CQC Action Plan - Review of Health Services for Children Looked After & Safeguarding in Portsmouth						
	PORTSMOUTH HOSPITALS NHS TRUST					
Number	Recommendations	Actions	Assigned To	Completion Due Date	Progress	Comments/Evidence
	Ensure that all expectant women receive a	1.1.1 New maternity notes to be updated to	1.1.1 - 1.1.3 Named	Mar 31 2018		
	comprehensive assessment of risk and	include a comprehensive safeguarding risk	Midwife for Safeguarding			
	vulnerability, to include exploration of	assessment and a safeguarding and support	Children 1.1.4 Senior			
	domestic abuse, mental health, partner	plan. 1.1.2	Midwifery Manager			
	behaviour and exploitation and that	Background to current domestic abuse risk	Community & Public			
	appropriate advice, support and care is	assessment arrangements to be explored to	Health			
	made available to them through a co-	gain understanding of decision and contribute				
	ordinated package of support	to review of whether this arrangement should				
1.1		continue.				
1.1		1.1.3 The four questions in the shortened				
		child sexual exploitation (CSE) risk assessment				
		tool will be embedded into the safeguarding				
		risk assessment we plan to include in the new				
		maternity notes.				
		1.1.4 Audit to be undertaken to measure				
		compliance with the use of the new referral				
		form and the quality of the information				
		contained in the referral form.				
	Improve the identification, assessment and	Mandatory safeguarding children risk	Emergency Department	Mar 31 2018		
	recording of risk to children of adults who	assessment to be incorporated into the IT	Consultant and OCEANO			
	attend ED with concerning behaviours.	system for adults attending ED with	lead & Named Doctor for			
1.2		concerning behaviours.	Safeguarding Children			
	Ensure that all children who attend the		Emergency Department	Mar 31 2018		
	children's ED have a comprehensive risk	assessment on IT system for children	Consultant and OCEANO			
1 2	assessment to ensure that they are	5	lead & Named Doctor for			
1.3	safeguarded appropriately and that all	appropriate.	Safeguarding Children			
	practitioners are complaint with the trust's					
	policy and processes.					

1.4	Ensure that expectant women with additional mental health or learning disability are cared for by practitioners who are trained to meet their needs.	 1.4.1 All band 7 Clinical Lead Midwives, Specialist Midwives and vulnerable families team Midwives, who have not undertaken mental health training within the last 3 years, to do so. 1.4.2 Mental health training to be incorporated into maternity mandatory training plan for inclusion in training days at least every 3 years. 1.4.3 Awareness of the Learning Disability passport to be raised within the maternity 	1.4.1 - 1.4.3 Clinical Lead for Midwifery Practice Education	Mar 31 2018	Maternity mandatory training 2015/2016 included a 1 hour mental health training session. Maternity mandatory training 2017/18 includes a mental health simulated training scenario. Vulnerable families team midwives received mental health training 17/07/17.
1.5	Ensure that unborn and newborn babies are protected effectively and evidence compliance with the LSCB Unborn and Newborn Baby Safeguarding Protocol	1.5.1 PHT's system of writing maternity alerts at 34/40 to be reviewed as not currently in line with 4LSCB protocol. 1.5.2 Maternity service to support partner agencies in Portsmouth and Hampshire to embed the development of multi agency pre and post birth plans.	1.5.1 & 1.5.2 Named Midwife for Safeguarding Children	Mar 31 2018	
1.6	Improve the content of the GP summary report following attendance at ED to include any safeguarding concerns or risk to a child or young person.	1.5.1 Audit being undertaken to determine the extent to which the information on GP	1.5.1 & 1.5.2 ED Matron	1.5.1 Mar 31 2018 1.5.2 Nov 31 2017	

1.7	Improve the safeguarding and governance arrangements throughout the trust so that the trust board is able to be assured of effective safeguarding practice throughout the organisation.	Quality Improvement Plan. Phase 2 to include child safeguarding. 1.7.2 Terms of reference for the Safeguarding Committee to be reviewed. 1.7.3 Appoint a Head of Safeguarding (Adults and Children) at an 8C, new strategic level	 1.7.1 - 1.7.3 Associate Director of Nursing supported by the Director of Nursing 1.7.4 Head of Safeguarding 1.7.5 Named Midwife for Safeguarding Children 1.7.6 Named Nurse for Safeguarding Children 	1.7.1 Timeline starting 20/09/17 1.7.2 Completed 1.7.3 As soon as possible 1.7.4 - 1.7.6 Mar 31 2018	1.7.3 Appointment has been made, start date TBC.	
1.8	Improve record keeping arrangements within midwifery services so that practitioners have access to a complete record.	1.8.1 Mapping exercise to be undertaken to map current record keeping arrangements. 1.8.2 Task and finish group to implement a maternity wide change of record keeping arrangements.	1.8.1 Named Midwife for Safeguarding Children 1.8.2 Named Midwife for Safeguarding Children	1.8.1 Dec 30 2017 1.8.2 Mar 31 2018		
1.9	Improve the quality of child protection referrals and reports within midwifery services so that they are of a consistently high standard and support the identification and ongoing assessment of risk to the unborn and newborn infant.	All referrals and reports to be signed by a band 7 midwife, for quality assurance purposes, before they leave the organisation.	Named Midwife for Safeguarding Children	Dec 30 2017		
1.10	Ensure that newly qualified midwives demonstrate competency in child protection practice as part of their preceptorship.	Competency document to be produced and incorporated into the existing preceptorship programme for newly qualified midwives.	Clinical Lead for Midwifery Practice Education	Dec 30 2017		
1.11	Ensure that all staff who work with children who may be vulnerable or be supported through a child protection or child in need plan are accessing safeguarding supervision in line with trust policy.	arrangements to be audited against PHT supervision policy and local safeguarding	Named Nurse & Named Midwife for Safeguarding Children	Mar 31 2018		

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.	Robust support to be secured from onsite mental health liaison team for maternity inpatients experiencing an acute mental health crisis.	Senior Midwifery Manager Community & Public Health and Specialist Perinatal Mental Health Midwife	Completed	Gap in service provision for women experiencing an acute mental health crisis was highlighted at quarterly perinatal mental health pathway meeting with multi agency stakeholders. Commissioning arrangements in relation to the support offered to maternity services from the onsite mental health liaison team have been strengthened.
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.	 3.2.1 Paediatric service documentation to be updated to include a safeguarding children risk assessment. 3.2.2 Paediatric service documentation to be updated to include an environmental risk assessment for this group of children. 3.2.3 Paediatric Unit: All band 7 Senior Ward Sisters, Specialist Nurses, band 6 Ward Sisters and Safeguarding Leads who have not undertaken mental health training within the last 3 years, to do so. 3.2.4 Mental health training to be incorporated into Paediatric Unit mandatory training plan for inclusion in training days at least every 3 years. 3.2.5 Paediatric service to support partner agencies in ensuring they share their risk assessments in a timely manner to inform 	3.2.1 & 3.2.2 Paediatric Senior Sister 3.2.3 & 3.2.4 Paediatric Practice Educator 3.2.5 Paediatric Matron	Mar 31 2018	
3.3		Standard operating procedure (SOP) to be produced and embedded for young people 16 to 18 years of age requiring observation in the adult observation bay.	W&C Head of Nursing	Completed	SOP has been developed, ratified and launched within ED. Compliance will now be monitored via audit.
3.4	Ensure that the local MARAC arrangements are fully inclusive of all partners, including primary care.	PHT to work with partner agencies in Portsmouth and Hampshire to achieve appropriate inclusion.	Named Nurse & Named Midwife for Safeguarding Children and Adult Safeguarding Lead	Mar 31 2018	

	Improve paediatric liaison arrangements	3.5.1 Scoping of paediatric liaison	Named Nurse for	Mar 31 2018	
	between the ED and the 0-19 service by	arrangements across wider acute health	Safeguarding Children and		
	ensuring that concerns are being	providers and 0-19 services to be undertaken.	Head of Nursing		
3.5	appropriately identified and that there is	3.5.2 PHT to work with partner agencies to	Emergency Medicine		
	timely sharing of attendance by children or	develop a solution to the identified gap in			
	young people to support effective	service provision.			
	intervention				