

28 June 2010

Board Paper No. 11/29



Board Nurse Director

NHS Greater Glasgow & Clyde Position With Regard to the Conclusions and Recommendations from Two National Inquiries into Child Fatalities: Baby P and Brandon Lee Muir

1. **Recommendations**

The Board is asked to note the progress in NHSGG&C with regard to the conclusions and recommendations from two national inquiries into child fatalities: Baby P and Brandon Lee Muir.

2. **Introduction**

The April 2011 Board paper reported on the current position and action in NHSGG&C with regard to the conclusions and recommendations from two national inquiries into child fatalities: Baby P and Brandon Muir.

- Review of the Involvement and Action taken by Health Bodies in Relation to the Care of Baby P, Care Quality Commission, May 2009
- Significant Case Review: Brandon Lee Muir, Part 1: Significant Case Review for Dundee Children and Young People Protection Committee, Jimmy Hawthorn, Social Work Consultant and Part 2: Independent Review for Chief Officers Group, Peter Wilson, Professor, Scottish Institute for Policing Research, August 2009.

This report indicates further progress.

3. **Background to Baby P Case**

On 3 August 2007 at 11.30 am, the mother of a 17-month old boy. Baby P, called the London Ambulance Service. On arrival, the paramedics took Baby P to North Middlesex University Hospital. He was pronounced dead at 12.10 pm. A post mortem was completed and gave a provisional cause of death as a fracture/dislocation of the thoraco-lumbar spine. From 22 December 3006, Baby P had been living the subject of a multi-agency child protection plan involving social services, health services and the police.

3.1 Progress in NHSGG&C with regard to the recommendations in the Baby P case

Clear communication and working arrangements with relevant social services departments must be established to ensure that there is no delay in establishing contact between agencies once a safeguarding referral has been made to social services

3.2 Community Health (Care) Partnership's continue to have working arrangements in place that facilitate speedy communication between social work and health practitioners. There are various local arrangements in place whereby health and social work staff routinely discuss vulnerable families.

A single telephone number for health staff providing direct access to the Emergency Social Work Stand by Service was introduced in July 2008 and remains effective.

In 2007 NHSGG&C introduced the shared referral form, which health staff complete after making a telephone call to social work regarding concerns about a child. This form ensures that relevant information is communicated and recorded. The use of the form is monitored via a quarterly statistical report that is produced by Child Protection Unit and scrutinized by local managers. An audit of health referrals to social work across NHSGG&C is in its final stages and initial findings indicate:

- Seventy two per cent of referrals had been followed through by social work and it was likely that these were immediate actions
- Work will be done on improving the quality of information on the referral form and telephone call beforehand.

3.3 Staff must be aware of child protection procedures and adhere to these procedures

NHSGG&C have a folder that contains a wide range of child protection procedures for all key areas in health services. When a procedure is introduced managers are briefed by Child Protection Unit staff and the briefing is cascaded. The folders are located in all key premises in health services and can also be accessed on the Child Protection Unit website. A timetable is in place to evaluate awareness, compliance and effectiveness of each procedure and review its content every three years. Recent HMIE (Her Majesty's Inspector of Education) inspections indicated that policy and procedure was an area of strength across agencies. Work is currently underway on reviewing:

- Procedures to be adopted (Scotland) by the Dental Professional who suspects child abuse
- Significant Case Reviews for NHSGG&C
- Standard Operating Procedures
- Guideline for Emergency Departments and Receiving Units where a child or young person presents under the influence of alcohol and/or drugs
- Children affected by parental mental health problems
- Non attendees policy – new and return appointments
- Working with sexually active young people

In addition a report on the National Child Protection Guidelines has been compiled outlining key areas of relevance for NHSGG&C staff. When the West of Scotland Procedures is completed a similar report will be produced and arrangements for dissemination will be put in place.

3.4 Medical staff should receive safeguarding training to a level that is appropriate to their role, as set out by the Royal College of Paediatrics and Child Health

The Child Protection Unit provides a suite of online training packages, a published calendar of Level 3 child protection training and a facility for all health staff to request bespoke training for specific staff groups. This core training is available to all General Practitioners and Community and Hospital Paediatricians alongside more specialist training programmes for doctors working within a range of contexts.

Child Protection Training Courses provided for all NHSGG&C Staff online are as follows:

- Induction (level 1) provides staff with a very basic introduction to child protection
- Foundation (Level 2) ensures that course members have an up-to-date awareness of child protection procedures and guidelines with an increased awareness of their roles and responsibilities
- Online Update (Level 2) refreshes Foundation training on an annual basis
- Recordkeeping (Level 2) addresses the basic principles of record keeping within a child protection context.
- Attendance at Case Conference (Level 2) gives clear guidance around the process of case conference and what is expected of NHSGG&C staff
- Basic Court Skills (Level 2) gives clear guidance around the process of court attendance and what is expected of NHSGG&C staff.
- Child Protection and Domestic Abuse (Level 2) provide an introduction to the issue of gender based violence within a child protection context.

In addition to online training the Child Protection Unit also provides a published calendar of dates and venues for child protection training. This calendar is posted a year in advance to facilitate planning. Training courses are offered either as generic programmes or can be tailored to meet the identified needs of specific staff groups. The following child protection courses are offered to GPs and Paediatricians face-to-face via the calendar or as a bespoke package of training:

- Childhood Sexual Abuse
- Risk Assessment
- Working with Un co-operative Families
- Parenting and Attachment
- Learning from Enquiries
- Childhood Neglect
- Emergency Department Module for staff working in Emergency Departments
- Child Protection and Parental Substance Misuse
- Child Protection and Parental Mental Health
- Child Protection and Black Minority & Ethnic Families
- Child Protection and Parental Learning Disability
- Child Protection and Domestic Abuse

Specialist training is provided for GPs. The Child Protection Unit provides a complete training framework for all doctors and the training pathway for GPs is outlined within this framework. With the exception of Foundation training, it is delivered at level 3. GPs can also access online Level 2 training and all specifically requested training is delivered by either GP with specialist interest in child protection or Child Protection Advisor's/Child Protection Trainers face-to-face. Specialist Trainee 1's and Specialist Trainee 3s in GP training are offered 2 opportunities per year to avail of Level 2 CP training delivered by GP with specialist interest in child protection. Part of the GP with specialist interest in child protection role is to contribute to the training of peers.

The Clinical Director for Child Protection delivers face-to-face training to Consultant Paediatricians. The Royal College of Paediatrics has also launched a Tier 3 online course in Child Protection which all medical staff are being encouraged to access. Royal College of Paediatricians in Child Health have also developed a number of distance modules in child protections for Specialist Registrars and the Clinical Director for Child Protection works with The University of Glasgow on the delivery of master's modules in child protection and vulnerability for Specialist Registrars in Paediatrics.

Safeguarding Children – Recognition and Response in Child Protection is a nationwide course designed by the Royal College of Paediatrics and Child Health (RSPCH), the National Society for the Prevention of Cruelty to Children (NSPCC) and the Advanced Life Support Group (ALSG). The key aim of the course is to equip doctors to recognise and respond to possible cases of child abuse. Two courses are run per year.

The Doctor's Online Training System (DOTs) is an online training package for doctors. Medical Trainees are provided with e-based materials relating to training for Foundation via the DOTs NHS Education Scotland (NES) website. Following its success with trainees, the scope of DOTs has recently been extended to assist senior Yorkhill medical staff with their training and appraisal needs.

A statistical report on doctors trained will now be submitted to the NHS GG&C Child Protection Forum bi annually.

3.5 Recruitment practices must ensure adequate hospital staff - this includes consultants, nurses and administrative staff. There must be a sufficient number of appropriately qualified paediatric staff available when required, in line with established guidelines. There must be adequate consultant cover in hospitals.

Child protection is part of the core function of all general and community paediatricians. In addition dedicated child protection sessions are included within the job plans of appropriate medical staff.

The Child Protection Unit is the central referral point for access to forensic and paediatric assessment. NHS GG&C provides a child protection specialist paediatric service 24/7. Comprehensive medical assessment clinics are now in place across NHS GG&C that provide medical assessment for neglected children. Archway is a clinic based service based within Sandyford sexual health services that provide medical intervention and follow up support to victims of acute sexual assault. It works closely with Strathclyde Police to ensure that the service provided is victim centred and assists where possible with police enquiries. It provides medical intervention for adolescents

that have experienced acute sexual assault and this service has become an example of national excellence. Arrangements are in place for child examiners to provide medical examination on health premises for adolescents that have experienced physical assault. A pilot is underway to provide a specialist service for adolescents that disclose historical sexual abuse that is staffed by Archway doctors and paediatricians. Future efforts will focus on improving the service for adolescents that may have been physically abused to ensure holistic assessment and follow up.

3.6 Appropriate arrangements must be in place to enable safeguarding supervision

A supervision policy for health visitors and school nurses has been introduced and training delivered. A tool for the supervision of child protection cases for supervisors has been disseminated. Consultation by CPU on complex cases has been introduced across NHSGG&C and uptake of this service has gradually increased. A total number of 75 complex case consultations have taken place across NHSGG&C for the period of April 10 – March 11. A telephone advice line that is staffed by Nurse Advisors is in place during daytime hours, which offers support to all practitioners, but is particularly useful to inexperienced staff. For the period April 10 to March 11 the number of calls to the advice line totalled 1295. The greatest number of calls relate to Non Accidental Injury (NAI) 23% (n292), Neglect 15 % (n197), Sharing Information 14% (n177) and Child Sexual Abuse / Exploitation 13% (n163).

3.7 Appropriate arrangements must be in place for staff to attend multi-agency child protection case conferences

NHSGG&C introduced a policy for staff attendance at case conference in September 2005, which made it clear that staff must attend and provide a report.

- An audit was carried out in 2008 of staff compliance and the policy and documentation were reviewed in May 2009.
- The early sharing and collation of information service provided by the CPU ensures that social work are provided with the contact details of all health professionals who are currently working with the child or have been involved in the past.
- In 2010 arrangements were put in place for the financial; remuneration of GPs to attend child protection case conferences and provide reports.

A further audit of invitation to child protection case conferences and attendance by health staff is currently underway.

3.8 Arrangements must be in place for appropriate training to be undertaken

Child Protection training is provided by CPU via online, calendar and bespoke basis. Attendance is monitored via a quarterly management information reports. The total number of staff trained during April 2010 to March 2011 was 10,337. On-Line Training totalled 7,887, bespoke training totalled 1402 and calendar training totalled 1048. A 3 year strategic training plan has been produced with training trajectories set by each directorate.

3.9 Appropriate arrangements must be in place for quality assurance and governance

Performance on actions arising from audits, inspections and significant case reviews is reported to the Child Protection Forum and action is taken when required to accelerate progress. There are a range of local child protection meetings that address performance and child protection is a standard agenda item on all Clinical Governance Groups.

NHSGG&C quality assures and governs child protection services via the NHSGG&C Child Protection Forum. The membership of this Forum consists of NHSGG&C Acute and CHCP Directors. Two Child Protection Operational Groups (Acute) and (Partnerships) implement policy and report to the Child Protection Forum on performance. Directorates and Partnerships report on performance to the Child Protection Forum at each bi monthly meeting. In the last year the following areas have reported:

- Inverclyde CHCP.
- Glasgow East CHCP
- Oral Health Directorate
- Rehabilitation & Assessment Directorate
- Surgery and Anaesthetics Directorate
- Regional Services Directorate
- Diagnostics Directorate
- Facilities Directorate
- Emergency Care and Medical Services Directorate.

4. Background to Brandon Lee Muir Case

Brandon Muir was born on 2 April 2006 and was only 23 months old when he died on 16 March 2008. He was killed by his mother's partner who was convicted of culpable homicide and given a prison sentence of 10 years. Charges against Brandon's mother were withdrawn on grounds of insufficient evidence. This case is unusual in that sustained involvement was confirmed to the three week period leading up to Brandon's death; an extremely short timescale.

Progress in NHSGG&C with regard to the conclusions and recommendations in the Brandon Muir case

4.1 There must be appropriate arrangement for the evaluation and the sharing of information

An early sharing of information system provided by CPU Facilitates communication between health and social work promptly by sharing information with social work at the investigation stage in order to assist effective decision making. This service has now been expanded to cover the earlier gathering of information stage. Electronic access to systems is improving and is speeding up response times - 81% over the 12 months April 2010 to March 2011. The 81% were responses to the 48hr deadline and all other requests received a response as speedily as possible.

Approval has been granted to pilot the Looked After and Accommodated Children (LAAC) database within the CPU is currently negotiating with Mental Health access to

Patient Information Management System (PIMS). Integrated Desktop Environment (IDE) is being rolled out in acute sites in Clyde and once completed CPU will be able to access databases within the Acute Sectors. Meetings have been set up with Clyde areas to negotiate access to Carefirst.

An information sharing protocol has been developed for health staff and has been launched.

4.2 Full background checks must be carried out on all household members

An early sharing and collation of information system provided by CPU provides social work with health information for background checks. CPU electronic access to adult systems is improving the information provided.

4.3 Arrangements must be in place for continual assessment and care planning

Integrated Assessment Frameworks are a method by which all relevant agencies contribute full information to provide a holistic assessment of a child's needs and an action plan to meet these needs. Integrated Assessment Frameworks are being introduced across the local authority areas covered by NHS GG&C that aim to ensure robust assessment and care planning. Work is continuing to meet the challenge of embedding Integrated Assessment Frameworks into practice.

4.4 Arrangements must be in place for initial referral discussions and organisations must assure themselves that they are conducted effectively

An Initial Referral Discussion (IRD)/Tripartite discussion protocol is in place in all local authority areas covered by NHS GG&C. CPU provides an Early Sharing of Information system to support the Initial Referral Discussion (IRD)/Tripartite discussion process. Future action will concentrate on embedding the protocols and monitoring their effectiveness.

4.5 Staff must be aware of the impact of domestic abuse and substance misuse on children

Training on the impact of domestic abuse and substance misuse on children is provided by CPU. 131 staff were trained in domestic abuse and 116 in substance misuse by CPU from 2007 – 09.

Child protection and domestic abuse guidance for health staff was reviewed and circulated in April 2009. All Child Protection Committees have introduced specific substance misuse protocols and assessment tools have been introduced by addictions services across NHS GG&C that assess the impact of the substance misuse on the child. A protocol for intoxicated adolescents that present at Emergency Departments has recently been introduced.

The following are examples of specific services for substance misuse and domestic abuse:

- Community Addiction Teams
- Specialist midwifery services for vulnerable women across NHS GG&C to identify high risk women in the early stages of pregnancy

- Child and Adolescent Substance Misuse Liaison Nurses to improve awareness and provide assessment of intoxicated adolescents prior to discharge
- Three gender based violence nurses that provide specialist support to staff

Future action should concentrate on ensuring that pregnancy protocols for vulnerable women are embedded across NHSGG&C.

4.6 There must be clear multi-agency ownership and leadership of child protection

There are clear lines of accountability in place in NHSGG&C via the Child Protection Forum and Operational Groups. NHSGG&C is represented on all Child Protection Committee. The Child Protection Committee's are multi agency forums that progress plans to ensure the protection of children. They have specific responsibility to progress public information, training, Significant Case Review's, Management Information and Policy/Procedure. The Chief Officers Groups have responsibility for ensuring that the work of the Child Protection Committee's is robust and approving the Child Protection Committee's business plan. Recent Her Majesty's Inspector of Education (HMIe)/Social Care and Social Work Improvement Scotland (SCSWIS) inspection reports have identified leadership as an area of strength. Future action should concentrate on maintaining this.

4.7 Child protection teams must be adequately resourced to cope with capacity

NHSGG&C management have regular overview of key staff vacancies followed by appropriate action to ensure adequate resourcing. See paragraph 5.8 below for more information.

4.8 Community nursing resources must have capacity and resilience

The capacity and resilience of the community nurse resource is kept under continuous review by each CH(C)P, which is reflected in their workforce development plans.

Resilience within this workforce has being strengthened by the Clinical Supervision Policy and Knowledge, Skills Framework (KSF) and Personal Development Plans (PDP's) are in place for all staff.

5. Conclusion

This paper provides a comprehensive overview of the actions that have been implemented across NHSGG&C in relation to lessons learned from:

- The Review of the involvement and action taken by health bodies in relation to the care of Baby P, Care Quality Commission, May 2009

And

- Significant Case Review: Brandon Lee Muir

The Board's Child Protection Forum will continue to monitor the progress of this work.