



BEXLEY LOCAL SAFEGUARDING CHILDREN BOARD

Executive Summary

Serious Case Review

Child N

INTER-AGENCY ACTION PLAN

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
	in the future	Executive Summary on completion of criminal proceedings	SCR Panel		
1.4 Monitoring of the implementation of the Inter-agency Action Plan	Ensure all recommendations are acted upon appropriately & learning embedded	<ul style="list-style-type: none"> Monitor progress in implementation Should concerns on progress be identified as a problem SSCR Panel to bring to the attention of the LSCB rep & ensure action is taken to rectify 	LSCB Manager SSCR Panel Chair	Ongoing	<p>COMPLETED Regular updates provided to SSCR Panel and quarterly monitoring by LSCB</p> <p>No concerns on progress identified</p>
2. Recommendations to LSCB				All actions complete	
2.1 Consideration of how the lessons from this SCR in relation to the identification, assessment and response to fractures to babies and very young children might be disseminated both within the LSCB area and more widely to contribute to improving child protection services for children in hospital identified in the recent Health Care Commission report.	Children are better safeguarded through well informed & trained staff across agencies	<ul style="list-style-type: none"> The roll out of multi-agency workshops to address the learning from this SCR to raise awareness of issues around fractures in babies & young children Ensure all relevant agencies have a programme for the dissemination of learning Designated Doctor to develop a checklist for health professionals that follows the Royal College of Paediatricians guidance LSCB to commission any audit it deems appropriate to ensure that learning has been embedded in practice 	LSCB Training Officer & Manager Designated Nurse & Doctor/ Named Staff Designated Doctor LSCB Manager Quality & Effectiveness Group / LSCB Manager	July - September 2009 July 2009 September 2009 May 2010	<p>COMPLETED Monitoring of attendance at workshops to ensure agency representation</p> <p>All single agency in relevant agencies (SLHT & BCT) completed</p> <p>Checklist has been produced</p> <p>Audit of children under 2 presenting to A&E undertaken</p>
2.2 Disseminate the following specific lessons of this SCR to all constituent agencies in relation to the importance of understanding:	Children are better safeguarded through well	<ul style="list-style-type: none"> Roll out of multi-agency workshops to address the learning from this SCR & the 	LSCB Training Officer/ Manager	July-September 2009	<p>COMPLETED Monitoring of attendance at workshops to ensure agency representation</p>

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
<ul style="list-style-type: none"> The need to fully consider the possibility of physical abuse, as set out in the RCPCH guidelines, when fractures are seen in any child under 2 years The potential for child abuse in all sectors of the community, including those involved in caring professions The dangers of over reliance on what parents say as highlighted in the OFSTED <i>Learning Lessons</i> report The requirement for a referral to the LADO when there is any suggestion of abuse to the child of a member of the caring professions Assessment must be an ongoing process that takes account of new information and uses this to reflect back on what is already known in order to address both need and risk Identification of who provides support within the family and friends network is of critical importance in assessing the quality of support. 	informed & trained staff across agencies	concurrent SCR in relation to all issues set out in recommendation <ul style="list-style-type: none"> Ensure LSCB Core Training programme & Specialist Courses emphasise these points particularly reliance on what parents/carers say Review & amend as necessary the policy & procedures for Managing Allegations & the role of the LADO Work with agencies to improve the use of chronologies as front sheets on records to ensure repeat incidents are identified Issue guidance to all agencies working with children or parents/carers on the importance of assessing men in families & the support network available to families 	LSCB Training Officer through Training Group LADO/LSCB Manager LSCB Manager/ Chair of Quality & Effectiveness Working Group LSCB Manager	Immediate effect July 2009 October 2009 Ongoing	Evaluation of training is ongoing process Embedded in training. Reminders given at Trainer's group meetings. Amended procedures published & publicised. Q&EWG to monitor increase. Use chronologies in safeguarding work is re-inforced in training. Highlighted in all LSCB Training & at annual LSCB Conference.
2.3 All constituent agencies generally & SLHT & BCT particularly, to be required review their arrangements for staff information sharing & challenge of concerns about decisions made by colleagues, including more senior staff & the use of formal whistle-blowing procedures.	Children to be better safeguarded through effective information sharing & challenge	<ul style="list-style-type: none"> LSCB to review with the Children's Trust written guidance in respect to information sharing & challenge & include whistle-blowing 	LSCB Manager/Head of Partnerships & Performance	September 2009	COMPLETED All agencies have signed up to the Children Trust Information Sharing protocol. CT reviewing arrangements as part of routine work
2.4 The good practice elements in the process by which Child N's last hours were managed in KCH in balancing	Increased learning opportunities	<ul style="list-style-type: none"> To be included in the training & workshops CDOP & LSCB to promote 	LSCB Training Officer	June-September 2009	COMPLETED Health colleagues consider

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
	the best possible care and are kept safe both before and after discharge when a diagnosis of NAI is made.	<ul style="list-style-type: none"> Alter local policies and procedures to reflect change Instigate a Child Protection ICP. Ensure consultation on NAI is undertaken with Social Care. 	Safeguarding Named Nurse/Doctor Safeguarding	March 2009 January 2009	CP flow chart amended Integrated Care pathway
3.3 Improve decision making process for NAI's	Information sharing is maximised to ensure all children are diagnosed and cared for appropriately.	<ul style="list-style-type: none"> Amend process to include mandatory involvement of the Multi Disciplinary Team (MDT) in decision re NAI prior to discharge Audit use of Child Protection Medical Forms 	Associate Director C&YP Care Group	March 2009 March 2009	COMPLETE New policy ratified-MTD involvement takes place in decisions re NAI. Audited
3.4 Implement process for external supervision	Ensure highest possible quality of safeguarding services for all children.	<ul style="list-style-type: none"> Develop systems for external peer review of practice and ensuring annual training updates take place 	Associate Medical Director Children & Young Peoples Care Group	June 2009	COMPLETE Supervision commenced in September 2009
3.5 Timely referral to Social Care of all suspected NAI cases	All children receive timely and appropriate interventions	<ul style="list-style-type: none"> Re-issue NAI flow chart to all paediatric and A&E staff 	Named Nurse	June 2009	COMPLETE CP flow chart amended. Changes highlighted to all paediatric staff through training..
3.6 Ensure all previous medical records are available for paediatric admissions in A&E and the ward	All potentially at risk children will be highlighted	<ul style="list-style-type: none"> Casualty cards produced for all previous A&E attendances Medical records available within 1 hour of admission to the ward Purchase of scanner for paediatric casualty cards, and set up of retrieval 	Associate Director Emergency Care Group Associate Director Elective Care Group Associate	Jan 2009 March 2009 Jun 2009	COMPLETE Medical Records audit in July/Aug 2009 indicated 98% compliance. Repeat Audit presented to Clinical Governance Report Group (CGRG) Standardisation of processes

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
		systems on IT <ul style="list-style-type: none"> Mothers medical notes to be obtained for all child admissions under 6 months of age. 	Director Emergency Care Group		across SLHT Follow up audits planned
3.7 Clear lines of ownership to be established	Ensures a seamless service with continuity of care by professionals for all safeguarded children.	<ul style="list-style-type: none"> Establish process of identifying Lead Consultant in all Safeguarding cases Make clear responsibilities of midwives in acting on information and following up referrals to ensure appropriate action is taken. Ensure role of Liaison Health Visitor following discharge of suspected NAI is amended re liaison with BCT / transfer of information 	Associate Medical Director C&YP Care Group Head of Midwifery Head of Children's Services.	Jan 2009 Feb 2009 Feb 2009	COMPLETED Written within the local procedures and guidelines Topic covered in Midwifery SCR training sessions, Autumn 2009. Covered in ICP. Contact is now documented in medical notes.
3.8 Training	Children's Services will work to the highest level of Safeguarding awareness at all times to the benefit of all children involved.	<ul style="list-style-type: none"> All staff to undergo bespoke training focused on links between fractures and child abuse All Consultants who deal with children in Elective and Emergency Care Groups to have safeguarding training on individual responsibilities for safeguarding & links between injuries & abuse Midwives to have refresher training on the impact of women's mental health history & safeguarding Communication training to be established within the 	Named Nurse Safeguarding Named Doctor Safeguarding Named Nurse Safeguarding Associate	Sept 2009 July 2009 April 2009	COMPLETED All groups have received training. Topic is highlighted in Trust Safeguarding Training Programme. New Training Strategy is being developed across SLHC Trust. Bespoke Midwifery training sessions carried out in Autumn 2009. Further dates planned for 2010.

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
		C&YP Care Group reflecting standards in 'Every Child Matters' and focused on individual safeguarding responsibilities	Director C&YP Care Group	Sept 2009	Communication training now established for children's workforce across SLHC and made mandatory for this group..
3.9 Ensure there is learning from the case to prevent a similar incident from occurring within the Trust	All children will have access to staff who have developed and improved from the lessons in this case	<ul style="list-style-type: none"> Disseminate wider implications of recommendations, lessons learnt and changes to practice throughout the Trust. 	Patient Safety Manager	April 2009	COMPLETED Liaison taken place with Patient Safety Manager. Feedback how organisation has implemented wider learning.
3.10 QMST should review its file retrieval systems to ensure information pertinent to child protection assessment is immediately available. This should consider the use of electronic systems for critical information to aid retrieval when hard copy records have to be transferred to other sites.	All potentially at risk children are identified early.	<ul style="list-style-type: none"> Actions are included under 3.1 & 3.6 			COMPLETED Electronic system not to be progressed. Follow up audits planned
3.11 In addition to the single agency recommendation about improving information sharing & liaison QMST & BCT should specifically ensure that written information that pertain to child protection concerns is sent electronically either by fax or secure email to those who need to know & followed up by email to ensure it has been safely received.	Ensures a seamless service with continuity of care by professionals for all safeguarded children.	<ul style="list-style-type: none"> Actions are included under 3.7 			COMPLETED
4. Bexley Care Trust				All Actions completed	
4.1 Information systems between GP's and midwifery services should be designed to ensure any risk factors in either parent which may have	Better information sharing leading to early identification of risk factors for	<ul style="list-style-type: none"> Clear protocols for how information will be shared to be developed is particularly 	Head of Midwifery QMS Designated	April 2009	COMPLETED Protocol for informing GP of booking and full booking information sent to GP,

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
implications for their ability to care for their children is analysed and shared.	children	important as midwives are no longer seeing clients in GP surgeries.	Nurse		with clear explanation for how the GP can share further information with midwife.
4.2 Bexley Care Trust should ensure information sharing systems between general practice and health visiting are effective. In addition BCT & QMST should specifically ensure that written information that pertain to child protection concerns is sent electronically either by fax or secure email to those who need to know & followed up by email to ensure it has been safely received.	As above	<ul style="list-style-type: none"> All HV's to inform Lead Locality Nurse (LLN) in writing what arrangements for meeting with GP practice are in place. If none in place HV's to inform LLN's by Jan 2009 of arrangements. To discuss importance of GP/HV regular and ad hoc communication at academic half day Explore with GP's the possibility of HV's having remote access to GP electronic records. 	LLN's Designated Nurse Designated Doctor Designated Nurse Head of Primary care	January 2009 January 2009 April 2009	COMPLETED Written arrangements of agreements for each practice held by LLN's. In place Training workshops held in March/April '09
4.3 GP practices should identify a lead GP for safeguarding, who will receive extra training in child protection and so be a resource for advice and support to practice colleagues. This should include the wider safeguarding agenda including ensuring that children grow up in circumstances consistent with the provision of safe & effective care in circumstances where a case does not meet s47 threshold	Accessible advice for GP's from peers will mean increased knowledge and confidence in safeguarding children	<ul style="list-style-type: none"> Consult with GP's 	Designated Nurse	April 2009	COMPLETED All practices have CP lead though not all are GPs
4.4. Health visitors should discuss and record a comprehensive past medical history including mental health on both parents as part of the family needs	Issues which may impact on parental capacity will be addressed.	<ul style="list-style-type: none"> Initial meeting 5.1.09 with locality leads/managers to brief them. To disseminate required action to all their 	Designated Nurse/LLN	January 2009	COMPLETED Audit of records Dec 09 HV meeting 15.1.09

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
assessment. Any significant past medical/social history should be explored fully (by accessing GP records).		staff immediately. <ul style="list-style-type: none"> Agenda item at HV meeting. Memo to all HV's. To be discussed in depth at mandatory workshops 			Workshops held March/April '09
4.5 All health professionals safeguarding training should be strengthened with particular reference to the risk of harm to babies where a parent has a history of, or current mental ill health.	Practitioners will increase their skills in recognising risk factors to children	<ul style="list-style-type: none"> to be incorporated into all level 1 and 2 training programmes mandatory workshops for all BCT clinical staff to address rec.4&5 GP academic half day to address rec.4&5 	Designated Nurse Designated Doctor	Immediate Feb/March '09 28.1.09	COMPLETED Training delivered 6x3 hour workshops in Feb/March 2009
4.6 All health professionals should be updated on research about the relationship between fractures and physical abuse in young babies	As above	As above	Designated Nurse Designated Doctor	As above	COMPLETED Training delivered 6x3 hour workshops in Feb/March 2009
4.7 Bexley Care Trust should review the induction process, support and supervision offered to newly qualified health visitors particularly in relation to safeguarding responsibilities.	To ensure inexperienced staff are given appropriate support and guidance to safeguard children on appointment.	Review of induction documentation and process.	LLNs	March '09	COMPLETED Supervision Policy reviewed; ratified March 2009
4.8 Bexley Care Trust should review the job description and role of the liaison health visiting service. This should include a review of cover arrangements for the LHV role on days when the post holder is not on site to ensure: <ul style="list-style-type: none"> These are clearly understood by 	To ensure children's attendances are followed up in a timely manner	<ul style="list-style-type: none"> BCT will review JD of liaison HV Strengthen timely communication between QMS and community staff for complex/high priority cases 	Designated Nurse Designated Doctor QMS	Jan 09 April 2009	COMPLETED Updated JD to standard 12

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
hospital staff so that inter-agency information sharing is facilitated immediately <ul style="list-style-type: none"> There is no compromise to children's safety when the liaison health visitor is not on site 					
4.9 Bexley Care Trust should review implementation of standard 12 ' <i>The management and follow up of A&E attendances 0-5years</i> '.	Children's presentations will prioritised appropriately and timely notification sent to health visitors for follow up	<ul style="list-style-type: none"> Review standard documentation Ratify at clinical excellence committee 	Designated Nurse	Jan 09	COMPLETED Initial meeting held with locality leads/managers to brief them. To disseminate required actions to all their staff immediately. HV meeting
4.10 Bexley Care Trust in partnership with LSCB should develop a public health campaign giving clear strategies on how to manage stress related to the care of young babies.	The public will be made aware of the unique vulnerability of babies.	Agenda item on LSCB Executive March 2009	LSCB Manager	August 2009	COMPLETED LSCB commissioned PH message on Morrisons till receipts for 3 months August 20
5. Kings College Hospital				All actions complete	
5.1 Staff involved in this case should be briefed on the findings and learning from the internal management review, with particular reference to documentation.	Staff have opportunity to learn from the findings of the review and develop their confidence and competence re managing such cases	Meet with staff to provide a briefing on the review findings.	Named Nurse	May 2009	COMPLETED Individual members of staff have reflected on this case with the Named nurse. A series of staff briefings/SCR feedback sessions have been held regarding this case, other recent KCH IMR's and national findings
5.2 Paediatric Intensive Care Unit (PICU) team should review the system for recording pre-admission communication with retrieval teams.	Clear documentation re: acceptance and discussion of retrieval referrals	Clear documentation pertaining to acceptance and discussion of retrieval referrals	Lead PICU nurse/PICU consultant	June 2009	COMPLETED Compliance audit march 2010

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
5.3 A reminder should be sent to all clinical child health staff regarding the need to ensure dated, timed and appropriately signed records and to record where histories are taken from. Also to jointly review and sign entries pertaining to sensitive information/conversations in which several professionals have participated.	Ensure documentation is completed as per Trust policy	Send reminder to all child health staff	Named Nurse/Head of Nursing/Clinical Director	June 2009	COMPLETED NB Jan 2010 This has been superseded by launch of electronic records
5.4 The child health department should develop documentation on which to record visiting/observation records	Clear documentation of visiting/observations is available in clinical records as required	Develop documentation for the recording of visiting/observation	Named Nurse/Head of Nursing	May 2009	COMPLETED Document developed Completion audited as part of child protection audit An observation record has been in use in practice since this IMR but has now been revised.
5.5 When requesting routine chest x-rays in cases of suspected non-accidental injury doctors should provide full clinical detail to radiology and ask for comment on presence of rib fractures.	Radiology to look for presence of rib fractures on routine chest x-rays where non-accidental injury suspected.	Reminder to be sent to all child health doctors and incorporated into training.	Named Doctor	June 2009	COMPLETED Reiterated in SCR feedback sessions
6. London Ambulance Service				All action completed	
6.1 Guidance to be issued that the same operational staff should be deployed or considered as managing an emergency care incident involving a relative or person with whom they have		<ul style="list-style-type: none"> Guidance to be issued: Additional ambulance personnel other than staff with personal interest should be deployed to the scene to manage any emergency 	Head of Patient Experiences Dept	January 2009	COMPLETED Formal ratification by the Trust

STRICTLY CONFIDENTIAL

RECOMMENDATION	OUTCOME What do we intend to achieve for children & their families?	ACTION What are we going to do?	BY WHOM Who is going to do it?	BY WHEN	MONITORING How will this be assessed? What has been achieved? What else do we need to do?
a close relationship		situation <ul style="list-style-type: none"> Amendments to Trust policy to be considered & completed 		April 2009	
7. Bexley Children's Social Care				All actions completed	
7.1 To review, with legal colleagues, the guidance & training provided locally to administrators & social workers in respect of the issues in relation to 'checks/enquiries' & recording issues in the Integrated Children's System	Ensure that there is clarity in respect of why checks are being undertaken & provide the opportunity to advise on the need for referral	<ul style="list-style-type: none"> Issue guidance to Duty Teams Provide training for Duty Teams Devise entry in ICS to ensure checks are properly recorded and correct information gathered. 	Head of Children Social Care/ Children Safeguarding Service manager	July 2009	COMPLETED Implemented in July 09
7.2 Undertake an audit of duty contacts to ensure that all referrals & enquiries are being appropriately addressed	Ensure guidance has been implemented. To quality assure process.	<ul style="list-style-type: none"> Undertake an audit of duty contacts over agreed period following the implementation of guidance 	Head of Children Social Care/ Children Safeguarding Service manager	September 2009	COMPLETED