

Health and Wellbeing Board

22 June 2017



Care Quality Commission (CQC), review of health services for children looked after and safeguarding (CLAS) in County Durham

Report of Gill Findley Director of Nursing Durham Dales, Easington and Sedgefield CCG and North Durham CCG

Purpose of the Report

- 1 To provide an overview of recommendations from the Care Quality Commission (CQC) review of health services for children and looked after and safeguarding in County Durham.

Background

- 2 The inspection was conducted under Section 48 of the Health and Social Care Act 2008. There are no specific judgements on performance within the methodology, however the report provides a narrative account of the quality of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.
- 3 The inspection also checked whether healthcare organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004. This includes the statutory guidance, Working Together to Safeguard Children 2015.
- 4 The inspection included services commissioned by Durham Dales, Easington and Sedgefield CCG (DDES CCG), North Durham CCG (NDCCG) and Durham County Council (DCC).
- 5 Provider services reviewed were:
 - a. County Durham and Darlington NHS Foundation Trust (CDDFT)
 - b. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
 - c. Harrogate and District NHS Foundation Trust (HDFT).
 - d. Lifeline provider for adult and child substance misuse.
 - e. Full Circle service providing therapeutic input in respect of emotional support and attachment issues.
 - f. Contraception and sexual health services
 - g. GP Practices

- 6 The inspection explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within those services. Looking at the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews.
- 7 Review methodology: the CQC gathered information both during and before the visit including document reviews, interviews, focus groups and visits. Where possible CQC also met and spoke with children and young people. Tracking and sampling of cases followed the experiences of children to explore the effectiveness of health services in promoting their well-being. In total, CQC took into account the experiences of 121 children, young people and care leavers and foster carers.
- 8 The report is available on the CQC website here [Link](#)
- 9 **A summary of key recommendations are outlined below:**

County Durham and Darlington NHS Foundation Trust Emergency Departments/Urgent Care

- **Recommendation 1.1:** Put in place facilities and arrangements at the emergency department to ensure effective observation of children waiting for treatment and the prompt identification of the deteriorating child.
- **Recommendation 1.4:** Ensure that risk assessment documentation in use in the urgent care centres and emergency department promotes the consideration of risks to children as a result of hidden harm.

Safeguarding

- **Recommendation 1.12:** Put effective operational governance arrangements in place to ensure that practitioners are systematic in their assessments, recordings, articulation of risks and in stating expected outcomes when making referrals into children's social care.
- **Recommendation 1.16:** Ensure robust frontline safeguarding governance arrangements are in place in services providing emergency treatment in order that safeguarding concerns are appropriately identified and acted upon.

Paediatrics

- **Recommendation 1.11 & 2.2*:** Ensure that where children and young people have been admitted to the paediatric ward through serious self-harm, individual risk assessment and risk management plans are put in place in order that environmental and personal safety/peer safety risks are fully considered and addressed.

- **Recommendation 1.2:** Ensure the provision of at least one paediatric trained nurse on duty at all times in the emergency department in line with RCPCH and CQC requirements

* This recommendation also applies to DDES CCG, ND CCG and TEWVFT.

Tees Esk Wear Valley NHS Foundation Trust

- **Recommendation 2.5:** Put effective operational governance arrangements in place to ensure that practitioners are systematic in their assessments, recordings, articulation of risks and in stating expected outcomes when making referrals into children's social care.
- **Recommendation 2.7:** Ensure that copies of all key safeguarding documentation, including referrals to Multi Agency Safeguarding Hubs (MASH), Child in Need (CIN) and child protection minutes and plans, are promptly and properly secured as part of the individual client record to enable practitioners to access the complete record when working with their client.

Harrogate & District NHS Foundation Trust

- **Recommendation 3.1:** Include an overall risk evaluation of information gathered on the home environment assessment with guidance to practitioners on the appropriate next steps resulting from the analysis.
- **Recommendation 3.3:** Ensure that quality assurance for health assessments and the resultant health plans for looked-after children is undertaken in the relevant frontline services and that arrangements are effective in driving up quality and consistency.
- **Recommendation 3.4:** Work with MASH partners to ensure there is sufficient health professional capacity in the MASH and that the role is utilised to best effect within the arrangements

County Durham and Darlington NHS Foundation Trust

- **Recommendation 4.1:** Include consideration of the young people's presentation and demeanour as part of the standard assessment in the sexual health service.
- **Recommendation 4.2:** Ensure that practitioners hear and record the Voice of The Child when undertaking initial and review health assessments, quoting the child whenever possible in order that the child's voice fully informs the assessment and health plan.
- **Recommendation 4.6:** Ensure that young people who are looked after are engaged in co-producing the provision of health passports for care leavers; that the final health reviews of care leavers are comprehensive,

aligned with the statutory review and subject to effective quality assurance

General Practice

- **Recommendation 5.1:** Work with GPs across County Durham to improve the quality and comprehensiveness of referrals to First Contact and MASH.
- **Recommendation 5.3:** Work with GPs across County Durham to make effective use of child sexual exploitation risk assessment tools to identify children and young people who may be at risk of exploitation.

Lifeline

- **Recommendation 6.1:** Ensure that practitioners' reports to child protection case conferences are subject to appropriate operational management oversight and quality assurance.
- **Recommendation 6.3:** Ensure that practitioners undertake child safeguarding training at a level commensurate with their roles and responsibilities in safeguarding children from hidden harm.
- **Recommendation 6.4:** Ensure that a note is made on case records of discussions of the case in supervision and any resultant decisions or actions.

Clinical Commissioning Groups

- **Recommendation 7.1:** Ensure there is sufficient capacity in the designated roles for safeguarding and looked-after children to meet national and local priorities for strategic development and effective governance
- **Recommendation 7.2:** Work with MASH partners to ensure there is sufficient health professional capacity in the MASH and that the role is utilised to best effect within the arrangements

Action Planning and Monitoring

- 10 Following receipt of the final report single agency action plans were developed by Durham Dales Easington and Sedgefield CCG, North Durham CCG, County Durham and Darlington NHS Foundation Trust, Tees Esk Wear Valley NHS Foundation Trust, Harrogate & District NHS Foundation Trust and Durham County Council Public Health and were submitted to the Designated Nurse for Safeguarding and Looked After Children who compiled an overarching action plan in response to all inspection recommendations.

- 11 Some actions were identified for more than one agency these were considered by providers and commissioners to ensure a co-ordinated multi-agency action:
- a. quality of looked after health assessments,
 - b. updating of home environment checklist
 - c. Individual risk assessment/management plans for serious self-harm.
- 12 The final action plan was approved by the Director of Nursing and was submitted to CQC on 2 May 2017. The CQC have responded advising some areas require strengthening for the action plan to be an effective tool to help drive improvement. County Durham and Darlington NHS Foundation Trust and Tees Esk Wear Valley NHS Foundation Trust have been requested to provide tangible examples of impact and evidence of improved outcomes in relation to the final 'Evidence' column within the action plan.
- 13 Monitoring of action plan progress will be led by the Designated Nurse for Safeguarding and Looked After Children in North Durham CCG and undertaken on a bi-monthly basis. Providers will also provide assurance through reporting progress to commissioners within their respective Quality Review meetings.

Recommendations

- 14 The Health and Wellbeing Board is recommended to:
- Receive this report for information

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Appendix 1: Implications

Finance – There are financial implications within this inspection report around increasing the capacity within the MASH and the capacity of the Designated Nurse Safeguarding and Looked After Children. There may also be financial implications around the development of a perinatal mental health pathway in compliance with NICE Guidance and ensuring the provision of at least one paediatric trained nurse on duty at all times in the emergency department in line with RCPCH and CQC requirements

Staffing – Capacity within teams to manage workloads on current staffing.

Risk – Areas of improvements identified by the report requirement of ongoing monitoring to ensuring delivery of action plans.

Equality and Diversity / Public Sector Equality Duty – none identified

Accommodation – No direct implications.

Crime and Disorder – No direct implications.

Human Rights – No direct implications.

Consultation – Public document

Procurement - No direct implications.

Disability Issues - For all children and young people the expectation is that help, care and protection are sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

Legal Implications - No direct implications.