

West Sussex action plan in response to CQC review of looked after children and safeguarding in Sussex report published 13th November 2015

SCT Actions

Number	Recommendation	Action	Outcomes How will we know when this action is complete	Lead	By When	RAG Rating	Progress Report / Date	Current SCT Progress
2.1	That liaison between the emergency treatment centre and mental health assessment team at Crawley is strengthened with clear responsibilities for safeguarding assessment set out for practitioners	SCT - SCT Safeguarding Children Policy defines the safeguarding responsibilities for all staff in regards to safeguarding assessment and makes clear links to Pan Sussex Procedures. Bespoke training to be delivered at UTC to clarify and underline these responsibilities. Safeguarding team to hold regular meeting with UTC staff with this invite extended to the mental health assessment team	Staff will feel empowered to complete more accurate safeguarding assessments to promote the safety and wellbeing of children	Named Nurse Safeguarding Children	Jan-16		December 2015 - SCT met with the UTC staff in December. Now all children who present with urgent mental health concerns, are referred directly to the Paediatric team at East Surrey Hospital for assessment. The Emergency Nurse Practitioners in the UTC will complete any necessary safeguarding referrals prior to the child leaving the department. This is now a far clearer and strengthened pathway.	
2.2	That actions from LAC review health assessments are reviewed routinely as part of next health assessment, with a process for monitoring follow up actions from health plans to ensure children and young people's needs are being met	Actions from the previous Health Assessment will be pulled through to the next health assessment and will be written in the Changes since last health assessment box of the BAAF health Assessment Form . Where a description of the action taken will be documented. In addition the Health Plan is discussed at the CLA review and detail with regard to the progress of the Health Need / action Identified is recorded.	An Audit of Health Assessments in 2016 against this action as part of the annual audit process of Health Assessments	Lead & Designated Nurse CLA	Jul-15		Actions are clearly documented and pulled through from the previous health assessment to the current Health Assessment.	
2.3	That a quality assurance process and use of a benchmarking tool for LAC initial and review health assessments is established in the looked after children's team	Annex H is the quality assurance tool being used by the team. A copy of which is held on the electronic patient record. Annual Audit of health assessments will also be used to review quality of health assessments.	That all health assessments for West Sussex CLA are quality assured using the Annex H document	Named Nurse Children Looked After	Jul-15		Annex H was being used within the service but not routinely . The process around its use has been formalised to ensure that all Health assessments are quality assured using the Annex H. This includes those West Sussex LAC placed out of county.	
2.4	That supervision arrangements within health visiting and school nursing services are monitored and new styles of supervision are evaluated with frontline staff for effectiveness and quality	SCT - supervision models to be monitored and evaluated for effectiveness	Written records of group supervision feedback forms, telephone advice line contacts and content of these and requests for 1-1 supervision. Review of relevant literature around this area to help develop best practice to ensure staff are supported with safeguarding work.	Named Nurses Safeguarding Children	On-going continuous monitoring		3 forms of supervision are available for health visiting and school nursing staff, group supervision, one-to one supervision and telephone advice on request. Supervision methods are continually monitored for quality and an audit has been undertaken with favourable results. As required, relevant changes would be considered. At each individual and group session all attendees are required to complete a form detailing what they have gained from the session. All staff are reminded of supervision methods at level 3 training.	
2.5	That health visitors and school nurses contribute to information for LAC review health assessments	Implementation of Electronic records within SCT has enabled more robust Information sharing for LAC review health assessments. Healthy Child Programme Safeguarding Away Days have been used to discuss existing paper records and how that information is shared. As a result a template will be developed from the existing HV & SN Information form for the electronic records to enable relevant health information from the paper record to be uploaded to the electronic record	That the LAC Health Team have sufficient health information to inform the review health assessment to enable a well informed high quality assessment of the CLA's health needs.	Lead & Designated Nurse CLA	Jan-16		December 2015 - S1 the electronic records system has meant that the LAC Health Team has greater access to health information held by other teams within SCT. Three safeguarding away days 29/10/15 , 10/11/15 and 25/11/15 have provided a forum for discussion with Health Visitors and School Nurse about Information sharing for Review Health Assessments. Lead & Designated Nurse to discuss with the S1 team with regard to the development of the template.	
3.5	That the CAMHS team routinely liaise with the LAC health team and contribute information to inform review health assessments	The Service Manager and Team Leader to liaise with the health LAC service manager to agree a plan to address improved inter agency working.	Improved liaison between LAAC and health LAC.	General Manager, WS CAMHS and Service Manager LAAC	Nov-15		December 2015 - Both the service manager and the Team Leader for the LAAC service have met with and liaised with the health LAC service and the Team Leader for the LAAC team has made plans to attend regular meetings with the health LAC team	January 2016 - Plans are being drawn up with Sussex Partnership Foundation Trust (the current provider of the CAMHS service for looked after and adopted children) to transfer the management of the service to the County Council from July when the current contract comes to an end. One of the many benefits of doing this is that the fostering and adoption service will be able to work much more closely with mental health services, which will result in a better service for children and families.
5.4	That robust arrangements are in place to ensure all maternity bookings at Princess Royal Hospital are reported to health visiting service for antenatal visits.	Consistent pathway to inform health visitors of booking	Notifications received by health visitors between 16 and 28 weeks gestation.	Community midwives/community team leaders/community manager	Implemented		Evidence required	

6.3	That robust arrangements are established to increase GP and school nursing team liaison	Practice Managers to be reminded of importance of MDT meetings to discuss vulnerable families and looked after children. Educational events with GP practice Safeguarding leads to highlight the importance of ensuring practice hold regular MDT meetings	Audit of practices in West Sussex to see how many hold regular MDT child safeguarding meetings, who is invited and who attends.	Named GP Safeguarding Children	Autumn 2016		December 2015 - Recommendations to hold MDT including School nurses and health visitors included in all primary care training delivered by CCG safeguarding team. Audit of impact October 2016	
6.4	That GP's contribute information to the LAC review health assessment process	Education of GPs about the review health assessment process and their duty to respond to sharing information or completing assessment when requested	Audit of GP involvement in the review health assessment process	Designated Nurses Safeguarding Children and LAC	Dec-16		December 2015 - GP input into the Looked After Children Health Review included in training events on 11/06/2015 and 30/09/2015 to 110 GPs. Included in the practice email updates by Named GP. Information letter disseminated. Implementation of System One for LAC team in SCT to support involvement of GPs	
6.6	That the recruitment of a designated doctor and named GP is prioritised as a matter of urgency with clear action plans in place if recruitment is not successful	Interim Designated Dr in post initially until March 2016. On-going Contract discussions with SCT with regard to the recruitment of Designated Dr. Consideration being given to increasing capacity of Named GP to assist with Designated Dr role	Fully established Safeguarding Children Team	Head of Quality CWS CCG	Feb-16		December 2015 - Interim Designated Dr in post. Named GP in post	January 2016 - On-going discussions with SCT. Current interim arrangements extended for further 6 months awaiting CCG ratification of interim arrangements'
7.1	That an agreed process to ensure all teams are informed of domestic violence notifications is established	Development of an effective Multi Agency Safeguarding Hub to support the sharing of information from Police and Childrens Social Care	MASH will be in situ and information shared appropriately	MASH Strategic task force	Mar-16		12th October 2015 - SCARF notification pathway trial. Police / Worth / CSC triage all SCARF notifications leading to Early Help Resource Centre, CAP or no further action. Appropriate health organisation notified via Early Help Resource Centre or CAP	
		Full Health representation at MARAC	Information will be shared appropriately to ensure improved multi agency working to safeguard children and families	Named safeguarding Professionals	Oct-15		Full health representation in place. CCG Designated nurse, SCT named professional, AMH from SPFT and CRI all represented at meeting. BSUH, WSHT and SASH all provide input to cases where known.	
7.2	That an agreed format for health teams to make referrals to children's social care is established, with clear articulation of risk set out and management oversight developed as part of a quality assurance process	Standards of Referral to be agreed using Signs of Safety Language	Standards of Referral will be in place to ensure robust referral with clear articulation of risk	Deputy Designated Nurse Safeguarding Children	Jan-16		December 2015 - Task and Finish Group Meeting - 24/09/2015. Standards being developed and will be sent out to group for approval. Draft standards to be approved formally at NHS Professionals meeting Jan 2016	January 2016 - Standards for Referral to CSC completed and agreed. Disseminated out to all health agencies to inform referrals to enable clear and robust information sharing with CSC
7.3	That uptake of level 3 training is monitored to ensure all practitioners are trained in accordance with their level of role and responsibility	All agencies will have systems in place to monitor compliance with Intercollegiate document guidance for safeguarding children training	All practitioners will be trained in accordance with their level of role and responsibility	Named safeguarding Professionals	Apr-16		SCT - Uptake of Level 3 training data now reviewed on a monthly basis by SCT Safeguarding Team. Teams with lowest uptake now having bespoke sessions being delivered. Team Leads now encouraged to inform Named Nurse of any external level 3 training that is completed so this data can be added to current compliance figures.	
7.4	That staff awareness of professional dissent and escalation policy and local process is developed across all teams	All staff to be reminded of the escalation process	Staff are aware of escalation process which is displayed on safeguarding flowcharts	Safeguarding Lead/Service Manager	Sep-15		Following SCR 'John' all staff were made aware of how to escalate concerns. Recent reorganisation in CSC has led to confusion re who to escalate to within CSC. A reminder has been sent out to all providers along with a CSC structure chart and contact details. The Pan Sussex Safeguarding Procedures has been moved to a new provider and the webpage changed. With the notification of this has been a reminder of where to find the Pan Sussex escalation procedure. This is to be included in the LSCB multi agency SCR briefings. Impact to be reviewed October 2016	
7.5	That a standardised process is developed to ensure all relevant safeguarding flags and alerts are present across IT systems	As each agency uses different IT systems this is difficult to standardise.	IT systems have alerts in place and are kept up to date					It relates to the Child Protection Information Sharing Project, which SCT along with other Trusts, have committed to being part of. The reason for the delay is due to the IT infrastructure, which it currently doesn't support. The CCG is aware and are supporting the issue.
		Organisations with Urgent Care settings to sign up to the CP-IS. WSCC plan to go live in Autumn 2015			Apr-16		December 2015 - WSCC to undertake systems testing mid October. Go live December 2015. WSHT signed up and awaiting final go live. SCT engaged with HSCIC who are awaiting signed agreement from SCT. QVH and SASH pending engagement with HSCIC	January 2016 - QVH strategic safeguarding group will be reviewing CP-IS and use of alerts at its next meeting and organisational decisions will follow regarding these.

8.1	<p>That the capacity and job description of the designated nurse for looked after children is reviewed to ensure it reflects appropriate resources and in light of potential conflict of interest with operational duties</p>	<p>Review of Designated Nurse Looked After Children role and resource</p>	<p>Adequate resource for Designated Nurse Looked after Children in Place</p>	<p>Julia Carr, Head of Quality CWS CCG</p>	<p>Jan-16</p>		<p>This is in progress with a paper going to the Executive Committee on Wednesday 9th March. The role will be advertised at the beginning of April 2016.</p>
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