



Nottinghamshire
SAFEGUARDING
CHILDREN Board

Working in Partnership to Safeguard
Children & Young People

Nottinghamshire Safeguarding Children Board

Serious Case Review Action Plan

Recommendations from Individual Management Reviews.

BN09

Ethnicity: White British

March 2010

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
		<p>delivery of existing communication with children courses.</p> <p>3.3 Develop and deliver revised training in light of findings of this review.</p> <p>3.4 Include communicating with children within targeted work delivered by advanced practitioners.</p>		<p>May 2010</p> <p>May 2010</p>	<p>people</p> <p>Case auditing monitors child centred practice against standards and drives improvement.</p> <p>Case audits evidence improved practice</p>	
<p>Multi Agency Working Children receive holistic and effective assessments and plans</p>	4	That all children and young people with complex needs are subject to an effective joint planning process.	4.1 Children and Young People to contribute to the development and implementation of more effective and integrated planning and joint working processes	Director of Children's Services	New arrangements in place by September 2010	Multi-agency audit demonstrates more effective joint working.
Children requiring a specialist social care service receive it.	5	That the eligibility document for disabled children's service is reviewed and staff trained on its application.	<p>5.1 The policy to be reviewed as part of the independent service review</p> <p>5.2 Staff to be trained on use of criteria</p>	<p>Service Director, Social Care</p> <p>Service Director, Social Care</p>	<p>February 2010</p> <p>May 2010</p>	<p>Case audits demonstrate compliance with policy.</p> <p>Case audit showed appropriate practice</p>
Children are protected by professionals giving consistent advice regarding safe care.	6	A multi agency policy on responding to situations where a child is being locked in a room in their home to be developed.	<p>6.1 All cases where door locking is a potential issue are reviewed and risk assessed</p> <p>6.2 CYPS contribute to development of multi-agency</p>	Service Director, Social Care	<p>October 2009</p> <p>Guidance developed and implemented July 2010</p>	Guidance in place and case audit demonstrates compliance

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
		policy via safeguarding board				
All children receiving targeted social care support have a good quality care plan	7	All children in need plans to clearly identify actions and roles and responsibilities of respective professionals. The review process to have greater independence.	7.1 Existing management arrangements are used to re-enforce the need to meet the standards and expectations as outlined in the statutory and policy framework for children in need. 7.2 Proposal to be presented to divisional management team as to how best to achieve independence in the review process	Head of Service (Operational) Social Care. Service Manager, Service Improvement	April 2010 May 2010	Case audit confirms care plans are of a consistent good quality and regularly updated and reviewed. Feedback from children and young people.
Quality Assurance Disabled children receive a more consistent good quality service	8	The implementation of the strengthened Quality Management Framework to be embedded across the Social Care division.	8.1 Further learning sets to be provided for managers to promote consistent and effective usage of the framework.	Head of Service, Improvement, Social Care	May 2010	Service Improvement section to monitor use and impact of new framework and report back to Divisional Management Team Evidence of improved practice via case file auditing
Recording Practices The quality of recording will contribute to improved case planning and decision making.	9	The practice guidance on recording standards for front line managers and staff to be reviewed and updated.	9.1 Guidance to be updated 9.2 Briefings for front line staff and managers to be delivered on the updated guidance.	Head of Service Improvement, Social Care	May 2010 June 2010	Case audits evidence improved quality in case recording.
Decisions are clearly recorded and dated on	10	The quality of management information through	10.1 A comprehensive review of Framework to be undertaken. This to include	Service Director, Strategic Services	Improvements identified by March 2010 and	Case audit shows case work actions and decisions more clearly recorded and accessed on Framework.

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)
framework records	Framework to be improved.	improvements in the recording and accessibility of casework actions and decisions.		implementation to start in July 2010	
Management and Supervision That front line staff receive supervision that enables them to improve their practice with children, young people and families.	11 The supervision of front line staff to meet the standards set out within the current supervision policy including frequency, quality and recording of outcomes.	11.1 That quarterly audits are carried out as stipulated within the Quality Management Framework. 11.2 That all team managers take part in development programme to improve their supervision and management skills.	Service Director, Social Care,	First audit completed February 2010 and thereafter quarterly. All front line team managers have accessed development programme between January and April 2010	Service Improvement section to monitor completion of audits and collate key findings and report back to senior management team. Annual performance assessments of team managers as part of their Employee Performance Development Review.
Disability That assessments and case planning of disabled children demonstrates that their additional needs have been taken into account.	12 To ensure that staff within the disabled children's service receive the specialist training required to equip them to respond to the additional vulnerability of disabled children.	12.1 Managers to identify any staff within the disabled children's service who have not accessed specific safeguarding disabled children training and to fast-track these staff onto relevant courses.	Head of Service (Disabled Children)	May 2010 September 2010	Via EPDRs

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
Nottinghamshire Children & Young People's Services, Inclusion, Disability & Access						
Schools record concerns and communication regarding a child consistently in one file in order that safeguarding issues can be promptly and appropriately recognised and dealt with	1	The CYPS's model child protection policy for schools should be revised to include guidance on when to open a separate child protection file so concerns about any child in need are recorded and collated in one file.	<ul style="list-style-type: none"> Revise model child protection policy 	Service Head Safeguarding and Independent Review	April 2010	Audit schools recording practice (see recommendation 3)
Schools are familiar with and use escalation appropriately to raise concerns about any child who might be in need of safeguarding	2	NSCB procedures regarding escalation should be further publicised and disseminated to schools	<ul style="list-style-type: none"> Schools alerted to escalation guidance via Wired and NSCB newsletter 	Service Head Safeguarding and Independent Review	April 2010	Audit of use of escalation
All schools can evidence effective quality assurance of their safeguarding procedures	3	Arrangements for quality assuring the effectiveness of child protection recording within schools should be reviewed with an enhanced role for the School Improvement Service	<ul style="list-style-type: none"> Agree role of School Improvement Service Implement new role 	Service Director, Learning and Achievement	April 2010	Auditing of schools practice Improved outcomes from Ofsted School Inspection on safeguarding children
Indicators of abuse are more reliably identified and analysed, in order that disabled children are appropriately safeguarded	4	Targeted training to be provided to inclusion support staff around indicators of abuse of disabled children	<ul style="list-style-type: none"> Training commissioned and delivered to targeted staff 	Service Director, Inclusion, Disability and Access	June 2010	Audit of casework

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
Disabled children have more integrated and effective assessments and plans which ensure their welfare and wellbeing is addressed alongside other concerns relating to their disability	5	Work should be commissioned to develop greater integration of SEN and Children In Need policy and review procedures. This should include ensuring that plans and the actions flowing from them are clearly recorded, co-ordinated and monitored.	Policy and Practice Guidance for integration of SEN and Children in Need processes to be developed and implemented.	Service Director, Inclusion, Disability and Access	Policy implemented September 2010	Audit of reviews and plans
When a child moves schools all relevant information is exchanged in a timely manner	6	The policy regarding the transfer of information when children move schools should be reviewed to ensure it is clear and robust.	<ul style="list-style-type: none"> Review existing policy and identify areas for improvement Produce revised policy Consult and disseminate to schools 	Service Director, Learning and Achievement	<p>April 2010</p> <p>May 2010</p> <p>June 2010</p>	Sample audit of case files when a child moves schools
Nottinghamshire Healthcare Trust						
Clients accessing CAMHS services can expect that other health and social care professionals will have access to accurate and timely information relating to assessments, treatment and reviews.	8.2	Regular information sharing should occur as standard practice between Trust professionals and other agencies. Summary letters and / or updates should be copied to all relevant colleagues and	Guidance to be developed to underpin this practice.	CAMHS Clinical Governance Forum.	June 30th 2010	Ratified by Local Services Integrated Governance Group.

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
		contained within the MDT file.				
		All staff to be informed of need to undertake action.	Directorate Manager CAMHS Via Email circulation.	With immediate effect.		
		Audit of compliance	Local Services Audit Lead	Yearly	Audit of compliance to be integrated into existing audit schedule using yearly audit of MDT records as vehicle. Audit report scrutinised by: Local Services Integrated Governance Groups and Audit Committee.	
All clients accessing Trust services will have assessments underpinned by both clinically appropriate research and using robust and recognised tools with clear and measurable review criteria.	8.3	Where decisions are made which affect a mode of care delivery; based on an assessment, there must be clear evidence of use of the appropriate tool utilised to reach the assessment conclusion. All care interventions should be planned and include clear and defined goals and outcomes; which are regularly reviewed as part of the treatment/intervention programme.	All staff to be informed of need to undertake action.	General Managers Via email circulation	With immediate effect	.
		All assessment documentation to be clearly	Service Managers Via cascade	With immediate effect.		

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
		recorded in appropriate form (CPA / HoNOS) within MDT notes.				
		Audit of compliance	Local Services Audit Lead	Yearly	Audit of compliance to be integrated into existing audit schedule using yearly audit of MDT records as vehicle. Audit report scrutinised by: Local Services Integrated Governance Groups and Audit Committee	
Assessments of Need and formulation will include accurate and detailed contextual and relevant historical information.	8.4	Social history taking should be standardised in order to ensure that information captured is not lost and is utilised in the formulation of consistent and planned care interventions.	CPA format for CAMHS to be reviewed as part of Refocusing the Care Programme Approach.	Named Nurse CAMHS Operational Manager CPA Co-ordinator	June 30 th 2010	Process overseen by: Trust wide Safeguarding Forum CAMHS Clinical Governance Group
		Audit of Compliance	Local Services Audit Lead Named Nurse	Yearly	Audit of compliance to be integrated into existing audit schedule using yearly audit of MDT records as vehicle. Audit report scrutinised by: Local Services Integrated Governance Groups and Audit Committee.	
Staff working with children and families will work in accordance with relevant guidance, in relation to safeguarding children.	8.5	Where there are identified needs outside the focus of the intervention (<i>i.e. other family members health</i>), these must be addressed via	Training will be subject to ongoing review and updated to reflect current guidance	Named Nurse Head of Learning and Development	Quarterly Basis	Process assured via Training and Learning Subgroup and Trustwide Safeguarding Forum.

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
		referral to the appropriate service, or through support and signposting				
All clients accessing the NHCT services will be cared for by staff with training, relevant to their roles and responsibilities in relation to safeguarding children.	8.6	All staff should have training which is relevant to their roles and responsibilities in relation to safeguarding children, incorporating specific reference to areas of specialty, e.g. Children with disabilities.	A training needs analysis will be undertaken to map role and responsibilities against intercollegiate competencies and KSF outlines	Named Nurse Learning and Development.	July 31 st 2010	Process overseen by: Trust wide Safeguarding Forum Training and Learning Subgroup
NHS Nottinghamshire County, NHS Community Health						
Lessons learned from this review will inform the practice of all staff who work with children and families, specifically ensuring that the child's views inform care planning processes.	1	Lessons learned from this review are to be incorporated within Nottinghamshire Community Health Level 3 Safeguarding Children training programme. They will also be reinforced in supervision and disseminated in team meetings.	<ul style="list-style-type: none"> • Training programme to be revised to incorporate lessons learned. • Safeguarding Newsletter to be circulated to all staff and reinforced in supervision 	Named Nurse Head of Communications	April 10	Recommendations incorporated into training programme. (Completed Feb 10) Evidenced in supervision. Newsletter scheduled April 10
Children are protected, by receiving care from a	2	All managers must ensure appropriate training is accessed	<ul style="list-style-type: none"> • Evidence of uptake of safeguarding children training for all staff will be 	General Manager Specialist Services and Community Division.	June 10	Evidence of populated database.

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
workforce with appropriate knowledge skills and competencies relating to safeguarding children, as outlined in Nottinghamshire Community Health Safeguarding Children training strategy		by staff, and demonstrate compliance with the standards outlined in the Safeguarding Children Training Strategy.	monitored by managers and reviewed annually as part of the Performance and Developmental Review process.	Head of Learning and Development		Compliance to be monitored through NCH Safeguarding Children Sub-Group
Children with special needs will have full access to school health services.	3	Practice guidance is developed to support staff in delivering the child health promotion programme to school aged children, specifically where there are complex health needs or difficulties gaining consent or access to the child.	<ul style="list-style-type: none"> Practice Guidance to be developed 	General Manager Communities Division	June 10	Practice guidance in place. Audit of compliance.
Children's ethnic origin, religion, communication needs and issues of diversity are considered within all health assessments.	4	Referral and assessment forms for specialist children's services are reviewed to ensure they include ethnicity, religion, communication and special needs.	<ul style="list-style-type: none"> Review of referral and assessment forms 	General Manager Specialist Services	June 10	Audit of compliance with recording to be undertaken Jan 2011.
Children's involvement and contributions will inform programmes of care, and child health	5	The existing documentation audit tool is reviewed to ensure that it monitors how far	<ul style="list-style-type: none"> Revision of record audit tool. 	Head of professional development and quality improvement	June 10	To be overseen by Safeguarding Children Sub-Group

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)
records will reflect excellence in practice relating to standards of assessments, analysis and care planning.	standards from the Children's NSF have been incorporated into programmes of care, specifically around children's views influencing day to day practice.				
Significant information relating to vulnerable children will be shared with GP's and key practitioners to enable them to make informed decisions and share relevant information relating to family health needs as necessary.	6 When NCH staff make a referral to Children's Social Care relating to the safety and welfare of a child, a copy of the referral should be sent to the child's GP and other key practitioners involved in the care of the child and their siblings.	<ul style="list-style-type: none"> Referral forms are revised to make this requirement explicit Memo to be sent to all relevant NCH staff Training and briefing sheets to include this recommendation 	Named Nurse	June 10	<p>Ongoing audit of referral forms. To be overseen by Safeguarding children Sub Group.</p> <p>Evidence of training and briefing sheets</p>
NHS Nottinghamshire County, GP Services					
All patients will benefit from their GP having readily obtainable up to date summary of care available	GP summarising of records must meet the criteria set out in national and local guidance:	A record summarising audit should be undertaken in GP 1 & 2 practices.	NHS Nottinghamshire County Data Quality Team	April 2010	The Audit outcome will demonstrate that National summarising Standards are met consistently. Good record summaries act as an aide to good clinical decision making.
Patterns of injuries of children and young people will be considered and addressed	Discharge information on Accident and Emergency department attendances of children and young people should be	GPs across NHS Nottinghamshire County should be reminded of the benefits of developing systems that will aide the identification of any patterns of A &E attendances	NHS Nottinghamshire County Medical Directorate	July 2010	Evidence of communication and of systems being developed and implemented

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)
	reviewed, any patterns considered and followed up.	Medical Director to discuss with PEC Chair and Local Medical Committee	Medical Director		
Children and Young People with complex needs will be more readily identified in the GP setting ensuring that their needs are met appropriately	There should be an agreed protocol for general practice for the identification of children with complex needs.	Medical Director to discuss with PEC Chair and Local Medical Committee	Medical Director	July 2010	Agreed protocol for general practice for the identification of children with complex needs.
Children and young people with complex needs will benefit from having access to GPs with increased level of expertise in their care and management. All GPs aware of the importance of speaking and listening to children with complex needs.	GP 1&2 to access additional learning opportunities on the care and management of children with complex needs. All GPs to be made aware of care and management of children with complex needs.	Learning opportunities accessed by GPs 1&2. To ensure training opportunities are available.	GPs 1 and 2 Medical Director	September 2010 September 2010	Evidence of learning and reflection included in appraisal documentation. Evaluation of training opportunities.
All patients will benefit from the improved monitoring of referrals made by GP.	GPs should be reminded that it is good practice to ensure consistency in referral management and that referrals are followed up.	Medical Directorate communication to all General Practitioners.	NHS Nottinghamshire County Medical Directorate.	May 2010	Evidence of communication and of systems being developed and implemented to follow up referrals and monitor that actions have been completed consistently.
All children and young people in the GP practice who are disabled and have	GPs to be reminded of the purpose of, and access to, the Common Assessment	Medical Directorate to issue a bulletin regarding advising the use of the Common Assessment Framework.	Medical Director	April 2010	Evidence of GP practices having completed Common Assessment Framework forms appropriately.

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)
<p>complex needs should be considered holistically by GPs and have a common assessment framework form completed, if not already available. If/when in place, all appropriate practice staff should know how to access the information to achieve best outcome for the child.</p>	<p>Framework tool. Training to be included in the GP Practice Learning Time programme for 2010-11.</p>				
	<p>GPs to access training on the use of the Common Assessment Framework at advertised events.</p>	<p>Medical Directorate to inform the organisers of Practice Learning Time programmes of the need to include an invitation to the Integration Management Team at County Hall to facilitate training on the Common Assessment Framework.</p>			
<p>Children and young people should benefit from their GPs being aware of all information relating to their health and well-being, having been shared appropriately, and used to safeguard them and promote their welfare.</p>	<p>GPs to use appropriate information sharing practices with community nursing and therapy services to encourage a more reflective and proactive approach to their role.</p>	<p>Medical Directorate to recommend GPs share electronic records with community nursing services and therapists.</p>	<p>Medical Director</p>	<p>May 2010</p>	<p>Evidence of shared records.</p>
<p>GPs will be aware of family implications of surrogacy</p>	<p>All GPs should be made aware that they need to take family</p>	<p>Medical Director to issue communication and basic guidance to all GPs.</p>	<p>Medical Director</p>	<p>May 2010</p>	<p>Communication sent and received by GPs.</p>

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)
arrangements. Consideration of this will be given when assessing suitability for surrogacy.	implications into account when asked to assess suitability for surrogacy arrangements.				
Sherwood Forest Hospitals Foundation Trust					
Paediatricians leading and reviewing complex care will exercise their particular responsibility to ensure all relevant professionals and agencies are included within the reviewing processes so co-ordinated assessments and plans can be agreed.	1 The role and responsibilities of the lead paediatrician in the care of children with disabilities is clearly articulated within the organisation and with other agencies.	<ul style="list-style-type: none"> Guidance to be developed and disseminated. Audit to be developed and implemented 	Named Doctor Named Doctor	By April '10	Audit of documentation of clinical reviews and MDTs including reports requested and provided. March '11
Community paediatric service is appropriately resourced to meet the needs of children across the county	2 Review level of resources needed to deliver expectations of Community Paediatricians role arising from this review	<ul style="list-style-type: none"> Service Director for Children's Services and Trust Boards to meet with Commissioners to agree service specification and funding. 	Service Director for Children's Services SFH Children's Lead/CEO SFH NUH Children's Lead/CEO PCT Commissioners	End April '10	Service Specification in place
Community Paediatricians are aware of guidance, make appropriate use of it and apply as required to ensure children are appropriately	3 The community Paediatricians are informed of the Child Protection Nottinghamshire Safeguarding Board website so they can access all local and	<ul style="list-style-type: none"> 1:1 discussion with Community Paediatricians. 	Named Nurse for Child Protection	November '09	April '10 Questionnaire to community paediatricians on intranet's ease of use

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
safeguarded		national safeguarding guidance (including guidance specifically for Disabled Children).				
When a child with disabilities is reviewed they are encouraged to express their wishes and feelings in order to ensure safeguarding risks are reduced.	4	When undertaking a clinical review children with disabilities are encouraged to express their wishes and feelings and these are recorded within the medical record.	<ul style="list-style-type: none"> 1:1 discussion with all paediatricians. 	Named Doctor for Child Protection	March '10 March '11	Audit of documentation of clinical reviews and MDTs
When a patient under the age of 18 years does not attend an appointment (DNA) appropriate action should be taken to ensure safeguarding risks are reduced	5	An audit of the current "Did Not Attend (DNA)" guideline is undertaken to assess how effectively it is being implemented	<ul style="list-style-type: none"> A convenience sample of a 100 records of patients under the age of 18 years who have not attended during '09-'10 will be audited to assess compliance 	Named Safeguarding Professionals	By April '10	Results of the audit are reviewed and appropriate action taken in relation to identified shortcomings.
When a child is seen in A&E a paediatric triage form will always be used to ensure that safeguarding risks to that child are reduced	6	An audit of the paediatric triage form is undertaken to ensure that the training on its use that took place in 2007 has kept the standard of documentation and safeguarding assessment high.	<ul style="list-style-type: none"> An audit of A&E records is undertaken to assess current use of the paediatric triage form. 	A&E Doctor	By January '10	Results of the audit are reviewed and appropriate action taken. Audit undertaken in November '09 which indicated that the paediatric triage form usage was 82% as opposed to the required 100%. This was deemed an unacceptable level. NB. This has been audited annually for the last 3 years to assess compliance. Actions to be taken following the Nov '09 audit: Staff are to undertake weekly audit of paediatric records and non compliance will be individually

Outcome	Recommendation	Action	By Whom	Timescale	Audit of implementation (include method of audit)	
					addressed. This will be fed back to senior management. Formal Re- Audit May '10	
When a child with disabilities is seen in A&E the paediatrician will be made aware of the attendance so the significance of the attendance can be considered in the light of their disabilities and other needs	7	The paediatric triage form should be changed to include a specific question regarding children with disabilities. The lead paediatrician should be identified and included in the notification of attendance.	<ul style="list-style-type: none"> Paediatric Triage form to be reviewed and changed. A process to be developed to inform lead paediatrician 	A&E Consultants Named Professionals	By May '10	Audit of triage forms to assess compliance October '10
All non paediatric consultants involved in the care of children will appropriately share information about the child with other professionals involved in the child's care.	8	Guidance is developed for all non paediatric consultants involved in the care of children to ensure they are aware of their responsibility to appropriately share information about the child with other professionals involved in the child's care.	<ul style="list-style-type: none"> Guidance to be developed and disseminated via Hospital Grand Round (regular teaching session for all medical staff) and departmental medical teaching sessions and placed on hospital intranet. 	Named Doctor for Child Protection	By April '10	Audit of communication between departments in children attending the Child Development Centre (provides a good cross section of children with complex disability) March '11