

# JOINT COMMITTEE ON HIGHER SURGICAL TRAINING



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Representing:

Dear Gordon

## Recommendations of Victoria Climbié Inquiry

The report of the Victoria Climbié inquiry was published on the 28<sup>th</sup> January 2003. Its contents make salutary reading for all professionals involved in the care of children. The report, or at least the summary and recommendations should be mandatory reading for all Clinicians who deal with children as part of their clinical duties. The report is easily accessible via the internet, a hard copy of the report can be purchased from the Stationery Office, and a free summary of the report is available from DH Publications, PO Box 777, London 7E1 6XH, FAX 01623 724 524, [e-mail: doh@prolog.uk.com](mailto:doh@prolog.uk.com).

The recommendations in the report are wide ranging. They begin by recommending the establishment of a Ministerial Children and Families Board to which a newly established National Agency for Children will report; through to recommendations which directly relate to the legislation, processes, and policies, which apply to doctors and are highlighted below.

9.39 - Recommendation:- "When the deliberate harm of a child is identified as a possibility, the examining doctor should consider whether taking a history directly from the child is in that child's best interests. When that is so, the history should be taken even when the consent of the carer has not been obtained, with the reason for dispensing with consent recorded by the examining doctor. "Working together" guidance should be amended accordingly. In those cases in which English is not the first language of the child, concerned, the use of an interpreter should be considered".

9.60 - Recommendation:- "When a child has been examined by a doctor, and concerns about deliberate harm have been raised, no subsequent appraisal of these concerns should be considered complete until each of the concerns has been fully addressed, accounted for and documented".

9.65 - Recommendation:- "When differences of medical opinion occur in relation to the diagnosis of possible deliberate harm to a child, a recorded discussion must take place between the persons holding the different views. When the deliberate harm of a child has been raised as an alternative diagnosis to a purely medical one, the diagnosis of deliberate harm must not be rejected without full discussion and, if necessary, obtaining a further opinion".

The Royal College of Surgeons of Edinburgh

The Royal College of Surgeons of England

The Royal College of Physicians and Surgeons of Glasgow

The Royal College of Surgeons in Ireland

The Society of Academic & Research Surgeons

The Association of Professors of Orthopaedic Surgery

The Specialist Surgical Associations in Great Britain and Ireland

9.72 - Recommendation:- "When concerns about the deliberate harm of a child have been raised, doctors must ensure that comprehensive and contemporaneous notes are made of these concerns. If doctors are unable to make their own notes, they must be clear about what it is they wish to have recorded on their behalf".

9.95 - Recommendation :- "When concerns about the deliberate harm of a child have been raised, a record must be kept in the case notes of all discussions about the child, including telephone conversations. When doctors and nurses are working in circumstances in which case notes are not available to them, a record of all discussions must be entered in the case notes at the earliest opportunity so that this becomes part of the child's permanent health record".

9.101 - Recommendation (a):- "Hospital Trust Chief Executives must introduce systems to ensure that no child about whom there are child protection concerns is discharged from hospital without the permission of either the Consultant in charge of the child's care or Paediatrician above the grade of Senior House Officer. Hospital Chief Executives must introduce systems to monitor compliance with this recommendation".

Recommendation (b) :- " Hospital Trust Chief Executives must introduce systems to ensure that no child about whom there are child protection concerns is discharged from hospital without a documented plan for the future care of the child. The plan must include follow-up arrangements. Hospital Chief Executives must introduce systems to monitor compliance with this recommendation".

9.105 - Recommendation:- " No child about whom there are concerns about deliberate harm should be discharged from hospital back into the community without an identified GP. Responsibility for ensuring this happens rests with the Hospital Consultant under whose care the child has been admitted".

It should be mandatory that all medical staff who are likely to come into contact with children during their professional practice should have a knowledge of the Child Protection Procedures and Practice that are current in their area. The importance of accurate record keeping and urgent and appropriate referral to the relevant authorities are once again highlighted in this report. While the responsibilities of Chief Executives of Trusts have been emphasised, Consultants whose junior staff are involved in the care of children have a clear duty to ensure that they are aware of their responsibilities in regard to the care and protection of an individual child.

Yours sincerely



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Chairman