East and North Hertfordshire NHS Trust

Agenda Item: 11a

TRUST BOARD – 25 SEPTEMBER 2013
RISK AND QUALITY COMMITTEE – 18 SEPTEMBER 2013
EXECUTIVE SUMMARY REPORT

PURPOSE	To present to the Trust Board the report from the Risk & Quality Committee (RAQC) meeting of 18 September 2013.
PREVIOUSLY CONSIDERED BY	N/A
Objective(s) to which issue relates *	☑ 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services ☑ 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction ☑ 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services ☑ 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable ☑ 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services ☑ 6. To improve our staff engagement and organisational culture to be amongst the best nationally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board. Any major financial implications of matters considered by the RAQC are always referred to the FPC.
Healthcare/ National Policy (includes CQC/Monitor)	In line with Standing Orders and best practice in corporate governance.
CRR/Board Assurance Framework *	☐ **Corporate Risk Register** ☐ **BAF**

ACTION REQUIRED *

For approval	☐	For decision	☐
For discussion	☑	For information	☐

DIRECTOR:	Chair of RAQC
PRESENTED BY:	Chair of RAQC
AUTHOR:	Regulation and Compliance Manager
DATE:	September 2013

RISK AND QUALITY COMMITTEE (RAQC) – 18 September 2013

EXECUTIVE SUMMARY REPORT TO BOARD – 25 September 2013

Floodlight Scorecards & TDA Quality Indicators

The RAQC considered the floodlight scorecard for Month 5 which included exception reports on statutory and mandatory training and health and safety (management referrals to Occupational Health for work related stress, physical assault and RIDDOR incidents). The Committee received a verbal update on other red rated areas.

Maternity Risk Management Strategy and Supervision of Midwives Annual report

The Committee received and approved the annual update to the Maternity Risk Management Strategy.

The RAQC welcomed the annual Supervisors of Midwives report which sets out the framework of Supervision within five national standards and was pleased to learn that the Trust had achieved the recommended ratio of 1:15 supervisors to midwives.

Liverpool Care Pathway (LCP) Update

The RAQC was pleased to receive a briefing on the clinical review of the use of the LCP in the Trust which had been carried out by the Palliative Care team following publication of the Neuberger report. The Trust's lead consultant in Palliative Medicine reported that the clinical review demonstrates that patients who are on the LCP, in the Trust, are being well cared for. The Trust's strategy is to continue to use the LCP with vigilance until an alternative care plan is rolled out nationally as the Neuberger report recommends phasing out the LCP over the next 6-12 months. The RAQC expressed its support for this approach. The Committee discussed the role of consultants in discussing the care of the dying patient with relatives and noted the actions being taken to improve this aspect of the care pathway.

The RAQC congratulated the Palliative Care team and thanked them for their good work over the past year.

Medical Director Report

The Committee reviewed the Medical Director report which provides a summary of matters escalated from the Clinical Governance Strategy Committee and Patient Safety Committee as well as an update on Medical Education and Mortality.

The RAQC was informed that the Trust's crude mortality rate for the year to date (April to August 2013) is 1.9% and continues to be on a steep downward trajectory. The Trust's HSMR for the first quarter is 89.8; SHMI remains elevated but is expected to fall when the next set of data is released in October 2013 and the data for Q4 2011/12 is removed.

Nursing and Midwifery Ambitions Evaluation 2012/13

The Committee reviewed the significant progress made by the Trust towards achieving the five ambitions within the Trust's Nursing and Midwifery Ambitions 2012-15. In particular, it was noted that there has been a 26% reduction in the number of inpatient falls, a 43% reduction in serious harm falls, a 48% reduction in hospital acquired pressure ulcers across the Trust, intentional rounding has been introduced across all patient areas and the Trust has recorded an all time low in hospital acquired infections making it one of the best in the country. Succession

planning was identified as an area requiring further improvement and actions will be taken to improve current processes.

Safeguarding Children Annual Report

The RAQC received the annual safeguarding children report which summarises the Trust's compliance with statutory and national requirements and responsibilities, achievements against the 2012/13 work plan and the proposed work plan for 2013/14. **The report is attached as Appendix 1.**

The Committee acknowledged the excellent work of this small team and thanked them for all their work.

Mount Vernon 2015

The Committee considered a proposal document setting out a high level vision of how the Mount Vernon Cancer Centre could be reconfigured in the future to enable it to better provide services to patients. The proposed redevelopment of the Mount Vernon site is in line with the Trust's strategic objective to support the continued development of the Mount Vernon Cancer Centre. The Mount Vernon 2015 project is a joint project involving the Hillingdon Hospital Foundation Trust and East and North Hertfordshire Trust. The proposal is to be discussed further in Part II of the September Board meeting.

Workforce Report

The Committee reviewed the Month 5 workforce report and noted the continued success of the cohort recruitment drive, the significant work undertaken in relation to the ESR/OLM project and the successful delivery of the TUPE transfer of 40 Carillion staff to the Trust when the Trust took over responsibility for the Surgicentre on 14 September 2013. Completion of the vacancy review (Challenge 600) has provided greater clarity on the posts that are true vacancies within the Trust and that can be recruited to.

Report on Pre-Employment Checks Audit

The RAQC received a report on progress against the action plan developed following the PWC NHS Employment Checks Standards Audit in July 2013. The Committee approved the continuation of the 'look back' exercise and the timescales for completion. Further discussion is to take place at the Board meeting.

Staff Survey Update

The RAQC received an update on progress made in relation to areas identified for improvement in the 2012 staff survey. The Committee discussed the areas approved by the ARC Steering Group in July, namely; promoting the use of the Trust's mediation service, embedding zero tolerance for bullying, harassment and abuse, introducing dignity at work advisors and the new appraisal framework.

New Appraisal Framework

The RAQC received a report summarising actions taken since RAQC approved the proposed new framework in July 2013 as well as issues and risks identified following a pilot of the new form and wider discussions regarding the new framework. The RAQC approved the revised timing and phased approach for implementation of the new framework.

Infection Control

The Committee noted the Infection Control report and the exception reports regarding emergency MRSA screening and Clostridium Difficile. MRSA was noted as remaining at 1 case year to date. C Difficile was noted as 10 cases to the end of August and the RAQC received an

update on the 11th case reported in September. With regards the two cases of VRE year to date, it was noted that the outbreak had been declared closed.

Serious Incident Report

The Committee noted the report in which 17 new incidents were reported in July and during August 2 hospital acquired pressure ulcers were declared bringing the total to 68 from January to date. A detailed report is presented to Part II Board.

Ian Morfett, Committee Chair
Trust Chairman

SAFEGUARDING CHILDREN

ANNUAL REPORT 2012-2013

Mary Emson Named Nurse for Child Protection

Dr Olive Hayes Named Doctor for Child Protection

Sarah Warmington Child Protection Nurse Specialist

D Bean Nursing Services Manager

Executive Summary

This is the 11th Annual safeguarding children report which includes child protection. It provides the Trust Board with an overview of safeguarding children from April 2012 – March 2013.

Safeguarding children promotes the welfare of children and protects them from harm. Children are defined as children and young people and aged 0-18years.

The Executive Director responsible for Safeguarding Children is the Director of Nursing and Patient Experience.

Summary of Compliance

In 2012/13 the Trust was compliant with its responsibilities regarding the employment of Named Professionals. The Trust is compliant with the annual section 11 assessment undertaken by the Primary Care Trust (PCT)

The Trust met the standard for safeguarding children and adults from abuse, following a care Quality Commission unannounced inspection in December 2012

Safeguarding Children training compliance fluctuated at around 72% throughout 2012/13 against a target of 90%.

Performance

Trust child protection performance is monitored through the use of a comprehensive dashboard of performance and quality measures updated quarterly, the dashboard is monitored via relevant boards and committees. Indicators include:

- Referrals to Children's Services increased from 2 a month to 5 for unborn babies in 2012 showing increased awareness of midwives compliance to new safeguarding policy

- Child protection supervision (required for staff who work directly with child protection to provide reflection, education and emotional support) compliance is 100% in most areas with a remedial plan in maternity services to increase compliance from 40 to 90%.

- All child protection cases that come through the organisation where there is a degree of significant harm to a child have to be reported as an SI through to the Hertfordshire Safeguarding Children's Board (HSCB). Eleven cases were referred between January - March 2013 and one case has been the subject of a serious case review, outcome pending.

Quality

The Child Protection team lead on a number of high level work streams by:-

- Contributing to the HSCB audit committee quality work streams
- participating in multiagency audits e.g. non accidental injuries in babies audit
- Chairing the North Hertfordshire and Stevenage Multi Agency Forum on behalf of the HSCB
- Leading the project to implement Clinical Record Viewer that enables clinical staff to have access to general practitioner records for safeguarding children purposes
- Contributing to the 'Child Project' during the year, the purpose is to obtain an IT solution that enables multiagency sharing of information on children subject to a child protection plan or those known to the criminal justice system.

Achievements 2012-2013

- Work plan created by the safeguarding Children Committee and actions fulfilled
- Implementation and embedding of an electronic 'List of Children with a Child Protection Plan' in ED
- Three CP team members completed National Safeguarding Children Leadership course.
- BIMS discharge letters monitored for compliance by Liaison Health Visitor and trust wide reporting structure agreed
- Increased 'Sharing Information Forms' received at the weekly psychosocial meetings demonstrating increase in staff awareness of promoting welfare
- Increased referrals for unborn babies showing increased maternity assessment and compliance to safeguarding unborn pathways
- Designed Child Protection database to achieve improved compliance
- Compliant with Care Quality Commission National standards for Safe guarding Children shown through 2, section 11 assessments visits undertaken by the Designated Children's team
- Project to implement Clinical Record Viewer providing read only access to G.P records into the Trust
- Participated in Multi-agency audit reviewing the care of babies seen with non-accidental injury
- 100% of Child Protection Medicals in hours were completed in accordance with RCPCH standards.
- Electronic database put in place for maternity cases that trigger concern or protection
- A 'Safeguarding section' has been included in medical records that indicates to staff that the child may be vulnerable
- Met CQC standard 'safeguarding people who use services from abuse' (December 2012)
- Presentations within the Rolling half days to ensure learning is embedded back into the organisation from any incidents
- Held 6th annual child protection conference with attendance of 80 staff from the locality

Work plan for 2013/14

- Provide single Point of Access to Children's Services for CP matters
- To ensure maternity staff are able to attend strategy meetings for individual babies as required by 'Working Together' (2013)
- Increase compliance with child protection supervision for midwives
- Increase staff compliance in safeguarding training to 95% by March 2014
- Update Safeguarding Children Trust policy
- Develop a tool for and undertake a children and families patient experience survey
- Complete the implementation of action plans for the two trust CP SI's
- Complete internal Audit programme continuing to embed CP procedures
- Complete Internal audit by Price Waterhouse Cooper
- Hold 7th Annual conference – Safeguarding Children
- Develop dashboard further to reflect changing services
- Hold First Maternity safeguarding Children Conference in East & North Herts
- Provide Safeguarding Children Leaflet for all Locums through internal systems and NHSP
- Contribute to Multi-agency conference on Safeguarding Disabled Children
- Train maternity staff to access electronic sharing information database
- Contribute and/or lead on key projects for HSCB as required
- Research requirements for new services e.g. a Neglect Clinic to support GP practices
- Work with local university on analysis or research regarding professional attitudes to Child Sexual Abuse Examination
- Complete the level 4 compliance for the Named professionals to sit alongside appraisals
- Review services in the Surgicentre to ensure safeguarding compliance in all systems and processes and that these are coherent with those already in place in East and North Herts

1.0 Introduction

This is the Annual report for safeguarding children for East & North Hertfordshire NHS Trust for 2012/13.

Safeguarding children is a partnership approach and we work closely with Children's Services, Hertfordshire Constabulary and other agencies under the umbrella of Hertfordshire Safeguarding Children Board.

We adhere to the national guidance Working Together To Safeguard Children 2013, Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004, Standard 7 -safeguarding people who use services from abuse, Standard 14 -supporting workers, CQC 2010. We follow local Hertfordshire Safeguarding Children Board (HSCB) procedures.

2.0 Care Quality Commission annual compliance check

The Trust is compliant with the Care Quality Commission annual compliance check for Safeguarding Children which was undertaken in December 2012. The CQC stated:-

'The lead nurse for child protection provided us with information about the care and protection strategies for children including the pre-birth policy. We saw how staff at the trust were supported to assess and identify child protection issues, regardless of whether they worked with children routinely or not. The trust had a designated suite to support multi-agency child protection work.

We looked at the care and treatment of nine children and eight adults subject to some safeguarding concerns and tracked their care and what the staff at the trust did to safeguard them. These records showed the importance of relationships and communication across clinical teams within the trust and also with external agencies. The hospital discharge team acted as the liaison regarding safeguarding issues and facilitated contact with inter-agency systems. Transfer letters seen showed appropriate detailing of patient needs to ensure ongoing appropriate and safe care for people being discharged.'

A Section 11 audit was completed by the PCT in February 2013.

The key elements of compliance for section 11 as reported by the trust were:-

Element	Trust position	Compliance
Identifies a named doctor and a named nurse/midwife	Named doctor – Dr.Olive Hayes Named nurse - Mary Emson Named midwife – The Named Midwife post is vacant and whilst under recruitment is covered by a Community Midwife.	compliant
Policies	Safeguarding Children Trust policy was updated in March 2012. Domestic Abuse Policy was reviewed February 2013. Safeguarding Children Training Strategy reviewed in 2012 and 2013.	compliant
Provision of training	Training program level 1-3 provided as	compliant

	appropriate to staff role in accordance with national guidance.	
Ensure all children that come into the Trust are checked to see if they are subject to a Child Protection Plan	Electronic copy of 'List of Hertfordshire Children with a CP Plan' available in A&E and Urgent Care Centres; .	compliant
To ensure learning occurs and actions taken from serious case reviews, child death reviews, local management reviews and other investigations from reports from national bodies	SCR/PCR/SI/IRI action plans are monitored by Child Protection Committee.	compliant
Has a clear line of accountability for work on safeguarding and promoting the welfare of children	Job descriptions for all staff have safeguarding children included. Structure and line of accountability from board to operational staff in place. Audits to measure compliance carried out on a regular basis.	compliant
Ensures racial heritage, language, religion, faith, gender and disability	Interpreters used when English not first language.	compliant
Works with partners to protect children and participate in reviews set out in Working Together to Safeguard Children (March 2010)	Trust representation on Child Death Overview Panel and Hertfordshire Safeguarding Children Board audit and training sub-groups.	compliant
Systems, standards and protocols about sharing information about a child and their family	Weekly sharing information meetings for Children's ward, Children's OPD and Emergency Department. Monthly sharing information meetings for Maternity and Neonatal Service Sharing information included in training; Sharing information database for children and unborn babies maintained by CP team.	compliant

2.1 Trust Safeguarding Children Leads

Ms Angela Thompson-Director of Nursing and Executive lead for Safeguarding Children

Dr Kemi Adejare Clinical Director Community Paediatrics & Child Protection

Dr Olive Hayes Community Paediatrician & Named Doctor Child Protection

Dr Jan Reiser - Designated Doctor Child Protection - Hertfordshire Safeguarding Children Board

Mary Emson - Named Nurse Child Protection - HSCB sub-group - Workforce Development and Audit

Tracy Doughty – Acting Named Midwife Child Protection

3.0 Risk and Quality Assurance

The Director of Nursing presents the Annual Child Protection Report to the Trust Board. Bi monthly child protection updates are provided to Risk and Quality Committee and bi – annual to the Clinical Governance Committee. Assurance and strategy issues are overseen by the Director of Nursing.

The Division of Women and Children have responsibility for the operational management of child protection within the Trust.

The Child Protection Committee meets bi monthly, is chaired by the Clinical Director for Child Protection. Issues are escalated as appropriate by the chair to the Women's and Children's Divisional Board.

The Director of Nursing as executive lead is notified immediately of serious case reviews, untoward incidents, identified risk to the organisation.

3.1 Risk Register.

There are four risks relating to safeguarding children on the risk register all under the score of 15. In summary these relate to:-
- Safeguarding children training
- Failure to refer to Children's Services in a timely manner for unborn babies and
- Failure to adhere to safeguarding policy by not referring to a paediatrician and
- Poor compliance with safeguarding tool for children in Emergency department

All have actions in place to mitigate the risks and all are reviewed at the relevant boards and committees

3.2 Serious case reviews

Serious case/partnership case reviews are requested by the HSCB when a child dies or is seriously injured in accordance with national guidance. East & North Hertfordshire NHS Trust contributed to one review in December 2012 (See appendix 2).

3.3 Complaints

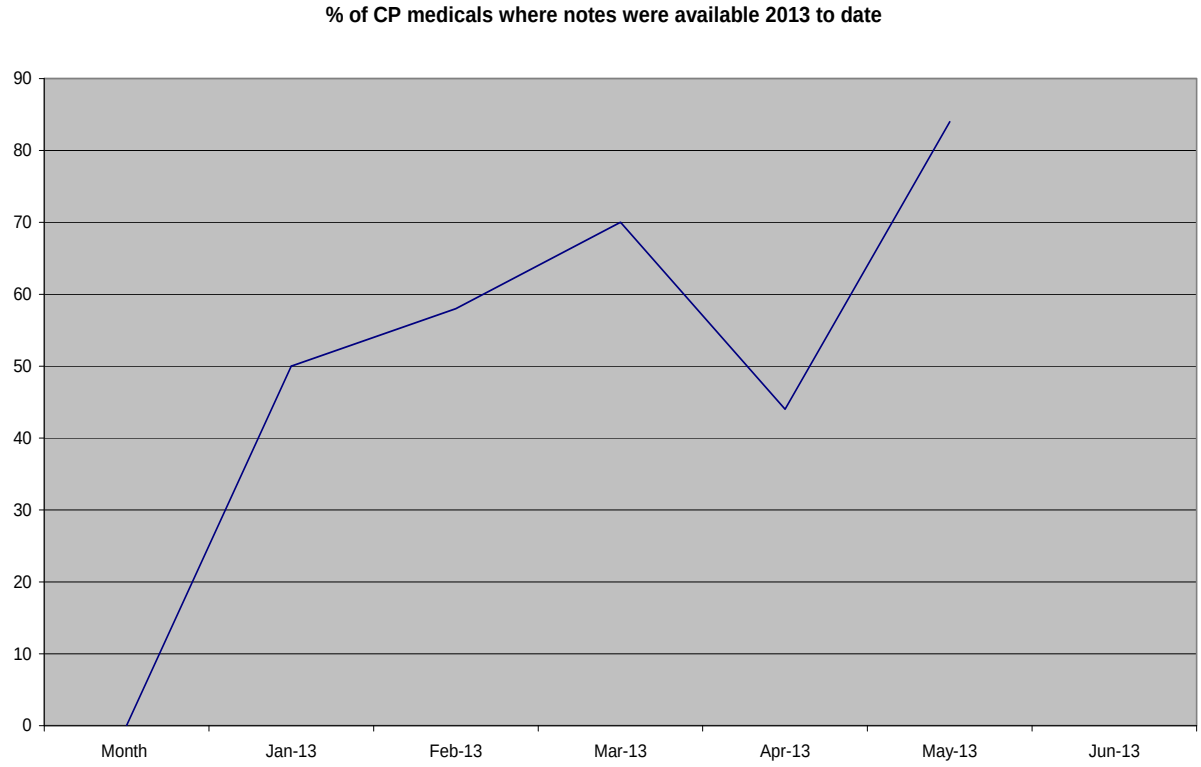
Two complaints were received in the year and both completed within the timescale.

Both complaints related to outcomes of child protection medicals and decisions made by the statutory agencies. In one case a child was removed from the family as considered to be at risk of significant harm. The second complaint was in relation to a child who was referred by a community paediatrician. The child was considered to be at risk and the family disagreed. The child had an injury that was considered to be inconsistent with history given.

3.4 Availability of medical records.

Records availability for child protection medicals had been a problem identified in the annual report 2011. Medical records should be available for all child protection medicals and are requested at the time of referral to the Trust.

The standard set within the standard operating framework is for records availability for child protection medicals to be within 4 hours. This increased from 50% to 85% in year. The audit below results indicates improved compliance.



4.0 Child protection medicals

Child protection medicals are carried out using standards set out by the Royal College of Paediatrics and Child Health. 100% of medicals are undertaken by a consultant and within 24 hours. The majority of reports are provided to Children's Services within 48 hours of the examination.

Table to show CP medicals by category:-

Category	Number
Neglect	9
Sexual	19
Physical	178

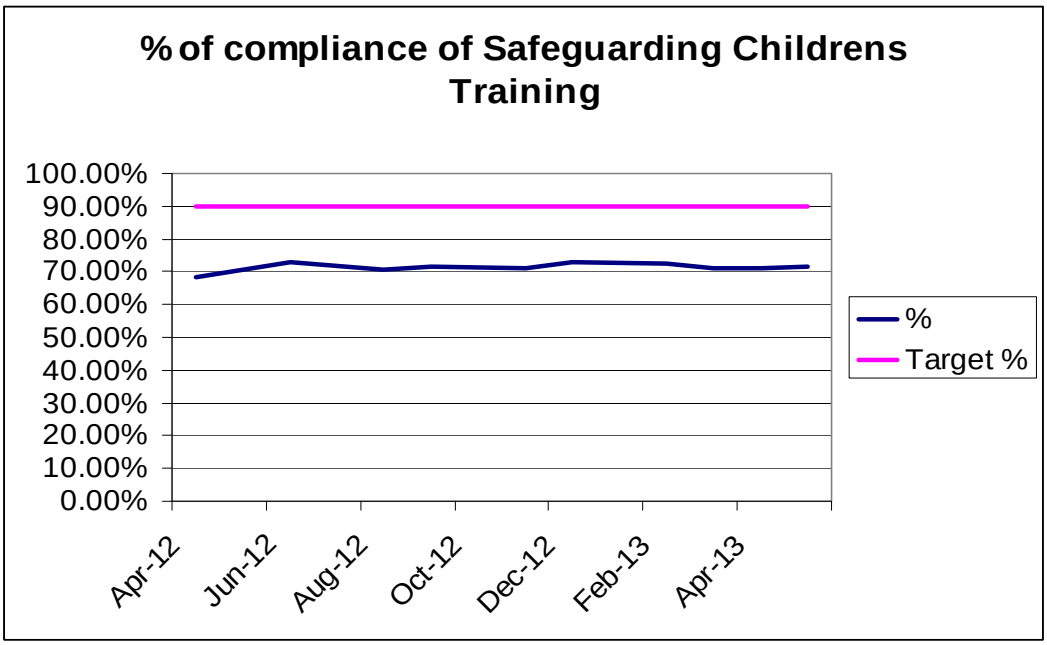
5.0 Training

Mandatory training compliance remains between 71-73% throughout the year. In 2012/13 twelve sessions were cancelled due to no attendance.

An extra 880 places were offered of which 220 staff attended achieving 25% attendance rate. There is a remedial plan in place to achieve 90% target.

The training delivered meets the standards of Hertfordshire Safeguarding Children Board and Roles and Competences for Health Care Staff, 2010.

Training is offered to all staff in a variety of methods.

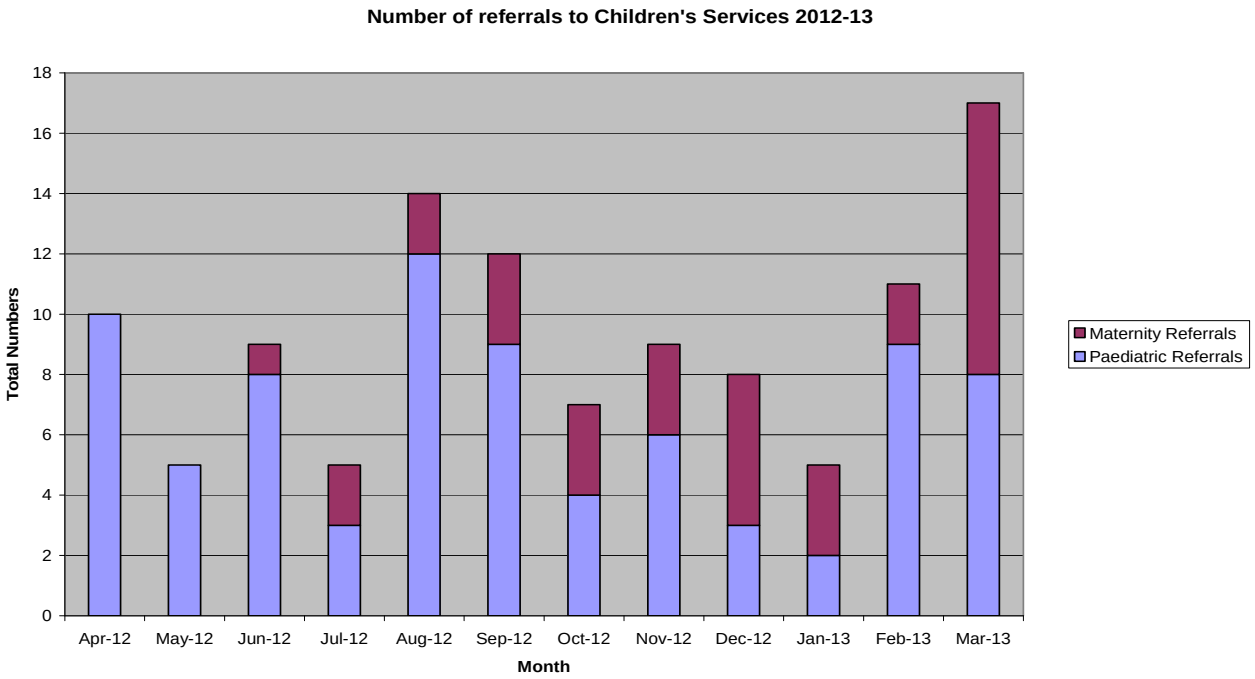


Additionally the Trust supports the HSCB in delivery of training to the multi agency team leading on the 'Lite Bites' sessions for bruising and other topics ensuring strong links and enhance partnership working.

The 'Named' Child Protection team have to receive level 4 training but with no set training courses to deliver this it was achieved through attendance at local conferences and attendance at locality safeguarding team meetings.

6.0 Child Protection Referrals

Maternity referrals for unborn babies increased from June 2012 to March 2013.The focus on pre birth planning in Hertfordshire may account for the increase in the referral rate and staff recognition of vulnerable women and referrals from other departments was consistent with previous years.



7.0 Maternity

The maternity sharing information database can be made available to all maternity staff electronically. Staff will require training to enable access and this is planned for 13/14.

The past year has seen an increase in information sharing and 317 cases have been added to the database since January 2013.

Women with mental health issues/ depression continue to be the largest group followed by previous Children's services involvement and Domestic Violence.

Approximately 780 women were discussed with the acting named midwife in the past year. The remit of the role expands as attendance at Multi Agency Risk Assessment Conference (MARAC) is required on a monthly basis to advise the multiagency team of women subject to domestic abuse.

This shows much closer attention to the welfare of the unborn and is associated with a near doubling of the work volume.

8.0 Supervision and Peer Review

Staff who work directly with child protection cases require regular supervision to reflect on practise, learn from case discussions and obtain support for the emotional aspects associated with the work.

The supervision programme offered by the CP team includes: - staff in the Minor Injuries Unit - Cheshunt, special needs school nurses children's community nurses and community midwives. Midwives receive supervision on an ad hoc basis via telephone, at meetings, however midwives require a more formal process to capture true percentage of compliance this is being addressed in the work plan for 2013/14.

Peer review is led by Liaison Health Visitor and Named Doctor for child protection on a monthly basis with terms of reference. Peer review is a training format using case discussions. This is well attended by acute and community paediatricians and their medical teams with attendance recorded on electronic staff record (ESR) at level three. The competencies achieved are mapped on a monthly basis.

9.0 Audits

Several audits are undertaken or directed by the CP team. Audit was undertaken to demonstrate compliance of:-

- Checking against the list of children with a child protection plan in the ED dept and
- Compliance with Safeguarding injury checklist
- BIMs letter to GPs within trust standard

Compliance with safeguarding injury checklist was poor and is on the risk register but recent compliance is 93% and its rating on the risk register will be reviewed.

10.0 Multi-agency audit

The team contributed to audit of non accidental Injuries in babies in March 2012. An action plan was implemented on completion.

One of the audit cases progressed to a partnership case review (PCR) as the non accidental injury was missed.In the case an ED doctor referred appropriately to a paediatrician who failed to recognise the injury and failed to adhere to Trust policy by failing to consult the Consultant Paediatrician on call. This item was put onto the risk register.

The child subsequently presented at another hospital months later with fractured arm and was placed in foster care. The action plan incorporates the recommendations from the partnership case review. (Appendix 2)

11.0 Conclusion

Safeguarding Children requires all staff to be responsible to implement assessment and action and be perpetually mindful of protecting children. It requires the undertake training at the required frequency. A remedial plan is in place to increase compliance in 2013.

Supervision is an important aspect of working with child protection as it aids reflection, supervision, education where required and importantly emotional support. A remedial plan is in place to increase compliance in this area.

Audit is required to provide assurance that all Trust staff adhere to safeguarding policies and maintain the good systems that help us identify children at risk.

Incidents, serious case reviews and action plans will continue to be monitored bi monthly by the Child Protection Committee.

Priorities for 2013/14 continue to consolidate the basics which include training, supervision and audit but are combined with innovation and research.

APPENDIX 1 -

2012/13 Remedial Action Plan- 90% compliance safeguarding children training

Division	Current compliance	Target	Action plan
Surgicentre	86%	90%	• Additional standalone session to be delivered for staff in the Surgicentre • Attend rolling half day • Trust induction in place • A detailed report sent to divisional directors and HR managers on a monthly basis to alert them to the staff that no longer meet requirements. • E learning
Cancer	72%	90%	• There are an increased number of dates where level 1 and 2 safeguarding children's training will be delivered at Mount Vernon – capacity 40 or 90 if in big lecture theatre. • Attend rolling half day • Trust induction in place • Encourage staff that are unable to get to a session to complete e-learning. • A detailed report sent to divisional directors and HR managers on a regular basis to alert them to the staff that no longer meet requirements. • E learning
Clinical support	75%	90%	• Trust induction in place • Attend rolling half day – capacity 40 • Standalone sessions can be provided if needed • A detailed report sent to divisional directors and HR managers on a regular basis to alert them to the staff that no longer meet standard requirements. • E learning

Medicine	65%	90%	• Trust induction in place • Emergency Dept is our main target. Standalone sessions already organised to train nursing staff to level 3 • FY1/2 doctors don't need level 3 training. • E learning
Non Clinical support	82%	90%	• Trust induction in place • For staff in Estates and facilities - level 1 training package has been emailed to managers for them to disseminate to their staff and return to me when it has been read and understood. • E learning
Surgery	67%	90%	• Trust induction in place • Standalone sessions provided if required • Level 1 and 2 e-learning package available
Women's and Children's	69%	90%	• Trust induction in place • Peer review is held on a monthly basis where staff can become competent at level 3 -max 30 • Level 3 standalone sessions available - max 40 • Clinical supervision to staff which equates to level 3 – max 10 • Annual conference- max 90 • January 2013 non compliant staff were emailed highlighting to them that they required to attend training • E learning where relevant

East and North Hertfordshire NHS
NHS Trust

Appendix 2

Action plans for Serious incidents - MB, KW, RB & HB

updated March 2013- Mary Emson Named Nurse

Page / no.	Actions	Agreed Implementation Date	Comments / Progress	Implementation Date
1-MB	Audit of use of Under 5 injury sticker in emergency department	Ongoing	This audit process is ongoing following implementation recently of a plan by the emergency department to increase the use of the sticker. ED will then take on this ongoing audit and report results to the CP team.	83% compliant – Dec 2012 Re audit required as part of annual audit
2 - MB	In cases of suspected non-accidental injury a clear handover plan should be written in the medical notes including any outstanding actions	ASAP	Agreed in principle by paediatricians at peer review. To discuss at CP committee meeting and include in CP policy.	Requires audit as part of annual cycle
3-MB	Medical notes should be available at handover so discussions can be documented in the records.	Ongoing	The handover process has now altered and doctors handover PAU patients on-site so records are available.	Requires audit as part of annual cycle
4 - MB	Memo to staff reminding them of the importance of early use of medical photography in cases of NAI	30/07/2012	Memo sent to CP committee members Consultants acute and community.	Completed 30/07/2012
5-MB	Emergency department staff need to document history and examination in medical records for cases of possible NAI	Immediately	Raise with emergency dept Jon Baker Reply -BIMS is now used for documentation purposes and agreed that exclusion of NAI must be included.01/08/12	Completed 30/07/2012

Page / no.	Actions	Agreed Implementation Date	Comments / Progress	Implementation Date
6-MB	Consultant paediatrician must be informed of children who present with query NAI	Immediately	This was reiterated to the team involved in the review.	Immediately Requires audit
7-KW ,HB	Obtain information about partners of pregnant women and record.	Immediately	New maternity records prompt questions on social assessment, partners details, contact with children's social care	In place March 2012
8-HB	Refer pregnant women using cannabis to Children's social care	Immediately	Cannabis use on its own may not be a risk. However it may prompt further gathering of information.	In place
9-KW .HB ,M B	Provide supervision to staff in vulnerable departments Emergency, NICU, Maternity and children's in patient.	Immediately	Peer review held monthly for acute & community paeds Midwives receive regular supervision. Psycho social meetings held weekly in children's services and monthly in NICU.	In place