North of Scotland Child Protection Managed Clinical Network



October 2019

Welcome back to the North of Scotland Managed Clinical Network (MCN) Child Protection Newsletter. We aim to share our newsletter on a bi-annual basis.

As a recap, the MCN was established in 2015 and it comprises of NHS Tayside, NHS Highland, NHS Grampian, NHS Orkney, NHS Western Isles and NHS Shetland. The MCN for the 'North' works closely with the other two MCNs in Scotland, namely the MCN for the South East and the West.

The aim of the MCN and Steering Group is to support and facilitate the delivery of consistent, equitable, high quality child protection specialist health services to meet the needs of children, young people and their families in the north of Scotland. The remit of the network and Steering Group covers all clinical groups and builds on the accountable services already provided within each Health Board area and Child Protection Committees and feeds into national work that is ongoing.

We hope that this newsletter gives an update of the work and areas of interest and focus of work across the North and nationally across the Managed Clinical Networks in Scotland.



Your feedback is important to us — please send suggestions for future work or newsletters to: nospg.cyp@nhs.net

NoS Managed Clinical Network Team

Regional Joint Clinical Leads Dr Marianne Cochrane Marianne.cochrane@nhs.net



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NoSPG Regional Clinical Network Manager Isla Barton islabarton@nhs.net



October 2019 issue.....

Meet the Team!

There have been a number of changes to the team since the last Newsletter.

Regional Joint Clinical Leads:

Dr Marianne Cochrane marianne.cochrane@nhs.net

Dr Stephanie Govenden stephanie.govenden1@nhs.net

Clinical Network Manager:

Isla Barton islabarton@nhs.net

Administrator:

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Our Boards

North of Scotland comprises of 6 Health Boards:

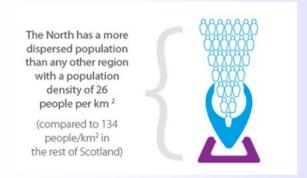
- NHS Grampian
- NHS Highland
- NHS Orkney
- NHS Shetland
- NHS Tayside
- NHS Western Isles

Together our Boards account of around 26% of the Scottish Population, around 1.4 Million people. Of these 26%, 18% are Children and Young People.

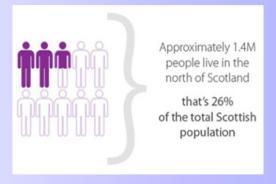
Some Population Facts about the North!

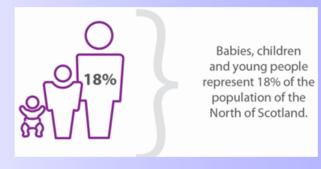
The population and how it is spread across the North of Scotland impacts on how services are designed and delivered. As part of the MCNs work plan this year we will be heavily involved in reviewing services, patient pathways and ways of working in the North. This work is being co-ordinated nationally through HIS.

The illustrations below show some of the influencing factors which must be considered when delivering services in the North, this can in some cases be quite different to service models in other areas of Scotland.









Overview of MCN Activity in the North

There is now a complete compliment of staff now in post for the NoS MCN in terms of Clinical Leads and an MCN Manager.

Focus of work for the MCN at present includes:

- The delivery of services across the NoS is being reviewed and this will include patient pathways across all six boards.
- Review of Clinical Pathways for the North, patient pathways to be explored specifically for children from the Western Isles, this piece of work will include colleagues from WoS MCN.
- Engagement with parents/carers regarding service feedback, questionnaires currently underway.
- Review of Data collated to determine service priorities/capacity/resources and inform work around options appraisal.
- Snapshot of 2018 data analysis:
 - 565 examinations in total (an increase of 22% from the 16/17 data)
 - JPFEs
 - Of the 565 examinations 234 (41%) were JPFEs
 - Of the 234 JPFEs: Sexual abuse was a concern in 115 NAI was a concern in 119
 - JPFE 206 examinations (88%) were in normal working hours, the remaining 28 examinations (12%) were OOH including weekends

The NoS MCN will continue to keep the Children and Young People's Expert group appraised of work undertaken by NoS.

Training

Clinical Evaluation of Child Sexual Abuse Update

A one day update course for paediatric and forensic doctors working in the field of child sexual abuse.

19 September 2019, Stirling Court Hotel

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01506 771841

SAVE THE DATE!

2020 Child Protection Conference

22 April 2020, ARI Medical Lecture Theatre, Aberdeen

CMO Taskforce

The Chief Medical Office Taskforce to Improve Services for Rape and Sexual Assault Victims was set up in March 2017. The CMO are providing national leadership to drive improvements in the provision of healthcare and forensic medical services for adults, children and young people who have experienced rape and sexual assault.

The CMO have set our specific 'Asks' of each Health Board area.

In April 2018 these comprised of:

- 1. Nominate a senior manager for your Health Board (who is accountable through the corporate management team for these services) to take leadership responsibility for the development and delivery of person centred, trauma informed services for victims of sexual crime, as close as possible to the point of need.
- 2. Move FME out of police settings and in to appropriate health and social care settings before the end of the financial year.
- 3. Ensure that all doctors undertaking this work are trained in trauma informed care for victims of sexual crime before the end of the calendar year.
- 4. Consider options for attracting and retaining the workforce you need to meet the HIS standards (gender balance).
- 5. Work towards having an appropriately trained nurse present during all FME.

In May 2019 an additional 5 'Asks' were requested:

- 1. Ensure timely delivery of the multi-agency objectives set out in the costed local improvement plans, including Board approved capital projects.
- 2. Develop the local (and where appropriate, regional) workforce model to ensure:
 - A female doctor and nurse chaperone are available 24/7, so that where a victim requests a choice of the sex of staff involved in their care, this can be met.
 - A nurse coordinator (s) is in post to ensure a smooth pathway of onward care and referral to other services.
 - Timely access to therapeutic and through care services.
- 3. Prepare for forthcoming legislation; the introduction of a national model for self-referrals and the potential for an increase in demand for these services.
- 4. Ensure there is readiness within local and regional delivery teams for compliance with agreed national documentation and data collection requirements.
- 5. Plan for service sustainability beyond the life of SG ring-fenced funding (end of 2020-21).

The work being undertaken by this national Taskforce has significant implications for the work of the Network and is shaping the direction of travel for service provision and models of care across the country.

MCN Work Plan Areas

The Work plan for 2019/20 has been updated and the themes from the NHS Quality Strategy have been used to identify priority areas for development. These are some of the highlights that are being taken forward.

Person Centred Care

- A questionnaire has been developed to obtain children, young people and families' experience of the Child Protection services, this piece of work is currently underway with support from Clinical Governance colleagues.
- Adopt new MCN leaflet to enhance families' knowledge of the services offered.

<u>Safe</u>

- In light of the CMO Taskforce work consistency in the standards services should be mapped against to be agreed.
- Medical staffing models to be considered and reviewed understanding that there are areas in the North where recruitment and retention are challenging. Regional solutions to be considered.

Efficient and Effective

- Training and education programme to be delivered through the MCN in the North and Nationally with colleagues in the South East and West MCNs.
- Integrate learning and good practice through participation in National Complex Case Forum.

Equitable and Timely

- Review of patient pathways in the North to ensure we are compliant with the principles of an obligate network.
- Implement routine outcome measures across the North to audit the service delivered during the OOH periods.

Child Protection MCN Steering Group Membership

There have been a number of changes across the Boards. Please see below for up to date details:

Health Board	Name	Position
NHS Grampian	Dr Marianne Cochrane	Consultant Paediatrician
	Fiona Miele	Lead Nurse Child Protection
	Dr Sarah Jarvis	ST7 Paediatrics
	Dr David Wearden	Forensic Physician
NHS Highland	Dr Stephanie Govenden	Consultant Paediatrician
	Dr Rory Grierson	ST6
	Gillian Pincock	Lead Nurse—Child Protection (Health)
NHS Orkney	Michelle Mackie	Clinical Team Lead
NHS Shetland	Kathleen Carolan	Director of Nursing & Acute Services
	Janice Irvine	Advanced Practitioner
NHS Tayside	Dr Katherine Lawlor	Consultant Paediatrician & Clinical Lead
	Jayne Smith	Lead Nurse—Child Protection
	Jeanette Fitzgerald	Head of Paediatric Nursing
NHS Western Isles	Dr Maggie Watts	Director of Public Health
	Dr Tushar Banerjee	Paediatrician/Lead Clinician
	Dorothy MacDonald	Senior Nurse Child Protection
NoSPG	Isla Barton	Network Manager
	Alison McIntosh	Child Health Administrator
Children 1st	Chris Lewis	Assistant Director—North Region

MCN Organisational Chart

