

CQC Review of Health Services for Looked After Children and Safeguarding in Lincolnshire

Recommendations	Current Position in Lincolnshire	Actions Proposed	Agency	Named Person	Time Scale
Lincolnshire					
1. Lincolnshire West CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire East CCG should:					
1.1 Review the leadership capacity for safeguarding children and children in care to fully meet statutory requirements and secure the timely delivery of quality services for safeguarding children and children who are looked after.	<p>The recommendation specifically relates to 5.1.4 5,2,3 and 5,2.4 of the CQC report regarding capacity of the safeguarding leadership p including leadership for looked after children: Lincolnshire currently operates a federated safeguarding service, hosted by South West Lincolnshire CCG on behalf of all four CCG's in the county, the other CCGs being West Lincolnshire CCG, Lincolnshire East CCG, and South Lincolnshire CCG. Leicestershire and Lincolnshire Area Team are overseeing an external review of the role function and capacity of the Designated Professionals and Named Doctors across both Counties. The CCG's have collaboratively funded the external review of the designated professionals and named doctor statutory role and function in the context of the new NHS recognising that there is insufficient capacity in the hosted service. All relevant professionals have been interviewed and a draft report has been submitted. The Area Team is currently awaiting the final report from the externally commissioned author.</p>	<p>The draft review report identifies additional capacity requirements for Lincolnshire. The external review report will be presented to the CCG collaborative in May 2014 for endorsement, with an associated business case to increase resource and capacity in accordance with the report recommendations and to proceed with recruitment.</p>	<p>SWCCG (Host) in collaboration with LECCG, SLCCG and WLCCG</p>	<p>Executive Nurses for each CCG: Sharon Robson, Wendy Martin, Tracey Pilcher, Lynne Moody</p>	<p style="text-align: center;">May-14</p>
	<p>It has been acknowledged that there is insufficient capacity for the designated professionals to proactively drive the safeguarding and looked after children services in the new NHS. Commissioning for needs led services is dependent upon understanding the health profile of the child population and the needs of the looked after children residing in Lincolnshire. Public health data, the Looked After Children's database and the Local authority system of reporting are separate systems. Data from each is brought together in the form of annual reports. The Annual reporting of the Health and Wellbeing of Looked-after Children is developing, and integrating with the LA from 2014/15 to demonstrate the health profile of looked-after children more robustly in support of evidence based commissioning. There is a Looked After Steering Children's Steering Group established who are overseeing the annual report development and reporting of progress is required at each bi-monthly meeting. Quarterly reporting is required the LA Senior Management Team, the Children's and Young people's Strategic partnership (for corporately parented looked after children), to the LSCB for those looked after children externally placed and within health to the Strategic Safeguarding Steering Group.</p>	<p>The Looked-after Children Steering Group is overseeing the development of the revised Annual Report and reports into the Strategic Safeguarding Steering Group where progress will be monitored quarterly. The integrated annual report will be delivered to the Lincolnshire County Council / Directorate Management Team for LAC corporately parented. The management team receive quarterly reports of the achievement and quality of the statutory health assessments. The LSCB will receive quarterly reports of all LAC externally placed to ensure strategic oversight. The recruitment process for staff within the community health services has started.</p>	<p>SWCCG (Host) in collaboration with LECCG, SLCCG and WLCCG and LCHS (for backroom function - reporting etc.) and staff</p>	<p>Designated Doctor Dr F Johnson Designated Nurse Jan Gunter</p>	<p>7 Months (October 2014)</p>
	<p>The service specification for looked after children's statutory health assessments has been reviewed and updated by the designated professionals. LCHS has commenced recruitment to increase capacity within the vulnerable children and young people's team in support of the increased activity currently required. The Designated Professional's review has in the draft report recommended increased capacity for the designates for looked after children. The external review report on completion is, as detailed above, awaited. A service specification has been written by the Designated Doctor and the Designated Nurse including the current statutory health assessment level of need.</p>	<p>The designated professional roles and capacity is included in the external review and will be presented to the CCG collaborative as above. With regard to capacity for statutory health plans. An options appraisal is almost complete and will be presented to the Strategic Safeguarding Group in May 2014. LCHS have commenced recruitment in response to the additional requirement within the vulnerable children and young people's team.</p>	<p>SWCCG (Host) in collaboration with LECCG, SLCCG and WLCCG and LCHS (for backroom function - reporting etc.)</p>	<p>Designated Doctor Dr F Johnson Designated Nurse Jan Gunter</p>	<p style="text-align: center;">May-14</p>

<p>1.2 Ensure commissioning governance and assurance provide effective scrutiny of the experiences and impact of local health services in delivering improved outcomes for children and young people who are looked after.</p>	<p>The recommendation specifically relates to 5.1.3, 5.1.9 and 5.2.4 or the CQC report relating to the capacity and quality of statutory health assessments for Looked-after Children (LAC): Currently a Locally Enhanced Service (LES) for the statutory health assessments has been provided by GPs and Nurses who have undertaken additional training. The Designated and named professionals have been involved in the additional training which has been led by the Designated Doctor, a Community Consultant Paediatrician and delivered through the Named Nurse and her team. The training has been well attended and evaluated. The GPs involved in the LES have stated that the additional training they have received has impacted positively on their practice when dealing with children in the general population. The LES however, had been acknowledged as producing variable quality and capacity issues and a review of the service had been proposed prior to the CQC review. Accordingly the service specification has been revised by the designated professionals and an options appraisal is being developed to meet current and projected increase in demand for presentation to the CCG collaborative.</p>	<p>The service specification proposes that Initial Health Assessments (IHA) for children under 5 years to be completed by Paediatric Consultants, IHAs for children over 5 years for suitably skilled medical practitioners, which could incorporate those GPs who have a special interest or paediatricians and Review Health Assessments (RHAs) to become a nurse led service. There is an options appraisal being prepared to address capacity and access issues and improve quality and consistency which will be presented to the Strategic Steering Group in May 2014</p>	<p>SWCCG (Host) in collaboration with LECCG, SLCCG & WLCCG</p>	<p>Designated Doctor Dr F Johnson Designated Nurse Jan Gunter</p>	<p>May-14</p>
	<p>The service is currently being provided by GPs and Nurses who have undertaken additional training. As detailed above the specification is being revised to reflect current need and an options appraisal being drawn up for presentation to the SSG . Using community paediatrician's for the under 5 years of age IHA is incorporated within the option appraisal. The capacity to undertake safeguarding and quality audits has also been incorporated in the service specification.</p>	<p>The service specification and the option appraisal will be presented to the CCG collaborative in May 2014</p>	<p>SWCCG (Host) in collaboration with LECCG, SLCCG & WLCCG</p>	<p>Executive Nurses for each CCG: Sharon Robson, Wendy Martin, Tracey Pilcher, Lynne Moody</p>	<p>6 months (September 2014)</p>
	<p>The lack of capacity within the vulnerable children and young people team has been acknowledged and a business case approved within LCHS to recruit further nursing capacity into the team. The capacity of the designated professionals role and function has been reviewed externally as detailed above and within the draft report identifies additional resource is required, and the final report is awaited. It is widely acknowledged that capacity within safeguarding and looked-after children requires strengthening and has the commitment of the CCGs.</p>	<p>The active phase of recruiting additional nurses to the VCYP has commenced within LCHS. The looked after children's health assessments specification is forming the basis of the contracts to undertake the work and for review health assessments to become a nurse led service.</p>	<p>LCHS</p>	<p>Michelle Johnstone</p>	<p>01/05/2015</p>

<p>1.3 Use the opportunity of the local strategic review to consider the commissioning of specialist paediatric care and ensure its effectiveness in enabling children who have specialist needs to have access to timely, child centred assessment and treatment.</p>	<p>The recommendation specifically relates to 1.19 of the CQC report relating to the access of paediatricians (LAC): ULHT has 5 Consultant Paediatricians located at Pilgrim Hospital, Boston; 7 located at Lincoln County Hospital and 7 Community Consultant Paediatricians (one of whom has specific responsibility as the Designated Doctor for LAC). Lincolnshire was identified as having sufficient acute Consultant paediatricians in the 2009 paediatric review whilst slightly under established for community paediatricians. These have since been recruited to and incorporate specialist function within each role. Alongside all services in Lincolnshire the paediatric service is being reviewed within the Sustainability Framework. Where children with a plan for adoption are undergoing an adoption medical as required by the regulation, the large majority of cases, more than 80%, have adoption medicals undertaken by paediatricians. The two medical advisors contracted to undertake this work demonstrably respond at short notice to comply with completion timescales for care proceedings. Where Paediatric input is, at an early stage, flagging up issues which require further scrutiny, e.g. parental substance misuse or potential chromosomal abnormalities which are followed up promptly. Social care regularly pay for additional investigation / testing around these issues, with agreed timescales for completion. This information is critical to matching. The management team are made aware of any delays in access to specialist services and subsequent delay in the child's journey that compromise legal proceedings. There is no waiting list to see the Adoption Medical Advisors.</p>	<p>The Designated professionals for LAC have reviewed and updated the service specification and are developing the options appraisal for service delivery. Lincolnshire is reviewing all services within the Sustainable Services Review which included the whole paediatric service. With regard to statutory health assessments for looked after children, the preferred option is to develop clinics for children to undertake their IHA's and it is planned to then bring together the adoption medical service together with the initial health assessments within a clinic setting to improve quality, timeliness and consistency for children's access to paediatrician's.</p>	<p>SWCCG (Host) in collaboration with LECCG, SLCCG & WLCCG</p>	<p>Accountable Officers</p>	<p>May 2015 1 year</p>
<p>2. Lincolnshire West CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire East CCG and LCHS should :</p>					
<p>2.1 Ensure the emotional wellbeing and mental health of children in care is fully addressed in health care assessments, reviews and health plans.</p>	<p>The recommendation specifically relates to 4.3 of the CQC report relating to the follow up of the Strengths and Difficulties Questionnaire (SDQ): Recently a mechanism to ensure follow up of pathways within CAMHS has been introduced. This is with regard to children scoring 14 or over with in SDQ and is identified as requiring a review within the S75 agreement. There is currently an absence of audit evidence regarding this aspect of CAMHS services which has been recognised and an SDQ group has been specifically formulated to address the issues identified. The group has already met and the Designated Doctor for Looked After Children is proactively working with. The group is represented at the Looked After Steering Group and reports will be received there.</p>	<p>The S75 arrangement will be reviewed to ensure there is the ability for the SDQ group to review scores over 14 and follow into the GP health assessment. The success is dependent on collaboration and receipt of data from CAMHS current section 75 arrangements. A Process is being developed for practitioners feedback regarding SDQ scores and access into CAMHS The initiatives will monitored through audit.</p>	<p>The LA & LPFT working collaboratively with providers</p>	<p>Janice Spencer & Liz Bainbridge</p>	<p>3 months (June2014) Quarterly reporting from audits thereafter.</p>
<p>2.2 Regularly report on child health outcomes for children in care, Proactively identifying local trends, and robustly addressing risks to their health and wellbeing.</p>	<p>The recommendation specifically relates to 4.19 and 5.2.5 of the CQC report relating to the timely access to equipment, specifically wheelchairs: The provision of equipment services are currently contracted through Millbrook. The contract explicitly incorporates and covers children's equipment including wheelchairs. The parent contact the provider directly who will initiate a new assessment and provide a wheelchair based upon the assessment. There is no evidence of a waiting list and the contract is performance managed.</p>	<p>Review of database and performance measures currently being carried out increase of data fields to incorporate long-term conditions and social environment. There is a review of the wheel Chair service being planned. This will include performance management of contract and quality assurance.</p>	<p>SWLCCG - Lead</p>	<p>Colin Warren</p>	<p>3 months</p>
	<p>The recommendation specifically relates to 4.19, 4.5, 5.2.5 and 5.2.12 of the CQC report regarding performance reporting of the holistic health needs of looked after children and tracking of outcomes: It is acknowledged that the Looked After Children Annual Health Report has been limited in scope. The data sources required to demonstrate a full health profile is limited and not integrated. Recent developments have enabled improved and more robust data regarding initial health assessments. Data fields on SystemOne are being continually improved to incorporate health information and are currently prioritising long term conditions identification and reporting. The annual health report template has been changed to incorporate health conditions and their prevalence and will be integrated with the LA annual report, based upon evidence from the LAC and their carers. The process is being driven by the LAC Steering Group and being reported against bi-monthly.</p>	<p>Reporting systems in both health and the e LA are under further development with regards to reporting the health issues and inequalities experienced by LAC. the plan is to incorporate wider health determinants and outcomes of interventions for LAC. WLCCG are the lead CCG for the county in this area. The specification for LAC services has been reviewed and updated by the Designated professionals from which the contracts will be agreed and performance managed against.</p>	<p>SWCCG (Host) in collaboration with LECCG, SLCCG & WLCCG</p>	<p>Designated Doctor Dr F Johnson & Designated Nurse Jan Gunter</p>	<p>6 months (September 2014)</p>

	<p>The extrapolation of data from SystemOne is under further development. Reporting of long term conditions will be possible for 14/15. The follow-up of the health care plan, attendance at referrals and outcomes recording for children is being developed in association with the local authority by strengthening the use of the Red and Blue Books (Red book is the Child Health Record and Blue Book is the Looked After Children record). Therein the recording of health assessments within the books is now a component of the revised specification, and monitoring of progress to be overseen by the independent reviewing officers (within social care) who quality assure the care management of children regularly in-between statutory health assessments</p>	<p>There is a re launch of the use of the Blue Book and Red Book in the context of Looked-after Children health assessments across health and social care. Within the new contracts being drawn up there is a requirement for all health practitioners to record each contact in the books and complete the IHA / RHA components within the Blue Book. There is a need to develop a Service Level Agreement with the LA for the IRO to quality assure the progress. SLN review was mentioned. Closer working with Health watch is planned to explore emerging themes and healthwatch will contribute to collating evidence. LCC are reviewing the purchasing arrangements with regard to these issues.</p>	<p>SWCCG (Host) in collaboration with LECCG, SLCCG & WLCCG working with the LA</p>	<p>Designated professionals, Dr F Johnson & Designated Nurse Jan Gunter</p>	<p>6 months (September 2014)</p>
<p>2.3 Fully implement holistic health summaries for young people leaving care and ensure they are responsive to their individual wishes and needs.</p>	<p>The recommendation specifically relates to 4.21 of the CQC report regarding health summaries for children leaving care: Currently all children in care receive a Blue Book which is the comprehensive health record for the child's length of time spent in care. It is acknowledged that this and the Red Book - Child Health record requires further embedding to improve the health history of each child.</p>	<p>As detailed above there is a plan to relaunch the Red and Blue Books as the comprehensive / contemporaneous record of the LAC health. In addition a template for a health summary is under development. The responsibility of the leaving care summary will sit with the nurse led service managing the RHAs and has been made explicit within the LAC service specification and will be performance managed through the contracts</p>	<p>SWLCCG (host) in collaboration with LECCG, SLCCG, WLCCG</p>	<p>Designated Professionals, Dr F Johnson & Designated Nurse Jan Gunter</p>	<p>6 Months (September 2014)</p>

<p>2.4 Ensure that arrangements are put into place to provide consistent support for looked after young people and care leavers who become pregnant or become parents.</p>	<p>The recommendation specifically relates to 3.22 of the CQC report regarding dedicated pathways regarding pregnancies in children leaving care: Currently Barnardos are commissioned to deliver this in Lincolnshire. Once the young person informs their Barbardos leaving care worker that they are pregnant or becoming a father, it is recorded on the system electronically. The outcome is then recorded under categories that include: deceased, adopted, fostered, living with care leavers or other. The leaving care worker works in accordance with the Multi-agency Pre Birth protocol in partnership with children's services and health to meet the needs of the young person and child</p>	<p>A care leavers pathway is under development that will require all young people leaving care who are expectant or actual parents will have the support of a TAC to ensure that agencies are working effectively together to support the family. Reporting against the pathway outcomes will inform future commissioning</p>	<p>LA CCG'S & LCHS</p>	<p>Janice Spencer & Jean Burbidge</p>	<p>NA LCHS barnados lead through LA commissioning – LCHS has no control.</p>
<p>2.5 Ensure that all children in care have prompt and high quality, holistic assessments of their needs and regular reviews followed by SMART health plans that ensure their needs are met.</p>	<p>The recommendation specifically relates to 4.1, 4.5 4.11, 4.16 and 4.19 of the CQC report regarding the resource capacity and quality of health plans for looked after children: The current provision within LCHS for managing the backroom function and provision of review health assessments for children has not keep pace with the significant recent increase in the total number of LAC internal (from within Lincolnshire) and externally through placing authorities) The revised specification for LAC health assessments incorporates the increased activity and projected increase in demand and includes the requirement of quality assurance provision of health assessments which will be performance managed against the contract. Audit has consistently demonstrated health assessments carried out by VCYP team are prompt and of a high quality. LCHS provide database countywide backroom functions.</p>	<p>LCHS are currently in the process of recruiting additional staff to the VCYP in response to the required need. Included in the recruitment is a post for a nurse to quality assure the health assessments. There is an options appraisal being submitted to the CCG collaborative regarding the pathway of IHAs Reference to quality of GP assessments Reporting of capacity issues is to be incorporated into the quarterly reporting to inform commissioning and quality assurance process. Oversight within health will be managed through the Safeguarding Steering Group and within the LA through LCC and the Corporate Parenting Group. Contract hs been awarded to LCHS for Health assessments and recruitment is ongoing into this area</p>	<p>CCG commissioning LCHS provider</p>	<p>Michelle Johnstone</p>	<p>Apr-14</p>
	<p>A review of the service had already been proposed for the statutory health assessments due to acknowledged variability of quality. As detailed above in 4.0 the service specification for LAC has been reviewed by the designated professionals and quality assurance capacity is explicitly included to ensure consistency and quality of the assessment and subsequent health plan. the issues of electronic reporting, quality assurance and reduced variability. The ensuing contracts raised to undertake this work will be performance managed against the specification. An option appraisal is being prepared by the designated professionals for presentation to the CCG collaborative regarding a new pathway for LAC health assessments. The preferred option being proposed to the CCG collaborative includes the use of Community Paediatricians for Initial health assessments, especially for the younger children. The evidence from the reviews of the needs of the looked-after children population will inform the commissioning in the future.</p>	<p>The LAC specification has been reviewed by the designated professionals. WLCCG is overseeing the contracts development which will be used to performance manage the delivery of the service. Reporting will be via the Quality Surveillance Group and Quality and Patient Experience Committees for each CCG. Reporting quarterly within health, to the CPYSP/LCC for those LAC corporately parented and to the LSCB for those placed by external authorities</p>	<p>CCG commissioning + provider organisations</p>	<p>Designated Doctor Dr F Johnson Designated Nurse Jan Gunter</p>	<p>3 months</p>
	<p>A review of the service had already been proposed for the statutory health assessments due to acknowledged variability of quality. As detailed above in 4.10 and 4.11 the service specification for LAC has been reviewed by the designated professionals and quality assurance capacity is explicitly included to ensure consistency and quality of the assessment and subsequent health plan. the issues of electronic reporting, quality assurance and reduced variability. The ensuing contracts raised to undertake this work will be performance managed against the specification. An option appraisal is being prepared by the designated professionals for presentation to the CCG collaborative regarding a new pathway for LAC health assessments. The preferred option being proposed to the CCG collaborative includes the use of Community Paediatricians for Initial health assessments, especially for the younger children. The evidence from the reviews of the needs of the looked-after children population will inform the commissioning in the future.</p>	<p>The LAC service specification has been reviewed and delivered to WLCCG. Contracts being raised and taken up to deliver the service will be performance managed through the contracting teams and Quality and Patient experience committees for each CCG. Reporting quarterly within health, to the CPYSP/LCC for those LAC corporately parented and to the LSCB for those placed by external authorities</p>	<p>WLCCG</p>	<p>Designated Doctor Dr F Johnson Designated Nurse Jan Gunter</p>	<p>3 months</p>
	<p>A review of the service had already been proposed for the statutory health assessments due to acknowledged variability of quality. As detailed above in 4.10 and 4.11 the service specification for LAC has been reviewed by the designated professionals and quality assurance capacity is explicitly included to ensure consistency and quality of the assessment and subsequent health plan. the issues of electronic reporting, quality assurance and reduced variability. The ensuing contracts raised to undertake this work will be performance managed against the specification. An option appraisal is being prepared by the designated professionals for presentation to the CCG collaborative regarding a new pathway for LAC health assessments. The preferred option being proposed to the CCG collaborative includes the use of Community Paediatricians for Initial health assessments, especially for the younger children. All health practitioners have been reminded of the need to look back in children's records to the previous entries to ensure continuum of care. The evidence from the reviews of the needs of the looked-after children population will inform the commissioning in the future.</p>	<p>The LAC service specification has been reviewed and delivered to WLCCG. The LAC health care co-ordinator will request reports from allied health professionals involved with the child in preparation for the RHA and the quality assurance post within LCHS will monitor through audit. Contracts being raised and taken up to deliver the service will be performance managed through the contracting teams. Reporting quarterly within health, to the Quality and Patient experience committees for each CCG, the Safeguarding Steering Group and LAC Steering Group, externally to the CPYSP/LCC for those LAC corporately parented and to the LSCB for those placed by external authorities</p>	<p>WLCCG</p>	<p>Designated Doctor Dr F Johnson Designated Nurse Jan Gunter</p>	<p>3 Months</p>

The provision of equipment services are currently provided through Millbrook. The contract makes explicit that children 's equipment is incorporated and covered by the contract. A parent makes contact with the provider directly who then arranges an assessment of need. Equipment is then provided in accordance with the assessment findings. The contract is performance managed.

Review of database and performance measures currently being carried out increase of data fields to incorporate long-term conditions and social environment. There is a review of the wheel Chair service being planned. This will include performance management of contract and quality assurance.

SWLCCG - Lead

Colin Warren

3 months

<p>3. Lincolnshire West CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire East CCG, LCHS and ULHT should:</p>					
<p>3.1 Ensure that discharge pathways from MIUs, A&Es and other settings are effective in ensuring the sharing of information about risks and involving appropriate professionals to secure best outcomes for the young people.</p>	<p>The recommendation specifically relates to 1.12, 2.9 and 3.18 of the CQC report regarding onward referrals from unscheduled care settings including the self harm pathway: WLCCG are the lead CCG for the acute Trust and LECCG act as lead CCG for LCHS through which the 2 Paediatric Liaison Nurses (PLN) are employed and have been judged as Good practice. They provide an 'in hours' service. Within LCHS a discharge pathway for children within and across unscheduled care settings that LCHS manage has been reviewed and this now incorporates a management review of all child attendees on daily basis to ensure appropriate action and onward referral has been taken irrespective of site. ULHT support full integration of the PLN role within each A&E site. It is acknowledged that there needs to be collaborative working model between LCHS ULHT and commissioning to ensure appropriate provision of this role.</p>	<p>Quarterly performance reporting to ensure continued quality is now required. A discharge pathway review is planned within ULHT on each site ED to review and clarify discharge pathway for children. Full ULHT Action is below. Quarterly performance reporting to ensure continued quality. LCHS are prioritising their unscheduled care provision.</p>	<p>LCHS</p>	<p>Michelle Johnstone Head of Safeguarding LCHS</p>	<p>Completed LCHS</p>
	<p>The PLN process is in place within A/E and Paediatric areas. Staff members have access to PLN Discharge Criteria. ULHT ED are committed and working to develop a consistent approach for sharing information with the PLNs</p>	<p>Each ULHT ED site will agree a Pathway for referral to PLN which prevents delays and inappropriate referrals.</p>	<p>ULHT</p>	<p>PLN SG Practitioner Named Nurse SG ED Matrons Medical Director</p>	<p>Jun-14</p>
	<p>SWLCCG is the lead CCG for MH services working closely with the Local Authority who commission CAMHS through a S75 agreement. A revised Self-Harm Pathway (SHP) has been signed off between the Executive nurses for LPFT and LCHS and the LSCB. It is acknowledged that currently the self harm pathway was not been fully embedded and therefore could working more effectively. Auditing and monitoring reports are awaited. A proposal of tracking cases for the SHP has been given for quality audit purposes and the SHP will be performance managed. ULHT support the SHP and are actively developing the internal mechanism for implementing the pathway recommendations. Acknowledged that these Patients are ULHT patients with a need for LPFT input.</p>	<p>ULHT will embed the SHP and identify where the child is to be paediatrically assessed and mental health assessment is required / completed in accordance with NICE guidance ULHT will manage performance internally (via Datix). WLCCG will performance manage as lead CCG through the contracting quality meetings. For children presenting through A&E that require admission (without a physical health need) there will be quality assurance that both paediatric and mental health assessment occurs prior to decision on best place of safety / admission. There has been additional investment from the CCGs into LPFT (with CAMHS and HIPS) to support this pathway.</p>	<p>ULHT LA / LPFT</p>	<p>Safeguarding Lead ULHT & Karen Berry Interim Director for Operations LPFT</p>	<p>Jun-14</p>
	<p>Discharge letters are system-generated but there is a facility for staff to add additional relevant information in a 'free text' section. .</p>	<p>A/E staff to include any safeguarding concerns or safeguarding actions taken within 'free text' box on discharge letter. ULHT will ensure that A/E staff are aware of the need to include any safeguarding concerns or actions taken within 'free text' box on discharge letter. Staff will be informed by letter to Clinical Leads and Matrons; with inclusion in training going forward.</p>	<p>ULHT</p>	<p>Safeguarding Lead A&E Consultant Nurses and Clinical Directors</p>	<p>Mar-14</p>
<p>3.2 Ensure that opportunities are maximised to offer young people help through drug and alcohol support services by embedding the LSCB led multi-agency protocol which provides clear referral pathways from health services including urgent care settings to Young Addaction .</p>	<p>The recommendation specifically relates to 1.1 of the CQC report regarding referrals from A&E departments to drugs and alcohol services: A pathway of referral into Adaction has been developed by the LSCB which was awaiting ratification at the time of the inspection. This pathway has now been ratified. Referral pathways for accessing young addaction and relevant literature has been disseminated to all A&E staff through organisational team briefs (delivered monthly by line manager) and team meetings.</p>	<p>There is a plan in place to monitor by number of appropriate referrals into the service and audit outcomes. There is also a programme of back to floor visits by appropriately skilled staff. Feedback will be through the clinical governance processes. The designated nurse will receive a report.</p>	<p>ULHT</p>	<p>Chair of Safeguarding Committee via Named Nurse Safeguarding</p>	<p>Apr-14</p>
<p>3.3 Review paediatric liaison capacity, seniority and clinical governance arrangements to ensure that robust, effective arrangements are in place across all services so that risks to children are effectively identified and followed up.</p>	<p>The recommendation specifically relates to 5.2.6, and 5.2.10 of the CQC report regarding the paediatric liaison service: WLCCG are the lead CCG for the acute Trust and LECCG act as lead CCG for LCHS through which the PLNs are employed. There are 2 Paediatric Liaison Nurses (PLN) employed by LCHS and have been judged as Good practice. They provide an 'in hours' service. Within LCHS a discharge pathway for children within and across unscheduled care settings that LCHS manage has been reviewed and this now incorporates a management review of all child attendees on daily basis to ensure appropriate action and onward referral has been taken irrespective of site. ULHT support full integration of the PLN role within each A&E site.</p>	<p>Current establishment remains the same at Band 6 provision is currently under review with the growth of unscheduled care provision within LCHS and the demands on the capacity and the efficient working of the role will be prioritised according to LCHS establishments.</p>	<p>LCHS</p>	<p>Michelle Johnstone</p>	<p>Apr-14</p>

<p>3.4 Ensure all children and young people requiring urgent care in the MIUs and Accident and Emergency Departments are cared for by appropriately trained nursing staff with updated specialist paediatric skills.5</p>	<p>The recommendation specifically relates to 5.3.6 of the CQC report regarding capacity of appropriately trained staff to provide paediatric care in A&E and MIU departments: LCHS have in place training for the MIU which can be demonstrated through compliance via mandatory training matrix</p>	<p>Regular audit and quarterly reporting through the clinical governance process</p>	<p>LCHS</p>	<p>Michelle Johnstone</p>	<p>Completed</p>
	<p>Within ULHT EPLS training is available to staff working in A&E. There are Attendance Criteria Pathways in existence to ensure patients attend an emergency department on a site relevant to their level of dependence.</p>	<p>Staff to be released to access EPLS training. Managerial oversight required to monitor compliance.</p>	<p>ULHT</p>	<p>A/E Matrons, Nurse Consultant and Clinical Directors for Child division and Emergency Care.</p>	<p>Jun-14</p>

<p>4. NHS England, Lincolnshire West CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire East CCG and LCHS should:</p>					
<p>4.1 Ensure that GPs are properly equipped and competent for their roles in safeguarding, child protection and meeting the needs of children in care through robust development opportunities.</p>	<p>The recommendation specifically relates to 3.8 and 1.7 of the CQC report regarding GPs being equipped and competent in safeguarding roles: Since April 2013 NHS England commissions primary care / GP services. All GPs are required to have the requisite competence and skill to provide for their patients including safeguarding issues incorporating domestic violence. MARAC training has been incorporated into safeguarding training for a number of years. They are performance managed through evidence of appraisal and evaluation. Support and advice systems for GPs are currently being reviewed- NHS England and the Local CCGs are exploring the current provision, and will negotiate appropriate training and development opportunities within this review.GP A Database is being is being created, and currently survey monkey has gone out to all GP's regarding their safeguarding training, including domestic abuse training and is awaiting response.</p>	<p>LCHS employed GPs are subject to the same training matrix as other employees of LCHS . Mapping of the safeguarding training requirements for all GPs across Lincolnshire is being undertaken. The outcome of which will inform commissioning of prioritised training needs</p>	<p>LCHS, NHS England,</p>	<p>Pam Palmer NHS England Tracy Pilcher Executive Nurse LECCG & Michelle Johnstone Head of Safeguarding LCHS</p>	<p>LCHS Completed NHS England 6 months</p>
<p>4.2 Ensure that GPs and others who may provide contraceptive services to young people are aware of the law in relation to the age of consent, particularly in relation to their responsibilities where a girl is under 13 years of age.</p>	<p>It is acknowledged that there is an absence of an agreed system of communication between health professionals including HVs and GPs. HVs are no longer based in GP surgeries and operate corporate caseloads. PP to send in narrative. It is acknowledged that there are gaps wider than LCHS HVs including ULHT and LA. This is a large piece of work. The LSSR neighbourhood teams include key workers who are essential to improving communication.</p>	<p>Neighbourhood Key workers will be proactive in engaging with GPs as part of the implementation of the LSSR framework.</p>	<p>NHS England & LCHS</p>	<p>Pam Palmer & Michelle Johnstone</p>	<p>May-15</p>
	<p>The recommendation specifically relates to 2.4 and 5.1.10 of the CQC report regarding the competence and profile / exposure of contraception and sexual health services across the partnership arrangements: Fraser competencies and age of consent are included within level 3 safeguarding training. This also includes the practitioners responsibility in relation to sexual abuse/child sexual exploitation. Focusing on responsibilities and legal implications all GPs and sexual health service practitioners attend level 3 safeguarding children training. Following this review an enquiry was undertaken within LCHS who manage the service and no evidence could be found to identify the children aged under 13 or under. Thus tracking of the child and services accessed has proved impossible.</p>	<p>The Fraser competencies , practitioner responsibilities and legal implications of very young people requiring sexual health services will remain on the safeguarding children level 3 programme to remind professionals on a regular basis</p>	<p>NHS England CCGs LCHS</p>	<p>Pam Palmer NHS England Tracy Pilcher Executive Nurse LECCG & Michelle Johnstone Head of Safeguarding LCHS</p>	<p>Completed</p>
	<p>There is an acknowledged need to expose CASH services positively and ensure that the service is represented appropriately at partnership meetings</p>	<p>CASH has identified staff to attend Sexual Exploitation meetings/training. Requirements to work in partnership arenas and develop effective partnerships will be included in Job Descriptions and contracts</p>	<p>LCHS</p>	<p>CASH lead</p>	<p>With immediate effect</p>
<p>4.3 Ensure there are robust local systems for GPs to regularly share information about children and families where risks are identified.</p>	<p>The recommendation specifically relates to 3.15 of the CQC report regarding GP contribution in sharing information for safeguarding: There is a template currently under review in line with E signs of safety common template referral process which is being developed by the LCC. A Pilot project is being undertaken regarding the Signs of Safety Approach which is bring lead by LA and is under development, this will include GP's as all health professionals working with social workers adopting the approach.</p>	<p>There is currently a template for professionals to complete for CP conferences this is utilised by LCHS,, ULHT, LPFT which will be rolled out for all GPs and provide consistency</p>	<p>LA CCG'S LAT</p>	<p>Designated Nurse Jan Gunter</p>	<p>Complete</p>

<p>5. NHS England, Lincolnshire West CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire East CCG and LPFT should:</p>					
<p>5.1 Continue to work in partnership to ensure that commissioning and operational arrangements enable children needing CAMH services to have timely access to early help, specialist assessment and treatment.</p>	<p>The recommendation specifically relates to 2.5 and 4.7 of the CQC report regarding capacity &E and MIU departments: There is an acknowledged shortfall nationally within CAMHS . CAMHS within Lincolnshire are commissioned by the LA incorporating a S75 agreement.</p>	<p>The Local Authority NHS England and CCG Commissioners meet throughout the year as a joint body to discuss mental health commissioning and operational arrangements.</p>	<p>NHS England, CCG</p>	<p>Pam Palmer, Sally savage LA Lead CCG representative</p>	<p>May 2015 1 year</p>
	<p>Tier 3 CAMHS being reviewed through procurement process procuring by 2015. Well performance managed contract</p>			<p>Pam Palmer NHS England, Sally Savage Children's Commissioner in the LA, Colin Warren Lead CCG representative</p>	
<p>5.2 Ensure that mothers and their babies in all areas of Lincolnshire have access to perinatal mental health services to secure effective early intervention and support.</p>	<p>The recommendation specifically relates to 1.6 of the CQC report regarding capacity of perinatal mental health service: Adopting specification procurement 2014/15 in discussions with LPFT have commenced. It is acknowledged that there is insufficient capacity within the Perinatal Nursing Service. The issue has been prioritised in the associated submitted business plan. All women are seen by mental health staff, receive care but not by Perinatal specialist nurses.</p>	<p>NHS England has recommended that all CCG's within the region adopt the Perinatal Clinical Network devised service specification. NHS England and CCG's Commissioners meet throughout the year as a regional body to discuss mental health commissioning and operational arrangements and this includes Perinatal Services.</p>	<p>NHS England</p>	<p>Pam Palmer</p>	<p>May 2015 1 year</p>
<p>5.3 Review arrangements for young people placed out of county so that discharge protocols from or between CAMH tier 4 services and to other services ensure that these young people receive the support they need.</p>	<p>The recommendation specifically relates to 5.1.12 of the CQC report regarding capacity of A&Es to manage care for children from or in-between T4 CAMHS provision: Currently within NHS England Local Area Team there are 2 co-coordinators in post to manage and co-ordinate Tier 4 placements</p>	<p>NHS England has two CAMHS Case Managers who assist local care co-ordinators to fulfil this function.</p>	<p>NHS England</p>	<p>Pam Palmer NHS England</p>	<p>Completed</p>
<p>6. Lincolnshire West CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire East CCG, and ULHT should:</p>					
<p>6.1 Ensure an appropriate system of supervision is in place for all staff who are involved in safeguarding and child protection work, including urgent care and midwifery, in line with inter-collegiate professional requirements.</p>	<p>The recommendation specifically relates to 5.3.10 of the CQC report regarding supervision of staff working in safeguarding: LCHS have an up to date safeguarding supervision policy in place and staff are performance managed against compliance. Within ULHT Safeguarding Supervision is available to all staff on an individual and group basis; with the Named Midwife, Named Nurse for Safeguarding and other Senior staff members trained to deliver. The uptake of staff is recorded. Currently there is not a formal Policy for Safeguarding Supervision in place. However the Safeguarding Supervision Policy has been written and is out for consultation. The Governance/Monitoring arrangements are documented within the policy .</p>	<p>LCHS Completed Draft Safeguarding Supervision Policy is to be presented to ULHT Safeguarding Committee for comments/approval in April 2014.</p>	<p>ULHT</p>	<p>Elaine Todd Named Nurse for Safeguarding</p>	<p>Apr-14</p>

<p>7. Lincolnshire West CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire East CCG, LCHS, ULHT and LPFT should:</p>					
<p>7.1 Expand opportunities for listening to and learning from the experiences of young people and their families/carers, actively engaging them in service improvements.</p>	<p>The recommendation specifically relates to 5.1.14 of the CQC report regarding hearing the child's voice: All NHS and social care agencies are CA Section 11 compliant. A mystery shopper exercise was undertaken, overseen by the LA and involving young people. The feedback resulted in accepted actions being put into place. Lincolnshire Young Inspectors joined with the teenage pregnancy team to carry out a C-Card mystery shopping exercise. May 2013 with revisits to establish if actions had been put in place October 2013. Sixteen venues were then selected from across the county and a mix of registration and pick up points were visited. The young inspectors said "Overall we found the venues were welcoming and accessible and staff members are friendly. At the end of the mystery shops, the young people came together to share their experiences and make an active contribution to a report including recommendations for change. These included staff being re-trained, new and updated guidance for C-Card Venues and improvements to C- Card Mobile. The recommendations have had a significant impact on improving the overall service. CAMHS information submitted at time of inspection. CCG Executive Nurses supported this submission as evidence in response to CQC. LPFT have outstanding data from every session regarding the outcomes and experience of children and this is transferred in to service need and development with commissioners.</p>	<p>Currently in place: Interview panels Local authority tell us survey which incorporates health Voice of the child survey/questionnaire included on assessment template</p>	<p>LCC LCHS LPFT ULHT</p>	<p>Janice Spencer AD LCC, Sue Cousland Chief Nurse LCHS, Eiri Jones ULHT, Julie Hall DON LPFT</p>	<p>Complete</p>
	<p>Healthwatch Lincolnshire is currently working with schools, colleges and other young people's activities to support 7.1. We have designed a questionnaire for the young people to complete to provide some baseline data on current young people's perception of access and support to health and social care.</p>	<p>Healthwatch will be facilitating sessions to ensure young people (11 - 18 years) understand their voice is important.</p>	<p>Healthwatch Lincolnshire</p>	<p>Tim Barzycki</p>	<p>February - April 2014 and ongoing</p>
	<p>Exits cards available for patients to complete, but often completed by parents rather than the children and young people.</p>	<p>ULHT's Children and Young People Strategic Board to consider potential options available for capturing patient feedback. Trust's Children and Young People Strategic Board to consider potential options available for capturing patient feedback. Patient Experience team to work with the relevant Services and provide assurance via the Patient Experience Committee.</p>	<p>ULHT</p>	<p>C&YPSB Members and Paediatric Matrons</p>	<p>Jun-14</p>
<p>7.2 Ensure that robust arrangements are put in place to assure the quality of referrals by health professionals and ensure that children for whom risks are identified receive prompt support.</p>	<p>The recommendation specifically relates to 3.2, 3.3 and 3.8 of the CQC report regarding timeliness and appropriateness of referrals: The CAMHS LAC referral pathway has been amended to include LCHS Vulnerable Children's Nurses as accepted referrers. within the CQC report LCHS is recognised as providing good appropriate referrals</p>	<p>To carry out audit of referrals into children's services on a quarterly basis as a quality assurance process.</p>	<p>LPFT LCHS</p>	<p>Michelle Johnstone</p>	<p>Apr-14</p>
	<p>3.3 was specific to midwives. Midwives file a copy of the referral (SAF) form into the patient's records to allow quality assurance of referrals made.</p>	<p>Ongoing quality audit</p>	<p>ULHT</p>	<p>Named MW</p>	<p>Complete</p>
	<p>The notification of referral process in other areas does offer the ability to QA referrals made to CSC</p>	<p>The Safeguarding Children Policy/referral Pathway is to be reviewed and amended to adopt similar process to that used in Midwifery</p>	<p>ULHT</p>	<p>Elaine Todd Named Nurse Safeguarding</p>	<p>Jun-14</p>
	<p>All GPs are required to have the requisite competence and skill to provide for their patients including domestic violence. MARAC training has been incorporated into safeguarding training for a number of years. A database of GP safeguarding training has been created and is currently being populated to aid prioritising of commissioning need. NHS England hold the GP's to account contractually. Safeguarding Children Training evidence is a requirement of appraisal and evaluation.</p>	<p>Completion of the database, and performance management of GPs through the Area Team</p>	<p>NHS England</p>	<p>Pam Palmer NHS England</p>	<p>May 2015 1 year</p>

<p>7.3 Ensure, through working with partners, that staff across all health disciplines including adult drug and alcohol services are fully engaged in robust, consistent information sharing about children and their families for whom risks or concerns are known.</p>	<p>The recommendation specifically relates to 3.12 of the CQC report regarding timely sharing of information from the Drug and Alcohol Recovery Team (DART): The DART management team have embedded a set of additional safeguarding children actions. There are Safeguarding Champions established within DART. The CQC inspector's example has been added to DART and all other safeguarding children training in line with CQC report. LPFT and Children's Services have completed an audit on DART and AMH cases with a multi-agency action plan. LPFT have developed an action plan in response to "What about the children 2013" managed via Safeguarding and Mental Capacity Committee. In relation to midwives LCHS were recognised within the report as performing well</p>	<p>LPFT Safeguarding Team to send out information to all LPFT services regarding sharing information with other agencies and Lead Professionals directly and not via the service user.</p>	<p>LCHS LPFT</p>	<p>Liz Bainbridge &Michelle Johnstone</p>	<p>LPFT 3 months</p>
	<p>'Think Family' approach is incorporated into all levels of Safeguarding Training. It is discussed in both Safeguarding Supervision and in advice offered by the Safeguarding Team. The Trust's Safeguarding Champions Network has been revised in order to address issues relevant to children and adults. The Safeguarding site on the Intranet has a link to the relevant SCIE 2012 'Think Child, Think Parent, Think Family' report.</p>	<p>Think family approach to be more robustly embedded within the SG Children and Young people Policy.</p>	<p>ULHT</p>	<p>Named Nurse Safeguarding</p>	<p>Jun-14</p>
<p>7.4 Ensure that the pre-birth protocol is audited for effectiveness in all cases including those where there is a known high degree of risk around the expectant mother</p>	<p>The recommendation specifically relates to 3.4 of the CQC report regarding the understanding and embedding of the Multi Agency Pre Birth Protocol: The LSCB have developed a multi-agency audit framework and the multi-agency audit agenda commences in April 2014 which will includes audit of the impact of the pre-birth protocol.</p>	<p>Health agencies including LPFT, LCHS, ULHT and the CCGs are working alongside partner agencies to support the multi-agency audit program. An audit has been carried out by children's services and monitored via the LSCB</p>	<p>LSCB</p>	<p>Andy Morris</p>	<p>6 months</p>
<p>LCHS:</p>					
<p>8.1 Ensure that all relevant staff are properly equipped prior to any roll out of new policies or systems including the electronic version of the vulnerability assessment matrix, to ensure use is consistent and effective.</p>	<p>The recommendation specifically relates to 3.6 of the CQC report regarding identification and recognition of vulnerability, specifically utilising the electronic vulnerability matrix within LCHS: LSCB and the CCGs seek assurance from NHS providers that all relevant staff are properly equipped prior to any roll out of new policies or systems in general and all agencies are compliant and tested through the CA S11 audit and Markers of Good Practice. This recommendation is specific to LCHS regarding the electronic version of the vulnerability assessment matrix, to ensure use is consistent and effective.</p>	<p>LCHS: All new policies and processes/systems have an identified implementation plan. This includes training and audit. This will also be assessed through back to floor visits and record keeping audit.</p>	<p>LCHS</p>	<p>Michelle Johnstone Head of Safeguarding LCHS</p>	<p>Completed</p>
<p>9. NHS England and Lincolnshire West CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire East CCG should:</p>					
<p>9.1 Review commissioning strategies, local needs analyses and pathways to ensure children benefit from sufficiency of CAMHS provision, including tier 4, tier 3+ and community based alternatives to in-patient care, to facilitate care close to home and to ensure that other young children on paediatric wards are not put at risk of harm or distress</p>	<p>The recommendation specifically relates to 2.8 of the CQC report regarding the pathway from A&E services to CAMHS: CAMHS services are commissioned by the Local Authority via a S75 agreement. A revised Self-Harm Pathway (SHP) has been signed off between the mental health services provider (LPFT) and the acute trust (ULHT). The SHP has been signed off with the LSCB and Executive Nurses for both Trusts who are overseeing the implementation. Currently it is acknowledged that the self harm pathway was not been fully embedded and could work more effectively. Auditing and monitoring reports are awaited. A proposal of tracking cases for the SHP has been given for quality audit purposes and the SHP will be performance managed. ULHT support the SHP and are actively developing the internal mechanism for implementing the pathway recommendations. Acknowledged that these Patients are ULHT patients with a need for LPFT input. NHS England commission T4 services and performance manage the contracts with providers.</p>	<p>The actions specific to th eSHP have been described earlier at 3.1. The commissioning pathways for all services now sit within the Lincolnshire Sustainable Services Review Framework to ensure that needs led commissioning provides quality services for the Lincolnshire populace. The framework is being managed at the highest level across health and social care</p>	<p>The LA NHS England</p>	<p>Justin Hackney AD LA + accountable officers for the CCGs.</p>	<p>1 year</p>