

City of London CQC Inspection – LAC & Safeguarding Action Plan 2016/17

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
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Barts Health NHS Trust – updated 12/06/17

CoL CQC Inspection Report	1.1 Ensure that the child's full demographic details including the child ethnicity is recorded in the booking at the RLH to support the delivery of culturally sensitive care.	1.1a Audit to be carried to look at recorded patient demographic details when children attend emergency department.	Matron ED and Paediatrics	July 2017		CRS has capacity to record ethnicity Update June 2017 Reception staff book children into CRS and confirm there detail. Then when a nurse goes to do initial assessment; they check details on the physical front sheet and tick off during this assessment. this acts a secondary screening of information		Green
CoL CQC Inspection Report	1.2 Review the use of the glass screen in the booking area for children and young people within the emergency department at RLH to ensure the area is child friendly and welcoming	1.2a Consider art work to make more child friendly. E.g forest with animals. Risk assessment to be completed to review whether glass screen should be removed	ED General Manager	May 2017		Update June 2017 This is more of an adolescent area, and for security, it would inappropriate to remove the glass. However there is art work		Green

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						in this area across 3 bay windows.		
CoL CQC Inspection Report	1.3 Ensure that children who are admitted to the paediatric ward at RLH and are waiting for a CAMHS review are kept safe and do not present a risk to themselves or others by carrying out a personal and environmental risk assessment and creating a subsequent plan	1.3a Discuss with mental health team an appropriate environmental risk assessment for the children's wards. Develop with MH a tool for rapid risk assessment. Audit to review children and young people admitted to paediatric areas where there have been concerns around their mental health to ensure robust risk assessments taken place and safety plans in place.	ADON Paediatrics	August 2017		Update June 2017 Mental Health Environment of Care assessment form completed - currently with mental health team getting reviewed. Once feedback obtained will be implementing initially on PASSU as a trial and audit, and then rolled out throughout the Children's Hospital.		Amber
CoL CQC Inspection Report	1.4 Improve the paediatric assessment template used in the ED at RLH to ensure it captures father's details and those of the accompanying adult and that it appropriately reflects the child's voice for all children up to the age of 18 years.	1.4a Update/introduce the safeguarding forms for cerner which ensures robust social assessment has taken place	Matron ED and Paediatrics	June 2017		Safeguarding children team have been working with cerner to amend current safeguarding form used in EPR at Newham, form has been amended to enhance the social assessment and will be rolled out across all sites		Amber

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						<p>Update June 2017</p> <p>ED team/CRS to enable the Paed ikon on CRS system to be applied as mandatory to any 16 + 17 year old attendance in department, this will enable the assessment sheet to be completed to meet this requirement</p>		
CoL CQC Inspection Report	<p>1.5 Ensure that systems and proformas are in place to prompt staff to consider and record the safeguarding risks to children of adults who present at ED with risk taking behaviours. This should include the recording of details of any children so that this information can be shared with health or social care professionals as necessary.</p>	<p>1.5a To be on the site safeguarding group forward planner as theme to discuss. Safeguarding children team to work with ED and cerner to produce social risk assessment form for adults that includes details of children</p>	Matron ED and Paediatrics	Sep 17		<p>Update June 2017</p> <p>Same approach as above - ED team/CRS to enable the Paed ikon on CRS system to be applied as mandatory to any 16 + 17 year old attendance in department, this will enable the assessment sheet to be completed to meet this requirement</p>		Amber

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CoL CQC Inspection Report	1.6 Ensure all practitioners who work with children attend appropriate Level 3 safeguarding children training so that their training is commensurate with the requirements of the intercollegiate guidance.	1.6a Lists of non-compliant staff to be sent out to managers on weekly basis	Director of Nursing	ongoing		All Paed Nurses in ED are compliant with safeguarding level 3, Currently within Barts Health policy this level of training is for band 7's and above. In view that 16 years old and 17 year old children are in main ED, a trajectory with available training dates will be worked up to enable all ED staff to be level 3 compliant		Amber
CoL CQC Inspection Report	1.7 Strengthen the arrangements for regular planned safeguarding supervision which is monitored centrally for case holding staff or those who work closely with children or their families.	1.7a Supervision trajectory to be completed and supervision action plan to be implemented.	Director of Nursing	May 2017		A number of staff have completed SoS and supervision skills training and they will be supported by the safeguarding team. Update June 2017 Band 7 in paed ED leads on supervision for ED, Action = on governance		Amber

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						days a session enabled for adult nurse to obtain supervision or in team days to achieve this requirement. Named nurses have developed a supervision trajectory for Royal London site.		
CoL CQC Inspection Report	5.1 Ensure that there are effective processes for informing health visitors about women who are resident in the City of London when they register for antenatal care so that health visitors can carry out the antenatal contact.	5.1a Health visitors to be informed all women who live within City of London that book for antenatal care at RLH.	Matron Maternity	April 2017				
CoL CQC Inspection Report	7.1 With immediate effect, ensure that appropriate information sharing arrangements are in place to facilitate joint working between CAMHS staff working at the Royal London Hospital and the hospital teams. The sharing of SMART cards across health practitioners is not acceptable practice.	7.1a Arrangements to be put in place in order for CAMHS staff to have CRS access added to their SMART cards	General manager Children's	April 2017		Meeting arranged with IG and ELFT to agree information sharing agreement on 27.03.17. Once established this will enable all CAHMS workers to have CRS access on their own smartcard.	camhs staff.	Amber


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						<p>Update June 2017 The information sharing agreement between BH and ELFT is essentially written, however because the issue of having honorary contracts was raised as a possibility there has been a reluctance to pursue this until HR agree that the honorary contract method is not a suitable option.</p> <p>In the meantime we have agreement with ED that visiting camhs staff will be able to use the temporary access cards in ED however there remains some concern about there always being one available when required. We are now looking at Paeds</p>		


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						having one card exclusively for use by visiting		
CoL CQC Inspection Report	11.1 Ensure that referral forms are completed to a satisfactory standard and that they include full demographic information and an analysis of the risks to enable children's social care to make an informed decision about the safety of the child.	11.1a Referral forms are monitored by safeguarding children team on a daily basis. Monthly dip sample audits to take place	Named Nurse CYP	June 2017		Update June 2017 Feedback on referral forms both positive and negative given at the weekly psychosocial meetings. Also on adhoc basis during the week if required. Audit of interagency referral forms is part of the 2017-2018 safeguarding children audit schedule		Green
University College London Hospital NHS Foundation Trust –updated 15/06/17								
CoL CQC Inspection Report	2.1 Improve the screening for CSE within maternity services to help identify risk of CSE in young pregnant women.	2.1a Distribution of NHS England View the Child Sexual Exploitation pocket guide 2.1b Check understanding by using scenarios in maternity training	Polly Smith/Cheri Barry	September 2017	Open	Currently, all women booked are asked about father of the unborn, including DOB. All those eligible for Family Nurse Practitioner are	MDT minutes Training Programme	Amber

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		2.1c Audit any cases of teen pregnancy for evidence of CSE screening (all boroughs) 2.1d Safeguarding team to case-load identified or potential women in the safeguarding clinic if not already identified within community teams				informed of the service, including those from CoL		
CoL CQC Inspection Report	2.2 Ensure that plans to invite GPs to share any relevant medical and social history with midwives at the time of pregnancy booking are implemented so that the most appropriate support can be planned.	2.2a Design a letter sent to GPs at the time the booking appointment is arranged to request medical, safeguarding, mental health and domestic violence information. 2.2b Modification of letter on Medway as a backup.	Stuart Bell/Tanath Young	April 2017	Open	A letter is currently sent from Medway at the booking appointment informing GPs of the appointment but does not ask for information. A separate letter is being created that will be sent to GP when arranging booking appointment which will request relevant information	Letters to GPs	Amber
CoL CQC Inspection Report	2.3 Improve the safeguarding risk assessment used within maternity services to ensure that expectant women benefit from a	2.3a Explore an upgrade to Medway to prompt the user to ask about updates to disclosed mental health, CSC input and social concerns.	Stephanie Wilson / CPF team	October 2017	Open	Medway upgrades are subject to user group approval and can take up to 6 months.	Record will be on Medway system in the future and then subject of regular	Amber

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	comprehensive and holistic assessment of their vulnerability. The trust should ensure that this safeguarding risk assessment is revisited throughout pregnancy.	2.3b Continue to include the practice of asking women 3 times about the above during their pregnancy at Skills & Drills.					audit Skills and drills training materials	
CoL CQC Inspection Report	2.4 Ensure that the routine enquiry around domestic abuse is made more than once during pregnancy as per NICE guidance.	2.4a Women to be asked 3 times during a pregnancy about domestic abuse	Natilla Henry	March 2017	Completed	Electronic system now in place to prompt questioning and record outcome	Regular audit	Amber
		2.4b Continue to raise awareness at annual training						
		2.4c Regular audit to monitor compliance						
CoL CQC Inspection Report	2.5 Ensure that midwives attend sufficient level three safeguarding training which complies with the specialist levels of competence as described in the relevant intercollegiate guidance.	2.5a Additional ad-hoc training to be provided where appropriate (e.g. CSE, Modern Slavery/Trafficking) via skills and drills	Polly Smith / Cheri Barry	Ongoing	Open	All staff are assigned to level three training on arrival in post. For maternity all midwives attend yearly mandatory skills and drills which includes a two hour slot on safeguarding including mental health and domestic violence, maintaining six hours of classroom training per three years. In addition midwives holding	Mandatory training record already in existence Local record to be developed to capture additional ad hoc training	Green
		2.5b Train super users for level 2 PREVENT training (level 1 is included in annual safeguarding training)						

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		2.5c Develop process to record additional training (training is undertaken but not fully recorded)				safeguarding cases receive a minimum of two hours safeguarding supervision per year.		
CoL CQC Inspection Report	2.6 Develop and introduce effective supervision for community midwives	2.6a Recruitment to Band 8 safeguarding lead for Women's Health, this post will include a strategy for effective supervision for community midwifery	Natilla Henry	June 2017	Open	This is part of a wider review of midwifery staffing. Interviews planned for April 2017.	New midwifery safeguarding structure and JD Documentati on of supervision	Green
CoL CQC Inspection Report	5.1 Ensure that there are effective processes for informing health visitors about women who are resident in the City of London when they register for antenatal care so that health visitors can carry out the antenatal contact.	5.1b Health Visitor for Camden who covers in and out of area women attends weekly safeguarding and perinatal mental health meetings.	Polly Smith/Cheri Barry	March 2017	Complete	Already in place	MDT meeting minutes	Green
CoL CQC Inspection Report	10.1 Improve the multiagency pathway for peri-natal mental health across the City of London with clear guidance for thresholds and a single point of access so that all professionals working with mothers are clear about how clients can be supported and form	10.1a Women who book antenatally with UCLH are referred to our peri-natal mental health team. This can be done by any professional who has contact with them and the assessment criteria is well known and used by all professionals across the care pathway. We have an MDT who meet weekly Where women are triaged	Polly Smith/Cheri Barry	March 2017	Complete	Already in place	Referral data/MDT minutes	Green

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	whom that support can be obtained.	and care plans put into place GPs are informed of this referral.						
CoL CQC Inspection Report	11.1 Ensure that referral forms are completed to a satisfactory standard and that they include full demographic information and an analysis of the risks to enable children's social care to make an informed decision about the safety of the child.	11.1a Training to be included in Skills and Drills	CPF team	April 2017	Ongoing	All referrals are checked by named nurse and safeguarding midwives and any substandard referrals are revised and resubmitted.	Monitoring of number of revised referrals	Amber
		11.1b Regular audit of quality of referrals						
Homerton University Hospital NHS Foundation Trust– updated 12/06/17								
CoL CQC Inspection Report	4.1 Strengthen the arrangements for safeguarding supervision for targeted school nurses so that it includes regular, one-to-one, review of individual cases where there is cause for concern.	4.1a Review current supervision arrangements for school nurse and advise if there are any resource implications in providing one to one supervision.	Irene Willie, Named Nurse – Supervision Lead	30 th June 2017		The policy has been revised to include that Universal school nurses will receive 121 supervision as per case work need. The universal School Nurse manager and or a member of the	 Safeguarding Children Supervisc	Green
		4.1b Update Safeguarding Supervision policy Children Policy						

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						SCT will be responsible for the delivery of the 121 supervision. Universal school nurses will continue to have termly supervision as per policy		
CoL CQC Inspection Report	4.2 Develop safeguarding supervision for health visitors so that a record of supervision is made in children's records to enable action plans to inform day-to-day delivery of care.	4.2a Guidance to be developed for staff on recording supervision on RIO (patient electronic records)	Irene Willie, Named Nurse – Supervision Lead	30 th June 2017		Draft RIO guidelines for recording supervision have been completed. Supervisees are also using a format for recording supervision in the progress notes.	 Child Protection Supervision RIO Guide	Amber
CoL CQC Inspection Report	5.1 Ensure that there are effective processes for informing health visitors about women who are resident in the City of London when they register for antenatal care so that health visitors can carry out the antenatal contact.	5.1c The new CHIS hub will send a report of all CoL residents who have booked for maternity care to the trust which will enable HV's to see and visit antenatally	Elizabeth Begley Senior Nurse for Health Visiting and Early Years	31 st July 2017		At present the new CHIS hubs are not sending the antenatal report and the commencement date remains unclear. Interim arrangements are that the Named HV for the CoL meets regularly with Neaman Practice and Islington midwives both		Amber

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						flag vulnerable women living in City including those booked at UCLH Further work is required to replicate this arrangement with the Tower Hamlets GPs and MWs. There are good links with the Tower Hamlets HVs. Good communication with HUH MWs.		
CoL CQC Inspection Report	10.1 Improve the multiagency pathway for peri-natal mental health across the City of London with clear guidance for thresholds and a single point of access so that all professionals working with mothers are clear about how clients can be supported and from whom that support can be obtained.	10.1b The Homerton will contribute to the multi-agency working group	Marcia Smikle			The CCG has a peri-natal mental health pathway which has been disseminated to all key groups of staff. Awaiting mtg date from the CCG for review of pathway and next steps		Amber
CoL CQC Inspection Report	12.1 Develop the use of safeguarding chronologies and genograms so targeted service staff and safeguarding school nurses can easily recognise concerning behaviour	12.1a Update Safeguarding Children Policy to include specific reference to the use of chronologies and genograms. Include in core/mandatory training Ensure safeguarding supervisors check that	Marcia Smikle Head of Safeguarding Children	31 st July 2017		Draft guidance has been developed which will be discussed at the safeguarding children operational forum on the		Amber

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	or escalation of concerns.	chronologies and genograms are in place during supervision sessions				21 st June .		
East London NHS Foundation Trust– updated 15/06/17								
CoL CQC Inspection Report	3.1 Ensure that processes are in place to enable regular and effective sharing of information with maternity and health visitor and school nursing teams about risks to children arising from parental mental health or substance misuse.	3.1a Remind staff to complete the form on RiO called Safeguarding Children in the Adult Client Network.	Associate Director for Safeguarding Children	April 2017			Email sent to managers to cascade to staff	Green
		3.1b Reinforce use of the Safeguarding Children in the Adult Client Network form at regular team meetings/safeguarding supervision/consultation and on training.	Named Professional for Safeguarding Children	Start in April 2017	Ongoing	Discussions at each supervision session, and during level 2 and 3 training sessions.	Minutes of meeting and supervision templates	Amber
		3.1c Monitor use of the Safeguarding Children in the Adult Client Network form at monthly management review meetings for Adult Mental Health operational leads and management.	Deputy Borough Director	Start in April 2017	Ongoing	Has been presented at senior nurses meeting on 4 th May. To be presented at next Hackney DMT meeting for safeguarding children 8 th August.	Minutes of meetings	Amber
		3.1d Audit use of the Safeguarding Children in the Adult Client Network form in May 2017 and again in November 2017. Cases involving maternity, health visitors, and school nurses will be identified and	Deputy Borough Director & Named Professional for Safeguarding Children	Dec 2017	Ongoing	Named professional and safeguarding children team to discuss audit plan at team away day on 6 th July.	Minutes of team meeting	Amber

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		a deep dive audit into information sharing practice will be undertaken.						
CoL CQC Inspection Report	6.1 Ensure adult mental health practitioners identify and record the details of children to whom their clients have access so that children feature in assessments of adult mental health risks.	6.1a Remind staff to complete the form on RiO called Safeguarding Children in the Adult Client Network.	Deputy Borough Director & Named Professional for Safeguarding Children	April 2017	Ongoing	Discussions at each supervision session, and during level 2 and 3 training sessions.	Minutes and supervision templates	Amber
		6.1b Audit use of the Safeguarding Children in the Adult Client Network form in May 2017 and again in November 2017. Information in the Risk Assessment will be included in the audit	Deputy Borough Director & Named Professional for Safeguarding Children	Dec 2017	Ongoing	Named Professional to commence first audit with CCG designated nurse on 14 th July	Supervision notes and e-mail discussions.	Amber
		6.1c Reinforce use of the Safeguarding Children in the Adult Client Network form and linking information with the Risk Assessment at regular team meetings/safeguarding supervision/consultation and on training.	Named Professional for Safeguarding Children	Start in April 2017	Ongoing	Discussions at each supervision session, and during level 2 and 3 training sessions.	Minutes and supervision templates	Amber
CoL CQC Inspection Report	6.2 Improve the capability of CAMHS practitioners to recognise and assess the risks to children and young people of CSE.	6.2a Develop and implement ELFT CSE Strategy.	CAMHS Associate Director & Named Professional for Safeguarding Children	May 2017	In progress	First draft completed. To be ratified at Safeguarding Committee on 14.07.17		Amber
		6.2b Use a CAMHS whole service CPD session for CSE awareness.	CAMHS Associate Director	Sept 2017		Arranged for 20.09.17		Amber

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CoL CQC Inspection Report	6.3 Improve record keeping within CAMHS to ensure that the child's record contains details of any referrals to children's social care, as well as any other safeguarding activity.	6.3a Remind staff to complete the form on RiO called Record of Referrals to Children's Social Care.	CAMHS Associate Director & Named Professional for Safeguarding Children	April 2017	Completed			Green
		6.3b Audit use of the Record of Referrals to Children's Social Care form in May 2017 and again in November 2017.	CAMHS Associate Director & Named Professional for Safeguarding Children	Dec 2017	Part Completed	Initial baseline audit completed. To be repeated in November 2017.		Amber
CoL CQC Inspection Report	6.4 Strengthen the arrangements for safeguarding supervision for caseload holding CAMHS practitioners.	6.4a Regular Safeguarding Children group supervision to be provided for CAMHS clinicians by the ELFT Named Professional for Safeguarding Children. Additional one to one consultation, advice and support available as and when required.	CAMHS Associate Director & Named Professional for Safeguarding Children	May 2017	In place.			Green
		6.4b Termly Safeguarding Children group supervision to be provided for CAMHS clinicians by Children's Social Care.	CAMHS General Manager and Clinical Lead	April 2017	In place			Green

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CoL CQC Inspection Report	7.1 With immediate effect, ensure that appropriate information sharing arrangements are in place to facilitate joint working between CAMHS staff working at the Royal London Hospital and the hospital teams. The sharing of SMART cards across health practitioners is not acceptable practice.	7.1a All members of the CAMHS Paediatric Liaison Team to have honorary contracts with Barts so they can use their own smart cards to access Barts CRS system.	CAMHS Associate Director	Feb 2017	Feb 2017	In place		Green
		7.1b Meeting to be held between Barts and ELFT Information Governance and relevant clinical leads to agree and implement information sharing arrangements for all relevant ELFT staff that comply with Information Governance standards.	CAMHS Associate Director	May 2017		Interim arrangements in place using TAC card for CAMHS in ED Dept – compliant with IG requirements. SLA / Information Sharing agreement in development.		Amber
CoL CQC Inspection Report	10.1 Improve the multiagency pathway for peri-natal mental health across the City of London with clear guidance for thresholds and a single point of access so that all professionals working with mothers are clear about how clients can be supported and form whom that support can	10.1c Develop a multi-agency Perinatal Mental Health Referral Pathway.	Perinatal MH Consultant and partners from Homerton, UCLH & C&H CCG	April 2017		No update available.		

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	be obtained.							
The Whittington Hospital NHS Trust– updated 12/06/17								
CoL CQC Inspection Report	8.1 Work with partners to develop a clear threshold criteria and pathway for vulnerable children and young people accessing safeguarding school nursing	8.1a Threshold document drafted. For agreement with partners in Homerton NHSFT.	Karen Miller	May 2017		Awaiting confirmation of meeting with key professionals in HUFT to sign off document	Threshold document	Amber
CoL CQC Inspection Report	8.2 Improve the systematic identification of CSE within the safeguarding school nursing services and the children looked after health team to help identify emergent or existing risk of CSE in children and young people.	8.2a CSE guidelines developed. 8.2b CSE training provided to all staff in contact with children from 'Safer London Foundation'.	Karen Miller/Stella Balsamo	Feb 2017	Feb 2017	CSE guidelines ratified and uploaded to Whittington Health intranet. CSE guidelines disseminated to partner agencies Risk assessment included in the guidelines National guidelines also available on Whittington Health intranet 'Spotting the signs' of CSE shown at all Level 3 training	CSE Guidelines	Green

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CoL CQC Inspection Report	8.3 Work with partners to ensure the safeguarding school nurses are invited to, attend and contribute to child protection conferences and safeguarding meetings.	8.3a Safeguarding school nurses attend all initial case conferences, the majority of review conferences and core groups when capacity within the team allows.	Eleanora Bennie	Jan 2017	Jan 2017	Embedded in practice	Attendance levels at conferences is recorded for monitoring purposes	Green
		8.3b When unable to attend, a report is sent and follow up on necessary actions is sought from social worker						
CoL CQC Inspection Report	8.4 Ensure that safeguarding school nurses have opportunities to attend additional level three training that meets with the specialist nature of the role as defined in the relevant intercollegiate guidance.	8.4a Safeguarding school nurses attend CHCSB multi agency training additional to Whittington Health mandatory level 3 training.	Eleanora Bennie/Stella Balsamo	Jan 2017		Mandatory level 3 training compliance monitored closely through WH ICSU Board	Mandatory training reports	Green
		8.4b Passport system is being developed so that additional hours training can be clearly evidence						
CoL CQC Inspection Report	8.5 Ensure the voice of the child is captured and reflected in initial and review looked after health	8.5a Children's views are routinely obtained in assessments.	Eleanora Bennie	January 2017		Audit will be carried out in September 2017 to establish effectiveness of	Audit 9/17	Amber

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	assessments and informs final health action plans.	8.5b Emotional health screening tools developed and utilized by team				assessment tools in capturing 'voice of the child'		
CoL CQC Inspection Report	8.6 Improve the assessment and monitoring of the emotional health and wellbeing of children looked after by more effective use of the SDQ.	8.6a Emotional health screening tools developed and utilized by team	Karen Miller	September 2017		Review of SDQ use and linking between health and social care practice		Amber
		8.6b SDQ's need to be linked more to assessments						
CoL CQC Inspection Report	8.7 Ensure that the current development of the care leaver's passport incorporates true coproduction with young people and care leavers and is reflective of their views.	8.7a Passport system to be developed to ensure it meets the needs of the young people.	Karen Miller	September 2017		Liaison with Leads for Children in City LAC to develop passport system	Passport system agreed and now being utilized. Timeliness of passport issue needs to be monitored	Amber
CoL CQC Inspection Report	12.1 Develop the use of safeguarding chronologies and genograms so targeted service staff and safeguarding school nurses can easily recognise concerning behaviour	12.1b To develop use of RIO significant events prompts to aid chronology production	Stella Balsamo	September 2017	September 2017	Support and training on chronologies will be incorporated into team meetings, training and supervision sessions.	Chronologies existing in notes	Amber

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	or escalation of concerns.	12.1c Safeguarding supervision will regularly review cases and requests chronologies to assist escalation where necessary						
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The Westminster Drug Project – updated 12/06/17

CoL CQC Inspection Report	3.1 Ensure that processes are in place to enable regular and effective sharing of information with maternity and health visitor and school nursing teams about risks to children arising from parental mental health or substance misuse.	3.1d To develop an SLA & Information Sharing Agreement and pathway with Maternity, School Nursing, Health Visiting & MH Services	Graeme Hodgkinson, WDP City of London Service Manager & Safeguarding Lead and Adama Jatta, Health & Primary Care Lead	1 July 2017	In progress	SLA written & agreed with Commissioners. Currently establishing links with all key safeguarding leads in named partner and stakeholder agencies.	Contact made with Children & Adults Social Care (& team meeting visit), school nursing, midwifery & health visiting teams	Amber
		3.1e To add joint working arrangements into local Safeguarding Standard Operating Procedure (SOP)		1 June 2017	Complete	New Safeguarding SOPs (Adult & Children) now in place, incorporating joint working protocols	New Safeguarding SOPs	Green
		3.1f To clearly display above pathways in the office		May 2017	Complete	Dedicated Safeguarding notice board introduced, Inc. Policies, flow chart & Lead details displayed Flow Charts	Safeguarding notice board New Safeguarding SOPs	Green

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						also in appendix of Safeguarding SOPs		
CoL CQC Inspection Report	9.1 Share plans for the safe storage of methadone with relevant universal health services to enable them to contribute to safeguarding children against accidental overdoses.	9.1a To develop a safe storage form which service users sign to evidence understanding of requirement for safe storage and associated risks	Graeme Hodgkinson, WDP City of London Service Manager & Safeguarding Lead	1 July 17	In progress	Safe storage boxes now in stock, with leaflets containing advise / associated risks Safe Storage & Home Visits SOP in place Newly designed assessment paperwork in development - implementation due July 17 Evidence of Safe Storage being offered incorporated in to signatory section of new assessment paperwork.	Safe Storage & Home Visits SOP New Safeguarding SOPs New Assessment Paperwork	Amber
		9.1b In developing the above form, include a section to request consent to inform other involved agencies of safe storage arrangements agreed		1 July 17	Complete	Evidence of Safe Storage being offered incorporated into inter-agency consent to share information signatory section of new assessment paperwork.	New Assessment Paperwork	Amber

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		9.1c To add local safe storage processes to local Safeguarding		1 June 17	Complete	Incorporated in to New Safeguarding SOP above.	New Safeguarding SOPs	Green
CoL CQC Inspection Report	9.2 Ensure that practitioners consider the impact that parental drug misuse has on children and communicate these concerns with other universal health services working with the family.	9.2a To ensure all staff are using the family assessment forms for clients with responsibility for children	Graeme Hodgkinson, WDP City of London Service Manager & Safeguarding Lead	1 May 17	Complete	Incorporated in to New Safeguarding SOPs. Family assessment prompted within Team Meeting, Client Review meeting, and staff supervision, under Safeguarding agenda item of each meeting.	New Safeguarding SOP Team Meeting/ Client Review Meeting Agenda & Minutes. Family Assessment form	Green
		9.2b Update local Safeguarding SOP to include the requirement to share family assessment outcomes with other services involved in the families' care		1 May 17	Complete	New Safeguarding SOP incorporates Family Assessment process	New Safeguarding SOP	Green
		9.2c To embed <i>Think Child</i> approach in all meetings		1 April 17	Complete	Safeguarding and 'Think Child' prompt now standing agenda in all meetings within service	Supervision Agenda Team Meeting / Client Review Meeting Agenda.	Green
CoL CQC Inspection Report	9.3 Ensure that records of safeguarding supervision are made on client records and	9.3a To ensure safeguarding is a standing agenda item at individual supervision and weekly team meetings	Graeme Hodgkinson, WDP City of London Service Manager &	1 April 2017	Complete	Safeguarding now standing agenda on all meetings within service	Supervision Agenda Team Meeting /	Green

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
	that they remain child focused and that the impact of parental drug misuse on children is properly understood.		Safeguarding Lead				Client Review Meeting Agenda.	
		9.3b To update local Safeguarding SOPs to include the requirement for safeguarding cases to be reviewed in supervision and case notes updated following each review		1 June 2017	Complete	New Safeguarding SOP incorporates safeguarding discussions in all meetings Agendas for each meeting updated accordingly.	New Safeguarding SOPs Supervision / meeting agendas & minutes.	Green
		9.3c To ensure all staff are completing family assessments with clients who have responsibility for children		1 April 2017	Complete	Family assessment incorporated in to Safeguarding SOP Family assessment prompted within Team Meeting, Client Review meeting, and staff supervision, under Safeguarding agenda item of each meeting.	New Safeguarding SOPs Team Meeting/ Client Review Meeting Agenda & Minutes. Family Assessment form	Green

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
NHS City and Hackney Clinical Commissioning Group								
CoL CQC Inspection Report	10.1 Improve the multiagency pathway for peri-natal mental health across the City of London with clear guidance for thresholds and a single point of access so that all professionals working with mothers are clear about how clients can be supported and from whom that support can be obtained.	10.1d C&H CCG to share C&H perinatal mental health pathway with UCLH, Whittington and Barts maternity units (heads of midwifery) and Newman GP practice. Pathway on CCG website so easy to access and has clear point of access based on woman's level of need.	Maternity Programme Board – individual TBC	End April 2017			Local pathway  CCG evidence 1 of Final perinatal MH	Amber
CoL CQC Inspection Report	13.1 Ensure that the role of designated nurse for looked after children is commissioned and provided by a person who meets the requirements of the intercollegiate guidance and professional nursing bodies.	13.1a CCG to have discussions / plan with the LA on how the role will function in future to separate the strategic and operational functions	Children's Programme Board director	Sept 2017		Discussions with the LA underway in conjunction with forward service commissioning plan		Amber
CoL CQC Inspection Report	13.2 Work with the local safeguarding children board, the police and the local authority to enhance the understanding of health visitors and school nurses of domestic abuse risks	13.2a Review audit undertaken by Homerton 13.2b Map out notification pathway for COL and Hackney 13.2c Audit of cases in COL	Designated Nurse Safeguarding Children	Sept 2017		13.2a Completed 13.2b Completed 13.c Underway	13.2  HUH DV audit_report_feb_	Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
	in individual families and thereby their involvement in domestic abuse safety planning.	13.2d Review follow up by HVs & School Nurses						
		13.2e Share findings & assess any improvement requirements						

Key

CoL- City of London
CQC – Care Quality Commission

Version Control

Version	Date Updated	Authorised
Version 1	02.03.17	Mary Lee
Version2	12.06.17	Mary Lee