by children or young people or represent a danger to children.

9.1 Service Standards

In line with the guidance issued within Working Together to Safeguarding Children (HM Government 2010) and Section 11 guidance (HM Government 2007) and in accordance with the Children's NSF, and CQC Guidance, the standards have been developed to ensure that providers are clear on arrangements required for the safeguarding and promoting of children's welfare. These are set out below.

Principles

Professional organisations should create and maintain a culture and ethos that reflects the importance of safeguarding and promoting the welfare of children.

Children and young people should be cared for within child friendly environments by staff who have specific expertise.

9.1.1 Standard 1 Accountability and Professional Leadership

There should be;

- a lead senior manager who is informed about, and who takes responsibility for the actions of their staff in safeguarding and promoting the welfare of children.
- a clear line of accountability through the organisation which includes all staff.

Each organisation should employ or have appropriate access to Named Professionals in accordance with paragraphs 2.69, 2.74, 2.76, 2.109 and 2.112-5 of Working Together 2010. (Paragraphs 27 & 28 of the 2012 Working Together consultation document.) The person specification and job descriptions for these post holders must be consistent with the RCPCH led intercollegiate competencies (RCPCH, 2010)

The organisation must have representation on NLSCB at an appropriate level to ensure an appropriate organisational response to NLSCB business plan, strategy and priorities.

9.1.2 Standard 2 Policy

Each organisation should have a comprehensive safeguarding policy which is in line with national and NLSCB guidance and which takes account of guidance from any relevant professional body. Inherent within any policy should be that children without exception have the right to protection from abuse regardless of

gender, ethnicity, disability, sexuality or beliefs. This policy should be easily accessible by staff at all levels.

The policies should include:

- Safeguarding practice procedures
- Safer recruitment
- Whistle blowing
- Information sharing
- Safeguarding supervision
- Resolving differences of professional opinion between agencies
- Resolving difference of health professional opinion

9.1.3 Standard 3 Staff Training and Continued Professional Development

Staff should be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with NLSCB procedures.

To achieve this standard all organisations should;

- Have a training policy covering all staff detailing, required skills and competencies commensurate with their role and responsibilities, which is in keeping with NLSCB, and Intercollegiate guidelines (RCPCH, 2010).
- Hold a database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.
- Have in place a training programme that is appropriate to the role of staff and ensure that staff are released to attend the relevant training
- Enable and ensure provision of staff to have update training every 3 years as a minimum
- Ensure staff are aware of any new guidance or legislation and any recommendations from Local and National Serious Case Reviews and lower level “learning lessons” reviews.

9.1.4 Standard 4 Safe Recruitment and Vetting Procedures

There should be a policy in place for safe recruitment practices for staff.

The job descriptions for all clinical staff should explicitly include responsibility to act to safeguard and promote the welfare of safeguarding of children.

Where a criminal record review is mandatory this must be undertaken routinely and updated as required.

Employers must comply with the new vetting and barring scheme in accordance with the latest guidance. It has been created under the Safeguarding Vulnerable Group Act 2006.

The Independent Safety Authority (ISA)[1] decides who is unsuitable to work or volunteer with vulnerable groups including children, drawing information from various agencies, government departments and the Criminal Records Bureau.

9.1.5 Standard 5 Managing Allegations Against Staff

Organisations should;

- have in place procedures for responding when allegations are made against people who work with children and comply with NLSCB policies and procedures, and guidance contained within appendix 5 of Working Together to Safeguard Children 2010.
- have a named senior officer who has overall responsibility for
  - ensuring the organisation operates procedures for dealing with allegations
  - resolving any inter-agency issues
  - liaising with NLSCB
  - seeking advice from the Local Authority Designated Officer (LADO) who;
  - providing advice and liaison to staff/managers within the organisation.

9.1.6 Standard 6 Inter-agency Working

Staff should work together with other agencies in accordance with NLSCB policies and procedures including use of the Common Assessment Framework (CWDC, 2010) as the basis for early identification of children's needs. All staff members who have or become aware of concerns about the safety or welfare of a child or children should know:

- who to contact in what circumstances, and how; and
- when and how to make a referral to local authority children's social care services or the police.

If staff have concerns that a child is, or may be suffering significant harm, staff should follow the LSCB procedures, "What to do if you're worried a child is being abused"; DCSF, 2006, and/or NICE Clinical guideline 89 "When to suspect child maltreatment"(NICE, 2009) are accessible resources which all staff should have available to use in everyday practice

9.1.7 Standard 7 Information Sharing

"Promoting children's well-being and safeguarding them from significant harm depends crucially upon effective information-sharing, collaboration and understanding between agencies and professionals".

[1] www.isa-gov.org.uk/

Organisations should have in place or have adopted local policies and procedures for sharing of information where there are concerns for the welfare of a child. Senior Managers should promote good practice in information sharing in accordance with Information Sharing ; Guidance for Practitioners and Managers. (DCSF 2008)

Organisations should ensure that recording systems and processes place which allow for appropriate information sharing between health professionals within the organization, and across organizational boundaries, which promote a holistic approach to assessing and addressing children's needs, and evidences collaborative working.

9.1.8 Standard 8 Supervision

Organisations providing services should have a policy and arrangements in place to provide staff with specialist safeguarding children supervision and support to;

- promote good practice and quality assure the services they provide
- ensure that staff use effective systems to record their work.
- follow local multi-agency policy and procedures.

The level of supervision provided should be in accordance with the degree and nature of contact that staff have with children, young people and families and should include specialist supervision arrangements for all staff who

- work directly with children, and
- work with parents or carers whose behaviours may impact on the welfare of their children.

A confidential service should be provided for staff for emotional support when dealing with cases of child abuse.

Staff should be aware how to contact their own NHS Trusts, Named Professional(s) for safeguarding children or, if working outside an NHS Trust, the Designated Safeguarding Children Professionals.

9.1.9 Standard 9 Vulnerable Children

Staff should be alerted to the increased likelihood of harm being suffered by disabled children and those living in special circumstances, whose needs may not be recognised by staff employed in providing services. Organisations should ensure they have processes in place to ensure in the following circumstances are safeguarded:

- Children with disabilities
- Children living with parental DV, substance use, mental health, learning disability.
- Children living away from home
- Children missing

- Children not attending health appointments.

9.1.10 Standard 10 Response to Incidents and Complaints

There should be a policy with regard to incidents and complaints relating to any aspect of safeguarding children. This should include the need to inform the Senior Lead for Safeguarding (as per Standard 1) within the organisation.

Thresholds for raising a Serious Untoward Incident (SUI) should be clear and if required advice should be sought from Named Professionals for Safeguarding Children.

Within the NHS provider organisation the Named Nurse, Doctor or Professional for that provider should be informed about any incident or complaint relating to welfare or safeguarding of children. If the organisation is not an NHS Trust the PCT Designated Nurse for Safeguarding Children should be informed.

All Safeguarding SUIs should be notified to Designated Professionals within 1 working day of incident/clarity that the incident is serious.

Organisations are required to ensure Designated Professionals are updated on all developments in cases which have been designated as a Safeguarding SUI to allow timely onward information sharing with the Strategic Health Authority. (NHS Yorkshire and Humber, 2010)

9.1.11 Standard 11 Serious Case Reviews (SCRs)

SCRs are conducted in accordance with Chapter 8 of Working Together to Safeguard Children 2010

- when a child dies, including by suicide, and abuse or neglect are known or suspected to be a factor in death.
- where the case raises concern about inter-agency working when a child has suffered significant harm.

Designated Professionals should be advised of all cases which may lead to Serious Case Review within 1 working day of incident/clarity that incident is serious.

Named Safeguarding Children Professionals within NHS organisations should be provided with additional time in which to conduct Individual Management Reviews (IMR) which form part of Multi-Agency Serious Case Reviews (SCRs).

Staff involved in cases which are subject to SCRs should be supported and be provided with time to write reports and attend interviews.

Organisations have a responsibility to act on their relevant recommendations from SCRs.

9.1.12 Standard 12 Child Death Reviews

LSCBs have a statutory duty to review all child deaths in accordance with Working Together to Safeguard Children 2010, Chapter 7

Organisations involved with the management of child deaths, must be familiar with the relevant policies and procedures for that local area.

Arrangements should be in place to respond to the death of a child and the review process including providing staff with the time and resources to fully engage in the process.

Designated Professionals should be advised of all unexpected deaths within 1 working day, and expected deaths within 3 working days.

10. ASSURANCE OF QUALITY OF SERVICE PROVISION FOR SAFEGUARDING

- Commissioners will be required to undertake needs analysis to provide assurance of the safeguarding arrangements made by providers in relation to the delivery of services to provide assurance that safeguarding practice meets the CQC standards.
- Commissioning staff are required to undertake safeguarding training.
- Evidence of poor provider performance gained through commissioning, monitoring or audit should be made available. An action plan will follow to improve safeguarding arrangements.

10.1 Performance Framework for Providers of Services.

NLCCG (NHSNL) will seek assurance and evidence from each provider on the 12 standards. All providers will be required to produce an annual report on Safeguarding Children arrangements, as well as interim assurance reports – a Performance Scorecard indicating frequency of assurance required is found at Appendix F.

11. IMPLEMENTATION AND MONITORING OF POLICY

11.1 Implementation

The provisions of the Children Act 2004 make clear that implementation of the child protection policy is a duty upon the organisation and its staff at all levels. This duty is communicated to all new staff via training at induction.

11.2 Process for monitoring implementation & effectiveness

For this policy, the following monitoring processes are in place.

Standard	Monitoring process
Monitoring arrangements for compliance and effectiveness	An annual report is provided to the Board and will include areas as per para 9.3 Monthly reports to the Quality Group, with escalation processes to Board. Quarterly reports are provided for the Serious Untoward incident group outlining the progress of actions arising from Serious Case Reviews/Internal Management Reviews/Serious Untoward Incidents and any key risks to service delivery.
Responsibilities for conducting the	The annual report and quarterly

monitoring/audit	updates/reports are written by the Designated Nurse for Safeguarding Children.
Methodology to be used for monitoring/audit	The progress against the key performance indicators are monitored by: Quarterly reports to the Trust Board. Annual Reports to the Board For Serious Case/Internal Management Reviews each action plan is monitored by the Safeguarding Children Health Professionals group, the SUI group and the Board.
Frequency of monitoring/audit	Annual Report Quarterly reports to the Quality and Governance Committee.
Process for reviewing results and ensuring improvements in performance occur	The Board are appraised of safeguarding compliance and evidence of performance development in the Annual Report..

11.3 Report proforma

11.3.1 The Annual Report to the CCGC/governing body will outline:

- Key performance of the organisation
- Service Development during the financial year
- The commitments made by senior management to safeguarding
- Accountability within the organisation for work on safeguarding
- Recruitment and human resources management (including availability and usage of support mechanisms).
- Serious Incidents
- Allegations against members of staff
- Professional Development
- Policies and Procedures
- Service constraints
- Further Developmental requirements.

11.3.2 Monthly Reporting to Quality Group

- Key risk areas to the organisation
- Action Plans to address the key risk areas

- Progress of actions required in plans relating to Serious Case/Internal Management Reviews and Serious Untoward Incidents
- Attendance at the mandatory sessions (for levels 1 – 4 competencies).
- Any other issues that the sub-committee have an interest in exploring further.
- Identification of risks which require escalation to Board/CCGC

11.3.3 Annual reporting to North Lincolnshire Local Safeguarding Children Board

NLCCG (NHSNL) will report to NLSCB:

- Compliance with s11 Children Act duties
- Developmental Performance against the s11 Children Act duties.
- Any key risks identified within/by the health community in meeting s10 or s11 duties

11.3.4 Reporting to NHS Yorkshire & Humber/NHSCB (Regional/Local Area Teams)

Reporting will include:

- Performance against the core and developmental standards
- The implementation of serious case review action plans.

12. DISSEMINATION OF AND ACCESS TO THE POLICY

Once approved, the policy/procedure will be made available on NLCCG (NHSNL)'s intranet.

13. REFERENCES

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APPENDIX A

The National Service Framework for Children, Young People and Maternity Services (Children's NSF

The Children's NSF highlights the serious impact that abuse, neglect and domestic violence can have on a child's health and wellbeing.

Safeguarding children is a key theme running through the Children's NSF and Standard 5 specifically addresses safeguarding children and promoting their welfare.

The Children's NSF is an integral part of the Every Child Matters 'Change for Children' programme.

The Children's NSF is aimed at everyone who comes into contact with, or delivers services to, children and young people up to the age of 19 years.

Children Act 2004

The Children Act 2004 provides the legal underpinning of the "Every Child Matters" agenda. Section 11 of the Children Act 20047 places a duty on key persons and bodies to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.

The NHS bodies covered by Section 11 are Strategic Health Authorities, Designated Special Health Authorities, Primary Care Trusts, NHS Trusts and NHS Foundation Trusts.

The Department for Children, Schools and Families (DCSF) published statutory guidance on making arrangements to safeguard and promote the welfare of children under s11 of the Children Act 2004 (HM Government, 2007)

Part 1 covers the general arrangements to safeguard and promote the welfare of children and these are common to most of the agencies to which the duty applies.

The key features at an organisational or strategic level are having:

- senior management commitment to the importance of safeguarding and promoting children's welfare
- a clear statement of the agency's responsibilities towards children available for all staff
- a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- service development that takes account of the need to safeguard and promote welfare and is informed where appropriate by the views of children and families
- staff training on safeguarding of children for all staff working with or (depending on the agency's primary function) in contact with children and families

- safe recruitment procedures in place
- effective inter-agency working to safeguard and promote the welfare of children
- effective information sharing

Part 2 of the guidance gives the arrangements to safeguard and promote children's welfare in different agencies. Chapter 5 relates to the NHS.

Section 11 of the Children Act sets out clearly that PCT's and any services provided by them or by others on their behalf should be undertaken with due regard to their new legal obligations. All services, therefore, that are contracted by PCT's, whether or not they form part of the NHS, must abide by the legislation.

Every organisation and person to whom the section 11 of the Children Act applies must adhere to any guidance given to them, for the purpose, by the Secretary of State.

The then Secretary of State, John Reid, stated with reference to the Children's NSF, that 'by 2014 we expect health, social and educational services to meet the standards set in this document'. Therefore when considering responsibilities of individuals and organisations under Section 11 of the Children Act, account should be taken of Standard 5 of the NSF and other NSF standards that deal with safeguarding and promoting the welfare of children.

NHS Standards

All providers of NHS services are/will be required to register with the Care Quality Commission. Prior to registration, each provider is required to meet the requirements of a number of Essential Standards of quality and safety (CQC 2009b). The CQC have powers under the Health and Social Care Act 2008 to impose enforcement action, or deregister the provider from offering health services, if these standards are not met. With effect from April 2010, NHS trusts and NHS foundation trusts have been required to be registered with the CQC. GP practices and primary care dental practices will be required to register with the CQC, regardless of whether they provide wholly private or wholly NHS services, or a mix of both and will be subject to a consistent set of quality standards. Registration of primary dental care providers will start from 2011 and primary medical care providers from 2012[1].

Outcome 7 of the Essential Standards: Safeguarding people who use services from abuse, includes requirements for the safeguarding of children: The CQC require that providers should minimise the risk of abuse occurring by:

- Ensuring that staff understand the signs of abuse and raise concern when those signs are noticed in a person using the service.

[1] www.cqc.org.uk

- Having effective means of receiving feedback from people who use services.
- Taking action to ensure that any abuse identified is stopped by:
    - Having clear procedures, and following them, for the management of alleged abuse.
    - Removing the alleged abuser from the care, treatment and support of the person.
    - Reporting the alleged abuse to the appropriate authority.
    - Reviewing the person's plan of care to ensure that they are properly supported following the alleged abuse incident.

Guidance offered to support compliance also proposes that people who use services receive care, treatment and support from all staff (including volunteers and ancillary staff) who:

In general

- Are committed to maximising people's choice, control and social inclusion and upholding their rights as an important way of reducing the potential for abuse.
- Recognise their personal responsibility in safeguarding people who use services.

In relation to safeguarding

- Know how to identify and investigate abuse because there are clear procedures about this that are followed in practice, monitored and reviewed
- Are aware of and understand what abuse is, the differences between supporting children and adults who are at risk of abuse, what the risk factors for abuse are, and what they must do if a person is being abused, suspected of being abused, is at risk of abuse or has been abused
- Follow the referral process and timescales as described in local and national multi-agency procedures when responding to suspected abuse, including ['No Secrets' and] 'Working Together to Safeguard Children'
- Understand the roles of other organisations that may be involved in responding to suspected abuse, as appropriate to their role.
- Contribute to whatever actions are needed to safeguard and protect the welfare of children and take part in regularly reviewing the outcomes of children against specific plans.
- Are confident to report any suspicions without fear that they will suffer as a result.
- Are aware of their rights under the Public Interest Disclosure Act (1988).

For the relevant NHS organisations discharging the section11 duty of the Children Act therefore involves;

- meeting Outcome 7; and

- working toward Standard 5 of the Children's NSF and other NSF standards that deal with safeguarding and promoting the welfare of children

Section 11 makes clear that the services provided by, and those contracted by PCT's are required to abide by the same legal obligations. These standards therefore should apply to all services commissioned by NLCCG (NHSNL).

APPENDIX B

The current specific responsibilities of commissioning PCTs are set out in paragraphs 2.49-2.60 of Working Together to Safeguard Children and 2.108-2.111(HM Government 2010)

Commissioning PCTs are required to:

- Work with local authorities in a collaborative multi-agency approach to assess, commission and provide services required to improve the health and wellbeing of their local population, coordinated across agencies and integrated wherever possible through Children's Trust arrangements;
- hold providers of services to account via contracts, requesting regulators step in if expected standards are not met;.
- identify a senior lead for children and young people, as well as a board executive lead for safeguarding children. This can be the same person.
- identify a senior paediatrician and a senior nurse to undertake the role of designated professionals for child protection across the health economy, and ensure all providers identify experienced named professionals for safeguarding children within their organisations.
- have a named public health professional who addresses the issues related to children in need as well as children in need of protection. PCTs should ensure this includes those who are temporarily resident in the area.
- ensure the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCTs' commissioning arrangements.
- ensure that all their staff are alert to the need to safeguard and promote the welfare of children.
- ensure that all providers have comprehensive and effective single and multi-agency policies and procedures to safeguard and promote the welfare of children, in line with, and informed by, LSCB procedures, and easily accessible for staff at all levels within each organisation.
- ensure that safeguarding and promoting the welfare of children are an integral part of clinical governance and audit arrangements.
- ensure GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding and promoting the welfare of children.
- ensure in the planning of integrated GP out-of-hours services in their local area, that staff working within these services should know how to access advice from specialist professionals.
- bring together commissioning expertise on sexual violence services, to form a local Sexual Assault Referral Services (SARS) care pathway for children and young people.
- participate in the establishment and operation of the Local Safeguarding Children Board (LSCB) including representation on the Board at an appropriate level of responsibility, and to part fund the work of the Board;

- provide and/or ensure the availability of advice and support to the LSCB in respect of a range of specialist health functions, and to co-ordinate the health component of case reviews;
- ensure that all health agencies with whom they have commissioning arrangements have links with a specific LSCB and are aware of LSCB policies and procedures.
- notify the SHA and the CQC of all Serious Case Reviews.

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APPENDIX C.

From NICE guidelines (2009)

If a healthcare professional encounters an alerting feature of possible child maltreatment that prompts them to consider, suspect or exclude child maltreatment as a possible explanation, it is good practice to follow the process outlined in 1–5 (see also flow chart below):

1. Listen and observe

Identifying or excluding child maltreatment involves piecing together information from many sources so that the whole picture of the child or young person is taken into account. This information may come from different sources and agencies and includes:

- any history that is given
- report of maltreatment, or disclosure from a child or young person or third party
- child's appearance
- child's behaviour or demeanour
- symptom
- physical sign
- result of an investigation
- interaction between the parent or carer and child or young person.

2. Seek an explanation

Seek an explanation for any injury or presentation from both the parent or carer and the child or young person in an open and non-judgemental manner.

Disability

Alerting features of maltreatment in children with disabilities may also be features of the disability, making identification of maltreatment more difficult.

Healthcare professionals may need to seek appropriate expertise if they are concerned about a child or young person with a disability.

3. Record

- Record in the child or young person's clinical record exactly what is observed and heard from whom and when.
- Record why this is of concern.

At this point the healthcare professional may consider, suspect or exclude child maltreatment from the differential diagnosis.

4. Consider, suspect or exclude maltreatment

Consider

To consider maltreatment means that maltreatment is one possible explanation for the alerting feature or is included in the differential diagnosis.

At any stage during the process of considering maltreatment the level of concern may change and lead to exclude or suspect maltreatment.

When hearing about or observing an alerting feature in the guidance:

- look for other alerting features of maltreatment in the child or young person's history, presentation or parent– or carer–interaction with the child or young person now or in the past.

Then do one or more of the following:

- Discuss your concerns with a more experienced colleague, your line manager, or a member of the Safeguarding Children Team
- Gather collateral information from other agencies and health disciplines, having used professional judgement about whether to explain the need to gather this information for an overall assessment of the child.
- Ensure review of the child or young person at a date appropriate to the concern, looking out for repeated presentations of this or any other alerting features.

Suspect

To suspect child maltreatment means there is a serious level of concern about the possibility of child maltreatment)

If an alerting feature or considering child maltreatment prompts a healthcare professional to suspect child maltreatment they should refer the child or young person to CFS.

This may trigger a child protection investigation, supportive services may be offered to the family following an assessment or alternative explanations may be identified.

Exclude

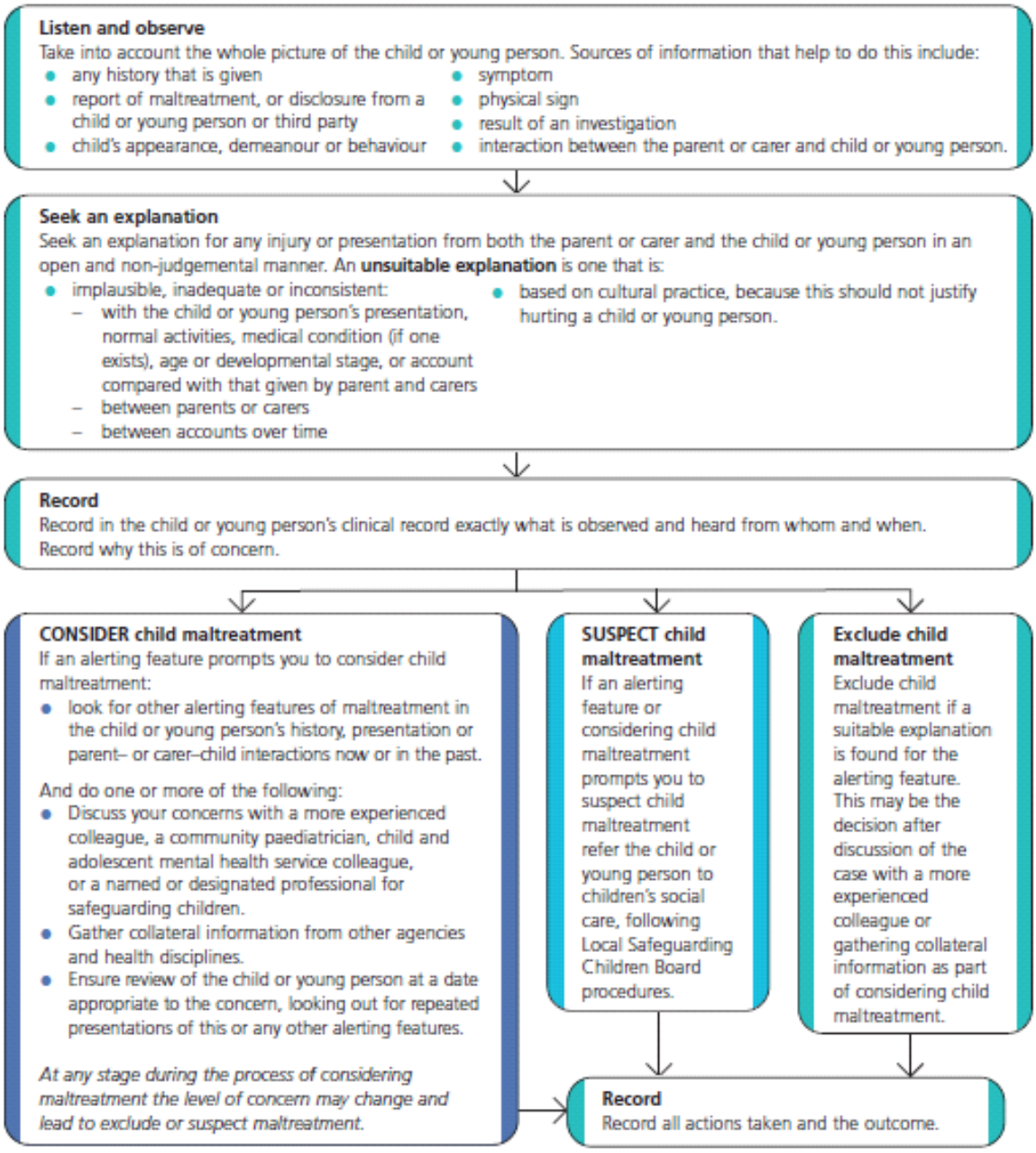
Exclude maltreatment when a suitable explanation is found for alerting features. This may be the decision following discussion of the case with a more experienced colleague or after gathering collateral information as part of considering child maltreatment.

5. Record

Record all actions taken in 4 and the outcome.

From NICE Guidance (2009)

If you encounter an alerting feature described in this guidance it is good practice to follow the process outlined below.



APPENDIX D: DEFINITIONS

The following are a list and description of the meaning of key terms used in the context of this policy, in alphabetical order.

Term	Description of Term
Abuse and neglect	Forms of maltreatment of a child
CAF	Common Assessment Framework
Child	Anyone who has not yet reached their 18th birthday
Children's NSF	National Service Framework for Children, Young People and Maternity Services
Child protection	Process of protecting individual children identified as either suffering, or at risk of suffering significant harm as a result of abuse or neglect.
DCSF	Department for Children Schools and Families
IMR	Individual Management Review
ISA	Independent Safeguarding Authority
LSCB	Local Safeguarding Children Board
Safeguarding and promoting the welfare of children	The process of protecting children from abuse and neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.
SCR	Serious Case Review
SUI	Serious Untoward Incident
Wellbeing	Section 10 of the Children Act 2004 requires health agencies to co-operate with a view to improving the wellbeing of children in relation to the five outcomes first set out in Every Child Matters.

Definitions of child abuse

Neglect: failure to keep a child from harm, failing to provide care including proper diet, hygiene, safety and emotional support.

Physical Abuse: includes shaking, throwing, poisoning, burning, hitting, scalding, drowning, suffocating or failing to protect from physical harm. Physical harm may also be caused when a parent/ carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse: persistent emotional ill treatment such as conveying that a child is worthless, unloved or inadequate. It may involve children feeling constantly frightened or in danger. Imposing age or developmentally inappropriate expectations on children.

Sexual Abuse: forcing or enticing a child to be involved with sexual activities. Activities may be physical and include penetrative or non-penetrative acts, or they may involve non-physical activities such as looking at pornographic material. Sexual abuse includes abuse through sexual exploitation.

APPENDIX E - LOCAL PROFESSIONALS CONTACT DETAILS

Designated Doctor for Safeguarding Children	Dr Suresh Nelapatla	Scunthorpe General Hospital	Tel: 01724 282282
Designated Nurse Safeguarding Children	Sarah Glossop	Health Place	Tel: 07789 615434
Referral Management Team		1-3 Cliff Gardens, Scunthorpe	Tel: 01724 296500
Local Safeguarding Children Board (NLSCB)	Katie Newborn (Strategic Coordinator)	Hewson House, Brigg	Tel: 01724

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APPENDIX F. ANNUAL PERFORMANCE SCORECARD

Providers will be required to provide information as indicated in the table below.

Measure	Frequency		How measured
	Annual	Quarterly	
Standard 1 Accountability and Leadership			
Named Executive Safeguarding Board Lead or equivalent in place	✓		Details should be evidenced in Annual Report to organisation/Trust Board. Providers should advise NLCCG (NHSNL) of any exceptions between Annual Reports
Annual Report to organisation/Trust Board	✓		Copy to be provided to NLCCG (NHSNL) once ratified
Quarterly updates to Board/organisation committee		✓	Copy to be provided to NLCCG (NHSNL) once ratified
Named Professionals in place, or service level agreement for Named professional cover approved by commissioners.	✓		Details should be evidenced in Annual Report to organisation/Trust Board. Providers should advise NLCCG (NHSNL) of any exceptions between Annual Reports
Appropriate representation on NLSCB, and subgroups.			Attendance at LSCB meetings and subgroups.
Standard 2 Policy			
Comprehensive safeguarding policy(ies) in place in line with national and LSCB guidance, and consistent with policies across the health community and including all areas in Standard.	✓		Confirmed in Annual Report. Documents should be accessible on organisation's internal and external websites.

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Measure	Frequency		How measured
	Annual	Quarterly	
Policy(ies) are accessible by staff at all levels.	✓		Documents should be accessible on organisation's internal and external websites
All staff aware of existence and accessibility of policy(ies)	✓		Audit could be completed to evidence compliance. Details of audit and findings should be included in Annual Reports

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Measure	Frequency		How measured
	Annual	Quarterly	
Standard 3 Staff Training and Continued Professional Development			
Organisational induction process in place which includes Safeguarding Children awareness as core element for all staff, both employed and working in voluntary capacity..	✓		Confirmed in Annual Report. Documents should be accessible on organisation's internal and external websites
Compliant Training policy & strategy in place Additional training commissioned provided to address requirements of Local & national SCRs and IMRs, learning lessons reviews.	✓		
% Level 1, 2, 3 and 4 staff trained		✓	Details should be included in Quarterly report to organisation/Trust Board
Standard 4 Safe Recruitment and Vetting Procedures			
Policy in place for safe recruitment practices for staff.	✓		Confirmed in Annual Report. Documents should be accessible on organisation's internal and external websites
Responsibility for Safeguarding children included as standard clause in the contracts of all clinical staff.	✓		Audit could be completed to evidence compliance. Details of audit and findings should be included in Annual Reports
Evidence/assurance re: Enhanced CRBs completed before employment	✓		
Evidence/assurance re: Compliance with VBS in accordance with the latest guidance.	✓		
Standard 5 Managing Allegations Against Staff			

Measure	Frequency		How measured
	Annual	Quarterly	
LSCB compliant procedures in place/ formal organisational adoption of LSCB processes for when allegations are made against people who work with children	✓		Confirmed in Annual Report. Documents should be accessible on organisation's internal and external websites
Named senior officer who has overall responsibility for; ensuring the organisation operates procedures for dealing with allegations	✓		Details should be evidenced in Annual Report to organisation/Trust Board. Providers should advise NLCCG (NHSNL) of any exceptions between Annual Reports
Standard 6 Inter-agency Working			
Numbers of staff trained to complete CAF	✓		
Numbers of CAFs completed: Led and completed by single professional		✓	Details should be included in Quarterly report to organisation/Trust Board
Numbers of CAFs completed: jointly with other professionals/organisations		✓	
Numbers of Lead Professionals/cases		✓	
Number of referrals to CFS		✓	
% of referrals to CFS followed up in writing within 1 working day		✓	
Numbers of referrals to CFS without previous CAF		✓	

Measure	Frequency		How measured
	Annual	Quarterly	
% Attendance at & timely reports to CPC by • Midwives for Unborn babies • Health Visitors for preschool children • School Nurses for school age children • Other health professionals involved with families		✓	Details should be included in Quarterly report to organisation/Trust Board
% timely reports to CPC by GPs (focus on reports rather than attendance)		✓	Details should be included in Quarterly report to organisation/Trust Board
Arrangements for Monitoring Quality of reports	✓		Audit could be completed to evidence compliance. Details of audit and findings should be included in Annual Reports
Number of children subject to Child Protection Plan		✓	Details should be included in Quarterly report to organisation/Trust Board
Number of children subject to Child Protection Plan with active health needs being addressed by organisation		✓	
Standard 7 Information Sharing			
Adoption of information sharing policies and procedures in keeping with "Information Sharing ; Guidance for Practitioners and Managers. DCSF 2008".	✓		Confirmed in Annual Report. Documents should be accessible on organisation's internal and external websites
Evidence of record keeping policy compliant with standard	✓		
Information sharing pathways across services	✓		
Flagging systems on electronic records	✓		

Measure	Frequency		How measured
	Annual	Quarterly	
Information sharing pathways across organizational boundaries	✓		
Standard 8 Supervision			
Policy for specialist safeguarding supervision for staff in accordance with standard	✓		Confirmed in Annual Report. Documents should be accessible on organisation's internal and external websites
% of staff in receipt of supervision.		✓	Details should be included in Quarterly report to organisation/Trust Board
Number of children subject to specialist safeguarding supervision		✓	
Staff knowledge on how to contact Named professionals within organisation.	✓		Audit could be completed to evidence compliance. Details of audit and findings should be included in Annual Reports
Availability of Specialist Safeguarding advice		✓	Audit could be completed to evidence compliance. Details of audit and findings should be included in Annual Reports
Access to confidential service for staff for emotional support when dealing with cases of child abuse.	✓		Confirmed in Annual Report. Means of accessibility on organisation's internal and external websites
Standard 9 Children with additional Vulnerabilities			
LSCB compliant policies in place/ clarity of adoption of LSCB policy for children in accordance with standard	✓		Confirmed in Annual Report. Documents should be accessible on organisation's internal and external websites
Evidence/assurance that all staff are aware of these policies and how to access them.	✓		Audit could be completed to evidence compliance. Details of audit and findings should be included in Annual Reports

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Measure	Frequency		How measured
	Annual	Quarterly	
Standard 10 Response to Incidents and Complaints			
Policy in place to ensure appropriate management of Safeguarding Children incidents and complaints, including clear threshold for raising to SUI	✓		Confirmed in Annual Report. Documents should be accessible on organisation's internal and external websites
Numbers of such incidents & % reported to Named Professional		✓	Details should be included in Quarterly report to organisation/Trust Board
Action plans created and actioned		✓	
Numbers & % of such incidents reported to Senior Management Lead for Safeguarding Children		✓	
% of such incidents reported to Designated Professionals		✓	Designated Professionals will monitor this
Standard 11 Serious Case Reviews (SCRs)			
% of potential cases for SCR reported to Designated Professionals within 1 working day.		✓	Designated Professionals will monitor this
Number of IMRs in period		✓	Details should be included in Quarterly report to organisation/Trust Board
Arrangements for protected time identified for IMR completion.		✓	
Action plans for IMRs and SCRs		✓	
Standard 12 Child Death Reviews			

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Measure	Frequency		How measured
	Annual	Quarterly	
Number of child deaths in period.		✓	Details should be included in Quarterly report to organisation/Trust Board
Number with previous targeted involvement with organisation.		✓	
Attendance at Rapid Response & review meetings and CDOP		✓	
% expected deaths notified to Designated Professionals within 3 working days		✓	Designated Professionals will monitor this
% unexpected deaths notified to Designated Professionals within 1 working day		✓	