

## Caleb Ness Inquiry: Action Plan Progress

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### The City of Edinburgh Council

13 November 2003

#### Purpose of report

- 1 To report on progress with the outline action plan approved by the Council on 16 October 2003.

#### Background

- 2 The Council agreed the approach set out in my reports at its meeting on 16 October 2003. There are four areas for immediate action:
  - a review of all children on the Child Protection Register;
  - a review of child protection procedures and practices;
  - an investigation of any staffing matters emerging from the publication of the Inquiry Team's report; and
  - the action to be taken over an estimated period of four months to implement the 35 recommendations made by the Inquiry Team.
- 3 This report shows progress with the action plan for these vital areas. Development of the outline work plan is set out at Appendix 1 and an overview is given in this report.
- 4 I have continued to prepare this review in close contact with the relevant senior officers at the Scottish Executive, including the Social Work Services Inspectorate and partner agencies.
- 5 On a pro-tem basis, the Director of Education has assumed responsibility for providing management oversight of the Social Work Department. He will be supported by the present Heads of Business Services, Planning and Commissioning and Operations. Formal arrangements have been made to fill the statutory position of Chief Social Work Officer in terms of the Social Work (Scotland) Act 1968, as amended by the Local Government (Scotland) Act 1994, through the appointment of the Head of Operations to cover this role, with the Head of Planning and Commissioning deputising, as appropriate. These arrangements include a shared approach to decision taking on child protection related matters. The involvement of NHS staff is also included, wherever possible.

## The Child Protection Register

- 6 I reported to the Council that a two-stage exercise would be undertaken to review the 344 children on the Child Protection Register.
- 7 Phase 1 of that exercise was an initial risk assessment of each child on the Child Protection Register, including a visit by qualified staff to each child. The assessment was undertaken by using 10 key checkpoints agreed by the Council on 16 October and which have been shared with the Scottish Executive. This work was completed on 31 October and the results are being analysed at the moment. It should be noted that it has not, as yet, been possible to gain access to one of the children but that the meeting is scheduled to take place on 13 November.
- 8 This effort will be paralleled by NHS staff and NHS Lothian anticipates that its exercise will be finished in mid November. The output from these two processes will be brought together as a shared building block for phase 2.
- 9 In Phase 2, the protection plan and placement of every child will be comprehensively reviewed. The process will reflect the outcomes of the O'Brien Report, the procedures and processes contained in the Child Protection Guidelines, the recommendations of the National Review (*It's Everyone's Job to Make Sure I'm Alright*) and the comments made to the Social Work Department by the Scottish Executive on the methodologies submitted to them.
- 10 This process will include the following:
  - for those children whose cases have been reviewed within the last month, the child protection plan will be considered by a Service Manager and validated; and
  - for those children whose last review was over one month ago, a new review will be scheduled by the inter-agency staff involved in the care of the child and each review conference will be independently chaired.
- 11 A core group of nominated senior staff from each agency will be identified and will be required to consider and "sign off" as valid the outcome of each child's review.
- 12 I indicated that an external review element will be built into the process. The multi-disciplinary nature of child protection procedures will be reflected in the external scrutiny. I am currently appointing an external review team from three disciplines, in conjunction with the Chief Executive of NHS Lothian and the Chief Constable. The team will comprise health, police and social work professionals who have skills and experience in child protection. They will validate the above processes and procedures for the comprehensive review and will personally undertake a sample of the reviewed cases from phase 2.
- 13 By using statistically sound techniques, the external team will identify a sample of at least 10% of the 344 children on the Child Protection Register and validate these as the comprehensive review progresses. Phase 2 of the exercise will be completed by the end of January 2004.

## **Governance and Management Arrangements**

- 14 As indicated in my previous report, a main Reference Group of elected members and inter agency representatives has been established and met for the first time on 4 November 2003. That meeting concentrated on updating members on progress made to date. It is anticipated that, as the action plan develops, the Reference Group's role will change from general updating and progress review to acting more as a sounding board for policy and service issues. I intend to prepare a remit for the Reference Group to consider and to establish a schedule of meetings for the next four months or so.
- 15 The work required to address the action plan arising from the Caleb Ness report, the ongoing work of the Social Work Department and related review activity is extensive. Clarity is needed over the governance and management arrangements and work is well in hand on this.
- 16 I am currently establishing a Steering Group, at senior level, to take forward the work strands identified above. I shall personally chair the Group, which will include the Directors of Education and Corporate Services Chief, the Depute Chief Constable and a Director level representative from NHS Lothian. I am also making arrangements for an external adviser to join the Steering Group.
- 17 It will be recalled that the Council previously agreed to participate in a pilot exercise sponsored by the Scottish Executive on children's services/community planning. In my report to the Council on 18 September 2003, I proposed that a "leadership group", drawn from the Council and NHS Lothian, should be established to oversee the pilot project. To avoid over-complexity it is suggested that the Reference Group should assume the leadership responsibility, supported by the Steering Group, for the pilot.
- 18 A detailed project plan is being prepared to guide the work of both the Steering Group and the Reference Group. Specific, named individuals will be responsible for delivering tasks allocated to them. Staffing and other resources will be made available to ensure that priority is given to delivering the various tasks.
- 19 Communication with staff and other key stakeholders is a vital requirement within the project plan. To ensure that all members of Council are kept informed of progress and development I have asked the Director of Corporate Services to make use of the recently introduced members' bulletin system.

## **External Advisers**

- 20 In October, the Council endorsed my proposals on the involvement of external advisers.
- 21 Good progress is being made in this regard. An approach has been made to an individual with extensive senior management experience in Social Work to serve initially as an adviser to the Steering Group, me and the Director of Education. Contact has also been made with a number of individuals who could undertake the review audit described above in paragraph 13 of this report. In addition, an individual who can provide external oversight of the staffing issues arising from the O'Brien report has been identified.
- 22 It is anticipated that confirmation of these appointments will be made over the next few days and I shall ensure that all members of the Council are informed when the position is finalised.

## Procedures and Practices

- 23 Members of the Council will be aware that the issue of child protection has an extremely high profile with both the Scottish Executive and the Parliament. There was discussion in Cabinet last week which, it is anticipated, will lead to further advice and guidance on greater joined-up working. In particular, the following were highlighted:
- the need for joint assessment;
  - the benefit of information sharing protocols; and
  - an increase in child protection training for social workers.
- 24 A half-day has been set aside on 14 November 2003 for a meeting involving the Council, NHS Lothian, the Police and the Scottish Executive. It is anticipated that this will help clarify the Executive's position and will assist in establishing the detailed terms of reference for the review of child protection within the authority and the introduction of quality assurance systems.
- 25 I shall advise the Reference Group and members of the Council on the child protection review remit over the next few weeks.

## Staffing Issues

- 26 I confirmed in my previous report that the Director of Corporate Services will carry out a detailed investigation into the actions of Council employees in this case. Progress has been made in:
- establishing the issues to be investigated and the witnesses to be investigated;
  - setting a timetable for the investigations and any potential disciplinary hearings; and
  - identifying the information that the investigating teams will now need to carry out the programme of interviews.
- 27 The investigations will be co-ordinated by the Director of Corporate Services as the Nominated Officer, supported by the Head of Human Resources as his HR Adviser. Three investigating teams have been established and are working to a programme timetable of :
- |                                |                             |
|--------------------------------|-----------------------------|
| ● team appointed               | end October                 |
| ● interviews start             | mid November                |
| ● reports to Nominated Officer | November/December           |
| ● hearings held                | December 2003/January 2004. |

## The Inquiry's 35 Recommendations

- 28 The full response to the 35 recommendations from the Inquiry is being progressed with all the appropriate agencies. Appendix 3 updates the matrix presented to the Council in the previous report. It demonstrates that joint action plans are being developed with NHS Lothian. It also contains a description of the outcomes which the Council and NHS Lothian expect to arise from the actions proposed. Meetings have been held with each of the NHS Trusts to identify lead managers and specialists to carry forward the action on the recommendations.

## Budget Implications

- 29 The resources needed to implement the action plan are being assessed and will be reported to another meeting.

## Recommendations

- 30 It is recommended that the Council notes this progress report.



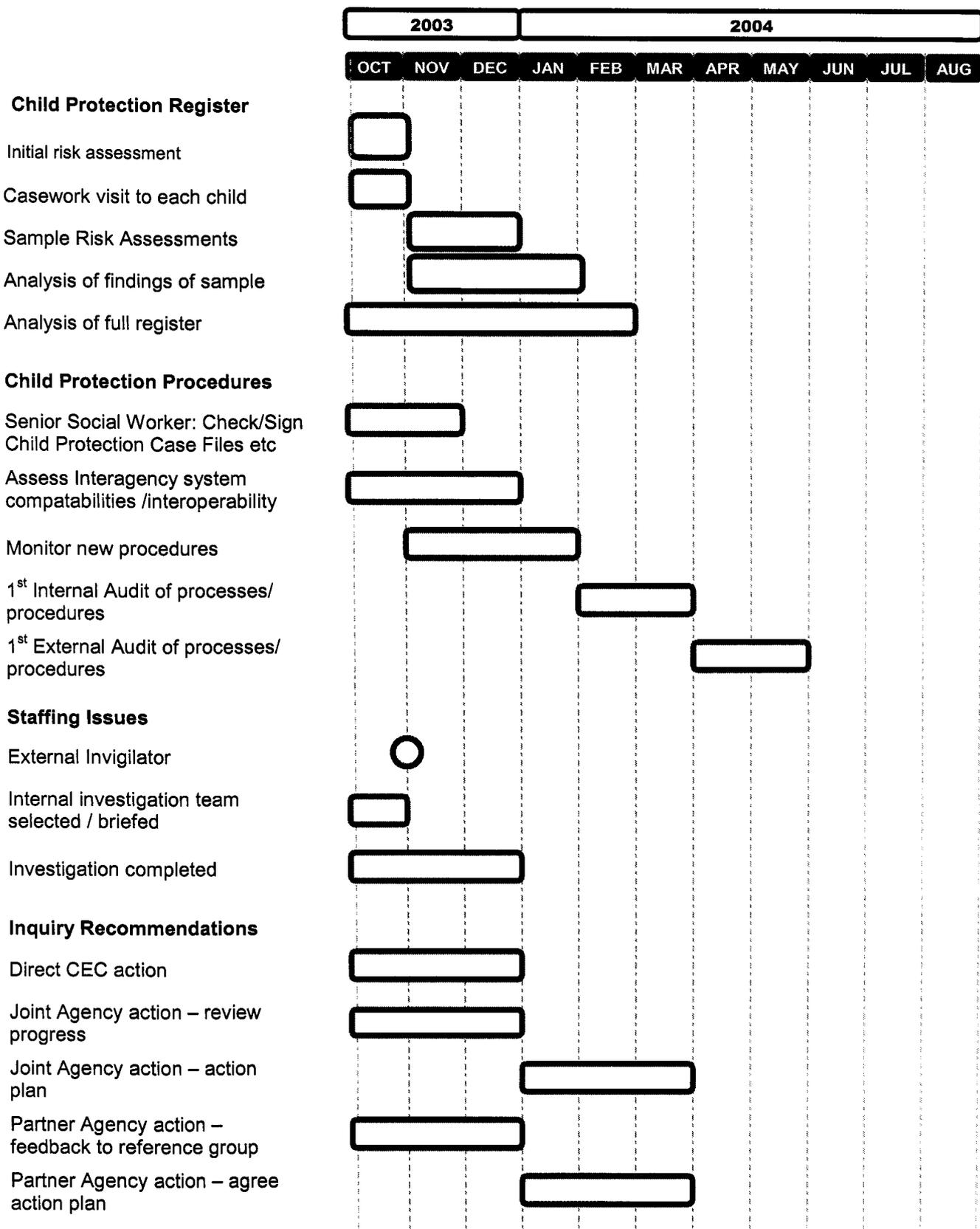
Tom Aitchison  
Chief Executive

10/11/03

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<b>Appendices</b>	Appendix 1 Detailed work plan Appendix 2 Proforma of Recommendations
<b>Contact/tel</b>	Tom Aitchison 460 3002
<b>Wards affected</b>	All
<b>Background Papers</b>	Report of the Inquiry into the Death of Caleb Ness Reports to Council – 16 October 2003

APPENDIX 1



## **APPENDIX 2**

### **The Inquiry Team's 35 Recommendations: JOINT NHSL/CEC ACTION PLAN**

O'Brien Inquiry  
 Joint NHS/CEC/L&BP Action Plan  
 DRAFT AT 31 OCTOBER 2003 – FOR JOINT CONFIRMATION

<b>RECOMMENDATION</b>	<b>ACTION REQUIRED</b>	<b>LEAD AGENCIES/SWD</b>	<b>TIMESCALE</b>	<b>OUTCOME MEASURE</b>
1. RECOMMEND that the CPCC minute format is changed, so that the Chairperson has an opportunity and obligation to sign the Minutes	Action Note 1 (9.10.03) requires Chairpersons to sign minutes with immediate effect. New CP conference format to be introduced for use across Edinburgh and the Lothians. Addition to CP Guidelines	CEC SWD CP Committee Co-ordinator	<u>Action Note 1</u> : 09.10.03  Draft to be considered by CPC 11.11.03	All CP conference minutes signed by Chair from 09.10.03 New format in use across CPC area from December 2004
2. RECOMMEND that an explicit discussion and decision as to whether or not the child should be discharged to the care of the parent should always be part of a CPCC for a new-born baby	Issue local (Edinburgh) interim guidance. Amendment to current Joint Child Protection Guidelines so that this is required across the Lothians	CEC Social Work Department  CP Committee Co-ordinator	<u>Action note 2</u> : 31.10.03	CP Case Conference format amended to require consideration as to discharge to parental care in case of new-borns from 03.11.03
3. RECOMMEND that a Joint Working Party prepares a Joint Protocol to inform the treatment and care of babies born with neonatal abstinence syndrome.	Joint Working Group led by NHSL & drawing on existing work in West Lothian NHS Trust & LUHT CPC to develop inter agency protocol	NHSL + CEC CPC	TBC	Interagency guidelines produced re neonatal abstinence syndrome
4. RECOMMEND automatic referral to the Social Work Department of any baby born with neonatal abstinence syndrome, who has not been identified pre-birth.	As for (4). Should be noted that some babies may not be diagnosed until after return home – include community health services	NHSL + CEC Include CDPS CPC	TBC	Social Work Department receives information on all babies with neonatal abstinence syndrome

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5. RECOMMENDATION that the Trust organises and funds mandatory child protection training, as identified by their own specialist.	Assess need & design training Linked to recommendation 7 Importance of inter agency training to be raised by CPC	NHSL per LUHT & LPCT & WLHCT	TBC	Increased skills and confidence in Trust staff
6. RECOMMEND that the Trust carefully reviews its record keeping systems to facilitate effective sharing of information.	Engage NHSL systems managers. Ensure roll-out across the Lothians. Link with recommendation 16	NHSL per LUHT & LPCT & WLHCT	TBC	SWD receives essential information consistently
7. RECOMMEND that Lothian Primary Care Trust urgently allocates resources and skilled staff to institute mandatory child protection training for staff at all levels, which must include advice on the extent to which a patient's right to medical confidentiality can be breached when a child is at risk.	<u>Training</u> – Co-ordinated action by LPCT, LUHT & WLHCT. Interagency training approach preferable <u>Confidentiality</u> - Develop existing protocol & draw from "Joint Future" work on data sharing & confidentiality. Link to recommendations 14, 15 & 20	NHSL per LPCT & LUHT & WLHCT	TBC	Social Work Department receives essential information consistently
8. RECOMMEND that a pro forma invitation issued by Social Work Departments throughout the City should be reviewed, in consultation with the Police, and a new pro forma drawn up, which offers the Police far more information.	Action Note 1: 9.10.03 included interim proforma for use with immediate effect. Finalise jointly in light of feedback on use/ Consider extending to use with all other agencies invited	CEC SWD & Lothian & Borders Police, CPC	Action Note 1: 09.10.03 <i>Finalise by 7.11.03</i>	Pro forma invitations to CP case conference attendees includes names, DOB's and addresses of parents and other significant adults from 09.10.03

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<p><b>9. RECOMMEND</b> that the Police review the detail of their approach to physical and sexual abuse in collaboration with Child Protection specialists from outside the Police. Thereafter, we recommend that they re-examine their internal procedures for allocating cases.</p>	<p>Internal police review of procedures. New standards regarding levels of training introduced.</p>	<p>Lothian &amp; Borders Police, NHSL</p>	<p>April 2004</p>	<p>New CP inquiry arrangements agreed and implemented April 2004</p>
<p><b>10. RECOMMEND</b> that a clear understanding is reached between the Police and the Social Workers on information sharing prior to the CPCC.</p>	<p>Provision of guidance to all police officers who may attend CP case conferences</p>	<p>CEC SWD &amp; Lothian &amp; Borders Police + Child Protection Committee</p>	<p>April 2004</p>	<p>Information sharing protocols agreed and implemented April 2004</p>
<p><b>11. RECOMMEND</b> that the Social Work Department refrains from interviewing witnesses where an inquiry has been set up.</p>	<p>Investigation in progress             Clear instructions for staff and managers called as witnesses to inquiries            Amendment to Departmental Manual            CPC to develop procedure in relation to the commissioning of independent inquiries</p>	<p>CEC SWD</p>	<p>As per investigation             January 2004</p>	<p>Staff support arrangements are such that there is no possibility of influencing evidence to inquiries</p>

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<b>12. RECOMMEND</b> that the Housing Department of the City of Edinburgh reviews what happened here, with a view to streamlining and supporting applications by people suffering from brain injury.	CEC Housing, NHSL with LPCT review and develop procedure	CEC Housing Dept + LPCT	TBC	Procedure in place for applicants with brain injury
<b>13. RECOMMEND</b> that Lothian Primary Care Trust facilitates the registration with GPs of brain injury patients, with a view to providing them with appropriate care outside the hospital	As per recommendation	NHSL with LPCT	<b>TBC</b>	All patients with brain injury are registered with a GP
<b>14. RECOMMEND</b> that the section of the Child Protection Guidelines is amended to reflect the expectation that health care professions will notify the social work department if they anticipate there may be risk after birth, for a child still in utero, even if it means breaching the duty of confidentiality owed to either the mother or father.	Develop existing protocol & draw from "Joint Future" work on data sharing & confidentiality. Link to recommendations 7, 15 & 20 Protocol for Children Living with Drug Abusing Parents Amendment to current Joint Child Protection Guidelines so that this is required across the Lothians	NHSL per LUHT + LPCT & WLHCT CEC SWD CP Committee per Co-ordinator	<b>TBC</b>	Amendments to Inter agency, Health and Social Work Department sections of the CP Guidelines
<b>15. RECOMMEND</b> that a file entry is made when information is shared in this way, and in particular when liaison workers pass that information out beyond the hospital.	As for Recommendation 14 above - & link with 7 & 20	NHSL per LUHT + LPCT & WLHCT CEC SWD	TBC	Consistent accountable recording

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<b>16. RECOMMEND</b> that the LUH Trust reviews the accuracy of its record keeping for at-risk children.	Link with recommendation 6	NHSL per LUHT CPC Health Sub Committee	TBC	Consistent accountable recording
<b>17. RECOMMEND</b> that serious dialogue is undertaken to clarify the role of the Trusts' Child Protection Service within an inter-agency context	Put in place early arrangements to review, discuss and implement arrangements between agencies	NHSL per LUHT & LPCT & WLHCT CPC	<b>TBC</b>	CP Service understood within and between agencies
<b>18. RECOMMEND</b> that Lothian Health ensures that its various Trusts fund the training requirements identified by their own senior staff with management responsibility for Child Protection.	Link with recommendations 5 & 7 NHSL to co-ordinate and develop agreement	NHSL per LUHT & LPCT & WLHCT CPC	<b>TBC</b>	Increased skills and confidence in Trust staff
<b>19. RECOMMEND</b> that the best means of triggering early reviews or immediate action in response to health visitors' concerns be investigated, and improved upon, as a matter of urgency.	Engage HVs in immediate audit of 342 children on Child Protection Register Further investigation into concerns raised in report. Core Group arrangements to be formalised Addition to CP Guidelines	NHSL per LPCT, LUHT & WLHCT with CEC SWD CPC	<b>TBC</b>  <u>Action Note</u> 2: 31.10.03	Core Groups (including HVs where appropriate) confirmed during CP case conferences from 03.11.03

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<b>20. RECOMMEND</b> that steps are taken to clarify when medical duties of confidentiality towards a patient who is caring for a child can be waived.	See Recommendations 7, 14 & 15	NHSL per LUHT + LPCT & WLHCT CEC SWD	TBC	Social Work Department receives essential information consistently
<b>21. RECOMMEND</b> that Children and Families and Criminal Justice social work services review their joint working practices in this area as a matter of urgency.	Protocols developed about Criminal Justice practice in relation to children Where appropriate CJ workers to be members of Core Group	CEC SWD	21.11.03	Criminal Justice staff fulfill their responsibilities in protecting children
<b>22. RECOMMEND</b> that a checklist of invitees for CPCCs is compiled as an aid for social workers in the future.	Checklist produced and circulated to all Children and Families Teams.	CEC Social Work Department CPC CP Co-ordinator	14.11.03	Checklist in use across Edinburgh and the Lothians from 17.11.03
<b>23. RECOMMEND</b> that all agencies make it a priority to collaborate and put in place effective risk assessment processes to underpin decision making.	Assess effectiveness of current assessment processes and tools Agreement as to process to be implemented across Edinburgh pending introduction of framework across CPC area	CEC SWD + NHSL CP Committee	05.12.03  TBC	Risk assessment process agreed and implemented across Edinburgh Framework agreed and implemented across Edinburgh and the Lothians

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<b>24. RECOMMEND</b> that the use of Senior Practitioners as Chairpersons of Case Conferences is discontinued.	This practice had already been discontinued. Action Note 1 confirms that CPCCs to be chaired by Senior Social Workers and more senior officers Amendment to CP Guidelines	CEC Social Work Department CPC	<u>Action Note 1</u> : 09.10.03	Only Senior Social Workers and more senior officers chair CP case conferences
<b>25. RECOMMEND</b> that formal training in how to chair a CPCC is introduced for all new Chairpersons.	Rolling programme of training for conference chairs to be introduced. Consider different models of service delivery.	CEC SWD CPC	Proposals by 05.12.03	Rolling programme of training in place for CP chairs from January 2004
<b>26. RECOMMEND</b> that the CDPS provides information for the use of CPCCs about the inferences which can be drawn from the factual information they are providing.	Review existing arrangements, develop clear & agreed processes so that information provided contributes to assessment of parenting capacity	NHSL with LPCT, LUHT, WLHCT & CDPS CEC Social Work Department CPC	<b>TBC</b>	Information provided to CP case conferences helps assessment of parenting capacity
<b>27. RECOMMEND</b> that Social Workers involved with CPCCs in Lothian are encouraged to refer to the Reporter, where there is a history of previous children who have been taken into care, unless the circumstances are exceptional.	Instruction was issued February 2003 to this effect. Action Note 1 issued 9.10.03 reinforces this requirement.  Addition to CP Guidelines	CEC SWD CPC	February 2003  <u>Action Note 1</u> : 9.10.03	Children are referred to the Reporter in these circumstances

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28. RECOMMEND that CPCC Chairs, in discussion with the Reporter, agree appropriate referral criteria.	Develop work on thresholds with Reporters. Link with Reporter	CEC Social Work Department SCRA CPC	TBC	Referral criteria agreed and implemented
29. RECOMMEND that resources are allocated for the employment and training of administrative staff to take and type up Minutes relation to CPCCs.	Assess financial implications, and secure funding. Agreement now given & JD drafted. Advertise asap. Link with Chairs training	CEC SWD	January 2004	Dedicated administration arrangements in place for CP case conferences
30. RECOMMEND that the pro forma Minutes are changed slightly, to include a section for signature by the Chair of the relevant CPCC.	Amend Minute form. (See Rec. 1).  New CP conference format to be introduced for use across Edinburgh and the Lothians. Addition to CP Guidelines	CEC SWD CPC	Action Note 1: 9.10.03  Draft to be considered by CPC 11.11.03	All CP conference minutes signed by Chair from 09.10.03 New format in use across CPC area from December 2004
31. RECOMMEND that the supervising Senior Social Worker should attend Child Protection Case Conferences, along with the case worker from the Children and Families Team.	Senior social workers to attend CPCCs along with main grade workers	CEC SWD CPC	October 2003	Supervising Senior Social Workers attend CP case conferences from October 2003

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<p><b>32. RECOMMEND</b> that consideration should be given to this model of a "core group", as a means of developing and implementing the Child Protection plan.</p>	<p>Consider options.  CPC to consider  Amendment to CP Guidelines</p>	<p>CEC SWD &amp; NHSL CPC CP Co-ordinator</p>	<p>Action Note 2: 31.10.03</p>	<p>On interim basis Core Groups (workers with key roles in protecting the child and named in Child Protection Plan) established by CP case conferences in Edinburgh from 03.11.03</p>
<p><b>33. RECOMMEND</b> that senior managers with responsibility for child protection practice have appropriate training to discharge that responsibility, in every agency.</p>	<p>Consider appropriate training at different management levels, appropriate to tasks required.</p>	<p>NHSL + LPCT &amp; LUHT &amp; WLHCT CEC SWD Lothian &amp; Borders Police CPC</p>	<p>05.12.03</p>	<p>Rolling programme of training for all senior managers with responsibility for Child Protection SWD senior managers to be trained from January 2004</p>

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<p><b>34. RECOMMEND</b> that the Chief Executives and Medical Directors give urgent consideration to lines of accountability.</p>	<p>Clarity will be defined around existing roles and will determine roles and responsibilities within the unified NHS.            Consider automatic links between Health/Police &amp; SW senior managers in most serious cases</p>	<p>NHSL + LPCT &amp; LUHT &amp; WLHCT            CEC SWD            Lothian &amp; Borders Police            CPC</p>	<p>05.12.03</p>	<p>Clarity as to roles within and between agencies</p>
<p><b>35. RECOMMEND</b> that an independent audit of Child Protection cases is carried out.</p>	<p>Management audit commissioned with immediate effect            Commissioning of independent audit to be considered            Health Visitors to be asked to make parallel assessment</p>	<p>CEC SWD            NHSL            CPC</p>	<p>31.10.03</p>	<p>All children placed on CPR seen by 31.10.03            All CP case files audited by managers by 31.10.03.</p>