



Bexley Local Safeguarding Children Board

Executive Summary

Serious Case Review

Child A

INTER-AGENCY ACTION PLAN

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 Timescales including breaking it down into stages if necessary	MONITORING How will this be assessed? What has been achieved? What else do we need to do? RAG rating
1. General Actions by Bexley LSCB & Partner Agencies				All actions completed	
1.1 Dissemination of the key findings including good practice, Overview Report & Executive Summary. Debriefing of Staff. Multi-agency briefing sessions	Ensure learning is appropriately disseminated & embedded	<ul style="list-style-type: none"> • SCR Panel Members to ensure that the findings are disseminated through out their organisation/agency through briefings & single agency workshops • Executive Summary to be published on the conclusion of criminal proceedings (subject to police/judicial constraints) • Multi-agency workshops - see 2.2 below 	<p>SCR Panel members</p> <p>LSCB Manager</p> <p>LSCB Manager/ LSCB Training Officer</p>	<p>August 2009</p> <p>May 2010</p> <p>July - September 2009</p>	<p>COMPLETED Each agency to report to LSCB in September 2009</p> <p>COMPLETED</p> <p>COMPLETED Multi-agency workshops held in timescales. Additional sessions for Designated Teachers, the voluntary sector & Children's Social Care. Workshops included in the LSCB Conference. Learning from the Biennial reviews is routinely included in LSCB</p>

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					training. Single agency workshops held. Workshops on learning from SCRs (local & national included in LSCB Training programme 2010-11
1.2 Feedback to family members	Ensure parents' involvement is complete & to allow for them to understand how learning from their case will be used in the future	<ul style="list-style-type: none"> This is subject to constraints in respect of criminal proceedings & the advice of the Police will be followed in respect of the Mother Meeting to be arranged with child A's father and extended family 	Senior Investigating Officer MPS/LSCB Manager 2 members of SCR Panel	Dependent on criminal proceedings August 2009	Monitored by standing SCR Panel COMPLETED Meeting held with father & his family on 16 Sept 09.
2. Specific Recommendations to Bexley LSCB				All actions completed	
2.1 Check that the required actions specified below are completed effectively in accordance with the time frame described for each one	Ensure recs are implemented & learning embedded	<ul style="list-style-type: none"> Progress reports to be provided at 3 & 6 month intervals Should progress on implementation be identified as a problem the standing SCR Panel bring it to the attention of the LSCB Member for the particular agency & ensure action is taken to rectify the problem 	LSCB Manager Chair of standing SCR Panel Chair of standing	September 2009 December 2009 February 2010 April 2010 Timescales for	COMPLETED Reports to Standing SCR Panel Reports to LSCB No concerns on progress identified Audit on outcomes for children

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		<ul style="list-style-type: none"> LSCB to commission any audit it deems appropriate to ensure that learning has been embedded in practice 	SCRIP, Executive of LSCB & Chair of LSCB	routine audits to be determined on a rolling programme as necessary	under 2 years presenting at A&E with injuries to be completed by June 2010
2.2 Organise multi-agency briefing sessions where results of this (and other SCRs) can be shared and discussed with professionals	Ensure learning is appropriately disseminated & embedded	<ul style="list-style-type: none"> Multi-agency Workshops to be rolled out across the borough to address the learning from this SCR & common issues from concurrent SCR Learning from this and other SCRs to be incorporated routinely in LSCB Multi-agency training 	LSCB Training Officer / LSCB Manager LSCB Training Officer / LSCB Trainers Group	Dates booked: 7 July, 13 July & 7 September, 16 September 2009 Ongoing, rolling programme	COMPLETED Monitoring of attendance at workshops to ensure agency representation Report to LSCB Sept 2009 Workshops on learning from local & national SCRs are now included in LSCB Training Programme 2010-11
3. Dartford & Gravesham NHS Trust (hospital 1)					
3.1 Wording on any internal assessment document for suspicious injuries is changed from a 'check' (if such reference is made) to refer and Practice is accordingly changed to ensure referrals are made (changes & accompanying advice should be disseminated to all relevant staff)	To ensure children are safeguarded through appropriate actions	New paediatric admission assessment documentation in process of being developed	Named Nurse Named Doctor	31 July 2009	COMPLETED Safeguarding policy and child protection procedures have been updated to make this explicit, and ensure that "check" is not used. Evidence is seen on A&E card audit of consultation rather than check
3.2 Consultant Paediatrician reviews the documentation of all children about whom there are safeguarding concerns prior to	To ensure that no child is discharged from hospital until any	Named Doctor to lead	All Consultant Paediatricians	end April 2009	COMPLETED Monitor by monthly audit by Named Nurse

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discharge, to ensure the completion of a comprehensive assessment, and that all investigations and concerns have been documented, followed through and accounted for	concerns and actions have been documented and a Consultant review has taken place				Monitored by ongoing monthly audit.
3.3 If information is sought about whether a child is 'known' to Children's Social care, it is done via a 'consultation' and staff ask to speak to the duty social worker in order to share and obtain information.	For information to be shared and sought as appropriate to the need to safeguard the child	Memo to be distributed to key areas within the Trust To be reinforced at annual training	Named Nurse Named Doctor Named Midwife Senior Sister, Safeguarding Link Professionals	end April 2009	COMPLETED Monitor by monthly audit by Named NURSE - Evidence is seen on A&E card audit of consultation rather than check taking place.
3.4 Any child admitted with an unexplained fracture should be reviewed by the Consultant Orthopaedic Surgeon in charge of their care	To obtain expert orthopaedic opinion in relation to mechanism and management of injury	To be discussed at Clinical Director's Board by Named Doctor for child protection	Named Doctor Clinical Director for Orthopaedics	31 July 2009	COMPLETED Monitor by monthly audit by Named Nurse Named Doctor took to Clinical Directors Board on 16 th June.
3.5 Orthopaedic teams should document the outcome of discussions of the X-rays of paediatric patients at daily trauma/X-ray meetings, in the child's medical notes	To record discussions in relation to paediatric injuries and provide a contemporaneous medical record	To be discussed at Clinical Director's Board by Named Doctor for child protection	Named Doctor Clinical Director for Orthopaedics	31 July 2009	COMPLETED Monitor by monthly audit by Named Nurse Named Doctor took to Clinical Directors Board on 16 th June.

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3.6 Any child who attends A&E with an unexplained injury, should be routinely referred to social services.	To initiate effective multi-agency communication and investigation in relation to children about whom there are safeguarding concerns	All Named professionals to lead Memo to be distributed to key areas within the Trust To be reinforced at annual training	Named Nurse Named Doctor Named Midwife Senior Sister, Safeguarding Link Professionals	End April 2009	COMPLETED Monitor by monthly audit by Named Nurse
3.7 Medical discharge summaries for children about whom there have been safeguarding concerns, when leaving the inpatient paediatric ward, must be comprehensive, detailing the safeguarding concerns during the child's admission, and outlining all actions taken and conclusions reached	To ensure effective communication of information of children about whom there are concerns, to professionals within the primary care setting	Named Doctor to lead All consultant paediatricians	Named Doctor All consultant paediatricians	31 July 2009	COMPLETED Monitor by monthly audit by Named Nurse Consultant paediatricians are responsible for monitoring on an ongoing basis. Monthly audit of medical notes to take place, along with spot documentation audits.
3.8 All relevant staff are reminded at briefing sessions and in writing of the guidance set down in the Kent/Medway procedures & the RCPCH child protection Companion about the discharge from hospital arrangements who have suffered fractures and need to establish and record parental / legal status of adults accompanying or visiting child	To ensure consistent application of policy in practice To ensure family relationships are better understood	Named Doctor and Nurse to lead	Named Doctor & Nurse	31 December 2009	COMPLETED To be reinforced at all CP training sessions both induction and annual training.

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patients					
3.9 The safeguarding team record all A&E attendances telephoned to health visitors and school nurses as a result of safeguarding issues	Effective information sharing between health professionals where there are safeguarding concerns about a child or family	Named Nurse Senior Sister, Safeguarding to lead	Named Nurse Senior Sister, Safeguarding	31 July 2009	COMPLETED Ongoing monitoring by Named Nurse
4. Bexley Social Care				All actions completed	
4.1 Notify all relevant agencies that pro tem, any other agency wishing to check whether a child is 'known' will be connected to a qualified safeguarding social worker whilst a tighter auditable system is developed.	Ensure all enquiries are vetted appropriately	All Duty Administrators & Social Workers emailed to remind them that all requests for a 'check' are logged & passed to a social worker. ICS form in place if the check is in respect of CP Plans, all other enquiries to be logged as contacts. Letter to be sent to all agencies including schools to inform them of the above.	Head of Children's Social Care	30 June 2009	COMPLETED
4.2 Develop a facility on Integrated Children System to record agency enquiries made about children subject to child protection plans and develop a procedure to ensure such enquiries are	Ensure such enquiries are recorded on the system to allow for a full assessment of	The adjustment to ICS and the development of the written procedure	Head of Children's Social Care	31 October 2009	COMPLETED Follow up reviews undertaken and issues acted upon.

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recorded and passed on to the duty social worker	risks if subsequent enquiries are made				
4.3 Review the process for closing off cases which involve families/parents who do not complete the work at the family centre or who disengage from services offered as a result of initial assessments.	Promote the assessment of potential risk to the child(ren) following incompleteness of the work identified in the initial assessment	Children's Social Care to review the process for closing off cases The embedding of this change in practice will be reviewed through auditing processes	Head of Children's Social Care	In place by 5 th June 2009	COMPLETED Process for closure has been reviewed and amendments to the process has been piloted
4.4 Issue a written reminder from the Head of Service to all social work staff of the requirement that children are seen as part of the assessment process (or a record and explanation offered if this does not happen)	Ensure children's presentation, wishes & feelings are integral part of Social Work assessments	Issue guidance regarding this and to review practice through auditing systems.	Head of Children's Social Care	May 2009.	COMPLETED Performance audits undertaken
5. Bexley Care Trust				All actions complete	
5.1 Initiate reviews about:- a) existing information sharing systems between general practice and health visiting; b) existing guidelines on 'follow up' for mothers identified as being, or at risk of being significantly post-	a) Information is shared appropriately between the primary healthcare team	a i)All HV's to inform LLN in writing what regular arrangements for meeting with GP practice are in place. a ii). To discuss importance of GP/HV regular and ad	a) Lead Locality Nurse's (LLN)/ named Nurse	a) Initial meeting 5.1.09 to brief all locality leads/managers. To disseminate required action to all their staff	COMPLETED Written arrangements of agreements for each practice held by LLN's. Written arrangements for

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<p>naturally depressed and its standard on monitoring growth to ensure children identified with faltering growth are observed feeding and assessed in the home; c) about the liaison arrangements between hospital 1 and Bexley health visiting teams about children presenting with safeguarding concerns, particularly injuries to young children</p>	<p>b) Adequate follow-up of mothers identified with/at risk of depression / ensure fully informed assessment</p> <p>c) Appropriate timely follow up ensuring safeguarding issues are addressed</p>	<p>hoc communication at academic half day</p> <p>b i) develop care pathway b iii) develop Standard</p> <p>c i) Arrange meeting with hospital 1 c ii) Develop protocol</p>	<p>b) LLN</p> <p>c) Designated Nurse BCT / Named Nurse Hospital 1</p>	<p>immediately.</p> <p>b) May 2009 b iii) June 2009</p> <p>c) Sept 09</p>	<p>contact with each GP practice held by locality lead nurses</p> <p>COMPLETED Reviewed guidelines disseminated. Audit 8mths after implementation</p> <p>COMPLETED Audit of notifications to HVs October 2009.</p>
<p>5.2 Ensure that training for GP's includes with particular reference to prioritising injuries to young children</p>	<p>GP's are confident and competent in recognising safeguarding concerns and sharing information appropriately</p>	<p>a)All GP's should attend 1 day clinical training</p> <p>b)Access annual updates through the academic half day programme.</p> <p>c)Academic half day focussing on 2 SCR's and the assessment of injuries in</p>	<p>Designated professionals</p>	<p>Ongoing rolling programme</p> <p>Ongoing</p> <p>Training delivered to 102 GP's 28.1.09</p>	<p>COMPLETED</p> <p>Learning incorporated into safeguarding training in BCT</p>

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		young children. d)All surgeries to be visited during 2009 to discuss processes		Programme of visits to be arranged from Sept 09	COMPLETED
5.3 Ensure that induction provided to all locum GP's includes appropriate child protection training	GP's are confident and competent in recognising safeguarding concerns and sharing information appropriately	a)List of all locum GP without CP training b) ensure attendance at training in next 6 mths. c) agree induction process for new locums.	Designated professionals / clinical governance lead for locum GP's	May 2009	COMPLETED Clinical training dates for locum GP's publicised
5.4 Initiate time limited discussion with GP surgeries to trigger development of procedures to ensure that safeguarding issues relating to children and families who do not attend appointments to specialist services are followed up appropriately	Appropriate, timely follow-up ensuring safeguarding issues are addressed.	Develop example flow chart for GP surgeries regarding DNA to specialised services and disseminate	Designated professionals	Sept 09	COMPLETED Guidelines in place audit of staff awareness
6. South London NHS Trust (hospital 2)				All actions completed	
6.1 Amend the wording on the internal assessment document for suspicious injuries from a 'check' to 'refer'	Ensure documentation provides a prompt for necessary action to safeguard children	All documentation to be reviewed and amended as necessary	Named Nurse & Named Doctor	31 July 2009	COMPLETED Procedures all amended.

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6.2 Initiate an internal review on how to improve the documentation process in A&E and information sharing with health visiting service about children who fail to attend hospital appointments	<p>Ensure the highest standard of record keeping for children</p> <p>Ensure that children under five who present with repeated patterns of non attendance at out patient clinic can be monitored by their health visitor</p>	Make clear record keeping responsibilities of all staff	<p>Charge Nurse Paediatric A&E</p> <p>Associate Director of C&YP</p>	<p>31 July 2009</p> <p>August 2009</p>	<p>COMPLETED</p> <p>Repeat audits undertaken</p> <p>Policy for DNA's has been developed. DNA policies have been developed across the all three SLHC sites.</p>
6.3 In dedicated briefing sessions and associated written material for all relevant staff disseminate the results of this SCR; especially the links with fractures / abuse in young children; importance of information sharing with agencies before discharging a child in whom abuse has been suspected and requirements of the London Child Protection procedures and the RCPCC child protection	Children's Service will work to the highest level of safeguarding awareness at all times to the benefit of all children	<p>All paediatric staff to undergo bespoke training to disseminate awareness of the wider learning from the SCR</p> <p>All Consultants who deal with children in the Elective and Emergency Care Groups to have safeguarding training focusing on the individual responsibilities for</p>	Named Doctor Named Nurse	July 2009	<p>COMPLETED</p> <p>Reflected in appraisals and Personal Development Plan's of all staff</p> <p>All staff groups have received briefing/training sessions.</p>

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		safeguarding children and links between injuries and abuse			
7. Oxleas NHS Foundation Trust				All actions completed	
7.1 Remind all professionals in writing that assessment should incorporate all aspects of the child's presentation and history including; gathering information from other relevant agencies so that any safeguarding concerns may be recognised.	Improved focus on safeguarding issues within assessments and communication with other agencies/ professionals as appropriate.	Staff undertaking assessments to undertake risk assessment training. Development of risk assessment guidance. Child Protection Policy to be amended to require that information regarding previous safeguarding children concerns to be sought to inform assessments.	CAMHS Clinical Director Named Nurse for Safeguarding Children	31 July 2009 31 July 2009	COMPLETED Child protection Policy has been amended 6.7.09
7.2 Develop a 'review / risk assessment process' for cases when a child / family disengages with CAMHS following initial attendance.	Better identification of risk and follow up processes where children disengage with CAMHS	Policy for follow up of non attendance to be developed and implemented.	CAMHS Service Manager	Sept 2009	COMPLETED Implementation for all Oxleas recommendations will be monitored locally within CAMHS & CAMHS governance group. Implementation also monitored via the trust wide Adverse Incidents Group and the Safeguarding Children Committee.
7.3 The CAMHS clinic should consider and offer proposal for	The focus of work with	CAMHS supervisors will undertake specialist child	CAMHS Service Manager and	October 2009	COMPLETED

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practical response to be made when families are not engaging well, or there is a pattern of non engagement, so that the focus remains on the child, and that opportunities to see her/him are maximised.	children will be the child, the child will be seen and assessed.	protection supervision training.	CAMHS Clinical Director		