

Recommendation	Outcome	Improvement Action	Assurance	Timescale	Lead responsible for updating progress	Responsible Officer
1. NHS England together with NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs should						
1.1 Address remaining gaps in the capacity of named GPs and designated and named doctors and nurses for safeguarding and LAC to ensure appropriate levels of coverage and safeguarding leadership within primary care and for children looked after.	<ul style="list-style-type: none"> Named GP leadership and current gaps in capacity are strengthened. The capacity of Designated and Named doctors and nurses for Safeguarding and Looked After Children complies with recommended levels. 	<ul style="list-style-type: none"> NHS England has undertaken a review of capacity and capability in line with guidance - Lancashire CCGs will report what is required to build further capacity in each CCG locality and review innovative models of delivery to the CCG AO Network. Ensure sufficient resources, are in place to meet the challenges across the system (NSNH, 2016) Those in post have sufficient resources, supervision and support to enable them to fulfil their responsibilities effectively (NSNH, 2016) *MIAA audit action plan will be delivered against timeline 	<p>Via external scrutiny of CCGs by NHS England nursing and quality team in CCG Quarterly Assurance Meetings.</p> <ul style="list-style-type: none"> NHSE Accountability & Assurance framework / action plans MIAA Section 11 Audits sent to LSCBs on an annual basis. Peer challenge takes place. <p>CCG governance arrangements will be monitoring internal progress of action plans</p>	Mar-17	Designated Nurse	Chief Nurses CCGs
1.2 Enable the joint strategic needs assessment to be fully informed by analysis of the health needs and inequalities experienced by children looked after and care leavers.	<ul style="list-style-type: none"> Strengthen support for looked after children who are pregnant to ensure levels of need are being effectively met. 	<ul style="list-style-type: none"> Commissioner to request that current pathways for CLA are reviewed to consider what is required and best practice to ensure consistency across; to include early interventions programmes to continue the support after birth (NSNH 2016). -The findings of the review will be shared with CYP commissioners to inform future pathway development 	<p>CCG Governance (Quality) Contract monitoring via provider services CCG CYP commissioners will monitor key indicators of performance that are referenced in contract monitoring and broader PH outcomes via the CYP commissioning network minutes.</p>	Mar-17	CYP EWMH Lead	CCG CYP Commissioners

	<ul style="list-style-type: none"> Local joint strategic needs assessment (JSNA) is informed of the health care needs and inequalities experienced by looked after children and young people. Commissioners are informed about progress in delivery improvements and in child health outcomes and local trends. 	<ul style="list-style-type: none"> Service planning and resource allocation are informed by relevant outcome measures (NSNH, 2016) Identification of health themes as part of LAC commissioned services to inform JSNA 				
2. NHS England and NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Lancashire Teaching Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust, East Lancashire Hospitals NHS Trust and University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire Care NHS Foundation Trust should:						
2.1 Ensure timely and responsive admission and discharge arrangements for young people presenting at local hospitals and ensure hospital staff are confident, knowledgeable and well-supported to provide holistic care.	<ul style="list-style-type: none"> Gaps in levels of training to paediatric ward staff are addressed to increase their confidence and expertise in delivering care to young people with complex and fluctuating mental health needs. 	The pan Lancashire Children & Young People's Resilience, Emotional Wellbeing and Mental Health Plan - workstreams are delivering against these recommendations. Improvements to admission and discharge arrangement for YP presentation at hospital is being delivered on a pan Lancashire footprint. Development of mental health training to nurses, paediatric staff, A/E staff, doctors and consultants	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
3. NHS England and NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Lancashire Care NHS Foundation Trust and East Lancashire Hospitals trust should:						

<p>3.1</p> <p>Ensure timely and easy access to a range of local child and adolescent mental health services that promote holistic joined-up care and support a smooth transition to adult mental health services for young people who require ongoing care.</p>	<ul style="list-style-type: none"> • Young people in Lancashire with self-harming behaviour and mental health needs consistently benefit from a timely and holistic response to their needs. 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	<ul style="list-style-type: none"> • Adult mental health practitioners are able to provide a full range of therapeutic interventions including joint work with wider family members. 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	<ul style="list-style-type: none"> • Variation in waiting times for access to CAMHS tier three services is addressed. 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	<ul style="list-style-type: none"> • Current commissioning and service delivery arrangements are strengthened for young people aged 16-18 to ensure their vulnerability and on-going support needs are recognised and addressed. 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers

	<ul style="list-style-type: none"> • (1.3) Gaps in accessing specialist provision for young people with learning disabilities and eating disorders are addressed. 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	<ul style="list-style-type: none"> • Crisis response teams are provided to young people presenting at Lancashire hospital out of hours 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	<ul style="list-style-type: none"> • Frontline practitioners are fully informed regarding the plans for CAMHS transformation. 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
<p>3.2</p> <p>Ensure providers routinely report and learn from breaches of the expected standard of practice whereby young people who require in-patient care are placed on adult psychiatric wards.</p>	<p>Assurance is provided where there is a lack of available local provision resulting in young people being admitted onto the adult psychiatric ward that it is reported on all occasions to the CQC.</p>	<ul style="list-style-type: none"> •The Pan Lancashire Children & Young People's Resilience, Emotional Wellbeing and Mental Health Plan has actions in place to Improve access to crisis service for children across Lancashire. - Commissioners will review and benchmark Lancashire against similar demographic patch to highlight variance 	<ul style="list-style-type: none"> • Contract monitoring • STEIS reporting *QSG will receive the benchmarking and review document 	Mar-17	Lead of CYP EWMH Plan	NHS England CCG Accountable Officers

4. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with all local GP practices should:						
4.1 Ensure child health records provide a clear and up to date picture of child safeguarding concerns and of actions being taken to help reduce risk.	<ul style="list-style-type: none"> • Formal communication and liaison between GP practices and community health services is strengthened. • GP practices ensure that they record any discussions of individual cases. • Risks to children are clearly recorded on electronic patient records. • Recording is strengthened to ensure GP staff members can easily recognise and promptly follow up concerns should the child or parent re-present. 	<ul style="list-style-type: none"> • CCGs to support existing and common pathways being developed to strengthen communication • Carry out detailed audit of the quality of coding of safeguarded children in case notes (NSNH 2016) • Safeguarding Leads / Champions forum 	<ul style="list-style-type: none"> • Primary Care Safeguarding standards self assessments incorporated in GP Quality Contractual requirements 	Feb-17	Designated Nurses and Named GPs for safeguarding	CCG AO
4.2 Ensure all referrals to children's social care are also backed up in writing in line with local multi-agency procedures and provide a clear audit trail of actions taken.	<ul style="list-style-type: none"> • All referrals to children social care are followed up in writing within 48 hours as required by local multi-agency procedures. 	<ul style="list-style-type: none"> • GPs are supported to better contribute to children protection processes (NSNH 2016) via safeguarding forums/champions 	<ul style="list-style-type: none"> • Governance structures within CCGs 	Feb-17	Designated Nurses and Named GPs for safeguarding	CCG AO
4.3 Ensure all local GPs have a clear network of local health professionals working closely with them to support a strong shared focus on safeguarding vulnerable children and families.	<ul style="list-style-type: none"> • Formal communication and liaison between GP practices and community health services are strengthened. 	<ul style="list-style-type: none"> • CCGs to support existing and common pathways being developed to strengthen communication • Safeguarding / champions forums 	<ul style="list-style-type: none"> • Governance structures within CCGs 	Jan-17	Designated Nurses and Named GPs for safeguarding	CCG AO
4.4 Ensure GPs are effectively involved in and contribute to child protection and looked after children statutory work to help safeguard vulnerable children and their families.	<ul style="list-style-type: none"> • Systems strengthened to identify and track high risk children, young people and vulnerable families. • GP leadership is strengthened to promote joint work to improve outcomes for children. • Pathways are developed to support GP information sharing to inform initial and review health assessments. 	Also see action 4.1 <ul style="list-style-type: none"> • Develop/strengthen themed rolling programmes of training for Primary Care • Implement/strengthen Safeguarding GP Champion/Safeguarding Lead model across Lancashire and share good practice supporting safeguarding practice In Primary Care • Share practice across Lancashire and strengthen systems to inform health assessments 	<ul style="list-style-type: none"> • CLA recovery action plan monitoring • Annual audit calendar *contract monitoring 	Apr-17	Designated Nurses and Named GPs for safeguarding	CCG AO
4.5 Ensure appropriate supervision arrangements are in place within GP practices delivered by appropriately trained staff.	<ul style="list-style-type: none"> • A network of safeguarding champions / leads are developed to promote a consistent approach across Lancashire. 	<ul style="list-style-type: none"> • Formalise Safeguarding GP Champion/Safeguarding Lead model across Lancashire 	<ul style="list-style-type: none"> • Annual audit of safeguarding supervision in line with self-assessment returns 	Feb-17	Designated Nurses and Named GPs for safeguarding	CCG AO

5. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Southport and Ormskirk Hospital NHS Trust, East Lancashire Hospitals NHS Trust and University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire Care NHS Foundation Trust should:						
5.1 Ensure effective partnership working with young person's substance misuse services to ensure prompt joined-up approaches to addressing the needs of young people who misuse substances and shared actions to reduce levels of presentation at emergency departments.	<ul style="list-style-type: none"> Acute Trusts and CAMHS services joint working arrangements are strengthened with young person substance misuse services. 	<ul style="list-style-type: none"> Pathways are in place for joint working and information sharing between CAMHS and Substance misuse services 	<ul style="list-style-type: none"> Organisational audits Reporting via QAPI group - audits Public Health commissioners contract monitoring arrangements 	Dec-16	CCG CYP commissioners	PH Commissioner
6. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Southport and Ormskirk Hospital NHS Trust, East Lancashire Hospitals NHS Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, Lancashire Care NHS Foundation Trust and Blackpool Teaching Hospitals NHS Foundation Trust together should:						

6.1 Ensure all initial health assessments undertaken are within the required timescales and provide clear and comprehensive analysis of children's needs to support SMART individual health care. This will enable effective tracking of the child's development and of improved outcomes.	<ul style="list-style-type: none"> Improved standards and timeliness of initial health assessments. Inconsistency in the recording of children's health needs are addressed to ensure the identity and wishes of the child is at the centre of the process. In order to reduce delay in referral and access to relevant services, initial health assessment action plans provide comprehensive details of the child's need. Improvements in the levels of expertise and quality in initial health assessments and development of SMART health action plans are demonstrated. 	<ul style="list-style-type: none"> IHA task & finish group established first meeting held 01.08.16 Audit health plans to review quality, identify issues and support improvement through training Ensure health assessments follow the statutory guidance 'promoting the health and wellbeing of LAC' to ensure they are focused on action and outcomes (NSNH 2016) Dip sample health plans to track outcomes over time to evaluate the impact Annual audit to be inbuilt into performance measures (Provider) re Quality Assurance 	<ul style="list-style-type: none"> IHA recovery action plan Exception reporting received from provider Monitoring of KPI Gaps in performance are reported by provider on a quarterly basis via contract monitoring processes 	Jan-17	Designated Nurses	CCG Accountable Officers
7. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Lancashire Care NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation trust and East Lancashire Hospitals Trust should:						
7.1 Promote shared awareness of risks to the emotional health and wellbeing of children and young people who are looked after and ensure appropriate and timely support to meet their needs with effective tracking of outcomes.	<ul style="list-style-type: none"> Joint pathways are developed with the local authority to ensure children's initial and review health assessments are informed by the strengths and difficulties questionnaire (SDQ's) to help inform their therapeutic intervention. 	<ul style="list-style-type: none"> Working in partnership with CSC develop pathways across Lancashire to ensure that SDQs meaningfully contribute to health reviews and the impact of interventions are monitored (NSNH 2016) Link in with improving access to effective support workstream to support clear pathways and smooth transitions 	<ul style="list-style-type: none"> Multi agency CLA performance recovery action plan reported to LCC SMT CSC Meeting CYP EWMH programme/ transformational plan monitored by CCB Network. Once established quarterly dip sample audits - consider as part of the QAPI audit calendar monitored by CCG Quality committees 		Lead of CYP EWMH Plan CSC LAC Lead	LCC Childrens Services - Director of Childrens Services CCB network LSCB
8. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together all local NHS providers should:						

8.1 Ensure additional training for frontline staff to help them achieve high levels of confidence and expertise in the use of CSE risk assessment tools, tailored to their specific roles and levels of contact.	<ul style="list-style-type: none"> • Safeguarding practice and professional confidence is strengthened to support for young people at risk of CSE. • Improved identification and support for young people whose needs fall below the level of risks managed by the CSE nurse. • Ensure frontline health professionals are confident and knowledgeable in CSE screening tools appropriate to their role and level of engagement with young people. 	<ul style="list-style-type: none"> • Standardised risk assessment tool/professional guide identifying risk indicators for implementation across pan Lancashire • Audit the embedding of standardised multi-agency training programmes to upskill the workforce on how to identify risks and signs of CSE (NSNH 2016) • Organisational mandates in relation to CSE training as per guidance via LSCB. 	Section 11 Audit Contract monitoring	Jun-17	Designated Nurses Organisational leads	Organisational leads, CCG AO
9. NHS Chorley and South Ribble and NHS Greater Preston CCGs together with Lancashire Teaching Hospitals NHS Foundation Trust should:						
9.1 Further review and address shortfalls in the levels of paediatric expertise required to meet the current levels of demand from children and young people using its Emergency Department and Urgent Care Centre.	<ul style="list-style-type: none"> • Service is reviewed to determine the current need for onsite paediatric expertise. • Levels of paediatric immediate life support training required by existing workforce is reviewed. 	Commissioners will request: <ul style="list-style-type: none"> • Map existing provision • Identification of gaps in service delivery • Formulation of action plan and implementation process 	Contract monitoring ILS training Urgent Care SRG	Jan-17	Organisational Lead Responsible Commissioner	Urgent Care SRG CCG commissioners
10. East Lancashire CCG together with East Lancashire Hospitals NHS Trust and Lancashire Care NHS Foundation Trust should:						
10.1 Ensure prompt access to specialist mental health services for women who require additional support prior to and following the birth of their baby.	<ul style="list-style-type: none"> • Gaps in the capacity of specialist mental health services are monitored to meet current demand. 	0-19 - Pathways into AMH and other providers from 0-19 integrated teams will be reviewed to ensure there is prompt access to services for women who require additional support. (This is as part of the review of Perinatal Mental Health Protocol currently underway) The CAMHS Transformational Plan	CCB network reporting to CCG AO	Mar-17	CYP EWMH plan lead	CCG Accountable officers

11. Lancashire Teaching Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust, East Lancashire Hospitals NHS Trust and University Hospitals of Morecambe Bay NHS Foundation Trust should:						
11.1 Ensure receptionist and clinical staff clearly record the names of adults, those with parental responsibilities and of health, social care professionals and schools involved in the child's life to promote good information- sharing about risks to the health or safety of children.	<ul style="list-style-type: none"> Demographic information is consistently reported including the adult relationship to the child and other professionals involved in their care, which will support in identifying risks to the health and safety of children. 	All organisations will review their current practices in relation to a consistent approach to recording demographic information.	CCG Quality Committees Organisational internal quality review via audit	Jan-17	Head of Nursing	CCG Accountable Officers
11.2 Strengthen the focus of clinical staff on the voice of the child and ensure safeguarding tools are used effectively to support effective recognition of the vulnerability of children and young people and analysis of child safety risks.	<ul style="list-style-type: none"> Recording needs are strengthened demonstrating safeguarding issues have been considered. Relevant assessment and tools are used consistently to support the analysis of risk and ensuring the child's voice is heard. Discharge summaries are completed to an adequate standard to ensure GP's are informed about risks to mothers and their new babies. 	All organisations will review their current practices in relation to a consistent approach to service development, risk assessment and communications pathways.	CCG Quality Committees will review contract monitoring information Organisational internal quality review via audit	Jan-17	Head of Nursing	CCG Accountable Officers
12. Lancashire Teaching Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust, and University Hospitals of Morecambe Bay NHS Foundation Trust should:						
12.1 Ensure all midwifery staff can access safeguarding supervision to promote a consistently high standard of casework and professional impact in working with others to reduce harm to women and their unborn or new-born babies.	<ul style="list-style-type: none"> All midwifery professionals should receive regular face to face safeguarding supervision. Given the significant expansion of safeguarding children and adult activity, levels of support and opportunities for reflection are reviewed. 	Organisations will review their current arrangements for supervision and report outcome of audits to commissioners	Quarterly reporting as part of Contract monitoring	Mar-17	Head of Midwifery	Lead Commissioner
13. Lancashire Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust should:						

13.1 Ensure emergency department facilities provide a clear view and good oversight of children waiting to be seen to ensure effective early identification of children with deteriorating medical conditions and parent-child interactions.	<ul style="list-style-type: none"> Layout of departments is reviewed to support prompt identification of a child with a rapidly deteriorating condition and sufficient oversight of adult-child interactions. 	Review of layout of A+E departments by Estate Dept in conjunction with the safeguarding leads in the organisation Corporate risk register will be updated to highlight organisational risk Action plan to mitigate will be developed.	Organisational Board	Mar-17	Head of Estates	Chief Operating Officer
14. Lancashire Teaching Hospitals NHS Foundation Trust and Southport and Ormskirk Hospital Trust should:						
14.1 Ensure their workforce fully complies with the intercollegiate training requirements for safeguarding children.	<ul style="list-style-type: none"> Level two safeguarding children's training needs to meet the expected intercollegiate standard requirements. Paediatric immediate life support training performance needs to meet intercollegiate and professional standards requirements. 	Organisations will review their current training strategy in line with intercollegiate document.	Organisational Board CCG contract monitoring Section 11 audit	Dec-16	Head of Safeguarding	Organisational Board
15. Lancashire Teaching Hospitals NHS Foundation Trust together with Lancashire Care NHS Foundation Trust should:						
15.1 Ensure the Urgent Care workforce is well supported by operational procedures and relevant training that promote clear identification and pathways of care for vulnerable children and their families.	<ul style="list-style-type: none"> Frequent attender policy requires further development. More in-depth checks of the circumstances and risk to children and young people up to 18 years of age who present with injuries . Ensure staff have child sexual exploitation training given their role in the provision of emergency contraception. 	Whole system review of operational procedures and training that correlates with staff roles and responsibilities	CCG contract monitoring Organisational Board reports	Mar-17	Director of Ops	CEO/CCG Accountable Officers
15.2 Ensure record keeping within the Urgent Care Centre fully complies with the standards of professional recording practice.	<ul style="list-style-type: none"> All case notes reviewed at the Urgent Care Centre should be signed, timed and dated including the clinician's designation and grade. 	Audit of case notes and improvement plan developed and implemented	Organisational Board reports	Mar-17	Director of Ops	CEO
16. Lancashire Care NHS Foundation Trust together with Blackpool Teaching Hospitals NHS Foundation Trusts and their sexual health partner organisations should:						
16.1 Develop clear systems and care pathways for sharing information, flagging and tracking of risks to young people using their integrated sexual health services.	<ul style="list-style-type: none"> Consistent Information sharing processes across Lancashire are developed in respect of children discussed at Multi-agency CSE (MACSE) meetings. 	Review and develop consistent pathways for information sharing across Lancashire for children at risk of CSE	Organisational monitoring via Directorate meetings Updates from organisations as part of the implementation of the CSE strategy	Mar-17	Head of Safeguarding	CEO

16.2 Strengthen the child's voice, analysis and recording of concerns including for young people over the age 16.	<ul style="list-style-type: none"> Operational practices in emergency departments, CAMHS and sexual health services support a robust young person-centred approach. 	Scope systems in place in organisations and review best practice Development of a common pathway across Lancashire	Organisational monitoring via Directorate meetings Updates from organisations as part of the implementation of the CSE strategy	Mar-17		CEO
16.3 Promote clear and consistent approaches to identifying, recording and reporting incidences of female genital mutilation (FGM)	<ul style="list-style-type: none"> Clear and consistent approaches in identifying, recording and reporting FGM are developed. 	Policy and guidance to be reviewed by all organisations to ensure compliant with mandatory reporting	Organisational monitoring via Directorate meetings Updates from organisations to FGM sub group LSCB	Mar-17		CEO
17. Lancashire Care NHS Foundation Trust together with Blackpool teaching Hospitals NHS Foundation Trust should:						
17.1 Ensure their 0-19 integrated teams provide SMART outcome-focussed protection plans and analysis within routine recording to clearly evidence the impact of their work to strengthen parental capacity and keep children and young people safe.	<ul style="list-style-type: none"> Health visiting plans demonstrate the impact of their interventions rather than being activity based focus. Routine case recordings evidence the impact of their work for the child and risks to them from lack of parental adherence to the child protection plan. 	Audit of HV plans and case recording to review impact of interventions and analysis of risk	Organisational monitoring via Directorate meetings	Dec-17	Clinical Lead Children and Families	CEO
17.2 Ensure all relevant health professionals are aware of, and have the opportunity to identify and contribute to the health assessments and care plans for children who are looked after.	<ul style="list-style-type: none"> Looked after children care pathways are strengthened to ensure the effective engagement of all relevant health professionals. On request for completion of a health assessment the documentation should note who the assessment is to be shared with. 	Audit current pathways to ensure relevant information sharing as per Promoting the Health and Wellbeing of Looked After Children, 2015	Organisational monitoring via Directorate meetings	Mar-17		CEO
17.3 Strengthen quality assurance by frontline health professionals involved in undertaking LAC health assessments and care plans to ensure the health care needs of children and young people are appropriately identified and met.	<ul style="list-style-type: none"> Strengthened quality assurance processes: <ul style="list-style-type: none"> Gaps in the quality standards need to be consistently identified in the sign off process by the looked after children health team. The quality of the frontline practitioner work needs to be effectively challenged (self-audit). Review of looked after children health records indicated a need for a closer management oversight and reflection on the risk to children and on outcomes achieved. 	Audit of the quality of health plans to be carried out and a gap analysis plan to be developed to incorporate staff training as per Intercollegiate document for LAC	Organisational monitoring via Directorate meetings and via contract performance	Mar-17		CEO & AO CCGs

18. Lancashire Care NHS Foundation Trust together with East Lancashire Hospitals NHS Trust should:						
18.1 Ensure a clear, consistent, shared approach to care management and clinical practice that promotes high standards of recording, equitable provision and sharing of innovative practice in CAMHS services.	<ul style="list-style-type: none"> • Inconsistencies in care pathways are addressed to ensure continuity of care. • A consistent approach is developed to the use of risk assessments and care plans to promote the delivery of equitable and person focus practice. 	Links to the full Pan Lancashire Children and Young People's resilience EWMH plan	CAMHS Transformation Board minutes and programme plan	Mar-17	Director for children and Families	CEO
19. University Hospitals of Morecambe Bay NHS Foundation Trust and Southport and Ormskirk Hospitals Trust should:						
19.1 Ensure midwives appropriately and consistently discharge their professional responsibilities for routine enquiry of domestic abuse in line with Trust and professional guidelines.	<ul style="list-style-type: none"> • Practice is strengthened in line with guidance to ensure women are seen alone routinely and are asked on more than one occasion about domestic abuse. 	Policy to be audited and updated to reflect change in frequency of routine enquiry. Gap analysis to improve awareness raising with midwives and training to support where required	Organisational monitoring via Directorate meetings	Dec-16	Head of Midwifery	CEO
20. East Lancashire Hospitals NHS Trust and Southport, Ormskirk NHS Hospital Trust and Lancashire Care NHS Foundation Trust should:						
20.1 Ensure frontline teams are appropriately equipped to effectively manage their caseloads and ensure timely recording and ease of access to relevant information and review of risks	<ul style="list-style-type: none"> • Contemporaneous records are maintained in line with professional standards and record keeping supports timely information sharing between hospital and community. • Practitioners are supported with the challenges with electronic care systems which impact on keeping clients records up to date or delays in accessing information. 	Record keeping and information sharing policies and procedures to be reviewed. Audits to be undertaken in respect to compliance. Training needs analysis to be developed to support best practice	Organisational monitoring via Directorate meetings	Dec-16	Head of Nursing CYP	CEO
21. Lancashire Teaching Hospitals NHS Foundation Trust should:						
21.1 Ensure staffing arrangements in its emergency department provide sufficient coverage of paediatric nursing and suitably qualified other staff to effectively meet the needs of children with complex and deteriorating conditions as befits its role as a regional trauma centre.	<i>Recommendation is not located within the report however, links to recommendation 9.1.</i>	Commissioners will request: <ul style="list-style-type: none"> • Map existing provision • Identification of gaps in service delivery • Formulation of action plan and implementation process 	Contract monitoring ILS training Urgent Care SRG	Mar-17		Urgent Care SRG CCG commissioners

22. Lancashire Care NHS Foundation Trust should:						
22.1 Strengthen its approach to identifying risks to children of parents with mental ill-health to ensure effective initial and ongoing review of risks and sharing of expertise to inform partnership working.	<ul style="list-style-type: none"> • The level of questioning undertaken as part of the initial assessment process is strengthened: <ul style="list-style-type: none"> o Stronger focus of the impact of parental ill-health. o Support wider exploration of the needs and experiences of children. o Consistency is strengthened in the initial and on-going review of risks to inform frequency of contact and the need for joint working. 	Strengthen safeguarding assessment screening tool to include enhanced risk analysis and actions required where risks to children are identified. Organisation will audit to ensure systems are aligned to the adult mental health approach to identifying risk	Organisational monitoring via Directorate meetings and Governance structure	Mar-17	Associate Director of Safeguarding	CEO
22.2 Ensure children looked after care records provide a complete picture of previous assessments and care plans in line with the required standards of record-keeping to support the development of a comprehensive health history for young people leaving care.	<ul style="list-style-type: none"> • Electronic information systems are strengthened: <ul style="list-style-type: none"> o Assessments and health care plans are accessible. o Health passports for care leavers are evidenced within the child's individual ECR health record. o The use of and impact of health passports in promoting young people's health and well-being are reviewed. 	Audit of ECR records to ensure all relevant information is recorded Review 0-19 systems current guidance in relation to storage of assessments and care plans in EDMS to ensure clarity where previous assessments and plans are stored	Organisational monitoring via Directorate meetings and Governance structures	Mar-17		CEO & DPH
22.3 Ensure records of actions discussed in supervision are routinely recorded on the case records of children and young people to provide assurance about the effectiveness and impact of work to address risks and support improved outcomes.	<ul style="list-style-type: none"> • Assurance is strengthened about the effectiveness and impact of supervision in helping address risk and support improved outcomes for young people looked after: <ul style="list-style-type: none"> o Records of actions discussed in supervision are documented in the child's records. 	Review of supervision policy Audit of health records to clarify cases discussed at supervision sessions are consistently documented	Organisational monitoring via Directorate meetings and Governance structures	Mar-17		CEO
23. East Lancashire Hospitals NHS Trust should:						
23.1 Ensure maternity staff are routinely informed about the care needs and circumstances of pregnant women attending its emergency department or minor injury unit to help strengthen monitoring of their health and early warning of risks to them and their babies.	<ul style="list-style-type: none"> • Routine notification to midwives of pregnant women attending emergency departments to support the monitoring of vulnerable pregnant women. 	Task and Finish group to be established with ED/UCC and Midwifery services to address how this recommendation is going to be addressed and the implications for practice. Consideration of how this information is communicated and how this information is recorded in the medical records and how a midwife would access those records from the community.	Progress to be monitored quarterly at Internal Safeguarding Board.	Mar-17	Midwifery and ED Matron	CEO

24. Blackpool teaching Hospitals NHS Foundation Trust should:						
24.1 Ensure health visitor electronic case records clearly evidence domestic abuse and maternal mental health checks to inform the need for and provision of early help.	• Gaps in electronic recording systems are strengthened to ensure essential checks of maternal well-being in areas such as domestic abuse or mental health are indicated.	Audit systems to ensure assessment of maternal well-being include both domestic abuse and mental health issues and that these are recorded and inform the need for and provision of early help	Organisational monitoring via Directorate meetings and Governance structures	Mar-17	Head of Midwifery	CEO
25. Southport and Ormskirk Hospitals NHS Trust should:						
25.1 Ensure referrals to children's social care provide a clear picture of safeguarding concerns and the impact for children to support timely decision-making about the management of risk	• Support timely referrals and appropriate follow up actions: o Information and analysis of concerns at the point of referral to children's social care are strengthened. o Strengthened detail about concerns and the impact for children.	To audit the timeliness and quality of referral	Organisational monitoring via Directorate meetings and Governance structures	Dec-16	Head of Midwifery	CEO
25.2 Ensure midwifery reports to child protection conferences are of a consistently high quality and provide clear articulation of risks to help inform a clear shared direction across the partnership to promoting better outcomes.	• Child protection conference reports are written to a good standard and clearly articulate risks. • Strengthened information with analysis of risk to help inform a clear shared direction across the partnership in promoting better outcomes.	Bespoke training is provided to midwives to ensure child protection reports clearly articulate risks to the child and are of a consistently high quality Quality of content of individual Child Protection Conference Reports to be discussed in supervision	Organisational monitoring via Directorate meetings and Governance structures	Dec-16	Head of Midwifery	CEO
26. Lancashire Care NHS Foundation Trust together with Greater Manchester West NHS Foundation Trust and Inspire should:						
26.1 Strengthen their links with the local MASH (multi-agency safeguarding hub) to support shared work in reducing the number of repeat referrals with aspects of concerning behaviour in relation to domestic abuse, mental health and substance misuse.	• Joint arrangements are strengthened to promote clear shared strategies for managing shared responses: o Aspects of adult behaviour of concern in relation to domestic abuse, substance misuse and mental health are included.	Organisations to review current information sharing arrangements including links with MASH Organisations to review the information shared to ensure aspects of adult behaviour including: domestic abuse and substance misuse are included	Organisational monitoring via Directorate meetings and Governance structures	Dec-16	Service Manager	CEO
26.2 Ensure adult mental health actively engage in all aspects of child protection work to ensure good and regular sharing of information about concerns and changes in parental capacity to effectively support and protect children.	• Adult mental health strengthen partnership working between child health and substance misuse professionals: o Information sharing and joint approaches are developed to promote shared direction and holistic support for families who are reluctant to engage.	Formal standard information process to be implemented between Adult Mental Health, Child Health and Substance Misuse professionals	Organisational monitoring via Directorate meetings and Governance structures			CEO

27. Greater Manchester West NHS Foundation Trust should:						
27.1 Ensure referrals made to children’s social care are effectively managed to provide a clear audit trail of actions taken and strengthening of management oversight of levels of activity	• Audit around the level and quality of referrals made to children’s social care is strengthened.	To audit cases and undertake spot checks in supervision Implement findings of the audit to strengthen the level and quality of referrals made to Children's Social Care	Organisational monitoring via Directorate meetings and Governance structures	Dec-16	Safeguarding Lead	CEO