

NHS Rotherham CCG

Health & Wellbeing Board 26th August 2015

Care Quality Commission (CQC) - Review of Services for Children Looked After and Safeguarding (CLAS) - 23rd to 27th February 2015 (report published 14th July 2015)

Lead Executive:	Sue Cassin Chief Nurse RCCG
Lead Officer:	Catherine Hall Head of Safeguarding
Lead GP:	Dr Lee Oughton, Named GP Safeguarding and Dr David Clitherow, RCCG Lead GP Children and Young People

Purpose:

To report on Rotherham Clinical Commissioning Group (RCCG) Children Looked After and Safeguarding (CLAS) review by the Care Quality Commission (CQC). This review was held between 23 to Friday 27 February 2015.

The report into the findings was published 14 July 2015; attached is the associated Action Plan, containing the 24 recommendations.

Background:

The year leading up to the Care Quality Commission (CQC) carrying out their CLAS review in February 2015, the RCCG, health care providers (TRFT, RDaSH, GP Practices) and stakeholders, (Rotherham Local Safeguarding Children Board NHS England and RMBC Public Health) met regularly. These meetings were to agree and share appropriate evidence in readiness for the review and for RCCG to collate that evidence in readiness for the anticipated inspection. This commitment to challenge one another in our effort to drive up standards put us in good stead when the call came on 19 February 2015 that the review was imminent.

The Care Quality Commission stated that the lines of enquiry would be centred on:

- 1) The experiences and views of children and their families.
- 2) The quality and effectiveness of safeguarding arrangements within health
 - Assessing need and providing early help
 - Identifying and supporting children in need
 - The quality and impact of child protection arrangements.
- 3) The quality of health services and outcomes for children who are looked after and care leavers.
- 4) Health leadership and assurance of local safeguarding and looked after children arrangements
 - Leadership and management
 - Governance
 - Training and supervision.

A substantial list of documents was requested and submitted to the Lead Inspector which included annual reports, audits and safeguarding standards. RCCG proactively managed a repository of multi-disciplinary information. This worked extremely well and this process will be adopted to gather the Action Plan evidence moving forward. The inspection week was coordinated by Rotherham

CCG Safeguarding Team and included a wide cross-section of the health economy.

During the review week feedback meetings were held daily with a two-fold purpose, firstly to ensure that there were no surprises at the final verbal feedback session on 27 February and secondly to ensure that any areas of challenge were responded with immediacy and effectively. This included a return visit to Child and Adolescent Mental Health Services (CAMHS), meeting with the Director of Children services to discuss RMBC expectations of maternity services and a visit to a social enterprise GP Practice who works predominately with vulnerable people and asylum seekers.

Throughout the process RCCG worked closely with partners to ensure transparency and engagement. This was to guarantee the broadest possible commitment to drive up the safeguarding children and young people agenda.

CQC tracked 84 individual cases where there had been safeguarding concerns; these included 8 cases that had undergone a multi-disciplinary chronology denoting healthcare delivery. Included in the 84 cases tracked were children who had recently been referred to social care and some cases where children and families were not referred, but were assessed as needing early help from health services.

Analysis of key issues and of risks

The CQC particularly focused upon Early Help, Children in Need, Child Protection and Children Looked After. They considered whether healthcare organisations work in accordance with their responsibilities under Section 11 of the Children Act 2004; this includes the Clinical Commissioning Group need to deliver a strong leadership and governance role and the expectation that providers and commissioners will work to continuously improve safeguarding arrangements between NHS trusts, GPs, and child and adult health services.

In total 24 recommendations were made. A SMART Action Plan addressing all 24 recommendations is required from RCCG within 20 working days of receipt of the published report. The DRAFT Action Plan is attached.

Timescales are very tight so RCCG held an inaugural meeting on 15 June 2015 to pre-empt the recommendations based on the verbal feedback and draft report. This meeting has proved invaluable as it started the process of driving forward improvements in a multi-disciplinary manner. Ownership of the safeguarding agenda is critical therefore representatives were invited to attend from TRFT, RDaSH, GP Practices, The Gate, Healthwatch, RMBC Safeguarding and Public Health and Rotherham Local Safeguarding Children Board. Meetings have been arranged to monitor, support and challenge progress – See Table 1.

Table 1 Timetable of Events.

Date	Whom	Activity	Completed
14 July 2015	CQC	Publish Final “Review of health services for Children Looked After and Safeguarding in Rotherham” document on their website. Email out to all Action Planning Group Final CQC report and Action Plan to update	Completed by CQC
20 July 2015	ALL CQC Action Planning Group	Return updated Action Plan(s) to update master copy in readiness for meeting 23 July 2015	Completed by C Hall
23 July 2015	ALL CQC Action Planning Group	All to attend meeting (or send deputy who can contribute). Agree the principles for a SMART Action Plan that meets the need to	Completed

		improve the services delivered to Rotherham children	
3 August 2015	ALL CQC Action Planning Group	Send up to date Action Plan addressing the CQC recommendations in readiness to collate all responses	Completed
10 August 2015	Sue Cassin and Catherine Hall	RCCG to email Action Plan to CQC, meeting the 20 day response timescale from CQC (9am - 11 August 2015)	
13.08.15, 10.09.15 22.10.15 19.11.15 & 17.12.15	Providers and commissioners of healthcare; RLSCB, RMBC and Healthwatch	Attendance agreed at monthly task and finish CQC CLAS Action Plan Peer Challenge Group. The function of the group is to ensure that actions are addressed and evidence of compliance is provided. This group will add peer challenge into the 'health economy'	

The overarching action plan addressing the recommendations (Appendix 1) is being led by RCCG Head of Safeguarding and includes all relevant partners. Partners will need to develop their own action plans and drive forward within their organisation changes and developments. For example RMBC Public Health have a number of areas that they commission, they will require additional assurance from the provider that services are fully cognisant of their expectations and will be able to deliver. The role of RCCG is to ensure that overall actions are co-ordinated and work across the health economy. This is a major ask but we are aware that working together is crucial to safeguarding children.

The action plan needs to be multi-agency to ensure that gaps do not occur because of changes and developments therefore professional challenge and buy in are crucial. In addition the action plan will be utilised at any future review of services. It will be a working document that is updated accordingly and has senior management commitment to its delivery.

Governance arrangements are critical to ensuring that all recommendations are implemented effectively. In addition to RCCG ensuring via the CQC CLAS Action Plan Peer Challenge Group that all the recommendations are embedded into practice the CCG will monitor compliance via contract quality meetings. Commissioners of services, including RCCG Children's Commissioners, have been involved at all stages and will update service specifications if required to further develop safeguarding. Healthcare providers have robust internal mechanisms including safeguarding operational and strategic fora and quality and performance meetings to drive forward changes within their organisations.

The responsibility of the CQC CLAS Action Plan Peer Challenge Group is to consider individual actions, assess the evidence provided and agree to the agencies analysis of their position. Actions will then be RAG rated following the groups decision on whether the Recommendation from the CQC report is completed or still requires further actions. The aim of the CQC CLAS Action Plan Peer Challenge Group is to provide supportive robust external challenge and unblock any barriers with achieving the goals across the health economy if required.

In conclusion the report followed the child's journey through the 'health system' reflecting their experiences. 24 recommendations for improvement were made, these are included in the attached SMART action plan and cover both commissioning and providers of healthcare. See Appendix 1.

Patient, Public and Stakeholder Involvement:

RCCG facilitated the inclusion of NHS England Area Team; TRFT acute and community services: RDaSH children and adult mental health services; 3 GP Practices and The Gate Practice; Healthwatch; RMBC Safeguarding and Public Health and Rotherham Local Safeguarding Children Board.

Each service/provider/commissioner is responsible for their individual areas identified as requiring improvement or further development and also where applicable to work jointly to protect children. RCCG will request, via contracting updates from commissioned services and will monitor and evaluate progress and barriers with the support of the Designated Professionals.

The CQC final report and recommendations has been published. It has been discussed at the CCG Operational Executive and Governing Body. In order to maintain transparency RCCG is committed to sharing work with RLSCB and partner organisations including RMBC Improvement Board.

Recommendations

It is recommended that the Health & Wellbeing Board:

- Note the arrangements for Rotherham CCG to maintain oversight and support the overarching leadership to facilitate a health economy approach to implementing actions based upon the findings of the Care Quality Commission.
- Note that Rotherham CCG will provide the Health & Wellbeing Board with updates on progress as required.

History:

NHS Rotherham CCG Operational Executive	10 August 2015
NHS Rotherham Strategic Commissioning Executive	12 August 2015
Rotherham Health and Wellbeing Board	26 August 2015

Review of Health Services for
Children Looked After and Safeguarding (CLAS)
in Rotherham

Care Quality Commission Review
23 – 27 February 2015

ACTION PLAN

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KEY

****SMART Actions***

Specific – Specify area for improvement.

Measurable – Quantify or at least suggest an indicator of progress.

Assignable – Specify who will do it.

Realistic – State what results can realistically be achieved, given available resources.

Time-related – Specify when the action(s) will be achieved.

***** PROGRESS OF ACTIONS – BRAG RATE***

BLUE = The task has been completed.

GREEN = The task is on target.

AMBER = The task is off target with remedial action.

RED = The work has yet to be/planned/started/progressed

Foreword

The Care Quality Commission Children Looked After and Safeguarding (CLAS) team reviewed healthcare delivery in Rotherham (23 to 27 February 2015); a report into their findings was published 14 July 2015. This review presented commissioners and providers of healthcare in Rotherham with the opportunity to reflect on the services they deliver across the health economy to all our children, young people and their families.

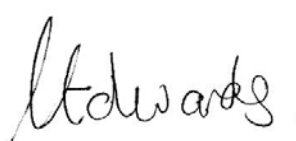
The published report has provided an excellent opportunity for commissioners and providers, across Rotherham, to work together to develop or improve services. As a Rotherham wide health economy we will ensure that we are focused and committed to delivering the best possible healthcare in Early Help, Children in Need, Child Protection and Children Looked After.

To maintain oversight NHS Rotherham Clinical Commissioning Group (CCG) is supporting the overarching leadership to facilitate a health economy and all-partners approach. The commitment and determination of all partners has been critical in the drive to continuously improve our safeguarding and looked after children arrangements. Partnership working between NHS Trusts, GPs, and child and adult health services has been and will continue to be co-ordinated by Rotherham CCG. Whilst the CLAS action plan is a multi-agency, multi-disciplinary commitment the overarching action plan will be hosted by Rotherham CCG.

The overall governance arrangements will be monitored by Rotherham CCG Governing Body with an expectation that regular planned monitoring will be discussed and challenged through contract quality meetings and between Commissioner and Provider Boards. All provider Trusts have given significant consideration to their internal governance arrangements with Trust Boards being kept informed and engaged throughout, this now being embedded in ongoing processes.



Sue Cassin, Chief Nurse
NHS Rotherham Clinical Commissioning Group



Chris Edwards, Chief Officer
NHS Rotherham Clinical Commissioning Group

11 August 2015

Rotherham Review of Health Services for Children Looked After and Safeguarding: Care Quality Commission, 23 – 27 February 2015

Version Control:

Version	Date	Author	Action	Comment
1.	1 June 2015	Head of Safeguarding - RCCG	<p>Sent proposed SMART template to use when CQC Report is published to:</p> <p>RCCG: Head of Safeguarding, Safeguarding & Quality Assurance Officer, Deputy Designated Nurse Safeguarding Children <i>CC: Head of Quality & Lead Nurse, Named GP Safeguarding</i></p> <p>TRFT: Head of Midwifery, Nursing & Professions, Consultant Community Paediatrician Child Health, Named Nurse- Looked After Children & Care Leavers, Assistant Chief Nurse, Designated Doctor Safeguarding <i>CC: Chief Nurse</i></p> <p>GP Practices: Practice Manager - Woodstock Bower Group Practice, Practice Manager – Morthen Road Group Practice, Practice Manager – Rawmarsh Health Centre, Managing Director – The Gateway Primary Care.</p> <p>NHS England: Assistant Director of Nursing (Patient Experience).</p> <p>RDaSH: Head of Quality & Standards, Nurse Consultant. <i>CC: Deputy Director of Nursing and Partnerships</i></p> <p>RMBC: Director Safeguarding Children and Families Services, Consultant in Public Health</p> <p>RLSCB: Business Manager</p> <p>Healthwatch Rotherham: Chief Executive Officer</p>	Response on template required by 5 June 2015
2.	15 June 2015	Head of Safeguarding - RCCG	<p>Utilising draft CQC Report an Action Plan has been formulated and shared sent to: see list above.</p>	To be considered and returned to Safeguarding Administrative Support by 29 June 2015.

3.	14 July 2015	Head of Safeguarding & Safeguarding & Quality Assurance Officer - RCCG	CQC Report published with 24 Recommendations. Report and Action Plan circulated to: see list above.	To be populated and returned to Safeguarding Administrative Support by 20 July 2015
4.	23 July 2015	CQC Action Plan Meeting	<p>CQC Report and Action Plan discussed along with way forward. Action Plan circulated for comments and way forward for ensuring that all Recommendations are actioned in a health economy approach. Recommendations will be peer challenged at monthly meetings.</p> <p>23 July 2015 – CQC Action Plan Task & Finish Group Meeting – those attended:</p> <p>RCCG: Head of Safeguarding, Safeguarding & Quality Assurance Officer, Deputy Designated Nurse Safeguarding Children, Named GP Safeguarding, Senior Commissioning Manager Children & Young People, Deputy Designated Nurse Safeguarding Children MASH, GP Executive & Lead for Children and Unscheduled Care, Head of Primary Care & Quality, Safeguarding Administrative Support</p> <p>TRFT: Chief Nurse, Named Nurse – Looked After Children & Care Leavers, Children’s Services Lead, Named Nurse Safeguarding Children</p> <p>GP Practices: Practice Manager – Morthen Road, Primary Care Performance Manager – Gateway Primary Care</p> <p>NHS England: Senior Nurse Manager</p> <p>RDaSH: Head of Quality & Standards, Nurse Consultant, Named Professional, Director of Nursing</p> <p>RMBC: Public Health Specialist, Deputy Director Children’s Services</p> <p>Healthwatch Rotherham: Chief Executive Officer</p>	Monthly meetings agreed to track progress.
5.	3 August 2015	ALL	ALL Commissioners and Providers to return Action Plan addressing the CQC recommendations to Safeguarding Administrative Support in readiness to collate all responses and RCCG to email Action Plan to CQC, meeting the 20 day response timescale from CQC.	To be populated and returned to Safeguarding Administrative Support by 3 August 2015 at 12 noon

6.	10 August 2015	Chief Nurse and Head of Safeguarding - RCCG	RCCG to email Action Plan to CQC, meeting the 20 day response timescale from CQC	To be emailed to CQC by 11 August 2015
7.		Monthly task and finish group to support and peer challenge the implementation of the CLAS Action Plan. 'CQC CLAS Action Plan Peer Challenge Group'	13 August 2015 – 1pm to 2pm at Oak House 10 September 2015 – 1pm to 2pm at Oak House 22 October 2015 – 10am to 11am at Oak House 19 November 2015 – 1pm to 2pm at Oak House 17 December 2015 – 10.30am to 11.30am at Oak House	

Rotherham Review of Health Services for Children Looked After and Safeguarding: Care Quality Commission, 23 – 27 February 2015

Recommendation 1

NHS England and Rotherham Clinical Commissioning Group (RCCG):

Recommendation 1.1

Work with GPs to ensure that they fully understand the local child protection processes, including their responsibilities around record keeping, information governance and information sharing.

(See 3.3 3.4 3.5)

Outcome: All Rotherham GP's will be aware of their responsibility to safeguard children and know where child protection plans should be stored in order to support families in protecting their children.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
RCCG/NHS England Independent Providers	Rotherham GPs and Practice staff will be trained in accordance with Royal Colleges Intercollegiate and RLSCB expectations. Key messages of the need for a single health record, safe storage of records and information governance to be reiterated at Practice Manager's Forum on 28 July 2015 and 29 September 2015.	Named GP and GP Practice Safeguarding Leads and deputies	Completed 28 July 2015 29 September 2015	Evidence- email from NHS Rotherham CCG Named GP Safeguarding All GP Practices to have access to Intercollegiate 2014 expectations - evidence PM forum agenda
	Safeguarding training for GPs and all GP Practice staff is provided on a biennial basis at Protected Learning Time (PLT) events and the delegate has to meet an evidence-based competence assessment through training/discussion/demonstration in practice/other and once agreed a Certificate of Attendance and Competence is given. In addition Practice based safeguarding training has taken place 2014/2015. Learning from this is evaluated.	Chief Nurse, Named GP RCCG	Safeguarding PLT 6 November 2014	Survey monkey utilised to check learning from CSE, and safeguarding training. 23 February 2015 Benchmark Report on GP training having taken place includes PREVENT and MCA. Paper to RCCG Operational Executive regarding evaluation of safeguarding learning.

	<p>Survey results to feed into PLT Hot Topics event 12 November 2015. Hot Topics to include Child Protection Case Conference Reports.</p> <p>A Safeguarding Vulnerable People Policy template will be published alongside updating Safeguarding Top Tips. This will be followed up with a survey to ascertain if the information has been embedded into GP Practices.</p> <p>The PLT planned for November 2016 will incorporate any actions identified from the survey, any statutory changes and CQC reports.</p>	<p>RCCG Safeguarding Team.</p> <p>Head of Primary Care Quality</p>	<p>To be completed 30 September 2015</p> <p>10 November 2016</p>	<p>PLT delegate has to meet an evidence based competence assessment through training/ discussion/ demonstration in practice/other and once agreed a Certificate of Attendance and Competence is given Programme.</p>
	<p>Reissue advice electronically regarding policies/ procedures to reflect “<i>advice from Information Governance colleagues and Named GP’ regarding record storage’</i>”</p>	<p>RCCG Named GP and Information Governance Lead</p>	<p>31 July 2015</p>	<p>Exception reports from NHS England or CQC regarding Safeguarding issues within GP Practice.</p>
	<p>Working with GP’s and their staff to embed GMC Guidance “Protecting children and young people: the responsibilities of all doctors”</p> <p>A group of Practice Managers to work with the Named GP and Head of Primary Care Quality to produce a self-audit tool for GP practices.</p> <p>Head of Primary Care Quality to include in peer review visits a point of prevalence audit regarding a child’s journey through the system and spot checks of self audits.</p>	<p>RCCG GP Named Safeguarding Lead Practice Managers GP Lead for Primary Care Quality</p> <p>Head of Primary Care Quality</p>	<p>22 July 2015</p> <p>30 September 2015</p> <p>1 November 2015</p>	<p>Email guidance and information to all GP Safeguarding Leads and Deputies and GP Practice Managers: <i>Protecting children and young people: the responsibilities of all doctors.</i></p> <p>This data will be accessible and collated into a Rotherham wide report.</p>
	<p>Anticipated Evidence: Intercollegiate Document Practice Manager Forum minutes Email Survey Monkey report GP News Bulletins Paper to RCCG Operational Executive 23 February 2015 Self-audit tool</p>			

Recommendation 2

NHS England, Rotherham Clinical Commissioning Group (RCCG), Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) and The Rotherham Foundation NHS Trust (TRFT):

Recommendation 2.1

Ensure children and young people who have attended the emergency department following an episode of self-harm or other mental health care need and admitted on to the trust's paediatric ward are looked after by appropriately trained practitioners and that there is a clear, written risk management plan in place for each child.

(See 2.2 2.3 5.3.4)

Outcome: All children admitted on to the paediatric ward will have a mental health risk management plan undertaken by staff who have the required skills set.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
CCG/TRFT/RDaSH	Emergency Centre Children's Task and Finish Group, with representation from Rotherham CCG/TRFT/RDaSH, to lead the development of the Emergency Department Self-Harm Pathway. The development of the pathway will include guidance for the development of personalised risk management plans for individual children.	Emergency Centre Children's Task and Finish Group The Chair - RCCG Lead Officer, Senior Manager CAMHS TRFT and CAMHS Provider Group	Include in 2016/17 contract Completed by 31 August 2015	Rotherham CCG CAMHS Commissioner to lead the Task and Finish Group to agree the pathway for pilot in 2015/16 and for inclusion in the 2016/17 contract. Service Manager, CAMHS to represent RDaSH on the Group. Two Pathways developed for: Child Presents with Act of Self Harm and Child Presents with acute mental health problems awaiting final ratification. Risk assessment documentation and planned to roll out training on 7, 18 and 23 September 2015 for paediatrics and ED colleagues.

	CAMHS to provide a programme of mental health training for TRFT paediatric staff to support young people with a mental health issue admitted to paediatric inpatient services.	Service Manager, CAMHS TRFT Clinical Lead	To be completed 23 September 2015	Mental Health training programme has been developed by RDaSH CAMHS, with hour long sessions delivered to TRFT paediatric staff on 9 and 20 March 2015. Forward programme of training dates have been confirmed with TRFT and planned for 7 th , 18 th and 23 rd September 2015.
	CAMHS to appoint to a CAMHS Interface Liaison Post, agreed with Rotherham CCG. Post works across CAMHS and TRFT, including a base in TRFT emergency department.	Service Manager, CAMHS, RDaSH	Complete 31 July 2015	CAMHS Interface Liaison worker recurrently funded by Rotherham CCG. Current post holder in place on a fixed term basis from 20 July 2015 for three months. Permanent post to be recruited to from quarter 3 2015/16.
	Undertake an audit of staff awareness and positive influence on practice within 3 months from delivered mental health training	Named Nurse TRFT/ CAMHS Interface Liaison Post	31 December 2015	Audit to be undertaken and Audit report, recommendations and action plan to be developed and monitored by TRFT and RDaSH (CAMHS) Provider to Provider meeting.
	Undertake an audit, 6 months after the implementation of the risk management plans, to measure the impact for children, their families and the staff looking after them.	Paediatric Liaison Nurse TRFT/CAMHS Interface Liaison Post	1 May 2016	Audit to be undertaken and Audit report, recommendations and action plan to be developed and monitored by TRFT and RDaSH (CAMHS) Provider to Provider meeting and any further actions or improvements made.
	<p>Anticipated Evidence:</p> <p>Perinatal pathway, action plan from identified gaps.</p> <p>Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through TRFT Contract Quality Meeting and RDaSH Mental Health and Learning Disability Quality Meeting.</p>			

Recommendation 2.2

Develop a perinatal mental health pathway that is compliant with NICE guidance and reflects all services that are available to support women with perinatal mental health needs.

(See 2.16 5.3.7)

Outcome: There will be a perinatal mental health pathway established in Rotherham that supports the needs of women appropriately.

Agency/service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
RCCG/TRFT/RDaSH	<p>Establish a Task and Finish Group to:</p> <ul style="list-style-type: none"> • Compare the current pathway against NICE guidance • Building on the work already undertaken by TRFT and look at gaps in the pathway identified in the prospective audits undertaken by TRFT • Look at any necessary changes/ additions to the pathway and implementation of the revised pathway including training 	<p>Senior Commissioning Manager, Children and Maternity (RCCG)</p> <p>Head of Contracts & Service Improvement – Mental Health, Learning Disability & End of Life (RCCG) Named Nurse, Children’s Safeguarding</p> <p>Obstetrician with Special Interest</p> <p>Midwife with Special Interest</p> <p>Head of Midwifery, Nursing and Professions</p> <p>Locality Service Manager, Rotherham Adult Community Mental Health Services</p> <p>Nurse Consultant Safeguarding Children RDASH</p>	31 October 2015	<p>The team has direct access to a perinatal mental health specialist in Leeds and has direct access to him and his unit as required. In addition access to a trained perinatal mental health Psychiatrist in RDaSH.</p> <p>A process is currently in place to provide support and input regarding perinatal mental health; any further improvements will be made as a result of the Task and Finish Group.</p> <p>Contract variations will go via the established Contract Performance meetings and a report on changes to service will be presented to the Joint Safeguarding Meeting held at TRFT.</p>

RMBC Public Health	Rotherham Public Health to revise service specifications for commissioned specialist midwifery services (Stop Smoking and Substance Misuse) to ensure they use the newly developed perinatal mental health pathway.	PH Principal Health Improvement (RMBC) Drug Treatment System Manager (RMBC)	31 January 2016	In place following new pathway being established. Monitored at quarterly Contract Performance meetings.
	Anticipated Evidence: Perinatal pathway, action plan from identified gaps. Implementation plan Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			
Recommendation 2.3 <i>Ensure that health practitioners are completing referrals to children’s social care that clearly assess and articulate the risk.</i> (See 3.2)				
Outcome: Referrals received by Rotherham children’s social care in relation to a child at risk of significant harm from health staff will be sufficiently comprehensive to ensure that there is no delay in a multi-agency risk assessment and analysis of need.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Rotherham CCG/ RDaSH/TRFT	Multi-agency referral form (MARF) is in place, with agreed standards in relation to the assessment and descriptors of risk outlined in the RLSCB policies and procedures. Providers to hold bespoke MARF training sessions to reiterate the standards and ensure that referrals clearly identify and articulate risks.	Nurse Consultant, Safeguarding Children, RDaSH TRFT Named Nurses Safeguarding	Plan sessions to commence 01 September 2015	Standardised template for MARF referrals is in place. Training programme outline and details of attendees to be available from September 2015. TRFT – The MARF Form is available on The Trust Intranet Site and instructions on how to complete on the front of the form – Training on MARF Completions is already

				included in Level 3 Safeguarding training.
	MASH practitioners to complete randomized audits on behalf of health providers (i.e. RDASH, TRFT/RCHC, GP's) Reports to be produced for each provider organization by the Deputy Designated Nurse (Rotherham CCG) reporting on the results of the randomized audits)	Deputy Designated Nurse and Health MASH	31 December 2015	Deputy Designated Nurse to develop standards and audit tool to audit referrals from health in to the MASH
	Anticipated Evidence: Template, audit tool and report Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			
Recommendation 2.4 <i>Ensure effective governance around record keeping, including use of chronologies, case note entry, sharing of information and understanding of consent.</i> (See 3.7 3.19 5.2.4 5.2.5 5.2.8 5.2.9 5.2.10)				
Outcome: Record keeping will meet identified and agreed standards.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
All Providers and Commissioner(s)	Each organisation to review existing record keeping policy and procedure, to include record keeping standards that clinicians should be working towards.	Nurse Consultant, Safeguarding Children, RDaSH	Complete by end 30 September 2015	Reviewed policy to be presented to RDaSH Clinical Quality and Standards Group by 30 September 2015.
	Safeguarding Children teams to co-ordinate a review of their safeguarding record keeping policy. Providers to undertake clinical record keeping	Named Nurse Safeguarding Children TRFT	Complete by end 30 September 2015	Reviewed policy to be presented to Joint Safeguarding Team Operational meeting by 30 September 2015.

	audit, including the audit of: <ul style="list-style-type: none"> • how consent is recorded • how information sharing is reflected in records (eg is documented within policy) 	Nurse Consultant, Safeguarding Children, RDaSH Clinical Audit Team, RDaSH	Complete by end 30 September 2015	RDaSH annual clinical record keeping audit to be undertaken in August 2015 including: <ul style="list-style-type: none"> • how consent is recorded • how information sharing is reflected in records (eg is documented within policy) Audit report, recommendations and action plan to be monitored by monthly RDaSH Clinical Quality and Standards Group from September 2015
	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			

Recommendation 2.5

Ensure that pharmacists and practitioners working from the local walk in centre are aware of their role in referring young people for local screening for sexually transmitted infections or in raising safeguarding concerns and that clear pathways of care are in place.

(See 1.13)

Outcome: Children and Young People presenting at a Pharmacy have their risks and needs identified against local threshold descriptors and receive appropriate services and/or referral to address identified risks/needs.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
RMBC Public Health	All Pharmacists commissioned by RMBC Public Health will have contracts varied to include a requirement to undertake level 2 safeguarding children training. Referral pathways in relation to safeguarding and screening for sexually transmitted infections (STIs) to be disseminated to all	Consultant in Public Health, Public Health Specialist, RMBC Safeguarding	September 2015	Contracts varied to reflect training requirement – September 2015. Training available and information to be disseminated – 01 September 2015.

	Pharmacies commissioned by RMBC Public Health. Guidance and procedures to be supplied by RMBC Safeguarding. Pharmacists to undergo training.	Chair Local Pharmacy Committee		All pharmacists to ensure training is undertaken 01 September – 31 December 2015. Contracts to be monitored to show compliance by 31 December 2015.
RMBC Safeguarding, RMBC Public Health	All Rotherham Pharmacists will be provided with guidance and procedures specifically relating to referral for treatment of STIs and safeguarding children.	Consultant in Public Health, Public Health Specialists – RMBC, Business Manager – Rotherham Local Safeguarding Children's Board	01 September 2015	Referral pathways and guidance already in place. All Pharmacists will be given a 'refresher' training/information update.
NHS England Input	NHS England to develop clear concise pathways in line with local and national regulations.	Deputy Director of Nursing – NHS England Community Pharmacist Lead – NHS England	31 August 2015	6 months after implementation an audit of activity through the LSCB to ensure compliance.
	Anticipated Evidence: Pharmacist's contracts, pathways and guidance documents.			

Recommendation 3

RCCG and Rotherham, Doncaster and South Humber NHS Foundation Trust should:

Recommendation 3.1

Ensure that children and young people who are working with CAMHS practitioners have a clearly identified lead professional and that regular communication takes place with the child's GP where there is concern.

(See 2.8 2.9)

Outcome: All children will have an identified care co-coordinator with the responsibility to identify, communicate and liaise with all individuals and services relevant to a child care.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
CAMHS	CAMHS Operational Policy to be reviewed to include: <ul style="list-style-type: none">- referral process and criteria- allocation meetings- communication- information sharing between services and partner agencies- clinical/safeguarding/managerial supervision- Tier 3 pathway- Tier 4 pathway	Service Manager, CAMHS, RDaSH	Complete 31 August 2015	Service Manager, CAMHS has begun reviewing existing CAMHS Operational Policy, to be completed 31 August 2015 and approved at Business Division Governance Group.
	CAMHS service to implement weekly care co-ordinator/lead professional allocation meeting for:	Service Manager, CAMHS, RDaSH	Complete 31 July 2015	CAMHS weekly allocation meeting commenced in July 2015. Service Manager, CAMHS to monitor electronic system for updated status of referrals.

	<ul style="list-style-type: none"> • initial assessments • complex cases • allocation of emergency cases for ongoing work 			
	Undertake a review to ensure that existing cases are allocated to a care co-ordinator/lead professional.	Service Manager, CAMHS, RDaSH	Complete 31 August 2015	Meridien has been working with CAMHS practitioners to identify unallocated cases. CAMHS practitioners are currently allocating cases through weekly allocation meetings or closing on system as required by end August 2015.
	Care co-ordinator/lead professional to inform GP and other relevant health and social care professionals when allocated to work with a child, in line with consent to share information.	Service Manager, CAMHS, RDaSH	Complete 31 August 2015	Clinical/safeguarding supervisors to review case allocation, ongoing support to staff and child, and their communication with other relevant professionals.
	A workforce development review to be undertaken to support the transformation programme agreed with Commissioners	Service Manager, CAMHS, RDaSH and RCCG Lead CAMHS Commissioner	Complete 30 September 2015	Monthly meetings take place between RDaSH and Commissioners to discuss implementation of transformation programme
	<p>Anticipated Evidence:</p> <p>Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.</p>			

Recommendation 3.2

Ensure that children and young people engaged with CAMHS have access to a clear pathway of care that includes arrangements for stepping up and down from Tier 4 services.

(See 2.11)

Outcome: There is a mental health pathway in place from referral into CAMHS through to Tier 4 admission and stepping back down to Tier 3 services.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
RDaSH, NHS England Area Team and RCCG	Agree and implement combined Tier 2/Tier 3 service specification.	Service Manager, CAMHS /RDaSH Rotherham CCG Lead CAMHS Commissioner	Complete by 31 August 2015	Tier 2/3 service specification being developed as part of RDaSH 2015/16 contract. Monthly Contract Performance Group monitors service performance.
	Rotherham CCG and RDaSH to discuss a Tier 3+ service, as outlined in Service Development Improvement Plan (SDIP) in RDaSH 2015/16 Contract, including involvement of Healthwatch as advocates.	Rotherham CCG Lead CAMHS Commissioner and Lead GP Mental Health, Service Manager, CAMHS, RDaSH	Commence discussions by 30 September 2015	2015/16 SDIP agreed between Commissioners and RDaSH in 31 March 2015. Quarterly updates on SDIP as part of contract review process and contract negotiations for 2016/17.
	RDaSH to work with RMBC / CCG / Voluntary Sector partners to continue to implement the Rotherham Multi-Agency Emotional and Wellbeing and Mental Health Strategy for Children and Young People.	RMBC Mental Health Commissioner, Rotherham CCG Lead Commissioner CAMHS, RDaSH CAMHS Service Manager	Complete by 31 March 2016	A five year multi-agency Emotional Wellbeing and Mental Health strategy is in place, with one year action plans agreed and being implemented. 2015/16 plan monitored through the quarterly CAMHS Partnership group.
	To implement and embed the NHS England Specialised Mental Health Services	Service Manager, CAMHS/ RDaSH Rotherham CCG	Complete by 31 August 2015	Adopt NHS England Specialised Mental Health Services Pathway Service Specification as included in the 2015/16

	Pathway for CAMHS Tier 4 services as included within the 2015/16 CAMHS contract.			contract Monitored through monthly Contract Performance Group Meetings.
	CAMHS service to collect data on all Tier 4 placements in line with 'Standard Operating Procedure for Children and Young People's Mental Health Service for Children and Young People that are placed in Tier 4 establishments' and report to Commissioners as part of 2015/16 contract performance monitoring.	Service Manager, CAMHS, RDaSH	Completed 31 March 2015	Standard Operating Procedure for Children and Young People's Mental Health Service for Children and Young People that are placed in Tier 4 establishments' approved in March 2015. Performance reporting on numbers of people in Tier 4 beds continues on a monthly basis and monitored through monthly Contract Performance Group meetings.
	CAMHS Interface Liaison Post to be established to work closely with inpatient partners in: <ul style="list-style-type: none">- Tier 4- Paediatrics- Adult Mental Health	Service Manager, CAMHS, RDaSH	Completed 20 July 2015	CAMHS Interface Liaison worker recurrently funded by Rotherham CCG. Current post holder in place on a fixed term basis from 20 July 2015 for three months. Permanent post to be recruited to from Quarter 3 2015/16.
	To implement and embed the RDaSH policy on Under 18 Admissions to Adult Mental Health wards.	Nurse Consultant Safeguarding Children, RDaSH Mental Health Act Manager, RDaSH CAMHS Interface Liaison Worker, RDaSH	Complete by 31 August 2015	Under 18 Admission Policy to be signed off by RDaSH Clinical Quality and Standards Group in August 2015. Database of all Under 18 Admissions to Adult Mental Health wards to be maintained and reported to CCG Lead CAMHS Commissioner in real time.
	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			

Recommendation 3.3

Improve the emergency department documentation and assessment templates to ensure safeguarding processes are robust and support practitioners in the identification and recording of children of adults who are accessing services.

(See 2.14 3.16)

Outcome: The documentation of children attending Rotherham Emergency Department will support the identification of safeguarding needs.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Emergency Department (ED) and Safeguarding Team	The existing ED and Safeguarding Joint Monthly meeting will be utilised to review an holistic model of practice based on 'Think Family Principles' documentation ensuring they are fit for purpose.	TRFT ED Clinical Nurse Specialist and ED Consultant and Paediatric Liaison, Named Doctor Safeguarding	30 September 2015	Monthly meetings already in place will further develop the governance arrangements at the August meeting to include this action.
	Evaluate the effectiveness of safeguarding pathways within Emergency Department. Adapt pathways accordingly and audit within 6 months of implementation.	TRFT ED Clinical Nurse Specialist and ED Consultant and Advanced Nurse Practitioner, Paediatric Liaison and Named Doctor Safeguarding	31 October 2015 30 April 2016	Pathways in place and monitored via Paediatric Liaison. Audit undertaken and shared with Rotherham Local Safeguarding Children Board. Visit to Doncaster Hospital Emergency Department planned for September to share good practice and to identify any further developments TRFT need to make. ED is a standing agenda item on the Safeguarding Operational Group to address any concerns.
	Anticipated Evidence: Task and finish group terms of reference, pilot pathway and evaluation of outcome. Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			

Recommendation 3.4

Implement a clear operational performance management system to demonstrate compliance with organisational requirements and effective safeguarding and child protection practice.

(See 5.2.6 5.2.7)

Outcome: All children will receive effective demonstrable safeguarding.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
RDaSH/CCG	<p>Build upon the existing Safeguarding operational performance management system to be able to report upon and monitor additional indicators, including:</p> <ul style="list-style-type: none">• Flagging of Child in Need / Child Protection Plans on electronic systems• Use of Safeguarding Clinical Decision Making Tree• Attendance at appropriate case conferences• Submission of appropriate case conference reports	<p>Head of Quality and Standards, RDaSH</p> <p>CAMHS Service Manager, RDaSH</p> <p>Designated Nurse, Rotherham CCG</p>	<p>Complete by 31 August 2015</p>	<p>Existing Safeguarding operational performance management system data provided by RDaSH to Commissioners includes:</p> <ul style="list-style-type: none">• Section 11 Audit completed annually by RDaSH and submitted to Commissioners. Latest audit completed in April 2015.• Safeguarding Standards - Quarterly Exception Report submitted to Commissioners. Quarter 1 2015/16 report submitted 27 July 2015.• Quarterly KPI template submitted to Commissioners. Quarter 1 2015/16 update submitted 28 July 2015 <p>Safeguarding Commissioning for Quality and Innovation (CQUIN) continues in 2015/16, with quarterly updates provided to Commissioners. Quarter 1 2015/16 update submitted by 31 July 2015</p> <p>Develop system to include additional measures by 31 August 2015 and report in KPI templates from Quarter 2 2015/16.</p>

	Develop a Safeguarding Standard Operating Procedure (SOP) that reflects the implementation of the Safeguarding operational performance management system.	Head of Quality & Standards, RDaSH Safeguarding Children Named Nurse, RDaSH Service Manager, Adult Mental Health, RDaSH Service Manager, CAMHS, RDaSH Service Manager, Drug & Alcohol Services, RDaSH	Draft consulted upon by end 30 September 2015	RDaSH Task & Finish Group established to develop Safeguarding SOP, the first meeting to be held on 3 August 2015.
	Audit compliance with Safeguarding Standard Operating Procedure to evidence the implementation and recording outcomes from the performance management system.	Head of Quality & Standards, RDaSH	To be completed 31 December 2015	Audit report and action plan to be developed and shared with Commissioners by end December 2015. Action plan monitored internally via the Safeguarding Quality and Standards Group.
	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality/Mental Health and Learning Disability Quality Group meetings between Commissioner and Provider.			

Recommendation 3.5

Ensure that CAMHS practitioners develop clear service care plans for individual children. These should explicitly underpin child protection plans where these are in place.

(See 3.14)

Outcome: Children who are subject to a child protection plan will have their need to be protected explicit in their mental health care plan.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
RDaSH	CAMHS practitioners to be alerted when a service user has a child in need / child protection plan in place. All staff to be informed of the existing safeguarding alert system on the electronic patient record (Silverlink and SystemOne), and new starters to be informed as part of electronic patient record training.	Service Manager, CAMHS, RDaSH Service Manager, Adult Mental Health, RDaSH Service Manager, Drug & Alcohol Services, RDaSH IT Training Manager, RDaSH	Complete 31 August 2015	Email sent to all Rotherham CAMHS, Know the Score and Adult Mental Health and Substance Misuse staff on 28 July 2015 to use safeguarding alert system to flag records when children are subject to a child in need or child protection plan. Documented evidence of reminder and updating of system to be provided via Team meetings during July/August 2015. Electronic patient record training programme to be updated to include use of Safeguarding Alert / flagging system by 31 August 2015.
	CAMHS practitioners develop clear personalized service care plans in line with the care co-ordination approach, as developed in recommendation 3.1, to include needs identified in child in need / child protection plans.	Service Manager, CAMHS, RDaSH Nurse Consultant, Safeguarding Children, RDaSH	Complete 30 September 2015	<ul style="list-style-type: none"> Care Co-ordination approach to be developed by 31 August 2015 Safeguarding Children Supervisors to review and comment on care plans during supervision from 01 September 2015
	Undertake an audit to identify: <ul style="list-style-type: none"> that all children who are subject to a child in 	Head of Quality and Standards, RDaSH	Complete 01 November 2015	Audit Report, Recommendations and Action Plan to be developed and shared

	<p>need/child protection plan have a safeguarding alert flagged on the electronic patient record.</p> <ul style="list-style-type: none">the needs identified in the child in need/child protection plan are explicit in the mental health care plan.			with all Commissioners and monitored through RDaSH Safeguarding Quality and Standards Group from November 2015.
	<p>Anticipated Evidence:</p> <p>Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.</p>			
<p>Recommendation 3.6</p> <p><i>Adult mental health and substance misuse practitioners should, where appropriate, share relapse indicators with other professionals working with vulnerable families.</i></p> <p>(See 3.18)</p>				
<p>Outcome: A safe and holistic approach to family health care will be provided.</p>				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
RDaSH and RMBC Public Health	Review current information sharing protocols / policies to ensure all partners including RMBC Public Health, involved with RDaSH services are informed when a relapse in care has taken place in line with agreed protocols.	Head of Quality and Standards, RDaSH via Task & Finish Group	Complete by 30 September 2015	RDaSH Task and Finish Group to identify appropriate RDaSH policies and protocols to be reviewed and updated to comply with this recommendation. First meeting of the RDaSH Task and Finish Group is on 3 August 2015.
	Undertake an audit of clinical records of vulnerable families to ensure practitioners are sharing relapse indicators, where	Head of Quality and Standards, RDaSH via Task & Finish Group	Completed by 31 December 2015	Clinical Records Audit to be undertaken and Audit Report, Recommendations and Action Plan to be developed and monitored by RDaSH Safeguarding

	appropriate, with partner services in line with agreed protocols / policies.			Quality and Standards Group.
	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			
Recommendation 4 RCCG and The Rotherham Foundation NHS Trust should:				
Recommendation 4.1 <i>Ensure that previous attendances at the emergency department by children or young people are routinely considered as part of the safeguarding triage assessment.</i> (See 1.6)				
Outcome: Previous attendances are routinely considered for all children.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT ED	Systems will be put in place to ensure that the attendances of a child or young person 0-18 years of age, in the previous 6 months are brought to the attention of the triage nurse and all practitioners.	ED Consultant Safeguarding Lead.	30 September 2015	Information regarding admission attendance is displayed on admission sheets. Weekly safeguarding and ED liaison meetings established to discuss and action any learning or improvements.
	The paediatric liaison nurse will review all previous attendance data when reviewing ED records.	Paediatric liaison nurse	30 September 2015	Current practice: New process established to obtain NHS Number by use of Systmone or National

				Spine. New upgrade to Symphony (ED IT system) and use of NHS Number for tracking patients.
	The IT specification (new Emergency Centre) will include the requirement for all previous attendances to be included in the GP notification letter.	Emergency Centre Project Manager	30 September 2015	
	The Trust will put in place a mechanism for practitioners to sign the ED record to confirm /affirm that they have taken account of previous attendance data in decision making.	ED Consultant Safeguarding Lead	30 September 2015	Mechanism to be agreed via the weekly Safeguarding and ED Liaison meeting established to discuss an action.
	Actions 1, 2 and 4 above will be audited in December 2015. The results of the audit will be reported to the ED Governance meeting and the Strategic Safeguarding Group.	ED Consultant Safeguarding Lead	31 December 2015 for completion of the audit with reports to the ED and Safeguarding Governance meetings in January 2016.	Audit to be undertaken and audit report, recommendations and action plan to be developed and monitored by ED TRFT Joint Strategic Safeguarding Group and actions or improvements made.
	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			

Recommendation 4.2

Improve the identification and recording of children who are cared for by adults who attend ED following risk taking behaviours or mental health concerns and that these children are brought to the attention of paediatric liaison.

(See 1.9 1.10)

Outcome: All adults who attend ED with risk taking behaviors will have details of dependents recorded, and any concerns will be identified to Paediatric liaison to ensure that the needs of children are safeguarded.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Emergency Department (ED)	The ED booking form will be reviewed to ascertain whether it is possible to include recording of any dependents.	ED Business and Service Manager	31 August 2015	
	All ED staff will receive face-to-face instruction on what is expected of them by way of completion of the assessment of dependents.	ED Matron	30 September 2015	This will be monitored by ED Matron. New process established and put into practice from July 2015 to identify dependents following admission of an adult patient attending ED or other admitting areas with self-harm attempt or overdose.
	Audit will be undertaken in November 2015. This will measure the extent to which the question about dependents is being asked of every adult patient attending the ED with a reported history of risk taking behaviours. The audit will also assess the extent to which practitioners are then complying with LSCB policies for referrals.	Paediatric Liaison Nurse and Named Doctor for Safeguarding Children and Named Nurse for Safeguarding Adults	30 November 2015	The completion of the audit with reports to the relevant Governance meetings in January 2016.

	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			
Recommendation 4.3 <i>Improve the risk assessment for vulnerability in midwifery services, CASH and GUM to ensure that vulnerability is being identified and responded to at the earliest opportunity.</i> (See 1.15 1.18 1.19)				
Outcome: Safeguarding risks and vulnerabilities will be identified with appropriate timely actions being recorded.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Midwifery, CASH & GUM Integrated Sexual Health Services (ISHS)	Embed the new CSE Risk Assessment tool throughout Integrated Sexual Health Services (formerly known as CASH & GUM).	Head of Midwifery and CSE Specialist Nurse.	31 August 2015	BASH CSE Risk Assessment pro forma already in use. New local agreed CSE Risk Assessment tool circulated for use in TRFT commencing July 2015.
	Ensure that best practice is identified and shared with all staff in these identified areas.	Clinical Director and Matron Integrated Sexual Health Services.	30 September 2015	Representation from the ISHS and Strategic Group – both medical and nursing to share best practice. Bespoke training has been provided via the CSE Specialist Nurse on use of the CSE Risk Assessment Tool. Compliance with Safeguarding Training.

	Ensure that all relevant staff are up to date with Equality and Diversity Training.	Head of Midwifery	30 September 2015	Review of Electronic Staff Record (ESR).
	Ensure that all staff know how to access interpreting services both within and out of hours.	Head of Midwifery	31 August 2015	Letter to be sent by Head of Midwifery and information inclusion in minutes from Team Meetings.
	All midwives to complete and formally record the social vulnerability risk assessment forms both during booking AND repeat assessments during pregnancy. Records must be updated to reflect that social vulnerabilities have been considered even when none have been identified.	Head of Midwifery	31 August 2015	Process already in place and plans to improve compliance via education and audit of compliance in January 2016.
	All midwives will be sent a letter reminding them of the need to consider the need to complete pre-CAF.	Head of Midwifery	31 August 2015	Letter to be sent by Head of Midwifery and information inclusion in minutes from Team Meetings.
	The use of the Pre-CAF will be audited in November 2015.	Named Nurse/Named Midwife for Safeguarding Children	30 November 2015	Process to be established in partnership with the CAF Team Local Authority.
	Following implementation of agreed risk assessment tools maternity and Integrated Sexual Health Service will undertake dip sampling of records to ensure compliance.	CSE Specialist Nurse and Women's Outpatients Matron.	Dates in November 2015 to be identified.	A report will be submitted December 2015 to TRFT Operational Safeguarding meeting and Family Health Governance meeting.
	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			

Recommendation 4.4

Ensure a robust communication process is in place to facilitate joint working between midwives and health visitors.

(See 1.21 1.22)

Outcome: A robust communication process must be in place to ensure the sharing of information particularly in respect of health, social or environmental concerns regarding vulnerabilities is in place and consistently used between midwifery and health visiting.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Midwifery and Health Visiting and Public Health as the commissioners of HV/FNP from 1/10/15 and SN	The antenatal midwifery pathway will be reviewed to ensure that it leads to the consistent collection and recording of data on Systmone. Review GP Practice EMIS IT users pathway to ensure the inclusion of the consistent recording and sharing of information.	Clinical Services Managers HV Managers and Community Matrons (Midwifery)	30 September 2015	Information sharing document/ Pathway.
		Head of Health Improvement, RMBC Public Health	30 September 2015	Minutes of meeting between disciplines.
		RCCG IT Project and Data Quality Team RMBC Public Health	30 September 2015	Audit and report to TRFT Operational Safeguarding Team.
	To review the written communication pathway from midwifery to health visitor, ensuring that it is still fit for purpose.	Clinical Services Managers HV Managers and Community Matrons (Midwifery)	30 September 2015	
	The pathways will be audited in November and December with reports to the Strategic Safeguarding Group and the Family Health Governance meeting.	Midwifery and Children's Community Matrons	31 December 2015	Audit findings will be reported via Children and Maternity Governance Groups.
	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			

Recommendation 4.5

Ensure that midwives are routinely including information from general practice as part of the initial risk assessment.

(See 1.17)

Outcome: Communication between midwives and GP's is strengthened ensuring a holistic assessment is undertaken on all pregnant women.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Midwifery RCGG	An initial baseline audit will be undertaken to ascertain the gaps in information routinely being used to inform initial risk assessments and the extent to which information from GPs is adequate. A point prevalence audit will be undertaken over the course of one week in September 2015.	Head of Midwifery and Primary Care GP lead	30 September 2015	Audit findings will be reported by Children and Maternity Governance Groups.
	The results of the audit will be used to inform a review of current pathways.	Head of Midwifery Primary Care GP Lead	30 October 2015	
	All GPs and midwives will receive the results of the audit and the pathway review in correspondence jointly signed by TRFT and the Primary Care GP lead. This correspondence will outline all / any required changes to practice.	Head of Midwifery Primary Care GP Lead	10 November 2015	
	A further audit will be undertaken in January 2016.	Head of Midwifery and Primary Care GP lead	31 January 2016	Audit findings will be reported via Children and Maternity Governance Groups.

<p>Anticipated Evidence:</p> <p>Audit tool, implementation plans, assurance from TRFT operational safeguarding group.</p> <p>Audits/pathway changes/ documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.</p>				
<p>Recommendation 4.6</p> <p><i>Work with partners to develop a clear pre-birth protocol for expectant women to include robust plans for timely discharge of mother and baby.</i></p> <p>(See 3.8 3.9)</p>				
<p>Outcome: Babies born in TRFT will have a safe discharge process in place that is shared and agreed.</p>				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Midwifery and Health Visiting, FNP, RMBC Children and Young People's Service	Managers of both services to work together to create a joint protocol for pre-birth and safe discharge arrangements.	Head of Midwifery Director of Safeguarding Children and Young Peoples Directorate	30 September 2015	Protocol developed and includes LSCB and commissioner involvement.
			30 September 2015	Implementation plan to include a pathway for exception reporting to LSCB any multi-agency deviations.
	Implementation and an audit 3 months in of the new joint protocol as above which will include a robust pathway in place so that any breeches in compliance to the protocol can be reported and action taken.	Safeguarding Midwife LSCB Audit Officer RMBC Public Health Specialist (Children and Young People) RMBC Early Help Manager	31 December 2015	
	All delays to discharge (due to care proceedings) to be escalated to the TRFT Chief Nurse on the day, and copied to the Director of	Wharnccliffe Ward	Immediate	Real time reporting mechanism in place. All

	Safeguarding Children and Young People at the same time.	Manager		breaches will be shared with commissioners and the Designated Nurse to allow for practice to be further developed.
	Monthly review meetings between midwives and social workers to review all vulnerable women to be introduced. Terms of reference to be devised and a first meeting established in November 2015.	Head of Midwifery Director of Safeguarding Children & Young People's Directorate	30 November 2015	
	Anticipated Evidence: Audits/pathway changes/documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			
Recommendation 4.7 <i>Ensure that practitioners working in CASH and GUM service are clear about their contribution to local arrangements for child sexual exploitation and child protection.</i> (See 3.11 3.12 5.3.5)				
Outcome: All Integrated Sexual Health service users receive an appropriate assessment and care in relation to the identification of their needs/risks.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Integrated Sexual Health Service TRFT CSE Nurse CSE Multi-Agency Team Local Authority (LA)	The Evolve Manager to visit the service and deliver awareness sessions in October and November 2015.	Integrated Sexual Health Service Manager	30 September 2015	CSE Specialist Nurse has already provided bespoke training sessions in GUM and CASH.
	All clinicians to evidence completion of CSE awareness training.	Clinical Director Matron for Integrated Sexual Health Service	30 October 2015	Review of ESR and Department records.

	An agreed multi-agency risk assessment tool to be identified and implemented.	Clinical Director, Matron for Integrated Sexual Health Service and CSE Specialist Nurse	30 September 2015	
	All staff to be trained in the use of the identified risk assessment tool and clarity provided regarding the contribution required by all agencies.	Clinical Director and Matron for Integrated Sexual Health Service CSE Specialist Nurse	30 November 2015	
	Formal meetings between the Integrated Sexual Health Service and the Evolve team to take place monthly. Terms of Reference to be agreed and the first meeting to take place no later than November 2015.	Clinical Director and Matron for Integrated Sexual Health Service Evolve Team	30 November 2015	
Children's Social Care Services and CSE Nurse TRFT	CSE Nurse to work with RMBC to ensure that young people identified as being at risk of CSE appropriate enquires are made to Integrated Sexual Health Services (ISHS) formerly known as CASH/GUM.	CSE Specialist and Nurse and RMBC C&YPS	31 July 2015	Training awareness to be rolled out from July 2015. Process in place.
	<p>Anticipated Evidence:</p> <p>Risk assessment tool, Minutes, training implementation plan.</p> <p>Audits/pathway changes/ documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.</p>			

Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	The initial health assessment will be undertaken by a qualified medical practitioner within 20 working days of the child/young person becoming looked after.	Looked After Children's (LAC) Health Team and social care	31 December 2015	
	An improvement trajectory will be agreed in August 2015 between health and social care.	Designated Doctor LAC Looked After Children's Health Team and social care	31 August 2015	
	The review health assessment will be undertaken by a registered nurse within the statutory timescales (6monthly for under 5yr olds/12monthly for over 5yr olds).	Looked After Children's Team School Nursing Service	31 December 2015	
	In-depth audit tool will be developed to ensure the voice of the child is taken on board, to be audited in October.	Looked After Children's Team/Designated Doctor LAC	31 October 2015	
	An audit to ensure that the 'voice of the child' will be included within all health assessments by the practitioner undertaking the assessment. (eg. Not written in the 3 rd person but reflective of the individuality of the child).	Looked After Children's Team Health Visitor and SN service Designated Doctor LAC	31 December 2015	
	GP's and CAMHS services will be approached for health information prior to every health assessment by the Looked After Children's Team.	Looked After Children's Team and Primary Care Lead GP	31 August 2015	

	Parental health histories will be provided by the social worker for every initial health assessment.	RMBC CYPS Social Care to Looked After Children's Team	31 August 2015	
	An audit will be undertaken by the LAC Team to ensure compliance with the above actions and a report presented to TRFT Joint Safeguarding Meeting and Corporate Parenting.	Looked After Children's Team and social care Designated Doctor LAC	31 January 2016	
	Anticipated Evidence: Reports regarding data, Audit of LAC health assessments. Audits/pathway changes/ documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			
Recommendation 4.9 <i>Ensure that Health plans developed from initial health assessments and health reviews are SMART*.</i> (See 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	Health Plans will be formulated by a qualified health practitioner for initial health assessments ensuring that they are SMART with measurable health objectives and with timescales and effective follow-up to ensure actions had been taken – meeting the individual needs of the child.	Looked After Children's Team, Designated Dr LAC	30 September 2015	Health plans will be audited using the national audit tool.
	Health plans will be audited using the national audit tool. In-depth audit of looked after children's services to include the voice of the child commences October 2015.	Looked After Children's Team Designated Doctor LAC	30 November 2015	
	RCCG and TRFT LAC Team will provide an database to ensure that the outcome of LAC health needs are tracked in real time.	Looking After Children's Team and RCCG	30 October 2015	

	Health recommendations which contribute to the looked after child/young person's care plan will be audited by the LAC Health Team to ensure that they are child focused and SMART.	Looked After Children's Team Designated Doctor LAC	31 Jan 2016	
	Anticipated Evidence Audit tool and report to TRFT Safeguarding Operational group. Audits/pathway changes/ documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			
Recommendation 4.10 <i>Improve opportunities for young people who are looked after to participate in their health reviews.</i> (See 4.9 4.13)				
Outcome: All Looked After Children and Young people will have the opportunity to have their voice heard.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Services	Health staff undertaking LAC health reviews will be reminded of the need to seek consent and record the response of all young people (age appropriate) for their health review to be undertaken.	Looked After Children's Team, School Nursing Services and Clinical Service Managers	31 August 2015	E Mail to all Health Visitors and School Nurses
	Outcome scores from Strengths and Difficulties Questionnaires (SDQ's) will be routinely commented on as part of the individuals health review, allowing the young person the opportunity to track their own emotional growth and journey through their time in care and engaging the young person in their own health and wellbeing. This is to be audited in 3 months' time.	Looked After Children's Team, School Nursing Service and Clinical Service Managers	31 August 2015	Routine use of SDQ's in health assessments
		Looked After Children's Team, School Nursing Service and Clinical Service Managers	30 November 2015	Audit tool re use of SDQ's in health assessments
		Health recommendations from the assessment will be shared with the young person (age appropriate) by their health professional.	Looked After Children's Team, School Nursing	30 September

	LAC Council to be kept informed of decisions and present any breaches to RMBC and/or LAC Health Team.	Service and Service Managers	2015	
	Anticipated Evidence: Email, SDQ's audit, attendance at LAC Council. Audits/pathway changes/ documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			
Recommendation 4.11 <i>Improve the arrangements to support young people with their healthcare as they prepare to leave care and ensure that they are provided with comprehensive health care summaries.</i> (See 4.17)				
Outcome: All looked after children and young people will receive written information relating to their health care.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Service	RCGG provided the initial funding for 2015-2016 to purchase Health Passports. These will be provided for all Looked After Children and Young People by their health professional on their entry into care.	Looked After Children's Team	31 August 2015	Purchase Order completed – delivery awaited.
	Health Passports will be updated by the health professional at each health assessment. A point prevalence audit will be undertaken over the course of one week in January 2016 by the LAC Health Team or the named social worker.	Looked After Children's Team School Nursing Team	To be completed 31 December 2015	A report to the TRFT Safeguarding Operational Meeting.
	Anticipated Evidence: Email. Reports on breaches. Audits/pathway changes/ documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			

Recommendation 4.12

Improve the quality assurance process of paediatric liaison within the emergency department so that the TRFT and the CCG are confident that practitioners are remaining vigilant to potential safeguarding and child protection concerns.

Outcome: All children attending ED have a robust safeguarding assessment.

(See 1.8)

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT ED and Paediatric Liaison	To review the current paediatric liaison process ensuring that it is fit for purpose.	Senior practitioner/Matron in ED, Paediatric Liaison	30 September 2015	Assurance to TRFT safeguarding operational group. Written report and action plan if appropriate.
	To provide assurance that all ED staff are trained in safeguarding children and in the use of the safeguarding assessment tool.	Senior Practitioner ED Audit Team	30 September 2015	Training data to be provided at TRFT Safeguarding Operational meeting. Exception Reports to TRFT Joint Safeguarding Meeting that Commissioners and RLSCB attend.
	Anticipated Evidence: Training data and report to TRFT Safeguarding Operational and Strategic Group. Audits/pathway changes/ documentation plan updates or issues will be discussed as part of regular agenda item through Contract Quality Meetings between Commissioner and Provider.			