

CQC action plan, transferred from the excel version 24/12/2018

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<b>BLUE</b>	Milestone successfully achieved
<b>GREEN</b>	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.
<b>AMBER/GREEN</b>	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.
<b>AMBER</b>	Successful delivery appears feasible but significant issues already <u>exist</u> requiring management attention. These appear resolvable at this stage and if addressed promptly, should not cause the project to overrun.
<b>AMBER/RED</b>	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.
<b>RED</b>	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.

	Recommendation	Action	Target date	Lead	Update 24/12/2018	RAG
1	NHS England local area team together with NHS Bury CCG should:					

1.1	Review the capacity of the designated safeguarding professionals to address gaps in strategic capacity and ensure the sustainability of local arrangements to drive forward its significant continuous improvement and transformation agenda.	<ol style="list-style-type: none"> <li>1. CCG agreed to create a further post to support the Safeguarding Children's agenda and free up time for strategic designated functions of role. 17.10.18 JD completed and with HR for banding prior to advertising the post.</li> <li>2. The CCG has commissioned a review of the community paediatrics service delivered by PAT This will include the Designated Dr roles for Child Protection and LAC</li> </ol>	April 2019	CCG Head of Safeguarding	<p>Post advertised, closing date 18/11/2018 Interview date 11/10/2018, position appointed to on the 11/12/2018 Target start date 1/04/2019</p> <p>PAHT have increased the Designated Dr sessions to 2 per week from the next rota, so to commence to late January 2019</p>	
2	<b>NHS Bury CCG together with Pennine Acute Hospitals NHS Trust and Pennine Care NHS Foundation Trust should:</b>					
2.1	Devise effective and efficient methods for ensuring community health practitioners are promptly informed about children and young people presenting at ED.	Map current process. Consider and evaluate alternative pathways. Including IT solutions and implement	End of Nov stage 1	Petra Hayes Bowyer and Louise Palmer		
2.2	Ensure initial and review	PCFT to review LAC Level 3 training to incorporate importance	April 2019	PCFT LAC team	Meeting to review	

	health assessments provide appropriate detail about children's heritage and parental health history, including their faith, culture and language to provide a clear picture of children's identity and of their experiences, including those who are unaccompanied children seeking asylum.	of children's heritage and parental health history. To develop and deliver training on the health of UCSA Safeguarding workshop to be delivered around unaccompanied asylum seekers planned for 2019.		and Designated Dr for LAC with the Specialist nurses for the CCG and PCFT	LAC level 3 training across the PCFT footprint planned. Safeguarding 'message of the month' produced November 2017 around UASC and available for information on the intranet.	
2.3	Ensure the quality of initial health assessments undertaken by paediatricians provides a comprehensive picture of the impact of neglect and other adverse childhood experiences on their growth and development, health and wellbeing; in line with national guidance. This should provide a clear benchmark to assess progress and help monitor ongoing risk.	Scope the current position of education against the Intercollegiate Document for LAC Source training/conference events for the Designated Doctor for LAC and paediatricians involved in the assessment of Looked after Children. Ensure all doctors involved in the IHA are aware of the requirements for the assessment Devise a QA programme and six monthly dip sample audits for quality by the CCG safeguarding team	April 2019	Designated Dr for LAC		
2.4	Ensure health action plans are SMART and outcomes-focused to enable joint scrutiny of the effectiveness of actions taken to address risks to children's health and development.	To include in LAC Level 3 training. Quality Assurance process of health action plans to be reviewed to ensure plans are SMART and outcomes-focused	March 2019	PCFT	Meeting to review LAC level 3 training across the PCFT footprint planned 19.11.18. The GM Q.A tool includes a standard on S.M.A.R.T action	

					planning.	
2.5	Ensure children placed in care placements within and outside Bury benefit from comprehensive assessments and health care plans, including recognition of their emotional and mental health needs and of actions being taken to safeguard them.	To be addressed by Q.A process of RHA's and analysis of SDQ's in the narrative of the assessment.	Ongoing	PCFT		
2.6	Ensure the voice of the child is kept at the centre of looked after children health assessments and care plans; with evidence of choices being given to them about the time and location of the appointment and whether they wish to be seen alone.	To include in LAC Level 3 training. Quality Assurance process of health action plans to be reviewed to ensure the voice of the child is kept at the centre of looked after children health assessments and care plans	March 2019	PCFT and PAT	Meeting to review LAC level 3 training across the PCFT footprint planned 19.11.18. Safeguarding Message of the Month shared June '18 re: Voice of the Child' and is available on the trust intranet for practitioners.	
2.7	Ensure children and young people leaving care are equipped with relevant health information about their health histories and actions they can take to continue to promote their personal health and wellbeing.	PCFT current health passport to be reviewed with Care Leavers	December 2018	PCFT	Specialist Practitioner (LAC) attended the Children in Care Council 21.09.18 and discuss their views around a care leavers passport. Links have also been made with the	

					Care Leavers Council 09.10.18 and awaiting further consultation	
3	<b>NHS Bury CCG together with Pennine Care NHS Foundation Trust should:</b>					
3.1	Ensure the role of the health practitioner within MASH is reviewed to provide sufficient capacity and expertise in supporting wider multi-agency awareness and decision-making about risks of harm to children.	Convene a meeting between the CCG, PCFT, the LA to review current position and establish the requirements for the role. Develop and agree and business case to increase funding	March 2019	NHS Bury CCG	Agreement reached with CFO for funding for a band 6 WTE 0.6 (18/12/2018) Email sent to K Dolton to request name of the best person to work with to agree the responsibilities of the role (19/12/2018)	
4	<b>NHS Bury CCG together with Pennine Care, Pennine Acute Hospitals Trust, primary care practices, Bardoc, One Recovery and Virgin Services Limited should:</b>					
4.1	Ensure a clear, well-managed system is in place in MASH to promote timely collection, co-ordination and analysis of information from all relevant child and adult health practitioners. This should provide a full picture of what is	linked to 3.1 SG to work with the MASH health practitioner to review the health information sharing proforma in line with the 'think family agenda.' The MASH health practitioner to establish links with adult mental health services in PCFT to support with assessments and referrals into MASH.	Dec 2018	PCFT SG team	22/11/2018 Update 15.10.18- SG team met with MASH health practitioner to discuss action. Proforma to be reviewed and	



	protection conferences by all child and adult health practitioners to provide a comprehensive picture of the experiences of children living in situations of abuse or neglect.	completion of reports by attending team meetings to support them with the new documentation.				
4.3	Strengthen local arrangements to promote a positive culture of co-production that enables children, young people and their families to shape the design and delivery of services and support ongoing learning from their feedback.	Fully implement the standards agreed by the Children's Trust to promote a positive culture of co production		NHS Bury CCG commissioning team and LA Public Health		
5	<b>NHS Bury CCG together with Pennine Acute Hospitals NHS Trust and Pennine Care NHS Foundation Trust, One Recovery and primary care practices should:</b>					
5.1	Equip Walk-in centre staff with appropriate knowledge and assessment documentation to help them to recognise wider risks to children and promotion of child-centred practice.	SG team to support the WIC around increasing knowledge and awareness of key issues, MDT group supervision dates, Domestic abuse / FGM pathways to be shared and supported by an education workshop delivered by a Specialist Practitioner. Education sessions to be delivered on Friday morning's.  BARDOC All staff to complete Level 3 safeguarding training. Clinical manager to review all safeguarding forms and feedback to staff, to support learning A percentage of cases	November 2018	PCFT SG team	05.10.18-SG team attended the WIC to provide general update of SG processes. DV&A co-ordinator visit 12.10.18- SG session around FGM Pathway 19.10.18- SG session around the	

		are reviewed to ensure that safeguarding is flagged All ANP have completed spotting the sick child module			Domestic Abuse Pathway with support from the DV&A co-ordinator.  CCG undertook a visit on 26/11/2018 to both WIC's To revisit Bury February  BARDOC completed Tested out on the visit and staff were well informed( see report)	
5.2	Ensure Walk-in centres benefit from having a stable, well trained workforce with appropriate levels of safeguarding and paediatric expertise.	PCFT A scoping exercise to be undertaken to establish what additional assurance nursing agencies can provide in relation to individual nursing competencies. Safeguarding Children Champion to be identified within the WIC to strengthen links with the Safeguarding Team and act as a channel of communication and support going forward.  BARDOC Undertake a recruitment drive to support stabilising of workforce and reduce requirement for use of agency staff	November 2018		See report	
6	<b>NHS Bury CCG together with Pennine Acute Hospitals NHS Trust and Pennine Care NHS Foundation Trust, One Recovery and primary care practices should:</b>					

6.1	Ensure regular and effective communication between midwives, health visitors, adult health practitioners and GPs to strengthen joint awareness of escalating concerns and embedding of 'Think Family' approaches.	Develop opportunities for effective communication as the Integrated Neighbourhood Team approach is strengthened. Continue to roll out the "Think Family" training in all health organisations Assurance of training to be provided via the Assurance and Governance meeting of the CCG Request the ASB and LSCB include specific "Think Family" training course Review the Terms of Reference for the CCG Safeguarding Governance and Assurance Group to include One Recovery and Virgin HealthCare as members	Letter to the Chair of the Boards End of December 2018 Review TOR's End Dec 2018	All organisations Head of Safeguarding CCG to submit request to LSCB/ASB	letter to LSCB Chair sent 18/12/2018 response received 18/12/2018 TOR amended following meeting on the 5/12/2018	
7	<b>NHS Bury CCG together with Pennine Acute Hospitals NHS Trust and Pennine Care NHS Foundation Trust and Bardoc should:</b>					
7.1	Ensure frontline clinicians and managers are fully aware of their professional accountabilities for checking, following up and recording actions to safeguard children and young people on child protection plans and who were looked after identified on the Child Protection Information System (CP-IS).	PAHT: CP-IS in place. New 7 minute briefing developed to reiterate purpose of CP-IS and the flagging arrangements. CP-IS included in new recognition and response to children safeguarding workshops delivered to all staff in ED in November 2018. Standard Operating Procedure to be developed	End December 2018	PCFT/PAT		
8	<b>NHS Bury CCG together with primary care practices should:</b>					
8.1	Ensure the nationally agreed read codes are appropriately maintained and kept up to date to reflect changes in	Develop guidelines in conjunction with IG colleagues on retaining information around legal status	March 2019	NHS Bury CCG	18/12/2018 email sent to IG lead for the CCG	

	children's legal status or care arrangements.					
8.2	Ensure GPs are effectively involved in the assessments and care plans for children who are looked after so that they are able to support joint work to effect change and improve child health outcomes.	The current pathway requires the provider of health assessments to obtain GP information for IHA, PCFT to implement the pathway	Dec 2018	PCFT LAC team	reminder sent to PCFT 18/12/2018	
9	<b>NHS Bury CCG together with Pennine Care NHS Foundation Trust and NHS England should:</b>					
9.1	9.1 Ensure dentists are appropriately informed about and contribute to the health care arrangements of children who are looked after.	Establish the pathway developed by Wokingham CCG and liaise with colleagues at NHSE to ensure the information is included in the training for dentists	March 2019	NHS Bury Spec Nurse LAC		
9.2	Ensure local specialist children's homes effectively deliver therapeutic support to children with high and complex needs, and ensure appropriate safeguarding arrangements are in place for children under the age of 18 sharing the facilities with young adults.	Establish a joint pathway with the LA for visits to local children's homes to ensure that safeguarding arrangements are place for YP where over 18's are in the same accommodation as under 18's. Request that a member the CCG safeguarding team join the placement planning meeting to ensure children and YP's needs can be met in placement	March 2019 December 2018	HOS Bury CCG	Initial conversation between the HoS at the CCG and the DCSC at the LA and agreed the HoS will join the planning meeting in the New Year	
10	<b>Pennine Acute Hospitals NHS Trust together with Pennine Care NHS Foundation Trust</b>					

	<b>should:</b>					
10.1	Ensure that midwives routinely share all antenatal information with health visitors to enable timely contact and coverage of antenatal visits.	PAT and PCFT to map the current process and benchmark against Royal Bolton Hospital process and PAT to HV process to be amended as required Audit follow up to ensure new process is embedded	End of March 2019	PCFT and PAT Julie Dean and Wendy Thompson	Service Manager (WT) has liaised with the Named Midwife for Safeguarding at the Northern Care Alliance to explore what the difficulties are in antenatal information being shared with HV in a timely way. Meeting planned for November 18.	
<b>11</b>	<b>Pennine Acute Hospitals NHS Trust should:</b>					
11.1	Ensure the emergency department at Fairfield General Hospital has appropriate levels of paediatric doctor and nurse expertise in line with national guidance.	1. Undertake review of current staffing against national guidance and submit briefing paper / business case to DoN by end Nov 18 2. Re advertise RSCN posts, with radio advert and clear specification to enable term time working and potential cross system working and have advert placed	Nov-18	DoN PAT	review completed and advert placed 14/11/2018	
11.2	Ensure record-keeping in maternity services is completed in a timely manner to provide a full and up-to-date picture of incidents and risks to mothers and their unborn babies.	PAHT: Review the feasibility of chronology of significant events to be included in midwifery notes where Special circumstances are recorded. Add chronologies to maternity risk register if unable to find appropriate solution. Any solution must include appropriate risk assessment and mitigating factors for not implementing an interim chronology format  PAHT: Establish timescales for transition to use of K2	March 2019	Midwifery Named Midwife PAT	Nov 2018 Findings of report shared with wider midwifery team to ensure prompt escalation of issues in relation to specific safeguarding	

		<p>maternity database. Establish the capability of K2 to generate automatic visible chronologies when SCF is uploaded</p> <p>All staff to be reminded of the importance of contemporaneous record keeping. This was felt to be an isolated incident Safeguarding midwife has not previously highlighted this as a concern nor has our record keeping audit process. However in order to provide assurance a retrospective audit will be undertaken in relation to recent safeguarding cases by the safeguarding Midwife. This also to be highlighted on level 3 training and Midwives public Health days</p>	<p>March 2019</p> <p>December 2018</p>		<p>concerns. There is an issue with no community IT access which may delay input of special circumstances forms and this is being reviewed as part of the wider IT access issues across PAT. staff currently return to base to input data which should occur on a daily basis</p> <p>December</p> <p>An audit of records has been completed and has highlighted a wider issue</p> <p>Report awaited by the CCG</p>	
11.3	<p>Ensure maternity records clearly identify any concerns about partner's mental health or misuse of drugs or alcohol that could impact on their parenting capacity or availability to support the mother and unborn/new born baby.</p>	<p>The national maternity Hand held notes ask these questions and we will include review of this aspect in our retrospective documentation audit. This will also be added to our safeguarding training and disseminated to staff via the Governance newsletter</p>	01/01/2019	PAT maternity	<p>HH notes capture these questions and we will undertake a retrospective audit with regards to completion of the information. We understand that the HH notes were not available for review at the inspection.</p>	

					<p>December</p> <p>An audit of records has been completed and has highlighted a wider issue</p> <p>Report awaited by the CCG</p>	
11.4	Equip maternity staff with the knowledge and tools to enable them to strengthen their safeguarding practice in identifying domestic abuse, neglect and exploitation.	<p>PAHT: Establish role and function of maternity IDVA as part of a wider review of the training that midwives receive in relation to safeguarding, domestic abuse, neglect and exploitation.</p> <p>PAHT: Review use of 'upside down' triangle to identify DA.</p> <p>PAHT: Domestic abuse training delivered by IDVA (provided through DA plan with Bury Community Safety Partnership) to key ED staff at FGH - domestic abuse champions</p>	Nov 2018	PAT Maternity	<p>We have identified through audit and incident reviews that our screening in relation to domestic abuse is not consistent or as robust as we would like. The CQC inspection has just confirmed that.. A plan is currently being devised to relaunch screening for domestic abuse to ensure it is carried out consistently, and to revamp the training our staff receives including the use of tools.</p>	
11.5	Ensure strong emergency department leadership with	PAHT: Workshop programme on recognition and response commences 05/11/18	Commence Nov 2018	PAT Named Nurse	Local action plan fortnightly	

	good recognition, management and review of risks to children. This includes making effective use of safeguarding screening tools to inform judgements about the safety of children, making accurate records in line with professional standards, and sharing relevant information with other agencies, including ensuring prompt referrals to MASH.		Completion date ???	Safeguarding Children / ADNS ED	meetings to update and track progress. Workshops set up November 2018 to address recognition and referral professional curiosity and the use of screening tools safeguarding champions identified check list standardised	
11.6	Review the capacity of its named midwife and named nurse to strengthen their visibility alongside frontline practitioners and partner agencies across its whole footprint.	PAT are developing a business case for additional named nurse resource for children and adults (2 posts) Additionally, PAT is scoping and preparing a proposal for increased named midwife capacity, The scoping includes reviewing rates of births, deprivation, scoping against like neighbours, and, demands of statutory reviews to project future need	March 2019	Safeguarding lead PAT		
11.7	Strengthen recording arrangements for the supervision of midwives to enable tracking of the quality and impact of practice.	Record of safeguarding supervision for midwifery is recorded on the U drive. Maternity managers have access to the database in order to monitor staff accessing supervision. Supervision guide currently being updated to policy PAHT: conduct evaluation of the experience of supervision with midwives PAHT: Audit the new recording process	March 2019	PAT Named midwife		
12	<b>Pennine Care NHS Foundation Trust should:</b>					
12.1	Ensure the capacity of its school nursing service effectively meets demand;	A review of current staffing levels in the School Nursing Service in line with National Standards. School Nursing Service Leads to complete a scoping exercise around the allocation of	31/01/2019	PCFT and PH	02.11.18- Review of School Nursing Staffing Levels	

	<p>with good management oversight of the caseloads of frontline practitioners to prevent delays in identifying risks and meeting children and their families' needs.</p>	<p>safeguarding cases and provide assurance that cases are triaged appropriately in line with identified risk, with management oversight consistent with the health visiting service.</p>			<p>completed by Community Service Manager found the current provision of skill mixed teams to be in line with National Standards as outlined by Choosing Health (2004)</p> <p>Email to Consultant in PH sent by ML (7/12/2018) requesting clear reassurance are sought from PCFT, namely 1. How many vacancies is the service carrying? 2. Levels of maternity or sick leave?</p> <p>PH consultant emailed PCFT SanFran2018 Can you also provide information on what % of capacity you are working against the specification that is commissioned?</p>	
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					Also, within the CQC report, there is concern about the use of Eview by school nursing - could you confirm the short and longer term solutions to the fact CQC did not consider it fit for purpose?	
12.2	Address shortfalls in the capabilities of its school nursing electronic case management system to enable prompt retrieval and oversight of key information about children's safety and wellbeing.	To escalate the concerns identified with the Eview system through the PCFT assurance framework. To ensure the electronic case management system for school nursing is reviewed as a priority within the organisation.	01.04.2019	PCFT	Concerns escalated to the trust wide Records Manager by the Bury community service DBU assurance meeting 12.10.18. External document consultancy employed to review the school nursing electronic records as a priority. Meeting with Consultant and School Nursing Township Lead, 02.11.18	
12.3	Ensure the focus on children within adult mental health services assesses the impact of	To review the assessment process in adult mental health services to ensure the children's needs within the family are assessed appropriately. Trust wide safeguarding audit of	01.04.2019	PCFT	Documentation has been reviewed with adult acute in-	

	parental mental health on their protective capacity; and that such risks are clearly identified, monitored and recorded throughout the period of care.	CMHT planned 2019- awaiting allocation of clinical audit lead.			patient wards across PCFT to include more guidance of safeguarding assessments on admission. Discussed at the PCFT Named Professionals Forum 22.08.18 and is now live across the trust.	
12.4	Strengthen Healthy Young Minds approach to assessment and safety planning to provide a comprehensive picture of the impact of children's social circumstances and previous adverse experiences to ensure ongoing recognition of their resilience and risks.	To complete a 'dip sample' of HYM records to review the quality of the safeguarding assessment, risk analysis and S.M.A.R.T action planning.	1.04.2019	PCFT		
12.5	Ensure an effective system of quality assurance of all referrals to MASH. This should promote wider understanding of factors that lead to escalation and tracking of the impact of safeguarding work undertaken and review of the outcomes for the child/children.	To introduce a process of quality assuring PCFT MASH referrals as part of annual safeguarding activity. Planned for quarter 4 with analysis in Quarter 1 (2019).	1/04/2019	PCFT		
12.6	Ensure adult mental health	To create a tab on the PARIS electronic record system that	1/04/2019	PCFT		

	practitioners make effective use of their electronic case management system; including routine use of alerts and uploading of child protection documentation to inform their case work. Records should provide a complete picture of the ongoing challenges and risks within the family, and the impact of support given.	separates safeguarding reports from mainstream correspondence. Trust wide safeguarding audit planned with CMHT in 2018/2019				
12.7	Ensure adult mental health practitioners provide clear and succinct written reports to child protection conferences that provide appropriate analysis of the impact of parental mental health difficulties on care provided; and ensure their reports are routinely shared and discussed with parents in advance of the conference.	BSCB / PCFT Case Conference Template to be shared with adult mental health services to ensure there is consistency in reports. Trust wide safeguarding audit to be completed with CMHT's 2018/19	1/04/2019	PCFT	23.10.2018 PCFT template for Case Conference report shared with Adult Community Service Lead and CMHT Service Manager	
12.8	Ensure adult mental health practitioners benefit from regular safeguarding supervision to support their work, ensuring effective vigilance of children where there are fluctuating risks or complex family circumstances.	Safeguarding Supervision SOP to be developed to support local implementation of the trust wide Supervision Strategy	1/04/2019	PCFT		
12.9	Ensure looked after children's health records provide all	The Quality Assurance of IHA /RHA's to ensure all essential information is included to allow meaningful holistic	July 2019	PCFT		

	essential information about children's care status, parental and sibling details and consent to provide a full and accurate record of each child's personal circumstances.	assessment. PCFT LAC Specialist Nurse to support the CCG with a repeat audit of the Q.A of health assessments planned 2018/19.				
12.10	Ensure recording and tracking systems in use within the LAC specialist health team are supported by a case recording system that promotes timely and efficient transfer and management of information.	To review the function of the LAC administrator and ensure there is robust system in place to track and records LAC health records through different organisational systems.	31/12/2018	PCFT		
12.11	Ensure stronger management oversight and safeguarding leadership within Bury Walk-in centre; including assurance about the currency of paediatric and safeguarding children training undertaken by agency staff.	A scoping exercise to be undertaken to establish what additional assurance nursing agencies can provide in relation to individual nursing competencies. Safeguarding Children Champion to be identified within the WIC to strengthen links with the Safeguarding Team and act as a channel of communication and support going forward.	31/12/2018	PCFT	20.11.18- Agency staffing added as an agenda item on Corporate People and Workforce Steering Group	
13	<b>Virgin Care Services Limited should:</b>					
13.1	Ensure the capacity of sexual health practitioners is sufficient to support their contribution to child protection and prevention case discussion meetings when this is needed.	Implement log of meetings attended (and invited to) in relation to safeguarding, LAC and child protection to track attendance and invitations. Ensure resilience in safeguarding leads and support roles and all positions are appointed to. Ensure that Safeguarding Champions have clear Full Time Equivalent time allocated.	9/11/2018	Virgin Care	Implemented Evidence needed and requested via SG meeting	
13.2	Develop its local safeguarding	Review Under 18 assessment template and amend mandatory	31/12/2018	Virgin Care	Awaiting audit	

	children assessment processes to ensure appropriate flagging, recognition and recording of the vulnerability of children and young people including those whose care is being managed within child in need and child protection arrangements.	fields where applicable Review Under 18 assessment template with feedback from Virgin Care sexual health network (further to changes made in action 1). Sexual Health Network meeting to be held in January 2019. Implement annual audit programme for completion of under 18 Proforma.			programme	
13.3	Strengthen its safeguarding leadership assurance processes to enable case audits and regular safeguarding supervision to be provided.	Ensure Safeguarding supervision is taking place as per the Safeguarding Supervision Policy and group safeguarding supervisions sessions are arranged for all areas and attendance confirmed.  Agree dates for safeguarding Supervision sessions with CCG (offer of 4 per year from Maxine Lomax). This is to commence from January. Implement log for all ad-hoc supervision to ensure documentation and audit trail is present. Ensure safeguarding discussion is documented in structured 1:1 and peer review sessions.	31/12/2018	Virgin Care	Supervision dates set for 2019	
14	<b>One Recovery should:</b>					
14.1	Ensure case records contain all relevant information about children within the family and other professionals involved in the delivery of care to promote effective liaison and support for the whole family	A specific prompt for schools, Health Visitors etc., is required and the Safeguarding Lead is going highlight this issue with staff at the Service Meeting on 23 November 2018 and will raise this issue at the next ADS Safeguarding Effectiveness Committee on 11 December 2018 and will establish whether children's schools, Health visitors details can be added as a prompt on our assessment form.			Dec 2018 update Our assessment currently includes a free text box in the safeguarding section that prompts Practitioners to add other services involved with a child, this is reviewed	

					<p>throughout client's care.</p> <p>However, we feel following the CQC Inspection that this needs a specific prompt for schools, Health Visitors etc., therefore, Angie Boast, Safeguarding Lead is going highlight this issue with staff at our Service Meeting on 23 November 2018 and will raise this issue with Quality and Performance Team and at the our next ADS Safeguarding Effectiveness Committee on 11 December 2018 and will establish whether children's schools, Health visitors details can be added as a prompt on our assessment form.</p> <p>To provide some reassurance, these details are already</p>	
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					included on the paper hard copy (Pink) child details form that is used within the service as a contingency should electronic systems fail and safeguarding details are urgently required. This record is kept with the Safeguarding Lead. We can also provide minutes from meetings where this matter has been discussed and subsequent actions.	
14.2	Promote good information-sharing with GP's to enable strong shared vigilance of the care and treatment of adults within the household and recognition of impacts for children.	<p>There is a communication pathway in place</p> <p>To support GP's understanding any current prescribing by One Recovery the following paragraph is mandatory on any communication with GP's regarding our prescribing. This paragraph was provided by CCG:</p> <p>"Please could you ensure the medication prescribed by One Recovery Bury as per this letter is added to the patient's record as a drug prescribed by an outside agency (using the same procedure as for adding a RED drug to a patient's record) as this will allow for Vision to check for interactions and maintain an accurate record of what medication the patient is taking."</p>			December 2018 update One Recovery reviewed our communication pathways following an alert raised by Oldham Rochdale Coroner in relation to a Turning Point client. Although these concerns are in relation to a different service in another area this gave us the	

					<p>opportunity to review our existing communication process. Our review included service users new into treatment, currently in receipt of pharmacological interventions from us or are being discharged.</p> <p>I initially undertook an audit of 20 cases to establish the length of time it took for a GP to be sent a comprehensive Clinic Outcome letter (please see attached audit). Although we were quite satisfied that a comprehensive letter was sent to a GP within 7-14 days following attendance at clinic, it was agreed at our August Clinical Operations meeting held that there should be a more immediate</p>
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					<p>response from us and that a fax should be sent to the service users GP immediately following clinic whereby medication has been initiated or changed this included any service user being prescribed by our service as part of continuation of their care.</p> <p>To support GP's further in understanding any current prescribing by One Recovery the following paragraph is mandatory on any communication with GP's regarding our prescribing. This paragraph was provided by CCG:</p> <p>"Please could you ensure the medication prescribed by One Recovery Bury as</p>
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					per this letter is added to the patient's record as a drug prescribed by an outside agency (using the same procedure as for adding a RED drug to a patient's record) as this will allow for Vision to check for interactions and maintain an accurate record of what medication the patient is taking."	
14.3	Ensure case records contain all relevant child protection information to guide the work of adult substance misuse practitioners and ensure they are actively involved in all relevant child protection planning and review meetings.	<p>The safeguarding lead will attend meetings and speak to CSC Manager and other individual teams to strengthen information sharing and links between One Recovery and Children Social Care.</p> <p>Cases will be jointly tracked by One Recovery and Children Social Care.</p> <p>The Social Work Practice lead will speak to relevant people to ensure all plans and meeting minutes etc are shared with One Recovery.</p> <p>The safeguarding lead is now part of the MASH referral screening process.</p>			December 2018 update Angie Boast, Safeguarding Lead and Anita McWilliam, Service Manager, met with Jane Darrington, Social Work Practice Manager on 27 September 2018. At this meeting we had already discussed this issue and agreed to address the lack of sharing of plans and	

					<p>minutes from Children Services to One Recovery.</p> <p>It was agreed that Angie Boast will attend EMM meetings and speak to CSC Manager and other individual teams to strengthen information sharing and links between One Recovery and Children Social Care.</p> <p>Also, cases will be jointly tracked by One Recovery and Children Social Care.</p> <p>Jane Darrington will also speak to relevant people to ensure all plans and meeting minutes etc are shared with One Recovery.</p> <p>Angie Boast is also now part of the MASH referral screening process.</p>	
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					We are due to meet again in January 2019 to review progress	
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