

## Greater Glasgow NHS Board

### Board Meeting

Tuesday 17<sup>th</sup> August 2004

Board Paper No. 2004/48

Nurse Director

### Child Protection

#### Recommendation:

- **The Board:**
  - **notes progress to improve NHS child protection arrangements.**

#### A. BACKGROUND AND PURPOSE

1.1 In December 2003 (Board Paper 2003/77) the Board received a report on child protection which highlighted a number of major issues for the NHS particularly:

- tackling child protection concerns where our patient is not the child;
- sharing information with other agencies;
- ensuring all NHS staff are aware of child protection issues;
- ensuring clear systems to enable concerns to be raised and addressed;
- delivering corporate leadership and commitment to child protection.

1.2 The report highlighted the extent of the challenge facing the NHS to address these issues and proposed the establishment of an NHS Child Protection Forum, chaired by the Board's Nurse Director.

1.3 The terms of reference for that Forum were to:

- ensure the NHS is effectively and influentially represented on Local Authority Child Protection Committees. This includes ensuring that the NHS acts on issues identified through the Local Authority processes;
- ensure all NHS staff are aware of and discharge their responsibilities for child protection;
- ensure the NHS has clear policies on interdisciplinary working, information sharing and assessment arrangements;
- ensure that the NHS has a detailed plan of action, with clear responsibility and timescales to address the outcome of recent UK inquiries and emerging Scottish Executive guidance.

## **EMBARGOED UNTIL MEETING**

- 1.4 The report also noted the Scottish Executive programme of work on reforming child protection and the request from the Executive to provide reassurances about the effectiveness of local child protection arrangements.
- 1.5 The purpose of this paper is to provide the Board with a progress report on our efforts to ensure the NHS in Greater Glasgow fully meets its responsibilities to protect vulnerable children.

### **B. PRESENT POSITION**

2.1 This section describes progress in terms of:

- the National Reform Programme;
- work with Local Authorities.
- the NHS Child Protection Forum;

#### 2.2 National Reform Programme

In 2002 the Scottish Executive established a multi-agency reform programme with the aim of developing child protection arrangements across all the relevant agencies. Priorities for the second year of the programme were launched in March 2004 at a summit meeting in Edinburgh, the priorities included the following:

- The launch of Protecting Children and Young People: Framework for Standards
- Establishing multi-disciplinary inspection
- The review of Child Protection Committees

In relation to Protecting Children and Young People: Framework of Standards, NHS Greater Glasgow has completed a benchmark exercise indicating our compliance with the standards this information has been shared with our local authority colleagues. Currently we are working through each local authority Child Protection Committee to develop multi-agency plans for the implementation of these standards.

In connection with the multi-disciplinary inspection of child protection, the design of this process is underway and it is anticipated that a pilot approach will be developed by the end of the year. Guidance on the review of Child Protection Committees is expected imminently.

#### 2.3 Work with Local Authority Colleagues

Since the NHS Child Protection Forum was established, the NHS representation on each Local Authority Child Protection Committee has been reviewed and revised. The purpose of reviewing the NHS representation on Child Protection Committees was to ensure the following:

- Senior NHS representation on each Local Authority Child Protection Committee with the ability and authority to provide a corporate view of the NHS

## EMBARGOED UNTIL MEETING

- To ensure robust feedback mechanisms to the NHS Child Protection Forum with the aim of ensuring NHS action on issues identified through the local authority process

Each Local Authority Child Protection Committee has a detailed multi-agency action plan addressing all the recent child abuse enquiries and government guidance.

We worked collectively with each local authority and Strathclyde Police to compile a response to a ministerial letter received on 11 November 2003 which asked each agency to give an assurance that they had reviewed the way in which services are provided individually and jointly to protect children.

Whilst agencies gave an assurance that we were committed to ensuring we do all that we can to improve protection to children and progress the national review programme, we reminded ministers of the specific challenges facing Greater Glasgow and in particular Glasgow City.

This was in the context of vulnerable children, particularly in respect of children affected by deprivation and drug and alcohol misuse. Reminding ministers that we have seven of the most deprived constituencies in Scotland and it is estimated within the city a minimum of 10,000 children are affected by parental drug misuse. Attached to this paper is our response with Glasgow City Council and Strathclyde Police Appendix 1, similar submissions were made with other local authority partners.

### 2.4 The NHS Child Protection Forum

The NHS Forum was established in February 2004, its terms of reference and membership are attached Appendix 2.

It is fair to say the NHS Child Protection Forum is still in its infancy. Prior to its inception child protection was seen as the domain of Primary Care and Yorkhill. The Forum now involves key personnel from all four Divisions and the NHS Board. The NHS Forum is complimented by newly formed Divisional Child Protection Groups in the Acute Divisions and reconstituted groups in Primary Care and Yorkhill.

In its short lifetime the NHS Child Protection Forum has achieved steady progress and identified a clear workplan for the future taking account of the national reform programme, all the relevant child abuse inquiries and government guidance and addressed a letter from Trevor Jones, the Chief Executive of NHS Scotland. The letter is attached at Appendix 3.

### 3.1 NHS Child Protection Forum Progress To Date

The Forum now has an extensive programme of work and by the Autumn it will have delivered:

- clear, corporate leadership on child protection in all Divisions;
- detailed Divisional action plans setting priorities for change - led by the nursing and medical directors;
- information for all NHS staff about their responsibilities backed up by web based resources and training;

## **EMBARGOED UNTIL MEETING**

- improved NHS input to Local Authority Child Protection Committees. The Forum is enabling us to pursue a more consistent and coordinated way of relating with the five Local Authorities with whom we work;
- more systematic NHS engagement in cases requiring multi-agency cooperation including a commitment and clear approach to the sharing of information;
- coordinated NHS input into serious case reviews.

A major issue is the very limited and fragmented specialist resources available to support child protection activity within the NHS and deliver on all of the challenges outlined above. The Forum is, therefore, presently working on a proposal to put in place a single Child Protection Unit to improve and support child protection systems across the NHS. This Unit would also improve the NHS response to other agencies.

### **C. CONCLUSION**

This paper provides a brief update on a major programme of work to improve child protection across the NHS in Greater Glasgow. A further progress report will be made in the early part of 2005.

## Appendix 1

Fax No:

Direct Line:  
Our Ref: JE/LS  
Your Ref:  
Date: 21 May 2004

Peter Peacock MSP  
Minister for Education and Young People

Cathy Jamieson MSP  
Minister for Justice

Malcolm Chisholm MSP  
Minister for Health and Communities

Dear Ministers

### **REFORMING CHILD PROTECTION**

We write in response to your letter of 11 November 2003 and can assure you that as Chief Officers of key agencies involved in this work, we are absolutely committed to ensuring that we do all that we can to improve protection to children and progress the Reform Programme.

In particular you seek information that will assure you that we have reviewed the way in which our services act individually and jointly to protect children, that we are satisfied or have identified areas for further action and that we have robust quality assurance mechanisms in place.

We would wish to highlight the scale of the issues facing Glasgow in relation to vulnerable children, particularly in respect of children affected by deprivation and drug and alcohol misuse. You will not need to be reminded that we have seven of the most deprived constituencies in Scotland and it is estimated that within the city a minimum of 10,000 children are affected by parental drug misuse. We know that you will appreciate the context in which we are working.

### **Review of Services**

Glasgow Child Protection Committee has responded to the audit report, "It's Everyone's Job to Make Sure I'm Alright", taking account of the more recent inquiries in relation to the death of Victoria Climbié and Caleb Ness and from that the Committee has produced a child protection multi-disciplinary action plan identifying those areas where change is required in the way we work together.

Behind the multi-disciplinary action plan are individual agency action plans for health, social work, police and education which have been shared with partners and are also subject to the scrutiny of the Child Protection Committee in terms of progress. Further work on action plans is required in relation to other disciplines and the voluntary sector. We are recruiting a new child protection coordinator to provide stronger support the Committee and performance management of the Action Plan. The Committee has undertaken a review of the membership and has made changes with a stronger combination of child protection specialists and corporate officers, to ensure change is delivered. However, the Committee is still grappling as to how we disseminate the messages and improve practice throughout child care agencies. There are particular issues about the capacity and representation of the voluntary sector which the Committee is working through with the Glasgow Children's Services Providers Forum.

The NHS has formed a Child Protection Forum, with all health interests, chaired by a Board member with the corporate lead on child protection. Strathclyde Police have instigated a number of significant changes since January 2003 including the introduction of Family Protection Units and the appointment of a senior detective officer to the newly created post of Family Protection Co-ordinator.

We, as the Chief Officers' Group now meet formally on a regular basis with the Chair and other members of the Child Protection Committee to provide top level, cross agency oversight of our performance in improving child protection and direct multi agency accountability for the Committee, to ensure any blocks to progress are addressed.

### **Further Action**

In your letter you refer to the draft inter-disciplinary child protection standards, which as you know have now been launched as a framework of child protection standards. Glasgow Child Protection Committee responded to the draft standards consultation and during that process, like many other colleagues around the country, stipulated that the standards required to be targeting the most vulnerable children and be measurable. It is important to stress that, while we accept the aspirations set out in the Framework there is still a significant level of concern as to the ability of all agencies to meet the standards at this current time.

We have begun a benchmarking of current practice against the standards as they stand and have identified a number of areas where the standards are not currently met in order that we can further develop our action plan to address deficiencies. However, there are a number of substantial challenges we have already identified, most particularly assessment, risk and threshold issues with the massive underlying issue of unmet and hidden need within the city.

We agree that a 'blinkered' approach is wholly undesirable but it is of critical importance that this is reciprocal and there should not be a blinkered approach by the Reform Team on the substantial issues being raised from those of us responsible for operational delivery of effective child protection. A particular, but very significant concern which has been raised on a number of occasions is in relation to the sharing of information. We are aware that recent guidance has been issued but the concern arises in the implementation of the guidance. There is still evidence of there being anxiety amongst clinicians as there is apparently conflicting advice from professional bodies.

Another concern raised by the Child Protection Committee is guidance in relation to significant case reviews. There is much experience throughout the country which could provide a basis on which to draw together guidance which would provide a consistency of approach to this most important area of child protection work. We are also aware that in England there is a statutory framework for such reviews which the Reform team could quickly consider as a framework for Scotland. We urgently require much clearer guidance and protection for both agencies and individual members of staff carrying out such reviews. This matter has been raised with the reform team but while this is an area being given consideration it is not a priority. We are uncomfortable that the practice nationally will vary enormously in terms of how these reviews are carried out and how lessons are disseminated. In relation to this point we believe that there is the potential for significant cross boundary exchanges in relation to child protection. We hope the Reform Team will appraise themselves of the experience of Scottish authorities but will also look outside Scotland for ideas and innovation.

### **Quality Assurance and the Reform Programme**

We reiterate that as Chief Officers of key agencies involved in this work, we are absolutely committed to ensuring that we do all that we can to work with you. However, we will continue to emphasise that it is extremely important that the messages on the very real operational and resource issues and the difficulties that we face are listened to and fully inform policy and priorities.

The review of Child Protection Committees and their status is an important one and it will be important to ensure consistency of approach across the country while at the same time being able to take account of local issues and needs.

We recognise that there is much work in progress which will eventually bear fruit in terms of this very rigorous agenda, particularly the development of an assessment framework for children's services and the considerable investment of Modernising Government Fund (MGF) monies being made available to develop interagency assessment materials. Glasgow City Council is very involved in this process but on the current plan it will take several years before it is implemented. We need to look with the Reform Team at what is possible in the interim. It is imperative that the MGF investment continues.

We are in the process of arranging a further independent multi-disciplinary audit of practice carried out locally, building on the review undertaken by SWSI. This will include looking at a number of audit materials to enable us to develop a consistent approach to quality assurance of child protection. It would have been extremely helpful if we had been able to make use of the information on individual cases, from the SWSI review, which formed the basis of "It's Everyone's Job to Make Sure I'm Alright" in order to benchmark where we were two years ago and to demonstrate improvement since then. This unfortunately we are told will not be forthcoming and we consider that an opportunity lost unnecessarily.

We are acutely aware that child protection work cannot be viewed in isolation and that it very much sits within the context of children's services as a whole and of early years services in particular. We have demonstrated that Glasgow is committed to a partnership approach, and that we have developed a range of services that are directed at early years as well as prevention and early intervention. The roll out of New Learning Communities and the development of Community Health Partnerships will considerably enhance this approach.

However there are significant issues such as workforce planning, public information, information sharing, staff training and measurable standards, which require to be addressed, not only by local authorities but by the Executive. We undertake considerable joint training but there is a growing and significant agenda for training which requires a comprehensive national approach. We would hope that this would be done in partnership with you and have welcomed the involvement of members of the Reform Team working with us. However, as well as inter agency training, there is an extensive and growing individual agency training agenda which has significant resource implications for all agencies including the voluntary sector.

We have emphasised throughout this response our absolute commitment to step up to the challenge of improving the protection of vulnerable children. We will not shirk that responsibility but we must highlight the issue of resources. We are acutely aware that within Glasgow the issue of parental drug and alcohol misuse and the impact that this is having on children's lives, is one of the biggest challenges facing the city. We welcomed the report "Getting our Priorities Right" and the more recent Home Office report, "Hidden Harm" The latter in particular highlights this growing issue and estimates that between 4-6 % of children under the age of 15 in Scotland will be affected. Given Glasgow has 12% of the general population but 25% of the adult drug using population, it is not difficult to predict that we will have the highest prevalence of children affected. As previously stated, current estimates are that at least 10,000 children in the city are affected by parental drug misuse. We are undertaking a prevalence study which will give us more accurate information.

We cannot over-emphasise the significant change in profile of the needs of families and children brought about by the increase in drug misuse and this in turn has meant that risk assessment is often based on accumulative evidence rather than a one off investigation. The nature of the service is resource intensive. We are conscious that thresholds within Glasgow are not only different to many areas in Scotland but that tensions exist between agencies regarding the differing thresholds within the city. We are actively addressing this to ensure a consistent approach and a shared understanding to ensure that there is clarity between different services on the thresholds we operate to. Glasgow has on average 250 children on the Child Protection register at any one time. This clearly does not accurately reflect the level of need amongst vulnerable children living in the city if we link this with the research findings as outlined in Hidden Harm.

These are significant issues for us and we will continue to invest time and energy within the CPC to ensure that there is a shared responsibility, common understanding and clarity around risk assessment, thresholds and unmet need, and that we use the register to best effect. We fully intend to further raise the level of awareness among all staff who may come into contact with vulnerable children that they have a responsibility to act. This is likely to put major pressure on resources and services but must form a key part of our response to recent enquiries.

We welcome the investment from the Change Fund which has enabled us to extensively develop addiction services in relation to the needs of families and children. Glasgow is one of the few authorities with dedicated community addiction teams and this has undoubtedly enhanced our ability to begin to tackle this important issue. It will be vital that this funding is sustained beyond 2006. If there is to be a real attempt to continue to improve integrated services to children and their families then this investment is crucial. Unfortunately recent funding initiatives into child care have been short term and without investment being sustained beyond fixed periods of time.

In addition we require to emphasise the impact of the context of the significant staffing shortfall of competent skilled workforce across the key agencies. We are endeavouring to address this and a major staffing review within social work services has recently taken place, but workforce planning will require to be a priority of the Executive as well as local agencies. The change fund has enabled the post of co-ordinator for the CPC to be established. This will be an important post working full time with the committee in driving forward this agenda across agencies.

We would welcome feedback on our comments to you and areas you would wish to discuss further with us. We would find it useful to share the information from the 32 authorities as there are many things we can learn and share with one another. We accept your challenge that the protection of vulnerable children must be improved, we hope this response assures you of that commitment but also realistically appraises the scale of the difficulty we face and the importance we place on working in partnership with the Executive and securing sustained political commitment and priority to address that challenge.

### Conclusion

We conclude that it is not possible to give unreserved assurance that we have a state of readiness to meet all the requirements of this agenda, but we can assure you of the commitment we collectively share in working with you to improve the protection of children.

We have individually and jointly, through the Child Protection Committee, reviewed the ways in which we act to protect the children of Glasgow, and identified those areas which require to be progressed. It is our hope that this statement offers assurance of these actions, and also that appropriate quality assurance measures are in place.

Yours sincerely

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George Black  
Chief Executive  
Glasgow City Council

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William Rae  
Chief Constable  
Strathclyde Police

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Tom Divers  
Chief Executive  
Greater Glasgow NHS Board

**NHS Glasgow**  
**Child Protection Forum**

**Title**

The NHS Greater Glasgow Child Protection Forum

**Purpose of the Forum**

The Forum will discuss and critically appraise strategic, national and local proposals/papers and make recommendations as appropriate.

The Forum will act as a channel of communication between the NHS Trusts and the 6 Area Child Protection Committees, and other internal and external bodies, as deemed appropriate.

The Forum will have responsibility to approve operational policies and procedures.

The Forum will support the Scottish Executive Child Protection Reform Programme and Action Team, and the implementation of any subsequent recommendations as appropriate.

The Forum will develop links to NHS Glasgow Clinical Governance Committee and the NHS Child Health Strategy Group.

**Contacting the Child Protection Forum**

All papers and requests for comments and advice will go to, or through the Chairperson.

**Forum Membership**

The Forum shall be representative of the NHS Trusts across Glasgow.

The following personnel will form the Forum:-

***NHS GREATER GLASGOW BOARD***

Nurse Director - Rosslyn Crocket (Chair)  
Director of Public Health - Dr Harry Burns  
Commissioner Childrens Services – Fiona Mercer  
Director of Planning – Catriona Renfrew

***PRIMARY CARE TRUST***

Medical Director – Iain Wallace  
Deputy Director of Nursing – Sheena Wright

***YORKHILL NHS TRUST***

Medical Director – Morgan Jamieson  
Director of Nursing – Brenda Townsend

***NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST***

Medical Director – Bill Anderson

Director of Nursing – Margaret Smith

***SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST***

Associate Medical Director – David Stewart

Nursing Director – Maureen Henderson

***LOCAL AUTHORITY CHILD PROTECTION COMMITTEE (Health representatives)***

Lead Clinician (Child Protection) - Jean Herbison

Child Protection Advisor (Primary Care Trust) – Janice Brown

Child Protection Advisor (Yorkhill Trust) – Anne Marie Knox

Assistant Director of Nursing (Primary Care Trust) – Elaine Love

Consultant Adolescent Psychiatrist – Dr Anne Greer

GP – Dr Ann Mullen

GP (LMC) – Dr Elaine McLellan

Area Partnership Forum – Mary Davie

Local Health Council – Caroline McCalman

**Meetings of the Child Protection Forum**

The Forum will meet monthly (lasting a maximum of 2 hours), although additional meetings may be called when circumstances dictate.

Secretarial and Administrative support to the Forum will be the responsibility of the Chairperson – this has been delegated to the Child Health Department. Notice of meetings shall be sent to members at least seven clear days before the day of the meeting.

A calendar of meeting dates for the year will be agreed upon and published.

**Sub-Groups**

Standing sub-groups and short life working groups will have the power to co-opt as appropriate. However, in all cases the Chairperson will be drawn from the membership of the NHS Board Child Protection Forum. The Chairperson will ensure continuity of membership and workload.

**Each Sub-Group will be chaired by a named individual who will have responsibility for: -**

- Chairing meetings and co-ordinating the activity of the group
- Ensuring effective communication within the group and attendance at meetings
- Identifying the group's work-plan and time-scales
- Feeding back progress to the main Forum
- Identifying and reporting problems related to meeting previously agreed time-scales
- Developing draft documents for consultation (where appropriate)
- Addressing issues raised in the consultation process
- Completing the assigned task

### **Minutes and Agenda**

Secretarial and Administrative support to the Forum will be undertaken on behalf of the Chairperson by the Child Health Department. The Minute of each meeting will be noted, typed and circulated by the Child Health Department secretary. The Chairperson will be responsible for ensuring that copies of the minute, agenda and other relevant papers are prepared and circulated, and for ensuring the safe keeping of the minute. Minutes will be distributed to the NHS Board Chief Executive and Divisional Chief Executives and local authority leads of Child Protection Committees.

### **Quorum**

At least 1/3 of the membership must be present at any meeting before business may be validly transacted.

### **Confidentiality**

All members of the Forum shall be responsible for maintaining the confidentiality of documents. The Chair shall rule, where necessary, to advise on the confidentiality of documents.

### **Conduct of Meetings**

The Chairperson will be responsible for the conduct of meetings and for ensuring that the agreed recommendations are conveyed to the Area Child Protection Committees, and other internal and external bodies, as deemed appropriate.

### **Attendance at Forum meetings**

In the event of a Forum member being unable to attend, apologies for absence should be sent to the Child Health Department secretary. It is anticipated that Forum members will make a commitment to attend all meetings where possible. A named deputy should however be appointed to attend in the absence of the Forum member.

### **Publicity**

No member of the Forum will make any official statement in public or to the Press, pertaining to the work of the Forum, without prior consultation with the Chairperson and the Press Officer.

### **Future Amendments to the Constitution**

The Forum may, from time to time, amend the Constitution.

Any Member(s) wishing to propose amendments to the Constitution must do so in writing to the Child Health Department Secretary at least 14 days prior to the meeting at which these proposed amendments are to be considered.



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**  
**HEAD OF DEPARTMENT & CHIEF EXECUTIVE NHS SCOTLAND**

# 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