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Appendix 3 – East Sussex NHS Trust ESHT report on health of LAC in East Sussex

Looked After Children (LAC) Annual Report 2019-2020

Introduction

The purpose of this report is to inform the Trust Board, stakeholders and members of the public of the work that has taken place and is ongoing to achieve the recommendations of statutory guidance 'Promoting the health and wellbeing of looked after children' and NHSE 'Unwarranted variation' document November 2017. It also intends to offer outcome data, quality measures and information about staff wellbeing.

In April 2018 in line with statutory guidance 'Standard Approach Document' and Coram BAAF. Processes were changed in East Sussex and it became the responsibility of the Local Authority with the agreement of the designated and named professionals and ESCC to inform and request Initial and Review Health Assessments (IHA and RHA) for children who are looked after in East Sussex. Over the past 24 months ESCC have been leading on the process for requesting an IHA within 5 working days of a child entering care and adding all East Sussex LAC to a live database that will trigger a reminder to the social worker, prompting a request to the LAC nursing team to undertake the statutory RHA. Progress has been made with improved completion of the paperwork and appropriate consent. However there continues to be a proportion of requests that are submitted late, which impacts on the ability of ESHT to fulfil its obligation to achieve statutory timescales. The statutory timescales are for IHAs to be completed within 20 working days of the child entering care RHA's should be completed and distributed before expiry of the previous report (6 monthly under 5 years of age, annually between 5-18 years of age). As of 30th March 2020 133 (ESCC data) review health assessments were either late or overdue representing 22% of the East Sussex LAC population. Work continues between ESHT, ESCC and the CCG to improve this situation.

Statutory and legislative background

- Promoting the Health and Well-being of Looked after Children was published by the Department of Health and Department of Education in March 2015. This guidance is issued to local authorities, CCGs, and NHS England
- Intercollegiate document: Looked After Children knowledge skills and competence of healthcare staff was published in March 2015, outlines the competency framework, and skills, knowledge, attitudes, values and training for staff.



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Other publications that inform commissioning services for Looked After Children include:

- The Children Act 1989 Guidance and Regulations Volume 2- 4: Care Planning, Placement and Case Review, Transition to Adulthood and Fostering Services Children Act 1989- legislation.gov.uk
- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Who Pays? Determining responsibility for payments to providers [who-pays.pdf](#)
- National Tariff Payment System Care Planning, Placement and Case Review (England) Regulations (2010) legislation.gov.uk

NHS England also aimed to improve practice by producing

- “A guide to meeting the Statutory Health Needs of Looked after Children, a standard approach to Commissioning and Service Delivery” in November 2017. However, this was subsequently withdrawn in August 2018 and re-issue remains under review.

LAC Profile

Nationally, the number of Looked After Children continues to rise. At 31st March 2019 the number of children looked after by local authorities in England increased to 78,150 from 75,370 in 2018 and 72,610 in 2017 showing a continuing trend of increases seen in recent years. This is equivalent to a rate of 65 per 10,000 in 2019, which is up from 64 per 10,000 in 2018 and 62 per 10,000 in 2017.

Rates of Looked after Children (per 10,000 of child population) vary significantly across the three local authority areas of Sussex. In Brighton and Hove, the rate is high and in West Sussex low relative to the National rate of 65 per 10,000 East Sussex numbers fall in between.

	2017	2018	2019
Sussex wide	1674	1725	1702
West Sussex	663	704	702
East Sussex	55556 per 10,000	602 57per 10,000	60056 per 10,000
Brighton &Hove	456	418	393

The LAC data only ever gives a snapshot of children moving in and out of the system at a fixed date each month/year and considerable activity sits beneath it. The data



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below is referred to as 'churn'. This cohort of children will come in and out of the system within the year, or some may come in and stay whilst others leave. It has been calculated that the churn figure East Sussex for 2018/19 was 188 which, when added to the total number of LAC, equates to the service working with 788 children. This total figure is higher than last year (756 children), and the churn rate is also higher than for the previous years (153 for 2017/18, 175 for 2016/17).

LAC nurse resource in East Sussex has not increased despite the number of LAC rising year on year and so demand has outweighed capacity of 100 LAC per 1.0 WTE nurse

Services provided by ESHT include:

East Sussex Health Care NHS Trust (ESHT) provides statutory (initial and review) health assessments for children that are Looked After by the local authority. The three cohorts of children include, East Sussex children placed in East Sussex, East Sussex children placed outside of East Sussex (OOA) and other local authority children placed in East Sussex (OLA).

- Paediatricians within Community Paediatrics (Child Development) department undertake statutory Initial Health Assessments (IHA) within 20 days of a child entering care. In addition to a range of child and adult health assessments that are required when a child is placed for adoption.
- The LAC nursing team based at Centenary House Eastbourne undertake Review Health Assessments every six months for children under 5 years of age, and annually for children aged 5-18 years, along with caseload work (100 LAC per 1.0 WTE nurse) and a 'Leaving Care Health Summary' for all children between the age of 16- 18 years
- The Lansdowne Secure Children's Home:
NHS England separately commissions primary and secondary healthcare for young people accommodated in the Secure Estate. ESHT is commissioned to provide nurse input for the 'physical' health of the young people who need to be placed for their own safety, or the safety of others for welfare reasons under Section 25 of the Children Act (1989). The Lansdowne in Hailsham East Sussex is one of only six homes in England that provide welfare only placements.
The commissioned service undertakes a health assessment of young people entering the secure estate using the Comprehensive Health Assessment Tool (CHAT), provides a health care plan for ongoing physical health needs and a discharge summary. The provision from ESHT includes a LAC nurse specialist (Band 7 0.4 FTE) permanently assigned to the Lansdowne SCH and an administrator (0.53 FTE) who provides equally divided support for physical health, mental health and substance misuse. On the on-site nurses' non-



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working days and during periods of leave/ absence the core ESHT LAC nursing team visit the home to complete the CHAT when a young person is admitted. Building work is underway due for completion summer 2020 and the home will be increasing capacity from 7 to 12 beds. A business case has been put forward by ESHT to NHS England commissioner for the increased physical health provision that will be required, with a view to reducing the reliance (impact) on the core LAC nursing team by having cover during hours of greater demand across the working week. This has been responded to favourably and a decision is anticipated shortly. The NHS England commissioner and ESHT are working closely together on an SLA that will have a strong focus on health promotion and be fit for the future. The contract for the Hailsham SCH is due for renewal April 2021

LAC Service Level Agreement (SLA)

Whilst ESHT have an SLA for LAC with the CCG this is not the case for other providers across the region. Designated Professionals across Sussex Transformation Partnership (STP) have been using the ESHT SLA as a framework and are working to support the commissioners across the region establish an SLA that will align the Looked After Children service specification to reduce unwarranted variation of Looked After Children services Pan Sussex. The initial draft (Oct 2019) was rejected by ESHT as it contained no detail of expected activity numbers. An updated version of the service specification is currently under review with the CCG.

Performance against Statutory Requirements

Meeting the Health and Well Being Needs of Looked After Children (2015) and the Care Planning, Placement and Case Review (England) Regulations (2010) states that a child coming into care requires an Initial Health Assessment (IHA) and care plan collated, and this is shared with the local authority to inform the first review meeting, held 20 working days after entry in to care. The initial health assessment must be completed by a registered medical practitioner. The review of the child's health plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday. Review health assessments may be carried out by a registered nurse or registered midwife.

The STP oversees and monitors the provision of care to LAC across West Sussex, Brighton & Hove, and East Sussex through the designated professionals.

You will see from the data below that the measures introduced across the whole of the LAC team throughout 2019 have brought about significant improvements in achievement of statutory timescales. In May 2019 the performance of the ESHT LAC



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team on achieving statutory timescales for IHA's and RHAs, Leaving Care Health Summaries and robustness of data being reported was challenged by Sussex Transformation Partnership (STP). ESHT LAC team provided a response to the points raised via Clinical Quality Review Meeting (CQRM) and the CCG provider meetings and out of this a joint action plan with shared accountability was devised between ESHT LAC and the CCG. This action plan is reviewed bimonthly at CCG provider meetings and steady and continued progress is being made in all areas.

During Q2 the STP introduced a new data monitoring tool. Some of the measures were found by the LAC team to be ambiguous and open to interpretation. The service manager and LAC administrators worked with the named Dr and designated nurse over Q2 and Q3 to gain clarification. In Q4 ESHT was made aware that the STP had identified disparity in the way data was being reported by the different providers pan Sussex, and changes to the tool have been made that will commence from Q1 2020 to ensure uniformity and consistency in activity data reporting.

Initial Health Assessments

Initial Health Assessments IHA 2019-20	IHA should be completed and report distributed within 20 days of child entering care	
	Within 20 days of entering care	Within 16 days of complete paperwork being received by ESHT
Q1	20%	6.6%
Q2	24%	33%
Q3	43%	64%
Q4	25%	100%

The factors that impacted on breaches (failure to meet statutory timescale) across all four quarters that were non attributable to ESHT and impact on achieving IHA distribution within 20 days of entering care, included delayed notification to ESHT LAC by ESCC of a child's entry into care, incomplete paperwork, none or incorrect consent, carer or social worker declining first appointment offered, young person not attending for appointment or absconding from care. A high proportion of those absconding from care were Unaccompanied Asylum Seeking Children (UASC).

In Q2-the factors that impacted on breaches attributable to ESHT and impacting on achieving IHA distribution within 16 days of complete paperwork being received by LAC administrators were identified as, medical staff annual and special leave (some of which was unanticipated and at short notice). Many public holidays falling on the days IHA clinics were scheduled, 1st appointment offered being declined or cancelled



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and a higher number of adoption medicals being requested which impacted on LAC clinic IHA appointment availability. In response to this LAC Drs agreed to plan requests for leave that would ensure a minimum level of cover for the LAC service. Some LAC clinics have been moved to alternative days of the week, to avoid public holidays and consideration is given to the LAC clinic capacity when reviewing Drs job plans. The adoption team in ESCC were asked to give consideration to the number of adoption reports being requested. Alongside this a newly recruited NHS locum required induction and to become familiar with internal LAC processes and all of the reports required Quality Assurance (QA) by the named or designated Dr before being distributed. A corporate approach to the workload of the secretarial team was being introduced but not fully embedded; LAC reports are now flagged to all as high priority and a waiting list tracks the progress of the report.

In Q3, October one IHA that breached statutory timescale was attributable to ESHT LAC as the report was awaiting quality assurance. In November and December no timescale breaches were attributable to ESHT processes.

In Q4 none of the IHA timescale breaches were attributable to ESHT processes

From Q3 there has been increased scrutiny of the data by the Designated Nurse. East Sussex Health Care NHS Trust, the CCG, Designated Looked After Children Professionals and the commissioner are actively working with the local authority to identify the obstacles in the referral process and are implementing strategies to improve the pathway. The LAC service manager and named nurse for LAC attend the monthly Clinical Quality Review and bi monthly provider CCG meetings, to formally present the data and respond to questions from the CCG with an improvement plan. There is a quarterly operational meeting with ESCC, and the LAC service manager meets bimonthly with ESCC LAC admin.

Review Health Assessments

Review Health Assessments RHA 2019-20	RHA should be completed and distributed before expiry of the previous report (6 monthly under 5 years of age, annually between 5-18 years of age)	
	Under 5 years of age	5-18 years of age
Q1	19%	29%
Q2	61%	75%
Q3	71%	65%
Q4	100%	62%

Across all four quarters the factors that impacted on breaches (RHA not completed and distributed before expiry of the previous report) that were non attributable to ESHT included, late or overdue request to LAC nurse administrators from ESCC for RHA,



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incomplete paperwork, none or incorrect consent, carer or young person declining or cancelling appointment offered, young person not attending/ no access or declining to have an RHA. The LAC nurse team have worked closely with the designated Dr, named nurse, ESHT information governance and ESCC to promote 'best practice' for gaining consent and there has been a marked reduction in the number of RHA requests being returned to social work colleagues by the LAC nurse team due to incorrect consent. This has been challenged by one or two other local authorities that use rolling consent and the team have looked to uphold this best practice without causing any detriment to the child or young person.

In Q2- the factors that impacted on breaches attributable to ESHT were identified as lack of nurse capacity due to annual leave, historical requirement for 5 day turnaround of report being distributed being impacted by staff part time working patterns. In August and September 100% of RHA's not delayed by ESCC factors were achieved by the LAC nurse team in timescale.

In Q3- two breaches were attributable to ESHT. One in November and one in December. One was due to a lack of nurse capacity and one due to the complexity of the case that required collecting of a significant amount of additional information for the LAC nurse to complete a robust report and health care plan.

In Q4-100% of RHA's not delayed by factors attributable to ESCC were achieved by the LAC nurse team in timescale.

Data Reporting

It proved challenging to establish explicit enquiry questions for the information management team to draw data from Systmone to match the requirements of STP monitoring tool for the year 2018/19 so as to provide accurate and meaningful data for the CCG. A lot of work has and continues to go into refining the enquiry questions to ensure robust data from Systmone. The data drawn down is reviewed each month by the Service manager, named Dr and Information management advisor. Progress with this is currently further advanced for the IHA's than for the RHA's. Standard operating procedures (SOPs) have been written for all RHA processes and good progress is being made on SOPs for IHA processes.

Leaving Care Health Summary (LCHS)'Passport'

It is important that there are effective plans in place to enable Looked After Children aged 16 or 17 to make a smooth transition to adulthood so that that they are able to continue to obtain the health advice and services they need. Care Leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments) with details of how they can access a full copy



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of their LCHS if required. Across Sussex, children leaving care at the age of 18 are provided with a 'Health Passport'. This includes the summary and additional advice on how to maintain health in the future such as guidance on how to register at a dentist, GP etc. As well as signposting to local health services and appropriate health websites.

To ensure consistency details on the proportion of health passports/LCHS completed is included in the STP quarterly reports. There is variation in the LCHS templates across the region and development of a new template for the LCHS /passport is being led pan Sussex by the Named Nurse for ESHT and West Sussex with input from specialist nurses

Leaving Care Health Summary 2019-20	All eligible children between 16-18 years of age leaving care should be provided with a health summary	
Q1	62%	
Q2	100%	
Q3	100%	
Q4	100%	

In Q1 it was identified that a backlog of 'completed' Leaving Care Health Summaries had accumulated on caseloads across the nursing team. After discussion it was agreed that managing this situation and workload was a shared nurse team task. Work to clear the backlog continued throughout Q2 and has resulted in a process by which 100% of young people leaving care in Q2, Q3 and Q4 have been provided with a completed LCHS. For those young people who decline to receive the LCHS it is retained on record for access in the future. There are discussions planned between ESHT and ESCC about who else the summary should be distributed to and what level of detail is to be included, specifically around birth parents history.

Adoption

Under current adoption legislation, when a child is adopted they are given a new NHS number. All previous medical information relating to that child should be merged into a newly created health record ensuring continuity of healthcare, and there should be no reference on the record to the child being adopted. Concerns have been raised that in some instances these requirements are not being met. Discussions have taken place with Local Medical Committee and training will be updated to include guidance to enable the process to be managed correctly. East Sussex Healthcare Trust and Sussex Community NHS Foundation Trust are developing policies for internal management of their community and hospital records. These policies are still under review as there are significant challenges in meeting the requirements with records that span multiple electronic systems, paper records and a lack of capacity within departments to manage the workload required to address the issues with new



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adoptions and historic cases as they are uncovered. Similar challenges are being experienced by providers across the country. Efforts are ongoing across departments within ESHT to progress this and we have been working under the guidance of the designated Dr and local medical advisors. Further guidance from the Government is anticipated in June 2020 following a pilot project in Leeds and local medical advisors have recommended no further action until the outcome of the pilot is released. This has been delayed due to the Covid-19 pandemic, but work is restarting in this project.

During the year 2019-2020 the adoption team performed:

A minimum of 63 adoption medicals

A minimum of 107 adult health reports

A minimum of 24 prospective adopters meetings

Unfortunately due to the medical advisor leaving at the end of Q1 and some of her work being subsequently covered by other doctors some of this activity is uncaptured.

Going forward (and indeed from mid August 2019) all adoption medicals and adult health reports were recorded as such within system one , so that data for the coming year should be more reliable. In addition to this additional codes have been added to the system medical advice should now be recorded as such.

During 2019-2020 the medical team attended 35 panels where a total of 76 cases were heard.

In April 2020 the East Sussex adoption service was subsumed into Adoption South East as part of a national regionalisation programme. The goal of this process is to pool resources with our surrounding areas to maximise the efficiency of the service and optimise outcomes for children.

Staffing

Looked After Children-Medical team

The Designated Dr vacancy (March 2019), was appointed to by an associate specialist already working in the LAC medical team. LAC Dr FTE is 1.65, with 1.0 FTE for Designated Dr and the other 0.6 FTE forming part of other Drs job plans. Additional LAC capacity has been achieved through an NHS locum contracted until July 2020, and a permanent 1.0 FTE associate specialist with an interest in LAC joined the community paediatrics department in January 2020.



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To aid IHA distribution performance dedicated administration capacity has been increased through additional investment within ESHT LAC and a corporate approach to report preparation throughout the secretarial team. This has had a positive impact on the IHA reports being completed within timescales.

Looked After Children-Nurse team

Attendance at work within the nurse team is excellent and has been commended and remained consistently high throughout 2019 with staff demonstrating great flexibility to manage personal appointments around work commitments. The budgeted nurse team establishment is 5.53 FTE (excluding 0.4 band 7 for The Lansdowne SCH- directly funded by NHS England). There are Band 7 and Band 6 nurses within the team and the current nurse establishment is 5.61 FTE. Additional investment by the Trust has brought the establishment up to 6.0 WTE from April 2020 and nurse capacity now reflects the recommended caseload of 100 LAC per 1.0 WTE LAC nurse.

The administration budgeted establishment is 1.9 FTE (excluding 0.53 The Lansdowne SCH directly funded by NHS England). Total administration establishment is 2.03 FTE the additionality is funded by income from Other Local Authority Health Reviews. The structure consists of a business administrator band 4 who now has responsibility for line management of both the band 2 and band 3 administrators.

Clinical Service Manager

1.0 FTE Clinical Service Manager was recruited to in April 2018 with dual responsibility for LAC and Community Paediatrics.

Named Nurse

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0.48 FTE Named Nurse there was a change in employee in December 2019, and this is now a dedicated role for LAC

Staff Wellbeing

The LAC nurse team have relocated from the basement at Centenary house in Eastbourne to office space on the first floor and whilst there continue to be issues with the aged Victorian building the office space is lighter and airy and provides a more conducive working environment.

All nurse team staff have had 1-1's with their line manager every 8-12 weeks

Annual appraisals within the nurse team are 100% compliant

Mandatory training within the nurse team is 95%

Annual team Stress Assessment Oct 2019 saw a 5% increase from the 2018 assessment



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Demands: Employees are able to cope with the demands of their job	88.88%
Control: Employees have a say about the way they do their work	83.33%
Support: Employees receive adequate information and support from their colleagues and superiors	100%
Relationships: Employees are not subject to unacceptable behaviour e.g. Bullying or harassment	100%
Role: Employees understand their role and responsibilities	100%
Change: Employees are engaged frequently by the organisation when undergoing an organisation change	100%
Total	94.87%

Quality and Dip samples

‘The high quality of health assessments for Looked after Children were highlighted by Ofsted in the East Sussex inspection, where an ‘outstanding’ rating was achieved.’ (Sussex-wide annual LAC report 2018-19)

Joint Targeted Area Inspection JTAI- the inspectors commented on the high quality of the IHA and RHA assessments that were reviewed.

A proportion of IHA’s are QA’d by the named and designate Drs

Throughout the year the LAC nurses have received plaudits from other LAC nurse teams on the quality of their assessments and reports. In Q4 the Named Nurse has been made aware of 3 plaudits for the LAC nurse team in relation to the high quality of their RHA from external LAC teams.

A proportion of RHA’s are dip sampled by the named nurse each quarter. In Q4 35 RHA’s were dip sampled -Throughout the dip sample there was evidence that consent had been sought where age appropriate. There was also evidence that information had been gathered to inform the assessment. There was evidence that health events had been recorded since the last review, although not always evidence of a discussion. There was good evidence throughout all RHA’s reviewed that the physical, developmental and emotional /behavioural health of the LAC had been considered and addressed. There was evidence that dental health and vision was discussed, though not all LAC had dentist or up to date vision assessment. However, there was evidence that the LAC nurse had emphasised the importance of these screenings to the foster carer(s) in addition to offering local dentists contact details. Throughout there was substantial evidence of health professional involvement where relevant. Immunisation status was always referenced and considerable evidence from the LAC nurse of the importance of up to date immunisations as well as evidence of GP Immunisation clinics. For some the LAC nurse has gone to great lengths to inform the



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carer of the availability of GP clinics for accessing immunisations, specifically school leaving boosters and HPV vaccines for teenagers. There is evidence that keeping safe discussions had taken place predominantly with the 10-18 yr. olds and, where relevant, there is evidence for the under 10s. Where appropriate there is evidence of healthy relationship discussions. Apart from one RHA there is evidence that alcohol and/or substances have been discussed within the RHA, where applicable. Throughout the review the RHA's were personalised and the 'voice of the child' was clear, evident and apparent. Even when the LAC had additional needs and nonverbal the RHA still evidenced the needs and wishes of the LAC

Supervision and Training

Sussex wide Safeguarding Supervision policy was updated in 2019 to include Looked After Children. Supervision is in place for named/lead professionals in provider organisations delivered by designates. Within ESHT all LAC nurses receive supervision every 6-8 weeks from the Named Nurse. Each supervision is recorded in the child's record. All LAC nurses have received regular supervision throughout 2019-20. The Named doctor provides advice and supervision to the LAC nurses in respect of Looked after children via a bi monthly 'case discussion clinic'.

"Think Family" is a newly devised training for the whole of ESHT which incorporates safeguarding adults, safeguarding children and LAC issues. This training has generated external interest for potential adoption by other organisations. The LAC nurse specialists offer level 3 training to HV teams between 4-6 times annually. Named Nurse for LAC offers ad hoc training to other divisions and teams throughout the year e.g. Sexual health services and Urgent care/ Accident and Emergency teams

A Level 4 training day facilitated by the Designated Professionals took place in May 2019. This was aimed at doctors and nurses undertaking initial and review health assessments.

All LAC nurses have completed and had their LAC and safeguarding competencies signed off

LAC policy

A LAC policy for ESHT was written by the named nurse in post during 2019 and is available on the extranet

Complaints/ FFT/ Datix

A young person was unhappy that information she shared with the LAC nurse during an assessment was referenced in the care plan and information returned to her and the carer. The nurse has reflected on the conversation she had about consent with the



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young person and how she will ensure in future that young people have a full understanding of consent to share.

Since the move from Meridian the LAC nurse team have received no FFT feedback despite continuing to encourage feedback from families. The team have engaged with the FFT team lead to understand how feedback can be obtained. They initially continued with paper, then a link was set up on the LAC Children In Care section of the community paediatrics website they have also enquired about use of SMS. They are now looking into use of a QR code, but may ultimately return to paper replies, whilst continuing to work with young people, children families and social workers to encourage feedback.

The predominant theme for Datix throughout 2019 relate to digital and Systmone IT failures that have on frequent occasions resulted in the loss of long reports and assessments with the associated loss of workforce time. Liaison with IT and Systmone is ongoing to try to resolve issues. All nurses have received new Smartcards, and a number have had laptops updated or renewed.

Learning from other areas

After attending a conference facilitated by Kent LAC services during which they shared how they had significantly improved their LAC performance the ESHT LAC service manager and named nurse made a site visit to the LAC nursing team in Kent. It became apparent that unlike East Sussex they continue to initiate the RHA requests from the local authority and use a highly sophisticated tracking process with one administration team at the front end of the process (from RHA request through to appointment/ contact, including requesting and collating of additional information from GP etc) and a second administration team managing the back end of the process. (RHA assessment through to report and care plan distribution). They have a very high administrator to nurse staffing ratio. The nurses hand write and scan initial notes to the child's record (part B of the Coram BAAF) and use dictation for reports that are then formatted by the administration staff.

Following this site visit the ESHT LAC team have set up a means of flagging IHA reports to secretaries as high priority and have dedicated LAC admin who track the progress of reports to distribution. The nurse team administrators send out information requests on behalf of the nurses. The nurses are trialling scanning in hand written notes to the child's record and are planning to start using 'Bighand' voice recognition dictation once it is available for use.

Conclusion

Meeting Statutory timescales for IHAs and RHAs remains a challenge but with the improvements that have been achieved this has been removed from the ESHT Women and Children's divisional risk register. Service improvement plans developed



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by providers and agreed with the CCG have both highlighted and addressed many of these challenges, stakeholder meetings in each area across Sussex will be ongoing to support and challenge progress. The ESHT LAC team are committed to continue with and build on the improvements achieved throughout 2019. There will be specific focus on establishing SLA's, timeliness and completeness of IHA and RHA requests, medical staffing (with staffing changes on the horizon). Use of 'Bighand' dictation and the expansion of the Lansdowne SCH.

Covid-19 and LAC

In response to PH advice all face to face contacts have been replaced with telephone contacts. The LAC team are in the process of trialling 'Attend Anywhere' and IHA's with UASC that require an interpreter are being arranged by ESCC via Skype. Drs and nurses are working remotely from home using laptops and VPN. The nurse team with support from the business administrator have RAG rated the entire LAC caseload into low, medium or high risk and will use this to determine which assessments to prioritise if staffing capacity is reduced, and in agreement with the designated professionals and ESCC requirements for written consent have been relaxed during the pandemic. Letters offering contacts for support are being distributed to all foster carers and a portfolio of helpful information is being collected by the nurse team and shared with health visiting and community paediatric colleagues and the ESCC Foster carers training lead. As yet no Drs or nurses have been redeployed as LAC assessments remain a priority to continue.

Administration and secretarial staff have been temporarily relocated to non-patient accessing community sites and it has been a significant logistical challenge to get digital and phone networks set up, some of which are not yet complete. Whilst there has been no direct impact on IHA or RHA work in March it is anticipated that there will be some effect in April, however the team are working hard to mitigate against the temporary disruption. All staff are making use of Microsoft teams and phone contact to stay in touch and support each other and information regarding wellbeing is distributed by the service manager to members of the team.