

ADOPTION STRATEGY

Version:	V.1
Ratified by:	Somerset ICB Quality Committee
Date Ratified:	25.02.2026
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Name of Responsible Committee/Individual:	Quality Committee
Date issued:	January 2026
Review date:	January 2028
Target audience:	Somerset ICS

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GLOSSARY OF TERMS

AAR	Adoption Assessment Reports
AAR15	Set out the agency's duties in respect of gathering and recording information about the child
AAR17	Refers to Regulation 17 of The Adoption Agencies Regulations 2005. This regulation outlines the requirements for the child's permanence report prepared by an adoption agency. The report includes details about the child's health, family, emotional development, and the agency's assessment of the child's needs and potential for adoption.
AAR36	A review of the child's case under regulation 36 of the Adoption Agencies Regulations 2005
ADM	In the context of adoption, the Agency Decision Maker (ADM) is a key individual or group within an adoption agency who is responsible for making the final decision about whether a child should be placed for adoption. This decision is based on a thorough review of all relevant information and reports, including the Child Permanence Report (CPR) and any court-directed assessments.
Adoption Agency	An organisation that works with prospective parents and children to assess, match, arrange and support adoptive placements. These can be regional / statutory (RAAs), for example a Local Authority or voluntary adoption agencies (VAAs).
CLA	Child Looked After
PO	Placement order
AMA	Agency Medical Advisor
CPR	Childs Permanence report
ASW	Adopt South West
IHA	Initial Health Assessment
RHA	Review Health Assessment
M form	Obstetric report of birth mother
B form	Neonatal report
SFT	Somerset NHS Foundation Trust

ADOPTION STRATEGY

1 SCOPE

- 1.1 This strategy outlines Somerset Health Systems role within the multi-agency adoption pathway, from the point adoption is first considered for a child through to the granting of an Adoption Order, allocation of a new NHS number, and updating of all health records in line with the national records management guidance.
- 1.2 It also incorporates a proactive approach to the support of disrupted adoptions.

2 INTRODUCTION

- 2.1 Adoption is the legal process by which a child or a group of siblings who cannot be brought up within their birth family become full, permanent and legal members of their new family. Adopters become the child's legal parents with the same rights and responsibilities as if the child was born to them.
- 2.2 Achieving permanence for children is a guiding principle of adoption legislation in England to ensure that children have a framework of emotional, physical, and legal conditions that gives a child a sense of security, continuity, commitment, identity and belonging.
- 2.3 While adoption is not the right choice for most children, when it is in their best interests, adoption can offer children the chance to experience a lifelong connection, a sense of belonging with their adoptive family, and a feeling of psychological permanence. It provides children with a stable and loving environment, legal security, and the opportunity to grow and thrive within a permanent family.
- 2.4 Therefore, it is imperative that the health and social care framework supporting the adoption process is compliant with statutory guidance and regulation, evidence based, high quality, timely and properly commissioned and resourced.

3 PURPOSE

- 3.1 The purpose of this strategy is to:
 - define the current NHS provided elements of the adoption pathway in Somerset
 - define the vision for future NHS adoption services in Somerset
 - illustrate how transformation can be influenced and achieved
 - raise the profile and awareness of the NHS provided elements of the adoption pathway locally, regionally and nationally
 - ensure that NHS organisations, including NHS Somerset Integrated Care Board (ICB) and Somerset NHS Foundation Trust are compliant with current adoption legislation
 - ensure children who are adopted in Somerset and their families benefit from a high-quality adoption health service

- 3.2 This strategy aims to improve standards and foster collaboration with other agencies across health, local authority, education, and justice, ensuring Somerset's adoption process benefits from informed and supportive health services.
- 3.3 This strategy requires professionals to understand the profound impact of adoption on wellbeing.

4 NATIONAL CONTEXT

- 4.1 In December 2005 the Adoption Agencies Regulations were published by the Department for Education and Skills (DfES) as a piece of secondary legislation made under the Adoption and Children Act 2002. They set out the legal framework for how adoption agencies (including local authorities and voluntary adoption agencies) must operate when arranging adoptions.
- 4.2 Integrated Care Boards (ICBs) in England have specific responsibilities in relation to adoption, primarily through their duties to safeguard and promote the health and welfare of adopted children. While ICBs are not directly responsible for placing children for adoption (that is the responsibility of local authority and voluntary adoption agencies), **they** must support the health needs of children who are being or have been adopted.
- 4.3 The key responsibilities of ICB's in relation to adoption:
- **Promote the health of Looked After and Adopted Children** – ensuring statutory health assessments are undertaken, access to mental health services is supported and promoting smooth transitions from looked after to adopted status.
 - **Appoint a Designated Doctor and Nurse for Children Looked After** – these roles assist ICB's in fulfilling their duties by advising on the statute, the service provision and quality of health assessments and care planning, supporting service provision for clinical input to Adoption Panel and ensuring compliant health reports are prepared to inform adopters and the adoption agency.
 - **Ensure Health Providers appoint Named Doctors and Named Nurses for Children Looked After**-to support service provision and quality of service delivery.
 - **Ensure Health Providers appoint a Medical Advisor** on behalf of the Adoption Agency who has a statutory responsibility to ensure an Adoption Medical Advisor is in place. Adoption Medical Advisors provide health reports for children being considered for adoption. These include medical history, developmental assessments and consideration of future health needs. They also provide health information for adopters, which is legally required under the Adoption and Children Act 2002 and Adoption Regulations.
 - **Work in partnership with Local Authorities and Adoption Agencies** – ICB's must work collaboratively with; Children's Services, Regional Adoption Agencies (RAA's) and/or Voluntary Adoption Agencies (VAA's), Education and Mental Health providers.

- 4.4 In addition to the Adoption Agencies Regulations 2005 the health specific Statutory Guidance Promoting the Health and Wellbeing of Looked After Children (DfE & DHSC, 2015) sets out the health responsibilities for Designated Professionals for Children Looked After, ICB's (formally CCG's) and NHS Trusts. This document emphasises the need for commissioning and provision of timely health assessments before adoption, smooth transfer of health records and continuity of care post adoption as well as mental health support for adopted children.

5 LOCAL CONTEXT

- 5.3 Somerset NHS Foundation Trust is the NHS provider who delivers most health services in Somerset, including: acute, community, mental health, learning disability and primary care services.
- 5.4 Somerset NHS Foundation Trust is commissioned by NHS Somerset ICB to deliver a comprehensive countywide Children Looked After Health Service for Somerset Children Looked After and out of area children placed in Somerset. The principal remit of this team in relation to adoption is to ensure full delivery of this strategy.
- 5.5 The Health Adoption pathway in Somerset was reviewed in 2021 following identification of Adoption Agency Regulations breaches in the Medical Advisor role. The proceedings acknowledged that the breaches were not confined to Somerset, and the case was transferred to the High Court. Information regarding the subsequent President of the Family Divisions ruling can be found here: [President of the Family Division gives final judgement on Somerset case | CoramBAAF](#).
- 5.6 Within Somerset the needs of Children Looked After, including those with a plan for adoption, are overseen by the Corporate Parenting Board. In addition, the Health and Wellbeing Sub Group, which reports to the Corporate Parenting Board, oversees the health elements of Children Looked After and those with a plan for adoption, in a multi-agency forum.
- 5.8 This strategy acknowledges the principles and multi-agency working explicit within the Somerset Corporate Parenting Board Strategy, the Health and Wellbeing Subgroup Action Plan and the Safeguarding Children's Partnership Business Plans.

6 OUR VISION (aspirational aim for the future)

- 6.1 Our vision for adoption in Somerset is:
1. To promote adoption as a positive experience for children which enables them to have a stable and happy childhood and reach their full potential.
 2. To ensure the wishes, feelings and views of children and their families are sought and considered in the development and monitoring of all aspects of the adoption pathway.
 3. To deliver a high quality, responsive health adoption service, delivered by suitably trained and experienced professionals that holistically supports adopted children and their families throughout the adoption pathway.
 4. To ensure all Somerset adoptions are compliant with the Adoption Agency Regulations and all other relevant statute and regulation.
 5. To utilise all multi-agency processes to ensure children with a plan for adoption and their families get the support they need when they need it.

6. To ensure communication and information sharing within adoption is considered at every part of the pathway.
7. To develop a transition pathway facilitating smooth healthcare transitions, particularly when children move to adoptive placements, including outside of Somerset.
8. To strengthen awareness of post adoption support and the range of services available to families.
9. To ensure all adoption information, including post adoption records are managed safely, aligned to GDPR principles.
10. To develop a regional offer for Medical Advisors supporting the regional adoption panel.

7 AIM OF THE STRATEGY (specific achievable targets)

1. **Improve health and wellbeing outcomes** for adopted children and young people by ensuring timely access to comprehensive, high quality health assessments and ongoing support.
2. **Reduce health inequalities** experienced by adopted children, tackling barriers that lead to poorer lifelong outcomes.
3. **Safeguard statutory compliance and best practice** in health provision for adoption, protecting children's rights and upholding legal standards.
4. **Ensure equitable access to health services** for adopted children in Somerset, in line with provision across other local authority areas.
5. **Sustain and strengthen the health adoption workforce's skills and capacity** to deliver consistent, knowledgeable and child centred care.
6. **Strengthen multi-agency collaboration** between health, education, social care and voluntary sectors to provide coordinated and responsive support to adopted children and their families.
7. **Harness digital innovation to improve** information sharing, care coordination and continuity of health records throughout a child's life.

8 STRATEGIC STANDARDS

1. **Statutory Compliance:** All health partners will meet or exceed statutory and regulatory requirements in delivering the health pathway for adoption.
2. **Child Centred Approach:** The needs, rights and wellbeing of the child will be central to every stage of the adoption health pathway.
3. **Collaboration:** Health partners will work in strong partnership with regional and voluntary adoption agencies, Local Authorities, education and voluntary sectors to ensure coordinated and effective care.
4. **Equity of Access:** Adopted children and those with a plan for adoption will have timely and equitable access to health services, free from unwarranted variation, regardless of their county of origin or commissioning arrangements

5. **Workforce Capability:** The health adoption workforce will be trained, competent and supported with clear pathways for career development and succession planning
6. **Addressing Inequalities:** Health partners will actively identify and reduce health inequalities for adopted children and those with a plan for adoption.
7. **Quality and Safety:** Risks in the health adoption pathway will be identified, monitored and mitigated, with continuous improvement in quality and safety of care.
8. **Information Management:** Health records will be accurate, timely and managed in line with national guidance to ensure continuity, confidentiality and accessibility.

9 OPERATIONAL STANDARDS

9.1 The following operational standards relating to this Adoption Strategy are further illustrated within Appendix 5 below and should be read in conjunction with Somerset NHS Foundation Trust's Health Offer to Adoption standard operating procedure.

1. Children where adoption is being considered are discussed in a timely manner at local health offer to adoption meetings attended by Health and Local Authority partners.
2. Consent forms meet legal recommendations for information sharing to ensure obstetric history can be obtained
3. Where consent has not been received and in the absence of a court order AAR15 will be issued and include a rationale for not completing the AAR17 health report.
4. Somerset NHS Foundation Trust CLA Nurses will collate relevant health information from multiple sources which the Adoption Medical Advisor will review in preparation for the completion of the child's health reports (AAR15 and AAR 17).
5. AAR15/AAR17 health reports will be completed by Adoption Medical Advisor within the required timeframe to aid decision making.
6. Adult health reports for prospective adopters, will be completed by the Adult Adoption Medical Advisor within the required timeframe to aid decision making.
7. Review health assessments for children where adoption is planned will be completed where required to support the completion of AAR17 reports. Liaison and joint visits with Public Health Nurses will be encouraged.
8. AAR36 reviews will be completed initially three months after completion of AAR17 and then every six months up to the time of matching panel.
9. Meeting between prospective adopter and Medical Advisor will be offered prior to matching panel.

10. The Adoption Medical Advisor will attend Adoption Panel to provide expert medical advice and ensure that all health-related information is fully considered in the decision-making process.
11. Health records for children who have a plan for adoption and those in receipt of a final adoption order will be managed according to national and local policy and best practice guidance.
12. Clinical health information will be available on post adoption health records.
13. Transition planning / Team around the child meetings will be held as required for children where there is a plan of adoption to facilitate a safe and smooth transition and holistic provision of support.
14. The Somerset NHS Foundation Trust CLA Team will manage a generic adoption inbox, providing a single point of contact for adoption for health adoption services.
15. Medical Advisors will convene on a quarterly basis to review successes, identify emerging themes and challenges, and engage in group discussion, including matters related to the management of disrupted adoptions.
16. Adoption disruptions will be monitored via the local multi-agency health offer to adoption meetings with Health and Local Authority partners. Each case will be managed individually, with the Somerset NHS Foundation Trust CLA Team responsible for coordinating and collating all required information in advance of the Initial Health Assessment where a child has come back into care.
17. Adoption Medical Advisor reports will be subject to a quarterly peer-review process to ensure quality assurance and reduce unwarranted variation.
18. Designated professionals, Medical Advisor's and the Somerset NHS Foundation Trust lead nurse for adoption will attend SWAC (Southwest Adoption Consortium) meetings and contribute to sharing and disseminating learning to influence practice.
19. All operational and strategic CLA health professionals will attend peer review and supervision to share good practice.
20. Near misses and incidents will be reported and investigated as per Somerset NHS Foundation Trust policy, to include partner agencies. Learning from these events will be shared to ensure safe practice and reduction in risk.
21. Health professionals will work alongside the Regional Adoption Agency Adopt South West to ensure all meetings with prospective adopters are organised in a timely manner and reports and all other relevant information is appropriately shared.

10 DELIVERING THE STRATEGY

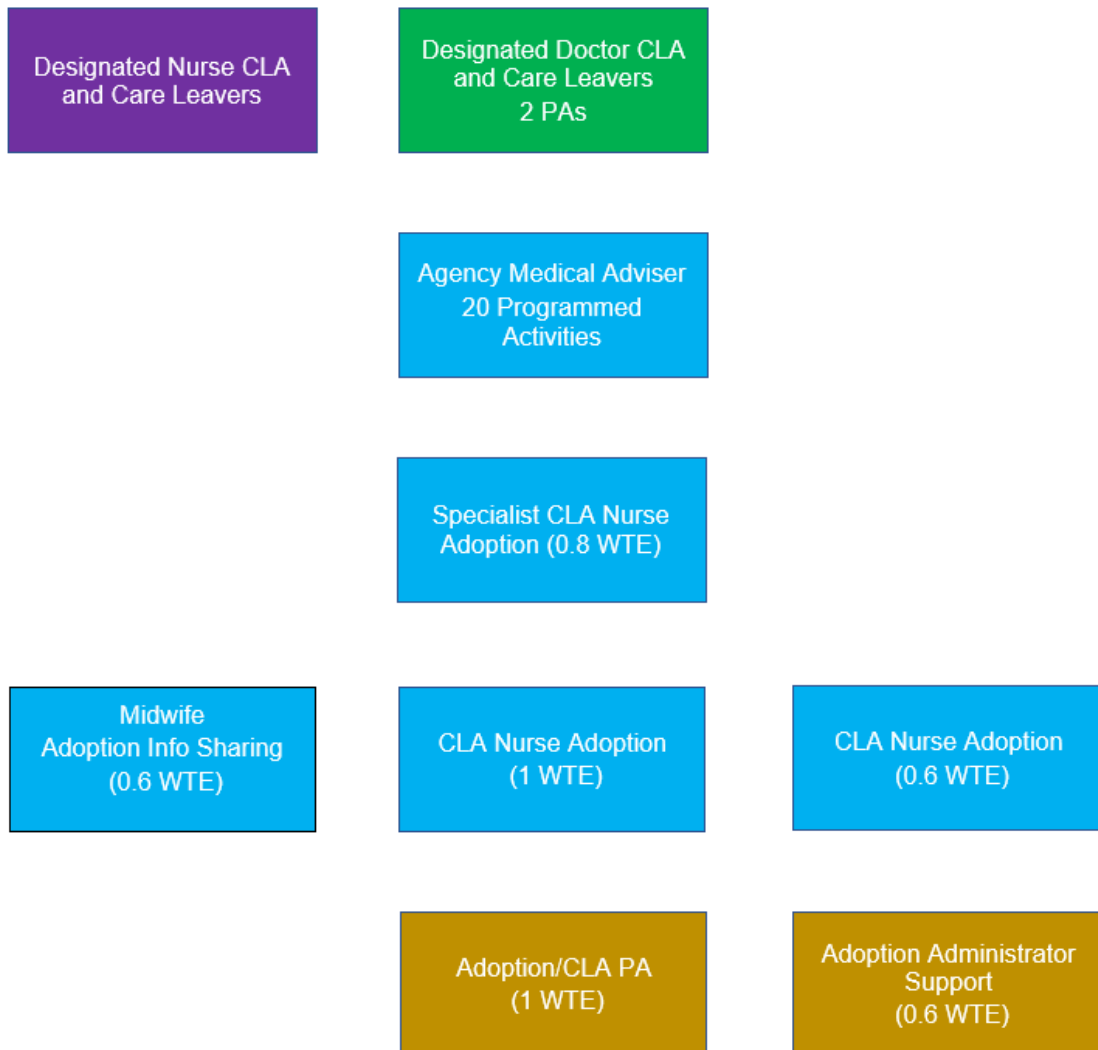
- 10.1 Our vision and priorities will be delivered through the development of a Health Offer to Adoption workplan which will be overseen by the Health and Wellbeing Sub Group and the Corporate Parenting Board. Each action will be SMART and identify a lead professional/agency.

- 10.2 The vision and aims of this strategy will evolve over time to ensure continuation of high quality, safe and responsive health services for those children with a plan for adoption.
- 10.3 Adoption activity, risks and issues will be reported to the Somerset NHS Foundation Trust Safeguarding Committee, NHS Somerset ICB Quality Committee, ICB Safeguarding Assurance Meeting and the Health and Wellbeing subgroup of the Corporate Parenting Board. Appendix 3 identifies the health adoption assurance framework that will ensure adoption is given priority and is discharged effectively across the local health system through commissioning arrangements.
- 10.4 Once ratified by the ICB Quality Committee:
1. The strategy will be shared with the Somerset Corporate Parenting Board, ICB Safeguarding Assurance Meeting, Somerset Foundation Trusts' Safeguarding Committee and disseminated to all relevant professionals will a role in adoption.
 2. Risks in the adoption pathway will be identified early, with system wide collaboration to mitigate them. Risks will be monitored through the CLA Operational Managers meeting and the ICB Quality Committee.
 3. Key Performance Indicator's (see Appendix 4) will inform service delivery. Adoption activity to be reported monthly to the ICB by the CLA Health Service
 4. Designated and Named professionals for CLA will jointly lead the strategic and operational health offer to adoption.
 5. The ICB and Somerset NHS Foundation Trust will jointly identify and address any service gaps for children with a plan for adoption.
 6. All staff will maintain robust and collaborative relationships and ensure the welfare of each child remains central to their role.

11 EQUALITY STATEMENT

- 11.1 Promoting equality and addressing health inequalities are at the heart of Somerset ICB's values.
- 11.2 Throughout the development of the processes cited in this document, we have:
- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
 - Given regard to the need to reduce inequalities between service users in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

SOMERSET ADOPTION WORKFORCE STRUCTURE



HEALTH ADOPTION ROLES AND RESPONSIBILITIES

Somerset ICB have identified key personnel to ensure that they priorities within the strategy are achieved. The current structure can be seen in Appendix 1. The roles and responsibilities are identified below:

Designated Doctor for Children Looked After and Care Leavers

The role of the Designated Doctor for Children Looked After and Care Leavers in the context of adoption is to:

- Provide quality assurance and oversight of adoption medicals. Ensuring that health assessments for children with a plan for adoption are completed to a high and consistent standard. Ensuring medical reports are robust, accurate and child centred with any complex health issues being properly identified, investigated and documented.
- Ensuring Medical Advisors are competent, supported and suitably trained. Provides professional advice, clinical leadership and supervision to Medical Advisors. Ensuring consistency of practice across the Medical Advisor team.
- Provide strategic leadership relating to adoption and contributing to policy development for children with a plan for adoption.
- Providing advice on complex health and safeguarding concerns. When a child's history is complex the Designated Doctor may advise the agency on interpreting health histories. Supporting decision making about the child's suitability for adoption and any required support. Helping to ensure any risk factors are clearly explained to any prospective adopters and Social Workers.
- Support for adoption panels. Ensuring the medical advice provided meets the required standards. Providing advice on adoption panel systems, policies and exceptionally complex cases.
- Providing oversight of information quality and access. Ensuring health records needed for adoption assessments are complete and accessible. Ensuring children's medical histories, including neonatal, developmental and safeguarding histories- are accurately summarised for permanence planning.

Medical Advisor for Children

The role of the Medical Advisor in Somerset is to provide 20 Programmed Activities, (PAs), of Agency Medical Advisor for Fostering and Adoption time in line with the role detailed in the *Statutory Guidance on Adoption* (DfE, 2013), and the *Intercollegiate document Safeguarding children and young people & children and young people in care* (RCPCH, 2025), and as referenced in the 2023 successful adoption business case. NB their appointment must be agreed by the ICB's Designated Doctor for CLA and Care Leavers and formally notified to Somerset Council by the ICB's Chief Nursing Officer. The main functions of this role are summarised below:

- Provide Adoption Agencies Regulations 15 and 17, (2005) compliant medical reviews, using previously agreed statute compliant AAR15 and 17 proformas for all children identified by Somerset Council as being considered for adoption within six weeks of receiving a notification from Somerset Council.
- Review and update all completed AAR17 medical reviews (initially not more than 3 months after the date on which the agency first has the authority to place and thereafter not more than 6 months after the date of the previous review) for children with a care plan for adoption including those subject to a Non Agency Adoption and those with a Placement Order who have not yet been placed with an adopter, (AAR36), using statute compliant proformas agreed by the ICB.
- Deliver additional face to face medical assessments where the Agency Medical Advisor has determined that the health information provided is not sufficient or sufficiently up to date to allow an AAR17 compliant review to be undertaken.
- Deliver a meeting between each set of prospective adoptive parents, their Social Worker and the Agency Medical Advisor to discuss the contents of the AAR17 review and any subsequent reviews. This meeting should take place a minimum of 2 weeks before the Adoption Panel. The report generated from the meeting with adopters also acts as an AAR36.
- Attend statutory Adoption Panels to share medical review reports, answer any questions in respect of an adult or child's health and contribute to post adoption support planning. Attendance at a minimum of 75% of panels per annum is required. Each Agency Medical Advisor must be provided with a reading day prior to attendance at each whole day Panel.

Medical Advisor for Adults

The medical advisor for adults should provide a written report to the adoption agency on the health of prospective adopters, which should include interpretation of health and lifestyle information provided by the applicant and their GP. It may be necessary to liaise, with consent, with specialists about details of health problems identified.

The Adult Medical Advisor pathway is outlined in Appendix 6 on page 25.

Designated Nurse for Children Looked After and Care Leavers

The role of the Designated Nurse for Children Looked After and Care Leavers is to:

- Provide specialist advice and guidance to the ICB board to ensure they understand and respond to adoption statutory responsibilities and are aware of any risks relating to adoption, as well as mitigations.
- Contribution to commissioning governance processes and review of the contract schedule to ensure NHS providers are executing their statutory obligations regarding adoption.
- As chair of the Corporate Parenting Board's Health and Wellbeing subgroup ensure that the needs of children and young people with a plan for adoption are considered and their emotional and physical health needs are met.
- Drive continuous improvement of adoption practice through audit processes and working with external partners.
- Support GPs to develop competencies in relation to Adoption.
- Contribute to Somerset Council's annual report for Adoption by completing the health section of the report.
- Deliver supervision to staff involved in adoption work, in line with intercollegiate professional requirements.

Specialist CLA Nurse Adoption

The role of the Specialist Nurse Adoption:

- Responsible for the management of the Adoption database ensuring the security of data is maintained.
- Support the Band 6 /Administration team to ensure smooth running of weekly health offer to Adoption team, allocation of workload for Agency Medical Advisors.
- Allocation of workstreams to Band 6 nurses to include: Review Health Assessments, collating health information for health reports for adoption and other workstreams generated from the health offer to adoption meeting.
- Support Band 6 nurses with complex cases where information gathering for AAR17 health report is challenging.
- Collation of health information from multiple sources including review of all electronic digital systems to gather information for the Agency Medical Advisor to inform the AAR17 Health report.
- Completion of Review Health Assessment for children where Adoption is been considered or children where a placement order is in place.
- Supervision of the Band 6 nurse and administration team.
- Mentoring and assessors of student nurses on placement.
- Review and management of risk register in relation to Adoption with Operational lead for CLA.
- Management of the Agency Medical Advisor attendance at Adopt South West Panels.
- Development of educational packages for other allied professions to raise awareness of Adoption and reduce incidence of beaches.
- Investigate and manage incidence of data breaches in relation to adoption and share the learning with partners and regional health adoption colleagues.
- Development and management of alerts on electronic health systems.
- Manage of tracking meeting of post adoption records.
- Investigate incident reports and assess risk for future occurrence.

Band Specialist CLA Nurse Adoption / CLA Nurse Adoption

The Band 7 and Band 6 Nurses are responsible for:

- Completion of Review Health Assessments for children where adoption is been considered.
- Support with transfer of health services when children move to adoptive placements (most children are placed in another county).
- Collation of health information from multiple sources for AAR17/AAR36 health report.
- Administration of NHS records post Adoption Order being granted.
- Attending at Health offer to Adoption meeting and allocation of work to Agency Medical Advisor.
- Organising Team around the child meeting /Transition meeting to support children into their adoptive placement. Ensuring that all involved professionals are included.
- Support with the management of records post adoption.
- Management of CLA Adoption duty inbox.
- Attendance at tracking meeting to manage records post adoption.
- Support with collating of Key Performance Indicator data.
- Update of adoption spreadsheet daily.
- Support student in placement and be involved in training sessions.
- Completion of incident reports when near miss /incidents occur in relation to adoption.

Band 6 Nurse / Midwife

The Band 6 Nurse / Midwife is responsible for:

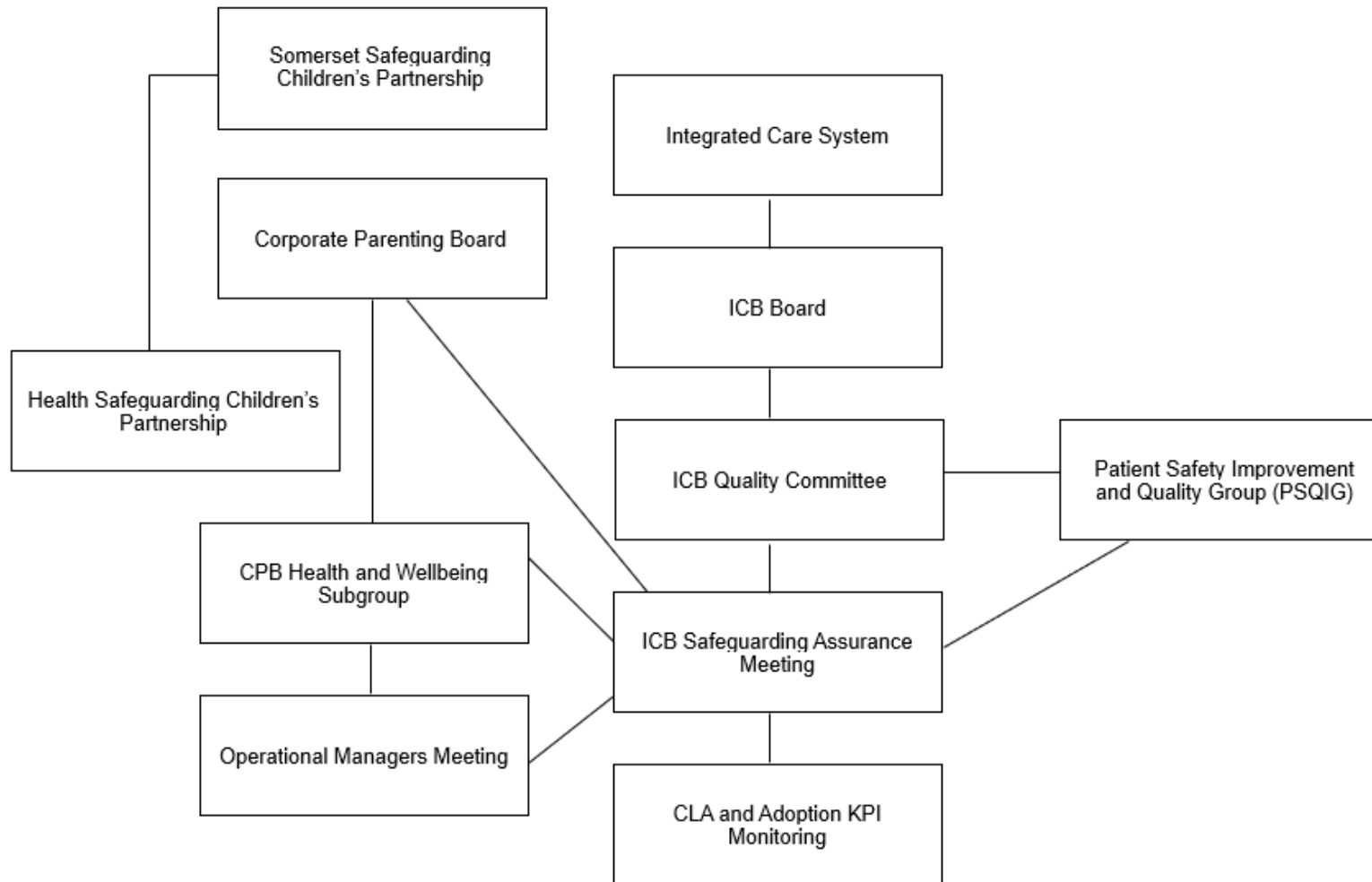
- Provision of obstetric and neonatal health information to the IHA and adoption pathways: Paragraph 1, Schedule 1 of The Care Planning, Placement and Case Review (England) Regulations (2010) clearly define the content of the statutory Initial Health Assessment for all looked after children and AAR17 Health Summary for adoption and stipulate the requirement to include:
 - * *The child's health history and as far as practicable the child's family's health history.*
 - * Paragraph 2.55, (page 45), of the Statutory Guidance for Adoption reiterates the need to:
 - * *obtain the fullest possible information about the health history of the child (including prenatal and neo-natal health) and family*

Children Looked After Service Administrator

The CLA Health service administrator is responsible for:

- Updating Adoption database on a daily basis.
- Preparation of proformas for nurses and medical advisors.
- Support nurses in collating of health information for AAR17 health reports, information for prospective adopters meeting with Agency Medical Advisor
- Management of alerts on multiple health systems.
- Filing of documents on multiple systems.
- Audiotyping of reports and attendance at TAC /Transition meeting to take minutes.
- Support nurses in the management of post adoption records.

ASSURANCE FRAMEWORK



KEY PERFORMANCE INDICATORS

No of adult prospective foster carer medical forms summarised in month (taken from Safeguarding ICB)
No of adult prospective adopter's medical forms summarised in month (taken from Safeguarding ICB)
No of children's AAR 17 Reports requested in the month by LA (taken from LA ADM Allocation Sheet)
No of children's AAR 17 Reports completed in month (taken from Health Offer to Adoption Spreadsheet)
No of children's AAR 15 Reports completed in month (taken from Health Offer to Adoption Spreadsheet)
No of AAR 15 Reports completed due to lack of consent forms received for completion of AAR17 Reports (taken from Health Offer to Adoption SS)
No of children's AAR 36 Reports completed in month (taken from Health Offer to Adoption Spreadsheet)
No of children's Non-agency Adoption Reports completed in month (taken from Health Offer to Adoption Spreadsheet)
No of children requiring face to face assessment for ADM (non-CLA) in month (taken from Health Offer to Adoption Spreadsheet)
No of Adoption Panels attended in month (Agency Medical Advisor) (taken from Adoption Panel Folder)
No of hours attended at Adoption Panels in month (Agency Medical Advisor) (taken from Medical Advisors Caseload)
No of hours preparation for Adoption Panels in month (multi-professional) (taken from Medical Advisor Caseload)
No of meetings with Medical Advisor & prospective adopters in month (taken from Health Offer to Adoption Spreadsheet)
No of Adoption Orders granted for CLA Somerset (taken from Adoption Database)
No of Adoption Orders granted for OLA CLA placed in Somerset (taken from Adoption Database)
Designated/Named Dr hours of training/supervision of Adoption & Medical Professionals & QA'ing Medical Advisor Reports/IHA's completed in month (CS)
No of Somerset M&B Forms requested for ADM in the month (taken from Health Offer to Adoption Spreadsheet)
No of Somerset M&B Forms received no later than 10 working days of request (target is 100%) (taken from Health Offer to Adoption Spreadsheet)
No of disrupted adoptions in the month

% of M&B Forms completed in the month that were requested
M&B=mother & Baby (Obstetric & Neonatal), CiC=Came into Care, OLA other local authority, OOA out of area
No of Consent form requests submitted to LA to access parental health records in the month (<i>taken from</i> IHA Spreadsheet & RIO)
No of Consent forms received from LA to access parental health records (<i>taken from</i> RIO)
% of Consent forms received from LA to access parental health records
No of Maternal Consent forms received from LA to access parental health records (<i>taken from</i> RIO)
% of Maternal Consent Forms received
No of Paternal Consent forms received from LA to access parental health records (taken from RIO)
% of Paternal Consent Forms received
No of birth mother parental health forms received from LA at the point of CLA CiC
% of birth mother parental health forms received from LA at the point of CLA CiC
No of birth father parental health forms received from LA at the point of CLA CiC
% of birth father parental health forms received from LA at the point of CLA CiC
No of requests submitted to Somerset MW's for M Forms in the month (<i>taken from</i> Health Offer to Adoption Spreadsheet, RIO & IHA Spreadsheet)
No of M Forms received prior to IHA (<i>taken from</i> completed IHA)
% of M Forms received prior to IHA
No of requests submitted to Somerset MW's for B Forms in the month (<i>taken from</i> IHA Spreadsheet & RIO)
No of B Forms received prior to IHA (<i>taken from</i> completed IHA)
% of B Forms received prior to IHA

Somerset Adoption Health Quality Dashboard

To provide assurance that health services for children with a plan for adoption and adopted children are safe, lawful, timely and effective.

Frequency of reporting: quarterly.

1. Statutory and Clinical Performance

Indicator	Target	Current	RAG
AAR15 completed within timescale	≥ 95%		
AAR17 completed within timescale	≥ 95%		
AAR36 completed on time	≥ 95%		
Medical Advisor attendance at panel	100%		
Peer-reviewed reports	100%		

2. Quality of Medical Reports

Indicator	Target	Current	RAG
Reports rated satisfactory or above	≥ 95%		
Reports requiring major correction	≤ 5%		
Reports including strengths & resilience	≥ 95%		
Reports with clear risk explanations	≥ 95%		

% of reports with evidence of child's voice 100%

3. Adopter Information and Experience

Indicator	Target	Current	RAG
Adopters offered Medical Advisor meeting	≥ 95%		
Adopters reporting health info was clear	≥ 95%		
Adopters feeling prepared for health needs	≥ 905%		

4. Records, NHS Numbers and Information Governance

Indicator	Target	Current	RAG
Complete obstetric history available	≥ 95%		
New NHS number issued within timescale	≥ 95%		
Records transferred correctly	≥ 98%		
Data breaches	0		

5. Transitions and Continuity of Care

Indicator	Target	Current	RAG
Transition plan in place	≥ 95%		
GP/PHN informed within 5 working days	≥ 95%		
Post-placement health follow-up within 3 months	≥ 95%		

6. Disruptions Adoptions

Indicator	Target	Current	RAG
Disruptions notified to CLA health in 1 day	≥ 95%		
Health assessment completed within 20 days	≥ 95%		
Multi-agency review completed	100%		
Themes escalated to governance	Quarterly		

7. Workforce and System Resilience

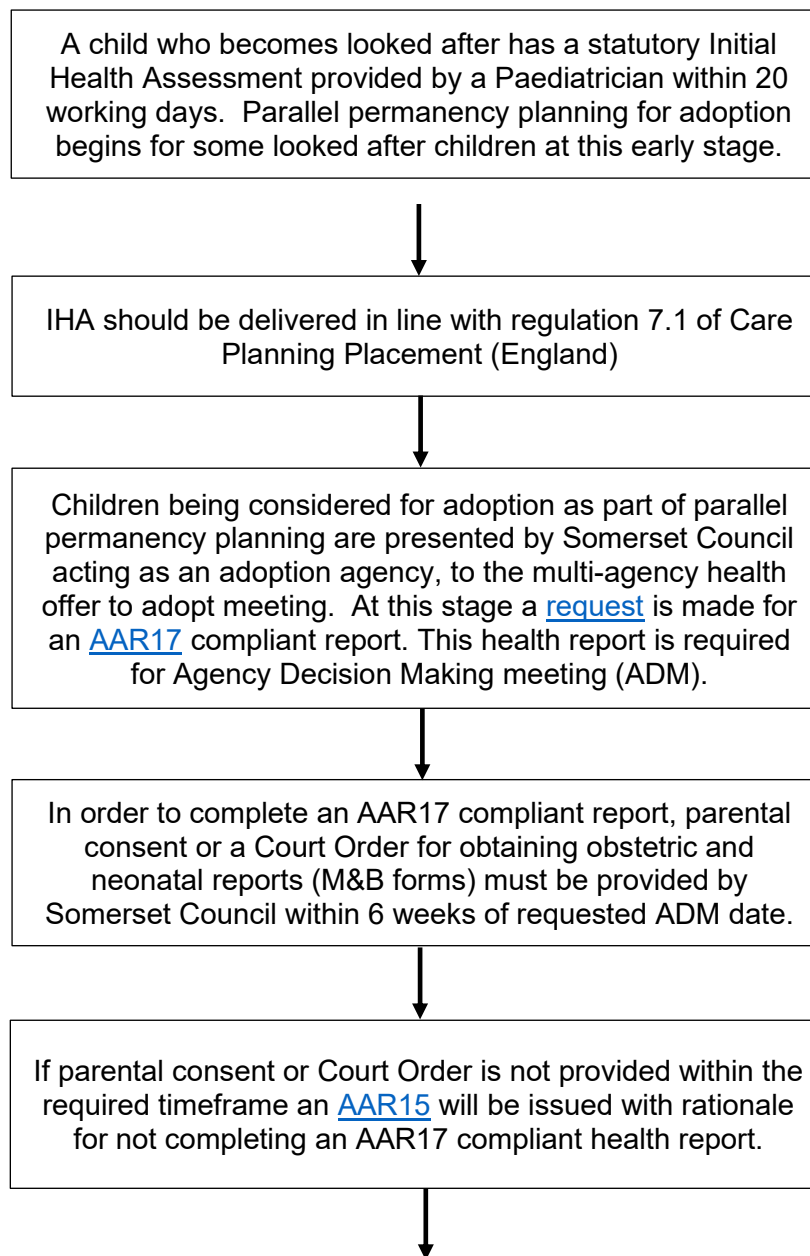
Indicator	Target	Current	RAG
Designated & Medical Advisor posts filled	100%		
Peer review participation	100%		
Supervision compliance	≥ 95%		

8. Risks, Actions, Escalations and Learning

Evidence of risk logs, action trackers, and quality reports reviewed quarterly

Evidence that learning has been identified, disseminated and embedded reviewed quarterly

LOOKED AFTER CHILD ADOPTION PATHWAY



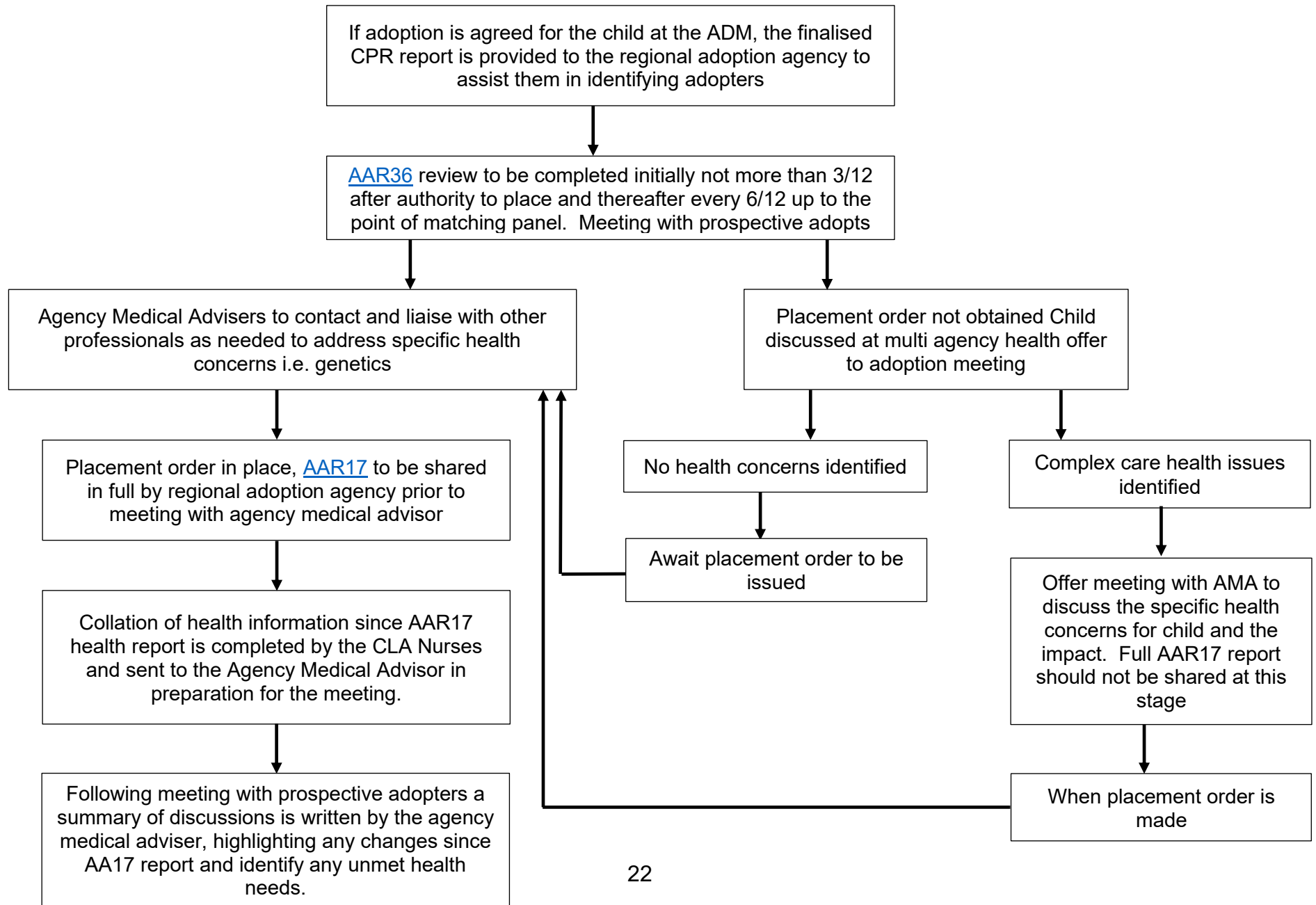
When parental consent or Court Order is obtained a request is made to the maternity team via Mandbadoptionforms@somersetft.nhs.uk
For medical disclosure under a Court Order for CLA Nurses working in adoption need to review the Court Order to ensure the authorisation has been given by the Court for Somerset NHS Trust to access all antenatal records, maternity records, obstetric information and neonatal records.
Midwifery report should be received back within 10 working days.

[AAR15](#) and [AAR17](#) compliant reports written by Agency Medical Advisor
Statutory Guidance on Adoption July 2013
The Adoption Agency Regulations 2005
The Adoption and Children Act Register 2014

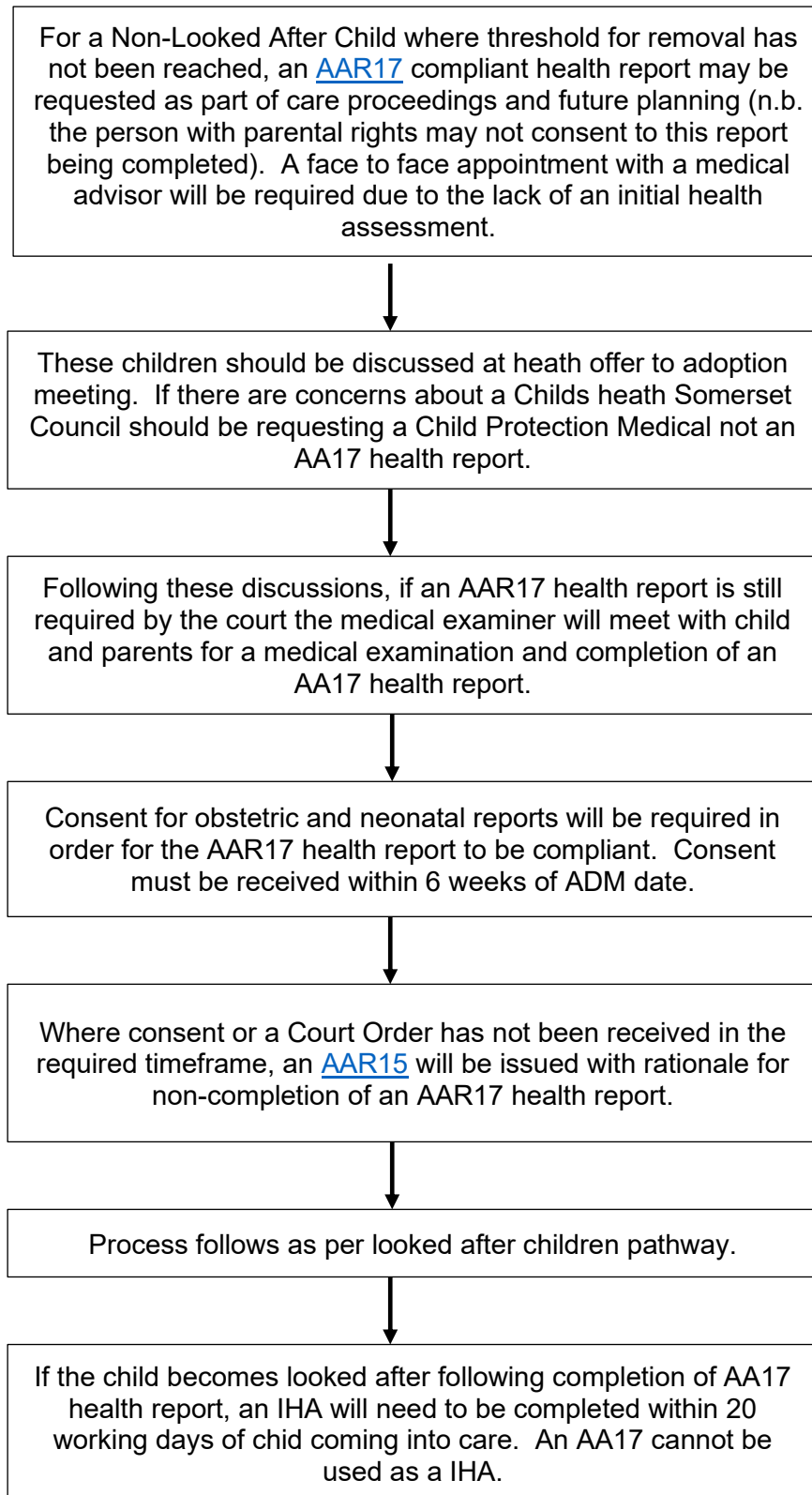
Allocation to Agency Medical Advisor for completion of AAR17 report. Agency medical advisors to request any further information they require as a result of health information provided

AA15 and AAR17 compliant health reports are shared with Somerset Council prior to ADM date.

The completed AAR17 compliant health report should be inserted in Childs permanence report (CPR).



NON-LOOKED AFTER CHILD ADOPTION PATHWAY



NON-AGENCY ADOPTION PATHWAY

Non-agency adoption is a private application to adopt a child rather than a placement arranged by the local authority.

Non-agency adoptions include:

- Applications made by Local Authority foster carers
- Applications made by relative of child
- Step parent adoptions – an application made by the step parent of a child
- Overseas adoptions

Individual cases to be discussed at health offer to adopt meeting.

Step parent adoptions do not require an AA17 health report.

Individual cases will either follow CLA route or non CLA route pathway to AAR17 health report.

ADULT ADOPTER MEDICAL ADVISOR PATHWAY
(In Somerset the Medical Advisor for adults sits within the ICB)

