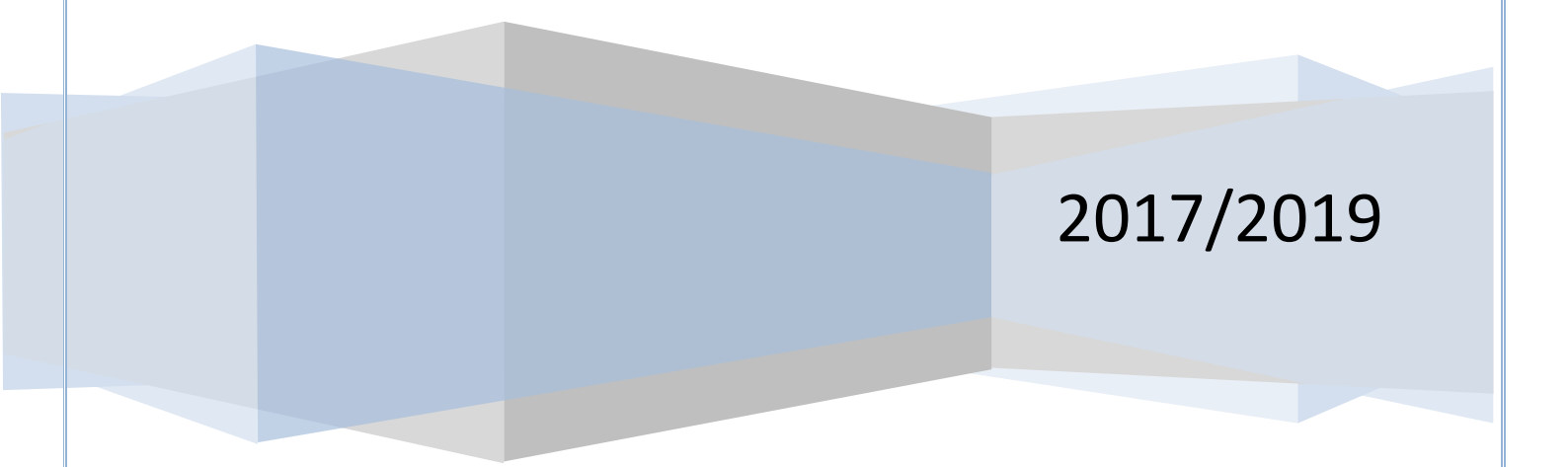




# **East Region Managed Clinical Network for Child Protection BI-ANNUAL REPORT**

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**2017/2019**

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# 1. Foreword

## **FOREWORD:**

The MCN for Child Protection was established in 2016 building on the existing Regional MCN for Child Sexual Abuse, providing a regional oversight of wider child protection issues. The work of the MCN continues to progress, achieving many of the MCNs aims over the period of 2017/2019.

Over the last 2 years the MCN has developed guidance for practitioners within the East Region, delivering training events to support general, specialist and community paediatricians to be confident and competent to undertake child protection work in both community and acute settings. A Level 3 learnPro module for Child Protection has been developed and implemented for the East Region with over 260 doctors of various grades and specialties undertaking this learning resource.

There has been support from the MCN to enable the Lead Clinician to undertake a two year secondment as Lead Paediatrician for Child Protection in NHS Fife in order to provide clinical leadership and development of the Paediatric Child Protection service in Fife.

In NHS Lothian, the new Royal Hospital for Children and Young People will open in 2019. This facility will have a dedicated suite providing a forensically clean examination facility for examining children who may have been sexually assaulted.

In March 2017 a Taskforce for the Improvement of Services for Adults and Children who have Experienced Rape and Sexual Assault has been led by the Chief Medical Officer for Scotland and has set out improvements required for healthcare and forensic medical services for those who have experienced rape and sexual assault. The Regional Managed Clinical Network for Child Protection has been representing the East Region in aspects of this important work.

The Standards of Service Provision and Quality Indicators for the Paediatric Component of Child Protection Services in Scotland were developed in 2016. The 3 Health boards submitted their first audit and statements for the year of January – December 2017 at the end of March 2018. The 2017 Audit shows that the East Region performs well

The original CSA network continues to provide a quality service for children and young people across the East Region.

After 6 years, Dr Jane Macdonell is stepping down from the role as Lead Clinician. We would like to thank her for her commitment and leadership with the MCN and wish her well for the future.

Edward Doyle  
Chair

## 2. Executive Summary

The Regional Managed Clinical Network for Child Protection has delivered the following achievements during the 2017/2019 reporting period which are highlighted below:

- ✚ The established monthly Child Sexual Abuse Peer review for Paediatricians and Forensic Physicians continues to add value in supporting development and maintenance of skills and knowledge. Presentations from invited clinical experts in relevant fields have supported this programme. A Journal Club has also been established.
- ✚ In August 2018 Physical Abuse Peer Review was introduced for Clinicians to discuss and review cases within a supportive teaching environment.
- ✚ Audit of CSA cases within South East Scotland 2014-2018, which has led to the update of the CSA data set which will support future, more comprehensive audits.
- ✚ An Education and Training pathway has been developed and implemented to support the child protection training needs of all grades of medical staff, working in both a paediatric and community setting.
- ✚ Level 3 Child Protection learnPro online training module has been developed and successfully implemented within South East Scotland, with potential to roll out nationally.
- ✚ The MCN continues to develop regional protocols and guidelines. Multi-Agency Guidance for Bruising in the Non-Mobile Infant and Fracture Guidance in under 2 year olds has been implemented.
- ✚ Radiological Investigation of Suspected Physical Abuse in Children was issued in October 2017 by The Royal College of Radiology. Radiology imaging consent has been introduced with a parent information leaflet introduced to support this change.
- ✚ Support from the MCN to enable the Lead Clinician to undertake a two year secondment as Lead Paediatrician Child Protection for NHS Fife in order to provide clinical leadership and development of the paediatric child protection service in Fife.
- ✚ The Consent process for Joint Paediatric/Forensic Medical Examinations of Children and Young People has been developed and implemented across the three Regional MCNs in Scotland.
- ✚ Guidance for Multidisciplinary Discussions in the Management of Complex Child Protection cases, developed by the three MCNs, is designed to support clinicians from different specialties and between Health Boards to communicate on medical examination reports. This has been shared nationally.
- ✚ Three new colposcopes have been purchased - two by NHS Lothian (one in the Royal Hospital for Sick Children and one in the Sycamore Suite in Astley Ainslie); and one purchased from funding by the CMO

Taskforce in NHS Fife Children's Ambulatory Care Unit, Victoria Hospital, Kirkcaldy.

- ✚ The first audit of the Standards of Service Provision and Quality Indicators for the Paediatric Component of Child Protection Services in Scotland was submitted by each board in East Region covering January- December 2017 and, following analysis, the East Region is performing well against these standards
- ✚ The MCN actively supports and contributes to the monthly Inter-Regional Child Protection Forum for Complex Cases which supports development of senior child protection specialists in managing the most difficult and challenging complex child protection cases
- ✚ Delivery of relevant training and education to support general, specialist and community paediatricians to be competent to undertake child protection work in community and acute settings which include
  - "Clinical Evaluation of Child Sexual Abuse Training Course" 2 Day course for basic training 2018.
  - CSA update 1 day for experienced clinicians 2017.
  - The RCPCH: Examination to Court Level 3 – 2017 and 2019.
  - "Fabricated or Induced Illness and Perplexing Presentations" 1 day 2018.
- ✚ The MCN for Child Protection is representing the East Region within different sub groups of the CMO Taskforce for the Improvement of Services for Adults and Children who have Experienced Rape and Sexual Assault, these include
  - Children and Young People's Pathway Group
  - Children and Young People's Expert Group
- ✚ A short life working group has been established by the National Police Care Network to look at developing guidance for Forensic Medical Examinations of Children who are suspected of committing sexual abuse and serious crime. The East Region MCN is a member of this group.

## 3. Introduction

This is the Bi-Annual Report of the East Region Managed Clinical Network (MCN) for Child Protection. The MCN for Child Protection has continued to deliver significant improvements to services since it moved from a Managed Clinical Network for Child Sexual Abuse (CSA) in 2015. The Network covers the three East Region Board areas: NHS Borders, NHS Fife and NHS Lothian.

The Clinical Lead for the Network is Dr Jane Macdonell, Consultant Paediatrician, currently on secondment to NHS Fife from NHS Borders as Lead Consultant for Child Protection. The Network Manager is Sarah Tait and Laura Cuthell provides support as Network Administrator.

This is the third Annual Report since the establishment of the MCN for Child Protection and covers the period April 2017-March 2019.

The MCN for Child Protection has made progress with improving services for children and families who have been affected by abuse, both physical and sexual. There remains a robust Regional out of hours service for children and young people affected by sexual assault. Education and training has been made available to all grades and specialties involved in working within a paediatric setting. Guidelines and information leaflets have been implemented regionally to support the different agencies working with children and young people and to support and guide the families who are involved in the process.

The Chief Medical Officer set up a Taskforce for the Improvement of Services for Adults and Children who have Experienced Rape and Sexual Assault in March 2017. The MCN has been representing the East Region and has been involved in a number of the Taskforces sub groups.

A recognised risk from previous years has been the inability of the equipment to encrypt images securely. The procurement of new colposcopes with encryption ability for the region has been approved and as part of the national discussions led by the CMO Taskforce for Rape and Sexual Assault, there has now been a request for a meeting with regional representatives about networking colposcopes across the country to support education and learning.

## 4. Aims of the Network

The aims of the MCN for Child Protection as agreed in the Terms of Reference are to:

- ✦ Support general, specialist and community paediatricians to be confident and competent to undertake child protection work in the community and acute settings.
- ✦ Develop child protection practice of paediatricians to agreed regional standards and protocols.
- ✦ Provide a regional programme for training and peer review that compliments existing Health Board arrangements for paediatricians.
- ✦ Expand data collection to include all types of child protection examinations and to contribute to a national data collection strategy
- ✦ Enable collaboration with the other regional Child Protection MCNs in Scotland to progress on an equal basis and ensure equity of provision across Scotland.

Key aims and objectives for CSA services, such as peer review and the regional out of hours rota will continue to be supported to ensure the delivery of consistent, equitable, high quality services to meet the needs of children, young people and their families in the East Region who may have been victims of sexual abuse.

The MCN for Child Protection Steering Group leads and monitors the work of the MCN in achieving its aims. The group has representation from a wide range of agencies including Health, Police Scotland, Forensic Medicine, the voluntary sector and the Crown Office.

The Terms of Reference for the Child Protection MCN Steering Group and membership is attached at Appendix 1.

## 5. Performance Against Agreed Objectives

The MCN set 8 objectives during the reporting period. These are set out below with progress against each one.

### Objective 1- MCN Quality Assurance Programme

**Statement:** *continue to monitor an MCN quality assurance programme that reflects the Quality Improvement Scotland requirements for MCNs and meets Scottish Government guidelines.*

The MCN produces a regular report on the performance of the MCN against agreed objectives which is presented to East Region Planning Group and circulated to stakeholders. The MCN Steering Group benefits from multi agency representation from across the region. A work plan is developed and agreed with East Region, setting out the MCN objectives for the forthcoming period. This report is based on the Work Plan April 2017-March 2019 attached as Appendix 2.

### Objective 2- Service Development & Improvement

**Statement:** *implement a clinically safe and sustainable model of service delivery supported by agreed clinical standards across the East Region of Scotland.*

A Regional out of hours (OOH) Rota, has been in place since 2012 for child sexual abuse examinations. Each NHS board delivers a CSA examination service within working hours with an OOH rota co-ordinated through NHS Lothian Children's Services with contribution to the rota from all three Health Boards.

We continue to minimise the risk when there is not a CSA trained paediatrician on call by arranging for the child or young person to have a joint paediatric forensic medical as early as possible the following day, utilising the local service. Arrangements are in place in NHS Lothian to support NHS Fife and NHS Borders if there is no CSA trained clinician available.

Audit of all OOH cases is undertaken to identify whether the timing of the examination was clinically and forensically appropriate and reflected the best interests of the child.



In NHS Borders and NHS Fife, acute and community paediatricians with a minimum of Level 3 training undertake child protection examinations. They are supported by Level 4/5 paediatricians in each health board.

Due to difficulties recruiting a Lead Paediatrician for Child Protection in NHS Fife, Dr Jane Macdonell was supported by the MCN and Health Boards to undertake a two year secondment from April 2017 - March 2019. This arrangement has supported the development of the NHS Fife paediatric child protection service.

### **Objective 3- Service User Involvement**

**Statement:** *promote the involvement of children, young people and their families within this area, establishing methods and facilitating development of appropriate forum/s.*

Due to other priorities within the year, the development of service user involvement has not progressed at the rate anticipated, but for 2019-2020 the MCN will build on the Children 1<sup>st</sup> work which looked at families who had been involved in CSA medicals and look at developing a regional qualitative project. The aim would be to look at all types of child protection medicals and get a perspective from the families involved and how we can improve services for children and young people who have experienced abuse.

### **Objective 4- Standards & Performance Assessment**

**Statement:** *devise and implement a performance assessment framework based on established and evidence based standards.*

#### **CSA Data Collection**

CSA data is collected manually from NHS Borders, NHS Fife and NHS Lothian including the number, type, location and timing of colposcopic examinations. Clinicians are required to complete the data form for each examination with a 100% return rate, which is an excellent achievement.

#### **Types of examination**

- ✚ Acute Joint Paediatric Forensic Examination (AJPFE) (2 Doctor - CSA trained paediatrician and forensic physician within 7 days of assault)
- ✚ Elective Joint Paediatric Forensic Examination (EJPFE) (2 Doctor – CSA trained paediatrician and forensic physician out with 7 days of assault)
- ✚ Examinations by Forensic Physician only \*

- ✚ Specialist Paediatric Examination (SPE) for Child Sexual Abuse Referral (following Interagency Referral Discussion) – single doctor
- ✚ Paediatric Examination for medical reasons not child protection e.g. Anogenital symptoms/signs – single doctor

\*Forensic Physician examinations have been removed from the form as within the South East they were never performed.

In 2017 there were 197 examinations with 27 (14%) performed out of hours.  
In 2018 there were 178 examinations with 22 (12%) performed out of hours

	2014	2015	2016	2017	2018
<b>Total CSA Examinations</b>	<b>219</b>	<b>200</b>	<b>181</b>	<b>197</b>	<b>178</b>
Numbers from Fife	47	38	31	35	37
Numbers from Lothian	153	130	129	130	129
Numbers from Borders	19	32	21	32	12

In the years 2017 and 2018 there were 37 and 26 delays respectively. The table below outlines the breakdown of the reasons for the delay. All delays were followed up by the appropriate multi agency team as required and issues were resolved.

	2016	2017	2018
Police	2	8	6
Health	1	1	3
Social Work	0	1	0
Paediatrician availability	2	5	1
Forensic physician availability	0	1	0
Lack of Room Availability	0	2	0
Appropriate Delay	7	3	4
Historic	2	4	3
Social	1	1	0
C/YP Refused Examination	1	1	4
Lack of Interpreter	0	0	1
Consent Issues	0	1	1
Transportation Issues	0	0	0
Change in disclosure	3	2	0
Family and child	2	4	2
Unknown reason	4	3	1
Totals	25	37	26

#### **Breakdown examples include:**

**Police** – Health not notified by Police; lack of availability of Police; Police didn't know how to contact CCA Paeds;

**Health** – Patients seen in ED and delay in being seen.

**Social Work** – Delayed discussions between SW and PPU.

**Paediatrician availability** – No CSA trained Paediatrician available.

**Forensic Physician availability** – Delay due to FP not being available

**Lack of Room Availability**

**Appropriate Delay** – Overnight; non urgent examination; timing in best interest of child.

**Historic**

**Social** – YP unable to co-operate due to alcohol consumption. .

**Refused Examination** – Patient not co-operating for examination.

**Lack of Interpreter**

**Consent Issues** – Issues contacting parents for consent.

**Transportation Issues** – Issues for patients travelling to examination appts.

**Change in disclosure** – Change from touching to rape;

**Family / Child** – Mum did not come to initial appt; cancelling appts.

**Unknown Reason** – No info recorded on sheet

Using Regional data collected during 2014-2018, the Lead Clinician undertook an audit of all examinations for CSA concerns or for medical reasons where a colposcope was used. The audit reviewed the CSA cases together with data presented at the monthly peer review over the same period.

The main findings from this audit were:

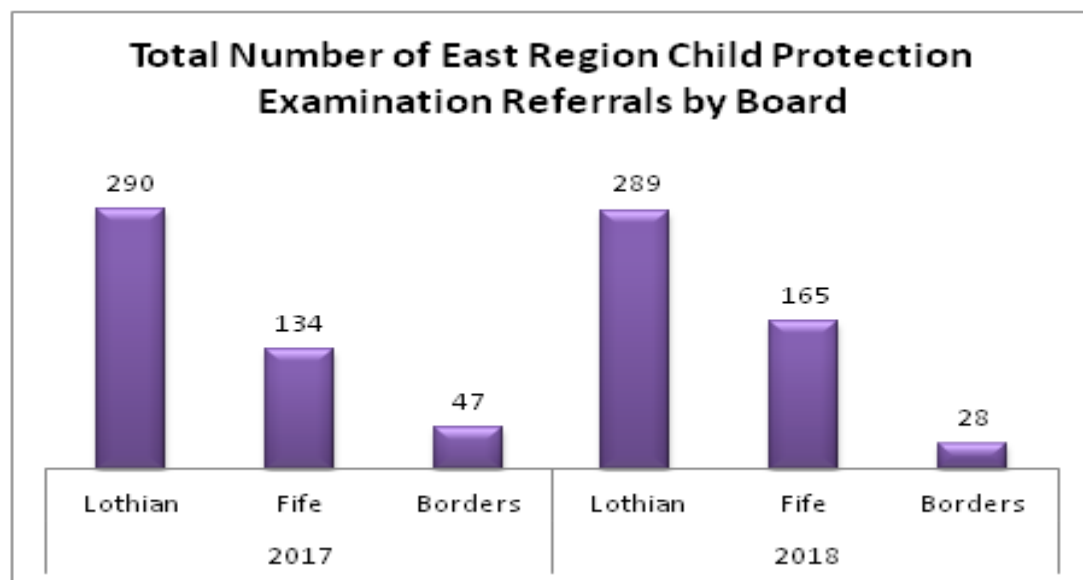
- A need to review decision-making around examinations for historic disclosures in NHS Fife;
- The need to share with multi-agency colleagues that the overall percentage of examinations with abnormal findings suggestive of abuse was 21% in females and 19% in males;
- That the audit could be improved in future through the use of a more detailed table of findings (now devised) incorporated in data return forms and for peer review.
- The audit also highlighted the extremely good attendance at CSA peer review.

#### **National Minimum Data Set**

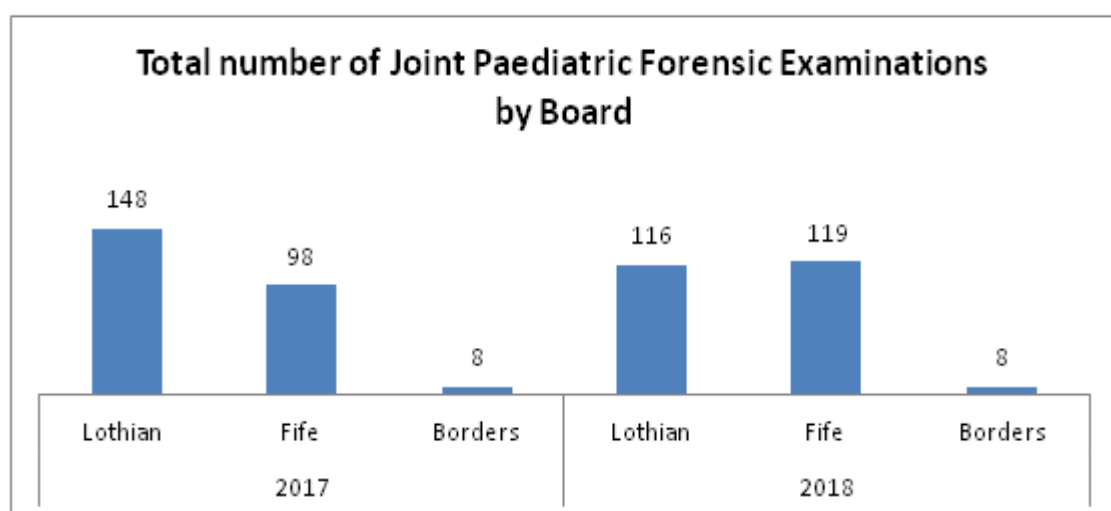
A minimum data set was introduced across Scotland in January 2017. Each Health Board is responsible for collecting their own data which is then

forwarded to the MCN administrator to collate regionally. The East Region has achieved collection for data from 2017 and 2018 which has been analysed and evaluated and results are as below:

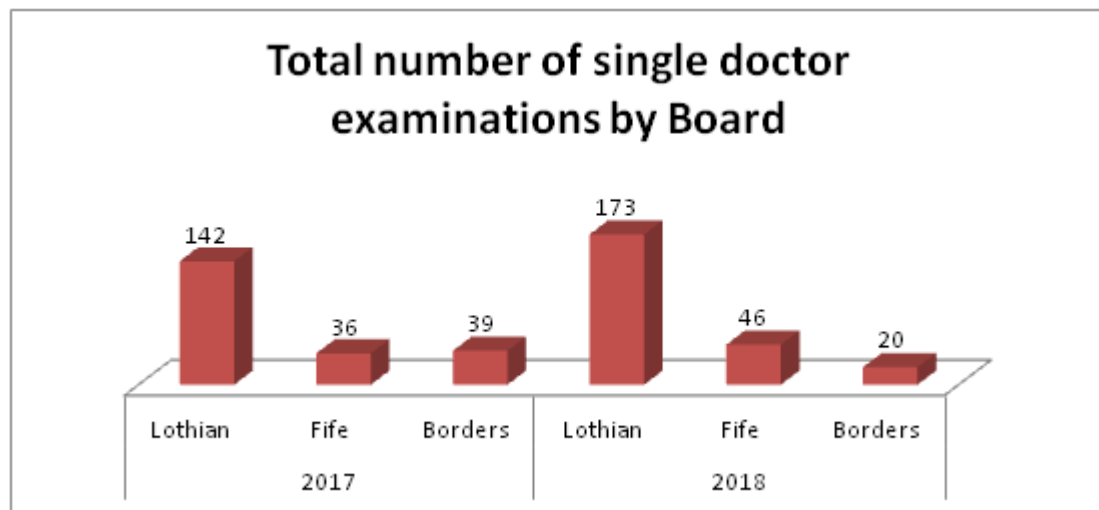
Overall referrals for child protection medical examinations within the region remain steady with 471 in 2017 and 482 in 2018. It is noted that NHS Borders had a lower referral rate than 2017.



The percentage of Joint Examinations that were seen within hours remains steady at 88% in 2017 and 87% in 2018



In NHS Lothian there has been an increase in single doctor examinations, and in Fife there has been a slight increase in both types of examinations.



The three Regional MCNs in Scotland agreed that it would be important to audit, using the national proforma, the reason for referral for examination with the outcome after medical examination. The outcome may be that the type of abuse is confirmed with clinical findings or that the examination may be inconclusive or that there is no evidence of abuse. After feedback from clinicians in 2018 the national proforma was updated and the category of “inconclusive” was taken out and replaced with “no clinical findings but other concerns that suggest abuse”. It is hoped that in future the audit of reasons for referral and outcomes from examinations will be useful for looking at patterns across the region and for multi-agency discussion.

The CMO Taskforce is developing a data set for adult sexual assault, which has been piloted in the East Region and awaiting evaluation. The East Region MCN has been involved in developing a paediatric data set which incorporates CSA data as well as wider child protection examination data. When completed this may be a more comprehensive dataset than the current National MCN minimum dataset and may supersede it in due course.

### **Standards of Service Provision and Quality Indicators for the Paediatric Component of Child Protection Services in Scotland**

In collaboration with the two other Regional MCNs, Royal College of Paediatrics and Child Health and Scottish Government the Standards of Service Provision and Quality Indicators for the Paediatric Component of Child Protection Services in Scotland were developed in 2016. The standards have been drawn from current guidance, good practice documents, medical expertise and experience. They were issued to the Executive Leads for Child Protection and Lead Paediatricians for Child Protection in September 2016. The three Health boards submitted their first audit and statements for the year of January – December 2017 at the end of March 2018. The 2017 Audit

shows that the East Region performs well. The only issue is in relation to forensic cleaning which are still to be resolved and at present this is being taken forward by the CMO Taskforce and a draft standard has been produced but final approval is awaited.

The new requirement to submit a joint report between the Paediatrician and Forensic Physician within a month is proving difficult and at present no NHS Board nationally is achieving this standard.

In order to meet the requirement for joint reports to be available within one month and also to avoid unnecessary duplication (with GP and Soul and Conscience reports), the Regional Clinical and Educational Sub Group has developed guidance for the production of a single joint Soul and Conscience report. This has been approved by Steering Group and will take effect from 1 May 2019. In addition there has been a brief preliminary report template developed to provide Police and Social Work with an immediate joint opinion at the end of the examination.

### **HIS Standards (2017) and National Indicators (2018): Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults**

The Lead Clinician and Manager for the East Region contributed to the development of these Standards and Quality Indicators. The Quality Indicators were published in December 2018. The Quality Indicators need to be adopted by the three regional MCNs and a meeting of all Lead Paediatricians is planned for September 2019 to take this forward.

## **Objective 5- Learning and Development**

**Statement:** *agree standards and a programme for training, support, supervision and peer review for clinicians that meet the standards.*

### **Clinical Skills**

The Clinical and Educational Sub Group continues to provide a focus for developing and implementing education and training regionally and nationally.

The Child Protection Education and Training Pathway for Medical Staff Working in Paediatric, Emergency and General Practice Settings has been developed and implemented in all three Health Boards. This was developed to look at the learning needs of medical practitioners working in paediatric settings, both acute and community based. The aim is to help practitioners and their clinical lead identify the appropriate level of training an individual should undertake in order to fulfill their responsibilities for protecting children.

In April 2017 and March 2019 the RCPCH Level 3 course Examination to Court was delivered in partnership with the 3 MCNs in Edinburgh. The target audience for this event was Paediatric Trainees ST6-8, Associate Specialist doctors & Consultant Paediatricians. The course was designed to give clinicians a working knowledge of the general principles of criminal and civil law as they relate to child protection and their role in legal proceedings. Paediatricians were taught how to write effective reports and guided about preparing to give evidence as a professional witness in court proceedings. There were 61 delegates over the 2 courses. The feedback included:

*"I would definitely recommend it. This course was really useful both in making me think about how to write a report but also on how to answer questions about what I have written. I have learned lots about the legal process and the children's hearing system and have received some really useful practical advice and feedback"*

*"A better understanding of the overall process of giving evidence, the importance of good report writing and endless proof reading, generally feel more confident about safeguarding processes"*

In September 2017 a 1 day CSA update was held in Stirling, in collaboration with the West and North MCNs. This one day course provided an update on the RCPCH evidence base of physical signs of child sexual abuse and current issues relating to the paediatrician's role with regard to the abuse and exploitation of children. The course was designed for doctors who had already completed the Clinical Evaluation 2 day course in CSA or those with equivalent training and experience in the field, who are already on a CSA rota. There were 35 delegates. This course will run again in September 2019.

In April 2018, in collaboration with the West of Scotland MCN and North of Scotland MCN, an event on Fabricated or Induced Illness and Perplexing Presentations was organised and run in Stirling. This course was well attended with 32 participants. The course outlined definitions and recognition of Fabricated or Induced Illness (FII), professional response and therapeutic work and participants were encouraged to bring any anonymised cases they wanted to discuss.

In September 2018, in collaboration with the West of Scotland and North of Scotland MCN, a two day course in the Clinical Evaluation of Child Sexual Abuse Training Course was held in Stirling. This course was attended by Paediatric and Forensic doctors who are either already working in the field of sexual abuse, or who are in final stages of training. The course is an interactive, practical course and the training material was interactive, using case studies and included:

1. Ano-genital examination; Normal anatomy, differential diagnosis of variation from normal including dermatological conditions, CSA and infection.

2. Sexually transmitted infections in the context of child sexual abuse
3. Pregnancy and contraception in the context of child sexual abuse
4. Collection and recording of forensic evidence and report writing
5. Practical demonstration in the use of the colposcope
6. Best practice peer review and presentation of cases
7. Presentation of evidence in court and implications of new legislation in Scotland

There were 32 delegates and the feedback was very positive:

*“The course covered such a comprehensive range of topics within the field of CSA examinations, helping to put some of the practice points into context (eg the importance of forensic sampling procedure)”*

*“Better understanding of the reasons for certain examinations and investigations along with a good framework for information gathering”*

## **Peer Review**

Although the MCN encompasses all Child Protection, the established peer review for CSA continues in order to ensure clinicians are supported to deliver best practice through the review of CSA cases. Peer review takes place every month with video conferencing available to support attendance. Clinicians present and discuss individual cases for the previous month. Since August 2018, physical cases have been introduced at the beginning of the session. This is an opportunity for clinicians to discuss and review photographic images of cases. A record is kept of attendance with learning points disseminated post the meeting to the clinicians involved. Two meetings a year are held in the evening to provide the opportunity for Forensic Physicians to be able to attend.

The Peer review sessions have educational topics for training and support with invited experts. In this reporting period there have been presentations from clinical experts on Dermatology, Play Specialists role in child protection examinations. The Rivers Centre Trauma Service has provided valuable support to clinicians working within this difficult field. In January 2019 a journal club was introduced, which will encourage clinicians to critically appraise and apply new research to practice following discussion on specific research papers.

## **Regional Physical Peer Review**

Regional physical child protection peer review continues monthly with NHS Lothian, NHS Borders and NHS Fife. Attendance is regularly 30-50 people with videoconferencing throughout the East Region. Attendance is from both the doctors and nurses who work in child protection but also includes general



and specialist paediatricians, doctors in training, hospital nursing staff and forensic physicians.

### **Inter-regional Child Protection Forum for Complex Cases**

The established Inter –regional Child Protection Forum for Complex Cases continues to meet each month by video conferencing supporting and developing Level 4/5 child protection specialists within Scotland. Senior child protection doctors bring current complex child protection cases they wish advice and support on. Learning points are identified and collated and if necessary any actions recorded. Updates on these actions are discussed at future forum meetings.

### **LearnPro Level 3 Child Protection online training**

The MCN developed a Level 3 learnPro module for Child Protection. This was implemented in the South East of Scotland in April 2018. At present 261 doctors of varying grades and specialties across the East Region have undertaken all the cases on the level 3 module. The next step for this module is to roll it out nationally, with the aid of learnPro.

## **Objective 6- Clinical Protocols**

**Statement:** *to develop and implement common protocols/pathways/proformas across the region.*

The MCN Portfolio continues to sign post clinicians to national paediatric and forensic standards, regional protocols and follow up pathways care.

The Multi-Agency Guidance for Bruising in the Non-mobile Infant has been developed and implemented in each Board at the end of 2017.

A protocol for Radiological Investigation of Suspected Physical Abuse in Children was issued in October 2017 by The Royal College of Radiologists. A short life working group involving, Radiologists, Radiographers and Paediatricians from all 3 Health Boards have developed an approach, now incorporated into the National Proforma, which includes explicit consent for radiological investigation in suspected non-accidental injury. A leaflet for parents/carers is now being used in the Region and shared with all the Health Boards in Scotland.

Guidance for the Child Protection Management of Fractures in Young Children which has been developed within NHS Lothian, has been shared with NHS Fife and NHS Borders and adapted for local use to ensure consistency across the region.

Following an Initial Case Review, NHS Fife has developed guidance for Emergency Department/Paediatrics for Children and Young People

presenting with drug/alcohol intoxication or self harm/suicidal behavior. This has been shared with NHS Borders and NHS Lothian.

The East Region has also led and developed on two guidance documents for national use:

- Consent for Joint Paediatric/Forensic Medical Examinations of Children and Young People. This document was designed to assist all multi agency professionals who work with children, young people and families within child protection
- Guidance for Multidisciplinary Discussions in the Management of Complex Child Protection Cases. This guidance is designed to assist clinicians from different specialties and between Health Boards to communicate with each other and reach agreements on what should be included in medical examination reports. They have been shared nationally and to be adapted within each local Health Board as per their own governance and policy guidance.

#### **Objective 7- Facilities and Equipment**

**Statement:** *agree and establish common facilities requirements and implement across the region.*

The new Royal Hospital for Children and Young People in NHS Lothian will open in 2019. This facility will have a forensically clean examination room for examining children and young people who may have been sexually assaulted.

NHS Lothian purchased two new colposcopes in 2018. one for Royal Hospital for Sick Children and one is being used in the recently renovated Sycamore Suite at Astley Ainslie Hospital.

A proposal was written and submitted on behalf of the East Region to the Scottish Government for the procurement of eight new colposcopes for the region. This proposal was accepted and Health Boards will order and install this year. The other part of the proposal was for a single networked solution which will support clinicians throughout the region by enabling better quality images for peer review, and deliver a solution that complies with the legislative requirements for data protection and information governance. As part of the national discussions led by the CMO Taskforce for Rape and Sexual Assault, there has now been a request for a meeting with regional representatives on networking colposcopes across the country to support education and learning.

## Objective 8- Workforce

**Statement:** *explore workforce issues, including recruitment and retention problems and the development of a specialist workforce, with the aim of sustaining a safe model of service in the long term.*

Succession planning and recruitment of specialist CSA consultants continues. Availability of training and education courses as detailed in Objective 5 ensures capability of trainees, paediatricians and forensic physicians in this area of work to aid recruitment.

NHS Lothian: There are 11 CSA trained Paediatricians who provide regional CSA out of hours cover and continue to support NHS Fife and NHS Borders when they have no cover.

There is an additional Paediatric Consultant who does paediatric child protection examinations for physical abuse and neglect only.

NHS Borders: There is one Consultant Paediatrician who undertakes CSA examinations and provides daytime input to the regional CSA Rota. One Consultant Paediatrician has been on secondment to NHS Fife since April 2017. Lothian Paediatricians provide cover when the consultant is not available.

Child protection medical and advice cover is provided 24 hours and all consultant paediatricians take part in child protection medicals for physical abuse and neglect.

NHS Fife: At present the current Clinical Lead for the Managed Clinical Network for Child Protection supported by the East Region MCN has been on a two year secondment since April 2017 as Lead Paediatrician to provide leadership and provision of training to support the paediatric team.

There are four consultants available to undertake CSA examinations within working hours with gaps covered by NHS Lothian.

Child protection medical exams and advice cover is provided 24 hours and all consultant paediatricians take part in child protection medicals for physical abuse and neglect.

## 6. CMO Taskforce for the Improvement of Services for Adults and Children who have Experienced Rape and Sexual Assault

In March 2017 a Taskforce for the Improvement of Services for Adults and Children who have Experienced Rape and Sexual Assault was set up and lead by the Chief Medical Officer. This expert group considered what improvements are required for Healthcare and Forensic Medical Services for those who have experienced rape and sexual assault.

The Managed Clinical Network for Child Protection has been representing the East Region on at a variety of sub groups.

### **The Children and Young People's Pathway group**

The subgroup was set up to look at developing a Clinical Pathway and Guidance for Healthcare Professionals in Scotland working to support children and young people less than 16 years of age, or up to 18 years of age if the young people have been looked after or accommodated, or those with additional support needs, who present having experienced sexual assault.

It is anticipated that this guidance will help Health Boards and Local Authorities and Integrated Joint Boards to inform them on how services can be delivered and structured locally. A clinical pathway for adults is out for consultation at present.

### **Children and Young People Expert Group**

This group was convened in December 2018, under the remit of the Delivery and Performance Group. It will provide national oversight and clinical expertise to focus specifically on supporting NHS Boards to make improvements to services for children and young people. This group will also support the development of the Clinical Pathway for Children and Young People.

A short life working group has been developed from this to look at therapeutic services available to children and their families and the way forward.

A short life working group has been convened to look at how children who are accused of committing rape and sexual assault are managed in terms of forensic medical examination. This is being led by the Police Care Network. The HMCIS Strategic Overview stated that Police Scotland should work under NHS Scotland to ensure suspected perpetrators of sexual abuse

who are under 16 years old are not forensically examined within police custody facilities. This group aims to provide guidance, greater clarity and best practice on undertaking forensic medical examinations for these vulnerable children and young people.

## 7. Governance Arrangements

The MCN has built on the foundations required to ensure an effective governance system which includes reporting to the Steering Group on a quarterly basis and yearly to the East Region Children and Young People's Health Service Planning Group.

Clinical Governance responsibilities of the MCN are laid down in the East Region document Management of Clinical Governance Issues within Regional Managed Clinical Networks April 2005. The MCN will continue to measure performance and undertake audits of existing services to show current performance and future improvements. These will be reported to the MCN Steering Group and the East Region throughout the year.

## 8. Focus for 2019/2020

The key priorities for the coming year are:

- Continue to contribute and influence work with the CMO taskforce which includes:
  - progressing options for networking solutions for sensitive images
  - Developing and implementing the Clinical Pathway for Children and Young People
  - Developing guidance on suspected perpetrators of sexual assault who are under 16 years.
- Continue to develop and implement region wide procedures, protocols, training and peer review for all types of child protection including:
  - Engaging with children and their families
  - Out of Area Guidance for CP cases for SE Scotland
  - CSA 1 day update in September 2019
  - Engaging with all the Lead Paediatricians in Scotland to look at the HIS standards and the MCN Standards, and the next steps forward
  - Liaise with Social Work to enable representation on the Steering Group



## **Steering Group for Managed Clinical Network for Child Protection**

### **Terms of Reference**

#### **1. Introduction**

The purpose of the SEAT Managed Clinical Network (MCN) for clinical aspects of child protection is to support and facilitate the delivery of consistent, equitable, high quality services to meet the needs of children, young people and their families in South and East Scotland who may have been victims of child abuse and neglect.

#### **2. Remit of the Steering Group**

The Steering Group will be responsible for overseeing the work plan and co-ordination of the MCN, ensuring close integration of the work of the MCN and the operational management of services. The Steering Group will set the strategic direction of the MCN referring to national policy and evidence based best practice guidelines. A key role of this group is to ensure that the guidance on Managed Clinical Networks published by the Scottish Government in MEL (1999)10, HDL (2002) 69 and HDL (2007) 21 is followed.

#### **3. Structure**

The Steering Group will comprise a small core of individuals representing the key stakeholder groups in the field of child protection within the South East region including Clinical Practitioners in the field, Social Work, Forensic Physicians, Police, NHS Boards and Regional Planning.

The Clinical Operational and Education Sub-Group will report to the Steering Group at each meeting. A structure diagram is at Annex A. Further sub-groups will be established as and when appropriate to take forward particular areas of work on behalf of the MCN, reporting directly to the Steering Group

#### **4. Accountability**

The Steering Group will be accountable to the South East and Tayside Regional Planning Group (SEAT), comprising the Chief Executives of the constituent NHS Boards. The Steering Group will be responsible for ensuring that reporting arrangements are adhered to, including the development of an Annual Report, half-yearly update report and the development of an annual Work Plan.

Reporting arrangements will also be made to SEAT's Children and Young People's Health Service Planning Group (CYPHSPG).

The Steering Group will ensure that there are appropriate linkages and engagement with relevant agencies and organisations including Scottish Government, NHS Education for Scotland and the appropriate Royal Colleges.

## **5. Objectives of the Steering Group**

- Provide overall leadership to the work of the MCN
- Ensure clear accountability structures to SEAT including the production of an Annual report and half-yearly report.
- Advise SEAT and NHS Boards on service delivery and ongoing priorities for clinical aspects of child protection services across the region;
- Ensure the timely and effective implementation of the agreed regional model of service delivery
- Develop and endorse the MCN work plan in line with local and regional objectives and oversee the implementation of the plan.
- Establish effective engagement with patients, carers and the wider public and ensure their views influence the decisions and evolution of the MCN and work plan.
- Develop, implement and monitor a MCN quality assurance programme that is driven by evidenced based practice
- Develop and endorse an education & training programme based on a training needs analysis and core standards that supports delivery of a high quality service.

## **6. Membership**

The membership of the Steering Group is:

<b>Role</b>	<b>Organisation</b>	<b>Designation</b>
Chair	SEAT Medical Director from any Board	Medical Director
Network Clinical Lead	Any SEAT Board	Consultant Paediatrician and Lead Paediatrician Child Protection
Network Manager	SEAT	Regional MCN Manager for Child Protection

NHS Manager	One from each SEAT Board	Deputy General Manager/ Associate Medical Director/Head of service for Children and Young People's Health Services Manage
Clinician and one lead paediatrician in child protection	One from each SEAT Board	Consultant Paediatrician, Lead Paediatrician Child Protection, Associate Specialist or representative
Nursing	One from each SEAT Board	Consultant Nurse – Vulnerable Children or appropriate Senior Nurse May also be NHS Manager
Regional Planning	SEAT	Regional Planning Manager
Forensic Medical Service	From SEAT Region	Forensic Physician or deputy
Police	Police Scotland	Detective Superintendent
Crown Office	Crown Office	Senior Procurator Fiscal Depute
Social Work	Local Authority within SEAT region	Head of Support for Children and Young People/Associate director of social work
Third Sector	Children 1 <sup>st</sup> or Barnardos	Manager

Members have a responsibility to communicate effectively between the MCN, relevant professions and their organisation and will be expected to have delegated authority on behalf of their respective organisation and be able to commit to the decision-making of the Steering Group.



Where members cannot attend the Steering Group meetings a deputy should be appointed to attend and feedback to the member.

## **7. Finance**

The MCN infrastructure posts are funded recurrently from the National Delivery Plan for Specialist Children's Services (NDP). No service costs are included. As NDP spend is monitored via the CYPHSPG the reporting mechanism for MCN expenditure is through this group. The MCN Steering Group therefore is aware of but has no operational responsibility for overseeing MCN financial expenditure.

## **8. Patient and Public Engagement**

Due to the nature of the services supported by the MCN, representation with service users and carers will be through third sector agencies represented on the Steering Group. This mechanism will be used by the Steering Group to develop means of engagement with service users and their carers to move towards partnership working. The engagement of established patient groups throughout the region will inform this process.

## **9. Quorum**

In order to establish a quorum at the Steering Group meeting the following members must be present:

- Chair
- SEAT Clinical Lead or Network Manager,
- Three other members
- Minimum representation of one member from each board area

If a member of the Steering Group is unable to attend a meeting, they are required to nominate a designated deputy to ensure the meeting is quorate and inform the MCN for Child Protection office prior to the meeting.

## **10. Frequency**

The Steering Group will plan to meet 3-4 times each year or more frequently if required.

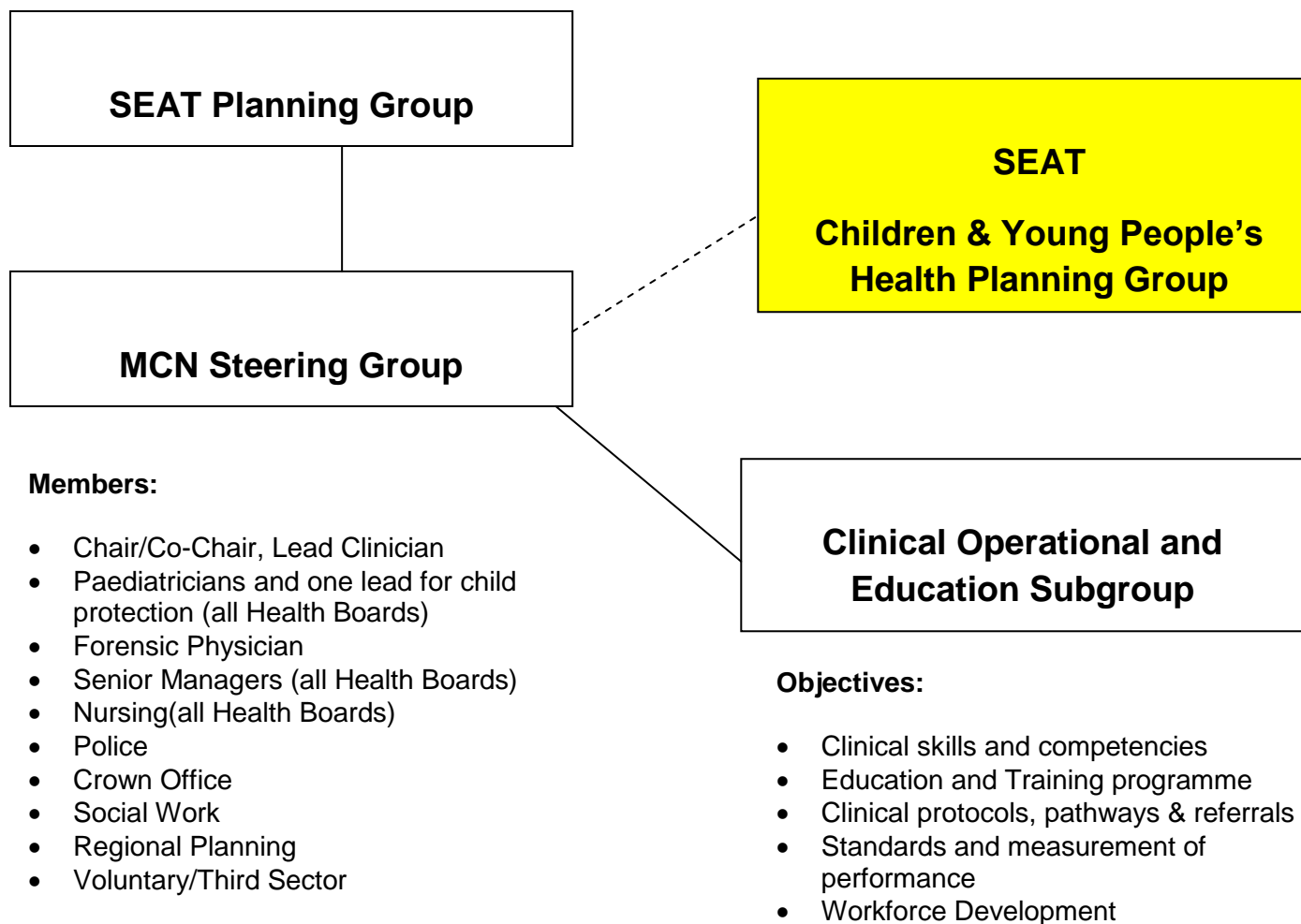
## **11. Review**

These Terms of Reference will be reviewed every two years.

October 2017

To be reviewed in October 2019

## MANAGED CLINICAL NETWORK FOR CHILD PROTECTION



## REGIONAL MANAGED CLINICAL NETWORK FOR CHILD PROTECTION

OBJECTIVES and WORKPLAN April 2017- MARCH 2019

## Aim

The aim of the Managed Clinical Network (MCN) for Child Protection is to support and facilitate the delivery of consistent, equitable, high quality services to meet the needs of children, young people and their families in South and East Scotland who may have experienced abuse.

## Remit

The South East and Tayside Regional Planning Group (SEAT) agreed the formation of the MCN resourced initially for two years and then recurrently from the National Delivery Plan Specialist Children's Services funding. The following objectives describe the outcomes intended to be achieved by the MCN to the end of March 2019.

## Overarching objectives:

- ✦ Objective 1 – MCN Quality Assurance Programme: *continue to monitor a MCN quality assurance programme that reflects the Quality Improvement Scotland requirements for MCNs and meets Scottish Government guidelines.*
- ✦ Objective 2 - Service Development & Improvement: *implement a clinically safe and sustainable model of service delivery supported by agreed clinical standards across the south and east of Scotland.*
- ✦ Objective 3 - Service User Involvement: *promote the involvement of children, young people and their families within this area, establishing methods and facilitating development of appropriate forum/s.*
- ✦ Objective 4 - Standards and Performance Assessment: *devise and implement a performance assessment framework based on established and evidence based standards.*
- ✦ Objective 5 – Learning and Development: *agree standards and a programme for training, support, supervision and peer review for clinicians that meet the standards.*

- ⊕ Objective 6 – Clinical Protocols: to *develop and implement common protocols/pathways/proformas across the region*
- ⊕ Objective 7 – Facilities : *agree and establish common facilities and implement these across the region*
- ⊕ Objective 8 – Workforce: *explore workforce issues, including recruitment and retention problems and the development of a specialist workforce with the aim of sustaining a safe model of service in the long term.*

## Workplan:

Performance:

Objective(s) fully achieved	Blue
Objective(s) on target	green
Objective(s) will be achieved out with timescales	amber
Objective(s) Significant risk, unlikely to be achieved	red

### Objective 1 – MCN Quality Assurance Programme

**Statement:** *continue to monitor a MCN quality assurance programme that reflects the Quality Improvement Scotland requirements for MCNs and meets Scottish Government guidelines.*

Outcome	Deliverables	Timescale		Risks and actions to manage	Progress march 2019	How will we know there is an improvement?
			Lead			
An MCN is established that can show its effectiveness in delivering consistent, equitable, high quality services to meet the needs of children, young people and their families in south and east Scotland who may have experienced abuse.	1a Continue to monitor against the MCN quality assurance programme	Measure performance  six-monthly	MCN Manager	Lack of time to complete Mitigate by work planning  Lack of agreement from Steering Group. Mitigate by planned consultation		An annual report will demonstrate achievement against objectives and performance against the quality assurance programme
	1b Deliver an annual report to SEAT, circulated to stakeholders and made publically available	Sept 2016	MCN Manager	Lack of time to complete. Mitigate by work planning  Lack of agreement from Steering Group. Mitigate by planned consultation	Draft 2016 report to Nov 2017 steering group  SEAT Children and Young Peoples Services Planning Group – By Jan 2018	
	See also objectives 2,4					

## Objective 2 – Service Development & Improvement

**Statement:** *implement a clinically safe and sustainable model of service delivery supported by agreed clinical standards across the south and east of Scotland*

Outcome	Deliverables	Timescale		Risks and actions to manage	Progress	How will we know there is an improvement?
			Lead		March 2019	
A sustainable 24/7 forensic examination service across the region that includes an out of hours rota.	2a Complete:	April 2017 and ongoing	MCN Manager/MCN Clinical Lead	Lack of CSA trained clinicians  Gaps in OOH rota  Mitigate by work force planning, succession planning, recruitment and training. Engagement with clinical leads of services  Mitigate by managing gaps in OOH rota	May 2015 -73% of regional OOH rota completed  May 2016- 82% of regional OOH rota completed  March 2017 90% of regional rota completed  March 2018?  CSA trained doctor available each week day	Information gathered from using the data collection forms will show progress of availability of the service.  Audit results using the agreed data set within the performance assessment framework.  Service user satisfaction surveys and feedback mechanisms.
	<ul style="list-style-type: none"> <li>The CSA service in hours functions at a health board level with regional support for gaps. The out of hours service is mainly regional, covered by NHS Lothian</li> <li>Acknowledge that it will be a functional changeable rota.</li> </ul>					



	<p>2b Complete:</p> <ul style="list-style-type: none"> <li>Acute/community paediatricians with at least level 3 training undertake child protection examinations (not CSA) in each health board area, supported by level 4/5 paediatricians</li> <li>Encourage attendance and active participation of multi agency partners in steering group meetings</li> </ul>	April 2017 and ongoing	MCN Manager/ MCN Clinical Lead	<p>Provision of appropriate training and awareness</p> <p>Recruitment, succession planning. Engagement with clinical leads of service</p>	<p>Recruitment process commenced NHS Fife for Lead child protection doctor May 2015, post re-advertised March 2016. Unsuccessful recruitment to this post. -</p> <p>Secondment of MCN clinical lead to NHS Fife arranged April 17- March 2019, with regional discussion about longer term plan</p> <p>Update public area of website with information about the work of MCN</p> <p>Newsletter to be published Spring 2018</p>	Feedback from stakeholders such as the police , social work and Forensic Physicians
		Before May 2018	MCN Manager	<p>Sarah Tait to arrange meetings with individual members of the other participating agencies. Look at agenda items they would like to bring for</p>		

Support and engage with multi agency partners in taking forward the development of the MCN				discussion at Steering group.		
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## Objective 3 – Service User Involvement

**Statement:** *promote the involvement of children, young people and their families within this area, establishing methods and facilitating development of appropriate forum/s.*

Outcome	Deliverables	Timescale		Risks and actions to manage	Progress March 2019	How will we know there is an improvement?
			Lead			
The service is developed in accordance with the wishes and needs of children, young people and their families.	3a Support the use and analysis of data from feedback from parents/carers. Joint project with Children1 <sup>st</sup> completed in February 2016 and implemented	February 2016	MCN Manager/MCN Clinical Lead	Lack of engagement of stakeholders.	1. Play specialist now implemented in NHS Lothian 2. Pre examination parent/child leaflet developed and rolled out to all 3 NHS boards. 3. Post examination leaflet implemented in all 3 NHS Boards	Service user feedback through questionnaires
	3b. Further audit of recommendations from Children 1 <sup>st</sup> project that have been implemented in NHS Lothian, 6 months after	Before March 2019	MCN Manager	Lack of engagement of stake holders  Timing of move to new	Child friendly forensic examination suite in new RHSCE	

	move to new hospital			RHSCE		Attendance and participation at Steering group meetings
	3c. Easy access for children, young people and their families to tools to enable a clear understanding of the objectives and standards of the MCN	October 2018	MCN Manager	Time to complete  Lack of available links to service users	Update public area of MCN website.	
	3d. Roll out recommendations to NHS Borders and NHS Fife	Before March 2019	MCN Manager	Lack of engagement of stake holders		
	3e. Continue to engage with Third Sector organisations around service user feedback	May 2018	MCN Manager	Lack of engagement of stakeholders.	Engage with Barnado's and Children 1 <sup>st</sup> - Sarah to organise meeting out with Steering group	

## Objective 4 – Standards & Performance Assessment

**Statement:** *devise and implement a performance assessment framework based on established and evidence based standards.*

Outcome	Deliverables	Timescale		Risks and actions to manage	Progress March 2019	How will we know there is an improvement?
			Lead			
There will be a measurable increase in the quality of service given to children, young people and their families.	4a Established system for CSA collection. Delay data needs to continue to be monitored	Each quarter	MCN Manager	Lack of engagement of clinicians and admin staff  Mitigate by personal contact	Clinicians and admin staff collect data. Audit forms include reasons for examination delays and are discussed at Peer review. Findings reported at each MCN Steering group meeting.  Liaise with Police Scotland about issue processes including delays.	MCN database reports  Audit results  Service user surveys  Stakeholder feedback questionnaires
		March 2018	MCN Manager			

	4b Collect National child protection data set with the other child protection MCNs to support audit, research and quality assurance.	Each Quarter	MCN Clinical Lead/MCN Manager	Lack of engagement of 3 MCNs and clinicians.	Data collection commenced January 2017	
		February 2018	MCN Manager	Mitigate by regular 3MCN meetings and personal contact	1 <sup>st</sup> 2 regional quarters of data have been discussed at COEG and Steering group meetings  Collate annual data for presentation to Steering Group	
	4c Undertake audits and provide annual statements in relation to the Standards of Service Provision and Quality Indicators for the Paediatric Component of Child Protection Services in Scotland	March 2018	MCN Clinical Lead/ MCN Manager	Lack of admin time.  Lack of collection of data.  Lack of engagement from stakeholders  Mitigate by engaging with NHS Boards	Standards have been issued to Lothian, Borders and Fife Executive Leads for  Child protection and Lead Paediatricians for Child Protection-Sept 2017  Audits and statements for year Jan-Dec 2017 to be provided by Lead Paediatrician in each health board by March 2018.	

## Objective 5 – Learning and Development

**Statement:** Learning and Development: *agree standards and a programme for training, support, supervision and peer review for clinicians that meet the standards.*

Outcome	Deliverables	Timescale		Risks and actions to manage	Progress March 2019	How will we know there is an improvement?
			Lead			
<p>The workforce involved in paediatric forensic examinations are trained, competent and skilled with agreed PA time in job plans</p> <p>Forensic Physicians are trained in CSA</p>	<p>5a Continue to Implement the Education &amp; Training pathway for medical staff.</p> <p>Ongoing evaluation of training needs and provision of relevant sessions.</p>	May 2018	MCN Clinical Lead/MCN Manager	<p>Lack of engagement with clinicians.</p> <p>Lack of attendance at peer review, record attendance.</p> <p>Lack of clinical examinations available to individual clinicians</p>	<p>Clinical Operational and Educational Group for Child Protection continues to meet quarterly.</p> <p>Attendance recorded at CSA peer review and number of examinations per clinician, information available on MCN website</p> <p>Level2&amp;3 competencies in child protection for paediatric</p>	<p>Audit results using the agreed data set within the performance assessment framework.</p> <p>Attendance record</p> <p>Increased capability and capacity of CP Paediatric Consultant workforce</p> <p>Attendance at courses and evaluation of courses</p>

				<p>Lack of attendance at courses, funding.</p> <p>Mitigate by providing timely information on courses and cost effective training</p>	<p>doctors in training now established as part of the training programme</p> <p>Child protection education and training pathway for medical staff working in paediatric, emergency &amp; general paediatric settings developed.</p> <p>Training needs analysis of level 3 competencies for each Health Board area – Fife completed</p> <p>Planned training events</p> <ul style="list-style-type: none"> <li>• Fabricated illness/induced illness – April 2018</li> <li>• Emotional abuse and neglect</li> <li>• Report writing</li> <li>• 2 day CSA course</li> </ul>	
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	<p>5b Job plans of clinicians under taking child protection examinations to include adequate CP supervision, peer review and education &amp; training time</p> <p>Consistency in number of sessions committed to child protection relative to childhood population of each health board</p>	May 2018	MCN Clinical lead/Lead Paediatrician for each health board	<p>Lack of engagement with stake holders</p> <p>Mitigate with engagement with stakeholders</p>	<p>Discussion around consistency re job plans to be discussed with Lead Paediatricians in all 3 health boards.</p> <p>Further discussion re consistency of number of child protection sessions per health board with clinical management.</p> <p>Develop guidance for the provision of clinical supervision for doctor's involved in child protection</p>	Attendance record of training courses/peer review
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## Objective 6 – Clinical Protocols

**Statement:** *to develop and implement common protocols/pathways/proformas across the region*

Outcome	Deliverables	Timescale		Risks and actions to manage	Progress	How will we know there is an improvement?
			Lead			
Reduction of risk to the quality of care through standardised protocols across the region.	6a Embed the existing MCN portfolio of standards and protocols and ensure their timely reviews.	Ongoing	MCN Clinical Lead/MCN Manager	Lack of engagement of clinicians and admin staff. Mitigate by personal contact	Protocols reviewed for 2016  Ongoing review	Audit results using the agreed data set within the performance assessment framework.  Peer Review
	6b Develop new MCN protocols such as:  <ul style="list-style-type: none"> <li>• Multi-agency bruising</li> <li>• Radiology imaging</li> <li>• Compromised consent</li> <li>• Responding to risk taking behaviour in children/young people in Emergency department/Paediatrics</li> </ul>	ongoing	MCN Clinical Lead/MCN Manager	Lack of engagement of clinicians. Mitigate by personal contact and wider consultation	Regional meeting with radiological colleagues October 2017 re new Royal College of Radiology guidance for "Radiological investigation of suspected physical abuse in children". Actions agreed and further meeting in Jan 2018  Multi agency bruising pathway implemented in Borders, Ongoing in Fife and Lothian- Implement by end 2017	

## Objective 7 – Facilities and Equipment

**Statement:** *agree and establish common facilities requirements and implement across the region*

Outcome	Deliverables	Timescale		Risks and actions to manage	Progress	How will we know there is an improvement?
			Lead			
Reduction of risk to the quality and safety/security of evidence gathered.	7a. Regional replacement of equipment for examinations that is fit for purpose	Feb 2015 and ongoing	MCN Clinical Lead/MCN Manager	Risk to security of data with current equipment	Caldicott approval from HBs for current practices in relation to data storage until equipment upgraded	Audit of facilities  Improved security of sensitive images
	7b. Regional provision that allows safe and secure storage of sensitive images			CMO Taskforce does not solve this issue  Needs an agreed funding stream.	Option appraisal, presented to steering group May 2016, Police Custody group CYPHSG  Agenda item on Facilities subgroup of CMO taskforce.  Update from CMO Taskforce for steering group meeting on 27 <sup>th</sup> March 2018	

		March 2018	MCN Manager and Clinical lead		Summary of equipment, including age, site of equipment	
		March 2018	MCN Manager		<p>'Healthcare and Forensic Medical Services for People who have Experienced Rape, Sexual Assault or Child Sexual abuse: Children, Young People and Adults' Standards from HIS(draft, 2017) refer to equipment used for forensic medical examinations need to comply with national standards, specifications and guidelines. Colposcopes are available, monitored, maintained, and up to date and comply with national specifications.</p> <p>Provision of new facility at RHSC including Mediscan colposcope in 2018. Facility will be child friendly and forensically clean</p>	

## Objective 8 – Workforce

**Statement:** *explore workforce issues, including recruitment and retention problems and the development of a specialist workforce, with the aim of sustaining a safe model of service in the long term.*

Outcome	Deliverables	Timescale		Risks and actions to manage	Progress March 2019	How will we know there is an improvement?
			Lead			
8a. Enable Staffing levels throughout the region to provide a wider child protection paediatric forensic examination service that meets and exceeds current standards.	8a Provide training and support to all groups of clinicians.	May 2018	MCN Clinical lead / Lead paediatricians and Line managers for each HB	Issues linked to wider consultant paediatrician workforce issue.  Engagement with clinical leads re workforce and  Succession planning.  Work with Scottish Government and other	Secondment of MCN clinical lead to NHS Fife commenced April 2017, for 1 year  Undertake job planning diary exercises in each HB to identify all types of DCC/SPA child protection work. Further discussion around consistency for this across HBs	Agreed number of PAs for child protection work in each HB relative to population  Successful recruitment and retention

				Child Protection MCNs to identify common issues and solutions to Child Protection medical workforce.		
8.b Expert advice available for senior Child Protection clinicians	<p>Interregional Complex Child Protection forum</p> <p>Mentorship for senior clinicians</p> <p>Final evaluation report to inform future planning</p>	Spring 2015	MCN manager linking with 2 other MCN managers	<p>Key stakeholders not engaged or supportive with process.</p> <p>Establish robust consultation process and good working relationships</p>	<ul style="list-style-type: none"> <li>• Learning points collated and action plan completed by 3 MCNs May 2016</li> <li>• Agreed continuation of complex forum</li> <li>• Repeat audit of the Forum</li> </ul>	<p>Evaluation of Complex Child protection Forum</p> <p>Audit</p>
8.c Play specialist support for CSA examinations available	Play specialist support is available for all CSA examinations within the region	November 2017	MCN manager	<p>Lack of engagement and support from key stakeholders.</p> <p>Mitigate by identifying risks and communicate with key managers.</p>	<p>Play specialist established to attend planned clinical and some examinations out with clinic times in NHS Lothian.</p> <p>Explore options from NHS Lothian experience and share with other boards.</p>	<p>Patient/carer feedback</p> <p>Feedback from Clinicians</p>

