

## CHECK LIST OF PRACTICE RECOMMENDATIONS FROM THE VICTORIA CLIMBIÉ INQUIRY

### LOCAL ACTION PLAN ~ WEST HERTFORDSHIRE HOSPITALS NHS TRUST

#### Appendix 2

#### **GENERAL RECOMMENDATION**

<b>Recommendation</b>	<b>Action Required</b>	<b>Lead</b>	<b>Progress</b>	<b>Timescale</b>	<b>Current Action Status</b>
<b>Recommendation 12.</b> Front line staff in each of the agencies, which regularly come into contact with families with children, must ensure that in each new contact, basic information about the child is recorded. This must include the child's name, address, age, the name of the child's primary carer, the child's GP, and the name of the child's school if the child is of school age. Gaps in this information should be passed on to the relevant authority in accordance with local arrangements.	♦ Review existing hospital admission documentation (A&E, MIU, B&P, GUM Clinics, SCBU, Maternity, OPD) amend to reflect recommendation.	Named Nurse	Named Nurse is chairing the Paediatric Sub Group of the Health Records Group, which is reviewing the documentation in relation to this recommendation. A new paediatric registration document is currently being reviewed.	2004	Draft document taken to Health Records Group in Sept '04 and comments made. For re presentation to group in December '04.  A section of the new paediatric registration document on parental responsibility is currently with the Patients Panel for review, awaiting feedback Nov 04.
	♦ Promote good practice in record keeping via training and education.	Named Nurse	Initial training received by Divisional Leads and Clinical Facilitators Nov & December '03, from Designated Nurse, which included record keeping.	Dec '03	Further Level 1 training sessions planned to commence in Dec '04. Divisional Leads sent copies of Hertfordshire wide Training Programme 04/05.
			Recommendation is reinforced at Trust Child Protection training sessions.	2004	IT department sending monthly reports on children entered onto the PAS system that has not had School or GP

	♦ Audit to monitor compliance.	Named Nurse/ Divisional Leads/Practice Development Team	Audits will be planned following changes to documentation.	2004/05	entered.
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### SOCIAL CARE RECOMMENDATIONS

Recommendation	Action Required	Lead	Progress	Timescale	Current Action Status
<b>Recommendation 18.</b> When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare and the first language of that child is not English, an interpreter must be used. In cases where the use of an interpreter is dispensed with, the reasons for so doing must be recorded in the child's notes/case file.	♦ Ensure access to interpreters is known across the Trust. Re-enforce recommendation in writing to all Divisions.	Named Nurse/ PALS	Interpreter service is available Mon to Fri 0900 to 1700hrs only, accessible via PALS office. Out of these hours staff contact Site Coordinator for advice.	Sept '03	Ongoing programme of training planned to commence 9 <sup>th</sup> Dec '04.
	♦ Re-enforce recommendation in writing.	Named Nurse	Recommendation is discussed and reinforced at Trust Child Protection training sessions.	February 04 onwards	
<b>Recommendation 21.</b> When a professional makes a referral to social services concerning the well-being of a child, the fact of that referral must be confirmed in writing by the referrer within 48 hours.	♦ Re-enforce recommendation in writing to all Divisions.	Chief Executive/ Director of Nursing/ Named Doctor	Letter circulated with summary document to all Divisions.	June '03	
		Named Nurse/ Divisional Leads	Universal Referral Form for health professions introduced across the Trust in areas where children are treated and	Nov '03	

	<ul style="list-style-type: none"> <li>◆ Re-enforce use of referral form in referral process in training.</li> </ul>	Named Nurse/ Named Midwife	currently in use. Use of referral forms re-enforced at Child protection training sessions.	February 04 onwards	Ongoing programme of training planned to commence 9 <sup>th</sup> Dec '04.
	<ul style="list-style-type: none"> <li>◆ Original referral form to be filed in patient's notes and copy to be held centrally by Named Nurse Child Protection.</li> </ul>	Named Nurse/ Named Midwife	Audit planned for May '04.	May '04	Pilot completed June 2004. Group will meet fortnightly to review referrals made.

#### HEALTHCARE RECOMMENDATIONS

Recommendation	Action Required	Lead	Previous Action Status	Timescale	Current Action Status
<b>Recommendation 64.</b> When a child is admitted to hospital and deliberate harm is suspected, the nursing care plan must take full account of this diagnosis.	<ul style="list-style-type: none"> <li>◆ Focus training on target areas in conjunction with HPT.</li> </ul>	Named Doctor/Nurse	Development of ICP to be explored with HPT.	Early 2005	ICP discussed at Hospital Child Protection Steering Group. Further meetings are required to include Named Doctor, Pediatrician and possibly ICP Co-ordinator to progress this further.
	<ul style="list-style-type: none"> <li>◆ Audit to monitor progress.</li> </ul>	Named Nurse	3 months post implementation of ICP.	2005	
<b>Recommendation 65.</b> When the deliberate harm of a child is identified as a possibility, the examining doctor should consider whether taking a history directly from the child is in that child's best interests. When that is so, the history should be taken even when	<ul style="list-style-type: none"> <li>◆ Re-enforce recommendation in writing to all Divisions.</li> </ul>	Chief Executive/ Director of Nursing/ Named Doctor	Letter circulated in June '03 with summary document to all Divisions.	June '03	
	<ul style="list-style-type: none"> <li>◆ Review Consent to Treatment Policy to ensure it reflects</li> </ul>	Risk Manager	Policy reflects recommendation.	Aug '03	

the consent of the carer has not been obtained, with the reason for dispensing with consent recorded by the examining doctor. <i>Working Together</i> guidance should be amended accordingly. In those cases in which English is not the first language of the child concerned, the use of an interpreter should be considered.	<p>recommendation.</p> <ul style="list-style-type: none"> <li>◆ Focus training on target areas.</li> </ul>	Named Doctor	Designated Doctor to include consent in their teaching programmes for A&E and Paediatric Doctors of all grades.	Dec '03 and ongoing	
<p><b>Recommendation 66.</b></p> <p>When a child has been examined by a Doctor, and concerns about deliberate harm have been raised, no subsequent appraisal of these concerns should be considered complete until each of the concerns has been fully addressed, accounted for and documented.</p>	<ul style="list-style-type: none"> <li>◆ Re-enforce recommendation in writing to all Divisions.</li> <li>◆ Focus training on target areas.</li> </ul>	<p>Chief Executive/ Director of Nursing/ Named Doctor</p> <p>Named Doctor</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Designated Doctor to include recommendation 66 in their teaching programmes for A&amp;E and Paediatric Doctors of all grades.</p>	<p>June '03</p> <p>May '03 and ongoing</p>	
<p><b>Recommendation 67.</b></p> <p>When differences of medical opinion occur in relation to the diagnosis of possible deliberate harm to a child, a recorded discussion must take place between the persons holding the different views. When the deliberate harm of a child has been raised as an alternative diagnosis</p>	<ul style="list-style-type: none"> <li>◆ Re-enforce recommendation in writing to all Divisions.</li> <li>◆ Focus training on target areas.</li> </ul>	<p>Chief Executive/ Director of Nursing</p> <p>Named Doctor</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Designated Doctor to include recommendation 67 in their teaching programmes for A&amp;E and Paediatric Doctors of all grades.</p>	<p>June '03</p> <p>Aug '03 and ongoing</p>	

to a purely medical one, the diagnosis of deliberate harm must not be rejected without full discussion and, if necessary, obtaining a further opinion.					
<b>Recommendation 68.</b> When concerns about the deliberate harm of a child have been raised, doctors must ensure that comprehensive and contemporaneous notes are made of these concerns. If doctors are unable to make their own notes, they must be clear about what it is they wish to have recorded on their behalf.	<ul style="list-style-type: none"> <li>◆ Re-enforce recommendation in writing to all Clinical Directors.</li> <li>◆ Focus training on target areas.</li> </ul>	<p>Chief Executive/ Director of Nursing/ Named Doctor</p> <p>Named Doctor</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Designated Doctor to include recommendation 68 in their teaching programmes for A&amp;E and Paediatric Doctors of all grades.</p>	<p>June '03</p> <p>May '03 and ongoing</p>	
<b>Recommendation 69.</b> When concerns about the deliberate harm of a child have been raised, a record must be kept in the case notes of all discussions about the child, including telephone conversations. When doctors and nurses are working in circumstances in which case notes are not available to them, a record of all discussions must be entered in the case notes at the earliest opportunity so that this becomes part of the child's permanent health record.	<ul style="list-style-type: none"> <li>◆ Re-enforce recommendation in writing to all Divisions.</li> <li>◆ Focus training on target areas.</li> </ul>	<p>Chief Executive/ Director of Nursing/ Named Doctor</p> <p>Named Nurse/Doctor</p> <p>Named Nurse</p>	<p>Letter circulated in June '03 with summary document to all Divisions</p> <p>Designated Doctor to include recommendation 69 in their teaching programmes for A&amp;E and Paediatric Doctors of all grades.</p> <p>Initial training for Divisional leads given Nov &amp; Dec '03, which included recommendation 69.</p>	<p>June '03</p> <p>Dec '03 and ongoing</p> <p>Feb 04 onwards</p>	<p>Ongoing programme of training planned to commence 9<sup>th</sup> Dec '04.</p>

	<ul style="list-style-type: none"> <li>Review procedures to access notes across sites.</li> </ul>	Named Nurse	<p>Trust Child Protection training includes re enforcement of this recommendation.</p> <p>Named Nurse has joined Health Records Committee and chairs the Paediatric Sub Group.</p>		Access to notes and procedures for obtaining notes reviewed at Health records Group, work ongoing to improve access.
<p><b>Recommendation 70.</b></p> <p>Hospital Trust Chief Executives must introduce systems to ensure that no child about whom there are child protection concerns is discharged from hospital without the permission of either the consultant in charge of the child's care or of a paediatrician above the grade of senior house officer. Hospital Chief Executives must introduce systems to monitor compliance with this recommendation.</p>	<ul style="list-style-type: none"> <li>Re-enforce recommendation in writing to all Divisions.</li> <li>Review Trust discharge procedures in Divisions &amp; amend to reflect recommendation.</li> <li>Agree and implement system to monitor compliance.</li> </ul>	<p>Chief Executive/ Director of Nursing/ Named Doctor</p> <p>Named Nurse/ Director of Ops</p> <p>Named Nurse Divisional Leads</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Liaise with appropriate staff to establish current practice and update appropriately.</p>	<p>June '03</p> <p>2004</p> <p>2005</p>	
<p><b>Recommendation 71.</b></p> <p>Hospital Chief Executives must introduce systems to ensure that no child about whom there are child protection concerns is discharged from hospital without a documented plan for the future care of the child. The plan must</p>	<ul style="list-style-type: none"> <li>Re-enforce recommendation in writing to all Divisions</li> <li>Focus training on target areas</li> </ul>	<p>Chief Executive/ Director of Nursing/ Named Doctor</p> <p>Named Doctor/ Nurse Div. Leads</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Designated Doctor to include recommendation 71 in their teaching</p>	<p>June '03</p> <p>Dec '03 and ongoing</p>	

include follow up arrangements. Hospital Chief Executives must introduce systems to monitor compliance with this recommendation.	<ul style="list-style-type: none"> <li>◆ Agree and implement system to monitor compliance.</li> <li>◆ Liaise with ACPC to agree system and Procedure.</li> </ul>	<p>Named Doctor/ Named Nurse/Child Protection Advisor/ Named Doctor</p> <p>Named Doctor/ Nurse</p>	<p>programmes for A&amp;E and Paediatric Doctors of all grades.</p> <p>Initial training for Divisional Leads and Clinical Facilitators given Nov &amp; Dec '03, training for other target areas to begin Feb/Mar '04.</p> <p>Explore development of ICP.</p>	<p>Jan '04</p> <p>2005</p>	Ongoing programme of training planned to commence 9 <sup>th</sup> Dec '04.
<b>Recommendation 72.</b> No child about whom there are concerns about deliberate harm should be discharged from hospital back into the community without an identified GP. Responsibility for ensuring this happens rests with Hospital Consultant under whose care the child has been admitted.		Named Nurse	<p>New system introduced for allocation of GP via ACPC &amp; Practitioner Service between Mon - Fri 0900 - 1700hrs.</p> <p>Information cascaded to all relevant areas via Divisional Leads.</p>	<p>2004</p> <p>Nov '03 &amp; March 04</p>	
<b>Recommendation 73.</b> When a child is admitted to hospital and deliberate harm is suspected, the doctor or nurse admitting the child must inquire about previous admissions to hospital. In the event of a positive response, information concerning the previous admissions must	<ul style="list-style-type: none"> <li>◆ Re-enforce recommendation in writing.</li> <li>◆ Focus training on target areas in conjunction with HPT.</li> </ul>	<p>Chief Executive /Director of Nursing/ Named Doctor</p> <p>Named Nurse/ Divisional Leads</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Planned introduction of an ICP will address recommendation.</p>	<p>June 2004</p> <p>2005</p>	

be obtained from the other hospitals. The consultant in charge of the case must review this information when making decisions about the child's future care and management. Hospital Chief Executives must introduce systems to ensure compliance with this recommendation.	♦ Agree and implement system to monitor compliance.	Chief Executive Named Doctor /Nurse	Quarterly audit of all children admitted with ICP to monitor compliance.	2005	
<b>Recommendation 74.</b> Any child admitted to hospital about whom there are concerns about deliberate harm must receive a full and fully-documented physical examination within 24 hours of their admission, except when doing so would, in the opinion of the examining doctor, compromise the child's care or the child's physical and emotional well-being.	♦ Re-enforce recommendation in writing.	Chief Executive/ Director of Nursing/ Named Doctor	Letter circulated in June '03 with summary document to all Divisions.	June '03	
<b>Recommendation 75.</b> In a case of possible deliberate harm to a child in hospital, when permission is required from the child's carer for the investigation of such possible deliberate harm, or for the treatment of the child's injuries, the permission must be sought by a doctor above the grade of senior house officer.	♦ Re-enforce recommendation in writing.  ♦ Focus training on target areas.	Chief Executive/ Director of Nursing/ Named Doctor  Named Doctor/ Nurse	Letter circulated in June '03 with summary document to all Divisions.  Designated Doctor to include recommendation 75 in their teaching programmes for A&E and all Paediatric Doctors.	June '03  2004	



<p><b>Recommendation 76.</b> When a child is admitted to hospital with concerns about deliberate harm, a clear decision must be taken as to which consultant is to be responsible for the child protection aspects of the child's care. The identity of that consultant must be clearly marked in the child's notes so that all those involved in the child's care are left in no doubt as to who is resp for the case.</p>	<ul style="list-style-type: none"> <li>◆ Re-enforce recommendation in writing.</li> <li>◆ Focus training on target areas.</li> </ul>	<p>Chief Executive/ Director of Nursing/ Named Doctor</p> <p>Named Doctor/ Nurse</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Designated Doctor to include recommendation 76 in their teaching programmes for all A&amp;E and Paediatric Doctors.</p>	<p>June '03</p> <p>2004</p>	
<p><b>Recommendation 77.</b> All doctors involved in the care of a child about whom there are concerns about possible deliberate harm must provide social services with a written statement of the nature and extent of their concerns. If misunderstandings of medical diagnosis occur, these must be corrected at the earliest opportunity in writing. It is the responsibility of the doctor to ensure that his or her concerns are properly understood.</p>	<ul style="list-style-type: none"> <li>◆ Re-enforce recommendation in writing.</li> <li>◆ Focus training on target areas.</li> </ul>	<p>Chief Executive Director of Nursing/ Named Doctor</p> <p>Named Doctor /Nurse</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Designated Doctor to include recommendation 77 in their teaching programmes for A&amp;E and Paediatric Doctors at all grades.</p>	<p>June '03</p> <p>Dec '03 and ongoing</p>	
<p><b>Recommendation 78.</b> Within a given location,</p>	<ul style="list-style-type: none"> <li>◆ Review current notes</li> </ul>	<p>Named Nurse/</p>	<p>Named Nurse has joined</p>	<p>Sept '04</p>	

health professionals should work from a single set of records for each child.	system in the Trust.	Health Records Paediatric Sub Group	the Health Records Committee and chairs the Paediatric Sub Group. This recommendation to be explored within these groups.		
	<ul style="list-style-type: none"> <li>Continue with Electronic Records Project. Explore the potential of integrating hospital and community records.</li> </ul>	Named Nurse/ /Health Records Group/ Head IM&T	Integration of hospital and community records to be explored in future.	2004/05	
<b>Recommendation 79.</b> During the course of a ward round, when assessing a child about whom there are concerns about deliberate harm, the doctor conducting the ward round should ensure that all available information is reviewed and taken account of before decisions on the future management of the child's case are taken.	<ul style="list-style-type: none"> <li>Re-enforce recommendation in writing.</li> <li>Focus training on target areas.</li> </ul>	Chief Executive/ Director of Nursing/ Named Doctor  Named Doctor	Letter circulated in June '03 with summary document to all Divisions.  Designated Doctor to include recommendation 77 in their teaching programmes for A&E and Paediatric Doctors at all grades.	June '03  2004	
<b>Recommendation 80.</b> When a child for whom there are concerns about deliberate harm is admitted to hospital, a record must be made in the hospital notes of all face-to-face discussions (including medical and nursing 'handover') and telephone conversations relating to the care of the child, and of all	<ul style="list-style-type: none"> <li>Re-enforce recommendation in writing.</li> <li>Focus training on target areas in conjunction with HPT.</li> </ul>	Chief Executive Director of Nursing/ Named Doctor  Named Doctor /Nurse	Letter circulated in June '03 with summary document to all Divisions.  Designated Doctor to include recommendation 80 in their teaching programmes for A&E and Paediatric Doctors at all	June '03  2004	Ongoing programme of training planned to commence 9 <sup>th</sup> Dec '04.

decisions made during such conversations. In addition, a record must be made of who is responsible for carrying out any actions agreed during such conversations.			grades. Initial training for Divisional Leads and clinical facilitators given Nov & Dec '03, which included recommendation 80.		
<b>Recommendation 81.</b> Hospital Chief Executives must introduce systems to ensure that actions agreed in relation to the care of a child about whom there are concerns of deliberate harm are recorded, carried through and checked for completion.	<ul style="list-style-type: none"> <li>Review assessment, admission, discharge and follow-up processes and amend to reflect recommendations Agree and implement system to monitor compliance.</li> </ul>	Named Doctor /Nurse	Explore Implementation of an ICP in collaboration with HPT.	2005	
<b>Recommendation 83.</b> The investigation and management of a case of possible deliberate harm to a child must be approached in the same systematic and rigorous manner of any other potentially fatal disease.	<ul style="list-style-type: none"> <li>Re-enforce recommendation in writing.</li> <li>Focus training on target areas in conjunction with HPT.</li> </ul>	<p>Chief Executive Director of Nursing/ Named Doctor</p> <p>Named Doctor /Nurse</p>	<p>Letter circulated in June '03 with summary document to all Divisions.</p> <p>Designated Doctor to include recommendation 83 in their teaching programmes for A&amp;E and Paediatric Doctors at all grades.</p> <p>Initial training for Divisional leads and Clinical Facilitators given Nov &amp; Dec '03. Recommendation re-enforced at Child Protection training.</p>	<p>June '03</p> <p>2004</p>	Ongoing programme of training planned to commence 9 <sup>th</sup> Dec '04.

<b>Recommendation 90.</b> Liaison between hospitals and community health services plays an important part in protecting children from deliberate harm. The Department of Health must ensure that those working in such liaison roles receive Child Protection training.	<ul style="list-style-type: none"> <li>◆ Continue to enhance partnership working through Hospital Child Protection Group.</li> <li>◆ Facilitate a more effective system for Liaising with community health when there are Child Protection concerns.</li> </ul>	Director of Nursing Named Nurse	Hospital Child Protection Steering Group has been re-established with multi-agency members.	Ongoing	Hospital Steering Group continues to meet quarterly.
		Named Nurse	Named Nurse is investigating the possibility of introducing an A&E Liaison meeting to include Liaison Health Visitors, Hospital Social Workers, A&E Consultant and Named Nurse and Doctor to allow a review weekly of child cases that attend Trust emergency services and fit an agreed criteria. This meeting would allow greater liaison and partnership working and facilitate regular audit of A&E documentation relating to children's notes where there may be concerns for the child's welfare.	May 04	A&E CP Meetings continue at WGH following successful pilot in June 2004; review all A&E referrals to social services, working together, and audit of A&E documentation and record keeping.

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**Original Action Plan Written ~ June 2003**

**Reviewed & Updated ~ September & December 2003, April, August & November 2004**

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