



SCOTTISH EXECUTIVE

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10 December 2003

Dear Colleague

Child Protection- Plan for Immediate Action

At the last meeting of the Scottish Executive Health Department with NHS Board and Trust Chief Executives on 19 November 2003, child protection was the main agenda item. As you know, Ministers have committed to a 3 year child protection reform programme across all agencies to improve outcomes for vulnerable children. Over the next few months the programme will be issuing a Children's Charter, developing standards for child protection across all agencies, reviewing the role and remit of Child Protection Committees and developing proposals for multi-disciplinary inspection of child protection services. The child protection reform programme can only succeed if key agencies, including the NHS, are fully involved and committed.

In our meeting Malcolm Wright and James Barbour identified areas of good practice that have been put in place in their local areas as a result of recent inquiries into child deaths. Tom Divers also provided information on progress in Greater Glasgow in improving child protection services.

We agreed that a plan for immediate NHS action was required to ensure that the recommendations of recent inquiries are being addressed. It is intended that this plan will support the work of the national reform programme. We proposed that Malcolm Wright, James Barbour and Tom Divers should work with Linda de Caestecker to develop this and I am enclosing the Plan for Immediate Action with this letter. These proposals received support from the Chairs of NHS Boards and Special Health Boards with whom we discussed child protection on 24 November. You should note that this plan refers only to immediate action based on the experience of NHS Boards implementing recommendations from reviews of child deaths. There are clearly other areas of work that must be addressed through national and local guidance and procedures. Some of these will be taken forward through the reform programme. We can discuss other requirements at future meetings. The Scottish Executive Health Department has taken on board the need for guidance for staff on sharing information about children at risk and will issue this shortly.



At our next meeting I intend to follow up our discussion on child protection and to find out about progress .

I would like to take this opportunity to thank you for your honest and constructive approach to our thinking about child protection.

Yours sincerely

TREVOR JONES



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Dear Colleague

Child Protection Plan for immediate action and actions for chairs of NHS Boards

At the last meeting of the Scottish Executive Health Department with Chairs of NHS Boards and Special Health Boards Chairs on 24 November 2003, child protection was the main agenda item. As you know, Ministers have committed to a 3 year child protection reform programme across all agencies to improve outcomes for vulnerable children. Over the next few months the programme will be issuing a Children's Charter, developing standards for child protection across all agencies, the outcome of a review of the role and remit of Child Protection Committees and proposals for the development of multi-disciplinary inspection of child protection services. The child protection reform programme can only succeed if key agencies including the NHS are fully involved and committed.

Following presentations about recommendations and actions from recent inquiries into child deaths, I described the outcome of the discussions with NHS Board and Trust Chief Executives to develop a plan for immediate action in the NHS based on the findings of these recent inquiries. You requested that we summarise some key action points for you as Chairs of NHS Boards and Special Health Boards. I am enclosing these key points and also the Plan for Immediate Action.

At our next meeting I intend to follow up our discussion on child protection and to find out about progress.

I would like to take this opportunity to thank you for your honest and constructive approach to our thinking about child protection.

Yours sincerely

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Plan for Immediate Action for NHS Child Protection Systems

Accountability

- Ensure that an Executive Director leads corporate action on child protection for each NHS Board.
- Review responsibility for child protection in all Trusts/operating divisions (not only those dealing directly with children) – is there a lead clinician and a lead manager? Are staff clear about their responsibilities? Guidance on these roles was issued in “*Protecting Children: A Shared Responsibility – Guidance for Health Professionals in Scotland*” (2000).
- Review the workload of lead clinicians – do paediatricians and nurses leading on child protection have protected time to carry out this role?
- Ensure that the role of lead clinicians is communicated and understood by other relevant staff.
- Review the role of child protection advisors and ensure responsibilities and accountability are unambiguous and realistic.
- Establish an NHS Child Protection Action Group in each NHS Board with senior leadership, reporting to both the NHS Board and to local Child Protection Committees. This group should review the reports and recommendations of recent UK inquiries. The group should ensure that decisions and responsibilities for child protection are embedded in existing NHS Board governance and business procedures.
- Review NHS membership of Child Protection Committees to ensure representation of senior staff with specified reporting mechanisms to the NHS Board. The membership of these committees may need to be broadened to ensure that appropriate groups are represented including GPs and adult specialists.
- Review representation at Child Protection Case Conferences - are systems in place to allow clinicians such as community paediatricians, health visitors and GPs to attend when appropriate? Is support and guidance provided to staff attending case conferences.
- Ensure that child protection is part of the work of Clinical Governance Committees and of Risk Management Committees, using findings from Child Protection reviews of child deaths and critical incidents.

Information Sharing

- Most Child Protection Committees will have developed local protocols to implement national guidance on women who use drugs or alcohol in pregnancy, as described in “*Getting Our Priorities Right*”. The NHS should monitor implementation and ensure appropriate procedures for sharing information about babies with neonatal abstinence syndrome.
- Issue summary of child protection guidance to all staff. Each NHS Board should adapt the Lothian wallet sized card to issue in payslips to all staff.

Training

- Development and implementation of a training strategy and audit plan using the 3 levels of:
 - Tier 1: Awareness raising for all staff
 - Tier 2 Training for all staff in regular contact with children or parents
 - Tier 3 Specialist training for those undertaking investigationsFurther work will be required to specify which level of training, different staff groups should receive.
Training must be regular and on-going

Actions for NHS Chairs

- Raise the issue of child protection locally to ensure that attention is being given to recommendations from recent inquiries.
- Provide leadership to the implementation of the plan for immediate action derived from the recent meeting with NHS Chief Executives.
- Ensure that there is a whole system approach to child protection. Child protection is not an issue only for primary care or paediatric services but also must be addressed by adult services.
- Use negotiations around new consultant contracts to ensure that appropriate consultant paediatricians have protected time for child protection
- Ensure appropriate attendance of Chairs, Chief Executives, Directors of Nursing, Medical Directors at the second child protection summit in February/March 2004
- Ensure that the action required to respond to the Ministers' letter about child protection is being progressed.

