



Child G Updated Action Plan September 2013

LSCB						
	Recommendation	Action	By When	Lead	Outcome	Progress
1.	Southampton LSCB to formally support the Probation Trust recommendation that new arrangements are required at a national level to ensure that offenders who have committed certain offences against children are required to register their details of their address with the Police and to be subject to monitoring arrangements for specified periods of time	SSCB to write to the Home Office to request consideration of establishing a register of adults who pose a threat to children	May 2012	Chair of the Board	Improve access of information to safeguard children	Green Completed. Letter sent 19/02/13
2.	Southampton LSCB to inform the Home Office of the findings from this SCR with a view to emphasising how current systems for monitoring and working with individuals who have offences against children, should not only address current risk but need to be developed to ensure that their assessed high risk to the children in the future can also be adequately managed.	SSCB to write to the Home Office	May 2012	Chair of the Board	More realistic assessment of risk posed to children	Green Completed. Letter sent 19/02/13

3.	<p>The LSCB will need to be assured that the Health Overview recommendations reflect how the development of forms and assessment tools to identify safeguarding concerns across the health disciplines will be:</p> <ul style="list-style-type: none"> - clear regarding their purpose and threshold criteria, - capturing relevant information, including that of the father/significant male, and - that they are clear whether the completion of forms or assessment tools are mandatory or discretionary. 	SSCB to have revised forms reported to the Board	July 2012 Board meeting	Chair of the Board	Improved assessment of risk posed to children	<p>Amber Update from Health July 2013: Significant work undertaken by CCG to ensure uniform information gathering and information sharing processes are in place across general practice, UHSFT midwifery services and Solent NHS Trust health visiting services. GP referral forms have been revised and developed and midwifery booking and on-going assessment processes have been updated. New assessment tool has been piloted in solent NHS Trust. Baseline audit to be undertaken September 2013 and re-audit due February 2014 when processes embedded.</p> <p>The Hampshire Health Record continues to be explored as a means by which safeguarding children concerns can be shared promptly.</p> <p>Further work is needed on the use of concern, liaison and information sharing forms within NHS to ensure communication and threshold issues are clear and consistent across organisations. <i>(This could be included in integrated assessment of need/ transformation work)</i></p>
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4.	The LSCB will need to be assured that the intended outcome of an information sharing protocol to be delivered as part of the Hampshire Constabulary recommendation for a “comprehensive review”, will address as fully as possible the communication shortfall which occurred in this case	Protocol to be discussed at serious case review sub committee	August 2012	Chair of the serious case review sub committee	Improved communication to better safeguard children	Conclusion of the Police review was that a centralised team operating with one set of information sharing protocols for all agencies is the way forward. This needs to be finalised in terms of staffing and resourcing, after which information sharing protocols will be developed in line with law and government information sharing guidance.
5.	Southampton LSCB to formally request Hampshire Probation Trust, Hampshire Constabulary and Southampton Children’s Social Care to determine new arrangements to ensure that when an adult who, though not currently involved with the care of children, has the potential to pose a significant risk to children in the future, that following the cessation of formal involvement in respect of the offences, the adult’s details are always formally passed to Children’s Social Care for their retention and retrieval at a later date as necessary	LSCB to set up a meeting of required agencies to seek agreement on information exchange. This action to be addressed as part of the city wide multiagency improvement and transformation program. This action to be part of the terms of reference for Southampton’s Multi Agency Safeguarding Hub group (MASH).	Revised completion date is February 2014	Theresa Leavy and Safeguarding Board Chair (tbc)	Improved information exchange to identify risks to children	Red Action to be integrated in to wider transformation activity and managed through the transformation project board.
6.	a) Southampton LSCB to review the outcomes from the implementation of action plans from previous local SCRs with respect	SSCB to undertake a review of effectiveness of	October 2012	Chair of Monitoring & Evaluation sub	Improved assessment of risk to children	Green Discussed at M&E sub committee – actions are ongoing through

	to the engagement of fathers (Child D and Child E) and b) regarding the transfer of GP records (Child E), and to identify what additional work might be needed to address the additional learning from this SCR.	previous recommendations SSCB to seek update from NHS Southampton on current policies, including timescale for the transfer of GP records	July Board meeting	committee Chair of Board	Improved access by GP to information about parenting capacity.	audits Periodical reports to be requested for the board regarding the extent to which GP practices have moved to electronic transfers.
7.	Southampton LSCB to establish an agreed culture of understanding regarding the thresholds of notification of information to CSC from other agencies working with families, and in doing so, establish clarity regarding the purpose and expectation of the sharing of such information.	SSCB to convene a meeting of key referring agencies to ensure there is agreement about thresholds for a) referral and b) to share information.	July 2012	Chair of the Board	Ensure there is multi-agency understanding of referral standards	Amber LSCB has responsibility to publish threshold document under Working Together 2013, this work is planned for 2013-14.

Health

	Recommendation	Actions	By When	Lead	Outcome	Progress
8.	NHS Southampton should require all NHS providers to use an integrated record keeping system consisting of one patient record in which safeguarding risks can be clearly identified	NHS Southampton to require NHS providers to develop a single patient health record.	July 2012 for the letter to all Trusts. April 2013 provider contract requirement.	Sarah Elliott Director of Nursing and Quality	To improve child / patient safety.	Green Complete as far as possible at this stage. Complete as far as possible. Report to LSCB regarding this in 2013.
9.	NHS Southampton Designated professionals should provide professional oversight of local NHS providers' review of the use of safeguarding risk assessment tools,	Designated professionals to lead a multidisciplinary project that reviews	Commence May 2012	Lindsay Voss Designated Nurse	To ensure communication and information sharing about children is clear,	Green Complete as far as possible. Review undertaken – in the light of MASH developments will be looking at new ways of sharing information.

	information sharing and referral forms to ensure compliance with national and local statutory guidance, including threshold criteria.	the use of risk assessments, information sharing and referral forms in all local NHS provider organisations.			and consistent with current national and local guidance.	
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GP

	Recommendation	Actions	By When	Lead	Outcome	Progress
10.	GPs need to complete a full Maternity Service GP risk assessment and referral form to include information regarding the mother's general health, medical conditions, mental health, substance misuse, social circumstances and safeguarding concerns. This needs to identify risk factors for BOTH parents.	Development of a Shared Antenatal assessment tool. Training for GPs to incorporate CAF and JWP.	September 2012	Commissioning Lead- Child Health & Well-Being Southampton CCG and West Hampshire CCG (South West System) Southampton Public Health & Southampton City Council	A full risk assessment to the unborn child can be undertaken. A more detailed GP referral form which specific prompts for Mothers and fathers names, health issues especially mental health problems, drugs, alcohol and previous parenting experience. Increased awareness of the <i>Joint Working Protocol 2008; safeguarding</i>	Amber New maternity risk assessment and referral forms that include the factors outlined above have been developed and their use is being implemented in the City. It has not been possible to develop a shared antenatal assessment tool due to differing IT systems across primary care, UHSFT and Solent systems. However, use of the Hampshire Health Record continues to be considered as a useful method of information sharing across NHS system. All GP practices in Southampton are up to date with safeguarding children training.

					<i>children whose parents/carers use drugs/alcohol or have mental health needs</i>	
11.	<p>GPs should assess the parenting capacity of all patients with mental health issues, drugs and alcohol issues ROUTINELY when seen during the antenatal period.</p> <p>Appropriate referral for CAF or CSD needs to be considered and access for additional support and intervention considered.</p>	<p>Safeguarding updates for GPs to incorporate CAF and JWP.</p> <p>Specific read codes from GP toolkit to be implemented as integral part of antenatal assessment and to include details BOTH parents.</p> <p>Specific training conferences to raise awareness of the CAF process and local procedures for assessment of children and families in need.</p>	By September 2012	<p>Designated Nurse for Safeguarding Children. Mrs Lindsay Voss</p> <p>Named GP Dr Alison Robins</p>	<p>The assessment of both mother's and father's parenting capacity being an integral component of antenatal care.</p> <p>A more detailed GP referral form which specific prompts for Mothers and fathers names, health issues especially mental health problems, drugs and alcohol consumption.</p> <p>Increased awareness and integration of the <i>Joint Working Protocol 2008; safeguarding children whose parents/carers use drugs/alcohol or have mental</i></p>	<p>Green</p> <p>Parental mental health, substance misuse information is included in training and this information is collected as part of maternity referral processes.</p> <p>Specific training re: use and role of CAF was delivered by Named GP and Designated Nurse but had limited impact in practice as CAF process was problematic.</p>

					<p><i>health needs and CAF assessment.</i></p> <p>Practitioners will need to understand how to assess the need for CAF and to whom to refer.</p>	
12.	New patient registration forms to have an additional section requesting information on over the counter medications, alternative medication and illicit drugs.	Development of a baseline new patient registration form	Sept 2012	Named GP Dr Alison Robins	A more comprehensive knowledge of patient drug use which will facilitate a more detailed holistic assessment of social circumstances and trigger assessment of parenting capacity.	Green This is advised during safeguarding training but is not mandatory.
13.	Increase performance management of primary care providers to ensure alignment statutory and local guidance.	Annual audit of safeguarding policies and procedures in practice using NSPCC / RCCH Toolkit	June 2012 baseline audit	Designated Nurse for Safeguarding Children. Mrs Lindsay Voss Named GP Dr Alison Robins	A greater correlation between the patient data received by practices and the information subsequently available to practitioners in the individual	Amber CCG has appointed quality leads for GP who will develop quality assurance systems for primary care. This work will need to be developed with NHS England, the body responsible for commissioning general practice.

					patient records. Remuneration to be linked to positive health outcomes and not data collection.	
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Housing

	Recommendation	Action	By When	Lead	Outcome	Progress
14.	Review of the information sharing protocol that exists with the Police and agree how further clarification should be sought to indicate if risk is towards vulnerable children or adults.	Agree protocol with the Police	October 2012	Parmjit Thiara, District Housing Manager and Steve Smith , Housing Services Manager and Liz Slater , Housing Needs Manager	To try and ensure that any safeguarding issues are not lost through a transfer of information from one agency to another.	Green Housing Services has looked at the information that comes from the Police on MAPPA cases – the conclusion was that the protocol we have for sharing information is fit for purpose and should pick up safeguarding issues., with an additional question we may have picked up the perpetrators previous history. We are now as confident as we can be that our process is as good as it can be to pick up safeguarding issues when MAPPA referrals are made to us. We are dependent on staff reading in to the referral and asking additional questions where necessary.

Hampshire Constabulary

	Recommendation	Action	By When	Lead	Outcome	Progress
15.	That Hampshire Constabulary, in circumstances where it is appropriate to disclose police held information to other agencies, provides sufficient detail to enable the receiving agency to make an informed assessment of the risk posed by the subject of the request.	Instructions to be communicated to the teams currently engaged in disclosing information to partner agencies	April 2012	PS Nick Bennett (PPD Strategy & Compliance Team).	Agencies to be able to undertake better informed and more accurate risk assessments.	Green Action complete May 2012
16.	That a comprehensive review should be undertaken of the various local arrangements currently in place within Hampshire Constabulary for providing police held information to other safeguarding agencies with a view to replacing these with a single force wide process supported by an information sharing protocol, internal operational guidance and training to the officers, staff and supervisors involved.	<p>1. To conduct a comprehensive review of the various local arrangements currently in place within Hampshire Constabulary for providing police held information to other safeguarding agencies and make a recommendation for a future model.</p> <p>2. To set up the recommended model supported by an information sharing protocol, internal operational guidance and training to the officers, staff and</p>	<p>1) 30th Sept 2012</p> <p>2) 31st Dec 2012. (possible Mid Aug for update)</p>	<p>PS Nick Bennett (PPD Strategy & Compliance Team).</p> <p>PS Nick Bennett (PPD Strategy & Compliance Team).</p>	To improve and standardise the safeguarding and information sharing arrangements between Hampshire Constabulary and other agencies.	<u>Red</u> Update 06/08/2013 the review of safeguarding will not complete this action. Contact to be made with DI Dennis/Rebecca COLVIN Eastern area intelligence to establish progress on development of information sharing protocol to standardise information sharing across area intelligence units.

supervisors involved.

University Hospitals Southampton

	Recommendation	Action	By When	Lead	Outcome	Progress
17.	That the Antenatal Booking Form must include a domain for child protection/safeguarding including risk factors for the expectant mother along with prompts for actions, review and reassessment throughout the document	Develop and implement new antenatal and postnatal documentation to fully reflect these aspects of child protection/safeguarding	01.08.12	M Dore, Head of Midwifery and S Denton, Child Protection Midwife	To enable a full assessment and identification of safeguarding risk factors to better safeguard and promote the welfare of children.	Green Action completed November 2012
18.	That the Antenatal Booking Form must include a detailed history on the father/male carer including access to any child/ren, and safeguarding risk factors along with prompts for actions, review and reassessment, throughout the document.	Develop and implement new antenatal and postnatal documentation to fully reflect these aspects of child protection/safeguarding.	01.08.12	M Dore, Head of Midwifery and S Denton, Child Protection Midwife	To enable a full assessment and identification of safeguarding risk factors to better safeguard and promote the welfare of children.	Green Action completed November 2012
19.	Embed safeguarding risk factors, recording of practitioner's observation of parent/child interactions and good midwifery liaison and communication at transition periods, in practice through training, along with prompts in the antenatal documentation	(A) Develop and implement new antenatal and postnatal documentation to fully reflect these aspects of child protection/safeguarding.	(A) 01.08.12 (B) 31.12.12	M Dore, Head of Midwifery and S Denton, Child Protection Midwife	To ensure that staff identify safeguarding risk factors and that safeguarding risk factors and observations are responded to in a timely manner to better safeguard and	Green Action completed November 2012

		(B) All midwifery staff to attend CP/safeguarding training on risk factors including parent-child interaction, documentation and multi-agency communication.			promote the welfare of children.	
20.	Develop better communication pathways at midwifery transition periods, i.e. to NNU, to health visiting and to any SGH ward.	Include as part of implementation of new antenatal documentation.	31.12.12	M Dore, Head of Midwifery and S Denton, Child Protection Midwife	To enable robust communication and information sharing to better safeguard and promote the welfare of children.	Green 24/01/2013 – completed. <ul style="list-style-type: none"> Daily liaison now occurs between NNU Coordinator and Ward Leaders re: in patients. Regular meetings between HV and Midwifery managers to identify issues re communication. Safe discharge process embedded in safeguarding guideline and training. i.e direct handover to HV
21.	Ensure PAH staff understand the criteria for raising an Antenatal Safeguarding Concern Form for the Safeguarding Midwife.	(A) Full review as soon as possible of PAH antenatal Concern Form system, process, documentation/forms and threshold criteria for raising. (B) Develop and	(A) As soon as possible and fully completed and implemented by 01.08.12 Action completed November	(A) M Dore, Head of Midwifery and S Denton, Child Protection Midwife	To ensure staff are skilled in identifying and actioning safeguarding issues to safeguard and promote the welfare of the child.	Green Action completed November 2012

		deliver topic specific training sessions for midwifery staff on use of antenatal Concern Forms.	2012 (B) 01.08.12 Action completed November 2012	(B) M Dore, Head of Midwifery and S Denton, Child Protection Midwife and advice and sign off by Dr M Roe, Named Doctor and Dr S Steele (PhD), Consultant Nurse CP/Safeguarding		
22.	Embed in practice the responsibility of all staff at UHS to recognise and action safeguarding risk factors through mandatory training.	Deliver additional CP/safeguarding risk factors training sessions. Target all staff including midwifery staff.	31.12.12	Dr S Steele (PhD), Consultant Nurse CP/Safeguarding and Dr M Roe, Named Doctor	To ensure all UHS staff are skilled in identifying and actioning safeguarding risk factors to safeguard and promote the welfare of the child.	Green Action completed December 2012 and ongoing in all child protection mandatory training sessions
Probation						
	Recommendation	Action	By When	Lead	Outcome	Progress
23.	That legislation is considered to require	To raise through	March 2012	Martin	Risks of harm to	Green

	offenders committing certain classes of offence against children to register their addresses with Police for specified periods of time.	National Offender Management Service the pursuit of a Violent Offender Register		Roscoe	children from dangerous offenders would be reduced	Action Completed
Solent NHS Trust						
24.	Assessments undertaken need to be clearly documented with an action plan in the electronic records progress notes	Training workshops identified within the Safeguarding learning and development training strategy for 2012-2013	September 2012	Trish Newcombe	Clear concise analysis of assessments and plan of action evident within records will inform practice and future planning for the child and family	Green Record keeping embedded as part of Safeguarding Training Strategy.
25.	Clear guidance to be given to staff in the use of the Family Health Assessment Tool and where to record appropriately within the RIO electronic system.	Undertake audit to ensure compliance with standard for FHNA tool	June 2012	Trish Newcombe/ Claire Halcrow	Explicit guidance will ensure a standardized use of the family health assessment tool across the health visiting service	Green Explicit guidance will ensure a standardised use of the Family Health Assessment Tool across the Health Visiting Service.
26.	Temporary members of staff to have a comprehensive induction and have support in accessing appropriate training and appropriate safeguarding supervision	Locality health visiting lead to identify training needs and ensure liaison with safeguarding team takes place during induction process.	May 2012	Claire Halcrow/ Trish Newcombe	Health visiting management to ensure that all temporary staff access relevant training. All temporary staff to be allocated to a safeguarding supervisor to ensure any safeguarding issues are identified In	Green Health Visiting management to ensure all temporary staff access relevant training. All temporary staff able to access safeguarding advice, group supervision and safeguarding surgeries.

					a timely manner and acted on appropriately.	
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