

After the CQC Review of Health Services for Children Looked After and Safeguarding in Harrow in January 2014, all health providers involved in the review had to produce action plans outlining the highlighted areas for improvement and these have started to be monitored by Harrow CCG and the Designated Professionals to ensure progress is being made.

Within Harrow CCG there is a defined governance structure and it is within this that the CQC Action Plans will be monitored.

Javina Sehgal Chief Operating Officer is the Executive Lead for Safeguarding Children within Harrow CCG.

The CQC Action Plans are being monitored at the Safeguarding Children Working Group with Providers which are held quarterly. This is chaired by the Assistant Chief Operating Officer and is attended by the Designated Professionals for Safeguarding Children. The first review of the progress of the individual provider CQC Action Plans was held on 28<sup>th</sup> July 2014. The Safeguarding Children Working Group reports to the Quality Safety and Clinical Risk Committee and a report on the progress of the CQC Action Plans is due to be submitted to the committee in October 2014. Any concerns that arise about service provision are discussed at the Care Quality Groups for the individual Provider. Serious concerns are escalated to the Governing Body of Harrow CCG.

All Providers have presented their first review at the Safeguarding Children Working Group held on the 28<sup>th</sup> July 2014. Most of the actions are operational and the role of the CCG has been to monitor progress of actions and provide assurance that the changes have been implemented or are on their way to being embedded in the Provider organisations. This paper will provide a summary of the progress made by the Providers as the CQC Action Plan remains a document that is not currently in the public domain as it is relevant to individual providers.

#### **North West London Hospital Trust (NWLHT)/Ealing Hospital Trust(EHT)(1, 2, 3, 4, 6, 7, 10)**

The two organisations have joined together to provide one Action Plan and progress has been limited in some areas. The CQC Review found that there were not always effective systems in place in both the Urgent Care Centre (UCC) and Children's A&E Department to identify risk indicators and the number of attendances for all children under the age of 18years. A significant amount of work has been carried out in the UCC/A&E to ensure that identification of risk factors occurs and is effective. An audit completed in July 2014 has only just been shared with the Designated Nurse and will shortly be reviewed.

The CQC also raised a concern that all children and young people who attend A&E needed their attendance to be reviewed by the Liaison Health Visitor or a Senior

Paediatric Nurse. It has been confirmed that an audit has been undertaken and a summary report is being compiled.

Again the topic of clinical supervision in safeguarding children was raised and the UCC has worked hard to develop a model of supervision that supports critical thinking, reflection and learning around the management of safeguarding children. This does appear to be effective and there is evidence to suggest the numbers of cases discussed are quite diverse. Concerns were also raised by the CQC about the UCC being compliant with agreed Safeguarding Children Protocols including statutory guidance as set out in *Working Together 2013*. All staff have access to these policies via the intranet and a spot check in May 2014 showed the area to have updated policies.

Concerns were raised by CQC about the capacity in the Liaison Health Visitor service. A review and recommendation of the service has been commenced and the Commissioners are waiting for the report to be shared with them which would also be shared with NHSE.

To date no concerns about the capacity of the service have been shared with the CCG. This is a post that is shared with Brent and Harrow.

The CQC was interested in data collation. There has been some improvement in the effective and aggregated reporting of safeguarding children activity within the organisation. This data is shared with the Contracts Team and more recently the Local Safeguarding Children Board (LSCB).

CQC identified concerns regarding the Maternity Unit due to poor communication between other health professionals such as Health Visitors and GP's. Psycho-Social meetings have been established and occur fortnightly where cases are discussed.

Maternity Liaison Meetings are also well-established and changes have been made to the recording of the minutes to ensure the actions agreed during the meeting are captured and implemented. The importance of Discharge Planning Meetings involving the right professionals was also highlighted by the CQC; more evidence is required to demonstrate that this is happening. An audit has been undertaken but the Summary report is still to be compiled.

To ensure there is effective quality assurance and managerial oversight of operational safeguarding practice and case recording, a quality assurance check list tool has been devised. However the evidence of the audit is still outstanding.

The CQC also looked at the pathways for young people who attend ED and have identified drug or alcohol misuse issues and requested assurance that the pathway was understood and the right screening tools were in use. Training has been provided for staff to make them more aware of COMPASS (Drug and Alcohol service provider) and the services they provide. However the referrals remain very low. A

spot check carried out on the 17<sup>th</sup> June 2014 showed no referrals to date had been made to COMPASS for young people.

The CQC also recognised again that there was a need for effective liaison and sharing of expertise with other health professionals in child protection cases. To increase effectiveness in this area, a discharge summary from the Midwives when there are safeguarding concerns has been developed, but the audit to measure compliance is still outstanding.

The Children Looked After (CLA) service pathway continues to prove challenging to implement. The CQC Review found progress was disappointingly slow and highlighted that the management of health services for CLA needed to be robust, quality assured and showing continuous improvement. The CLA health service is currently provided by two organisations, NWLHT and EHT which has contributed to a fragmented service. The CLA Protocol for the pathway for Health Assessments has been reviewed and updated and this involved Harrow Local Authority, Ealing Hospital Trust and North West London Hospital Trust. The paperwork used by the Local Authority has also been revised in order to make the process smoother. However the Health Assessments remain outside of the required timescale of best practice for many children and young people; this is due to multiple reasons and all partners involved in the pathway are working to improve performance.

The quality of both Initial Health Assessments and Review Health Assessments has improved greatly and work is on-going to ensure the health plans are Specific Measured Achievable Relevant Timely (SMART) and monitored. There is evidence of the child's voice within the assessments and more acknowledgement of the awareness of diversity and cultural needs.

Records are being maintained on the electronic record system and completed health assessments are being uploaded in order that universal services can ensure continuation of care.

Health Passports have been introduced to the Care Leavers and to date 3 have been issued. More recently a survey has been developed to use with the Health Passport to evaluate how the Care Leavers view the passport. This will be commencing from September 2014.

CAF training has been commenced with staff and this will be an on-going process. Numbers of completed Common Assessment Framework (CAF's) are being collated and an analysis of these figures will be shared with the CCG and Designated Professionals once completed.

Although some of the work has been carried out, there is still a need for NWLHT/EHT to demonstrate more commitment to make changes in practice happen more quickly and have the evidence to prove the work has been carried out.

## **COMPASS (Substance Misuse Service provider) (Point 9.1 & 9.2)**

Following the Review COMPASS started immediate work on the areas of service that required improvement. The current Service Manager has worked very closely with the Designated Nurse to ensure that the Action Plan is an effective tool to ensure long term changes will be made resulting in a more effective service for its clients. The CQC Review talked about the "Think Family" model of practice which recognises the impact that substance misuse has on children or vulnerable adults living within the same home or coming into contact with. COMPASS does not use the terminology of Think Family but does have the wording "impact on the family" within their paperwork.

Progress has been good with a review of both their Safeguarding Adults and Safeguarding Children Policies and training with all staff to update them on the changes. All staff have received training on "Impact on the Family" and further training is planned for October 2014 by the Hidden Harm Co-Ordinator. COMPASS will also continue to ensure all staff; including Managers are trained to the appropriate level and through supervision will ensure the learning is impacting on practice.

Of particular significance is the review of the Assessment paperwork which although has always identified risks around children/vulnerable adults explores them much more analytically. As COMPASS is a large organisation, a change in Assessment paperwork has to be agreed nationally and there has been a positive response to the work already done. Supervision is already well established in COMPASS but safeguarding concerns are now additionally discussed in monthly meetings as a standing item. With the introduction of reflective practice, a case will be discussed every month at the multi-disciplinary clinical meetings to reflect on safeguarding risks and the impact on families. Random samples of each practitioners work will be carried out every six months to review safeguarding practice and these findings will be shared with the Designated Nurse.

COMPASS already has good processes in place such as the Service Safeguarding Register which highlights children/vulnerable adults who might be at risk. The register will be monitored both at the multi-disciplinary clinical meetings and the Managers Meeting which will allow for better management oversight of cases and appropriate actions.

The CQC Review also stressed the importance of effective liaison and sharing of expertise. There is already good attendance by the Hidden Harm Co-Ordinator at the Maternity Liaison Meetings in Northwick Park Hospital where there is a sharing of expertise between midwifery and substance misuse. The Hidden Harm Co-Ordinator also attends Multi Agency Safeguarding Hub (MASH) on a weekly basis which has developed an important link between the two services. There are also plans for COMPASS to attend a Health Visitor/School Nurse Forum to talk about the work

they do and how they can work together, joint home visits and how to recognise relapses and what to do. An audit is due to be completed at the end of August 2014 which again will be shared with the Designated Nurse. It is apparent that COMPASS has worked hard to achieve improvements within their service and progress has been at a constant pace.

### **General Practice (GP) (11.1)**

The development of a General Practice Local Improvement Scheme (LiS) for safeguarding children and adults in Harrow has been a significant achievement which will enhance and extend the management of safeguarding within Primary Care and has been sanctioned by NHS England. The LiS acts to maximise the role of safeguarding leadership within GP practices. The first supervision session was held on the 23<sup>rd</sup> July at The Heights and led by the Named Doctor and the Designated Nurse. There was good attendance and both safeguarding children and adult cases were discussed and it was a positive learning experience. These sessions are to be run quarterly and supported by the Designated Professionals. Practices will also provide audits looking at their safeguarding practice with a minimum of 2 audits a year.

### **Central & North West London Hospital Foundation Trust (CNWL) (7.1 & 8.1)**

Good progress has been made by CNWL with many of their identified actions being achieved. The CQC Review focused on effective liaison and sharing of expertise amongst health professionals in child protection cases including the undertaking of joint home visits. To enhance this way of working, CNWL has reviewed its joint Protocol with the Local Authority to ensure there is guidance on sharing information with Health Visitors, undertaking joint visits and helping them understand the indicators of relapse. CNWL is awaiting agreement from the Local Authority and then the revised Protocol will be widely used. Training for Peri-natal staff has already been undertaken to ensure that they continue to work closely with their Health Visitor colleagues and enhance their understanding of any signs of relapse. Signs of relapse and the need to share them have already been added to the training so the same message is being given to all staff. Similar messages are reinforced at the supervision group in Harrow.

CQC also recognised the importance of safeguarding supervision and recommended that Child Adolescent Mental Health Services (CAMHS) staff would benefit from having it to help them work more effectively in safeguarding children. To this end, local Safeguarding Champions have been identified for each of the multi-disciplinary sub teams in Harrow CAMHS. They are all due to be trained by the Named Nurse to provide specialist safeguarding advice in their local supervision groups. Not only will the Champion have weekly supervision groups but they will also keep an updated record of young people with significant safeguarding concerns and track any actions, thus providing an oversight.

As can be seen by this report much work has been carried out by the Providers to ensure the recommendations from the CQC Review are completed. The CCG along with the Designated Professionals and the LSCB continue to monitor the progress of the action plans.