Final recommendations from Infant Y Overview report

Rec No.	Recommendation	IMR Agency	IMR Action No.
1	All agencies need to be reminded that when dealing with adults who have identified mental health needs, consideration must be given to the wellbeing and safety of any children and the potential impact on parenting capacity of the parent/carer and information is to be shared to prevent a child being at risk of significant harm	Oxford Health	Actions: 4,9,10
		Children's Social Care	Action 2
		Oxford University Hospitals	Action 5
		Thames Valley Police	Actions: 1, 3
2	OSCB to require all agencies involved in Section 47 investigations to jointly review and re-assess new information as it emerges throughout the investigation and have the ability to escalate concerns if necessary.	Oxford Health	Action 7
3	The OSCB should ensure that a monitoring framework is in place to evidence and report the progress in relation to the implementation of the recommendations in this report and monitor how Board agencies will evidence the impact of lessons learned from this Serious Case Review.	OSCB	The Quality Assurance and Audit Subgroup clarified its role in relation to the SCR Standing subgroup. Where monitoring of actions leads to concerns these are then raised at the SCR Panel for agency challenge. This is recorded in the minutes.

No.	Reminder of practice	Agency	Action No.
1	Child and Family Services to be reminded of the importance of recording details of anonymous referrals in accordance with existing procedures and ensuring the child is seen	Children's Social Care	This matter was dealt with at the time and Children's Social Care is in the process of implementing a reminder for all staff.

Agency		Individual Management Review Actions plans		
PCT	**Action No**	**Recommendation**	**Projected Outcome**	**Status**
PCT/Oxford Health	**1**	Oxfordshire PCT will undertake a comprehensive audit of safeguarding practice across all primary health care teams by October 2011.	All PCTs will establish a baseline for safeguarding practice and identify a prioritised safeguarding action plan	Completed
Oxfordshire PCT/ORH	**2**	All paediatric referrals for a child protection assessment, or for referrals whereby Safeguarding emerges as a feature of the assessment, will be discussed with at least one other experienced paediatrician to commence immediately.	There will be a reduction in the possible risk that an incorrect assessment of Non-accidental Injury (NAI) is made by a paediatrician	Completed
Oxfordshire PCT/all NHS provider trusts	**3**	All safeguarding training to include the significance of bruising in babies less than 1 year. Assurance this has been implemented will be by September 2011.	There will be fewer babies "missed" who have been injured as a result of NAI	Completed
Oxfordshire PCT/All Provider Trusts	**4**	All safeguarding training to include the importance of professional challenge in all discussions and decision making.	All agencies and staff regardless of professional status have "permission" to challenge the decision making of another agency, thus reducing any chance of "group thinking" or missed/misinformation. This message will be clearly included in all safeguarding training.	Completed

Thames Valley Police	Action No	Recommendation	Projected Outcome	Status
Thames Valley Police	**1**	Thames Valley Police to circulate a bulletin to all staff investigating crime reminding them to ensure that full checks are completed on all parties in a timely fashion and that a record of their completion and the results is made.	Compliance with TVP standard operating procedure.	Completed
Thames Valley Police	**2**	Thames Valley Police to review the initial training of new officers (Initial Police Learning and Development Programme) and the 'Streetcraft' to ensure that the established risk indicators of abuse are covered.	Increased confidence amongst front line staff in recognizing child abuse.	Completed
Thames Valley Police	**3**	Thames Valley Police to circulate a bulletin to staff within the Domestic Abuse Units and uniform response officers, reminding them to fully record all actions relating to victim support and risk assessment within the CEDAR record.	Compliance with TVP Domestic Abuse Operational Guidance document.	Completed
Thames Valley Police	**4**	Thames Valley Police to request that Oxfordshire Local Safeguarding Children Board review their local procedures to incorporate guidance on when to conduct review strategy meetings. This is to be carried out in conjunction with Thames Valley Police.	Greater use of review strategy meetings in relevant cases will improve information sharing and decision making.	Completed

Oxford Health	Action No	Recommendation	Projected Outcome	Status
Oxford Health	**1**	To continue to implement community health ante natal pathway in line with the Health Child Programme (HCP) ante natal framework.	To offer targeted ante natal contact to ante natal women with additional vulnerability factors in line with ante natal framework	Completed
Oxford Health	**2**	Staff in children's universal services (health visiting) teams to undertake training in Routine enquiry in relation to domestic abuse	Routine enquiry in relation to domestic abuse in place across universal children's services	Completed
Oxford Health	**3**	Embed the Safeguarding. Assessment of Strengths, Vulnerability & Inequalities as outlined in HCP frameworks	To ensure risks and vulnerabilities are formally reviewed and used to inform care planning	Completed
Oxford Health	**4**	Continue to ensure all staff in Children's Universal services (health visiting) are aware of roles and responsibilities within maternal mental health pathway	Early identification of maternal mental health needs and support in place	Completed
Oxford Health	**5**	Training to be provided for Children's Universal Services staff to support them in having difficult conversations with parents when abuse or neglect is suspected	Practitioners have the skills and confidence to challenge families when appropriate to do so	Completed
Oxford Health	**6**	Continue to ensure robust safeguarding supervision and targeted support in place for children universal services staff working in localities with higher numbers of vulnerable families	Practitioners working on caseloads with high levels of vulnerability do not become desensitized to levels of risk	Completed
Oxford Health	**7**	Ensure staff can recognise when and how to escalate concerns about the management of a case by another profession or agency.	Concerns about case management are appropriately addressed	Completed
Oxford Health	**8**	Ensure children who transfer in are offered any outstanding developmental reviews.	Children who transfer in have their records reviewed and outstanding health needs met	Completed

Oxford Health	**9**	For Mental Health Professionals to share information directly with Health Visitors if a parent of a child under five experiences a significant mental health event	Improved information sharing between adult mental health practitioners and health visitors working with parents to ensure potential impact on child to be considered	Completed
Oxford Health	**10**	Former OBMH recommendation. Following a patient attendance due to self-harm, where there are young children in the home, staff will seek the mother's permission to contact the health visitor.	Improved information sharing between adult mental health practitioners and health visitors working with parents to ensure potential impact on child to be considered	
Overview recommendation		All agencies need to be reminded that when dealing with adults who have identified mental health needs, consideration must be given to the wellbeing and safety of any children and the potential impact on parenting capacity of the parent/carer and information is to be shared to prevent a child being at risk of significant harm (Ref: p.47 in overview report)		Completed

Children's Social Care	**Action No**	**Recommendation**	**Projected Outcome**	**Status**
Children's Social Care	**1**	QA process re. Core assessments to improve and include: i) Check that all dimensions of the AF are considered. Ii) fathers and male carers are considered iii) Views of all involved agencies collated and used iv) Assertions by SWs and other professionals are supported by evidence.	Quality assurance of assessments	Completed
		Training ion core assessments and quality assurance of core assessments.	Improved quality of assessment	

Children's Social Care	**2**	An agreed system with Oxford Health of obtaining info on involvement with parents and children so s47s and CA's can be informed at earliest opportunity	Risk assessment of children informed by information on parental mental health	Completed
Children's Social Care	**3**	Review inter-agency understanding guidance and/ or protocols between Children's Social Care and police when an s47 involves a serious crime.	Joined up working by Thames Valley Police, Children's Social Care and Oxford University Hospitals on serious incidents	Completed
Children's Social Care	**4**	Admin from Family Support teams are trained to provide cover for assessment teams	Admin suitably trained	Completed
Children's Social Care	**5**	Merits of using 360s to be added to guidance for appraisals	Improved performance feedback to appraisees	Completed
Children's Social Care	**6**	Conclusion of disciplinary to be reported to OSCB chair		Completed
Children's Social Care	**7**	Regular audit of NFAs to be undertaken and benchmarked across areas.	Quality assurance of decision to take no further action	Completed
Children's Social Care	**8**	Existing agreements re sexual abuse to be extended to physical abuse i.e. CSC to contact local paediatrician prior to medical exam.	Expert oversight of medical exams	Completed
Overview report:		All agencies to be reminded that when dealing with adults who have identified mental health needs, consideration must be given to the wellbeing and safety of any children and to the potential impact on parenting capacity of the parent/carer, and information is to be shared to prevent a child being at risk of significant harm.	Improved protection of children of adults with mental health needs	Completed
		OSCB to require all agencies involved in Section 47 investigations to jointly review and re-assess new information as it emerges throughout the investigation and have the ability to escalate concerns if necessary.	Improved multi-agency risk assessment and resolution of disputes via escalation protocol	Completed
		Children's Social Care to be reminded of the importance of recording details of anonymous referrals in accordance with existing procedures and ensuring the child is seen	All staff to be fully aware of the need to record and undertake CP procedures with all anonymous	Completed

Oxford University Hospitals	Action No	Recommendation	Projected Outcome	Status
Oxford University Hospitals	**1**	The local guideline and checklist must be reviewed to amend/clarify the following details	For guidelines and checklist for staff to be revised and in use across the divisions by April 2011	Completed
Oxford University Hospitals	**1.1**	Documentation of height weight in all children, and head circumference in those < 1 year old must be mandatory.	Assessment of all <1year olds to include weight and head circumference	Completed
Oxford University Hospitals	**1.2**	A minimum time for communication with social services must be put in place: it is suggested that this should be a maximum of 3 working days.	Reports to social services should be completed in writing within 3 working days.	Completed
Oxford University Hospitals	**1.3**	A statement that any infant under the age of 1 year who presents with bruising, soft tissue injury or fracture should be admitted to hospital until all investigations and enquiries are complete should be included.	All infants under 1 have documentation explicitly describing the assessment, investigation and treatment plans with regard to NAI	Completed
Oxford University Hospitals	**1.4**	The need for all cases to be discussed with at least one other experienced paediatrician must be made clear.	Documentation to clearly identify who a case has been discussed with.	Completed
Oxford University Hospitals	**1.5**	The checklist should be rewritten to reflect expectations of actions to be taken rather than a tick list of actions taken.	Checklist to be incorporated into assessment and treatment documentation	Completed
Oxford University Hospitals	**2**	Nursing admission notes for children attending Hospital with suspected non-accidental injury should comprise a full admission as for any other child: the reason for attendance should be reviewed with the parents, routine observations made and the child weighed.	All patients attending the Hospital children's ward will have all nursing assessment documentation completed and all Child protection cases must be discussed with a senior member of staff.	Completed
Oxford University Hospitals	**3**	In addition to documentation in the ward book at Hospital, the fact that a child's name has been checked to see if they are subject to a Child Protection Plan must be documented in the child's clinical notes.	Documentation to clearly identify when a CP Plan check has been made and the outcome of this check. Boundary issues and out of county procedures to be formally reviewed and updated.	Completed
Oxford University Hospitals	**4**	Provision should be made for greater review and discussion of possible cases of non-accidental injury at Hospital: preferably by instituting a regular multidisciplinary meeting: this will both act as a safeguard and improve case-based learning for all.	Multi-Agency Inter Professional Case Review meetings to be included monthly in calendar. Notes and Minutes maintained as a record.	Completed
Oxford University Hospitals	**5**	Safeguarding teaching for staff on adult wards should include the need to document who is caring for the children when adults with dependent children are admitted to hospital.	All safeguarding staff training to include issues related to caring responsibilities	Completed

Cherwell District Council	Action No	Recommendation	Projected Outcome	Status
Cherwell District Council	1	It is recommended that future entries into the Housing CRM system Abritas are written in clear language and be capable of being understood by non-housing/specialist staff. Specifically, the use of specialist abbreviations, jargon, initials or partial names should be avoided.	All staff are clear and understand the status and progress made when working with clients.	Completed