Poole Hospital NHS Foundation Trust

2017-2018 Annual Report for Looked after Children Medical Services

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Children New into care

In the year 1st April 2017 – 31st March 2018 347 children became looked after in Bournemouth, Dorset and Poole. This is a 13 % decrease from 400 children who became newly looked after in the previous 12 months. The most significant change was in Dorset where there were 20% fewer children becoming looked after.

Children new into care 2016-17 and 2017-2018

	Bournemouth	**Dorset**	**Poole**	**Pan Dorset**
2016-2017	91	217	92	400
2017-2018	95	173	79	347
% change	+4%	-20%	-3%	-13%

The medical advisers who carry out the Initial Health Assessments (IHAs) for Looked After Children (LAC) are employed by Poole Hospital NHS Foundation Trust. Appointments are provided at Poole Hospital and also at the children's centre in Poundbury Dorchester, which reduces the travelling for children placed in west Dorset. The medical advisers work flexibly seeing children from all 3 Local authorities.

Initial Health Assessments

Statutory Guidance requires that each child new into care should have an Initial Health Assessment (IHA), which must include a health plan that is available in 20 working days in time for the first statutory review by an Independent Reviewing Officer.

Timeliness of IHAs completed 2017-2018

	Bournemouth	**Dorset**	**Poole**	**Pan Dorset**
Children new into care	95	173	79	400
Children requiring an IHA	78	161	64	303
IHA completed in 20 working days	71 (91%)	91 (56.5%)	49 (76.6%)	211 (69.6%)
IHA completed in 21-30 days	3 (3.8%)	4 (6.5%)	44 (27.3%)	51 (16.8%)
IHA completed after 30 days	3 (3.8%)	0	6 (3.7%)	9 (3%)

Common reasons for delay were late notification by Social Workers (SW), SWs not sending parental consent for health assessment and Foster Carers (FC) being unwilling to bring children to appointments.

Previously the Designated Doctor and Designated Nurse for LAC have held monthly meetings with senior managers from Dorset Children's Social Care, highlighting and escalating concerns about delays in notification and sending consent.

In the last 12 months delay in notification and sending consent remain the main reasons for delay in completion of IHAs for Dorset LAC. There was initially some improvement but despite the ongoing meetings the completion rate has not improved overall. This has been escalated to the corporate parenting board and the chief executive of Dorset County Council (who is relatively new in post) and highlighted as an area of concern. Further meetings are planned between the Designated Doctor and senior management to improve engagement in the process.

Pan Dorset 400 children started to be looked after and 303 children had IHAs. Twenty ninechildren left care before 20 working days and so did not have an IHA.

Quality

Statutory Guidance requires that the IHA must be completed by a registered medical practitioner, and should include assessment of: the child's physical, emotional and mental health, the child's health history and development, and include existing arrangements for routine checks, screening, and immunisation.

Health Assessments should be of good quality in order for them to be seen as useful by children, young people, Foster Carers and social workers.

Medical Advisers should have regular supervision meetings with the Designated Doctor every 3 months. A new Designated Doctor took up the post on 1st February 2018. Meetings have been reinstated and are currently every 2 months with regular discussion of any issues arising.

All IHAs are sent to the LAC administrator based in Poole Hospital. A dip sample of 10% of IHAs completed in each of the three Local Authorities between April 2017 and March 2018 were quality assured using annexe H Quality Assurance Tool. IHAs completed by the designated Doctor were quality assured by one of the other medical advisers to reduce bias. Separated children seeking asylum were quality assured separately.

Quality of IHAS 2017-2018

		Dorset	Bournemouth	Poole
1.	**No. IHA Reviewed:**	14	7	6
2.	**IHA completed within statutory 20 working days days of being taken into care**	9 (64%)	7 (100%)	4 (67%)
3.	**Consent obtained**	14 (100%)	7 (100%)	6(100%)
4.	**Where the young person is over 16 years has written consent been sought**	0 (13 N/A)	(7-N/A)	1 (2 N/A) 50%
5.	**A chronology of medical health history including risk factors**	14 (100%)	6 (86%)	6(100%)
6.	**Evidence that child or young person's concern/comments have been sought and recorded**	7 (100%) *7- too young*	6 (100%) *1-too young*	3 (100%) *3-too young*
7.	**Any outstanding health appointments recorded**	11 (92%) *2-N/A*	4 (100%) *3-N/A*	4 (100%) *2-N/A*
8.	**Record of immunisation summary**	14 (100%)	6 (100%) *1-N/A*	5 (100%) *1-N/A*
9.	**Family Health History**	12 (86%)	7 (100%)	6 (100%)
10.	**Summary of child health screening**	12 (86%)	5 (71%)	5 (83%)
11.	**Emotional/behavioural assessment**	13 (93%)	7 (100%)	6 (100%)
12.	**Life Style issues discussed and health promotion offered**	7/8 (88%) *7- too young*	6 (100%) *1-Too young*	1 (50%) *4- too young*
13.	**Developmental History/ assessment recorded**	14 (100%)	6 (86%)	6(100%)
14.	**Any special educational needs (EHCP)**	14 (100%)	6 (86%)	3 (50%)
15.	**Height and Weight recorded**	14 (100%)	6 (86%)	6 (100%)
16.	**BMI recorded (if over 2 yrs.)**	5/11 (45%)	5/6 (83%)	4/5 (80%)
17.	**Record of neonatal hearing screening or any hearing concerns**	13 (93%)	6 (86%)	5 (83%)
18.	**Record of vision screening**	6/10 (60%) *4- too young*	5/6 (83%) *1-too young*	½ (50%) *4- too young*
19.	**Evidence that carer's concerns have been sought and recorded**	13 (93%)	4 (57%)	4 (67%)
20.	**Record of Dental screening / registration enquiry (over 3 yrs.)**	11/11 (100%)	4/6 (67%)	2/3 (67%)
21.	**Record of GP registration / Name**	13 (93%)	5 (71%)	4 (67%)
22.	**Summary Report and Recommendation Typed**	14 (100%)	7 (100%)	6 (100%)
23.	**Recommendations have clear time scale and identified responsible person**	14 (100%)	6 (86%)	6 (100%)
24.	**Evidence that referral to appropriate services have been made**	8/9 (89%)	3/3 (100%)	2/3 (67%)
25.	**Evidence that the child/YP was offered the opportunity to be seen alone**	13 (93%)	3/5 (60%)	2/3 (67%)
26.	**Signed**	14 (100%)	7 (100%)	6 (100%)
27.	**Completion date**	14(100%)	7 (100%)	6 (100%)

The quality of the IHAs assessed was generally good. The review identified that medical advisers did not always calculate and record the BMI, ask about vision and dental appointments, record carer's views or the offer to see the child alone. Part way through this review process a new IHA form was introduced which prompts the medical adviser to ask to see the child/young person and carer alone (where appropriate). The results of this Quality assurance have been shared with the Medical advisers.

The completed IHA is sent to the SW, the Independent Reviewing Officer (IRO) the GP and the Health visitor (for preschool children). It is the responsibility of the local authority that each LAC has an up to date health plan based on the IHA and to take action if recommendations identified in the health plan are not being followed. The IRO should, at each LAC Review, note any actions and updates to ensure that the health plan continues to meet the child's needs.

It is difficult to know if the completed IHAs are being used to inform care planning. Personal experience of medical advisers is that actions for the medical adviser or LAC nurse are completed; however, recommendations for the SW to undertake (such as requesting family health and birth history) are often not completed. In discussion with social workers, it seems that social workers do not recognise the importance of family health history and antenatal and birth history for all Looked After Children. The importance of these has been explained to senior managers and to social workers. We will be reviewing this area for improved practice in the best interest of the child.

When a child is under the care of a Paediatrician at Poole Hospital or Dorset County Hospital a copy of the completed IHA is sent to that Paediatrician to be held in the hospital record. Feedback from Paediatricians at both hospitals has been very positive.

IHA venue

The majority of appointments available are at Poole Hospital, either in the Child Development centre or Children's Outpatients. Both areas are appropriate to see children and young people. One clinic a week is held in Poundbury Children's centre. This enables some children living in west Dorset to be seen closer to their homes.

For some children with complex medical and learning needs attending a clinic for the IHA is not appropriate. The IHA can by arrangement be completed by the specialist who already sees these children for their medical care, which is often more appropriate for the child or young person. On occasion children were seen by Medical Advisers for their IHA in their special school.

SEPARATED CHILDREN SEEKING ASYLUM

*An **unaccompanied asylum-seeking child (UASC)** is an individual, who is under 18, who has applied for asylum in his/her own right, is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so*.(DfE)

The National Transfer Scheme (NTS) for Unaccompanied Asylum Seeking Children (UASC) (now known as Separated Children Seeking Asylum SCSA) was established in 2016 to enable the safe transfer of children from one local authority to another. The transfer protocol is intended to ensure that unaccompanied children can access the services and support they need. It forms the basis of a voluntary agreement made between local authorities in England to ensure a more even distribution of Unaccompanied Children across local authorities. It is intended to ensure that any participating local authority does not face a disproportionate responsibility in accommodating and looking after UASC, simply by virtue of being the point of arrival of a disproportionate number of unaccompanied children. The scheme is based on the principle that no local authority should be asked to look after more UASC than 0.07% of its total child population.

In Bournemouth, Poole and Dorset 0.07% of the total child population equates to 110. The Designated Nurse for Looked After Children and one of the named GPs have devised a Healthcare Pathway for UASC who should all be offered an appointment for an Initial Health Assessment (IHA) within 20 working days by a Medical Adviser. In light of the complexities which may be involved and the need for an interpreter, a longer appointment is offered (2 hours).

There is useful information available on the UASC health website set up by the health services in Kent who were originally seeing most of these children. They have designed a quality assurance tool which is more appropriate to these children's needs. This Tool has been used to assess the quality of all the IHAs completed for these children.

QUALITY ASSURANCE FOR SCSA

		YES	NO	Declined
1.	Child or young person's consent for assessment (where appropriate)	16 (64%)	9 (36%)	
2.	DOB	25 (100%)	0	
3.	Age	25 (100%)	0	
4.	NHS Number	15 (60%)	10 (40%)	
5.	Social Worker	25 (100%)	0	
6.	Place young person seen	N/A	N/A	N/A
7.	Is the child or young person registered with a GP in the area?	17 (68%)	8 (32%)	
8.	GP details have been recorded	13/17 (76%)	4/17(24%)	
9.	Evidence that child or young person's comments have been sought and recorded	25 (100%)	0	
10.	The young person has been asked about their experience both in home country and on journey to UK.	24 (96%)	1 (4%)	
11.	Emotional, behavioural needs have been assessed and any identified concerns documented	19 (76%)	5(20%)	1 (4%)
12.	Any self care/independence or learning needs have been assessed and any identified concerns documented	22 (88%)	3 (12%)	
13.	Any possible safeguarding concerns have been explored e.g. trafficking, CSE, PREVENT	12 (48%)	13 (52%)	
14.	Lifestyle issues discussed and health promotion information given	20 (80%)	5 (20%)	
15.	Height recorded and plotted	17 (68%)	8 (32%)	
16.	Weight recorded and plotted	17 (68%)	8 (32%)	
17.	Physical health including dental has been assessed	25 (100%)	0	
18.	Handwritten document legible	25 (100%)	All reports	typed
19.	Document is typed	25 (100%)	0	
	Document includes the following			
20.	A summary of pre-existing health issues	25 (100%)	0	
21.	Any newly identified health issues	21	1 (4%)	3 N/A
22.	Information about journey to the UK including identified risk factors	25 (100%)	0	
23.	An up to date immunisation summary	0	1	24- unknown
24.	Summary of dental health needs	25 (100%)	0	
25.	Summary of vision and hearing needs	24 (96%)	1	
26.	Summary of child health screening	unavailable		
27.	Opinion re risk of BBV given	25 (100%)	0	
28.	Date for next health assessment has been recorded	21 (84%)	4(16%)	
29.	Recommendation re immunisation status	25 (100%)	0	
30.	Recommendation made re BBV and TB screening	24 (96%)	1 (4%)	
31.	Recommendation made re dental health needs	25 (100%)	0	
32.	Recommendation made re any vision needs	25 (100%)	0	
33.	Recommendation made re mental health- identifying any risks	16 (64%)	8 (32%)	1 (4%)
34.	Any other health risk has been acted upon and documented in the health plan	15 (60%)	0	10 N/A (40%)
35.	In your opinion does this IHA give a true sense of this young person's needs and form a sensible plan to address these needs?	24 (96%)	1 (4%)	

Results of the Quality assurance have been fed back to medical advisers. In particular the recording of consent and the assessment and recording of CSE risk. Consent had been obtained for all young people but not properly recorded. Medical advisers have also received further information and guidance regarding completion of the IHA form and assessment of SCSA from the designated doctor.

All SCSA are seen in Poole Hospital where there are more available appointments. This enables the testing for blood borne viruses, if the young person consents, to be carried out in the pathology department on the same day and with the interpreter present, making it a better experience for the young person and enabling the majority of the assessment to be completed on one occasion.

All SCSA are seen for TB screening at Bournemouth Hospital and all are offered mental health support if they want to engage with this at the time.

Feedback

Carer feedback

Previously anonymous feedback was sought from Foster carers following every IHA appointment. This has not been monitored regularly over the last year and not all forms were returned. Only 50 forms were available. Feedback is largely very positive.

Overall view of service	Excellent:32 Very Good: 15, Good:3
FC felt that the doctor listened to and respected their views	Yes definitely: 48, yes to some extent: 52

Written feedback:

-Listened to my concerns

- Friendly

- very friendly, took time to listen to and interacts with S

-Questions were easy and clear to answer so I understood them

-Listen to all concerns

- good communication and interpersonal skills, good assessment skills

- Very thorough and sensitive

- it was a very relaxed session centred around the children

- spoke to the child, encouraged him to find someone to talk to

- Friendly and patient communication

- Listen to what we had to say and doctor was very friendly to us

-Dr gave time to children and asked to see them on their own if wanted

Child/young person feedback

Forms have been designed which are suitable for use by school age children and young people. Encouraging young people to participate in their care and feedback about the service may help them take more responsibility for their own health and engage better with LAC health professionals in the future. In total 23 forms were returned.

	YES	NO
Did you know you were seeing the Doctor today?	23	0

	10	9	8	7	6	5	4	3	2	1	Yes/OK	No
Did the Doctor Explain things to you clearly?	6	3	1	1	0	0	0	0	0	0	10	0
Did you feel listened to, respected and involved in making decisions about your health?	8	1	0	1	1	0	0	0	0	0	11	1

Written Feedback:

It was fine, I like it, it was fun

It was fine

Helpful

It was clear what was going on

It was fab, got through everything quickly and efficiently

Pretty snazzy

It was fine

It was really good

Overall young people's feedback was positive and they felt listened to, respected and involved, this is an important outcome for the service and for future engagement with the service.

Out of Area IHAs

For children placed out of Dorset, the Social worker and foster carer are requested to bring the child back for their IHA, if safe and within 1-hour travel time. This ensures continuity for the child and thorough health assessment. If this is not appropriate, IHAs are requested to be undertaken in the area where the child is placed, and Dorset medical advisers are asked to complete IHAs for children from other areas placed in Dorset. In the year 2014-2015 many children placed Out of Area (OOA) did not have an IHA, and those that were completed were not completed in a timely manner. In the year 2015-2016 an administrator to manage the OOA (IHAS) was appointed, a process identified and contracts agreed. The process has run smoothly, however, it has become clear that some CCGs do not have processes or medical advisers to complete IHAs requested by Dorset. Poole Hospital Is paid for the OOA IHAs completed for other Local Authorities.

IHAS requested by other CCGs and completed in Dorset

IHAs requested	**IHAs done**	**Completed in 20 working days**
44 • +275% increase compared with 2-16-17 • 7 children moved before IHA completed	29 (+322%)	7

IHAS requested by Bournemouth, Dorset and Poole.

IHAs requested	**IHAs done**	**Completed in 20 working days**
26 • 33% decrease compared with 2016-17 • 9 cancelled before IHA completed	**13**	**0**

8 IHAs still have not been completed. The increase in number of out of area requests made for children placed in Dorset by other Local authorities had increased significantly from 16 in 2016-17, to 44 in 2017-18. This has resulted in 29 IHAs being completed compared with 9 in the previous year.

Fostering

Each prospective foster carer has a comprehensive health assessment completed by their GP, these are reviewed by a medical adviser who provides a type written report, including advice on the implication of any health problem on their ability to parent a child. If required additional information can be requested from the GP or hospital specialist. In the year 2017-18 medical advice was provided for 229 Adult Health Assessments. Some Foster carers have more complex health needs and these reports require longer to write.

Adoption

Regional Adoption Agency- Aspire Adoption

The Regional adoption agency incorporating Bournemouth, Poole and Dorset Local authorities was launched on 1st July 2017. Since this time all approval and matching of adopters and children has been through this agency. Adoption panels are held twice a month and attended by Medical advisers. Once children in Bournemouth and Poole have a placement order, they are transferred to a social worker from Aspire. Dorset transfers some of its younger children, but some Dorset children maintain a Dorset Social worker until they are matched with adopters.

The Designated Doctor has recently started sitting on the operational Management Board of Aspire Adoption as the health representative.

Adults

Each prospective adopter has a comprehensive health assessment completed by their GP, these are reviewed by a medical adviser who provides a type written report, including advice on the implication of any health problem on their ability to parent an adopted child. If required additional information can be requested from the GP or hospital specialist.

In the year 2017-18, 133 Adult Health Assessment reports were provided. This has increased since last year when the number completed was 70.

Prospective Adopters attend a series of preparation workshops. One of the medical advisers speaks on the first day of each of these preparation workshops, presenting information about the health needs of children placed for adoption, child development and the impact of antenatal substance misuse. Feedback from the presentations given by the medical advisers is very positive.

On completion of the social work assessment each application to be approved as an adopter is considered by the adoption panel. It is a statutory requirement that each adoption panel has a named adoption medical adviser. Two of the medical advisers share this responsibility. The medical advisers comment on the adult health assessment and is able to answer questions on any questions relating to the adopters physical and mental health. Feedback on the medical advisers' contributions to panel have been positive.

Children

In England almost all adoption is of children in care. These children will already have had an IHA and sometimes an RHA. Each child for whom adoption is the plan is required to have an Adoption Medical Report. This is usually produced following an additional health assessment; the adoption medical. All adoption medicals are carried out by the medical advisers, who have available to them the previous IHA and RHAs, and also any additional health history and additional family health history. For children placed in early permanence placements very soon after their IHA, it is possible to provide an adoption medical report based on the IHA and any additional information provided.

The Adoption Medical Report forms part of the Child Permanence Report that is presented to the Agency Decision Maker and to Court.

Prior to matching with a new family all adopters are offered a consultation with the medical adviser to inform them of the child's health and family health history and any implications. The match is presented to the Adoption Panel, where the medical adviser will advise panel members on any medical issues for the adults or the child.

In the year 2017-18 66 adoption medicals have been completed in Bournemouth, Dorset and Poole.

Children Adopted 2017-18 and 2016-17 (Adoption Orders granted)

2017/18: Male 33/63 (52%) Female 30/63 (48%)

	2017-18	**2016-17**
No. Children Adopted	63 (+5%)	60
Age at adoption order		
Under 12 months	4 (6%)	0
1-4 years	37 (59%)	40 (67%)
5-9 yrs	21 (33%)	20 (33%)
>9yr	1 (2%)	0

Nationally (England) the number of looked after children ceasing to be looked after due to adoption increased between 2011 and 2015 to a peak of 5360. In 2016 the number of adoptions fell for the first time since 2011, by 12% and in 2017 the number of looked after children adopted have fallen again, by 8% to 4350. The numbers in Dorset for 2018 are up by 5%. It will be interesting to see whether this represents the national trend when the national figures are published in September, and whether this increase continues now that the regional adoption agency is becoming more established.

The adoption medical reports for all children adopted in 2017-2018 were quality reviewed. The adoption medicals had often been completed two or three years previously. Best practice is that all adoption medicals should be completed by a medical adviser, type written and the IHA should be available to the Doctor completing the Adoption Medical. All adoption medicals were completed by

a medical adviser, only one was handwritten. It was not clear whether the IHA had been available for all but this is the practice now as all IHAs are saved centrally by the LAC admin assistant.

Health needs of children adopted 2017-18

Health Risk	Number of children affected
Maternal mental health diagnosis (diagnoses include Emotionally unstable personality disorder, depression, anxiety, ADHD, ASD, OCD)	**26/63 (41%)**
Paternal mental health diagnosis (diagnoses include depression, anxiety, personality disorder, ASD, ADHD)	**14/63 (22%)**
Maternal physical health diagnosis (diagnoses include asthma, eczema, hay fever, squint, diabetes, epilepsy, hearing impairment, visual impairment, gallstones, von willebrands disease, Factor V leiden deficiency, hepatitis C, Epidermolysis Bullosa)	**25/63 (40%)**
Paternal physical health diagnosis (diagnoses include asthma and hay fever, hearing impairment, ischaemic heart disease, diabetes, hydrocephalus)	**16/63 (25%)**
One or both parents with a learning disability (IQ below 70)	**10/63 (16%)**
Antenatal drug exposure (drugs most frequently used include cannabis, heroin , cocaine and methadone)	**17/63 (27%)**

Of the 63 children adopted, 23 had a physical health diagnosis including asthma, eczema, prematurity, epidermolysis bullosa, squint, and prematurity. Sixteen had a record of behavioural or emotional difficulties including anxiety, sexualised behaviour and controlling behaviour.

Children adopted have are more likely to have an increased health risk based on health history and family health history than children growing up with their own families. Explanation of these increased risks forms the basis of the presentations to prospective adopters at the workshops and the meetings with adopters prior to matching panel.

Medical Adviser Supervision

Each Medical Adviser should have clinical supervision with the designated doctor every month. Medical Advisers are able to contact the Designated Doctor by telephone or e-mail for advice on any difficulties encountered. A new Designated Doctor took over the post on 1st February 2018 and since this time there have been meetings of all medical advisers every 2 months and regular supervision and review of reports.

Continual Professional Development (CPD) and Teaching

The medical advisers are expected to attend 10 hours each year of CPD, specific to the health needs of LAC and children adopted. Each of the medical advisers is up to date with medical appraisal and revalidation including safeguarding, PREVENT and child Sexual Exploitation training

Medical advisers meet twice a year with South West Adoption Consortium (SWAC) Medical advisers to discuss best practice, present audits and discuss issues arising.

During the past 12 months, a re audit of all the IHAs for 11-18 year olds was undertaken which identified improvements in most areas especially assessing lifestyle factors. Areas which didn't show an improvement were recording of contact with birth family and family history. This has been fed back to the medical advisers and there is also a new IHA proforma in use which includes a separate box to record contact with birth family.

Medical students from Southampton University receive a teaching session on Looked After Children from the Designated Doctor as part of the initial teaching during their attachment. They are also able to attend IHA appointments to observe.

The Designated Doctor delivers a teaching session to the Community Paediatric department at Poole Hospital at least once a year on a topic related to Looked After Children. Doctors in training attached to the community paediatric department are also encouraged to attend IHAs, adoption medicals and to observe adoption panel as part of their training.

Inspections

In May 2017 OFSTED carried out an inspection of Children's Service in Poole. One of the medical advisers was interviewed by the inspectors as part of the health team. The main area of concern with regards to health was the timeliness of Out of Area assessments for children placed too far away to come back for these.

Key Areas of achievement

- Improved timeliness of completion of IHAs, from 47% to 69.6%
- Almost all IHAs completed were of a very high standard
- Children in Bournemouth, Dorset and Poole have access to the same high standard of IHAs and Adoption Medicals.
- Regular IHA clinics are continuing to be held in Dorchester.
- Processes are in place for Bournemouth, Dorset and Poole children placed out of area to have their IHA completed local to their placement, and for children placed from other local authorities in Bournemouth, Dorset and Poole to have their IHA completed by a medical adviser locally.
- Medical advisers provide a standardised type written report for Social Workers, following the adoption medical. This report is available for any subsequent meeting between the medical adviser and the prospective adopters.
- From April 2018 all IHAs are now saved on Poole Hospital Electronic Patient Record enabling access to any professionals who come into contact with the child or young person

Key Areas for Development

- Notification of children new into care and sending parental consent is still not embedded practice for Dorset Social Workers. The Designated Doctor and Nurse will need to continue to monitor this and raise concerns with senior staff from Dorset Children Social Care.
- LAC nurses need to ensure that at each RHA the health plan from the previous IHA or RHA is reviewed, and the date of completion of all recommendations is recorded. This will enable some measurement of outcome from the IHAs and RHAs.
- Biannual meetings of the medical advisers with the LAC nursing team to discuss an educational topic and encourage better joint working. The first of these is on May 15th 2018.
- The Designated Doctor and Named nurse are reviewing the process for IHA to make it clear at every stage, with defined deadlines for completion for all staff involved.
- Regular meeting and supervision of Medical Advisers to continue.
- Improved completion of Social Worker initial details form- this is being discussed with the Local authorities as part of the review of process.
- Improve feedback rate- Medical advisers have been prompted to remember to ask for feedback forms to be completed so we can continue to improve the service.
- Medical advisers to complete the RHA for children who have had an adoption medical but who are not yet matched. With current staffing levels the medical advisers do not have time to do this.