

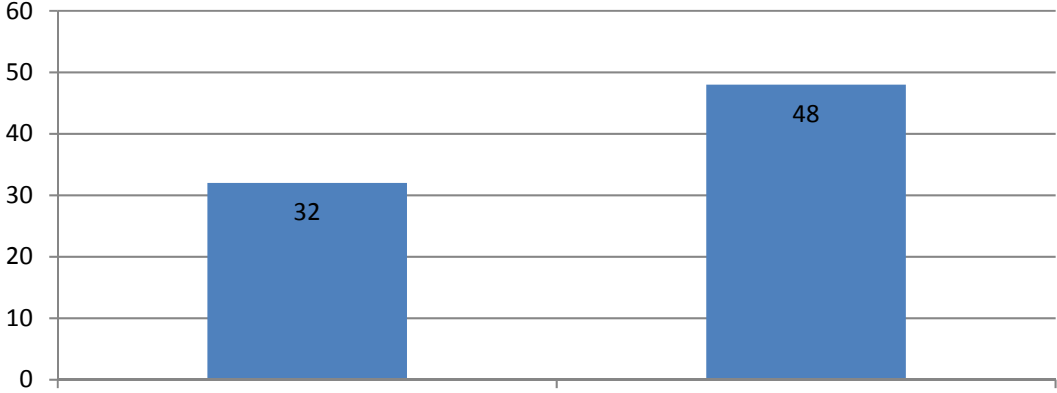


South Tyneside and Sunderland
NHS Foundation Trust

Quality Assurance Audit of Initial and Review Looked After Children Health Assessments 2018/2019

Firth Sian (South of Tyne and Wear)

Title of Audit	Quality Assurance Audit of Initial and Review Looked after Children Health Assessments – Sunderland
Author	Dr Sian Firth, Named Doctor for Looked after Health, Sunderland
Date	12/08/19
1.0 Aim of Audit	<p>This aim is to measure from a representative sample the quality of information of health assessments (HAs) for children who are looked after. The audit will evaluate the information recorded by the South Tyneside looked after health team (LAH) for children attending initial or review HAs between April 2018 and 31st March 2019. The audit aims to confirm that the HAs meet the criteria outlined by NICE quality standard guidance 2013⁽¹⁾ and Promoting the Health and Wellbeing of Looked after Children 2015⁽²⁾.</p> <p>The audit tool (see Appendix 1) has been adapted by Sunderland and South Tyneside Designated and LAH teams from the Payment by Results annex H health assessment for looked after children checklist tool 2013⁽³⁾. A tool created for quality assuring the health assessment for those children placed out of area.</p>
2.0 Rationale of Audit	<p>CCGs should have arrangements to meet the physical and mental health needs of looked after children. They, alongside the LAH teams should have governance arrangements to assure the quality and consistency of the health services provided. This audit will demonstrate that the LAH teams;</p> <ul style="list-style-type: none"> • Ensure that children who are looked after receive a thorough, holistic and timely health assessment, with clear recommendations and time scales for any health actions identified. • Ensures that the LAC health team have a consistent approach to providing health assessments for looked after children, and conduct assessments and provide information of good quality • Demonstrate that the ‘voice’ of the child or young person is heard in such assessments.
3.0 Data collection source	<p>Health Assessments in Sunderland are commissioned by Sunderland CCG and provided by South Tyneside and Sunderland Foundation Trust LAH team. Initial HAs are completed as per statutory guidelines by a doctor with review assessments shared between the doctors and nurses in the looked after health team.</p> <p>Sunderland has over a period of years developed an adapted health assessment template. This ensures that all the information requested within the Coram/BAAF form is covered, in addition to areas that have been developed within Sunderland. This most specifically has been developed to ensure that the voice of the child/young person ‘is heard’.</p>

	<p>A random selection of 80 initial and review health assessments were audited using survey monkey as the tool to look at each standard. The sample selection looked at 10 health assessments per clinician, spread across each quarter from 1st April 2018 until 31st March 2019.</p> <p>All auditors were randomly allocated assessments to audit, ensuring that no one audited their own assessment and all auditors were given clear instructions on how to complete the audit and use the Survey Monkey tool. There were difficulties from extending the audit to a larger group of auditors, including being introduced to clinicians in South Tyneside and errors made by the various auditors which subsequently has made the interpretation of results more challenging than would normally be expected. The sample size did include review and initial health assessments as demonstrated below in chart 1.</p> <p style="text-align: center;">Type of Health Assessment</p>  <p style="text-align: center;">Chart 1</p> <p>In order to fulfil the both CCG and STSFT quality assurance frameworks and to provide validity, the Sunderland sample was distributed between Dr S Gupta, Designated Doctor LAH, ST CCG, Dr S Mills, Designated Doctor LAH Sunderland CCG, Dr Sian Firth, Named Doctor LAH Sunderland, Dr Nilda Etorma, Named Doctor LAH South Tyneside, Vicky Smith, Designated Nurse LAH ST and Sunderland CCGs, Claire Elwell Named Nurse, Sunderland and Brigid Iley Specialist Nurse, Sunderland.</p>
<p>4.0 Period of study</p>	<p>The data was collated on both initial and review health assessments completed between 1st April 2018 and 31st March 2019. The audit did not include those children who were placed out of area by ST local authority area. This group would be subjected to a separate audit.</p>

5.0 Results

In preparation for the health assessment, the audit focused on the availability of wider health information, was the child /YP registered with a GP, was consent obtained and who was present with the child /YP at the health assessment.

Consent and Professionals Involved

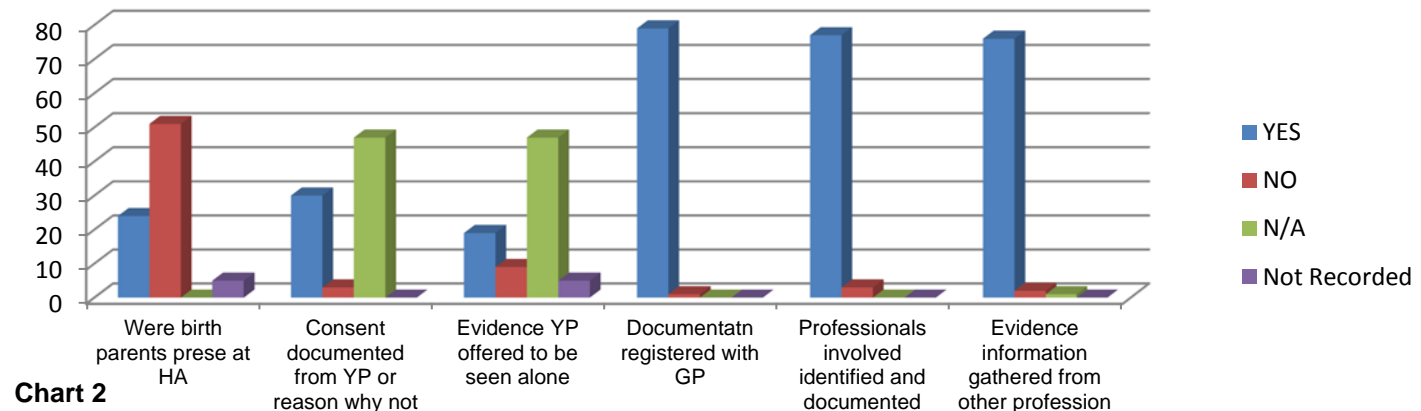


Chart 2

It is evident that the health assessments clearly record registration with GP and evidence that information has been collated from other professionals to inform the health assessment.

New to this year's audit was documentation of birth parent attendance at the health assessment. It is clear on the Sunderland template exactly who is in attendance at the assessment, but it is not clear whether birth parents have been invited. The current system makes it more likely that birth parents will attend the initial health assessment when a child or YP first enters the care system. The LAH team rarely receive further feedback from the social worker for review health assessments, and it is not clear if birth parents are made aware of ongoing review appointments. The LAH team feel that birth parents can provide essential and important information particularly for an initial health assessment and this process will be reviewed.

Whilst there is clear documentation of consent being obtained from the YP where applicable (in Sunderland where aged > 12 years and felt to have capacity), additional information to support this isn't clear, including the wishes of the YP as to whom their information can be shared with. With progression to electronic records and becoming paperless, this is an area for review and further development to ensure the voice of the YP is heard and information is shared appropriately with consent and ensuring a YP has capacity to be involved in such decisions.

5.1

Physical Health

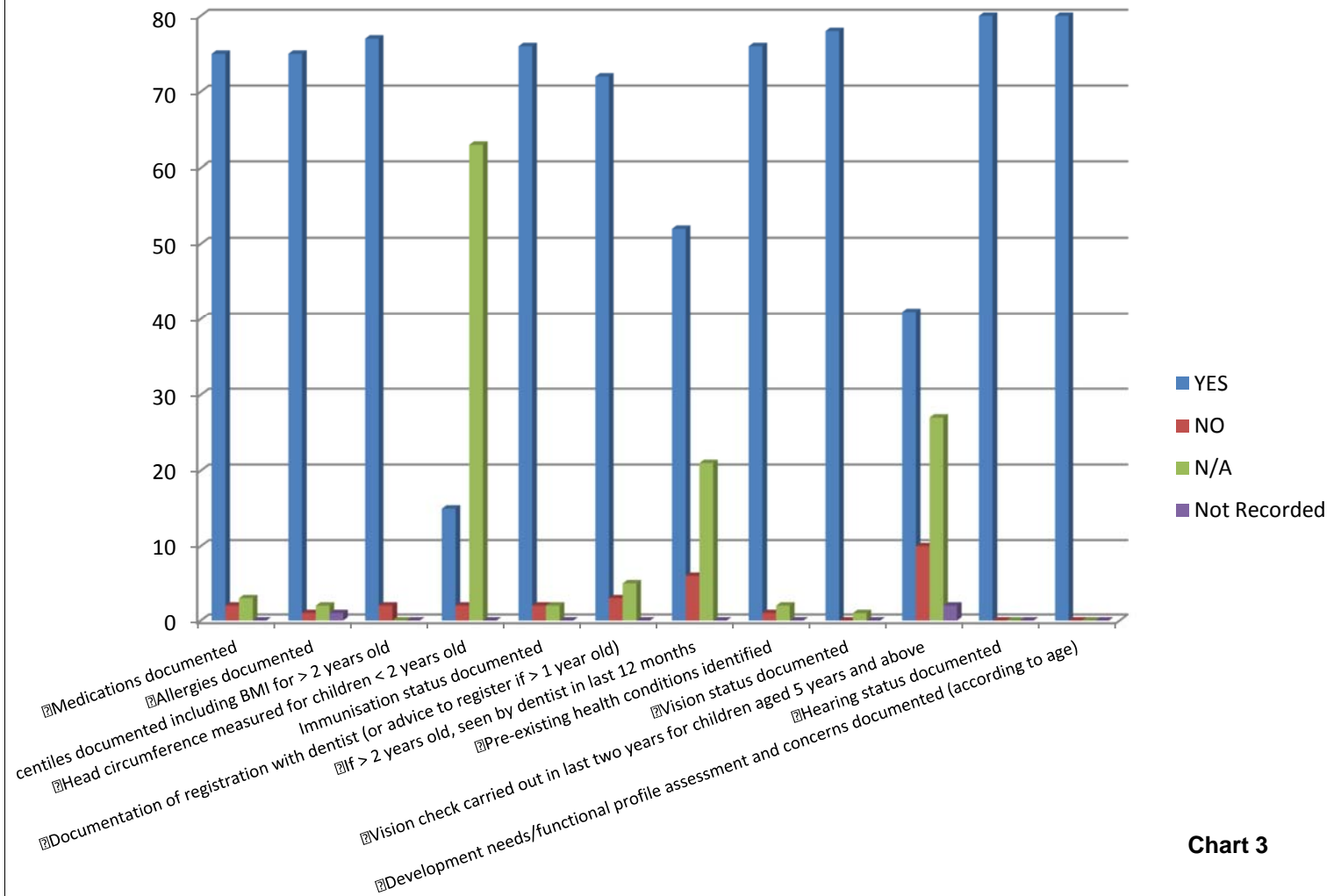
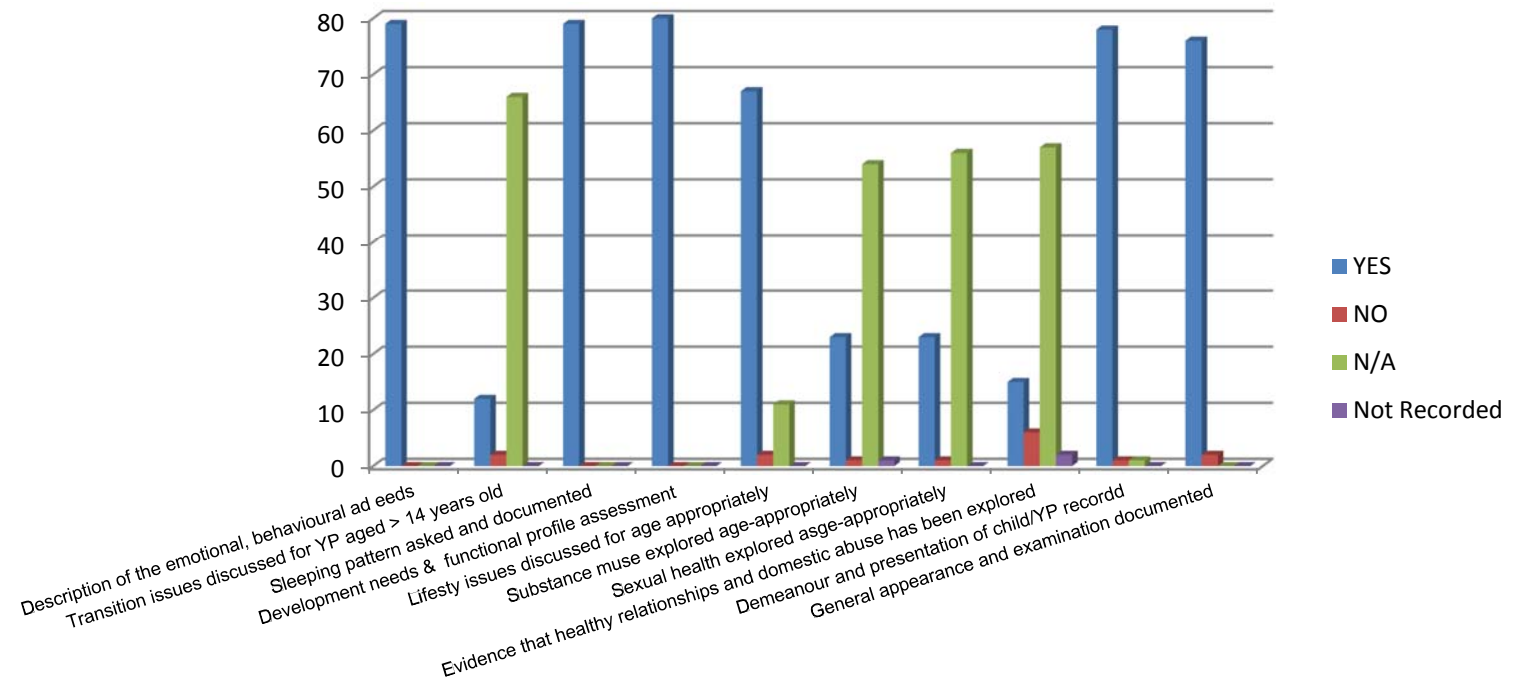


Chart 3

	<p>Section 5.1 centres on the physical health elements of the assessment and overall demonstrates clear and appropriate record keeping (chart 3).</p> <p>With regards to head circumference, recommended good practice is to ensure measurement of head circumference in children < 2 years old, and this was completed in 88% of children of this age (this represents 1 child who didn't have their head circumference). Clinician's need to be aware of the importance of measurement of all growth parameters and ensure this is completed.</p> <p>Recording of dental status continues to be an area that appears to be open to interpretation by both clinicians and the auditors. Moving forward, it needs to be ensured that clinicians are clear and in agreement on the age that a child should be both registered with and seen by a dentist. Sunderland LAH team currently have agreed that a child should be registered by 12 months of age.</p> <p>5.2</p>
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Emotional and Social Wellbeing



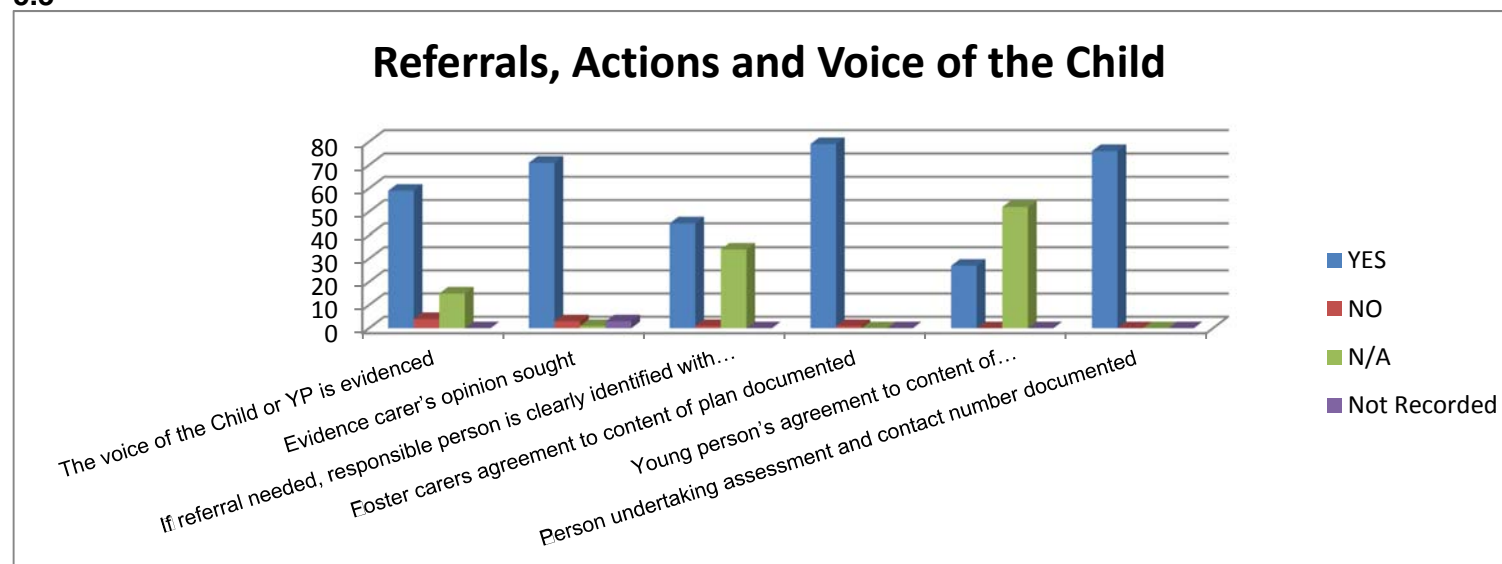
Section 5.2 explores the recording of children's social and emotional development, mental health and transition issues, and this is displayed in Chart 4. In 99% of the assessments audited, the emotional, behavioural and mental health needs of the child or YP were clearly recorded. This scored highly alongside sleep patterns and developmental needs and functional assessments.

An area for improvement is that of transition issues where in 15% of cases deemed appropriate for such discussions, there was no evidence that discussion has taken place. This has already been agreed within Sunderland as an area to target and improve, and work is being done alongside Together for Children in this regard.

Additionally, the area of discussion of healthy relationships and domestic abuse, scored lower than other standards, and is an area to be developed within the LAH team, to develop ways of exploring these issues, and ensure that it is done in an age-appropriate manner.

6.0 Summary

5.3



Section 5.3 looked at the outcomes of health assessments including ongoing referrals and a clear action plan. This confirmed that Sunderland health assessments were providing clear actions and recommendations, and in the majority of cases where applicable, were including the opinion of the young person.

Of the cases audited, 91% of these were felt to provide evidence of the 'voice of the child or YP'. This is not always easy to demonstrate in pre-verbal children, but it is felt important in all children and young people seen for health assessments that the person in receipt of that health assessment will be able to develop a good understanding of that person's needs, and this can be reflected in the narrative within the assessment.

Of improvement from the previous health assessment audit for Sunderland, is that plans for referrals were noted to be clear with an agreed referral process and responsibility for this, and that the action plans had been agreed also. This is very positive; but this key area will remain a priority for continued monitoring & improvement.

Key Findings/ Limitations of the audit:

This audit evaluated 80 health assessments.

The results from the 2017/18 audit recommended that:

<p>7.0 Conclusion</p>	<ul style="list-style-type: none"> • Clear evidence needs to be provided that a young person was given the opportunity to be seen alone. • Action plans – actions need to be specific, identify a responsible person within a specified timescale. • Correct and up to date Health assessment templates to be used following updates <p>This audit has demonstrated improvements in these areas and evidenced good performance across the domains, within the structure of the format of the audit and the agreed standards. It is not an audit that can clearly demonstrate a high quality health assessment out with the standards agreed and can give limited information to the overall quality of a health assessment.</p> <p>The areas that scored least favourably were:</p> <ol style="list-style-type: none"> 1. Further development is needed within the team to address transition issues and how to support YP in this process. This is an area already identified for development within the Sunderland team 2. Attendance of birth parents at health assessments – this was a standard introduced for the first time for this audit. Health and multi-agency discussions are in progress as to how this can be evidenced in a pragmatic way. 3. There was significant improvement in the actions plans provided. This will be an ongoing area of development to ensure that plans are appropriate, specific and personal to the child or YP at the assessment. <p>The audit does have its limitations;</p> <ul style="list-style-type: none"> • It will always remain a challenge to evidence that health assessments reflect the child/YP accurately. However, the team feels the audit gives an accurate snapshot of the quality of the health assessments particularly for the objective parameters as a proxy quality measure. • The results do not differentiate between initial and review health assessments – whilst it is expected that all health assessments should be of the same high quality, segregation of the two different health assessments may be useful in identifying areas of challenge within the two types of health assessment, particularly when differing professional information is provided for initial and review health assessments. <p>Sunderland LAH team have evidenced that their health assessments are of good to excellent quality as compared to the required standards to ensure that children who are looked after have their health needs assessed and an action plan generated.</p>
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	<p>This audit's aim was to provide quality assurance of looked after health assessments over Sunderland and South Tyneside. However the current methodology with such a large number of auditors & sample size has made this audit challenging to conduct.</p> <p>Going forward, the methodology for providing quality assurance of the looked after health assessments across both areas needs to be reviewed to ensure that it is 'live' and has a greater impact for practitioners involved to allow any improvements to practice to be implemented in a timely fashion.</p>
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8.0 Recommendations/ Actions	<ul style="list-style-type: none"> • Review of obtaining consent from young people and ensure that this is clearly documented, clarifies who the YP is willing to share their health information with (as appropriate) and ensure that the YP has capacity to give consent • Continue to work as a team to develop action plans for health assessments and share good practice on how such action plans can be best developed • Review ongoing feedback from social workers and how to ensure that social work information supports and informs both initial and review health assessments • Encourage attendance of birth parents to health assessments and ensure clear documentation on invite and attendance. • Review the value of this audit on such a large scale and look to adapt a different format • On the alignment of the LAH teams to consider adapting one tool for conducting assessments. Which would allow comparison of performance across both areas and enable the health assessments to be more meaningful within the child /YP's life story. • The LAH team to consider future approach for audit / quality assurance process which would allow the impact of any change to be implemented more quickly and then reviewed
Further Audit Required	Yes - format to be decided
If Yes, due date of completion	To Be Decided

Clinical Audit Action Plan

Project Title	Health Assessments	
Action Plan Lead	Named Doctor for Sunderland Looked After Health Named Nurse for Sunderland Looked After Health	Title: Quality of Health Assessments
Group/Meeting Responsible for Monitoring Action Plan	SAG meeting	

Recommendation	Actions Required	Action by Date	Person Responsible	Latest developments or delays (for this particular action)	RAG
Consent to be clearly documented for YP attending health assessments and extend to agreement with whom to share assessment with and confirm that YP has capacity to give consent	Ongoing discussion within LAH operational meetings to conclude and agree on relevant changes to be made to current template. Educational event at Durham Road Children's Centre, with LAH operational meeting to review capacity	31/12/2019	Named Doctor for LAH Named Nurse for LAH	Training session planned for LAH operational meeting on capacity October 2019	Amber
Development of clear action plans (ongoing)	Within supervision at LAH operational meetings, and other opportune moments, LAH team to identify good practice and record in agreed format actions that can be utilised and personalised with future health assessments	31/12/2019	Sunderland LAH team	Plans in place to share good practice in agreed folder in Q drive	Amber
Documentation of birth parent inclusion in health assessment	Discussions required with Together for Children to review provision of this information for IHA's and	31/103/2020	Named Doctor for LAH Named Nurse for LAH Designated Doctor for LAH		Amber

	RHA's and how this can be achieved				
One tool to be adapted to conduct Health Assessments	South Tyneside and Sunderland Looked After Health Team to adopt one tool for health assessments.	31/03/2020	South Tyneside and Sunderland Looked After Health Team		Amber
Review of audit process for Health assessments	Review within joint operational meetings of current audit process. Consider regular reviews of health assessments as a 'random case analysis' to be conducted as a joint analysis within the LAH team within planned meetings in a supportive environment within planned group supervision	31/03/2020	Sunderland LAH team		Amber
Sharing of Audit results and actions	Audit to be shared at SAG meeting, with STCCG and SCCG, and relevant corporate parenting boards and local authorities	31/12/2019	Designated Nurse and Designated Doctor for each area		Amber
Lessons Learned From Participating In This Audit:					
Key successes (for our organisation)	Despite some limitations, the audit identified that ST LAC Health Assessments are in the main ensuring that children who are Looked After have their health needs assessed and have an action plan generated.				
Key concerns (for our organisation)	Consent and Capacity of YP attending health assessments Attendance and invitation of birth parents Development of agreed health assessment for South Tyneside and Sunderland Ongoing audits for assessment of quality of looked after health assessments				

References	1. NICE Guidance Looked-after children and young people. Quality standardvQS31 April 2013
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	<p>2. Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015</p> <p>3. Payment by Results Guidance 2013-14. Department of Health Payment by Results Team. 2013</p>
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Appendices	<div data-bbox="788 437 846 493" data-label="Image"> </div> <p>Audit Standards STSFT 2019.docx</p> <p>Appendix 1:</p>
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