

Thurrock



Clinical Commissioning Group

CQC Review of Thurrock CCG's, Providers and Partner Agencies

Recommendations and Action

January 2016

Red Progress not on track - remedial action required
Amber Progress will need monitoring to ensure it remains on track
Green Progress on track no additional action
Blue Action completed - evidence available on request

The review was conducted between 19th October to 23rd October 2015 under Section 48 of the Health and Social Care

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No.	Recommendations	Actions	Update/Progress	owner	Date of completi on	Comments/constr aints/Challenges	RAG
2.8	Work with Thurrock Council to establish efficient processes whereby notifications of children coming into care are conveyed to the looked-after children's health team.	To agree and schedule meetings between NELFT and Thurrock Council. to review processes . To ensure appropriate attendance at MALAC To ensure paediatricians have access to the generic secure email address.	Head of Children's met with Head of children's social care has met and further meetings to be scheduled to progress this action	Head of Children's services	31/03/2016		
2.9	Work with Thurrock Council to ensure that the performance monitoring of the timeliness of initial and review health assessments is effective, based on accurate, agreed shared data	To agree key performance indicators To complete joint review of timeliness of initial and review health assessments	KPIs has been agreed at meeting with commissioners 8.12.15	AD children's and sexual health services Head of Children's Service	30/06/2016		

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2.4	Ensure that the voice of the child (VOC) is included in initial and review health assessments as appropriate	To review training presentation to ensure VOC is explicit. To ensure use of VOC within the BAAF form. To ensure that health care plans include the voice and/ or wishes of the child. To add VOC to the registered audit of quality of IHAs and RHAs	Quality assurance letter has been drafted and to be agreed at next LAC meeting 25.1.2016. this will be audited after implementation	Lead for Dome stic Abuse ; CSE and LAC	30/06/2016		

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2.11	Work with West Essex CCG to ensure that Emotional Wellbeing and Mental Health Services routinely contribute to the initial and review health assessments of looked-after children (LAC) with whom they are working	To develop communication pathways between LAC/ EWMHS/ and Universal Service teams. To introduce the use of a standard letter reminding practitioners of requirement to liaise with all health practitioners, to go out with each assessment. To ensure that all staff who contribute to the care of LAC attend training to support their knowledge.	Standard letter being developed Specialist LAC nurse is currently delivering LAC training to all staff including EWMHS .	Lead for Domestic Abuse; CSE and LAC	30/06/2016		

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2.12	Work with Thurrock Council to ensure parental health history and the reason for the child becoming looked after is routinely secured in documentation at the outset of the child entering the care system	To ensure appropriate information sharing, including health history and reason for child coming into care, is recorded and incorporated into initial health assessments. LAC Nurse to co- locate with Children's Social Care (a minimum of) weekly to offer advice/support and to improve inter- agency communication.	LAC nurse has commenced weekly co- location sessions beginning January 2016.	Lead For Domestic Abuse, CSE and LAC	30/06/2016		

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2.13	Put in place effective arrangements to quality assure initial and review health assessments for looked after children, including those who are placed outside of Thurrock	National Quality Assessment tool to be sent out with all health assessments. To review LAC training to ensure that staff are confident in use of the Quality assessment tool. Quality assessment tool to include the Voice of the Child. Ensure that the LAC nurse randomly selects 20% of all returned review health assessments to audit the quality of review health assessments. Review processes for quality assuring initial health assessments.	Review of processes to be carried out 29.1.16 Meeting has been convened 25.1.16 to review the\quality of training and agree a plan of action for targeting key front line staff.	Lead For Domestic Abuse, CSE and LAC	30/06/2016		

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2.14	Ensure that a clear coding and naming convention for looked- after child documentation is in place on the case record information system and that looked-after children are flagged as a having higher level of vulnerability	To work with SystmOne to ensure that a there is an agreed naming convention. To review LAC training so that all staff are aware of naming conventions. To ensure that naming convention is discussed at all team meetings and a brief is emailed to all children's staff.	SystmOne has been updated to support this when documents are saved or scanned into the child's record.	Universal operational leads	31/03/2016		

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5.1	Work with primary care to ensure that GPs have a good understanding of the role and responsibilities they play in the provision of good health care for looked-after children and unaccompanied asylum seeking young people and that they contribute routinely to initial and review health assessments.	Invite Designated Doctor to speak with Thurrock GP's.in Line with recommendation. Review and Resend Primary care Resource pack to all GP's in light of CQC recommendations - Work with Designates across SCCN to update Primary care Resource pack in Line with recommendation.	Designated Doctor for LAC has been invited to speak to Thurrock GP's at GP time to learn in February 16 to discuss the health needs of looked after children and unaccompanied asylum seekers and GP contributions to health assessments.	Desig nated Nurse and Desig nated Docto r for LAC LAC Desig nates Great er Essex SCCN	9 Feb 2016	SCCN Primary care Resource pack updated in April 15	
			Designated Nurse for LAC attends GP safeguarding forums and time to learn and raises issues relating to Looked after Children at each event.	Desig nated Nurse	Ongoi ng – Revie w March 2016		

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