

CQC Action Plan - Review of Health Services for Children Looked After & Safeguarding in Portsmouth

Solent NHS Trust

Number	Recommendations	Actions	Assigned To	Completion Due Date	Progress	Comments/Evidence
3.1	Ensure that expectant women or post natal women who are cared for as an in-patient on the midwifery wards and have an acute mental health crises can access adult mental health services following an agreed care pathway.	This action needs to be led by PHT, and perhaps coordinated by the CCG, we of course contribute to any working party / task and finish group				
3.2	Ensure that children and young people who are suffering from mental ill health or have self harmed and are admitted to the acute paediatric ward are appropriately safeguarded through thorough risk assessments and cared for by practitioners who have received training in mental health illness in this age group.	This action needs to be led by PHT, and perhaps coordinated by the CCG, we of course contribute to any working party / task and finish group				
3.3	Agree and implement a care pathway to support young people between 16-18 years who attend ED with mental ill health or self harm to ensure that their mental health and physical care needs are met and that they are safeguarded effectively.	This action needs to be led by PHT, and perhaps coordinated by the CCG, we of course contribute to any working party / task and finish group				
3.4	Ensure that the local MARAC arrangements are fully inclusive of all partners, including primary care.	This action needs to be led by the CCG, we of course contribute to any working party / task and finish group				
3.5	Improve paediatric liaison arrangements between the ED and the 0-19 service by ensuring that concerns are being appropriately identified and that there is timely sharing of attendance by children or young people to support effective intervention	PHT/Safeguarding Team Lead. SNHST Children's services to work with PHT and the safeguarding team in developing this model	Professional Lead for Children			
4.1	Work with partners to ensure effective implementation of the LSCB escalation policy to address areas of professional disagreement.	Safeguarding Team in training Child and Family services to ensure that all staff are aware of the Conflict Resolution/Escalation Policy which is available in the 4 LSCB Procedure Manual	Professional Lead for Children	10.9.17		
4.2	Improve the identification, assessment and recording of risk to children and young people within the CASH service.	1 - SH is meeting with their IT provider to review an alternative RAT that is nationally recognised. The service will review this and if it is superior to the tool that is currently being used, it will be implemented and made mandatory for anyone under the age of 18. 2 - SH have asked their IT provider to add a review button to the RAT for young people that attend the clinic regularly. This will also be discussed on the 27th September. 3 - The Safeguarding leads for SH will be completing a monthly audit of all patients under the age of 18 to review the notes to ensure the RAT that assess risk of CSE and domestic abuse has been completed or reviewed and updated, and any relevant safeguarding concerns addressed. Outcome of this audit will be presented at the services monthly clinical governance meeting and lessons learnt shared with the wider team. 4 - Staff will be reminded of the importance of completing and reviewing the RAT via email, a newsflash and at team meetings.	Professional Lead SH	Meeting planned for 27th September		
4.3	Improve the identification, assessment and recording of risk around CSE within the 0-19 service.	Complete a training programme for staff in the 0-19 service in identification of CSE. On S1 to incorporate a recording to show that CSE has been considered and completed accordingly.	K Slater	1.10.17		
4.4	Ensure that all practitioners who are working with families where there are adults with mental ill health and vulnerable children share information appropriately, including adult mental health recovery and crises plans.	Staff to be reminded of the importance of sharing information with others service in order to ensure the welfare of a child.	Professional Lead AMH	1.11.17		
4.5	Work with partners to improve the arrangements for initial and review health assessments to ensure that appropriate consent is obtained at the earliest opportunity to minimise delay in carrying out assessments for LAC	Discussion with Social Care colleagues on obtaining consent for assessment.	J Gonde / S Shore/ E Wilson	1.11.17		

4.6	Improve the collection of data to inform timely planning of health assessments for LAC, including those children placed out of Portsmouth local area.	Improve communication between Social Care and LAC CLA nurses to casehold rather than sharing cases to enable lead clinician and ownership. SOP development in place, ongoing work with S1 and database team.	K Slater /E Wilson	1.11.17		
4.7	Ensure that all LAC receive high quality health assessments that are informed by robust assessment of risk, including scores from SDQs and information from GPs and that these reviews are informing SMART health care plans that are improving health outcomes.	Develop ways of improving SDQ return rate currently 38% Named Nurse to audit review health care plans including peer review and NHS Wessex. Training programme East and West on SMART health care plans Guidance reviewed and circulated to clinicians, SOPs under development.	E Wilson/J Gonde	1.3.17		
4.8	Review the capacity of the named professionals to ensure compliance with RCPH Intercollegiate Guidance 2015.	Mental health services to review the capacity of named professionals against the suggested guidance	Shared with CCG	C Smith		
4.9	Ensure that patients' electronic records are a complete record of their care, contain flags to highlight vulnerability and risk and contain all key documentation and are accessible during patient consultation.	Children's - to review with IG the inputting of child protection meetings onto S1 that need to be deleted after 2 years of being removed from a CP plan, this is to be incorporated into a Trust SOP. Audit of LAC alerts to be completed yearly. AMH Mental health service are to review their use of flags, and provide guidance for staff regarding when these MUST be used and agreed at governance meeting.	Professional Leads	Immediate Actions complete in Childrens		
4.10	Improve arrangements for record keeping and quality assurance with in the CASH service.	1 - All staff have been asked to ensure they put an alert on the EPR for any patients that are vulnerable. 2 - The service will work with MASH to develop a process to enable an upload of the electronic safeguarding referral into the patients EPR and to ensure the outcome of the referral is fed back to the service and documented in the patient EPR. This is going to be part of a Quality Improvement project for the service. 3 - The Safeguarding Lead Nurses will be completing a monthly audit of all patients under the age of 18 who have not had a RAT completed or reviewed and updated. The outcome of the audit will be presented at the monthly Clinical Governance meetings. If clinicians have not completed the RAT it will be discussed in one to one's and performance managed if required. Lessons learnt will be shared with the wider team.	Professional Lead SH	1 - Alert on notes September 2017 2- Upload of referral to SH EPR October 2017 3- September 2017		
4.11	Ensure that the training needs analysis for adult mental health services is compliant with the RCPH Intercollegiate Guidance 2015 and local LSCB policy and that adult mental health staff access training according to guidance.	Mental health services to review their safeguarding training against the suggested guidance.	Professional Lead AMH	1.11.17		
5.1	Ensure all service users have current risk assessments recorded on their client record and that any safeguarding risks have been identified and escalated.	This relates to CSE risk assessments Training has been arranged for HV/ SN/FNP/ Sexual Health service on the CSE risk assessment tools. A programme of audit will then be established in HV/SN/ FNP to ensure this has been embedded Last training session planned for 18/10/17	Kate Slater	18.10.2017		