



Kirklees Safeguarding Children Board
Serious Case Review

Multi-agency Action Plan

Child aged 2 years 7 months

December 2011

Kirklees Safeguarding Children Board

Recommendation	RAG	Update	Completion Date	Description of Evidence
The KSCB to provide learning opportunities that direct professionals to consider the impact of agencies' efforts to assess parenting capacity, and if parental anxiety over agency involvement with their family increases the risk of harm to children.	Amber	This learning incorporated into the existing KSCB Improving Assessment and Engagement course; and fed into individual training as appropriate (through the Learning and Development Workstream). The KSB Unit will feature this learning in the KSCB newsletter (following publication of the exec summary) and it will inform ongoing work on supervision.	Mar-12	
The KSCB to ensure partner agency take practical steps to improve professional take-up of management support in decision making.	Amber	KSCB members advised of this learning and asked to feed down to managers as far as is possible prior to the publication of the executive summary. Once published, the KSCB Unit will forward the executive summary to partner agencies and request that agencies take practical steps to improve professional take-up of management support in decision making. Partner agencies will be required to report in six months.	Mar-12	
The KSCB to develop guidance to support staff undertaking joint visits.	Green	KSCB Unit have developed guidance based on national best practice and informed by individual agency processes. This guidance to be approved by the Vulnerable Adults and Their Children Workstream.	Nov-11	Joint Visits Guidance
Where a parent or carer suffering from deteriorating mental health problems with psychosis refuses to undergo an assessment of their mental health or refuses access to a child for whom there are concerns about the potential risk of significant harm, the police should be contacted for discussion and advice.	Green	The Emergency Duty Service and Duty and Assessment Service developed a protocol to outline what steps should be taken to gain access and, should these fail, when it may be necessary to contact police to gain access.	Dec-10	Protocol to gain access to a family home
KSCB to explore options for strengthening contingency plans between adult and children's services in relation to parental mental ill-health.	Amber	Following the publication of the executive summary, the Vulnerable Adults and Their Children Workstream will lead on an audit to establish a baseline for this work. Audit recommendations will be quality assured by the Serious Case Review Workstream and reported back to Vulnerable Adults and Evaluation and Effectiveness.	Mar-12	

Action for Children

Recommendation	RAG	Update	Completion Date	Description of Evidence
Action for Children should work with the local authority in Kirklees to consider recording issues. These should relate to the local question of recording referral details prior to an allocation meeting and to the wider question of whether there are ways of making records of all contacts with all service users at the DM Children's Centre. The outcome of this review and any pilot that follows should inform future good practice alongside other good practice drivers.	Green	Action for Children met with Kirklees Early Years Service to discuss, as this implications for all 32 children centres in Kirklees, (Action for Children manage 6). Recommendation has data protection implications, as well as significant practice changes across the children centres sector in Kirklees. Action for Children revised internal recording procedures in August 2010.	Aug-10	Updated recording policy for Action for Children

Kirklees Children and Young People Service: Safeguarding and Specialist Provision

Recommendation	RAG	Update	Completion Date	Description of Evidence
Whenever pre-birth assessments are undertaken, the GP should be contacted in all instances.	Green	An instruction has been issued to relevant teams by Divisional Manager. The procedures have been reviewed to ensure this requirement is explicitly stated and has been updated. Training re: pre-birth assessments has been updated to reflect this recommendation		Revised procedures
Safeguarding & Specialist Provision should actively participate in the multi-agency audit of the quality of pre-birth assessments and ensure that any lessons are shared across the agency.	Green	The Service was key in the Multi Agency Task and finish group that audited pre-birth assessments. The results of this audit were reported back to evaluation and effectiveness workstream of Safeguarding Board; and make arrangements to ensure best practice and/or lessons from audit can be shared across the agency.	Jan-11	

Recommendation	RAG	Update	Completion Date	Description of Evidence
In cases where there are significant safeguarding concerns in relation to a child/ren of a parent with a deteriorating mental health condition and home access is denied, consideration should always be given to suspending normal assessment procedures under the Mental Health Act in favour of using emergency action to safeguard the child in collaboration with the Police.	Green	Safeguarding Mental health training has been updated to include this practice element. Guidance has been issued to team managers including emergency duty officers.	Dec-10	
All Emergency Duty Service home visits to conduct assessments in relation to adult or child safeguarding issues, mental health assessments or CIN, should include a requirement that any child in the household is seen as part of that assessment.	Green	Guidance/instruction has been issued by EDS. Service Manager. The action has been discussed at EDS Team meeting.	Nov-10	
The Unit Manager for Duty and Assessment Service should review systems and processes for receiving information into the Service with a view to ensuring that information is collated together and passed to the Team Manager within the required timescale (24 hours).	Green	Systems and processes reviewed and a new process introduced to ensure that a named deputy team manager has responsibility for ensuring that all referrals are entered on the electronic system daily.	Feb-10	Instruction issued by divisional manager

South West Yorkshire Partnership NHS Foundation Trust

Recommendation	RAG	Update	Completion Date	Description of Evidence
The South West Yorkshire Partnership Foundation NHS Trust should ensure clarity about access and referral points to all of its services and ensure details are publicised appropriately and understood by partner agencies.	Green	A single point of access (SPA) for referrals to mental health services in Kirklees has been launched. The SPA will ensure a consistent, appropriate and timely response to adults who require a mental health services. Based with the SPA a children and families social worker will undertake child protection initial assessments along adult mental health staff, to ensure child protection issues are not lost in any assessment process.	Jun-11	Link to single point of access team

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All staff will be reminded via team brief and a headline on the Trust Intra net of their responsibility to maintain clinical records to the required standard meeting professional standards and in compliance with the policies of the Trust.	Green	A statement has been included in the team brief. All Trust training emphasises the importance and duty of all staff to complete records which comply with Trust and professional standards. The audit programme for 2010/2011 includes clinical records.		Training presentation
The Clinical risk assessment policy will be reviewed, if the review indicates that amendments are required to make it clear to clinical staff that risk assessments should take place as soon as the first information is received, including that received as part of a referral amendments will be made to the policy.	Green	Policies that address this issue have been reviewed. A new section has been introduced into the Trust policy on the safeguarding and protection of children addressing risk assessment. The new safeguarding policy gives clear guidance on the assessment of risk where an adult service user is a parent or has close regular contact with children	Aug-11	Safeguarding policy
A focused communication campaign will be undertaken; reminding all staff that Childs welfare is paramount in all situations and circumstances	Green	Communications strategy has been rolled out: <ul style="list-style-type: none"> • update of the Trust intranet safeguarding page. • headline section on front page of the intranet highlighting the safeguarding page and responsibilities of all staff. • article in the staff magazine promoting safeguarding. • production of posters giving key information and actions. An audit will be undertaken to monitor improvements.	Jun-11	Communications strategy
Guidelines will be developed for SWYPFT staff to provide guidance when contributing to a pre birth assessment being undertaken by the local authority CHYP service.	Green	A review of literature, guidance and best practice has been completed. Guidance has been added to the Trust policy relating to best practice. The safeguarding policy provides clear guidance to staff on the expected standard of information and working where a pre birth assessment is been undertaken. This crucially includes where information is been sought about a person who is no longer using services.	Sep-11	Safeguarding policy

NHS Kirklees

Recommendation	RAG	Update	Completion Date	Description of Evidence
Health visitors must utilise a structure such as the common assessment framework for their work with families who have identified safeguarding vulnerabilities.	Green	Staff undertake training in respect of the CAF as per NHS Kirklees Training policy. A CAF template is now being used, and initial reports on the numbers of children who have had pre CAF and CAF assessment are being generated. Regular monthly reports in KCHS indicate the prevalence of both pre CAF and CAF work that is taking place.	Sep-10	Monthly reports monitoring CAF assessments
Further work must take place in NHS Kirklees to strengthen the collaborative work that takes place between health visitors and colleagues in general practice in respect of vulnerable children	Green	The Best Practice Framework for information sharing forms part of the policy requirements that inform safeguarding work in NHS Kirklees, and has been in place since July 2010. There is a requirement for staff to now complete the Communication template that is available on the electronic health record. This is being used in some teams and is a performance indicator of safeguarding work - reports are regularly scrutinised. Safeguarding training provide direction on Information sharing as an integral part of safeguarding work. An event has taken place with GP surgeries on subject of 'Information sharing'. Recent performance reports (April 2011) indicate that regular discussions are taking place between General Practitioners, Health visitors and school nurses, that result in action planning to improve child safety.	Jul-10	Best Practice Framework for information sharing
Child protection training must be delivered to staff working with children and families, to provide direction on identifying a child protection emergency, and the subsequent action that must be taken to ensure the child's safety	Green	Training has been delivered to all service managers who provide services to children and families, for cascading to their teams. A briefing paper regarding emergency safeguarding response has been developed and delivered to staff, and posted on NHS Kirklees intranet.	Apr-10	Powerpoint for training

Recommendation	RAG	Update	Completion Date	Description of Evidence
NHS Kirklees Safeguarding Team must provide training to general practices and Kirklees Community Healthcare Services about the factors which can compromise parenting capacity, and the Professional response that is required to ensure that these factors are regularly analysed, and used to inform safeguarding children work.	Green	Training has been delivered to general practices and Supporting Families Teams and includes direction about the factors which compromise parenting, and the professional response required. A central training event on the subject of Information Sharing to effectively Safeguard Children has been delivered to general practices.	Nov-10	Powerpoint for training

The Mid Yorkshire Hospitals NHS Trust

Recommendation	RAG	Update	Completion Date	Description of Evidence
Clear lines of accountability need to be established between The Mid Yorkshire Hospitals NHS Trust and the South West Yorkshire Partnership NHS Foundation Trust with regards to patients presenting to the emergency department with primarily mental issues through the strengthening of referral pathways and policy.	Green	The Trust policy "Psychiatric Problems in the Emergency Department", specifically to include consideration of the child at home, has been reviewed. The Symphony Information Technology System upgrades in relation to safeguarding triggers have been implemented and are operating trust wide (these will be monitored to consider if adjustments are necessary), and briefing sessions delivered to all emergency department staff working with symphony. Safeguarding level 2 and level 3 training has been strengthened to emphasise consideration of "the child at home".	Mar-11	Revised Psychiatric Problems in the Emergency Department policy
In revising the safeguarding strategy The Mid Yorkshire Hospitals NHS Trust will describe the requirement for commissioners to commission paediatric liaison services	Green	A Safeguarding Strategy Workshop has been held, and a draft strategy, which includes a specific section on paediatric liaison, was circulated in May 2011. The Strategy was completed and promoted in August 2011.	Aug-11	Safeguarding Strategy

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Where there are allegations of abuse, all concerns must be fully accounted for including thorough medical assessment, and documentation of decision making processes	Green	Learning points from serious case reviews were disseminated through the peer supervision sessions for paediatric medical staff from July 2010 and will be delivered quarterly. Training Needs analysis of paediatric medical staff has been completed and reported to and a report of findings due to be delivered to the Trust safeguarding team. Peer supervision sessions for Paediatric Consultants are established and delivered quarterly.	Mar-11	Training needs analysis report

Health Overview Report

Recommendation	RAG	Update	Completion Date	Description of Evidence
General Practitioners and Mental Health Services should develop a clear process for managing clients with mental health issues within the primary care setting and should clarify the roles and responsibilities of General Practitioners and Mental Health Services.	Green	NHS Kirklees, in consultation with SWYFPT has now developed a peri natal and infant mortality strategy which has now been ratified. Work has been completed to scope the development of a specialist peri natal mental health team. A GP has been invited to engage with the group and psychiatrists also attend. NHS Kirklees is leading the integrated pathway for peri natal mental health. By Dec2011, all providers will have developed their primary care pathway which will lead into the specialist services in acute mental health.	Sep-11	The overarching strategy for peri-natal and infant mortality, the care pathway and action plan
Child protection training delivered to staff working in SWYPFT must provide direction on identifying a child protection emergency, and the subsequent actions that must be taken to ensure the child's safety.	Green	Completed. Information has been incorporated into level 2 training giving staff clear guidance and direction on what action to take in emergency situations to protect children	May-10	Level 2 training presentation

Recommendation	RAG	Update	Completion Date	Description of Evidence
<p>SWYFPT should review current policies and procedures to ensure that clear system is in place and risk assessments are undertaken when services users fail to engage with mental health services</p>	<p>Green</p>	<p>Policies have been reviewed to ensure that service users are not discharged back to primary care without a full consideration of their mental health and risk factors, and clear communication of this to the GP. If a care plan fails to engage service users, risks will be managed through an action plan agreed with primary care, which will identify specific triggers for re-referral. People with a history of violence when mentally unwell will not be discharged back to primary care unless there is an explicit care plan in place that includes a risk assessment (stating who may be at risk), a crisis plan and specific indication for rapid re-referral. The plan is agreed with the Clinical Lead. The discharge procedure is followed when the service is unable to work directly with a person but has identified a potential for risk to self or others, and a crisis care plan is established to enable the person to access services promptly through a named care co-ordinator. When a service user is transferred from a community or discharged service a report is sent to the service user's GP. A copy of the care plan and outcomes of reviews are sent to the GP. GPs are invited to Care Programme Approach review meetings for all service users.</p>	<p>Oct-10</p>	<p>Discharge procedure/policy</p>