North East Lincolnshire Clinical Commissioning Group

Safeguarding Children Report April 2015- March 2016

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# Introduction

* 1. Section 11 of the Children Act 2004 places a duty upon all NHS bodies along with partner agencies to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.
	2. NELCCG Partnership Board as the organisation’s governing body has responsibility for ensuring that this duty is appropriately discharged. This report identifies the arrangements in place in order to provide the required assurance that the above duty is being effectively discharged.

# Legislative and Statutory Framework for Safeguarding Children in place in 2015-2016

* 1. The underpinning legislation for safeguarding children arrangements in England is contained within the Children Act 1989, the Children and Adoption Act 2002 and the Children Act 2004. The Safeguarding Vulnerable Groups Act 2006 also has a significant impact in terms of the recruitment of staff and the need to establish procedures to meet the requirements of the Act.
	2. The key document outlining the statutory duties to safeguard children was Working Together to Safeguard Children (Department of Education, 2015)[[1]](#footnote-2). This set out how all agencies and professionals should work together to promote children’s welfare and protect them from harm. The guidance provides a national framework within which each organisation needs to agree local arrangements.
	3. Safeguarding and promoting the welfare of children is defined, in ‘Working Together to Safeguard Children’ as:
* protecting children from maltreatment;
* preventing impairment of children's health or development;
* ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
* taking action to enable all children to have the best outcomes.
	1. Safeguarding Children is everyone’s responsibility. Under section 11 of the Children Act 2004, and amended by the Health and Social Care Act 2012, Clinical Commissioning Groups, as a commissioners of services have a statutory duty to ensure that those who work on their behalf carry out their duties in such a way as to safeguard and promote the welfare of children. The key features of section 11 are:
* a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
* a senior board level lead to take leadership responsibility for the organisation’s safeguarding arrangements;
* a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
* clear whistleblowing procedures, which reflect the principles in Sir Robert Francis’s Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;[[2]](#footnote-3)
* arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
* a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
* safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
* appropriate supervision and support for staff, including undertaking safeguarding training:
	+ employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
	+ staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child’s safety or welfare; and
	+ all professionals should have regular reviews of their own practice to ensure they improve over time.
* clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
	+ behaved in a way that has harmed a child, or may have harmed a child;
	+ possibly committed a criminal offence against or related to a child; or
	+ behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

# CCG Responsibilities and Statutory Duties

* 1. CCGs have statutory duties issued under s16 of the Children Act 2004. Guidance in respect to these duties is set out in Working Together to Safeguard Children (2015). Clinical commissioning groups as the major commissioners of local health services are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations.
	2. The role and responsibilities of CCGs were further clarified in the Safeguarding Accountability and Assurance Framework[[3]](#footnote-4) initially published in March 2013, and updated in July 2015.[[4]](#footnote-5).
* CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system.
* CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, section 11 audits[[5]](#footnote-6) and attendance at provider safeguarding committees.
* The role of CCGs is also fundamentally about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. CCGs need to demonstrate that their Designated Clinical Experts (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

# NELCCG Safeguarding Children Arrangements

### Requirements

* 1. CCGs are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include:
* A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements.
* Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children as appropriate.
* Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
* Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs.
* Ensuring effective arrangements for information sharing.
* Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood.

### Accountability and Governance

* 1. The Partnership Board of NELCCG is the accountable body for safeguarding children arrangements. The regular oversight for monitoring commissioning safeguarding children arrangements has been delegated to the Quality Committee. The Designated Nurse has produced a briefing report to Quality Committee meetings and highlighted issues
	2. The Partnership Board received a briefing on their responsibilities around oversight of health economy safeguarding children arrangements in April 2015. This ensured clarity for members in understanding of their responsibilities.
	3. The responsibility for safeguarding children rests ultimately with the Chief Clinical Officer. However, as with the majority of health organisations, an Executive Lead for Safeguarding is identified for NELCCG to be responsible for strategic safeguarding children advice to the governing body. The Executive Lead for NELCCG was:
* April 2015 – July 2015: Deputy Chief Executive
* July 2015 – March 2016: Director of Quality & Nursing

### Policies

* 1. NELCCG has a Safeguarding Children policy with dual purposes of:
* ensuring staff working for, or on behalf of, NELCCG are clear around their responsibilities, and activity required, where there are concerns in respect to welfare of children.
* ensuring, as a commissioning organisation, NELCCG are able to gain assurances that the organisations from which they commission services have effective safeguarding arrangements in place.

The policy will be subject to review and refresh in early 2016/17 year, and to create a joint safeguarding children and adult policy.

### Training and supervision

* 1. All North East Lincolnshire CCG staff have access to and have undertaken Level 1 safeguarding training.
* the Executive Lead, and Designated and Specialist Professionals have accessed development opportunities through regional and national events.
* the Partnership Board have received a targeted briefing on their responsibilities for oversight of safeguarding arrangements.
	1. As single subject expects, Designated Professionals are required to actively participate in regular peer-to-peer supervision in order to continue to develop their practice in line with agreed best practice. The Designated Nurse – Safeguarding Children provides/ receives supervision to/from Designated Professionals and other safeguarding leads across Yorkshire and Humber, and East Midlands.

### Effective interagency working

* 1. NELCCG have been active in supporting the work of North East Lincolnshire Safeguarding Children Board. Further details on this are included in section 5 of this report.

### Designated Professionals

#### Guidance

* 1. The requirement for, and details of the role of, Designated Professionals is outlined in the Safeguarding Accountability and Assurance Framework published in July 2015.[[6]](#footnote-7).
	2. CCGs are responsible for securing the expertise of Designated Professionals i.e. Designated Doctors and Nurses for Safeguarding Children and for Looked after Children (and Designated paediatricians for unexpected deaths in childhood). on behalf of the local health system. It is expected that many Designated Professionals will be employed by CCGs.
* In some areas there will be more than one CCG per local authority and LSCB/SAB area, and CCGs may want to consider developing ‘lead’ or ‘hosting’ arrangements for their Designated Professional team, or a clinical network arrangement.
* Where a Designated Professional (most likely a Designated Doctor for Safeguarding or a Designated Professional for Looked After Children) is employed within a provider organisation, the CCG will need to have a Service Level Agreement (SLA), with the provider organisation that sets out the practitioner’s responsibilities and the support they should expect in fulfilling their designated role.
* Whatever arrangements are in place for securing the expertise of Designated Professionals it is vital that CCGs enable and support Designated Professionals to fulfil their system-wide role.
	1. The Designated Professional’s role is to work across the local health system to support other professionals in their agencies on all aspects of safeguarding and child protection.
* Designated Professionals are clinical experts and strategic leaders for safeguarding and as such are a vital source of advice and support to health commissioners in CCGs, the local authority and NHS England, other health professionals in provider organisations, quality surveillance groups (QSG), regulators, the LSCB/SAB and the Health and Wellbeing Board.
	1. The role of Designated Professionals for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their child safeguarding responsibilities across the wider system effectively[[7]](#footnote-8).
	2. The Royal College of Paediatrics and Child Health in collaboration with other colleges and health professional organisations have developed indicative capacity for specialist safeguarding roles. This document recommends that for a child population of 70,000 there should be 1.0 wte Designated Nurse – Safeguarding Children, and 4 – 5 PAs per week for Designated Doctor.

Local Arrangements

* 1. North East Lincolnshire has a child (0-19) population of 38,000[[8]](#footnote-9).
	2. NELCCG employed a full time Designated Nurse for Safeguarding Children, shared with North Lincolnshire Clinical Commissioning Group (NLCCG). There is a Memorandum of Understanding in place which sets out the governance and accountability arrangements within the 2 health economies. The Designated Doctor for Safeguarding Children is employed by Northern Lincolnshire and Goole NHS Foundation Trust with a Service Level Agreement in place to provide the Designated function for 1.5 PA per week for NELCCG.
* NELCCG also shared a Specialist Nurse – Safeguarding Children with NLCCG. Due to the post holder, acting up into, and then being successfully appointed to the post of Designated Professional for Safeguarding Adults for the 2 CCGs, the Specialist Nurse post was effectively vacant from 1st October 2015. The vacant post was altered to include a role in supporting the Safeguarding Adult agenda, and was recruited to with a commencement date at the beginning of the 2016/17 year.
	1. Details of the Designated Professionals for Safeguarding Children in North East Lincolnshire in 2015-2016 can be found at Appendix 1.
	2. As per paragraph 4.10, NELCCG has also secured the expertise of Designated Professionals for Looked after Children, and Designated Paediatrician capacity for unexpected deaths in childhood.
* Details of arrangements for Looked after Children are not included in this report.
* Arrangements for paediatric capacity for unexpected deaths are included at Section 6 of this report.

## Named GP/ Doctor for Primary Care

#### Guidance

* 1. NHS England are responsible for ensuring, in conjunction with CCG clinical leaders, that there are effective arrangements for the employment and development of Named GP/Named Professional capacity for supporting primary care within the local area. This capacity is funded through the primary care budget but it is for local determination exactly how this is done and what employment arrangements are adopted[[9]](#footnote-10)
	2. The role of the Named GP/Named Professional includes:
* Providing specific expertise on child health and development and in the care of families in difficulty as well as children who have been abused or neglected.
* Providing supervision, expert advice and support to GPs and other primary care staff in child protection issues.
* Offering advice on local arrangements with provider organisations for safeguarding children.
* Promoting, influencing and developing relevant training for GPs and their teams.
	1. The Royal College of Paediatrics and Child Health in collaboration with other colleges and health professional organisations have developed indicative capacity for specialist safeguarding roles. This document recommends that for a total population of 220,000 the Named GP/ Professional for Primary Care should have 2 PAs per week.

Local Arrangements

* 1. NELCCG has a Named GP for Safeguarding Children with 2 PA per week in this role.
	2. Details of the Named GP in North East Lincolnshire in 2015-2016 is included in Appendix 1.

# North East Lincolnshire Safeguarding Children Board

## Role and Functions

* 1. The Children Act 2004(section 13) requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.
	2. Section 14 of the Act sets out the objectives of LSCBs, as:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes.

* 1. The core functions of an LSCB are set out in regulations[[10]](#footnote-11) and are:
* developing policies and procedures including those on:
	+ action taken where there are concerns about the safety and welfare of a child, including thresholds for intervention;
	+ training of people who work with children or in services affecting the safety and welfare of children;
	+ recruitment and supervision of people who work with children; investigation of allegations concerning people who work with children;
	+ safety and welfare of children who are privately fostered; and
	+ co-operation with neighbouring children’s services authorities (i.e. local authorities) and their LSCB partners.
* communicating and raising awareness;
* monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
* participating in the planning of services for children in the area of the authority; and
* undertaking reviews of serious cases and advising partners on lessons to be learned.
	1. In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should:
* assess the effectiveness of the help being provided to children and families, including early help;
* assess whether LSCB partners are fulfilling their statutory obligations;
* quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
* monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

## NELSCB Priorities 2015 - 2016

* 1. NELSCB identified 4 key priorities in 2015-16
* Prevention and Early Intervention
* Neglect
* Child Sexual Exploitation
* Domestic Abuse

## Membership

* 1. The Children Act 2004(section 13) identifies the Board partners who must be included in the LSCB. At least one representative of the local authority and each of the other Board partners (although two or more Board partners may be represented by the same person), The statutory membership includes
* NHS England and Clinical Commissioning Groups;
* NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;
	1. Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:
* speak for their organisation with authority;
* commit their organisation on policy and practice matters; and
* hold their own organisation to account and hold others to account.
	1. The LSCB should either include on its Board, or be able to draw on appropriate expertise and advice from, frontline professionals from all the relevant sectors. This includes the Designated Nurse and Doctor for Safeguarding Children.
	2. North East Lincolnshire Safeguarding Children Board (NELSCB) has a Leadership Board, supported by an Operational Board.
	3. NELSCB appointed a new Independent Chair who commenced in post in June 2014. The new Chair led a review of multi-agency arrangements across Board partners, with new Terms of Reference for both the Leadership and Operational Boards and all subgroups of NELSCB. There has been a stronger focus on evidencing safeguarding children activity via the subgroups and through the 2 Boards.
	4. NELCCG has been represented on NELSCB Leadership Board by the Executive Safeguarding Lead (as per paragraph 4.4) during the 2015-6 year. The Designated Nurse was invited to join the Leadership Board in June 2015, and attended all subsequent meetings.
	5. NELCCG has been represented on the Operational Board by the Assistant Director for Service Planning and Redesign. The Designated Nurse and Doctor have attended the Operational Board as professional advisors to the LSCB.
	6. In addition to the representation from NELCCG, within the 2015-2016 year, NELSCB has had health service representation
* On the **Leadership Board**, from Northern Lincolnshire and Goole NHS Foundation Trust
* On the **Operational Board,** from Northern Lincolnshire and Goole NHS Foundation Trust, North East Lincolnshire Council Children’s Public Health Provision and Lincolnshire Partnership NHS Foundation Trust
* NHS England North Yorkshire and Humber Area Team have not attended any meetings of NELSCB in 2015/16 year and were represented by the NELCCG representative in accordance with a Memorandum of Understanding.
* Other health providers in North East Lincolnshire are not directly represented on the Leadership or Operational Board
	1. The work of NELSCB was supported through a number of key function/ action groups:
* Child Death Overview Panel
* Serious Case Review subgroup
* Quality Assurance Subgroup
* Neglect Subgroup
* Safeguarding in Education Subgroup
* Keeping Children Safe Subgroup – which incorporated work in relation to Child Sexual Exploitation, Harmful Sexualised Behaviour, Missing Children, and impact of Domestic Violence on children.

The Designated Professionals worked with all provider organisations to ensure there was appropriate health commissioning and provision membership on all subgroups. This has included school nursing representation on the Safeguarding in Education group.

* 1. With the active participation of health services/ organisations in all other subgroups, the LSCB agreed that a formal health subgroup was not required. However, it was recognised that a forum to facilitate communication between health services (both commissioning and provider), and allow a coherent approach to multi-agency work brought significant benefits. As a result, the previous Safeguarding in Health subgroup, was relaunched as the North East Lincolnshire Safeguarding Children Health Forum during the 2015/16 year. The dissolution of the Health subgroup, and creation of the Forum also clarified accountability arrangements with the new Terms of Reference clarifying that:
* Representatives of commissioning and provider health organisations on the Safeguarding Children Health Forum remain accountable to their own organisations.
* All North East Lincolnshire health commissioners and providers are individually accountable to North East Lincolnshire Safeguarding Children Board

# Review Processes

### Child Death Overview Process

* 1. One of the LSCB functions is to review the deaths of all children who are normally resident in their area by:

a) collecting and analysing information about each death with a view to identifying—

(i) any case giving rise to the need for a review mentioned in regulation 5(1)(e);

(ii) any matters of concern affecting the safety and welfare of children in the area of the authority;

(iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and

(b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

* 1. In order to assist in the completion of this function, CCGs are required to employ , or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on:
* commissioning paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood, and from medical investigative services; and
* the organisation of such services.
	1. NELSCB have had access to consultant paediatrician capacity as outlined above, but via a collaborative approach., The consultant paediatrician on call at the time of an unexpected death acts as the lead clinician for the rapid response and case review process for each individual case; with the Designated Doctor taking a lead role in terms of acting as medical advisor to the Child Death Overview Panel, and assisting in trend analysis.
	2. North East Lincolnshire has approximately 12 - 15 deaths per year. The collation of themes arising from these deaths is led by Public Health.

### Serious Case Reviews

* 1. NELSCB published a Serious Case Review on 20th July 2015. The review was completed following a young baby sustaining a life changing brain injury whilst in the care of his parents. To protect the child’s identity the Serious Case Review will be known as family R and can be found on the LSCB website on:

<http://nelsafeguardingchildrenboard.co.uk/data/uploads/serious-care-review/family-r-scr-final-scr-report-pdf.pd> f

* 1. Criminal proceedings which were concluded prior to the reports publication found that the life changing injuries were inflicted upon the child by the father with the mother failing to protect.
	2. The independent author of the Serious Case Review found that with one exception, it could not be concluded with any certainty that the injuries could have been either predicted or prevented.
* The single exception related to the review of a chest x ray conducted on the subject child in response to respiratory tract infection, where fractures were not seen, 3 weeks before the assault which led to the brain injury.
* The identification of the fractures would have led to prevention, of injuries sustained after the X-ray was taken. Independent expert advice provided to the Review suggested that a paediatrician could not have been expected to have seen the fractures, and a non-specialist radiologist may also have some difficulties in identifying them.
* An immediate response, to the identification of the missed fractures, by Northern Lincolnshire and Goole NHS Foundation Trust, was to develop a service agreement with Sheffield Children’s Hospital to ensure that all non-urgent paediatric x-rays / scans are reviewed with 7 days, by a paediatric radiologist. Any x ray that is deemed to need urgent specialist paediatric radiology opinion can be immediately reviewed by Sheffield paediatric radiologists. Whilst, the Serious Case Review was not published until July 2015, this process was implemented in February 2014, 3 weeks following the life changing injuries.
	1. The Serious Case Review made a number of recommendations for NELSCB who have the responsibility for being assured that progress has been made in addressing the recommendations. The recommendations are replicated at Appendix 2. NELCCG have contributed to the delivery of changes required by the recommendations as appropriate. Key activity includes:
* The Designated Nurse – Safeguarding Children worked with colleagues in other health and partner agencies to develop an LSCB policy on reporting bruises. This policy was also developed with neighbouring North Lincolnshire LSCB in order to promote a consistent approach.
* The standards for inclusion in all contracts for NELCCG commissioned services reflect expectations on providers for:
	+ adequate capacity and support for safeguarding work
	+ embedding of the principal of “Think Family” with safeguarding children standards applying in equal measure to services commissioned for adults, as to those commissioned for children
	1. Following completion of the SCR, the LSCB via its Serious Case Review subgroup received a progress report on actions taken against the recommendations on a quarterly basis.

# Programme of Work for NELCCG in 2016-2017

* 1. The work plan for the 2016-2017 is based on:
* Maintaining compliance with legislative, statutory and organisational responsibilities
* Enhancing arrangements to gain assurance from commissioned providers through contract management processes
* Embedding learning from the R family SCR, and responding to national reviews, local and national initiatives, and regulatory activity.

Sarah Glossop

# Appendix 1. Safeguarding Leadership in North East Lincolnshire for the period April 2015 – March 2016

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| **North East Lincolnshire Clinical Commissioning Group** |
| Executive Lead for Safeguarding |  | Helen Kenyon – Deputy Chief Executive *(until July 2015)*Jan Haxby – Director of Quality and Nursing *(from July 2015)* |
| Designated Doctor  |  | Dr Bukar Wobi  |
| Designated Nurse  |  | Sarah Glossop  |
| Specialist Nurse |  | Julie Wilburn *(until 30th November 2015)***Vacancy** *(from 1st December 2015 – 31st March 2016***New Post** *(Specialist Nurse – Safeguarding (children and adults) recruited to – commence 1st April 2016.* |
| Named GP |  | Dr Marcia Pathak |
| **North East Lincolnshire Council Children’s Health Provision** |
| Named Nurse(s) |  | Julie Choudry/ Sue Ormston |
| **Northern Lincolnshire & Goole NHS Foundation Trust** |
| Named Doctor |  | Dr Kavitha Tharian |
| Named Nurse |  | Lynn Benefer |
| Named Midwife |  | Louise Gilliatt |
| Head of Safeguarding |  | Craig Ferris |
| **Lincolnshire Partnership NHS Foundation Trust** |
| Named Nurse  |  | Liz Bainbridge |
| Named Doctor |  | Dr Anne Thompson |
| **Rotherham, Doncaster & South Humber Mental Health NHS Foundation Trust** |
| Named Nurse (North East Lincolnshire) |  | Anne Ayari |
| Named Doctor (trustwide) |  | Dr Navjot Ahluwalia |
| **East Midlands Ambulance Service** |
| Safeguarding Lead |  | Zoe Rodger-Fox |

# Appendix 2; NELSCB Serious Case Review: Family R: Recommendations

The SCR recommendations are around a number of key areas which cross agencies. The recommendations are all addressed to the Safeguarding Board for work with member agencies, and are there to assist the Board have the necessary degree of ongoing assurance about areas highlighted in this Review.

The LSCB has the responsibility for being assured progress is made in these areas

1. The LSCB should consider the introduction of a policy of mandatory reporting for bruises on non-mobile babies, and monitor its implementation.
2. The LSCB should commission a further update report from NLAG on radiology capacity, the ability of non-specialist radiologists to identify signs of fractures to children, and progress with the new scheme of regular access to paediatric radiology
3. The LSCB should seek assurance from member agencies that staffing in key staffing groups is at a level to ensure quality safeguarding work, and that includes adequate support for newly qualified staff.
4. Training around domestic violence should be reviewed to ensure that staff are aware when and where to report it, the significance of attempted strangulation, and that there are not naïve assumptions about violence being a ‘one off’
5. The LSCB should be satisfied that expectations of staff around intra and interagency communication on domestic abuse where there are children are clear
6. The LSCB should seek assurance from its members that the principal of ‘think family’ when dealing with adults is fully embedded
7. The LSCB, being aware of the risks, should ask for a review of the inter connectivity of primary/community care client/patient databases to maximise the ease of sharing information
8. The LSCB should work with member agencies on a culture of greater challenge to support assessments of risk so that staff have greater confidence to challenge for evidence, for example in the face of apparently compliant self-report.
9. The LSCB should seek assurance that assessments of risk to children are done with full multiagency consultation
1. [HM Government (2015) Working Together to Safeguard Children, HMSO, London](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf) [↑](#footnote-ref-2)
2. *[Sir Robert Francis’s Freedom to Speak Up review report can be found at* [*https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU\_web.pdf*](https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf)*].*  [↑](#footnote-ref-3)
3. NHS Commissioning Board (2013) Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework [↑](#footnote-ref-4)
4. NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework [↑](#footnote-ref-5)
5. Section 11 Children Act 2004. [↑](#footnote-ref-6)
6. NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework [↑](#footnote-ref-7)
7. Model job descriptions for designated professional roles can be found in the intercollegiate document *Safeguarding Children and Young People: roles and competences for health care staff*. [↑](#footnote-ref-8)
8. [www.chimat.org.uk/resource/view.aspx?RID=273432](http://www.chimat.org.uk/resource/view.aspx?RID=273432) [↑](#footnote-ref-9)
9. NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework [↑](#footnote-ref-10)
10. Regulation 5 of the Local Safeguarding Children Board Regulations 2006 [↑](#footnote-ref-11)