



Windsor and Maidenhead
**LOCAL SAFEGUARDING
CHILDREN BOARD**

Serious case review
Combined action plan – **monitoring version**

Key to colour coding:

Overview Report (O/V)

Health Overview Report (HOV)

Primary healthcare (PC)

Wexham Park Hospital (HWPH)

East Berks Community Health Services (BECHS)

LA Family Support Service (FSS)

Children's Social Care (CSC)

Joint Legal Services (JLS)

NB Actions identified in the Overview Report and Health Overview Report that relate to specific agencies have been added to those agencies' action plans. We have retained the colour coding for ease of reference. Where there is an action as for Health Commissioners (PCT) *and* provider trust, the action is included in the Health Commissioners' plan as the responsible body.

1. W&M LSCB Actions

RECOMMENDATION	ACTION REQUIRED	BY WHEN	LEAD OFFICERS	OUTCOME TO BE ACHIEVED	STATUS ● Complete ● In progress ● Delayed	ACTIONS COMPLETED WITH EVIDENCE
1. The LSCB should ensure that agencies improve their engagement with fathers and other male carers in all aspects of child protection work.	The LSCB to review the assessment documents of all agencies; The LSCB to audit the effectiveness of agencies' assessment tools in respect of male partners and other carers in the life of the child; The LSCB to ensure that all multi-agency training includes the importance of involving male partners and other carers.	May 2012 June 2012 January 2012	LSCB Chair LSCB Monitoring & Evaluation sub-committee LSCB Chair	Support of male carers or risks posed by them are fully identified.	Complete Complete	Audit to be commissioned with NSPCC Email written to training commissioners.
2. The LSCB should produce multi-agency guidance on the assessment and management of need and risk where there has been a denied or concealed pregnancy.	Pan-Berkshire Policy & Procedures group to be requested to produce this guidance.	December 2011	LSCB Chair	Implications of denied or concealed pregnancies are fully understood.	Complete	Letter sent to West of Berks LSCB chair (host LSCB). Guidance document published for consultation June 2012.
3. The local authority should ensure that all relevant staff are made familiar with relevant research on reunification and are able to apply it.	LSCB to include reunification in the four multi-agency workshops for all relevant staff	February 2012 concluding June 2012	LSCB Chair	Ensure all relevant staff have a comprehensive understanding of issues for reunified children.	Local Authority complete	Multi Agency workshops will follow publication of review.
4. The LSCB should make known the specific concerns about the impact of the slow transfer and summarising of GP records in this case to the Department of Health and ask it to take action	LSCB chair to write to the DH and NHS to highlight the issues arising from this case;	December 2012	LSCB Chair	Creating impetus for improving the speed of transfer of patient records.	Complete	Letter written to DH Reply received

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to improve the system at a national level						
5. Training and briefing sessions arising from this SCR should emphasise the impact of this issue on children and the vulnerability of GPs who do not take steps to improve their systems for transferring and summarising children's records	LSCB to devise feedback strategy to SCR participants and the general workforce; Health Commissioners to ensure that GPs receive feedback that emphasises the dangers of existing records transfer practice; LSCB to deliver feedback to staff	April 2012	LSCB	Strategy is developed and feedback programme delivered Case notes are transferred and summarised to within new standard.	Complete Complete Complete	Communications strategy prepared; dissemination on hold due to legal process. Multi Agency workshops will follow publication of review Newsletter published.
6. BHFT should publicise the arrangements for its child health clinics to other professionals working with vulnerable children, including the practice of self-weighting.	LSCB to publish newsletter including child health clinic arrangements. BHFT to develop plan to ensure all relevant professionals are aware of these arrangements, including what information professionals working in these setting have available to them.	January 2012 June 2012	LSCB BHFT	Newsletter is published BHFT publish and implement plan. Staff in relevant agencies are aware of clinic arrangements.	Complete Complete	Service leaflet is already given routinely to parents; do the LSCB wish to have these leaflets to distribute to partner agencies Leaflet widely distributed and published on LSCB Website.
7. RBWM should publicise the role of Access Officer in the social care referral and assessment service to all other professionals working with vulnerable children.	LSCB to publish newsletter featuring the work of Access Officers. Cue card republished and distributed to children's and wider workforce.	August 2011 October 2011	LSCB LSCB	Newsletter published, Cue card published, distributed with pdf version on internet, linked from partners' websites.	Complete	Newsletter published Revised Cue Card published and distributed

2. Health Commissioners Actions

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8. The LSCB should oversee the production of the proposed 'pathway' for the management by health professionals of bruising so as to ensure that it is consistent with sound multi-agency child protection practice.	Health trusts to produce pathway; Pathway to be presented to LSCB for validation. Pathway to be included in all levels of child protection training including basic awareness for health staff.	December 2011 January 2012 January 2012	Health commissioners and provider trusts	Health profs demonstrate understanding of: Better management of bruising to children and that children are better safeguarded.	Complete	Heads of Children's Services across six local authorities have agreed protocol Copy of protocol endorsed by LSCB Business Managers and LSCB Chairs.
9. Health commissioners and provider trusts should ensure that professionals who may be involved in the reunification of vulnerable children are aware of the complexity of reunification of looked after children so as to contribute effectively to discussion and decision making.	LSCB to publish special newsletter regarding this matter; Health commissioners and provider trusts should ensure that appropriate staff attend the four workshops provided by the LSCB	February 2012 concluding June 2012	Health commissioners and provider trusts	Ensure all relevant staff have a comprehensive understanding of issues for reunified children.	Complete	Newsletter published March 2012 Multi Agency workshops will follow publication of review
10. The current standard for the transfer and summary of GP medical records should be reviewed and a lower target time should be set.	PCT and NHS trusts to set new, lower time target for transfer; PCT and NHS trusts to develop plan to ensure that new target is met.	April 2012 (review June 2012)	Health commissioners	Case notes are transferred and summarised to within new standard.	Ongoing	Improvement evident but still not meeting targets. To be reviewed.
11. NHS Berkshire should set challenging targets for electronic transfer of patient notes between GP practices in Berkshire. Progress should be reported regularly to senior managers in the NHS and as appropriate to the LSCB	PCT to set targets for comprehensive take up; PCT to develop plan to ensure target is met.	April 2012 (review June 2012)	Health commissioners	Optimum arrangements in place or plans to adopt before the end of 2013.	On-going (Also part of Adult Safeguarding Services agenda).	

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12. BHFT should provide a full report of the current capacity of the health visiting service to the LSCB indicating what steps are being taken to recruit health visitors and to mitigate the impact of staff shortages.	BHFT to review health visiting capacity and advise LSCB on acceptable and safe levels of service; BHFT to develop plan to address identified shortfall in the service.	April 2012 (review by LSCB May 2012)	Health commissioners/ BHFT	Health visiting service meets identified shortfall in service. Sufficient health visitors are recruited to meet nationally agreed levels of service.	Complete	Reported to LSCB Chair, to be shared with LSCB at meeting in May 2012.
13. Health commissioners and provider trusts should review the current design and use of the PCHR	PCT to establish how information about care episodes are recorded in the PCHR; PCT to review guidance to all Health professionals on the information to be recorded in the PCHR.	April 2012	Health Commissioners	All relevant information is readily available to all Health professionals to inform their judgments.	Complete	Guidance on how to use the PCHR locally now updated. This is a national document, its content cannot be determined locally. The designated nurse has contacted the chair of the working group on the PCHR at the RCPCH to discuss ways of alerting health professionals to vulnerabilities to specific children in the PCHR.
14. Providers of child protection training to staff in the health services across Berkshire must provide assurance to the Local Safeguarding Children Boards, and to NHS Berkshire, that strategies are developed to evaluate and assess the impact of child protection training.	Health Commissioners and trusts representatives on LSCB Training subgroup to develop system for evaluating the impact of safeguarding training. System to measure sustained improvements in knowledge, behaviour and performance.	April 2012	Health Commissioners and provider trusts	Training programme delivers real improvement for individual practitioners and agency performance.	Ongoing	Training to commence in September, a tool has been prepared and will be distributed by the Training Group.

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<p>15. Quality performance indicators to include a range of measures, such as audits of standards and outcomes for children, must be developed by the PCT for all contracted health services, including GP services, to assure the PCT, as the current commissioners of health services, that robust mechanisms are in place to support health professionals in the identification of families with vulnerable children, and risks to the children are rigorously managed.</p>	<p>Health commissioners to develop measures.</p> <p>All commissioned services to adopt measures.</p> <p>All services to report outcome of audit measures to PCT.</p> <p>Health commissioners to report on performance measures to LSCB.</p> <p>All health LSCB members to report on outcome of measures, including routinely collected data, audits and all other quality indicators.</p> <p>Health commissioners to present to LSCB on behalf of all health services not represented on LSCB.</p>	<p>April 2012</p> <p>April 2012</p> <p>April 2012</p> <p>May 2012</p> <p>July 2012</p>	<p>Health commissioners and provider trusts</p>	<p>Quality indicators are agreed and implemented.</p> <p>LSCB receives regular reports on the quality of health services.</p>	<p>On-going</p>	<p>Timescales not achieved but work in progress. Delays due to changeover from PCT to CCGs.</p> <p>To be reported via the Monitoring & Evaluation Subgroup on an annual basis.</p>

3. Primary Care Actions

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16. GPs should organise a formal mental health assessment of any woman who conceals a pregnancy, unless referral to mental health services has already been made.	Letter to GPs.	October 2011	Designated Doctor / Named Doctor	All women who conceal pregnancies have a formal mental health assessment.	Complete	Perinatal care pathway in development with BHFT and Public Health Directorate in PCT, to include assessment of women who conceal/deny a pregnancy
17. The Designated and Named Professionals should review clinical guidelines for bruising in infancy, and distribute any revision to all primary care practices.	Development of guidelines with reference to other available local documents.	December 2011	Designated Doctor / Named Doctor	GPs are clear on how to manage bruising in infants.	Complete January 2012. Written protocol in place across Berkshire.	Heads of Children's Services across six local authorities have agreed protocol. Copy of protocol sent to LSCB Business Managers and LSCB Chairs. GPs across Berkshire informed of protocol via newsletter to all practices. Protocol available on Drs desktop of PCT intranet site.
18. All primary care practices should put in place processes to ensure all new patients' records have been received into the practice within three months of registration with the practices.	Letter to GPs.	October 2011	Named Doctor	Practices will have information about their patients within the agreed timeframe.	Complete	Newsletter sent from Designated and Named Drs. To all GP practices January 2012

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19. Berkshire Shared Services should improve uptake of electronic transfer of records with Berkshire through GP2GP transfer.	Roger Bond from IT dept at Berkshire Shared Services visiting practices across Berkshire to improve levels of registration and use of system.	Now	Assistant Director Primary Care	Information will be available to primary care from the patient records immediately on registration.	Ongoing	Included in newsletter sent out as action 18. Dr. Caird has information about the uptake of GP2GP electronic record transfer. GP Practices visited and an audit shows a high update of GP2GP transfer of notes where computer systems are compatible.
20. Primary care practices should be encouraged to use a generic email account to enable them to share concerns about children and families with health visitors.	Letter to GPs.	October 11	Named Doctor	Better communication with health visitors regarding vulnerable families.	Complete	Generic e-mail for contacting health visitors is already in place in Berkshire East. GPs reminded of its use in newsletter sent out as action 18. Copy of newsletter sent out to GP Practices January 2012 available.

4. BHFT Actions

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21. BHFT should give clear guidance to health visitors on the use of work diaries to record information about service users and contacts with other professionals	BHFT to review health visitor record-keeping policy to ensure that all records are accessible to all members of a team.	April 2012	BHFT	Health visitor's records are accessible to all team members. LSB receives report on changes to policy and ensures that new policy is safe.	Complete	Discussed at LSCB sub committee meeting 01.02.12 advised panel that RiO now hold work diaries electronically and protocols are outlined within RiO SOP. Also discussed fact that the outcome and recommendation do not seem to be linked. Sub committee to receive information about RiO SOP April 2012. SLA in place using RiO, some concerns regarding use of manual notes, legal advice to be sought.
22. BHFT to establish the quality of new birth assessments in a sample of cases giving particular emphasis to the wider family, social and environmental issues that are highlighted in the national and local guidance.	Audit of quality of health visitors new birth assessment; Action plans to be developed if audits indicate need. Outcomes of audits to be fed back to LSCB together with any action plans.	June 2012 July 2012	BHFT	Improved New Birth assessments of vulnerable children.	Complete	Action to be completed by R. Lacey and E. Hyett by April 2012 report to be presented to sub committee April 2012. Audit April/May to be reported to LSCB July 2012
23. BHFT should review the current arrangements for child health clinics in the light of the findings of the SCR.	BHFT to carry out the review taking into account: The purpose of the clinics; The conditions in which they are held; Records made;	April 2012	BHFT	Review highlights, make relevant recommendations to ensure that risks to children are recognised, and	Complete February 2012	Clinics reviewed by health visiting lead, named nurse CP and professional lead. Recording of information within PCHR changed

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	Information available to clinicians.			clinicians have access to relevant information about children.		and changes now within Fit for the Future (FFTF) Action disseminated to staff Nov 2011. Evidenced via FFTF, attendance list at forum and powerpoint presentations. See action 34.
24. RBWM, BHFT and NHS should review the role of the looked after children health team to ensure that suitable health arrangements are made for children who are discharged from care as well as those who become or are currently looked after.	NHS Trust to review the role of the LAC Health Team.	September 2012	BHFT	Health needs of children leaving care are addressed.	Complete	Update to be presented to LSCB in July 2012.
25. The LAC Team in BHFT undertakes the self assessment tool offered by NICE Public Health Guidance 28 (2010) to benchmark the current health services for looked after children alongside the services offered by Children's Social Care.	BHFT discusses the use of the tool with local authority colleagues. BHFT undertakes the analysis using the tool. Outcome of analysis is reported to LA corporate parenting committee and LSCB.	April 2012 July 2012 September 2012	BHFT	Self assessment is undertaken and action plan drawn up.	Complete	Regular review required, joint action RBWM/PCT
26. BHFT must review the clinical supervision policy, specific to child protection, to include the requirement for discussion about children born following concealment of a pregnancy and also children returned to their birth families.	BHFT to review policy and change accordingly. BHFT to ensure supervisors are aware of new policy and that such cases are routinely discussed.	December 2011 December 2011	BHFT	All relevant cases are discussed in supervision and appropriate plans for healthcare made.	Complete	Supervision now includes an opportunity to discuss any LAC child

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27. Training is commissioned to support health visitors to undertake fully informed risk assessments which follow with appropriate actions, and identified expected outcomes for children.	<p>BHFT to work with partners to develop or commission training to enable health visitors and others to indentify risk and develop plans accordingly.</p> <p>Health visitors attend above training.</p> <p>Impact of training is assessed.</p>	<p>April 2012</p> <p>November 2012</p> <p>February 2013</p>	BHFT	Health visitors and other relevant staff have undertaken the training and demonstrated that practice has changed.	Complete September 2011	<p>Discussed at sub committee 01.02.12. Panel advised that all health visiting teams were trained in the use of the updated family health needs assessment September 2011 which included how to undertake a risk assessment. Evidenced by professional leads record of training to practitioners.</p> <p>Risk assessments to be audited 2012/13 by professional leads as part of record keeping audit.</p>
28. All key practitioners directly and indirectly involved in the Individual Management Review are debriefed and informed of the review findings.	<p>Staff directly involved in the case will be debriefed of findings.</p> <p>Teams from universal services across East Berkshire will be invited to the Safeguarding Forum November 2011 where the learning from this case will be disseminated.</p>	<p>October 2011</p> <p>November 2011</p>	<p>1) Named Nursing Team for Child Protection</p> <p>2) Named Nursing Team for Child Protection</p>	<p>Assurance that individual Practitioners will be informed of the lessons learnt and advised to incorporate the lessons within future practice.</p>	<p>Complete October 2011</p> <p>Complete November 2011</p>	<p>Debrief undertaken October 2011</p> <p>Forum as planned 14.11.11 disseminated learning to 134 health visiting, family nurse partnership, children's community nurses and school nursing teams across East Berkshire.</p> <p>Evidenced by agenda, course presentations and attendance lists</p>

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						<p>uploaded onto BHFT training database.</p> <p>Actions of all SCRs for Berkshire 2010 - 2011 presented to all health visiting managers and Locality Director for WAM by safeguarding children team lead 16.01.12 with a view for all actions to be integrated within health visiting practice across BHFT.</p>
<p>29. BHFT procedures will mirror updated LSCB pre-birth procedures and include specific information and action to take in the event of a denied/concealed pregnancy.</p>	<p>Recommendations from the serious case review will be integrated into local CP policy and procedures in accord with LSCB procedures.</p> <p>Staff will be made aware of the updates and recommended action to take in the event of denied/ concealed pregnancy.</p>	<p>November 2011</p> <p>November 2011</p>	<p>Named and Designated professionals within the health economy</p>	<p>Clear multi-agency procedures will be in place for all members of staff working with families in which a denied/ concealed pregnancy has taken place; this will facilitate a co-ordinated response and improved multi-agency communication</p>	<p>Complete</p> <p>Complete</p>	<p>Addendum to be added to current BHFT CP policy according to recommendations within Berkshire wide procedures.</p> <p>Awaiting LSCB Guidance (June 2012)</p>

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<p>30. All health visiting teams will be briefed about action take in the event of observed bruising on an infant.</p>	<p>All teams will be reminded about action to take in the event of observed bruising according to national and LSCB recommendations. This will be reinforced by the distribution of the NSPCC core leaflet and NICE guidelines.</p> <p>Attendance will be mandatory.</p>	<p>Completed June 2011</p>	<p>Named Nursing team for child protection</p>	<p>Assurances that health visiting teams are briefed about action to take whenever they observe a bruise on an infant. This outcome was considered urgent.</p>	<p>Complete June 2011</p>	<p>Named nursing team debriefed health visiting, family nurse partnership, community children's team and school nursing teams June 2011. Evidenced by attendance data and dissemination material including NSCPP leaflets and NICE guidelines.</p>
<p>31. A pathway will be developed for specific action to take in the event of an observed injury on a baby, infant or child.</p>	<p>The pathway will be developed according to national and local guidance.</p> <p>The designated doctor, designated nurse, named nurse for the acute trust and named GP will be consulted during development of the pathway.</p> <p>The pathway will be disseminated to all health visiting teams, school nursing teams and children's community nurses.</p>	<p>November 2011</p>	<p>Named Nurses, Designated Nurse, Designated Doctor, Named GP, Named Nurse acute trust.</p>	<p>Assurance that health visitors, school nurses and community children's nurses have clear organisational support regarding action to take in the event they observe an injury on a child.</p>	<p>Complete January 2011</p>	<p>Pathway in use and launched January 2012; all BHFT employees send information and teams briefed at forum November 2011. Evidenced by protocol, agenda from forum and attendance lists. Practitioners in close contact with safeguarding team re the use of this policy – any difficulties and examples of good outcomes are communicated to the wider health economy on a regular basis, verbally and within safeguarding meetings – evidenced by meeting minutes.</p>

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<p>32. Health visiting teams will be briefed on current research and the potential impact concealed pregnancies may have on the welfare of children at the Annual Safeguarding Forum November 2011.</p>	<p>The subject of denied/ concealed pregnancy and its manifestations will be presented to health visiting teams at the annual Safeguarding Forum by the named doctor for mental health services.</p> <p>Training will include professional response and the need to target these families for extra health visiting input.</p>	<p>November 2011</p>	<p>Named nursing team for child protection and Named Doctor for mental health services</p>	<p>Assurance that current research about concealed pregnancies is presented to health visiting teams; including recommended professional response when a mother has a history of denied/ concealed pregnancy.</p>	<p>Complete November 2011</p>	<p>All staff who attended the forum received a seminar about concealed pregnancy from the named consultant psychiatrist – this included action to take in the event of concealed pregnancy and is part of East Berkshire health visiting protocols. Evidenced by HV protocols and agenda and attendance list from forum.</p>
<p>33. Families in which a child has moved home following foster placement will be targeted for extra intervention, including monitoring the child's health and development.</p>	<p>Local protocols will state that children, who have been reunified with their families following a period as a looked after child, must have their growth and development monitored for at least six months following their return home.</p> <p>This practice recommendation will be communicated to universal children's teams at the Safeguarding Forum and by locality leads.</p> <p>Monitoring growth and development will form part of a multi-agency plan for a child's return home.</p>	<p>Completed September 2011</p> <p>November 2011</p> <p>Ongoing</p>	<p>Professional Leads</p> <p>Locality leads and named nursing team</p>	<p>Assurance that individual Practitioners will take account of the lessons learnt and incorporate the lessons in their practice.</p>	<p>Complete September 2011</p> <p>Complete November 2011</p>	<p>Protocols for health visiting updated accordingly and practitioners briefed at the forum November 2011.</p> <p>Evidenced by health visiting protocols, forum agenda, powerpoints and attendance lists.</p>

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<p>34. Recommendations from this review will be incorporated within practice guidance for health visitors and disseminated to health visiting teams.</p>	<p>The Fit for the Future (FFTF) health visiting protocols will be amended to clearly state that families where a baby is born following a denied/ concealed pregnancy must be targeted as vulnerable and offered extra health visiting input.</p>	<p>Completed September 2011</p>	<p>Professional leads</p>	<p>Assurance that individual Practitioners have guidance to take account of the lessons learnt and incorporate the lessons within their practice.</p>	<p>Complete September 2011</p>	<p>All health visiting protocols updated according to lessons from review, disseminated at the forum.</p>
	<p>The FFTF will be amended to state that a health visitor must request to see all children present in the home in families who have a targeted need.</p>	<p>Completed September 2011</p>	<p>Named nursing team</p>	<p>These actions will be incorporated into local protocols and guidance.</p>	<p>Complete</p>	<p>Evidenced by health visiting protocols, agenda of forum, powerpoints and attendance.</p>
	<p>The FFTF will include the proviso that, in cases where a child has been reunified with his/ her family; this family must be targeted as vulnerable and offered extra health visiting input.</p>	<p>Completed September 2011</p>	<p>Locality leads</p>			
	<p>Changes in the FFTF protocols will be disseminated to health visiting teams via locality managers and at the Safeguarding Forum.</p>	<p>November 2011</p>	<p>Locality leads</p>			

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35. There will be a review of 'flagging' systems used within the Personal Child Health Record and a review of professional input at 'self-weighting' clinics.	<p>Managers will explore different methods to improve communication and alert practitioners with no prior knowledge of the family about any identified vulnerability at child health clinics.</p> <p>Managers will review professional input at 'self-weighting' child health clinics.</p> <p>Any changes will be communicated to health visiting teams and discussed at the Safeguarding Forum. The changes will form part of the FFTF document.</p>	<p>November 2011</p> <p>November 2011</p> <p>November 2011</p>	<p>Professional leads and locality leads</p> <p>Named Nursing Team.</p>	<p>Assurance that practitioners are alerted to families with identified vulnerability during child health clinics.</p> <p>Assurance that appropriate professional input is proactively offered to all families that require advice and support during child health clinics.</p>	<p>Complete November 2011</p> <p>Complete November 2011</p> <p>Complete November 2011</p>	<p>Alert system agreed by health visitor manager, named nurse and professional lead. Health visitors to ensure they write a family is targeted on weight page of PCHR; professional will be alerted and within notes, practitioner to clearly record reason why extra input is given to family. Self weighing clinics have tables clearly visible and ensure notice above scales advising parents/carers to seek professional advice during clinic should an issue arise. All changes communicated to teams at forum, protocols updated accordingly. Evidenced by forum agenda, powerpoints,, attendance list and Health visiting protocols.</p>
36. A pathway will be developed for the transfer of records between health visiting teams.	A records transferring pathway will be developed. This will be communicated to all health visiting teams and will be documented within the FFTF protocols.	November 2011	Professional and locality leads	Assurance that improved and timely transfers of records will ensure enhanced knowledge of the family circumstances to	Complete April 2012	<p>Pathway completed and issued Jan 2012. Both paper records and RiO system in use.</p> <p>Evidenced by health visiting protocols.</p>

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37. The revised health visiting documentation will include recommendations from the individual management review.	<p>The revised documentation must include a list of vulnerable factors, information about fathers, culture, wider family details and historical factors, including significant antenatal concerns.</p> <p>Future audits of the new tools will be planned for monitoring purposes.</p>	<p>Completed June 2011</p> <p>Annually and ongoing</p>	<p>Professional leads, Health Visitors, locality leads</p>	<p>Assurance that health visitors are able to elicit as much information about the circumstances in which a child lives to assist with the identification of vulnerability and highlight potential risk to the child.</p> <p>Annual audits of the assessment tool will monitor practice and ensure continuous recommendations.</p>	<p>Complete June 2011</p>	<p>Family health needs assessment includes all recommendations.</p> <p>Evidenced by assessment paperwork.</p> <p>Audit to be undertaken 2012/13.</p>

5. HWPHT Actions

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38. Midwifery services should consider the implementation of clinical supervision specific to child protection for midwives.	HWPHT to review its supervision policy and develop ways to ensure that staff have access to child protection supervision for all cases that raise concerns, including all cases of concealed or denied pregnancy.	December 2011	HWPHT	Policy in place and relevant cases are discussed in supervision with appropriate plans made.	Complete New named midwife now in post, supervision programme in place.	Policy is in place and staff receive supervision according to case requirements. Frequency of supervision will be formalised when the Named midwife returns to work.
39. HWPHT should review its policy and procedure to incorporate management of concealed pregnancy.	Adapt existing internal procedure to incorporate concealed pregnancy: <ul style="list-style-type: none"> • Amend internal policy/procedure to reflect robust process for managing concealed pregnancy • Present procedure to relevant policy and procedure committee for approval internally • Disseminate procedure internally (via Trust intranet, training and fora 	July 2011 February – April 2012 June - September 2012	Lead Midwife for Outpatient Services & Named Midwife	Robust plan of care for the child. Standardised approach for maternity service in managing concealed pregnancy in collaboration with other agencies. Practitioners are alert to the level of monitoring between mother and baby to contribute to decisions in the care of the baby. Appropriate assessment is carried out to identify likely potential risks to	Complete Document now ratified and disseminated. (April 2012)	Guidance on management of cases involving concealed pregnancy has been incorporated into an existing procedure (which will be presented at the dept Clinical Governance meeting for ratification).

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				safeguard child. Assurance that information sharing for vulnerable families is timely, and improves collaborative and interagency working to promote and safeguard the child.		
40. HWPHT should review its current procedures on the information pathway between maternity services and community practitioners to ensure it is fit for purpose. This should include senior managers and practitioners across the service.	<ul style="list-style-type: none"> • Current information pathway to be reviewed by Lead Midwife for Outpatient Services, Named Midwife and Named nurse • Amend information pathway (flowchart) incorporating gaps in the review to ensure robust system is in place • Information pathway to be shared with community managers • Quarterly meeting/forum to discuss key cases to be implemented • 6 monthly meetings between senior managers to review and address any communication issues 	<p>August 2011</p> <p>October 2011</p> <p>December 2011</p> <p>March 2012</p> <p>March 2012</p>	Lead Midwife for Outpatient Services & Named Midwife	<ul style="list-style-type: none"> • Strengthens partnership working with community practitioners which enables continuity of care for child/family to be monitored. • Better information sharing and understanding of support for child /family. 	Complete	<p>-Information pathway has been reviewed;</p> <p>- Liaison referral forms revised;</p> <p>- meeting with managers is in place; and</p> <p>- Link person identified in midwifery service and BHFT who are the leads for the meeting.</p> <p>Review of Midwife / Health Visitor Liaison Form in place</p> <p>Regular meetings with Managers/ CMW and Health Visitors in place</p>

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<p>41. HWPHT's safeguarding children training should emphasize the importance of information sharing with other agencies e.g. GPs, Health Visitors, LAC Nurse, and Social Care together with good practice examples.</p>	<p>A quantitative audit of health practitioners communication and information sharing with other agencies relating to safeguarding children:</p> <ul style="list-style-type: none"> ● Safeguarding training (level 2) to include specific slide on communication and information sharing with community practitioners ● Audit to be carried out with focus on training and practitioner's communication with other agencies - following 6 sessions of training ● Findings from the audit to be disseminated across the maternity services and incorporate in safeguarding training 	<p>July 2011</p> <p>May 2012</p> <p>August 2012</p>	<p>Lead Midwife for Outpatient Services & Named Midwife</p>	<ul style="list-style-type: none"> ● Raise awareness of the importance of information sharing and its impact to inform future practice and ensure better outcomes. ● Concerns can be shared promptly and aid in coordination of service input for family, and strengthen partnership working. ● Practitioners can review plans of care as deemed necessary to promote the welfare of the child. 	<p>Complete</p> <p>complete</p> <p>Complete</p>	<p>A specific slide on communication and information sharing with community practitioners has been incorporated into level 2 training.</p> <p>Guidance prepared and, to be launched June 2012.</p> <p>Needs to be audited and reported to the Monitoring & Evaluation subgroup.</p>
<p>42. HWPHT's record keeping standard should ensure that information of interaction between child, parent (s) and other family members; is included in the patient record;</p>	<p>Ensure practitioners include documentation of interaction between child, parent (s) and other family members:</p> <ul style="list-style-type: none"> ● Level 2 training to incorporate documentation of child/parent/family member interaction . ● Raise practitioners' awareness of the 	<p>December 2011</p> <p>April 2012</p>	<p>Lead Midwife for Outpatient Services & Named Midwife</p>	<p>Greater awareness of parent (s) and other family members behaviour and management of child. Opportunity for early identification of</p>	<p>Complete (and ongoing)</p>	<p>Level 2 training now incorporates requirement for staff documentation to include interaction of child and family members.</p> <p>Learning from SCR Roadshow in progress to raise awareness across Maternity service – four</p>

RECOMMENDATION	ACTION REQUIRED	BY WHEN	LEAD OFFICERS	OUTCOME TO BE ACHIEVED	STATUS <ul style="list-style-type: none"> ● Complete ● In progress ● Delayed 	ACTIONS COMPLETED WITH EVIDENCE
	importance to record information of child interaction between parent (s) and family members at departmental meetings/ fora			concerns to protect the child from harm. Ensures early support can be provided to support parent (s) to meet the needs of the child.		sessions completed. One session included concealed pregnancy. More sessions arranged to ensure capture all staff; 16 May, 30 May, 28 Jun.
43. HWPHFT's should review its process for disseminating information to other agencies;	A tracking system that will confirm dissemination of information to other agencies is implemented: <ul style="list-style-type: none"> ● Develop a simple checklist to monitor progress against required actions i.e. date sent, recipient, document included 	Completion January 2012	Lead Midwife for Outpatient Services & Named Midwife	<ul style="list-style-type: none"> ● Assurance of continuity of care of the child and family. 	Complete	A book is now used to record all required details and there is a designated officer assigned to this.
44. HWPHFT should use a standard checklist form that should be completed following postnatal discharge of clients; and implement a sign off proforma checklist for completion following postnatal discharge of clients:	Identify criteria for the checklist e.g. return of postnatal notes . <ul style="list-style-type: none"> ● Formulate proforma and disseminate across relevant midwifery service ● Make the proforma available on the intranet/Maternity shared drive ● Raise awareness of the proforma and requirement for completion at departmental meetings/foras 	November 2011 February 2012 March 2012 April 2012	Lead Midwife for Outpatient Services & Named Midwife	Assurance of available information in the event of investigation. Assurance of consistency in practice and monitoring of family wellbeing. Assurance information is shared with other agencies for continuity of care for child and family.	Complete Complete Complete	A book is now used to record all required details and there is a designated officer assigned to this task.

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45. HWPHT should amend the record keeping standard to ensure that referrals to the local authority and other agencies are noted in the patient record.	<p>Ensure practitioners documentation includes recording of any referrals to other agencies and copies of referrals retained in safeguarding office:</p> <ul style="list-style-type: none"> • Level 2 training to include referral process and importance of documentation of referrals • Raise awareness of referral process and management of referral forms at departmental meetings and foras 	<p>Completion April 2012</p> <p>December 2011</p> <p>April 2012</p>	Lead Midwife for Outpatient Services & Named Midwife	<ul style="list-style-type: none"> • Better information sharing within the team to ensure monitoring and desired care plan is achieved for the child • Enhances focus on the child and partnership working with other agencies to ascertain better outcomes for the child. 	<p>Complete</p> <p>Complete (and ongoing)</p>	<p>Level 2 training now includes information on referral and documentation of referrals.</p> <p>Awareness of this recommendation is raised at meetings.</p> <p>Learning from SCR road show is in progress / ongoing.</p>

6. RWBM Family Support Services Actions

RECOMMENDATION	ACTION REQUIRED	BY WHEN	LEAD OFFICERS	OUTCOME TO BE ACHIEVED	STATUS <ul style="list-style-type: none"> ● Complete ● In progress ● Delayed 	ACTIONS COMPLETED WITH EVIDENCE
46. FSS standards of practice are developed clarifying which injuries in infants should trigger a referral to social care.	Write standard paragraph to be inserted into safeguarding policies of all children's centres across RBWM, and FSS policy, outlining obligation to report injuries in infants.	October 2011	Family Support Manager	All children's centre staff and FSS managers understand which injuries in infants should lead to a referral to social care.	Complete	Standard paragraph disseminated to all CCs via email on 21/09/11 and discussed at CCC Meeting on 22/09/11. New versions of all CC's policies collected and checked at September Reviews. FSS policy updated and circulated to all staff by email 12/01/12.
47. Children's centres review their record keeping template and processes for incidents/concerns.	Design Concern/Incident template based on best practice. Write standard operating procedures for use of the template, including filing and reviewing processes. Template and process to be rolled out to all children's centres across RBWM. Implementation of template to be monitored through annual performance management schedule.	October 2011 November 2011 January 2012 March 2012	Family Support Manager	Standardised Concern/Incident template in use across all centres in RBWM. Template promotes accurate recording of observed injuries. Concern/ Incident Records relating to individual children are regularly and systematically reviewed to inform decision-making.	Complete	Standardised Concern/Incident Form and guidance disseminated by email on 21/09/11 and discussed at CCC Meeting on 22/09/11. Use of Concern/Incident Records included in performance management policy and template for monitoring visits.
48. Clarification is provided for children's centres on what to do if a member of the public raises	Write standard paragraph to be inserted into safeguarding policies of all children's	October 2011	Family Support Manager	All children's centre staff and FSS managers	Complete	Standard paragraph disseminated to all CCs via email on 21/09/11

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safeguarding concerns about a child.	centres across RBWM outlining process for responding to safeguarding concerns raised by members of the public.			understand how to respond to safeguarding concerns raised by members of the public.		and discussed at CCC Meeting on 22/09/11. New versions of all CC's policies collected and checked at September Reviews.
49. The Parenting Team review their referral processes for early intervention parenting groups.	Develop 'request for service form' and process. Develop standard operating procedures for circumstances where home visit has been refused.	September 2011 September 2011	Family Support Manager	Clear process for professionals signposting to early intervention parenting courses to record their reasons. Increased scrutiny on cases where parents refuse a home visit prior to a course.	Complete Ongoing	Form developed and to be introduced for referrals for groups starting 1 st November. RBWM Parenting Team Policy on Home Visits written and circulated to staff 05/10/11.
50. Mechanisms to ensure greater oversight of children's centres' safeguarding policies are developed.	Develop checklist of what children's centres' policies must contain. All centres to review their policies in light of the checklist. Revised policies to be read and signed off by Programme Manager. Include review of safeguarding policies in annual checklist of performance management tasks to be carried out by Programme Manager for all centres.	October 2011 November 2011 January 2011 March 2012	Family Support Manager	All children's centres in RBWM have comprehensive safeguarding policies. Children's Centre Coordinators have clear understanding of the responsibilities of the designated person. All children's centre staff know what to do if they have concerns about a child.	Complete Complete	Checklist disseminated to all CCs via email on 21/09/11 and discussed at CCC Meeting on 22/09/11. New versions of all CC's policies collected and checked at September Reviews. Review of safeguarding policies included in performance management policy and template for monitoring visits.

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51. The FSS Safeguarding Policy and Procedures is fully implemented across the whole service.	Redistribute FSS Safeguarding Policy and Procedures to all staff; staff sign to confirm they have received and read the procedures. Include discussions around FSS safeguarding procedures in standardised induction.	September 2011 July 2011	Head of Services for Families & Young People	All FSS staff are familiar with the FSS Safeguarding Policies and Procedures and know what to do if they have concerns about a child.	Complete (and ongoing)	Signatures from all FSS staff confirm receipt and understanding of safeguarding policy and procedures 31/08/11. Standardised induction process for FSS new starters includes safeguarding policy and procedures. Implemented July 2011.
52. Recruitment and professional support for Children Centre Coordinators in RBWM managed children's centres are reviewed.	Review Job Accountabilities and Person Specification to clarify minimum level of safeguarding experience required. Identify peer support opportunities for children's centre staff to learn from each other and from other children's services professionals.	September 2011 December 2011	Family Support Manager	Children's Centre Coordinators have an appropriate level of knowledge, skills and experience to fulfil the responsibilities of the designated person Children's centres have access to peer support and peer learning opportunities	Complete	Standardised JA for Children's Centre Coordinators in FSS developed, reflecting role as designated person for child protection and requirement for experience in children's or family services. All RBWM CCC's JAs updated 07/09/11.
53. Training is provided for FSS managers on the role of supervision in safeguarding.	Develop supervision policy. Commission supervision training for relevant FSS staff.	September 2011 December 2011	Head of Services for Families & Young People	Clear standards and procedures for supervision set and implemented. FSS line managers understand their responsibilities and the role of effective supervision in	Complete (and ongoing)	Supervision Policy for all staff in Services for Families and Young People agreed August 2011. Distributed to all FSS Managers by email on 24/08/11 and discussed at managers meeting on 13/09/2011. Distributed to all FSS staff by email

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				keeping children safe.		on 01/09/11 and included in standardised FSS induction. Bespoke Supervision training commissioned and delivered on 10/10/11. Safeguarding / Child Protection is included as a standard item in supervision meetings and is used to cascade information where appropriate .
54. Procedures for accessing Level 1 Safeguarding training are clarified and audit processes strengthened.	<p>Online Level 1 safeguarding module to be included in standardised FSS induction.</p> <p>Write standard operating procedures for quarterly audit of safeguarding training needs, to be signed off by Family Support Manager.</p> <p>Assess training needs across Services for Families & Young People and commission rolling programme of regular Level 1 safeguarding training.</p>	<p>July 2011</p> <p>October 2011</p> <p>December 2011</p>	Head of Services for Families & Young People	<p>All FSS staff have Level 1 understanding of safeguarding within one month of taking up their post.</p> <p>Audit processes ensure that all FSS staff receive initial and refresher safeguarding training in accordance with LSCB standards.</p>	Complete	<p>Standardised FSS induction implemented July 2011, including online Level 1 safeguarding module.</p> <p>SOP for quarterly safeguarding training audit agreed 31/08/11</p> <p>Unit-wide process for accessing Level 1 training agreed 22/09/11</p>
55. A standardised FSS induction process is implemented and monitored.	Develop standard set of information to be accessed by staff in their first day /week /month, with understanding monitored by line managers and compliance checked by Family Support Manager.	July 2011	Head of Services for Families & Young People	All staff receive and understand policies and procedures relating to safeguarding within one month of starting work.	Complete (and ongoing)	Standardised FSS induction implemented July 2011

7. RBWM Children’s Social Care Actions

RECOMMENDATION	ACTION REQUIRED	BY WHEN	LEAD OFFICERS	OUTCOME TO BE ACHIEVED	STATUS <ul style="list-style-type: none"> ● Complete ● In progress ● Delayed 	ACTIONS COMPLETED WITH EVIDENCE
56. Social Care will compile and disseminate local good practice guidance for the staff, including the provision of training on concealed pregnancy and birth.	Social Care with LSCB Partner Agencies to write “Concealed Pregnancy and Birth” good practice guidance.	March 2012	QA Lead / CP Chair	Partnership staff are aware of the significance of concealed pregnancy, and work effectively together SEE ABOVE	Complete – see LSCB action line 2.	Follow up meetings with LSCB partner agencies April 2012. Guidance commissioned by LSCB, to be finalised April 2012
	Berkshire LSCB Child Protection procedures to be reviewed and up-dated as required regarding concealed pregnancy and birth. Training to be commissioned through East Berks LSCB training sub-group.	September 2011	CP Chair	SEE ABOVE	Completed. - see LSCB action line 2.	Berkshire procedures have been reviewed and concealed pregnancy is included as a prominent risk factor. Commissioners of training have referenced concealed pregnancy in basic awareness and targeted training from April 2012
	Social Care to deliver seminars to staff highlighting learning from SCR.	October 2011	QA Lead	SEE ABOVE	Complete	5 Seminars completed in December 11/January, February, March, April 12.
	Social Care Threshold and Priority Criteria to be reviewed and ensure specific reference to concealed pregnancy.	September 2011	CP Chair /QA Lead	Social Care staff understand learning from SCR and apply to current practice SEE ABOVE	Complete	Threshold Priority Criteria up-dated and posted on hyperwave November 2011.
57. Social Care Services and partner agencies involved with children who are in-patients in health setting should agree a protocol to ensure that appropriate services	Protocol completed by Social Care and PCT/BECHS re: discharge planning.	August 2011	QA Lead	Social Care and Health staff aware and follow protocol.	Complete	Protocol in place across East Berks.
	Protocol implemented, and	September 2011	QA Lead	Protocol	Complete	CP Coordinator planning

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<p>are invited/involved in discharge planning arrangements.</p>	<p>staff understand and apply to current practice through promotion in seminars.</p> <p>Protocol to be reviewed by Child Protection Coordinator in regular meetings with health colleagues.</p>	<p>November 2011</p>	<p>CP Chair</p>	<p>supports effective multi-agency working for children with complex needs being discharge from in-patient health settings. Children with complex needs safeguarded following discharge form in-patient settings.</p>	<p>Complete</p>	<p>Seminars to be delivered in May 2012</p> <p>Regular meetings take place with CP Coordinator.</p>
<p>58. Social care should ensure that all relevant agencies involved with children who are discharged from the care of the Local Authority should be invited to attend/actively involved in discharge planning arrangements.</p>	<p>Social Care Policy and Procedures reviewed and updated to meet revised care planning, placement and case review regulations.</p> <p>Seminars delivered to social care staff on revised policies and procedures.</p> <p>Independent Reviewing Officers to confirm in Quality Assurance reports Core Assessments completed for all Looked After Children.</p>	<p>May 2011</p> <p>May 2011</p> <p>October 2011</p>	<p>IRO's</p> <p>IRO's</p> <p>IRO's</p>	<p>Social Care have a detailed understanding of the child's development needs, parenting capacity, and family and environmental factors.</p> <p>SEE ABOVE</p> <p>Care Plans are informed by Core Assessment.</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>LAC policies reviewed / up-dated March 2011</p> <p>2 Seminars in March 2011</p> <p>IRO's report CA inclusion in care plans</p>
<p>59. Social Care to ensure, as per regulations and guidance, that all children who are Looked After by the Local Authority should have a comprehensive Core Assessment.</p>	<p>"Refer on" facility is promoted in Children's Business Management Meeting.</p> <p>Managers receive refresher training on "refer on" facility.</p>	<p>July 2011</p> <p>July 2011</p>	<p>QA Lead</p> <p>PARIS Support</p>	<p>Internal Social Care "refer on" facility is understood and actively used by all social care</p>	<p>Complete</p> <p>Complete</p>	<p>"Refer on" facility discussed in CBMM</p> <p>PARIS trainer refreshed managers use of "refer</p>

RECOMMENDATION	ACTION REQUIRED	BY WHEN	LEAD OFFICERS	OUTCOME TO BE ACHIEVED	STATUS ● Complete ● In progress ● Delayed	ACTIONS COMPLETED WITH EVIDENCE
				managers across the unit.		on" facility
60. Social Care to ensure that internal referral systems in PARIS Integrated Children's System are fully understood by managers, and implemented in a timely fashion.	<p>Social Care Policy and Procedures reviewed and updated to meet revised care planning, placement, and case review regulations.</p> <p>Seminars delivered to social care staff on revised policies and procedures.</p> <p>Independent Reviewing Officers confirm in Quality Assurance reports that Agency review attendance is appropriate and supports effective multi-agency working.</p>	<p>May 2011</p> <p>May 2011</p> <p>October 2011</p>	<p>IRO's</p> <p>IRO's</p> <p>IRO's</p>	<p>Children discharged from local authority care are supported by effective multi-agency Child In Need Plans. SEE ABOVE</p> <p>SEE ABOVE</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>Policies revised March 2011</p> <p>2 seminars delivered March 2011</p> <p>Review attendance included in reports October 2011. Monitoring facility developed in PARIS December 2011</p>
61. Social Care teams should ensure that formal letters, as per regulations and guidance, are sent to key agencies informing them when social care involvement is ending.	<p>Notification letters to be raised in CBMM and individual team meetings.</p> <p>Task and finish group to investigate if PARIS ICS system can be developed to automatically produce agency notification letters.</p> <p>Sample audit to be completed to ensure compliance is understood and performance managed across the unit.</p>	<p>July 2011</p> <p>August 2011</p> <p>September 2011</p>	<p>QA Lead</p> <p>QA Development Officer</p> <p>QA Performance Monitoring Officer</p>	<p>Key agencies informed/ aware when Social Care ending involvement with a child. SEE ABOVE</p> <p>SEE ABOVE</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>Notification letters discussed in CBMM.</p> <p>Case Closure Notification letters live in Paris.</p> <p>Sample Audit completed April 2012. Good compliance in RAT. Further sample audit in CIN planned July 2012.</p>

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62. Social Care teams should ensure that, as per regulations and guidance, all children with Looked After status should be considered as a child in need when discharged from care for at least a three month period.	<p>Social Care Policy and Procedures reviewed and updated to meet revised care planning, placement, and case review regulations.</p> <p>Seminars delivered to social care staff on revised policies and procedures.</p> <p>Monthly Performance Management Meetings to confirm that CIN plans in place for all children discharged from the care of the local authority.</p>	<p>May 2011</p> <p>May 2011</p> <p>July 2011</p>	<p>IRO's</p> <p>IRO's</p> <p>QA Leads</p>	<p>Children discharged from the care of the local authority are appropriately supported by local agencies.</p> <p>SEE ABOVE</p> <p>SEE ABOVE</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>Policies revised March 2011</p> <p>2 Seminars completed March 2011</p> <p>PMIM confirm CIN plans in place for children discharged from LA care.</p>
63. Social Care and partner agencies will agree a step-up/step-down protocol concerning the use of the CAF.	<p>Step Up / Step Down protocol agreed.</p> <p>Protocol Promoted and Disseminated across the LSCB partnership.</p> <p>Social Care Sample Audit of referrals confirm step up / step down protocol is used effectively.</p>	<p>June 2011</p> <p>July 2011</p> <p>December 2011</p>	<p>QA Lead</p> <p>QA Lead</p> <p>QA Lead</p>	<p>Step Up / Step Down approach used effectively so that children receive services appropriate to their threshold of need.</p> <p>SEE ABOVE</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>Step Up/Step Down protocol posted on Hyperwave July 2011</p> <p>Protocol promoted through Children's Partnership Stay Safe Group</p> <p>Social Care Managers completed sample contact audit. Sample Audit to report to SSMT May 2012.</p>
64. Social Care Referral and Duty Team to establish written guidance for role of Access Officer, particularly in relation to contact/	<p>Written Guidance completed, and role of Access Officer closely monitored.</p>	<p>July 2011</p>	<p>Safeguarding Service Managers</p>	<p>To ensure that all consultations regarding specific children</p>	<p>Complete</p>	<p>Guidance completed July 2011</p>

RECOMMENDATION	ACTION REQUIRED	BY WHEN	LEAD OFFICERS	OUTCOME TO BE ACHIEVED	STATUS ● Complete ● In progress ● Delayed	ACTIONS COMPLETED WITH EVIDENCE
referral arrangements.				are held with qualified social workers where appropriate.		
65. Social Care to ensure that partner agencies are aware at the point of contact that the Access Officer in Referral and Duty Team is not a qualified social worker.	<p>Script for Access Officers completed and implemented, so that all telephone enquiries understand the role of the Access Officer, and that they are not a qualified social worker.</p> <p>LSCB Safeguarding Cue card to be reviewed, and reference to Children's Social Care Referral and Assessment Team to be specific regarding Access Officer role.</p>	<p>July 2011</p> <p>October 2011</p>	<p>Safeguarding Service Managers</p> <p>QA Lead</p>	<p>To ensure that all people having contact with Referral and Assessment Team, discuss relevant issues with a qualified social worker where appropriate.</p> <p>SEE ABOVE</p>	<p>Complete</p> <p>Complete</p>	<p>Script completed July 2011</p> <p>Cue Card up-dated and posted on hyperwave November 2011</p>
66. Social Care to ensure that all aspects of learning regarding legal advice and contact with extended family members, for children who may be adopted, is incorporated into local policy and practice.	<p>Reference to Legal Advice and contact with extended family members to be discussed in CBMM and individual team meetings.</p> <p>Social Care Adoption Policy and Procedures to be reviewed.</p> <p>Social Care to deliver seminars highlighting learning from SCR.</p> <p>Adoption training to be reviewed and amended to ensure learning is applied to</p>	<p>July 2011</p> <p>July 2011</p> <p>September 2011</p> <p>September 2011</p>	<p>QA Lead</p> <p>QA Development Officer</p> <p>QA Lead</p> <p>Adoption Service Manager</p>	<p>Extended family members are notified and assessed as permanent carers where appropriate that is timely. As a result children are placed with permanent carers in a timescale that best meets their development needs.</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>Discussed in CBMM</p> <p>Policies review completed and posted on hyperwave October/November 2011</p> <p>5 seminars completed in December 10/January, February, March, April 12.</p> <p>Adoption training reviewed. Training includes full reference to relinquished children processes</p>

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	adoption practice.			SEE ABOVE		
67. Social Care to ensure that case file and supervision recording policy and practice is reviewed to ensure that case file recording is comprehensive and contemporaneous.	Case file recording policy reviewed. Supervision policy reviewed. Supervision audit included in unit quality assurance strategy 2011/12. Case file audit programme implemented 2011/12.	September 2011 September 2011 March 2012 March 2012	QA Development Officer QA Development Officer QA Lead QA Lead	To ensure social care staff record comprehensively and accurately, so that all relevant information is included in case work / supervision analysis.	Complete Complete Complete Complete	Policy up-dated January 2012 Supervision policy revised posted on hyperwave December 2011. Supervision audit completed October 2011 Case file audit reports presented to SSMT on ¼ basis.
68. Protocol between social care and local CAFCASS service concerning notifications for children relinquished for adoption to be established and implemented.	Protocol to be agreed and implemented between social care and CAFCASS.	October 2011	Safeguarding Service Manager	To ensure that CAFCASS officers are notified and appropriate service delivered concerning children relinquished for adoption.	Complete	Protocol reviewed and in place across Berkshire.