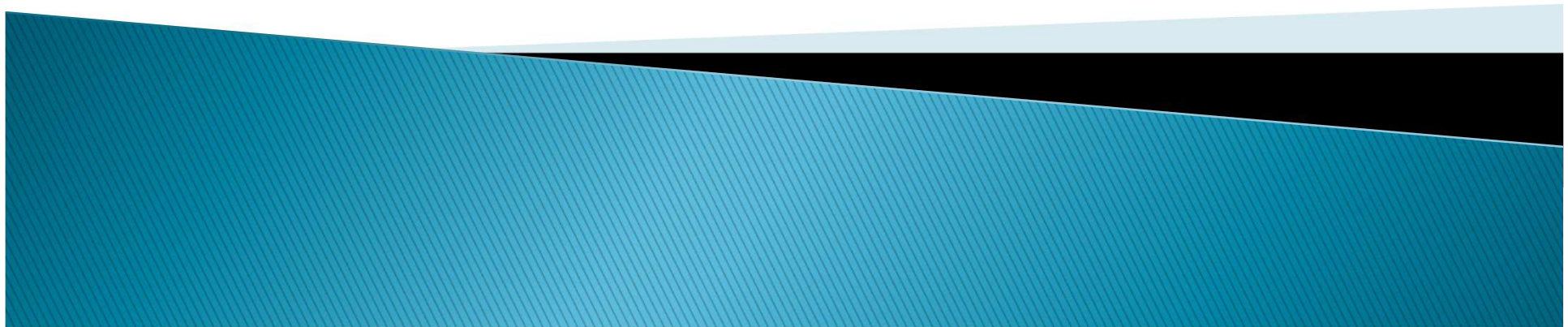


Rutland Scrutiny Panel: 21st January 2021
Review of assurance following the Care Quality Commission
Inspection of Safeguarding and Looked After Children's Health
Services 2019

Jan Harrison Designated Nurse Safeguarding Clinical Commissioning Group (CCG)
Neil King Head of Safeguarding Leicestershire Partnership NHS Trust (LPT)
Michael Clayton Head of Safeguarding University Hospitals Leicester (UHL)



Care Quality Commission

The Action Plans received so far do not consistently indicate the progress required to meet the recommendations required by the CQC review. Additionally, the Action Plans do not clearly indicate how the improvements are to be monitored on an ongoing basis.

Response: Health Service providers commissioned by the CCG are monitored on a quarterly basis by the submission of a Safeguarding Assurance Template (SAT): A CCG Designated Safeguarding Nurse is a member of the providers Safeguarding Committee: Weekly discussions between Heads of Safeguarding and Designated Safeguarding Nurses

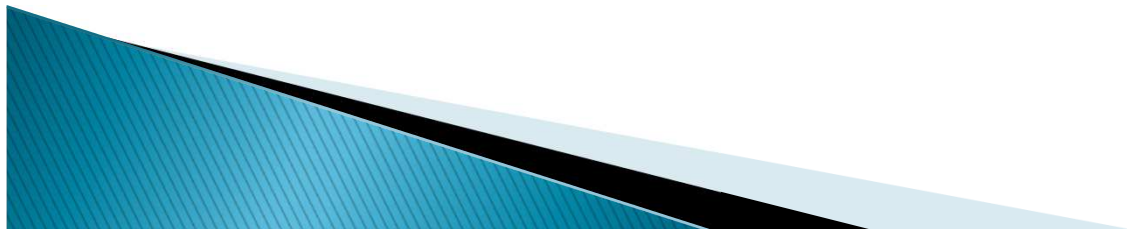
How is the CQC evaluating and monitoring the Action Plans submitted to them, for example have joint commissioning arrangements been improved to ensure better outcomes for young people?

CCG Response: The CQC were sufficiently satisfied that the evidence accompanying the actions plans demonstrated compliance or capacity to improve and there has not been any ongoing monitoring by the CQC

Additionally, it would be useful to have some reassurance regarding safeguarding protocols and the CP-IS system during presentation at Emergency Departments or at GP's.

Response: UHL has the CPIS embedded into ED electronic records

GPs are to be included in the second tranche of the CPIS roll out by NHSE&I Digital – this is an ongoing piece of work



East Leicestershire and Rutland Clinical Commissioning Group (CCG)

Recommendation 1.1 – Amber: What is the current status of the Safeguarding team recruitment process?

Response: Management of Change Processes concluded late 2020 and the Covid -19 Pandemic have delayed advancing the recruitment process for the CCG Safeguarding Team. It is anticipated that this will be resolved by Autumn 2021

Recommendation 1.2 – Amber: The Looked After Children Service Specification (October 2019) identified the requirement for a CCG review of the Designated and Named Doctor capacity for LAC What is the current status of this review?

Response: The Covid-19 pandemic has delayed advancing this review

Recommendation 5.3 – Green: Provide an update on the safeguarding training regarding compliance and the April 2021 deadline.

Response: Since the onset of Covid-19 all GP Practices are accessing on-line Level 3 Safeguarding Training for staff whose roles require this as per the Intercollegiate Guidance 2019



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

Recommendations 1.1,1.2,2.1, 3.1 – Green, Not Applicable Many of actions in the LPT Action Plan pass responsibility away from the LPT for example “this action is for the CCG” or “we will provide the current performance data”.

What actually is the LPT doing to ensure that none of the services it provides will be criticised in any future Inspection of health services to LAC or safeguarding?

CCG Response

- ▶ 1.1 & 1.2 relate to the capacity of the Designated LAC Post
- ▶ 2.1 relates to LPTs discharge of duties with regards to domestic abuse: explained fully in their action plan submission



3.1: Ensure effective joint arrangements for improving health outcomes for LAC

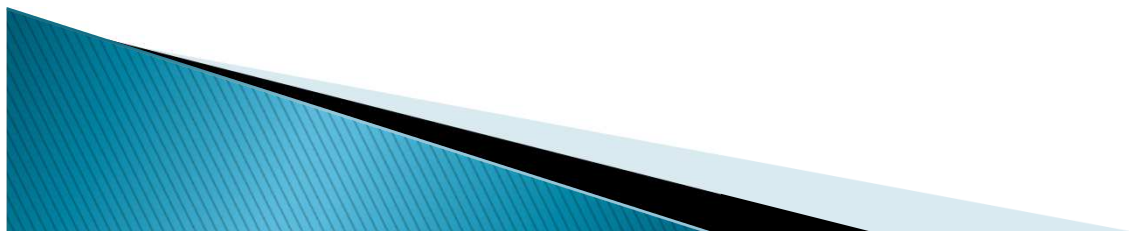
CCG Response: These arrangements are commissioned and led by the CCG. The partnership arrangements required to ensure continuous quality improvement of health outcomes for LAC are discussed at the LAC Strategic Group to which Rutland LA is a member.

E.g. Children Looked after Health and Children's Social Care Audit December 2020 Designated Nurse LAC, LADO and IRO

6 Children's Health and Social Care records were audited

Findings:

- ▶ 6/6 Registered with a GP
- ▶ 5/6 Registered with Dentist- one new LAC waiting to register
- ▶ 4/6 Registered with Optician- one new LAC waiting to register- one too young
- ▶ 4/6 Eligible for SDQ which were completed



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

What actually is the LPT doing to ensure that none of the services it provides will be criticised in any future Inspection of health services to LAC or safeguarding?

- ▶ **Response**
- ▶ With regard to those actions which are owned by LPT, these have been submitted in the plans already. Those which were passed to the CCG are because they are not LPT 's to action but sit within the domain of the commissioners.



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

Recommendation 3.4 – Green Please provide an update from CAMHS requesting current data as Action plan indicated no update since 20/12/19

“Ensure all children looked after benefit from timely access to support in meeting their mental health needs.”

Response: This evidence has been previously supplied hence signed off in Green
There is a separately commissioned LAC CAMHS Service and there are no young people on this waiting list.

Recommendation 6.1 –Green Please provide the results of the review of the notification system due in April 30th 2020 ? What’s the outcome of the review of A&E attendance notifications across Healthy Together and LAC?

“Review the impact of the enhanced notification system in helping to strengthen joint safeguarding practice and outcomes for children.”

Response: All notifications for A&E attendances from UHL and DHU. The systems are in place and the service is assured.

The LAC team get notified of all LAC (0-18) whether they are LLR YP or OOA YP when they have accessed A&E, OOH and EMAS reports via task. The tasks are assigned to the nursing team to review and take appropriate action if required- contact Foster Carer, residential home, Social Worker for more information.



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

Recommendation 7.1 –Green What safeguards are in place to ensure that out-of-area providers are informing LPT of attendance? Has this recommendation been followed up at a National Level?

Who do LPT think are responsible for effective use of the CP-IS system?

Response: As a result of changes through Covid, LPT now have access to CP-IS. This is in addition to what was previously shared with the CCG and CQC.

Recommendation 7.2 –Amber Please provide an update on the progress of neuro-development (ND) project which is ongoing and is a large transformational piece of work.

“Ensure children, young people and their families have timely access to neuro-development assessments and post-diagnosis support.”

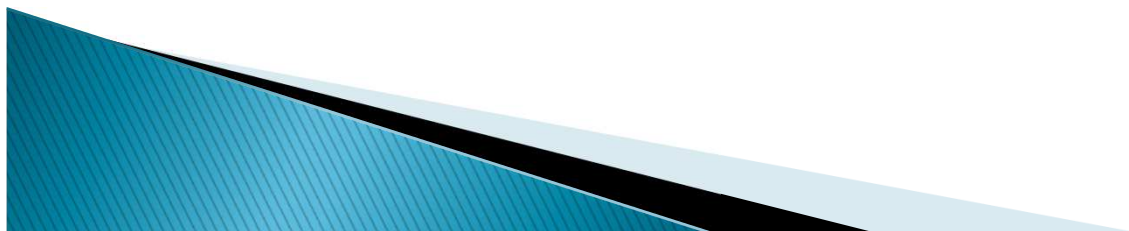
Response: The ND project is ongoing and is a large transformational piece of work. Both the current and the future ND work is being addressed proactively across the health systems and in partnership with the CCG



Recommendation 7.2 –Amber Please provide an update on the progress of neuro-development (ND) project which is ongoing and is a large transformational piece of work.

“Ensure children, young people and their families have timely access to neuro-development assessments and post-diagnosis support.”

Response: In March 2020 the availability of professionals to come together to continue this work was affected by the prioritising of the arrangements to manage Covid-19. However, Neurodevelopmental Transformation Programme has been established. This system wide delivery model has excellent engagement from all partner agencies. Phase 1 of the project is to formulate a business case, including options appraisal and recommendations, by the end of June 2020. Once this has been considered, Phase 2 will implement and mobilise the agreed ND model across the system.



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

Recommendation 7.3 –Green Please provide an update on the work that is progressing to standardise the use of safeguarding chronologies across all LPT services.

Response: Ensure young people's adverse childhood experiences and their safeguarding history actively informs transition planning to adult mental health services. All services have now moved to a single electronic health care record on S1.

Information recorded on children records will be visible when they transition to adult services.

Work is progressing to standardise the use of safeguarding chronologies across all LPT services.

Recommendation 7.4 –Green When was the last audit presented to the legislative committee, and what was the overall result of that audit?

'Ensure adult mental health practitioners fully recognise parental responsibilities and risks to children and embed the 'Think Family' approach in their practice.'

Response: December 2020 positive results regarding the advice line follow up. This was also shared with the LSAB as a result of one of their action plans for assurance.



**Recommendation 7.5 – Green. Please provide an update of the review of the Governance system, audit arrangements and oversight of child protection reports. Please provide a progress update of the Signs of Safety training.’
Response required**

Response: Audits have been delayed due to Covid-19, team leaders continue to support staff writing Court Reports

Recommendation 7.6 – Amber. Update on progress of including adult mental health practitioners in multi-agency meetings.

Ensure adult mental health practitioners are actively engaged in and supportive of multi-agency child protection and safety planning arrangements.

Response: AMH now take part in strategy meetings if the parent/carer is open to them. They are also in more direct dialogue with the referrals to children’s social care and respective children’s professionals within LPT.

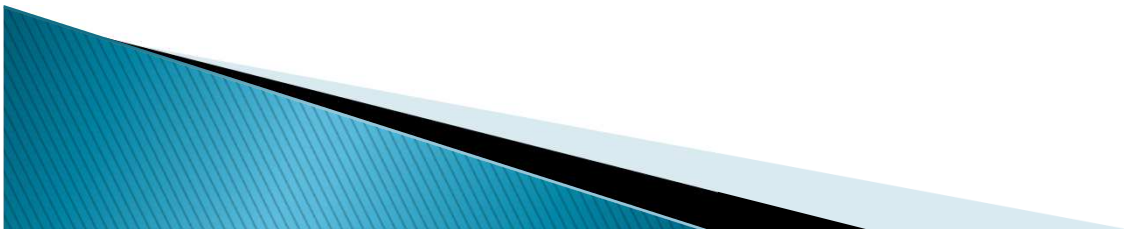


Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

Recommendation 7.12 – Green. Please provide an update on the progress of the roll-out of Level 3 safeguarding training.

Response: Level 3 safeguarding training is currently being re- written and updated and will roll out when F2F training recommences.

Currently the training is being done via e-learning and is predominantly based on the NHSE Suite of training. Q3 L3 Training Compliance data: = 91.5% (Target is 90%)



University Hospitals Leicester (UHL)
Commissioned by CCG

How can the UHL grade the recommendations in its Action Plan as complete (green) without ongoing monitoring?

Response to comment 1, the scrutiny panel will recall that the CQC commended UHL for its robust governance process in relation to safeguarding. Once an action is graded Green and signed off by the UHL safeguarding committee, there is a separate audit schedule programme and work plan which demonstrates how practice is monitored

Recommendation 1.1 – Green (4) Action plan references possible changes post COVID but has not provided an update on decision.

Response: The Trust is unable to comment further as it is of the view that the Covid-19 pandemic is still active, children up to 18 are now being seen in the Children's Emergency Department LRI, previously the age limit was up to 16. If practice changes back UHL will review this hence a note on our action plan.

Recommendation 1.5

Ensure midwifery supervision is well-embedded across the organisation and helps drive up the standards of its safeguarding children practice.

Green (5) References funding being secured for training but no statement that training has been delivered nor, more importantly, if the training has had the desired impact.

Response: Training was delivered in February 2020 and midwifery supervision audits feature on the Trusts work plan



Midlands Partnership NHS Foundation Trust (MPT)
Commissioned by Local Authority Public Health

Recommendations 9.1, 9.2, 9.3, 9.4 , 9.5 - Green

Green appears to be the default RAG rating which in many cases is not supported by substantive evidence and indeed many recommendations have not been updated in the preceding 12 months. How can the RAG rating for 9.1, 9.2, 9.3, 9.4 be green when last updated in 2019? How can the RAG rating for 9.5 be green when last updated in June?

Responses:

9.1 – *Improved access and facilities for young people Sexual Health Services:*

Rutland CC only commission a 2 hour session per week for the Appointment Only and Drop -in for under 16s at Rutland Memorial Hospital. Previous discussions with RCC including C Card initiative now in place for access to condoms for young people alongside on-line STI Screening

RCC would have to commission additional sessions across different sites to improve access

9.2 New safeguarding mandatory template been designed in Electronic patient records updated on 30 11 2020 to include risk assessment and Spotting the Signs for 16-18 year old – gold standard for Safeguarding Young People. All risk for young people identified on records system- and appropriate action /referral is made



Midlands Partnership NHS Foundation Trust (MPT) Commissioned by Local Authority Public Health

9.3 – All staff have mandatory Level 3 safeguarding training and additional including County Lines

Quarter Compliance

- ▶ Nov 2020
- ▶ Level 2 Safeguarding Children 100%
- ▶ Level 3 Safeguarding Children 93%

9.4 Referral and full engagement as appropriate with children's social care including as requested single assessments and child protection planning: full cooperation when requested.

9.5 Audits: Leicester Sexual Health Service fully participates, when requested, by the Safeguarding Children's Partnership Board Office to engage in the programme of safeguarding audits

- ▶ Quarterly Report to Public Health Local Authority commissioners re number of referrals to CSC
- ▶ There is no ongoing therapeutic care as part of a CP Plan/CiN plan as the young person is seen for a limited period of time – this may be one – off visit/appointment

