

CONFIDENTIAL UNTIL
TUESDAY 27 FEBRUARY 2001

CHILD PROTECTION INQUIRY

into the circumstances surrounding the death of

Kennedy McFarlane, d.o.b. 17 April 1997

1) Local Response Report

**Dumfries & Galloway Child Protection Committee
Dumfries & Galloway Health Board
Dumfries & Galloway Acute & Maternity Hospitals NHS Trust
Dumfries & Galloway Primary Care NHS Trust
Dumfries & Galloway Council**

2) Inquiry Report by Dr Helen Hammond

LOCAL RESPONSE REPORT

CHILD PROTECTION INQUIRY INTO THE CIRCUMSTANCES SURROUNDING THE DEATH OF KENNEDY McFARLANE (d.o.b. 17.4.97)

**DUMFRIES AND GALLOWAY CHILD PROTECTION COMMITTEE
DUMFRIES AND GALLOWAY HEALTH BOARD
DUMFRIES AND GALLOWAY ACUTE & MATERNITY HOSPITALS NHS TRUST
DUMFRIES AND GALLOWAY PRIMARY CARE NHS TRUST
DUMFRIES AND GALLOWAY COUNCIL**

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RESPONSE TO DR HELEN HAMMOND'S REPORT:

**"CHILD PROTECTION INQUIRY INTO THE CIRCUMSTANCES SURROUNDING THE DEATH OF
KENNEDY McFARLANE (d.o.b. 17.4.97)"**

1) Introduction

In the early hours of 17th May 2000 a 3 year old child was admitted to Dumfries and Galloway Royal Infirmary in a state of collapse. The child later died in the intensive therapy unit. A man was subsequently charged with this child's murder and ***was convicted on 7th December 2000.***

The death of a young child in such tragic circumstances is a desperately sad event. Whilst all of those people who knew Kennedy will be affected, it is her immediate family who bear the burden of her loss. They will want to understand, as much as possible, the circumstances surrounding her death including the roles played by key local agencies.

It is also critically important that the local agencies fully review practice, policy and procedure to determine whether these operated as they should in relation to Kennedy and to assess the need for any action/change.

Following Kennedy's death the Area Child Protection Committee commissioned a full review of the involvement of local agencies. To ensure an independent perspective Dr Helen Hammond (Consultant Paediatrician, West Lothian Healthcare Trust) was asked to lead the review. As a leading and well respected "expert" in Child Protection it was felt she would bring the necessary critical review.

This report provides an agreed multi-agency response to Dr Hammond's report, detailing the required actions of Social Services, Health Services and the Child Protection Committee. Full consideration has been given to areas where our practice, policies and procedures should be improved.

Dr Hammond undertook the Review and the compilation of her report within a very limited time period. The murder trial was originally scheduled for September and it was important that the Review be completed prior to the trial. Her brief was to look into the circumstances surrounding Kennedy's death and, given the limited time available, she

essentially focused on involvement with Kennedy only. Although Dr Hammond does make some more generalised observations about practice in Dumfries and Galloway, these are conclusions reached from looking at this case and talking with those involved, time has precluded her from making inquiries into wider issues.

Dr Hammond's report is focused and very direct and the Child Protection Committee and key local agencies i.e. Health and Social Services accept her conclusions and recommendations. There are matters of detail contained within accounts of interviews with some people which are viewed, by some, as not being wholly accurate but they do not diminish or negate the overall thrust and conclusions of the report.

A detailed examination of processes and procedures will always lead to recommendations for change. It is important to note that Dr Hammond's report does not contain fundamental criticism or concern about the procedures and processes that should have operated. This is an important point in terms of continuing confidence in the local Child Protection systems.

Her concerns focus around the judgement and practice of individuals and the fact that key processes were not adhered to. The Action Plan detailed in this report address the concerns raised in Dr Hammond's report.

A report such as this can appear dry and dispassionate, particularly after such a tragic child death. The impact, however, on staff and the local child protection system cannot be minimised. Dr Hammond's investigation and report have been direct and challenging and those staff directly involved have been fundamentally affected by the process.

Even with hindsight it is doubtful whether the actual events of Kennedy's death could have been predicted. Dr Hammond's view is that, had all of the information and concern available by May, been properly assembled and assessed, Kennedy would not have been at home. The Child Protection Committee and key local agencies i.e. Health and Social Services accept this view, fully acknowledging that the local Child Protection framework did not operate to effectively protect Kennedy. This was a complex situation to assess and a multi-agency assessment and case conference may not have resulted in any action that would remove Kennedy from home. The critical point, however, is that such a multi-agency assessment and case conference did not happen, the available information was never fully pulled together nor the risks assessed and evidence balanced. There was a great deal of information available from the GP and from the extended family which, assembled with the other Health and Social Work information, would have built a picture of grave concern about Kennedy on which action was likely to have been taken.

2) Re: Conclusions and Recommendations

- Dr Hammond makes reference to the effect of isolation from a major teaching centre, and the effect this may have on both Health and Social Services in rural areas. These comments should properly be listed under the matters for national consideration rather than local. It is not clear where she derives her evidence for the tentative conclusions which she draws. We do not feel in a position to comment

other than to recommend that it is a matter for national consideration, perhaps utilising (initially at least) the regular framework of meetings that the Scottish Executive holds with CPC Chairs.

- The comments made about a "failure to seek legal advice" are important and the Social Services Department is developing clear procedural advice, to be incorporated into the Child Protection Procedures, as to the points when legal advice must be sought.
- The matter of "confusion over planning meetings and parents involvement" is picked up again in the specific recommendations for Social Services.
- Dr Hammond comments on the "totally unrealistic workload" held by the paediatrician. It is the view of the Reference Group that workload is also an issue which should have been commented on in relation to the Team Manager. It is of critical importance that workloads and work pressures are regularly reviewed and appropriate action taken if Child Protection practice is to remain safe and effective. We feel that expectations about management action need to be reflected in the local Child Protection procedures and priority given to the development of more comprehensive technology based management information systems.
- Dr Hammond notes that practice around Ward 15 requires swift action to establish effective relationships and practice. Action is already being taken to agree and establish clear protocols for communication and referrals etc. This will be specifically included in the Action Plan in detail. A core concern is that, despite first line managers bringing these issues to the attention of more senior managers no strategic action was taken to address the clear operational difficulties that have existed for some time.

3) Specific Health Recommendations

Action is detailed in Health Action Plan included later in this report.

4) Specific Social Work (Social Services) Recommendations

Action is detailed in Social Services Action Plan included later in this report.

5) Specific Inter-Agency Recommendations

- **Ensure that the Child Protection Committee is fully aware of working practices, current statistics (including registrations) and training programmes and briefed on any serious difficulties that are encountered.**
 - The Child Protection Committee had, prior to Dr Hammond's Inquiry, decided that it must have more detailed statistical information on a regular basis (see CPC minutes during 1999).
 - A full review of the content, range, funding and management of training is needed if we are to target resources at the key issues highlighted by this Review.

- A sub-group of the CPC already exists to review "Policies and Procedures". This group will be given a brief that includes the monitoring of actual working practices and a clear expectation to report back to the CPC. The remit and membership of this group will be reviewed so that consideration of independent objectivity is introduced into the process.

- **Institute a formal stage of initial referral discussion, ensuring that background information is effectively shared and that all referrals are discussed with senior and experienced professionals in social work, health and police. No agency (and certainly no single individual) can take a unilateral decision not to proceed with a full child protection investigation in the face of serious concerns from another.**
- Arrangements are in place which now require the discussion of all referrals between Social Services, Health and Police at an early stage. Joint training across the 3 key agencies is being arranged. The referral, screening and initial assessment processes are being reviewed in depth. Plans are advanced to introduce an amended version of the Department of Health "National Assessment Framework". This will provide a clear framework which provides for significantly higher levels of consultation to place between Health, Social Services and Police before decisions are made, including a requirement for managers to discuss all suspected child protection referrals with senior and experienced colleagues.
- **Review all the decision making processes involved in working together.**

The more immediate actions that are needed to secure confidence in the local Child Protection systems are pulled out as specific recommendations in the report and are being speedily actioned. The need to review all decision making processes is fully accepted and this will be included in the Action Plan as core action for the CPC over the coming months.

- **Put in place inter-agency training packages for different grades of staff and levels of experience ensuring that the trainers have the necessary skills and experience to offer that training.**

The CPC is reviewing training and this recommendation will form part of the Action Plan.

- **Ensure that all staff have access to advice whenever it is required i.e. including out of hours and whatever the nature of the problem. This will mean that a network of support must be identified from outwith Dumfries and Galloway particularly during periods of staff leave and in complex cases.**
 - Each agency will be required to review the arrangements relating to their own staff and to advise the CPC (this to be included in the Action Plans).
 - The CPC further need to review the availability of advice and support to non-statutory child care settings around the management of child protection and to ensure it's availability.
 - The current "CPC Inter-Agency Guidelines for Dumfries and Galloway" need amendment/expansion to include specific information about **who** and **how** to contact "out of hours".

- **Consider the inter-personal aspects of child protection working and identify strategies to address these.**

- Agencies should be expected to provide the necessary supervision/support systems for staff. These management expectations need to be clearly expressed in the local CPC procedures.
- If inter-personal/relationship issues are highlighted within the supervision process as impinging negatively on child protection processes then there must be a clear expectation that this will be fully addressed by the manager.

6) National Issues

- The establishment of a "National Centre for Child Protection" would be a key development that would collate information/research - promote best practice - and act as a focal point for Child Protection work. This should be recommended to the Scottish Executive.
- Dr Hammond's points about advice and guidance are accepted, but the Scottish Executive will be asked to reflect on the value of advice and guidance that is not scrutinised/measured in terms of its consistent implementation across Scotland. The lack of reliable statistical information and benchmarking data across Scotland constrains local CPC's from undertaking their role.

Not relevant in this particular case but worthy of further national consideration are the following points:

- The current lack of an effective flagging system (via SCRO) for people convicted for sexual offences against children. Currently, unless the victim's date of birth is clearly identified on the right forms, the SCRO record does not indicate whether the offence was committed against a child.
- The Performance Assessment framework in England and Wales provides a useful model for auditing practice and data and needs to be urgently considered in a Scottish context.

The above comments of national relevance will be shared with the Scottish Executive.

7) Further issues raised in the text but not highlighted in Dr Hammond's recommendations

The criticism of Social Services and Health are of such a fundamental nature that a review of managerial responsibilities within all child care/child health services is to be

undertaken and both agencies have compiled comprehensive Action Plans to address these matters (Appendix A and B).

Dr Hammond draws comparisons between the registration rates of children on the Child Protection Register in Lothian (ages 0-16) compared with Dumfries and Galloway. It would appear that the figure she is quoting for Dumfries and Galloway includes children 0-19 and if this was so, an adjusted rate would be 2.1, just slightly lower than the figure for Scotland. There are no core agreed information sets to allow meaningful child protection benchmarking comparisons, this issue has been raised regularly with the Scottish Office. Accepting all these complexities we have tried as a Child Protection Committee to compare our registration rates with other similar Regions.

The current advisor roles in both Health and Social Services will be jointly reviewed by the respective agencies, in consultation with the Child Protection Committee. Agencies will then need to consider the managerial implications of any changes to these roles.

All agencies will review standards of record keeping and of reviewing compliance with these standards.

The Child Protection Committee will write to the Scottish Reporters Administration and suggest we meet to discuss the points noted in Dr Hammond's report.

Dr Hammond does not distinguish between the role of the uniformed Police and Police within the Family Protection Unit. Locally we are confident that relationships with colleagues in the Family Protection Unit are very positive, however, it is acknowledged by the Head of this unit, that further training is needed when uniformed officers of necessity are the first line of response.

A framework for professional support is being addressed within agencies.

8) Further Management Actions

On the basis of this report the Director of Social Services commissioned a study by the Children's Services Manager to ascertain whether any disciplinary action(s) were required. An investigation report was completed by 5th February 2001. This report concluded that there was evidence of management and practitioner failings necessitating disciplinary action. This has been accepted and disciplinary action is now being brought against staff at both a management and practitioner level.

9) Review of Actions

The Action Points highlighted in this report need to be reviewed on a regular basis to ensure progress and change. The Child Protection Committee will review its Work Plan

to ensure that all inter-agency actions are incorporated and that a Review Framework for all Action Plans is also incorporated.

SOCIAL SERVICES ACTION PLAN FOLLOWING THE CHILD PROTECTION COMMITTEE INQUIRY INTO THE CIRCUMSTANCES SURROUNDING THE DEATH OF A CHILD

RECOMMENDATIONS FROM SINGLE AGENCY REVIEW				
RECOMMENDATION	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
Review the current screening and initial assessment documentation to ensure that there is sufficient information considered before deciding whether a child protection or family support response is required	19.09.00 - meeting with all child care managers to review a systematic initial assessment framework (based on DoH Guidance). Working group has been established to introduce this assessment framework.	Complete finalised modified assessment framework	By early Dec 2000	Working Group
Review procedures in relation to the compliance of staff with child protection procedures	20.06.00 - all managers issued with instruction which was followed up in writing on 21.06.00: re-issuing the Child protection referral, priority framework and assessment forms (CS001, CS002, and CS003) which were initially launched on 23.11.99 making clear that these forms must be completed and giving time standards for their completion. Compulsory training for team managers on 31.08.00 on child protection procedural framework.	Establish performance evaluation programme in order to identify the extent to which key decision making complies with guidance Review management information in relation to planning and decision making in child protection	By January 2001	Planning and Assessment Team
Review the prioritisation of child protection referrals, and set standards for initial contact and completion of enquiries				
Undertake a systematic overhaul of the recording of decision making	Instruction issued that all CS001, CS002 and CS003 forms must be completed. Every completed CS002 must be forwarded to the Planning and Assessment Team	Compiled report to be presented to Operational Management meetings every 3 months	Every 3 months	Planning and Assessment Team

RECOMMENDATIONS FROM SINGLE AGENCY REVIEW				
RECOMMENDATION	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
Review the recording policy and put arrangements in place for speedier turn around of typing	Administrative staff have audited current resources - limited administrative resources identified as an issue to be addressed	Further training to be arranged for administrative staff. Revision of management arrangements for administrative staff.	By April 2001	Head of Operations
Review in depth assessment procedures and documentation	19.09.00 - meeting with all child care managers to review a systematic in depth assessment and age appropriate framework (based on DoH Guidance).	Complete finalised modified assessment framework - Introduce this assessment framework	By March 2001	Working group
Review the use and focus of planning meetings in order to create effective vehicles for the planning of child protection investigations	11.8.00 - guidance was issued by Chair of CPC advising that planning meetings should not be held as part of the child protection investigative procedure in lieu of case conferences.	Child protection policy and procedures group to be reconstituted and to consider the revision of procedures to clarify the role of strategy discussions	By January 2001	Operations Manager (Child Care)
Establish a written protocol between paediatric social worker and area teams	02.10.00 - Agreement reached with acting Child Health Manager to develop a joint protocol to be lead by Operational Manager	Protocol to be agreed	By end March 2001	Operations Manager (Child Care)
Review with health colleagues, the discharge arrangements for children of mutual concern, but where formal child protection procedures have not been initiated.	06.10.00 - Meeting held to clarify interim arrangements - results of which are in writing - all referrals to go through one team manager.			

RECOMMENDATIONS FROM DR HAMMOND'S REPORT

RECOMMENDATION	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
<p>Ensure that local social work services procedures complement and are consistent with the collaborative approach endorsed within Scottish Office and Dumfries and Galloway inter-agency guidance (page 79)</p>	<p>All Social Services fieldwork teams have now been retrained in the collaborative approach in relation to existing child protection committee procedures. The procedures themselves were endorsed in the report Specific clarification has been given to all staff removing the power of veto previously exercised by Social Services staff in relation to other agencies requesting child protection case conferences</p>	<p>Social Services to review arrangements with Health and Police for medical and medical forensic examination of children where physical abuse is suspected.</p> <p>Clarification to be issued in writing. Clarification will also be issued to social workers to ensure that they are aware that they should undertake sufficient consultation with qualified medical practitioners where physical injuries are suspected</p>	<p>By February 2001</p>	<p>Operations Manager (Child Care)</p>
<p>Ensure that staff in positions of responsibility have adequate training and experience in all aspects of the work, to fulfil those roles effectively</p>		<p>Training standard and plan to be identified for all team managers Within 2 years, ensure compliance with the current standard that all social workers and managers responsible for the management of child abuse will achieve the Certificate in Child Protection Studies from Dundee University. The strategic training plan for 2001 will also include priority for training on inclusive decision making for all team managers and senior social workers</p>	<p>By March 2001 By October 2002</p>	<p>Operations Manager (Child Care) Operations Manager (Child Care)</p>
<p>Ensure that appropriate supervision is offered and sought by the team leader in decision making</p>		<p>Implement a comprehensive document which details which responsibilities are held by which staff at each level. Child protection procedures will be revised to require team managers to refer a defined range of suspected serious/complex abuse (eg poisoning) to the senior operational manager. Review and make more detailed the supervision policy which will require the supervision of individual cases to be evidenced by the direct oversight of the case</p>	<p>By beginning December 2000 By March 2001 By March 2001</p>	<p>Children's Services Manager Team Manager (Planning & Assessment Team) Operations Manager (Child Care)</p>

		file on a specific periodic basis Monthly supervision reports to be presented to the Head of Service.		
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RECOMMENDATIONS FROM DR HAMMOND'S REPORT

RECOMMENDATION	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
Training, particularly in risk assessment, decision making and the legal processes	Training in risk assessment is part of the Dundee certificate in child protection studies course already undertaken	A specific conference has been arranged which all managers will be required to attend clarifying the risk factors pertaining to neglect. A specific training programme will be commissioned for all children's services staff from Dundee University to disseminate the common risk assessment model currently expounded by them. An training plan exists to update front line staff on the legal process and this will be expanded	21.11.00 By February 2001 January 2001	Chair CPC Team Manager (Planning & Assessment Team) Team Manager (Training & Development)
Clarify the roles and relationships within the team, in particular the working relationships between the hospital social workers, the geographically based workers and the team manager.	The referral route has been clarified in writing and all referrals now go via one area based team manager. A decision has been made in principle that the current paediatric social worker position should not be available as a job share in order to aid consistency It has been agreed that paediatric social workers will not hold case management responsibility for child protection enquiries and investigations.	The protocol in preparation will specifically clarify the role of the paediatric social worker in relation to child protection enquiries and investigations This protocol will be overseen by the Children's Services Manager and will be the specific responsibility of the senior operational manager.	By end of November 2000	Operations Manager (Child Care)
Investigate and eradicate the inappropriate use of planning meetings in place of child protection case conferences	This recommendation had already been addressed		July 2000	Chair of CPC
Training in handling difficult and hostile parents/carers ensuring that it does not jeopardise the effective protection of the child		Review the arrangements for chairing child protection case conferences including the standard for experience and training of case conference chairs and ensure standard is met within 6 months of this date. Arrange training for team managers in the management of conflict as part of training programme for 2001	By March 2001 March 2001	Children's Services Manager Team Manager (Training & Development)
Setting up networks of advice and support		Regional inter-agency child protection fora to be established	By April 2001	Team Manager (Planning &

			Assessment)
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RECOMMENDATIONS FROM DR HAMMOND'S REPORT

RECOMMENDATION	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
<p>Organisation and timing of case conferences and circulation of minutes (page 74)</p>		<p>Audit compliance with existing standard for case conference timing (7 days from the decision to conference) every 6 months. First audit to be undertaken by Manager Planning and Assessment team in December 2000. Establish a standard for the circulation of minutes in relation to strategy meetings and case conferences</p>	<p>By 31 December 2000</p> <p>By January 2001</p>	<p>Team Manager (Planning & Assessment)</p> <p>Team Manager (Planning & Assessment)</p>
<p>Compliance with existing recording standards</p>		<p>Training for staff on existing standards</p> <p>6 monthly audits of compliance with standards</p>	<p>By March 2001</p> <p>Every 6 months</p>	<p>Operations Manager (Child Care)</p> <p>Team Managers</p>
<p>Comments contained within conclusions and recommendations (page 77) concerning key social services personnel directly involved</p>	<p>The manager directly responsible for the decision making in relation to this case has been directed to other duties and will not hold responsibility for the supervision and management of child protection practice (this decision will be subject to a further review following the completion of the criminal proceedings when any further available information will be considered)</p>	<p>Following the completion of criminal procedures a review of social services staff involvement will be undertaken (when all available information will be considered) following which any necessary action will be taken concerning the involvement of social services staff. Lessons from the review will be incorporated into a training programme provided for all of the staff directly involved with a dissemination briefing for all children's services staff within Dumfries and Galloway</p>	<p>By February 2001</p> <p>By March 2001</p>	<p>Children's Services Manager</p> <p>Team Manager (Training & Development)</p>
<p>General comments contained within the report concerning the lack of compliance with child protection procedures and the standard of managerial oversight</p>	<p>The criticisms of social services require a fundamental review of managerial responsibilities and practice supervision. This review is being led by the Director and has already begun and will examine the roles and responsibilities of managers at all levels with responsibility for the management of child protection within the organisation.</p> <p>Managerial arrangements have been reviewed and revised. A</p>	<p>This review will be completed and managerial arrangements revised.</p> <p>New management arrangements to be phased in</p>	<p>By end January 2001</p> <p>To be completed</p>	<p>Director/ Children's Services Manager</p> <p>Director/ Children's</p>

	new set of arrangements has been agreed and are being implemented.		by end May 2001	Services Manager
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ACTION PLAN - HEALTH BOARD

RECOMMENDATIONS	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
<p>Urgent review of the lead role(s) in relation to child protection cases in D&G both within and outwith the hospital</p>	<p>Meeting held with Medical Director , Chief Executive and the 3 Consultant Paediatricians. Agreement has been reach on a development programme for the Lead Clinician. Immediate action to enhance the consultant workforce.</p> <p>Advertisement for additional Consultants- actioned.</p> <p>As an interim step, the recruitment of locum cover - actioned.</p>	<p>Recruit two additional consultants</p> <p>Lead Clinician having a clearly defined role in taking an overview of child protection matters with senior colleagues in other agencies.</p> <p>Consultant issues including cover for the Lead Clinician for Child Protection and the sessions for this work is yet to be finalised</p>	<p>Advertise October 2000.</p>	<p>Chief Executive/ Medical Director</p> <p>Lead Clinician/ Medical Director</p>
<p>Systems to Provide Preliminary Medical Assessment and joint Paediatric/Forensic examinations and their timely and effective documentation to be put in place</p>	<p>The recommended assessment documentation to be used.</p>	<p>Lead Clinician to study processes in operation at Yorkhill and then change local procedures as appropriate.</p> <p>Implementation of the Assessment documentation recommended in the Health Guidance NHS MEL (2000)5</p>	<p>December 2000</p> <p>Nov 2000</p>	<p>Lead Clinician</p> <p>Lead Clinician</p>

RECOMMENDATIONS	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
Training of Medical Staff	Secondment dates agreed.	A programme of additional experience tailored to the needs of the Lead Clinician to be undertaken both at Yorkhill and Newcastle	November 2000 and ongoing	Lead Clinician/ Medical Director
Set up a Clinical Network for Paediatric, Forensic and other speciality input, advice and peer support	Initial contacts have been made with Yorkhill and Ayr.	Progress current arrangements into a formal Clinical Network. Sources of funding to realise this objective will be sought.	March 2001 and ongoing	Clinical Director/Lead Clinician/Health Board
Establish clear and rapid channels of communication between hospital, general practitioners and health visitors relating to children at risk at times of admission, discharge and follow up to ensure effective sharing of information.	Summary of all children attending A/E now copied into Hospital case record. Multi-Agency ward meetings have been re-instated. Workshop to discuss/ develop admission/ discharge procedures planned for December	Address communications between medical and Nursing staff NHS & Social Services Nursing lead in ward communications Admission/Discharge procedures Consider appropriate ways of highlighting C.P. issues in medical notes.	Nov 2000 March 2001.	Lead Clinician/ Lead Directorate Nurse and Child Protection Nurse Advisor with colleagues from Social Services GP Rep. Nurse Team Leader / Child Protection Nurse Advisor/ LHCC Managers

RECOMMENDATIONS	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
<p>Team Building by:</p> <p>Matching of LHCC structures with S. Services structures.</p> <p>Formalising the responsibilities of the Link staff. Achieving effective communications within Primary Care Teams</p> <p>Clarity of roles and responsibilities</p>	<p>Link Child Protection HV's identified in each LHCC. Similar "Link" staff have been identified for maternity, A/E and Ward 15</p>	<p>Effective team working LHCCs/designated Child Protection Advisor/and Social Services team leaders</p> <p>Team building in C.P. at Primary Care Practice level</p> <p>Review within ACPC the remit of the two Advisors.</p>	<p>Dec 2000</p> <p>On-going</p> <p>Dec 2000</p>	<p>LHCC Managers/Child Protection Nurse Advisor with colleagues in Social Services</p> <p>LHCC Managers/Lead Clinician/Child Protection Nurse Advisor</p> <p>ACPC</p>
<p>Effective processes of Supervision for:</p> <p>HV's.</p> <p>Community Paediatricians</p> <p>Midwives</p> <p>SNs.</p> <p>Child Protection Adviser</p> <p>A&E.</p> <p>Ward 15 staff.</p> <p>Community Children's nurses.</p> <p>Child and Adolescent Mental Health workers</p>	<p>Interim arrangements for the supervision of Child Protection Nurse Advisor in place (Reporting direct to Dir. of Nursing)</p>	<p>(a) Clinical supervision to be implemented.</p> <p>(b) Role of Community Paediatricians in child protection to be reviewed.</p> <p>(c) Model to be devised for all other disciplines.</p> <p>(d) ACPC to review role of Advisors in Health and Social Services.</p>	<p>Oct 2000</p> <p>Jan 2001</p> <p>Dec2000</p>	<p>LHCC Managers/other relevant managers/Directors of Nursing</p>
<p>C.P. Training of GPs</p>		<p>GP's will be offered C.P..training through the Post Graduate programme</p>	<p>Jan 2001</p>	<p>Medical Advisor</p>

RECOMMENDATIONS	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
Obligatory CP Training	<p>Further specialist training for the CP Nurse Advisor agreed.</p> <p>C Campbell preparing a costed outline of training requirements. Specialist developmental training to be purchased.</p>	<p>Defined programme Child Protection training for each group to be identified: HVs, SNs, CAMHS workers, Midwives, Hospital Nursing staff at all Hospitals</p> <p>Mandatory update intervals</p> <p>Priority when allocating training budgets</p> <p>Joint training with Social Work and Police</p> <p>Training for staff with specific responsibility for managing field workers (LHCC Managers/Lead Nurses)</p> <p>Scope of Responsibility training.</p> <p>“Child Centred” C.P.Training.</p> <p>Training of trainers</p> <p>External evaluation of C.P training to be implemented.</p>	<p>Dec 2000.</p> <p>Dec 2000.</p>	<p>Chief Executive's of both Trusts/Lead Clinician/LHCC Managers and Child Protection Nurse Advisor</p>
Other relevant issues from Dr Hammond's Report	<p>Ass. Tool in place for health visitor, compliance to be monitored.</p>	<p>H.V's and other staff assessing potential C.P. cases to use agreed Assessment Tools</p> <p>Clarify the role of the LHCC Manager in monitoring and taking action on CP workloads.</p>	<p>Dec 2000</p> <p>Dec 2000</p>	<p>LHCC Managers. / Child Protection Nurse Advisor</p> <p>Medical and Nursing Directors and LHCC Lead Clinicians</p>

RECOMMENDATIONS	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
		<p>Written meaningful standards of care and clinical audit of practice Learning from research and inquiry reports</p> <p>Review of the management support to Child Health Directorate</p>	<p>On-going</p> <p>Nov 2000</p>	<p>Lead Clinician/Child Protection Nurse Advisor/Health Child Protection Committee.</p> <p>Chief Executive's of both Trusts</p>
Standards of Documentation to be improved		<p>Follow up of telephone conversations, particularly ensuring a written record is filed in primary care</p> <p>Training to ensure comprehensive and clear communication styles</p> <p>Monitoring of delays in preparing consultant reports</p> <p>Defining H.V. active and passive caseloads and a clear protocol for when a family record has to be kept, and establish a monitoring system.</p> <p>Documenting interactions with children</p>	<p>Dec 2000</p> <p>Jan 2000</p> <p>Nov 2000</p> <p>Dec 2000</p>	<p>Medical Director/ Paediatricians</p> <p>Lead Clinician/Health Child Protection Committee</p>

RECOMMENDATIONS	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
Consider the specific requirements of Children admitted to locations other than Paediatric Ward (A&E at Garrick; ENT; Ophthalmology and General Surgery)		To formalise arrangements for “named” paediatric consultant advice on the care and treatment of children admitted to another department.	March 2001	Medical Director /Lead Clinician
Complying with Multi Agency Guidelines		Agree the model of Social Services input into Ward 15. Agree a process for ensuring a speedy transfer of referrals from the ward to Social Work Team Leader.	Nov 2000 Nov 2000	Children’s Services Manager (Social Services) Lead Clinician/ Children’s Services Manager (Social Services)
Lead Clinician arrangements	Health service Lead Consultant response for Child Protection confirmed at the ACPC	Clear statement to other agencies of health Child Protection arrangements.	Nov 2000	Lead Clinician
Staff Support	Joint arrangements for Media contact confirmed with social services.	Prepare staff for the pressures associated with a case of major importance, including a staff support programme	Oct 2000	Both Trusts – Media Spokesperson
Review the functioning of the Health Child Protection Committee including:	Actioned or ongoing.	Clarify the role, function and membership of the committee. Produce a controlled documentation system for Health Service specific guidance. Identify areas were further guidelines are required. Update guidelines to reflect organisational	In place. Jan 2001 Ongoing	Health Child Protection Committee

		changes.		
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RECOMMENDATIONS	ACTION ACHIEVED	ACTION PLANNED	TIMESCALE	RESPONSIBLE
		<p>Health Guidelines to be ratified at Board level and measure that guidance is being followed by audit.</p> <p>Confirm the status of the Child Health Protection Committee both within health and with the ACPC.</p>		