

# WELSH HEALTH CIRCULAR



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

Parc Cathays  
Caerdydd CF10 3NQ

Cathays Park  
Cardiff CF10 3NQ

**Issue Date: July 2002**

**Status: Action**

**Title: Welsh Assembly Government's Response to the Carlile Report into the Review for Children and Young People Treated and Cared for By the NHS in Wales**

**For Action by:** See attached list

**Action required** *See paragraph(s) : 4*

**For Information to:** See attached list

**Sender:** Mr Peter Lawler, Family Health Branch

**National Assembly contact(s) :** Mrs Megan Hopkins (029) 2082 5660 or Mr Neil James (029) 2082 3043

**Enclosure(s):** Background Paper, Welsh Assembly Government Response and Action Plan Proforma

Tel: 029 20825111 GTN: 1208  
Llinell union/Direct line: 029 20825840  
Ffacs/Fax: 029 20823666  
Minicom: 029 20823280  
<http://cymruweb.wales.nhs.uk>

# **Welsh Assembly Government Response to the Carlile Report into the Review for Children and Young People Treated and Cared for By the NHS in Wales**

Dear Colleague

## **1. Purpose**

- 1.1 This circular provides you with the Welsh Assembly Government's response to the Carlile Review and details of the arrangements for monitoring progress towards the response.

## **2. Background**

- 2.1 The Carlile Review was published on 5 March 2002. The Report was produced by a multi-disciplinary Panel chaired by Lord Carlile of Berriew QC. The Panel was established by the Minister of Health and Social Services in September 2000 to consider the safeguards for children and young people treated by or cared for by the NHS in Wales.
- 2.2 The Review was established because allegations of abuse at an NHS child and adolescent mental health establishment was made to the North Wales Tribunal into the abuse of children in the care of local authorities. The Tribunal was not able to consider these allegations fully as they fell outside its terms of reference. The terms of reference of the Review required the Panel to conduct a wide policy review of safeguards in the NHS in Wales and not restrict themselves to child and adolescent mental health.
- 2.3 The Report contains 150 recommendations for improving standards and increasing safeguards for children and young people in Wales. The recommendations are aimed at the Welsh Assembly Government, health authorities, NHS trusts, local health groups, contractor professions as well as partner agencies in social care.
- 2.4 The Report rightly starts with children's rights and at the centre of the Report is the need to put children and their safety at the heart of the NHS whenever they may need to come into contact with it. It recognises the need to ensure that everyone who has contact with children and their treatment needs to be alert to the rights of the child and is alert to the possibility of abuse. The Report takes the view that developing a culture of awareness throughout the NHS will be the best possible way of protecting young patients.
- 2.5 The report identifies that first and foremost it is essential it is important to recruit appropriately trained staff to provide health care for children in a safe environment. It therefore makes recommendations to strengthen human resource policies throughout the NHS in Wales. It recognises the need for rigorous recruitment policies as well as endorsing the need for proper well-defined policies for handling whistleblowers, disciplinary procedures and support for those against whom allegations have been made. It also emphasises the need to have sufficient numbers of staff in key posts.

- 2.6 The report also makes recommendations with regard to hospital and specialised medical care. It builds on the Kennedy Report into the Bristol Royal Infirmary and makes recommendations in a number of areas such as accident and emergency departments and the treatment of under 18 year olds on adult wards.
- 2.7 Most sick children are not admitted to hospital for treatment however. Their contact with the NHS is via the family doctor, health visitor, school and practice nurse, dentist and optician. The Report makes recommendations that will increase awareness of child protection in these professions. The report recommends that the role of the school nurse is strengthened and that proper career paths are developed.
- 2.8 The needs of those young people who are especially vulnerable are considered in the Report. This includes those with mental health problems, children cared for away from their homes and those in secure settings. The Report makes a number of recommendations to ensure that these vulnerable groups have access to good quality health care. The Report draws lessons from the child and adolescent mental health unit that was the subject of allegations to the North Wales Tribunal.
- 2.9 The Report makes recommendations with regard to the sharing of information and confidentiality, to ensure that the best interests of the child are always served.

### **3. Response**

- 3.1 The Welsh Assembly is committed to ensuring that children and young people are safe wherever and whenever they are treated by the NHS in Wales. Attached is its response to the Carlile report. In general terms the Welsh Assembly Government accepts all the recommendations contained in the Report. It recognises that some of the recommendations can be implemented within existing budgets while others will require new funding and therefore might take rather longer to implement.

### **4. Next Steps**

- 4.1 Having now identified the measures that need to be in place to ensure that children are properly safeguarded, it is considered that the next step is to determine those that are already in place. In this manner it will be possible to identify areas that need strengthening.
- 4.2 You are therefore asked to consider each recommendation and the responses and identify what measures you have in place to meet those that relate to your organisation. You are also asked to develop an action plan indicating the how identified weaknesses will be tackled.
- 4.3 You are required to forward both these documents to this office no later than 30 September 2002 and should be addressed to:

Megan Hopkins  
Family Health Branch  
Primary & Community Health Division  
NHS Wales Department  
Cathays Park

Cardiff  
CF10 3NQ

4.4 A template for completion is attached. While all 150 recommendations are included in the template, I am aware that not all the recommendations will relate to your organisation. Please mark those that fall into this category as 'not applicable'. While I would ask that you use the template as a basis for a response and address the issues raised, please add more information if you think that it is relevant. We will be seeking feedback on progress from you in February 2003 to permit the Minister to make her annual report to the Welsh Assembly on the measures that are in place to safeguard young patients.

## **5. Further information**

5.1 Further copies of the Carlile report can be obtained from Neil James (029) 2082 3043.

5.2 If you would like further information about the Welsh Assembly Government's response, contact me on (029) 2082 5303 or Megan Hopkins on (029) 2082 5660.

**Family Health Branch**

**Peter Lawler**

## **WHC (2002) 84**

### **DISTRIBUTION LIST**

#### **For Action By:**

Chairs and Chief Executives of Health Authorities  
Chairs and Chief Executives of NHS Trusts  
Chairs and General Managers of Local Health Groups  
Directors of Social Services  
NHS Direct

#### **For Information**

All Wales Forum for Nurses in CAMHS  
All Wales Health Care Professionals  
All Wales Medicines Committee  
All Wales Medicines Strategy Committee  
All Wales Principal Pharmacists  
All Wales Trust Chief Executives  
Association of Directors of Social Services  
Association for the Welfare of Children in Hospital  
Association of Welsh Community Health Councils  
Audit Commission  
British Dental Association in Wales  
British Medical Association (Wales)  
Centre for Health Leadership  
Designated Doctors and Nurses  
Medical Directors  
Centre for Health Informatics  
Chartered Society of Physiotherapists  
Chief Constables in Wales  
Children in Wales  
Clinical Governance Leads  
Community Health Councils in Wales  
Community Pharmacy Wales  
Contact a Family  
Department of Health  
General Dental Council  
Home Office (Criminal Records Bureau)  
IHSM Welsh Division  
Institute of Rural Health  
Local Research Ethics Committee  
Multi Research Ethics Committee  
Named Doctors and Nurses  
NHS Confederation Wales  
Northern Ireland Assembly  
Patients' Association  
Royal Colleges Wales (Speech & Language Therapists, Health Visitors,  
Anaesthetists, Physicians, Nursing, General Practitioners, Surgeons, Paediatrics and

Child Health, Obstetrics and Gynaecology, Psychologists Psychiatrists, Radiologists,  
Ophthalmologists)  
School of Health Science, University of Swansea  
Scottish Executive  
Specialised Health Services Commission for Wales  
University of Wales College of Medicine  
UKCC  
Wales Association of Community and Town Councils  
Wales Council for Voluntary Action  
Wales TUC  
Welsh Blood Service  
Welsh Dental Committee  
Welsh Consumer Association  
Welsh Executive, Royal Pharmaceutical Society of Great Britain  
Welsh Local Government Association  
Welsh Medical Committee  
Welsh Pharmaceutical Committee  
Welsh Scientific Committee  
Welsh Women's Aid

## THE WELSH ASSEMBLY GOVERNMENT'S RESPONSE TO THE CARLILE REPORT

In the response below, where a recommendation can be funded out of existing resources it is shown as *accepted*, where extra resources are required the recommendation is shown as *accepted in principle* and these will be considered as part of the budget planning round.

### Recommendations re Children's Rights, Advocacy and Complaints

This series of recommendations covers children's rights, advocacy and complaint procedures. These recommendations will feed into the current review of the NHS complaints procedures.

Rec no.	Narrative	Welsh Assembly Government Response
1.	We recommend that all staff having access to children should be trained to a full understanding of children's rights and an appropriate level of awareness of the needs of children and that they should be required by their employers, as a matter of specific contractual obligation to respect and apply those rights rigorously.	Accepted in principle: Training for all staff with access to children should include an awareness of children's rights and awareness of needs. This is already included in relevant pre and post registration education and training and within induction programmes for all staff. The Welsh Assembly Government will discuss this with providers. There will need to be a clear focus on training objectives and priority areas as there are 41 rights in the UN Convention.
2.	We recommend that there should be competent, independent, trained, accessible, informed and funded children's advocates available to all children in the NHS.	Accepted in principle: The Welsh Assembly Government is currently reviewing complaints procedures in both the NHS and in Social Services. This includes consideration of the need for and the role of independent advocacy for children.  We will also consider the interface of advocates with patient support officers.
3.	We recommend that every NHS establishment should display prominently in foyers, waiting areas and resource areas notices containing information about how to contact a representative selection of crisis and advice organisations and advocacy services.	Accepted: Posters for organisations such as Child Line should be displayed and this will be drawn to the attention of the NHS.
4.	We recommend that all children's advocates and those running advocacy organisations should be police checked.	Accepted: Agree that all children's advocates should be subject to Criminal Records Bureau checks. They will have substantial, unsupervised access to children.

5.	We recommend that advocates should generally be allowed to see children in private, and also to introduce themselves in wards and explain their roles direct to patients and families.	Accepted in principle (as per recommendation 2): Advocates will be most effective if they are pro-active.
6.	We recommend that advocacy services should always be made available for children with communication, language or sensory difficulties and disabilities.	Accepted in principle (as per Recommendation 2):  Children with difficulties in communication can be most in need of advocacy.
10.	We recommend that the National Assembly for Wales should develop a complaint procedure specifically for children and young people and their families, that is accessible and child friendly.	Accepted: The Welsh Assembly Government recognises the need to ensure that the NHS complaints procedure needs to be accessible to children and young people. Whilst children are not specifically referred to within the current review of the NHS complaints procedure, any changes proposed as a consequence of the review will encompass children, ethnic minority, disability and the marginalised within society. That is why the Welsh Assembly Government has made the recent consultation process as comprehensive and inclusive as possible.
11.	We recommend that NHS complaints procedures should be strengthened, with each NHS body to identify a senior person with specific responsibility for handling cases of professional abuse.	Accepted: Allegations of abuse whether made through complaints procedures or otherwise should be handled through ACPC procedures based on <i>'Working together to safeguard children - a guide to inter-agency working'</i> . The senior person recommended could ensure that this was the case. All ACPCs in Wales have together developed a common framework for their procedures.  The Welsh Assembly Government has published (February 2000) a <i>'Practice Guide to Investigate Allegations of Abuse against a Professional or Carer in relation to Children Looked After'</i> . The guide was developed to address cases of professional abuse in social service settings. It is due to be reviewed and we will consider expanding and developing it to cover health settings.
12.	We recommend that all NHS Trusts and Local Health Boards should appoint a children's complaints officer to act in the best interests of the child.	Partial Acceptance in principle: This is an issue that will be considered as an option within the review of the NHS complaints process in Wales. Consideration will be given to whether there could be sharing of the post across providers as the post holder will need to be trained and focused in children's issues.



		<p>There may be scope for considering whether this role might fall to the new complaints advocates and / or patient support officers, but only after a period of evaluation to see if this extended role was practicable and realistic.</p> <p><i>(Note that these advocates would be quite separate from the children's advocates referred to above, and their role would anyway be subject to evaluation).</i></p>
16.	We recommend that the National Assembly should produce and disseminate effectively two new NHS ' <i>children's charters</i> ', one aimed at parents and the other at the older range of children themselves.	<p>Accepted in principle: Such charters would set out the principles to be adopted by the NHS in their dealings with children and young people and will need to involve them in the development of these charters.</p>
111.	We recommend that a consistent set of policies should be developed on the funding of trained interpreters independent of the clients for ethnic minority communities.	<p>Accepted in principle: This has implications for all agencies and should be considered on an inter-agency basis.</p>

#### Recommendations re Governance and Inspections

This series of recommendations covers procedures for dealing with allegations, compliance with standards, leadership and inspection

Rec no.	Narrative	Welsh Assembly Government Response
24.	We recommend that guidance is issued to the NHS that makes it clear how best to harmonise the procedures on child protection, untoward incidents, clinical governance and discipline in cases of alleged abuse.	<p>Accepted in principle: We are committed to looking at how we can work together across agencies to ensure a coherent approach to these issues.</p> <p>Clinical Governance is fundamental in our approach to the continuous improvement of the services provided by the NHS in Wales and is key to very many of the recommendations in Carlile.</p> <p>We welcome the establishment of the National Patient Safety Agency (NPSA) which reinforces the continuing culture change which is taking place in the NHS, not only in Wales, but throughout the UK. The NPSA will have a significant role to play in creating a learning environment where the emphasis is on improvements through learning and not blame.</p>

		<p>It will operate at arms length from the Welsh Assembly Government and the Department of Health and will provide unfettered analysis and advice to the NHS on sentinel events.</p> <p>The Welsh Assembly Government is looking forward to establishing a working relationship with the NPSA in the near future. Currently, the Welsh Assembly Government and NHS Wales is working with the NPSA to develop and pilot the new national reporting system. The Welsh Assembly Government is also supporting a secondee from the NHS Wales to project manage implementation in Wales, and service-led project board is overseeing and steering this development work and will provide expert advice to the Welsh Assembly Government on clinical risk management operational issues.</p>
25.	<p>We recommend that the National Assembly for Wales and the NHS should agree a structure and process for managing serious untoward incidents and events and the role that the National Assembly will play.</p>	<p>Accepted in principle: We are totally committed to ensuring that we have a process and structure in place for managing such incidents in Wales. We have set up an NHS led Project Board to oversee and advise the Welsh Assembly Government on the key issues that will need to be considered in order to establish a clinical adverse event reporting system in Wales.</p> <p>The fundamental principle of the Patient National Safety Agency's work is to reduce the number and nature of clinical incidents that cause unintended harm to all patients including children. It is going to do this by collecting information from <i>across</i> the NHS, analysing it and feeding it back to the NHS. In this way, health professionals can learn from the mistakes of other colleagues - no matter where the mistake occurred.</p> <p>The Welsh Assembly Government is taking a full and active part in the setting up and design of this process by supporting and facilitating the NHS Wales' participation in the national pilot work to define and test the standards. The work of the All Wales Project Board and the outcomes of the national pilot will help inform policy decisions about the processes, roles and</p>

		<p>responsibilities required within the Welsh Assembly Government and the NHS Wales to underpin a comprehensive reporting system that maximises opportunities for learning from adverse clinical incidents.</p> <p>In addition the Welsh Assembly Government is taking forward the following work in the coming year which will have relevance for all agencies dealing with children.</p> <ul style="list-style-type: none"> <li>• The Practice Guide on investigating allegations of abuse is to be reviewed.</li> <li>• Guidance to be issued on the conduct of major investigations.</li> <li>• Protocol to be developed on information sharing.</li> </ul>
28.	We recommend that procedures for investigating and responding to allegations made by children and their families against NHS staff should be balanced and fair and recognise the differing positions of children and families. Guidance be reviewed on procedures for dealing with complaints against NHS staff relating to children.	<p>Accepted:</p> <p>This recommendation will be considered as part of the introduction in April 2003 of a new NHS complaints procedure. As similar issues occur in other services the opportunities for joint working will be explored. As stated above in recommendation 25 the Practice Guide on investigating allegations of abuse is to be revised.</p>
40.	We recommend that all trust and local health boards undertake an annual review of safeguards for children based on an audit of compliance with child protection procedures. This information should be made available to the Director of the All Wales NHS Child Protection Unit to identify training needs and assist with monitoring the implementation of the child protection policy in the NHS in Wales.	<p>Accepted in principle:</p> <p>We will advise all Trusts and LHBs to undertake an annual review of safeguards for children based on an audit of compliance with child protection procedures with the information being made available to the Director of the All Wales NHS Child Protection Unit as suggested. We will then approach the Commission for Health Improvement to ask them to write in into their processes of inspection of individual trusts.</p>
62.	We recommend that the Welsh Risk Management Standards are amended to take account of the recommendations of this report.	<p>Accepted:</p> <p>The Welsh Risk Management Standards are subject to annual review and update. The findings of the Carlile report will be incorporated into this review process.</p>
63.	We recommend that all clinical directors, managers and operational level leaders should have sufficient protected time away from their continuing professional responsibilities in order that they can be expected to perform their management and leadership duties well.	<p>Accepted in principle:</p> <p>This principle should be accepted and implemented into everyday policies of employers.</p> <p>Welsh Assembly Government will issue clear guidance on this issue.</p>
74.	We recommend that the standards advocated by the Association for the	<p>Accepted in principle:</p> <p>We recommend that all Trusts and LHBs</p>

	Welfare of Children in Hospital are audited in every hospital on a regular basis.	<p>undertake an annual review of safeguards for children based on an audit of compliance with child protection procedures. This should be extended to cover the standards advocated by the Association of the Welfare of Children in Hospital.</p> <p>This information should be made available to the Director of the All Wales NHS Child Protection Unit to identify training needs and assist with monitoring the implementation of Child Protection policy in NHS Wales.</p>
104.	We recommend that all clinical directors, managers and operational level leaders should have leadership and management training and a requirement to undertake CPD in these areas.	<p>Accepted in principle: Centre for Health Leadership Wales continues to develop such programmes for leadership and CPD for all managers at all levels in the NHS. This should be brought to the attention of all managers. Welsh Assembly Government will issue clear guidelines on the necessity of managers to undertake relevant CPD activities. The RCN has been commissioned to run Positive Influencing Skills Leadership Workshops for Nurse Executives, multi-professional Leadership programmes and Clinical Leadership programmes.</p>
105.	We recommend that all board members of NHS organisations should receive child protection training; and that both executive and non-executive members of the boards of NHS bodies should hold responsibility for child protection issues, with regular reporting to the full board as part of their function.	<p>Accepted in principle: A centrally funded programme of induction training for newly appointed non-executive directors has been established by the Health Leadership Centre for Wales. Issues of child protection should be included in this. There is a role for Area Child Protection Committees in overseeing the delivery of appropriate training.</p> <p>Welsh Assembly Government will issue guidance in this area.</p>
119.	We recommend that inspection arrangements between different types of establishment should be rationalised, to produce more consistent standards.	<p>Accepted: The relevant inspection bodies will explore and put forward proposals for consideration by the Welsh Assembly Government.</p>
135.	We recommend that the Care Standards Inspectorate for Wales should be given responsibility for regulating and inspecting all NHS inpatient child and adolescent mental health units following the same principles as those for the regulation of residential child care facilities.	<p>We will consider how the Commission of Health Improvement and the Care Standards Inspectorate can work closely together to ensure a consistent approach.</p>

This series of recommendations cover the contractor services in the NHS; GPs dentists, optometrists and pharmacists.

Rec no.	Narrative	Welsh Assembly Government Response
23.	We recommend that Local Health Groups and their successor bodies should be required to ensure that all single handed GPs keep up to date on child protection issues through networking with similar practices and joint training initiatives: each practice should be required to provide evidence of child protection procedures.	<p>Accepted in principle: General Practitioners have to be up to date on child protection.</p> <p>a. In order to ensure that appropriate safeguards are in place for children being seen and treated by the practice; and b. So that diagnosis of child abuse is not missed.</p> <p>We will make suitable arrangements and keep BMA (General Practitioners Committee Wales) informed.</p> <p>The recommendation applies to all GPs not just single handers and appropriate links need to be made with Area Child Protection Committees.</p> <p>Similar consideration will be made for other contractor professions in the NHS (dentists, optometrists and pharmacists) for this and the other recommendations in respect of contractor professions.</p>
58.	We recommend that, within 6 months of the publication of this Report, every GP practice in Wales should have written basic procedures for dealing with child protection issues, and that there should be a nominated lead practitioner in each practice on child protection issues.	<p>Accepted in principle: We shall discuss implementation arrangements with GPC (Wales).</p> <p>Procedures should accord with local Area Child Protection Committee procedures.</p>
59.	We recommend that all optometry practices should develop written child protection procedures and relevant training, and that connected aspects of clinical governance should be provided or led by Local Health Boards and as with all other primary care staff they should be police checked before they can work with children.	<p>Accepted in principle: Optometrists should keep up to date on child protection and have appropriate procedures and the Welsh Assembly Government will discuss this with their representatives. Such staff should be subject to appropriate checks with the Criminal Records Bureau. Procedures should accord with local Area Child Protection Committee procedures.</p>
97.	We recommend that there should be a child protection component in GP training and that continuing professional development co-ordinators should bring greater focus to bear on child protection.	<p>Accepted in principle: This is recognised as good practice and the Welsh Assembly Government will work with appropriate training agencies to ensure the implementation of such practices.</p>
		<p>There is a role for Area Child Protection Committees in overseeing the delivery of appropriate training.</p>

98.	We recommend that all GPs out of hour's services have written child protection protocols and provide training for their staff on this issue.	<p>Accepted in principle:  Out of hours services should have appropriate child protection protocols and training. Such out of hours services are being considered as part of the GP contract re-registration, and we will arrange implementation and keep BMA (GPC Wales) informed.</p> <p>Any such protocols should accord with the local Area Child Protection (ACPC) procedures. The ACPC will have a role in overseeing any training.</p>
112.	We recommend the provision of increased payments to enable GPs to attend case conferences, and the timing and location of case conferences should be more sensitive to the particular circumstances of GPs; and that at the very least it should be mandatory to send a report.	<p>Accepted in principle:  GPs should play a full role in child protection procedures. There are practical problems with this recommendation but not insurmountable ones. For example, all changes to the payments to GPs need to be done in consultation with the BMA (GPC Wales). We will consult with GPC Wales as to how best to take forward these recommendations.</p> <p><i>'Working Together'</i> states that: "Because of their knowledge of children and families, GPs (together with other Primary Health Care Team members) have an important role in all stages of child protection processes, from sharing information with social services when enquiries are being made about a child, to involvement in a child protection plan to safeguard a child. GPs should make available to child protection conferences relevant information about a child and family, whether or not they - or a member of the PHCT - are able to attend".</p>
131.	We recommend that local health boards should monitor the performance of GPs in relation to child protection as an element of clinical governance.	<p>Accepted in principle:  This should be taken forward under the new Performance Management Framework in respect of LHBs.</p>

133.	We recommend that GPs and general dental practitioners who fail to introduce sufficient arrangements to deal with child protection issues should be regarded by their registration bodies as failing appropriate tests of good performance.	<p>Accepted:</p> <p>This recommendation will be put to the appropriate registration bodies. <i>'Working Together to Safeguard Children'</i> sets out the roles and responsibilities of GPs and other members of the primary health care team in child protection.</p> <p>Local ACPCs should be able to play an advisory role in the development of child protection policies by contractor professions. All agencies are encouraged to seek the advice of ACPCs in developing their child protection procedures.</p>
------	---	--

### Community Services

This series of recommendations covers those NHS services provided in the community.

Rec no.	Narrative	Welsh Assembly Government Response
38.	We recommend that designated professionals should be appointed in each area to take a strategic lead in the provision of health services for looked after children.	<p>Accepted in principle:</p> <p>This recommendation will be considered as part of the establishment of a public health service in the NHS re-organisation. Guidance on the health of looked after children will be published in Summer 2002.</p>
49.	We recommend that the formal partnership between the Prison Service and the NHS is used to promulgate the improvements in child protection identified in this review.	<p>Accepted:</p> <p><i>'Working Together'</i> recognises the role of the Prison Service in child protection. Prisons and youth detention centres should be represented on Area Child Protection Committees where appropriate. Chapter 3 of <i>'Working Together'</i> sets out the responsibilities of the Prison Service.</p> <p>As is recognised in the report, this recommendation is not directly under the Welsh Assembly Government's control. There are currently no women's prisons in Wales. This recommendation will have to be taken forward in collaboration with the Department of Health, the Home Office and the Prison Service through the Prison Health Policy Unit and the Prison Health Task Force. Discussion on enforcing child protection standards will need to be woven into the developing strategic plans in this group.</p>

53.	We recommend that all allied health professionals working in the paediatric field wherever possible have permanently designated paediatric posts and be trained in Child Protection issues.	<p>Partial Acceptance in principle: The relevance of AHPs having permanently designated paediatric posts is recognised and where appropriate this should be the aim.</p> <p>However there are some situations where AHPs, because of numbers, have to work across client groups and specialities and therefore would not be exclusively paediatric. When this is the case then those staff concerned must have undertaken appropriate training in issues specific to children, including Child Protection issues.</p> <p>There is also a need to provide opportunities for junior staff to gain experience in working with children and therefore rotational posts (for 6 - 12 months) should be considered where appropriate.</p> <p>Appropriate training should be included in induction programmes for all AHP staff when they commence working with children.</p> <p>Regular update training should also be undertaken by all staff on a regular basis.</p> <p>HA/LHBs should work with training officers, education providers ACPCs and Welsh Assembly Government to ensure that appropriate training is available.</p>
60.	We recommend that NHS Direct Wales should always have on duty at least one appropriately qualified person to deal with children's issues.	<p>Accepted in principle: Recruitment strategy will focus on increasing the number of appropriately qualified paediatric nurses. Operating policy development required to ensure optimal efficiency. As there is already a shortage of children's nurses this will lead to training costs.</p>
116.	We recommend that it is essential that looked after children can be identified by the NHS, wherever they are.	<p>Accepted: New guidance on the health of looked after children will shortly be issued and will remind local authorities of their responsibility to inform health authorities of the location of children (Regulation 5 of the Placement of Children (General) Regulations 1991).</p>



117.	We recommend that there should be specific training in the needs of looked after children for all interested professional groups such as teachers and health professionals, and school governors.	Accepted in principle: It is the responsibility of the relevant statutory and non-statutory agencies to identify and meet the training requirements of their staff. This is an area which benefits from multi-disciplinary training.
118.	We recommend that priority should be given to improving access to good quality healthcare for the most socially excluded groups of children, including asylum seekers and children from black and ethnic minority communities.	Accepted in principle: Dealing with health inequality is an overriding aim of the Welsh Assembly Government and our policies are geared to improving quality and access to services for disadvantaged groups and in deprived areas. Section 36 of the NHS (Primary Care Act) 1997 enables Health Authorities to give local GPs financial incentives to provide specified services which meet local needs. Local Development schemes (LDS) have been initiated for the development of general medical services to meet particular needs. Several model schemes have been developed and agreed, including one for the provision of GMS services to homeless, asylum seekers and travellers. The model is intended for discussion and use by Health Authorities/ Local Health Groups in consultation with Local Medical Committees. All primary care practitioners are obliged to provide access to treatment for all patients regardless of circumstances or background.
120.	We recommend that standard clinical indicators should be further developed for looked after children, together with a co-ordinated approach to the collation of information.	Accepted: This will be addressed on an inter-agency basis as part of the development for the NSF for children.
121.	We recommend that the arrangements for healthcare at the Hillside Unit and any other non-NHS secure unit opened in Wales should include direct access to secondary psychiatric, psychological and paediatric services.	Accepted in principle: This recommendation will be explored and addressed in the context of work taking place to improve placement choice and stability for looked after children and the implementation of the CAMHS strategy.

### Nursing Services

This series of recommendations cover services provided by nurses.

Rec No.	Narrative	Welsh Assembly Government Response
45.	We recommend, as already required by DGM(94)26, that there should be a registered children's nurse on duty at all	Accepted in principle: Funding has been allocated to complete audit of children's nurses/policies and
	times in every children's ward and staff trained and experienced in the care and	procedures in A&E departments across Wales. Report due Autumn 2002.

	treatment of children available at all times in accident and emergency departments and minor injuries unit, and in outpatient departments where children are seen.	Workforce plans will be scrutinised for RSCN targets to reflect 24-hour cover in Children's Wards. Approval has been given for shortened course for paediatric training due to commence March 2002 for 2 years at the University of Wales College of Medicine.
46.	We recommend that every NHS Trust should review the provision and development of children's community nursing services, to reduce hospital admissions and manage continuing care in the home setting.	Accepted in principle: Work has already completed to underpin development of paediatric community services. Accepted standards of good practice will need to be implemented on an All Wales basis and subsequently audited.
47.	We recommend community children's nurse teams be developed as part of the integrated child health services to meet the needs of children who could be managed in the community setting.	Accepted in principle: Further work is required to define models of integrated child health services. This will be progressed through the NSF for children and the primary care strategy and linked with health initiatives being developed as part of Surestart and Children First.
48.	We recommend an All Wales strategy to develop managed networks for children's community nursing to best use resources.	Accepted: Some research has already been completed. Further work to be commissioned through Children's sub group of Welsh Nursing and Midwifery Committee.
54.	We recommend that all school nurses should be employed within the NHS, and seen clearly as a valued part of the primary care system and the recommendations contained in <i>'Recognising the Potential: A Review of Health Visiting and School Health Services in Wales'</i> should be implemented.	Accepted in principle: This will be taken forward in the context of the Primary Care Strategy. Requires mapping in conjunction with Education Services to develop strategic action plan to include transfer/recruitment and training.  Currently only NHS employed School Nurses can access NHS funded School Nurse Training Provision in Wales.
55.	We recommend that every NHS trust should review the provision and management of the school nurse service, with the aim of providing an attractive career structure and a more effective service.	Accepted in principle: This will be taken forward in the context of the Primary Care Strategy.

56.	We recommend that NHS organisations should review the public health function of health visitors, to enable them to make a greater contribution to child protection among vulnerable groups in the community.	Accepted in principle: Initial project proposals are in hand to develop <i>'Health Visitor Plus'</i> . This includes a focus on improved child protection training. It requires curriculum development and approval in principle through WNB and development by pilot University.
57.	We recommend that nurse, midwife and health visitor consultant posts should be created in primary care settings.	Accepted in principle: Nurse Consultant posts are required to fit agreed criteria and are open right across the nursing field. The Welsh Assembly Government will welcome bids as per the recommendation.
68.	We recommend that the standards for nursing should include appropriate levels of nurse provision on paediatric and children's psychiatric units and clear recommendations on how nursing staff should be led and managed.	Accepted in principle: Staffing levels to be tracked through Ward Staffing review and linked to workforce plans. Nurse management and leadership development to be scoped as part of overall children's service development.  Psychiatric services will be picked up under CAMHS Strategy.
78.	We recommend that where agency nursing staff are employed, they should be suited to purpose and fully insured to carry out all role appropriate functions.	Accepted in principle: This will be considered as part of the ongoing work on bank/agency staff. It may identify shortage of suitably qualified staff and therefore attract premium payments.  Consideration will be given to an All Wales agency employment contract. The ultimate aim should be to discontinue the use of agency staff.
95.	We recommend that career pathways for registered children's nurses should be appropriate to care for children in the community and school settings.	Partial acceptance in principle: This requires analysis of post registration curricula and a strategic approach to integrated Children's Health Services including flexible contracts. All Wales fitness for practice initiative has recently approved all curricula in response to UKCC directives. These new programmes should be evaluated before recommending further changes. The new curricula commence in Wales in 1 April 2002.  UKCC have recently published a further consultation document <i>'Fitness for Practice and Purpose'</i> . This document includes different approaches to education and training of Children's nursing. It will be for the NMC to determine when and if they process the document any further and this

	recommendation will be drawn to their
--	---------------------------------------

		attention.
134.	We recommend the UKCC and its successor review the current information for employers and managers and to give consideration to how it receives evidence from children in their processes for conducting investigations and hearings relating to professional conduct in cases of alleged child abuse.	Accepted: This recommendation will be drawn to the attention of appropriate regulatory bodies.

### Hospital Services

This series of recommendations covers NHS services provided at hospitals and build upon the Kennedy report into Bristol Royal Infirmary.

Rec no.	Narrative	Welsh Assembly Government Response
7.	We recommend that sick children should be placed in children's wards whenever possible. If in adult wards, they should be nursed in a side room and access should be refused to other patients who are not their close relatives. Children should be removed from adult to children's wards as soon as possible. While on an adult ward children should have the same access to parents, qualified staff and facilities that they should have on a children's ward. Total management should be overseen by the paediatric team.	Accepted in principle: This recommendation needs to be considered alongside the needs of adolescents in recommendation 8 below. The individual needs of children and young people should always be carefully considered and the need for privacy and protection should be key factors.  The NHS currently considers paediatrics as up to 16 whereas the Children Act defines a child as up to their 18 <sup>th</sup> birthday. This requires further discussion.  This recommendation is largely complied with in respect of children. Full compliance will require an increase in paediatric nurses.
8.	We recommend that the goal of separate adolescent provision from children and adults should be explored by policy makers and considered actively by management in all hospitals.	Accepted in principle: Adolescent provisions should be carefully considered in all hospitals in Wales, with the aim of allowing maximum choice to young people of the setting in which they are treated.
9.	We recommend that each hospital in England providing acute facilities for Welsh children should be required to agree a policy for the placement of adolescents.	Accepted: Requiring such hospitals in England to have a policy will require them to carefully consider the treatment of adolescents.

13.	We recommend that commissioners of tertiary services from English providers ensure compliance by those providers with the recommendations of this report.	Accepted in principle: SHSCW is currently undertaking a review of children's tertiary services and will be developing a commissioning framework. This framework will need to take account of the Carlile Report.
50.	We recommend that, as refurbishment and new development occur, it should be a design criterion that accident and emergency departments and minor injury units and outpatient departments should have separate entrances, waiting areas and treatment areas for children. At the very least, there should be a separate waiting room.	Partial Acceptance in principle: We accept that separate waiting and treatment areas for children are appropriate and these will be considered as new developments and refurbishment occur. We have reservations however about the utility of separate entrances.
51.	We recommend that staff working in accident and emergency and minor injury units are trained to recognise that teenagers presenting with substance misuse or deliberate self harm may be demonstrating underlying illnesses for which they need attention.	Accepted in principle: NHS Trusts will need to consider whether they need to provide further training to such staff in order for them to meet this recommendation.
75.	We recommend that consideration should be given to a pilot project in Cardiff whereby the children's services of the University Hospital would take over the running of children's acute and community services throughout the Cardiff city and county area, building on the example of the Philadelphia Children's Hospital in the USA.	Partial Acceptance: The underlying philosophy of this recommendation is that acute and community services need to be fully integrated. We agree with that and it is already occurring in some trusts but are not convinced that the Philadelphia model is the only or indeed the best way of doing this. This will be further explored in the NSF for children.
96.	We recommend that radiologists and radiographers who deal with children should be trained in child protection issues.	Accepted in principle: All staff who are involved in the delivery of healthcare to children should receive such training. Welsh Assembly Government will work with professional groups, employers and education providers to ensure that this is included for these 2 groups of professionals. In all aspects of Centre for Health Leadership programmes, aspects of governance are included.  This training should be linked to the Area Child Protection Committee.
109.	We recommend that postmortem examinations of children should be conducted by paediatric pathologists and should take place as near as possible to the place where death has occurred or been certified. We recommend that where possible the Paediatric Pathologist should obtain a full clinical history from a	Accepted in principle: This recommendation is in line with the Alder Hey Inquiry.  It is important to be clear about the distinction between the forensic pathologist directed by the Coroner (if death is suspicious) and paediatric pathologist

	Consultant Paediatrician before confirming the cause of death. All parents should be fully informed at all stages and in detail of the postmortem procedures that are being followed including the removal and examination of organs.	employed by the Court. A protocol is currently being drawn up to cover suspicious deaths.  There is currently a shortage of pathologists.
110.	We recommend that it should be the practice in radiology areas for parents to remain with their children to the greatest possible extent.	Accepted: Subject to safety, this should be standard practice.

### Child and Adolescent Mental Health

This series of recommendations cover child and adolescent mental health services (CAMHS) and build upon the CAMHS strategy which was published by the Welsh assembly Government in September 2001.

Rec no.	Narrative	Welsh Assembly Government Response
14.	We recommend that all the safeguards and standards that apply to children who are physically sick apply to those with mental health problems and disorders or disabilities.	Accepted: This should already be happening and the designated and named professionals for child protection should monitor protocols that are set with regards to mental health and disabilities.
29.	We recommend that the new lines of accountability between the Director of the NHS in Wales and the NHS should include responsibilities for implementing ' <i>Everybody's Business</i> '.	Accepted: The CAMHS Strategy Implementation Group has been established. The Group has been tasked with taking forward the implementation of the Strategy.
30.	We recommend that the National Assembly for Wales should review urgently the adequacy in Wales of therapeutic services for sufferers of abuse in the light of the current knowledge, skills and thinking on this topic and encourage the Minister for Health and Social Services to set this as a high priority within the agenda created by the All Wales CAMHS Strategy.	Accepted in principle: This recommendation is consistent with the CAMHS Strategy and will be considered as part of the Implementation Group.
42.	We recommend that a multi-disciplinary body accessible to and by the National Assembly should be established to ensure that ' <i>Everybody's Business</i> ' is implemented and that the patient - centred, multi-disciplinary approach is implemented in full.	Accepted: The Implementation Group for the CAMHS Strategy has already been established and is multi-disciplinary. The Strategy requires a child centred approach.

67.	<p>We recommend that measures be taken to avoid isolation of the child and adolescent mental health services and particularly of day care and inpatient units. They should include ensuring that:</p> <ul style="list-style-type: none"> <li>a. Each unit is linked to a network of outpatient services in the area it serves (notwithstanding the requirements of the All Wales CAMHS Strategy that these services should be commissioned on an All Wales basis with which we wholly concur);</li> <li>b. All senior staff of all disciplines in day and inpatient units should have duties elsewhere that take them away from the units for a part of each week;</li> <li>c. Some staff whose duties are primary elsewhere should have part - time duties in inpatient units;</li> <li>d. No consultant works as the sole consultant to a specialised unit;</li> <li>e. There is a consultant in a clinical charge for each unit who has clear contractual requirements for explicit leadership and managerial responsibilities that pertain to his or her post;</li> <li>f. The appointment of a consultant in clinical charge should be rotated between two or more consultants over a period of years in a way that balances stability with openness to new ideas and new emphases;</li> <li>g. Professional mentoring and supervision are available;</li> <li>h. Every member of staff has a personal development plan, funded CPD and is appraised annually;</li> <li>i. Non - executive directors and directors of the professions as well as responsible directorate and trust board level managers make regular and purposeful thematic visits.</li> </ul>	<p>Accepted in principle: Where appropriate such guidelines for employment of staff working with children should be implemented in order to prevent isolation of services. Welsh Assembly Government will issue clear guidance on this issue. The guidelines should also refer to the need to ensure that there are appropriate links with local authority education and social services departments and should refer to the local Area Child Protection Committee procedures and policies.</p>
77.	<p>We recommend that NHS bodies should attempt to provide a skills mix for CAHMS patients to meet all expected requirements, and should always be prepared to buy in services from elsewhere to ensure appropriate care.</p>	<p>Accepted in principle: The CAMHS Strategy proposes an appropriate skill mix at each tier of service. The Strategy Implementation Group is taking forward the Strategy.</p>

103.	We recommend that the standards for training and managing nurses developed by the All Wales CAMHS Nursing Forum be used as the basis for seeking agreed UK-wide training standards for nurses working in CAMHS.	Accepted in principle: We will draw this recommendation to the Nursing and Midwifery Council.
108.	We recommend that staff transferring from adult mental health to CAMHS, and staff working with both adults and CAMHS patients, should undergo additional training including that on child protection issues.	Accepted in principle: It is important that staff transferring from adult mental health service to CAMHS are trained appropriately Guidance will be issued to all CAMHS units that takes account of <i>'Working Together to Safeguard Children'</i> and refers to local ACPC procedures and policies.
124.	We recommend that progress should be made towards providing sufficient secure CAMHS accommodation within Wales for all Welsh patients.	Accepted in principle: The CAMHS Strategy covers the issue of a forensic CAMHS service. The CAMHS Strategy is however a 10 year strategy.
125.	We recommend that detailed appraisals, clinical review and corporate supervision should be developed for all grades of clinical staff working in child and adolescent mental health services.	Accepted: This applies to all clinical staff and needs to be tackled in a number of ways; via education, registration and validation. We are actively promoting clinical governance and clinical audit across the professions. At a national level, CHI will have a role in the audit of performance. There is potentially a role for the Director for Children's Health Services.  We welcome the publication of the Government's consultation document <i>'Modernising Regulation in the Health Professions'</i> . It outlines a proposal for the creation of the Council for the Regulation of Health Care Professionals. The new council will work with the regulatory bodies to build and manage a strong system of self-regulation.  The Welsh Assembly Government is working with the Department of Health to ensure that the interests of the public and the NHS in Wales are fully represented. The development of clinical governance and the proposals by the GMC to introduce revalidation for all doctors has underlined the need for a comprehensive annual appraisal scheme for medical and dental staff. This became a contractual requirement for consultants from 1 April 2001.
126.	We recommend that staff who are not trained in CAMHS should have no	Partially Accepted in principle: This recommendation is consistent with the



	involvement with CAMHS patients even when they are in adult wards.	CAMHS Strategy and should be the normal expectation. It will require extra training provision. There will however be emergencies when non-CAMHS trained staff need to deal with patients. In such cases protocols and clinical links need to be in place.
127.	We recommend that all CAMHS staff should have mentoring services available on demand.	Accepted: We recognise the need for mentoring services for CAMHS staff in the NHS and that appropriate systems should be put in place. Welsh Assembly Government will issue guidance to this effect.  Consideration will be given to the implications for other agencies.
128.	We recommend that the services provided currently by psychological therapists in primary care should be the subject of detailed evaluation, with a view to their being consolidated into CAMHS strategy at Tier 1 while remaining a part of primary care.	Accepted: This recommendation is consistent with the CAMHS Strategy and would be best implemented by a research project.
129.	We recommend the development of managed clinical networks for all young patients, with a particular emphasis on those children with CAMHS involvement.	Accepted in principle: We will consider this in the light of the developing NSF for children, this will take account of the need for inter-agency working.
130.	We recommend that CAMHS patients should only be made subject to Mental Health Act 1983 restriction orders when it is strictly necessary for genuine clinical reasons.	Accepted: Guidance will be issued as part of the work of CAMHS Implementation Group.
140.	We recommend that in CAMHS there should be investment in clinical management and leadership development.	Accepted in principle: This recommendation is also covered by the CAMHS Strategy.
142.	We recommend that there should be ongoing and volume consumer research into satisfaction levels with CAMHS services.	Accepted in principle: This recommendation is consistent with the CAMHS Strategy. Ongoing and volume consumer research will require much more than the current satisfaction monitoring.
150.	We recommend that a study is conducted with all interested agencies into the feasibility of establishing a residential therapeutic facility for mothers and babies in Wales.	Accepted: This recommendation would be best implemented by a research project.

## Inter Agency Working

This series of recommendations cover the way the NHS works with partner agencies.

Rec no.	Narrative	Welsh Assembly Government Response
15.	We recommend that the Director of the NHS in Wales should take action to secure the same high standards of childcare in all statutory provision regardless of agency and agrees with the Chief Inspector of the Social Services Inspectorate for Wales that the NHS will reduce voluntarily the qualifying period for S 85 to one month irrespective of whether or not young people have weekend leave.	Partial Acceptance in principle: While reduction in the qualifying period could be seen as providing additional safeguards for children and young people, it could also be seen, by children and their families as intrusive. National Health Service staff can already refer children they consider may be in need to local social services authorities and we will remind NHS and Social Services staff of their responsibilities in this area.
32.	We recommend that every NHS organisation and each local authority should consider urgently ways of improving services to children, taking into account the opportunities offered via the new flexibilities envisaged under the <i>'Health Act 1999, section 31'</i> .	Accepted: Children and Young People's Frameworks are being established in all 22 local authorities to ensure all agencies work to common objectives and procedures. The Health 1999 Flexibilities provisions came into force on 1 December 2000. Local authorities and their NHS partners are now starting to develop Flexibilities partnerships and many are being supported via a grant scheme.  The regulations are permissive and use of Flexibilities is discretionary at local level- ultimately it is for local partners to determine whether Flexibilities is the right approach. To use Flexibilities, the partners must be clear that it will result in improved services. In some circumstances Flexibilities may not be appropriate.  In considering how to improve services to children, the statutory partners (health authorities, Trusts and local authorities) may consider the use of Flexibilities as one of the possible mechanisms to providing services.
37.	We recommend that in every NHS organisation there should be designated a suitable person to act as liaison with the Children's Commissioner for Wales. A small amount of protected time should be provided to facilitate this role.	Accepted: We will recommend this approach to the NHS. We propose also to ensure that information on the nature of the Commissioner's powers and procedures is spread widely in the NHS.

69.	We recommend that all agencies must be enabled to discharge their statutory responsibilities through receiving inputs from other agencies. This is likely to require enhanced support to SSDs and LEAs from primary and secondary health care services and vice versa.	Accepted: The re-organisation of the NHS, the new flexibilities and the children first programme enhance the possibilities for collaborative working.
123.	We recommend that the statutory and non-statutory agencies should plan together with the intention of avoiding unilateral decision on the remit of particular agencies, avoiding making unwarranted assumptions about the capabilities and spans of responsibility of other relevant organisations and to share responsibility for identifying and filling gaps in services between them.	Accepted: The Welsh Assembly Government already require children's services plans and Children First action plans as multi-agency documents. Children and Young People's Frameworks are being established in all 22 local authorities with the aim of ensuring that authorities and agencies (including the NHS) work under a common framework of values, objectives and priorities to tackle uneven provision, to raise standards and to improve quality of outcomes, particularly for those most in need. This will need to include mapping, tracking and developing services for these children. Central to these frameworks is the need to listen to the concerns of children and young people and take account upon the views expressed.

### Strategic Management of the NHS

These 2 recommendations cover the National Director of Children's healthcare services and re-organisation of the NHS.

Rec no.	Narrative	Welsh Assembly Government Response
17.	We recommend that a National Director of Children's Healthcare Services be appointed for Wales, to promote improvements in clinical healthcare services provided for children.	Accepted: This was accepted as part of the Welsh Assembly Government's response to the Kennedy Report and will be implemented as part of the re-organisation of the NHS Directorate with the Welsh Assembly Government.
22.	We recommend that, following the current round of reform, government policy towards the NHS in Wales should be founded on a presumption against further major change unless it is clearly necessary to improve clinical effectiveness and safety of patients.	Partial Acceptance: The Welsh Assembly Government recognises that structural change in the NHS causes disruption and diversion of energies. The Welsh Assembly Government will only wish to see further change where an evaluation has demonstrated that such change is for the clear benefit of patients.

## Child Protection in NHS at the National Level

This series of recommendations cover organisation and policies in relation to child protection at the national level.

Rec no.	Narrative	Welsh Assembly Government Response
18.	We recommend that a small number of accurate and comprehensive policies and protocols on child protection should be agreed on an All Wales basis as the recognised guide to good practice. These should be reviewed regularly and systematically. They should be disseminated in a routine and efficient way.	Accepted: All Wales procedures are in the process of being produced by ACPCs in Wales. The Welsh Assembly Government has work in progress on a number of policies and protocols for Area Child Protection Committees and member agencies:  <ol style="list-style-type: none"> <li>1. Sexual exploitation of children;</li> <li>2. Domestic abuse;</li> <li>3. Substance abuse;</li> <li>4. Information shared; major investigations.</li> <li>5. Review of the Practice Guide to investigating allegations of abuse against professionals and carers issued to social services authorities in 2000.</li> </ol>
19.	We recommend that the effect of the devolution of power to Wales, and the increase in democratic accountability consequent upon the creation of the National Assembly, should be taken fully into account in the formation of child protection policy. In the light of this, we recommend that 'ownership' of child protection policy should be seen as a national responsibility, though functionally developed to the different parts of Wales. The reasoning behind policy and the force for its implementation should come from the National Assembly, which should be the foundation upon which robust child protection policies are laid. There should be an audit-capable consistency of approach and delivery at functional level.	Accepted: Child Protection Policy at the strategic level is set by the Welsh Assembly Government and implemented at the local level.  Audit capability at the local level should be possible within the statutory agencies.
20.	We recommend that the strategic management of Child Protection in the NHS in Wales should come from the National Assembly.	Accepted: See Rec 19.

21.	We recommend that civil servants implementing the recommendations of this report and any policy connected with Child Protection should be trained in Child Protection issues; that the National Assembly's Child Protection Committee (NACPC) should develop transparent and formal links with the Cabinet Children's Committee; and that links with Welsh education, social and police services should be a routine part of the consultative processes of all concerned in policy development and implementation in respect of Child Protection in the NHS.	Accepted: Civil servants in the Welsh Assembly Government dealing with all aspects of services for children and children's policy, need to understand child protection issues, the legal framework in Part A of the Children Act, and the responsibilities of ACPCs. The Welsh Assembly Government will review the level of explicit training available to these staff on relevant issues.  The Cabinet Sub-Committee on Children and Young People takes an interest in all relevant services, including education, health and social services. The Sub-Committee has regular reports from officials on a range of policy and inspection issues, including child protection issues. The Welsh Assembly Government's Child Protection Advisory Group (previously the NAPC) includes expert advice from a range of professional interests. Consultation on child protection and other children's issues is frequent and wide ranging and includes statutory and non-statutory bodies throughout Wales with an interest in children's services.
26.	We recommend that the guidance in ' <i>Working Together</i> ' should be issued to the NHS under similar statutory provisions to those which apply to the social services departments of local authorities. This may require primary legislation.	Accepted: ' <i>Working Together</i> ' should be as binding on the NHS as for local authorities. We will seek to establish whether there is an appropriate statutory base.
31.	We recommend that, within a year of the publication of this Report, a Welsh national child protection set of documents be produced, containing policies, protocols, standards and publications appropriate to every NHS setting.	Accepted in principle: The principal document offering guidance on child protection policy and procedures is ' <i>Working Together</i> ', published in September 2000.  We are continually reviewing and adding to guidance. Later this year new guidance on fabricated illness is due to be published. We are also working on additional guidance on domestic abuse and substance misuse. Guidance will also be subject to review in the light of recommendations from the Victoria Climbié Inquiry. In addition All Wales procedures are being produced.
33.	We recommend that, within 6 months of publication of this Report, all designated and named professionals should be allowed protected time to perform their given function.	Accepted in principle: This should already be happening but will require contractual changes between such professionals and their employers.
34.	We recommend that all designated and named professionals should, for the child	Accepted: This relates to the establishment of the NHS

	<p>protection part of their work, be managed by an All Wales NHS Child Protection Service. This Service should be ultimately accountable to the National Assembly, with a dedicated management group having few competing priorities. There should be a Director of the Service, a consultant in public health medicine. The Director should be required to prepare an annual report on child protection for the National Assembly.</p>	<p>All Wales Child Protection Service. The detailed reporting arrangements and how the national service relates to ACPCs and their constituent organisations are currently being worked upon part of the NHS re-organisation.</p>
35.	<p>We recommend that the Director of the All Wales NHS Child Protection Service should chair a group consisting of all the designated professionals in the country, together with co-opted members from outside interests connected with child protection. This group should act as the centre for training initiatives and for information distribution throughout the Welsh NHS. Area groups chaired by designated professionals should follow the same pattern.</p>	<p>Accepted: As per Recommendation 34.</p>
36.	<p>We recommend that named professionals should continue to lead child protection procedures at trust and local health boards level.</p>	<p>Accepted: The details will be worked out as part of the establishment of the All Wales NHS Child Protection Services.</p>
41.	<p>We recommend that the National Assembly for Wales should take the necessary organisational measures to ensure that it remains fully accountable on all issues of child protection, including co-operation between and within agencies, and the dissemination of information.</p>	<p>Partial acceptance: The Welsh Assembly Government takes the lead in developing child protection policy in Wales and undertakes this work in partnership with relevant authorities and organisations in Wales and UK government departments.</p> <p>Health, education, social services and other agencies are responsible for discharging their responsibilities as set out in legislation and statutory guidance.</p>
64.	<p>We recommend that hospitals have clear policies and procedures setting out the duties placed on employers and staff for ensuring the safety of children in their care when outside NHS premises that balance Children's freedom to leave hospital premises on their own.</p>	<p>Accepted: This applies to residential CAMHS Units and they should have protocols for children who leave the premises. Such protocols should take account of recommendations 16 and 17 of the Waterhouse Report which relate to abscondee from residential care or foster homes. We will examine if such protocols exist for CAMHS Units.</p>
71.	<p>We recommend that re-appointment into designated professionals' posts should be an exception to the embargo on new Health Authority appointments between now and April 2003.</p>	<p>Partial acceptance: There is no embargo on re-appointment into designated professionals' posts at health authorities, although as the health authorities will be dissolved on 31 March</p>

		<p>2003, current policy is that appointments may only be on a fixed term basis.</p> <p>However, a proposal that such posts may be filled on a substantive basis will be submitted at the next meeting of the joint all Wales Steering Group. The group's recommendation would subsequently require the support of the Director NHS Wales.</p>
72.	<p>We recommend that all existing NHS staff in Wales whose work brings them into contact with children should be police checked as soon as is compatible with the establishment and development of the Criminal Records Bureau.</p>	<p>Accepted: The Criminal Records Bureau has different levels of checks depending on the level of contact with children. Staff can only be subject to enhanced disclosure where they are "regularly caring for, supervising, training or being in sole charge of" children or vulnerable people.</p> <p>Standard disclosure is available for a position that involves <u>regular</u> contact with children or vulnerable adults.</p>
73.	<p>We recommend that, in the interval before the new CRB system is in place, attention be directed by employers in the NHS and the universities to resolving the most evident irregularities and inconsistencies in the present system.</p>	<p>Accepted: The CRB has commenced operations.</p>
99.	<p>We recommend that prospective training programmes be established for any staff in the NHS Directorate in the Assembly who are likely to deal with abuse.</p>	<p>Accepted: See also recommendation 21. The secondment of a designated professional has allowed this to commence.</p> <p>Child protection training should reflect the inter-agency, multi-disciplinary nature of the work.</p>
113.	<p>We recommend that NHS Direct Wales should be enabled to gain access to local authority child protection registers.</p>	<p>Accepted: This will be pursued in partnership with Social Services and Area Child Protection Committees.</p>

114.	We recommend that all working in the field of Child Protection recognise that the degree of confidentiality in each case should be governed by the need to protect the child, so that all professionals dealing with the educational, social and health needs of a suspected victim of abuse should have reasonable access to relevant information.	Accepted: This is a statement of current Best Practice and should be implemented by all working in the field of Child Protection.  <i>'Working Together'</i> states: "Where there are concerns that a child is, or may be at risk of significant harm, however, the needs of that child must come first. In these circumstances, the overriding objective must be to safeguard the child. In addition, there is a need for all agencies to hold information securely" .
115.	We recommend that, subject to secure password safeguards, accident and emergency outpatient and minor injury units staff should be able to gain access to local authority child protection registers; and that social services should on reasonable request be given access to the relevant parts of a child's health records provided that disclosure is for the protection of the child's physical or mental health.	Accepted: <i>'Working Together to Safeguard Children'</i> (Part 5), issued in 2000, provides guidance on the maintenance and management of Child Protection Registers. It states that the register should be managed within social services and its contents kept confidential other than to legitimate enquirers. It also states that the register should be accessible at all times to legitimate enquirers and that the details of enquirers should always be checked before information is provided.  We plan to consider this recommendation in the context of a more comprehensive review of guidance that we anticipate taking place in the next year.  In the meantime we will remind health and social services authorities of their responsibilities in this area.
137.	We recommend that critical incident recording should be enhanced; and that tape-recording facilities should be made available to enable those with parental responsibility, advocates and Gillick competent children to make a recording of a discussion with a healthcare professional when a serious complaint is being discussed.	Accepted: The Welsh Assembly Government has issued guidance in <i>'Working Together to Safeguard Children'</i> and expect complaints that involve allegations that a child has or may have been abused to be dealt with in accordance with ACPC procedures. Professionals need to be trained in appropriate interviewing techniques and interviews must be conducted in appropriate settings.



## Organisation of Staff within Welsh Assembly Government

This recommendation covers communication between divisions of the Welsh Assembly Government.

Rec no.	Narrative	Welsh Assembly Government Response
27.	We recommend that systems are set in place for more effective communications across responsible divisions, branches and sections within the National Assembly for Wales and we commend a client group approach.	Accepted: The Welsh Assembly Government is continually seeking to improve communications across divisions. The Cabinet Sub-Committee on Children and Young People and the Children's Policy Team and Sub-Group are mechanisms for ensuring a holistic approach to children's services.

## Human Resources Policies

This recommendation covers policies on human resources within the NHS in Wales.

Rec no.	Narrative	Welsh Assembly Government Response
43.	We recommend that all NHS service providers should develop improved human resources policies that include: systemic methods of investigating allegations of abuse; acceptance by staff and managers of timely and efficient disciplinary procedures (sometimes necessarily including suspension) as the means of investigating abuse and determining whether it has occurred; and the provision of proportionate advice and assistance to accused staff to deal with allegations and hearings.	Accepted: Under the HR Strategy for NHS Wales <i>'Delivering for Patients'</i> NHS employers in Wales are required to develop best practice in staff management and human resource procedures. Progress is monitored regularly, and such policies should be part of all HA/Trust/LHB procedures. These policies should also reflect parity with Social service practices.  The Welsh Assembly Government has issued guidance, <i>'Working Together to Safeguard Children'</i> and expects complaints that involve allegations that a child has or may have been abused to be dealt with in accordance with local Area Child Protection Committee procedures. The Assembly Government will be revising the <i>'Practice Guide to Investigate Allegations of Abuse against a Professional or Carer in relation to</i>

		<i>Children Looked After'</i> (published February 2000). Currently targeted at social care settings, it is intended to extend its coverage to include the NHS and other care settings. The revised guide will include advice on best practice in relation on issues around performance and discipline and advice and assistance to staff against whom allegations are made.
44.	<p>We recommend that the NHS should recognise fully the value and expertise that has been developed by community paediatricians in ensuring the safety of children, and that the target should be for every community in Wales to enjoy a paediatric service in which this expertise (community paediatricians' expertise) is appropriately represented and available. At present, this means that there should be an appropriate balance between hospital and paediatric child health services. In the future, if these two branches of paediatrics were brought together, the functions required of an integrated paediatric and child health service should be kept under review.</p> <p>Either way a proper balance of community and hospital based expertise and functions must be maintained and the posts required must be funded.</p>	<p>Accepted in principle: The value and expertise of community paediatricians is recognised and the number of paediatricians in both hospital and community, is monitored in the annual workforce plans in Wales. LHGs / LHBs will need to identify the number of paediatricians required to comply with this recommendation in their workforce plans. If a large increase is identified then achieving this will be dependent not only on the funding being available but also on the availability of paediatricians. There is a lead time of several years in training paediatricians.</p>
52.	We recommend that all allied health professions should be given clear information as to their lines of management and professional direction.	<p>Accepted: This should be part of Allied Health Professional's job description. Appropriate arrangements should be made when individuals work across directorates so that when working with children relevant managerial and professional support is provided.</p> <p>Welsh Assembly Government will issue clear direction to employing authorities.</p>
61.	We recommend that an independent procedure should be established to enable just determination of situations in which a teaching institution wishes to exclude a student whom it considers to be of a personality or character unsuited to clinical practice.	<p>Accepted: NHS Wales and Welsh Assembly Government will work with HE Institutions to ensure that an appropriate process for dealing with such instances is in place.</p>

65.	<p>We recommend that the National Assembly for Wales should ensure that the NHS, all agencies responsible for children, educational establishments, and any other bodies responsible for training staff, professional or otherwise, who come into contact with children, issue competent personnel guidance on disciplinary and performance processes and proper recording of them. The advice should include guidance on disclosure of confidential information and of all relevant health records, the timing, thresholds and regulatory mechanism of referral to statutory bodies, and the impact of POCA and the Care Standards Act 2000.</p>	<p>Accepted:  The Welsh Assembly Government will be revising the <i>'Practice Guide to Investigate Allegations of Abuse against a Professional or Carer in relation to Children Looked After'</i> (published February 2000). Currently targeted at social care settings, it is intended to extend its coverage to include the NHS and other care settings.</p> <p>The guidance will include advice on best practice in relation to the recruitment and selection of staff and on issues around performance and discipline.</p> <p><i>'Working Together to Safeguard Children'</i> (2000) contains guidance on the disclosure and sharing of information and on the <i>'Protection of Children Act'</i>. Since publication however, there have been further statutory developments, including the <i>'Care Standards Act 2000'</i> and the <i>'Criminal Justice and Court Services Act 2000'</i>, and the establishment of the Criminal Records Bureau. The Welsh Assembly Government will therefore publish supplementary guidance to <i>'Working Together'</i>, to cover the impact of these developments on children's safeguards.</p> <p>Whilst <i>'Working Together'</i> is intended largely for Area Child Protection Committees (ACPCs) and their constituent agencies, each ACPC is responsible for raising awareness within the wider community of the need to safeguard children and promote their welfare and to explain how the wider community can contribute to these objectives. ACPCs are also responsible for taking a strategic overview of the planning, delivery and evaluation of inter-agency training, targeted at those who work directly with children, including GPs, hospital and community health staff, family centre workers, teachers, education welfare officers, social workers and foster carers and all those who come into contact with or provide services to children.</p>
-----	---	---

		ACPC activity and performance in these areas will be monitored via their annual Business Plans.
66.	We recommend that all NHS bodies (especially Trusts) should appoint professional and legal advisors who are members of the children's panel and who are familiar with the children's services and the NHS body provides. They should advise and train the board and subordinate managers and practitioners on lawful and appropriate delivery of care and treatment of children.	Accepted in principle: Board members (especially a Board member who leads on children), managers and practitioners must be fully aware of what constitutes lawful and appropriate delivery of care for children. It is the responsibility of NHS bodies to ensure that this is the case. The appointment of appropriate legal advisors will be included in guidance given by the Welsh Assembly Government to all employing bodies.
70.	We recommend that all units in the NHS should have management arrangements in which who is in charge and the lines of communication between the person in charge and their superior managers and subordinates are clear.	Accepted: Such Management arrangements are considered to be good HR Practice. Welsh Assembly Government will issue the appropriate guidance to ensure that management arrangements are consistent across all NHS units.
76.	We recommend that clinician managers should be able to prove their competence to manage, and should be given protected time for allocated sessions to carry out their managerial role.	Accepted in principle: Appropriate management training and assessment of skills should be made available to clinician managers. HAS should work with Centre for Health Leadership in putting this into practice.  Good practice guidelines will be produced to ensure that protected time is allocated to clinician managers to carry out this role. The Centre for Health Leadership currently runs a suite of management development and leadership programmed for clinical managers. However, there is a need to significantly broaden the scope and numbers if clinical managers.
79.	We recommend that all NHS employers should place especially stringent contractual terms on employment agencies for the quality assurance of locum doctors.	Accepted: Currently the expectation is for employment agencies to provide quality assurance for their personnel. However we will endorse this recommendation in the HR circular we intend to issue to the NHS in Wales.
80.	We recommend that no locum doctor should start work without a full and proper check having been carried out on his / her references, in accordance with good human resources practice.	Accepted: The expectation is for agencies to carry out full and proper checks. The HR circular we intend to issue to NHS Wales will endorse this recommendation.

81.	We recommend that before staff are recruited directly from abroad in jobs with unsupervised access to children they should have completed at least 6 months' continuous probationary period with the same UK employer, and should have been fully trained and counselled on the importance of Child Protection and Child Protection measures.	Partial Acceptance: Full training and counselling in relation to NHS Wales Child Protection must be an essential part of the induction into UK standards and practices for any healthcare professional recruited from abroad and should be incorporated into their induction training at a very early stage. Managers must be satisfied that such staff are appropriately trained.
82.	We recommend that the reasons for taking any disciplinary proceedings; the nature of the proceedings and the outcome of the proceedings should always be clearly noted on the personnel file of the individual.	Accepted: Appropriate guidance will be issued which will take into account the requirements of the ' <i>Data Protection Act</i> '.
83.	We recommend that in every part of the NHS, whether for clinical staff or others, rigorous recruitment procedures based on sound human resources practice should be followed.	Accepted: Appropriate guidance will be issued.
84.	We recommend that employment practices consistent with ' <i>Choosing with Care</i> ' should be applied universally in the NHS.	Accepted: Appropriate guidance will be issued.
85.	We recommend that for the employment of staff from abroad wherever possible attempts should always be made to follow the same recruitment procedures as for UK staff.	Accepted: It is a good practice for the same recruitment procedures to be used for staff being recruited from abroad as in the UK and this is outlined in the Code of Practice for International recruitment.
86.	We recommend that appointments in the NHS or contractor professions offering NHS services should only be offered after the completion of police, professional and personal checks and that no staff should be allowed unsupervised access to children before completion of all checks.	Accepted: Such arrangements are recognised as important for the protection of children and should be implemented into employment policies. Welsh Assembly Government will issue guidance to all employers which will include the need to include monitoring procedures.
87.	We recommend that every NHS employer should designate an officer at senior level who will make decisions about whether an appointment should be made in cases where a previous conviction or other relevant information is disclosed following a criminal records check. The reason for any such decision should be clearly recorded.	Accepted: Such an arrangement should be part of employment practice in the NHS. Welsh Assembly Government will issue guidance to all employers which will include the needs to implement monitoring procedures.

88..	We recommend that measures be taken to secure a sufficient number of paediatricians to meet the needs of Welsh children, so that paediatric medicine can function without a ration mentality.	Accepted in principle: This is linked to recommendation 44. The required number needs to be established before plans can be put in place to recruit more if they are needed.
89.	We recommend that the employment of play specialists should be developed widely, and that they be supported in their training and their qualifications be duly acknowledged.	Accepted in principle: The 2002 workforce plans include the collection of data for play specialists. Trusts will need to identify the number employed currently and the number required to provide a comprehensive service. The NHS does not currently fund their training.
90.	We recommend that it should be invariable practice for written references to be followed up by telephone conversations with referees.	Partial Acceptance In cases where there is need for clarification of details given in references these should be followed up with a telephone conversation with referees and this conversation should be recorded appropriately.  Welsh Assembly Government will issue clear guidance on this which will include the need to implement monitoring procedures.
91.	We recommend that giving a misleading reference should be regarded a serious breach of discipline.	Accepted: The implications of providing misleading references should be made clear to all employees of the NHS and other agencies. Welsh Assembly Government will issue clear guidance to this effect.
92.	We recommend that every NHS employer should have designated appointment officers above the level of appointees, to ensure that correct recruitment policies have been followed in each case.	Accepted: It is agreed that this should be seen as good employment practice. Welsh Assembly Government will issue clear guidance on this issue which will include the need to implement monitoring procedures.
93.	We recommend that urgent measures be pursued to increase college places for registered children's nurses including the encouragement of mature nurses to develop their skills and opportunities through such training.	Accepted in principle: In recent years commissioned training places for children's nurses have increased in line with data from the workforce planning figures, However it is recognised that the need for these nurses is increasing and a review is taking place to determine appropriate ways to increase the number of registered children's nurses. This includes the option of funding an accelerated children's nursing programmes.
94.	We recommend that the ability to recognise the signs of sexual, physical and emotional	Accepted in principle: Such training already is included in

	<p>child abuse should form part of the mandatory and continuing training of all staff having contact with children.</p>	<p>relevant professional training but should also be included in all induction and continuing education of all staff working with children. The Welsh Assembly Government will work with NHS, social care and other providers.</p> <p>The Waterhouse Report recommended (recommendation No. 13) that Area Child Protection Committees should arrange training in sexual abuse awareness for social services staff and for those from other departments, and organisations in their area.</p> <p>The Waterhouse Report also recommended (recommendation No.14) that steps should be taken through training and professional and other channels periodically to remind persons outside social services departments who are or may be in regular contact with looked after children, such as teachers, medical practitioners, nurses and police officers, of their potential role in identifying and reporting abuse, the importance of that role and the procedures available to them.</p> <p><i>'Working Together to Safeguard Children'</i> provides guidance on inter-agency training and development, and the role of ACPCs.</p> <p>The Welsh Assembly Government is commissioning a literature review of available training materials to assist ACPCs so that gaps in provision can be identified and addressed as appropriate.</p>
100.	<p>We recommend that induction training for all NHS staff should include a suitably tailored child protection component.</p>	<p>Accepted: All NHS employees should be aware of child protection issues - the level of training required should be commensurate with the nature of the employee's work. NHS units should be working with local Area Child Protection Committees on the delivery of suitable and appropriate training. The Welsh Assembly Government will issue clear guidance on this.</p>

101.	We recommend that local health boards should lead self-financing training sessions for taxi and minibus drivers from the private sector used to transport children for NHS purposes.	Accepted: Training tailored to the requirements of private taxi and minibus drivers used by the NHS to transport children should become a requirement in contracts for these services. Content of training should be agreed by NHS and contractors. There will be a need to have discussions with licensing authorities and the issue of vetting such drivers will also be considered. The Welsh Assembly Government will issue clear guidance to contracting departments.
102.	We recommend that all relevant organisations should review the training, supervision and support of all staff who deal with sensitive and potentially traumatic material.	Accepted: NHS and other organisations should ensure their training, supervision and support systems are in place to meet the needs of staff.  Training needs should be linked to personal development plans for staff and appraisal procedures.
106.	We recommend that staff should be encouraged to obtain further qualifications, and to receive continuing leadership and management development.	Accepted in principle: Both the Human Resource Strategy and Improving Health in Wales give a commitment to leadership and management development.  The Centre for Health Leadership Wales and Welsh Assembly Government will work together to provide guidance in this area. The CFHL currently funds staff in the Service through its bursary scheme as well as supporting management qualifications at UWCM. It is exploring an e-learning strategy to ensure equality and widen access for all managers.
107.	We recommend that staff should be trained in the 'one up two down' principle, to ensure deeper knowledge of the areas in which they are employed, and better and more flexible skills.	Accepted in principle: All staff should have an awareness of all aspects of work within the area that they are employed the 'one up two down' principle is one that should be aspired to and Welsh Assembly Government will issue clear guidance to all Trusts and HAs that this should be applied wherever reasonable and achievable.
132.	We recommend that the General Medical Council should consider amending 'Good	Accepted: Registration bodies are independent of



	<i>Medical Practice</i> by adding a separate section reminding doctors of the need to inform themselves of child protection issues as a prerequisite of competent practice. We recommend the General Dental Council to consider taking corresponding steps.	the Welsh Assembly Government and this recommendation will be drawn to their attention.
136.	We recommend that registration bodies should include with registration information details of all adverse disciplinary findings recorded by them.	Accepted: Registration bodies are independent of the Welsh Assembly Government. This recommendation will be drawn to their attention.
138.	We recommend that provision should be made for staff to obtain separate legal advice independent of management where issues surrounding abuse are made, in the absence of such advice being available via trade unions and professional bodies.	Accepted in principle: It is important that staff can access independent legal advice in these circumstances. The recommendation specifically states that the expectation is for a NHS organisation to provide at least the initial legal advice in cases where the employee does not have access to advice from a TU or professional body. We will incorporate this recommendation in the HR guidance we intend to issue to NHS Wales. Consideration will be given to the implications for other agencies.
139.	We recommend that legal advisers to management should only be engaged once the organisation has satisfied itself that they have the knowledge and expertise to deal with child protection issues as they arise.	Accepted: This constitutes good practice and should be rigorously applied. Welsh Assembly Government will issue clear guidance to Trusts/HAs/LHBs for such practice to be followed.
141.	We recommend that whistleblowers in the NHS be protected by the incorporation onto the NHS in Wales of the recommendations on sentinel events made in the report <i>'Learning from Bristol'</i> .	Accepted in principle: These are all key elements in encouraging a culture change, which we will test out and work up detailed procedures and protocols with the service via the new project board and pilots in England and Wales. We will need to give further consideration to how we deal with situations where the information provided highlights either criminal or civil offences.  The National Patient Safety Agency (NPSA) will reinforce the continuing culture change which is taking place in the NHS, not only in Wales, but throughout the UK. The NPSA will have a significant role to play in creating an environment where the emphasis is on improvements through learning and not blame.

## Informatics

This series of recommendations cover how information is stored and shared.

Rec no.	Narrative	Welsh Assembly Government Response
39.	We recommend that the National Assembly should give full support to the development by the new Criminal Records Bureau of a call centre providing in a speedy and efficient way certificates required by NHS employers in Wales.	<p>Accepted: Fully agree the need for a fast, efficient response to disclosure requests, particularly for enhanced disclosures.</p> <p>At the same time, recognise that procedures must also be secure to avoid abuse of the system.</p>
122.	We recommend that the potential use of a single system or compatible data systems capable of acquiring, exchanging and sharing information between the NHS and local authority social services departments should be explored. The development of an all Wales health and child protection database would be in the interests of children.	<p>Accepted in principle: Exploration of how best to collate and share data is taking place between relevant divisions within the Welsh Assembly Government and with relevant agencies.</p> <p>The National IM&amp;T Development Plan (NIDP) has three proposals which support this recommendation:</p> <ol style="list-style-type: none"> <li>i. All new information systems development in Wales will be on an all Wales basis rather than being left to individual organisational discretion.</li> <li>ii. The legal and policy issues which currently constrain communications between health and social care staff will be clarified and resolved.</li> <li>iii. A review of population indexing is planned which will support clear and unique identification of patients. One part of this review will be the consideration of benefits, risks and legal constraints on indexing across health and social care.</li> </ol> <p>The development of an all Wales health and child protection database will be explored in the context of migration from current child health and child protection systems to the long-term vision set out in the NIDP for single integrated electronic health records for all patients, including children.</p>

143.	We recommend that information concerning child protection issues should become readily available to GPs via the Internet.	<p>Accepted: There are three aspects to this recommendation.</p> <ul style="list-style-type: none"> <li>i. Ensuring that GPs are able to access Internet.</li> <li>ii. Ensuring that a medium exists on Internet where such information can be made available, quality assured and updated.</li> <li>iii. Content of the information.</li> </ul> <p>With regard to:</p> <ul style="list-style-type: none"> <li>i. The ICT Foundation Programme for General Medical Practices will ensure that Internet access is available within all GMPs in the next two years.</li> <li>ii. The Health of Wales Information Service (HOWIS) is able to accommodate this requirement.</li> <li>iii. The Welsh Assembly Government is funding the development of a pilot Area Child Protection Committee website. If the pilot is successful it is intended to further develop it as an all Wales child protection website, giving access to policy, guidance and best practice on child protection issues. It would probably be available to all who wish to have access.</li> </ul>
144.	We recommend that all NHS trusts and other health care providers should have robust and realistic mechanisms for recording and learning from untoward events that are sensitive to the needs and circumstances of children and young people and open to audit.	<p>Accepted: Clinical audit is a vital component of clinical governance arrangements. We shall be supporting organisations through the work programme of the Clinical Governance Support and Development Unit, to help them develop the audit skills of clinicians to ensure they make the best use of audit, and that lessons learnt as a result of clinical audit are shared and used to improve the quality of care.</p> <p>We are currently looking at how we might take this recommendation forward to help enhance clinical audit arrangements and broaden the involvement of other non-medical health care professionals.</p>

145.	We recommend that the National Assembly for Wales should review its methods of transmission of important guidance and agrees with the NHS a timescale, the resources and training required for implementation and feedback pathways in each instance.	<p>Accepted in principle: We are committed to developing a framework for best practice in the provision of written information for patients and the public, and are working on a range of ways of ensuring that patients receive good quality information.</p> <p>Consideration is being given to networking the patient liaison aspects of the Sharing Clinical Information in a Primary Care Team (SCIPiCT) information project across Wales.</p> <p>NHS organisations have been issued with guidance on good practice in connection with content of websites. Updating of this guidance is ongoing and will be extended to LHBs once they are established. An audit of compliance has been completed.</p> <p>Health of Wales Information Service (HOWIS) branding ensures awareness of NHS corporacy. A content management solution is being implemented to ensure good practice, corporate format and enhanced retrieval. NHS Wales organisations are required to provide bilingual internet sites. Kitemarked guidance is available on the NHS Direct website.</p> <p>We will develop an accreditation system for health information leaflets in 2003.</p>
146.	We recommend that the quality and information for children in need contained in medical records be improved, with a view to the emergence of a 'virtual clinic' to develop a personal health record unifying all health information. This would be especially valuable for looked after children.	<p>Accepted in principle: The vision underpinning the National IM&amp;T Development Plan contains the concept of a single integrated electronic health record for all patients, and is thus broadly supportive of this recommendation. This vision will, however, take a number of years and substantial investment to come to fruition. The NIDP will also have a number of specific short-term proposals that are directly relevant to this recommendation, including:</p> <ul style="list-style-type: none"> <li>i. Significant work will be undertaken in Wales to introduce national standards for health information across Wales, including structure and content of paper and electronic health records.</li> </ul>

		<p>Performance targets will be set to ensure that the quality of paper record-keeping for all patients is improved.</p> <p>With regards to looked after children the integrated assessment is currently under development.</p>
147.	We recommend that the National Assembly's proposed National Plan for Information Management and Technology takes further account of the recommendations of this report.	<p>Accepted in principle: The National IM&amp;T Development Plan (NIDP) covers many of the issues raised in the Carlile Report. These are usually tackled on an 'all patients' basis rather than being specific to children. It may be appropriate to target children's services for early implementation of particular NIDP recommendations, but such implementation issues have not yet been addressed.</p>
148.	We recommend that the previously recommended development of a NHS data set forming an electronic health record at primary care level be expedited; and the development of a Welsh data set, in which primary health care records could be linked with local authority held child protection information.	<p>Accepted in principle: The National IM&amp;T Development Plan (NIDP) sets out a vision of single integrated electronic health records. The achievement of this vision will take a number of years. In the meantime, a number of possible routes to achieving greater access to information across sector and organisational boundaries will be considered. Whilst the NIDP fundamentally supports the spirit of this recommendation, it is not yet possible to say that the specific approach put forward will be accepted as the right one.</p> <p>The inter-divisional Children's Data Group is also considering how information can be best collated and shared.</p>
149.	We recommend that all potential contributors of child protection data should receive training in the creation and analysis of such data.	<p>Accepted: The National IM&amp;T Development Plan contains a significant element which relates to education and training for health and social care staff in the use of information. It is entirely consonant with the NIDP for staff dealing with child protection issues to receive such information, and even for a response for their needs to be expedited if required.</p>

## CARLILE REVIEW: TEMPLATE FOR RESPONSES

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
1.	We recommend that all staff having access to children should be trained to a full understanding of children's rights and an appropriate level of awareness of the needs of children and that they should be required by their employers, as a matter of specific contractual obligation to respect and apply those rights rigorously.			
2.	We recommend that there should be competent, independent, trained, accessible, informed and funded children's advocates available to all children in the NHS.			
3.	We recommend that every NHS establishment should display prominently in foyers, waiting areas and resource areas notices containing information about how to contact a representative selection of crisis and advice organisations and advocacy services.			
4.	We recommend that all children's advocates and those running advocacy organisations should be police checked.			
5.	We recommend that advocates should generally be allowed to see children in private, and also to introduce themselves in wards and explain their roles direct to patients and families.			
6.	We recommend that advocacy services should always be made available for children with communication, language or sensory difficulties and disabilities.			
10.	We recommend that the National Assembly for Wales should develop a complaint procedure specifically for children and young people and their families, that is accessible and child friendly.			
11.	We recommend that NHS complaints procedures should be strengthened, with each NHS body to identify a senior person with specific responsibility for handling cases of professional abuse.			
12.	We recommend that all NHS Trusts and Local Health Boards should appoint a			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	children's complaints officer to act in the best interests of the child.			
16.	We recommend that the National Assembly should produce and disseminate effectively two new NHS ' <i>children's charters</i> ', one aimed at parents and the other at the older range of children themselves.			
111.	We recommend that a consistent set of policies should be developed on the funding of trained interpreters independent of the clients for ethnic minority communities.			
24.	We recommend that guidance is issued to the NHS that makes it clear how best to harmonise the procedures on child protection, untoward incidents, clinical governance and discipline in cases of alleged abuse.			
25.	We recommend that the National Assembly for Wales and the NHS should agree a structure and process for managing serious untoward incidents and events and the role that the National Assembly will play.			
28.	We recommend that procedures for investigating and responding to allegations made by children and their families against NHS staff should be balanced and fair and recognise the differing positions of children and families. Guidance be reviewed on procedures for dealing with complaints against NHS staff relating to children.			
40.	We recommend that all trust and local health boards undertake an annual review of safeguards for children based on an audit of compliance with child protection procedures. This information should be made available to the Director of the All Wales NHS Child Protection Unit to identify training needs and assist with monitoring the implementation of the child protection policy in the NHS in Wales.			
62.	We recommend that the Welsh Risk Management Standards are amended to take account of the recommendations of this report.			
63.	We recommend that all clinical directors, managers and operational level			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	leaders should have sufficient protected time away from their continuing professional responsibilities in order that they can be expected to perform their management and leadership duties well.			
74.	We recommend that the standards advocated by the Association for the Welfare of Children in Hospital are audited in every hospital on a regular basis.			
104.	We recommend that all clinical directors, managers and operational level leaders should have leadership and management training and a requirement to undertake CPD in these areas.			
105.	We recommend that all board members of NHS organisations should receive child protection training; and that both executive and non-executive members of the boards of NHS bodies should hold responsibility for child protection issues, with regular reporting to the full board as part of their function.			
119.	We recommend that inspection arrangements between different types of establishment should be rationalised, to produce more consistent standards.			
135.	We recommend that the Care Standards Inspectorate for Wales should be given responsibility for regulating and inspecting all NHS inpatient child and adolescent mental health units following the same principles as those for the regulation of residential child care facilities.			
23.	We recommend that Local Health Groups and their successor bodies should be required to ensure that all single handed GPs keep up to date on child protection issues through networking with similar practices and joint training initiatives: each practice should be required to provide evidence of child protection procedures.			
58.	We recommend that, within 6 months of the publication of this Report, every GP practice in Wales should have written basic procedures for dealing with child protection issues, and that there should be a nominated lead practitioner in each practice on child protection issues.			
59.	We recommend that all optometry practices should develop written child			



No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	protection procedures and relevant training, and that connected aspects of clinical governance should be provided or led by Local Health Boards and as with all other primary care staff they should be police checked before they can work with children.			
97.	We recommend that there should be a child protection component in GP training and that continuing professional development co-ordinators should bring greater focus to bear on child protection.			
98.	We recommend that all GPs out of hour's services have written child protection protocols and provide training for their staff on this issue.			
112.	We recommend the provision of increased payments to enable GPs to attend case conferences, and the timing and location of case conferences should be more sensitive to the particular circumstances of GPs; and that at the very least it should be mandatory to send a report.			
131.	We recommend that local health boards should monitor the performance of GPs in relation to child protection as an element of clinical governance.			
133.	We recommend that GPs and general dental practitioners who fail to introduce sufficient arrangements to deal with child protection issues should be regarded by their registration bodies as failing appropriate tests of good performance.			
38.	We recommend that designated professionals should be appointed in each area to take a strategic lead in the provision of health services for looked after children.			
49.	We recommend that the formal partnership between the Prison Service and the NHS is used to promulgate the improvements in child protection identified in this review.			
53.	We recommend that all allied health professionals working in the paediatric field wherever possible have permanently designated paediatric posts and be trained in Child Protection issues.			
60.	We recommend that NHS Direct Wales should always have on duty at least one			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	appropriately qualified person to deal with children's issues.			
116.	We recommend that it is essential that looked after children can be identified by the NHS, wherever they are.			
117.	We recommend that there should be specific training in the needs of looked after children for all interested professional groups such as teachers and health professionals, and school governors.			
118.	We recommend that priority should be given to improving access to good quality healthcare for the most socially excluded groups of children, including asylum seekers and children from black and ethnic minority communities.			
120.	We recommend that standard clinical indicators should be further developed for looked after children, together with a co-ordinated approach to the collation of information.			
121.	We recommend that the arrangements for healthcare at the Hillside Unit and any other non-NHS secure unit opened in Wales should include direct access to secondary psychiatric, psychological and paediatric services.			
45.	We recommend, as already required by DGM(94)26, that there should be a registered children's nurse on duty at all times in every children's ward and staff trained and experienced in the care and treatment of children available at all times in accident and emergency departments and minor injuries unit, and in outpatient departments where children are seen.			
46.	We recommend that every NHS Trust should review the provision and development of children's community nursing services, to reduce hospital admissions and manage continuing care in the home setting.			
47.	We recommend community children's nurse teams be developed as part of the integrated child health services to meet the needs of children who could be managed in the community setting.			
48.	We recommend an All Wales strategy to develop managed networks for children's community nursing to best use resources.			

<b>No.</b>	<b>Recommendation</b>	<b>Action to date</b>	<b>Future Action Proposed</b>	<b>By whom &amp; Date</b>
54.	We recommend that all school nurses should be employed within the NHS, and seen clearly as a valued part of the primary care system and the recommendations contained in ' <i>Recognising the Potential: A Review of Health Visiting and School Health Services in Wales</i> ' should be implemented.			
55.	We recommend that every NHS trust should review the provision and management of the school nurse service, with the aim of providing an attractive career structure and a more effective service.			
56.	We recommend that NHS organisations should review the public health function of health visitors, to enable them to make a greater contribution to child protection among vulnerable groups in the community.			
57.	We recommend that nurse, midwife and health visitor consultant posts should be created in primary care settings.			
68.	We recommend that the standards for nursing should include appropriate levels of nurse provision on paediatric and children's psychiatric units and clear recommendations on how nursing staff should be led and managed.			
78.	We recommend that where agency nursing staff are employed, they should be suited to purpose and fully insured to carry out all role appropriate functions.			
95.	We recommend that career pathways for registered children's nurses should be appropriate to care for children in the community and school settings.			
134.	We recommend the UKCC and its successor review the current information for employers and managers and to give consideration to how it receives evidence from children in their processes for conducting investigations and hearings relating to professional conduct in cases of alleged child abuse.			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
7.	We recommend that sick children should be placed in children's wards whenever possible. If in adult wards, they should be nursed in a side room and access should be refused to other patients who are not their close relatives. Children should be removed from adult to children's wards as soon as possible. While on an adult ward children should have the same access to parents, qualified staff and facilities that they should have on a children's ward. Total management should be overseen by the paediatric team.			
8.	We recommend that the goal of separate adolescent provision from children and adults should be explored by policy makers and considered actively by management in all hospitals.			
9.	We recommend that each hospital in England providing acute facilities for Welsh children should be required to agree a policy for the placement of adolescents.			
13.	We recommend that commissioners of tertiary services from English providers ensure compliance by those providers with the recommendations of this report.			
50.	We recommend that, as refurbishment and new development occur, it should be a design criterion that accident and emergency departments and minor injury units and outpatient departments should have separate entrances, waiting areas and treatment areas for children. At the very least, there should be a separate waiting room.			
51.	We recommend that staff working in accident and emergency and minor injury units are trained to recognise that teenagers presenting with substance misuse or deliberate self harm may be demonstrating underlying illnesses for which they need attention.			
75.	We recommend that consideration should be given to a pilot project in Cardiff whereby the children's services of the University Hospital would take over the running of children's acute and community services throughout the Cardiff city and county area, building on the example of the Philadelphia Children's Hospital in the USA.			
96.	We recommend that radiologists and radiographers who deal with children should be trained in child protection issues.			
109.	We recommend that postmortem examinations of children should be conducted by paediatric pathologists and should take place as near as possible to the place where death			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	has occurred or been certified. We recommend that where possible the Paediatric Pathologist should obtain a full clinical history from a Consultant Paediatrician before confirming the cause of death. All parents should be fully informed at all stages and in detail of the postmortem procedures that are being followed including the removal and examination of organs.			
110.	We recommend that it should be the practice in radiology areas for parents to remain with their children to the greatest possible extent.			
14.	We recommend that all the safeguards and standards that apply to children who are physically sick apply to those with mental health problems and disorders or disabilities.			
29.	We recommend that the new lines of accountability between the Director of the NHS in Wales and the NHS should include responsibilities for implementing ' <i>Everybody's Business</i> '.			
30.	We recommend that the National Assembly for Wales should review urgently the adequacy in Wales of therapeutic services for sufferers of abuse in the light of the current knowledge, skills and thinking on this topic and encourage the Minister for Health and Social Services to set this as a high priority within the agenda created by the All Wales CAMHS Strategy.			
42.	We recommend that a multi-disciplinary body accessible to and by the National Assembly should be established to ensure that ' <i>Everybody's Business</i> ' is implemented and that the patient – centred, multi-disciplinary approach is implemented in full.			
67.	<p>We recommend that measures be taken to avoid isolation of the child and adolescent mental health services and particularly of day care and inpatient units. They should include ensuring that:</p> <p>j. Each unit is linked to a network of outpatient services in the area it serves (notwithstanding the requirements of the All Wales CAMHS Strategy that these services should be commissioned on an All Wales basis with which we wholly concur);</p> <p>k. All senior staff of all disciplines in day and inpatient units should have duties elsewhere that take them away from the units for a part of each week;</p>			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	<p>l. Some staff whose duties are primary elsewhere should have part – time duties in inpatient units;</p> <p>m. No consultant works as the sole consultant to a specialised unit;</p>			
	<p>n. There is a consultant in a clinical charge for each unit who has clear contractual requirements for explicit leadership and managerial responsibilities that pertain to his or her post;</p> <p>o. The appointment of a consultant in clinical charge should be rotated between two or more consultants over a period of years in a way that balances stability with openness to new ideas and new emphases;</p> <p>p. Professional mentoring and supervision are available;</p> <p>q. Every member of staff has a personal development plan, funded CPD and is appraised annually;</p> <p>r. Non – executive directors and directors of the professions as well as responsible directorate and trust board level managers make regular and purposeful thematic visits.</p>			
77.	We recommend that NHS bodies should attempt to provide a skills mix for CAHMS patients to meet all expected requirements, and should always be prepared to buy in services from elsewhere to ensure appropriate care.			
103.	We recommend that the standards for training and managing nurses developed by the All Wales CAMHS Nursing Forum be used as the basis for seeking agreed UK-wide training standards for nurses working in CAMHS.			
108.	We recommend that staff transferring from adult mental health to CAMHS, and staff working with both adults and CAMHS patients, should undergo additional training including that on child protection issues.			
124.	We recommend that progress should be made towards providing sufficient secure			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	CAMHS accommodation within Wales for all Welsh patients.			
125.	We recommend that detailed appraisals, clinical review and corporate supervision should be developed for all grades of clinical staff working in child and adolescent mental health services.			
126.	We recommend that staff who are not trained in CAMHS should have no involvement with CAMHS patients even when they are in adult wards.			
127.	We recommend that all CAMHS staff should have mentoring services available on demand.			
128.	We recommend that the services provided currently by psychological therapists in primary care should be the subject of detailed evaluation, with a view to their being consolidated into CAMHS strategy at Tier 1 while remaining a part of primary care.			
129.	We recommend the development of managed clinical networks for all young patients, with a particular emphasis on those children with CAMHS involvement.			
130.	We recommend that CAMHS patients should only be made subject to Mental Health Act 1983 restriction orders when it is strictly necessary for genuine clinical reasons.			
140.	We recommend that in CAMHS there should be investment in clinical management and leadership development.			
142.	We recommend that there should be ongoing and volume consumer research into satisfaction levels with CAMHS services.			
150.	We recommend that a study is conducted with all interested agencies into the feasibility of establishing a residential therapeutic facility for mothers and babies in Wales.			
15.	We recommend that the Director of the NHS in Wales should take action to secure the same high standards of childcare in all statutory provision regardless of agency and agrees with the Chief Inspector of the Social Services Inspectorate for Wales that the			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	NHS will reduce voluntarily the qualifying period for S 85 to one month irrespective of whether or not young people have weekend leave.			
32.	We recommend that every NHS organisation and each local authority should consider urgently ways of improving services to children, taking into account the opportunities offered via the new flexibilities envisaged under the <i>'Health Act 1999, section 31'</i> .			
37.	We recommend that in every NHS organisation there should be designated a suitable person to act as liaison with the Children's Commissioner for Wales. A small amount of protected time should be provided to facilitate this role.			
69.	We recommend that all agencies must be enabled to discharge their statutory responsibilities through receiving inputs from other agencies. This is likely to require enhanced support to SSDs and LEAs from primary and secondary health care services and vice versa.			
123.	We recommend that the statutory and non-statutory agencies should plan together with the intention of avoiding unilateral decision on the remit of particular agencies, avoiding making unwarranted assumptions about the capabilities and spans of responsibility of other relevant organisations and to share responsibility for identifying and filling gaps in services between them.			
17.	We recommend that a National Director of Children's Healthcare Services be appointed for Wales, to promote improvements in clinical healthcare services provided for children.			
22.	We recommend that, following the current round of reform, government policy towards the NHS in Wales should be founded on a presumption against further major change unless it is clearly necessary to improve clinical effectiveness and safety of patients.			
18.	We recommend that a small number of accurate and comprehensive policies and protocols on child protection should be agreed on an All Wales basis as the recognised guide to good practice. These should be reviewed regularly and systematically. They should be disseminated in a routine and efficient way.			
19.	We recommend that the effect of the devolution of power to Wales, and the increase in democratic accountability consequent upon the creation of the National Assembly,			



No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	<p>should be taken fully into account in the formation of child protection policy. In the light of this, we recommend that ‘ownership’ of child protection policy should be seen as a national responsibility, though functionally developed to the different parts of Wales. The reasoning behind policy and the force for its implementation should come from the National Assembly, which should be the foundation upon which robust child protection policies are laid. There should be an audit-capable consistency of approach and delivery at functional level.</p>			
20.	<p>We recommend that the strategic management of Child Protection in the NHS in Wales should come from the National Assembly.</p>			
21.	<p>We recommend that civil servants implementing the recommendations of this report and any policy connected with Child Protection should be trained in Child Protection issues; that the National Assembly’s Child Protection Committee (NACPC) should develop transparent and formal links with the Cabinet Children’s Committee; and that links with Welsh education, social and police services should be a routine part of the consultative processes of all concerned in policy development and implementation in respect of Child Protection in the NHS.</p>			
26.	<p>We recommend that the guidance in ‘<i>Working Together</i>’ should be issued to the NHS under similar statutory provisions to those which apply to the social services departments of local authorities. This may require primary legislation.</p>			
31.	<p>We recommend that, within a year of the publication of this Report, a Welsh national child protection set of documents be produced, containing policies, protocols, standards and publications appropriate to every NHS setting.</p>			
33.	<p>We recommend that, within 6 months of publication of this Report, all designated and named professionals should be allowed protected time to perform their given function.</p>			
34.	<p>We recommend that all designated and named professionals should, for the child protection part of their work, be managed by an All Wales NHS Child Protection Service. This Service should be ultimately accountable to the National Assembly, with a dedicated management group having few competing priorities. There should be a Director of the Service, a consultant in public health medicine. The Director should be</p>			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	required to prepare an annual report on child protection for the National Assembly.			
35.	We recommend that the Director of the All Wales NHS Child Protection Service should chair a group consisting of all the designated professionals in the country, together with co-opted members from outside interests connected with child protection. This group should act as the centre for training initiatives and for information distribution throughout the Welsh NHS. Area groups chaired by designated professionals should follow the same pattern.			
36.	We recommend that named professionals should continue to lead child protection procedures at trust and local health boards level			
41.	We recommend that the National Assembly for Wales should take the necessary organisational measures to ensure that it remains fully accountable on all issues of child protection, including co-operation between and within agencies, and the dissemination of information.			
64.	We recommend that hospitals have clear policies and procedures setting out the duties placed on employers and staff for ensuring the safety of children in their care when outside NHS premises that balance Children's freedom to leave hospital premises on their own.			
71.	We recommend that re-appointment into designated professionals' posts should be an exception to the embargo on new Health Authority appointments between now and April 2003.			
72.	We recommend that all existing NHS staff in Wales whose work brings them into contact with children should be police checked as soon as is compatible with the establishment and development of the Criminal Records Bureau.			
73.	We recommend that, in the interval before the new CRB system is in place, attention be directed by employers in the NHS and the universities to resolving the most evident irregularities and inconsistencies in the present system.			
99.	We recommend that prospective training programmes be established for any staff in the NHS Directorate in the Assembly who are likely to deal with abuse.			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
113.	We recommend that NHS Direct Wales should be enabled to gain access to local authority child protection registers.			
114.	We recommend that all working in the field of Child Protection recognise that the degree of confidentiality in each case should be governed by the need to protect the child, so that all professionals dealing with the educational, social and health needs of a suspected victim of abuse should have reasonable access to relevant information.			
115.	We recommend that, subject to secure password safeguards, accident and emergency outpatient and minor injury units staff should be able to gain access to local authority child protection registers; and that social services should on reasonable request be given access to the relevant parts of a child's health records provided that disclosure is for the protection of the child's physical or mental health.			
137.	We recommend that critical incident recording should be enhanced; and that tape-recording facilities should be made available to enable those with parental responsibility, advocates and Gillick competent children to make a recording of a discussion with a healthcare professional when a serious complaint is being discussed.			
27.	We recommend that systems are set in place for more effective communications across responsible divisions, branches and sections within the National Assembly for Wales and we commend a client group approach.			
43.	We recommend that all NHS service providers should develop improved human resources policies that include: systemic methods of investigating allegations of abuse; acceptance by staff and managers of timely and efficient disciplinary procedures (sometimes necessarily including suspension) as the means of investigating abuse and determining whether it has occurred; and the provision of proportionate advice and assistance to accused staff to deal with allegations and hearings.			
44.	We recommend that the NHS should recognise fully the value and expertise that has been developed by community paediatricians in ensuring the safety of children, and that the target should be for every community in Wales to enjoy a paediatric service in which this expertise (community paediatricians' expertise) is appropriately represented and available. At present, this means that there should be an appropriate balance between			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	hospital and paediatric child health services. In the future, if these two branches of paediatrics were brought together, the functions required of an integrated paediatric and child health service should be kept under review. Either way a proper balance of community and hospital based expertise and functions must be maintained and the posts required must be funded.			
52.	We recommend that all allied health professions should be given clear information as to their lines of management and professional direction.			
61.	We recommend that an independent procedure should be established to enable just determination of situations in which a teaching institution wishes to exclude a student whom it considers to be of a personality or character unsuited to clinical practice.			
65.	We recommend that the National Assembly for Wales should ensure that the NHS, all agencies responsible for children, educational establishments, and any other bodies responsible for training staff, professional or otherwise, who come into contact with children, issue competent personnel guidance on disciplinary and performance processes and proper recording of them. The advice should include guidance on disclosure of confidential information and of all relevant health records, the timing, thresholds and regulatory mechanism of referral to statutory bodies, and the impact of POCA and the Care Standards Act 2000.			
66.	We recommend that all NHS bodies (especially Trusts) should appoint professional and legal advisors who are members of the children's panel and who are familiar with the children's services and the NHS body provides. They should advise and train the board and subordinate managers and practitioners on lawful and appropriate delivery of care and treatment of children.			
70.	We recommend that all units in the NHS should have management arrangements in which who is in charge and the lines of communication between the person in charge and their superior managers and subordinates are clear.			
76.	We recommend that clinician managers should be able to prove their competence to manage, and should be given protected time for allocated sessions to carry out their			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	managerial role.			
79.	We recommend that all NHS employers should place especially stringent contractual terms on employment agencies for the quality assurance of locum doctors.			
80.	We recommend that no locum doctor should start work without a full and proper check having been carried out on his / her references, in accordance with good human resources practice.			
81.	We recommend that before staff are recruited directly from abroad in jobs with unsupervised access to children they should have completed at least 6 months' continuous probationary period with the same UK employer, and should have been fully trained and counselled on the importance of Child Protection and Child Protection measures.			
82.	We recommend that the reasons for taking any disciplinary proceedings; the nature of the proceedings and the outcome of the proceedings should always be clearly noted on the personnel file of the individual.			
83.	We recommend that in every part of the NHS, whether for clinical staff or others, rigorous recruitment procedures based on sound human resources practice should be followed.			
85.	We recommend that for the employment of staff from abroad wherever possible attempts should always be made to follow the same recruitment procedures as for UK staff.			
86.	We recommend that appointments in the NHS or contractor professions offering NHS services should only be offered after the completion of police, professional and personal checks and that no staff should be allowed unsupervised access to children before completion of all checks.			
87.	We recommend that every NHS employer should designate an officer at senior level who will make decisions about whether an appointment should be made in cases where a previous conviction or other relevant information is disclosed following a criminal records check. The reason for any such decision should be clearly recorded.			
88.	We recommend that measures be taken to secure a sufficient number of paediatricians to meet the needs of Welsh children, so that paediatric medicine can function without a			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
	ration mentality.			
89.	We recommend that the employment of play specialists should be developed widely, and that they be supported in their training and their qualifications be duly acknowledged.			
90.	We recommend that it should be invariable practice for written references to be followed up by telephone conversations with referees.			
91.	We recommend that giving a misleading reference should be regarded a serious breach of discipline.			
92.	We recommend that every NHS employer should have designated appointment officers above the level of appointees, to ensure that correct recruitment policies have been followed in each case.			
93.	We recommend that urgent measures be pursued to increase college places for registered children's nurses including the encouragement of mature nurses to develop their skills and opportunities through such training.			
94.	We recommend that the ability to recognise the signs of sexual, physical and emotional child abuse should form part of the mandatory and continuing training of all staff having contact with children.			
100.	We recommend that induction training for all NHS staff should include a suitably tailored child protection component.			
101.	We recommend that local health boards should lead self-financing training sessions for taxi and minibus drivers from the private sector used to transport children for NHS purposes.			
102.	We recommend that all relevant organisations should review the training, supervision and support of all staff who deal with sensitive and potentially traumatic material.			
106.	We recommend that staff should be encouraged to obtain further qualifications, and to receive continuing leadership and management development.			

No.	Recommendation	Action to date	Future Action Proposed	By whom & Date
107.	We recommend that staff should be trained in the 'one up two down' principle, to ensure deeper knowledge of the areas in which they are employed, and better and more flexible skills.			
132.	We recommend that the General Medical Council should consider amending ' <i>Good Medical Practice</i> ' by adding a separate section reminding doctors of the need to inform themselves of child protection issues as a prerequisite of competent practice. We recommend the General Dental Council to consider taking corresponding steps.			
136.	We recommend that registration bodies should include with registration information details of all adverse disciplinary findings recorded by them.			
138.	We recommend that provision should be made for staff to obtain separate legal advice independent of management where issues surrounding abuse are made, in the absence of such advice being available via trade unions and professional bodies.			
139.	We recommend that legal advisers to management should only be engaged once the organisation has satisfied itself that they have the knowledge and expertise to deal with child protection issues as they arise.			
141.	We recommend that whistleblowers in the NHS be protected by the incorporation onto the NHS in Wales of the recommendations on sentinel events made in the report ' <i>Learning from Bristol</i> '.			
39.	We recommend that the National Assembly should give full support to the development by the new Criminal Records Bureau of a call centre providing in a speedy and efficient way certificates required by NHS employers in Wales.			
122.	We recommend that the potential use of a single system or compatible data systems capable of acquiring, exchanging and sharing information between the NHS and local authority social services departments should be explored. The development of an all Wales health and child protection database would be in the interests of children.			

<b>No.</b>	<b>Recommendation</b>	<b>Action to date</b>	<b>Future Action Proposed</b>	<b>By whom &amp; Date</b>
143.	We recommend that information concerning child protection issues should become readily available to GPs via the Internet.			
144.	We recommend that all NHS trusts and other health care providers should have robust and realistic mechanisms for recording and learning from untoward events that are sensitive to the needs and circumstances of children and young people and open to audit.			
145.	We recommend that the National Assembly for Wales should review its methods of transmission of important guidance and agrees with the NHS a timescale, the resources and training required for implementation and feedback pathways in each instance.			
146.	We recommend that the quality and information for children in need contained in medical records be improved, with a view to the emergence of a 'virtual clinic' to develop a personal health record unifying all health information. This would be especially valuable for looked after children.			
147.	We recommend that the National Assembly's proposed National Plan for Information Management and Technology takes further account of the recommendations of this report.			
148.	We recommend that the previously recommended development of a NHS data set forming an electronic health record at primary care level be expedited; and the development of a Welsh data set, in which primary health care records could be linked with local authority held child protection information.			
149.	We recommend that all potential contributors of child protection data should receive training in the creation and analysis of such data.			