

Review of health services for Children Looked After and Safeguarding in Knowsley

Children Looked After and Safeguarding

The role of health services in Knowsley

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Name(s) of CQC inspector:	Suzanne McDonnell, Emma Wilson, Daniel Carrick and Pauline Hyde
Provider services included:	5 Borough Partnership Foundation NHS Trust Alder Hey Children's NHS Foundation Trust Royal Liverpool and Broad Green University Hospital NHS Trust St Helens and Knowsley Hospitals NHS Trust Change Grow Live
CCGs included:	NHS Knowsley CCG NHS Halton CCG NHS Liverpool CCG NHS St Helens CCG
NHS England area:	North Region
CQC region:	North
CQC Deputy Chief Inspector, Primary Medical Services and Integrated Care:	Alison Holbourn

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Summary of the review

This report records the findings of the review of health services in safeguarding and looked after children services in Knowsley. It focuses on the experiences and outcomes for children within the geographical boundaries of the local authority area and reports on the performance of health providers serving the area including Clinical Commissioning Groups (CCGs) and Local Area Teams (LATs).

Where the findings relate to children and families in local authority areas other than Knowsley cross-boundary arrangements have been considered and commented on. Arrangements for the health-related needs and risks for children placed out of area are also included.

About the review

The review was conducted under Section 48 of the Health and Social Care Act 2008 which permits CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups.

- The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.
- The focus was on the experiences of looked after children and children and their families who receive safeguarding services.
- We looked at:
 - the role of healthcare providers and commissioners.
 - the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews.
 - the contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services.
- We also checked whether healthcare organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004. This includes the statutory guidance, *Working Together to Safeguard Children 2015*.
- Where we found areas for improvement in services provided by NHS but commissioned by the local authority then we will bring these issues to the attention of the local public health team in a separate letter.

How we carried out the review

We used a range of methods to gather information both during and before the visit. This included document reviews, interviews, focus groups and visits. Where possible we met and spoke with children and young people. This approach provided us with evidence that could be checked and confirmed in several ways.

We tracked a number of individual cases where there had been safeguarding concerns about children. This included some cases where children were referred to social care and also some cases where children and families were not referred, but where they were assessed as needing early help and received it from health services. We also sampled a spread of other such cases.

Our tracking and sampling also followed the experiences of looked after children to explore the effectiveness of health services in promoting their well-being.

In total, we took into account the experiences of 69 children and young people.

Context of the review

The majority (88.0%) of Knowsley residents are registered with a general practitioner (GP) who is a member of NHS Knowsley Clinical Commissioning Group (CCG).

Published information from the Child and Maternal Health Observatory (ChiMat) 2016, shows that children and young people under the age of 20 years make up 24.6% of the population of Knowsley with 5.4% of school age children being from an ethnic minority group.

On the whole, ChiMat data shows that the health and wellbeing of children in Knowsley is generally worse than the England average. Knowsley was significantly better than the England average for four of the 32 indicators but significantly worse than the England average for 20 of the 32 indicators.

The number of children who had received their MMR vaccination (one dose) and Dtap / IPV / Hib vaccination at 2 years of age, the number of children in care up to date with their immunisations and family homelessness figures were better than the England average.

However, children under 16 years living in poverty, children with one or more decayed, missing or filled teeth, breastfeeding initiation, childhood obesity, A&E attendances of children aged up to 4 years and hospital admissions as a result of self-harm in young people aged 10-24 years were significantly worse than the national average.

The Department for Education (DfE) provides annual statistics of outcome measures for children continuously looked after for at least 12 months. The DfE reported that, as at 31 March 2015 Knowsley had 180 looked after children that had been continuously looked after for at least 12 months (excluding those children in respite care). As at 31 March 2014, there were 20 children aged five or younger who had been looked after for at least 12 months. The DfE data indicates that 94.4% of Knowsley's looked after children received a dental check-up, which is better than the England average of 85.8%. The percentage of children whose immunisations were up to date was 94.4% which is better than the England average of 87.8%. 86.1% of looked after children had received an annual health assessment which is lower than the England average of 89.7%.

A strengths and difficulties questionnaire (SDQ) was used to assess the emotional and behavioural health of looked after children in Knowsley. The most recent average SDQ score of 12.2 is considered to be normal and is better than the England average of 13.9. The average score has remained relatively consistent since 2013.

Commissioning and planning of most health services for children are carried out by NHS Knowsley CCG, NHS St Helens CCG, NHS South Sefton CCG, NHS Liverpool CCG and Knowsley Metropolitan Borough Council, Public Health.

Health services for looked after children are commissioned by NHS Knowsley CCG and NHS Liverpool CCG and provided by 5 Borough Partnership Foundation NHS Trust, Alder Hey Children's NHS Foundation Trust and NHS Halton CCGs Shared Safeguarding Service.

The acute hospital services we visited during this review (emergency care and maternity) are commissioned by NHS St Helens CCG and provided by St Helens and Knowsley Hospitals NHS Trust.

Community health services for children and families (health visiting and school nursing), are commissioned by the Public Health team of Knowsley Metropolitan Borough Council and provided by 5 Borough Partnership Foundation NHS Trust.

Child and Adolescent Mental Health Services (CAMHS) are commissioned by NHS Knowsley CCG and provided by 5 Borough Partnership Foundation NHS Trust.

Adult mental health services are commissioned by NHS Knowsley CCG and provided by 5 Borough Partnership Foundation NHS Trust and Mersey Care NHS Trust. We only visited 5 Borough Partnership Foundation NHS Trust during this review.

Adult substance misuse services are commissioned by the Public Health team of Knowsley Metropolitan Borough Council and provided by Change Grow Live.

The last inspection of health services for Knowsley's children took place in February 2010 (published in March 2010) as a joint inspection, with Ofsted, of safeguarding and looked after children's services. Recommendations from that inspection are covered in this review.

The report

This report follows the child's journey reflecting the experiences of children and young people or parents/carers to whom we spoke, or whose experiences we tracked or checked. A number of recommendations for improvement are made at the end of the report.

What people told us

New parents on the postnatal ward told us:

“The staff are amazing here, no matter what they are, midwife, doctor, cleaner - the treatment from maternity services has been great.”

“I saw the same midwife at my GP surgery throughout pregnancy, I didn’t ever feel rushed through my appointments. My midwife was really approachable.”

“I felt clear about all my midwife antenatal appointments, when they were and what they were for.”

Parents with children on the paediatric ward told us:

“The nurses have been really good, they try different options and help me to care for my baby.”

“I was worried and the nurse reassured me, and then the doctor came to talk to me and he explained it in a way that was really easy to understand.”

Parents of children in the emergency department told us:

“We came by ambulance via the ‘walk in’ centre and we were seen straight away.”

“The staff are brilliant, really helpful. The ‘walk in’ staff were good too.”

Foster carers told us:

“Health assessments are really useful, they speak to the young people and ask if they have any problems.”

“It is always a problem to get an appointment at the GPs. They do not prioritise children in care who can often have health problems when they come to us. We will use accident and emergency or ‘out of hours’ if we need to.”

“We have children with special needs. The speech therapy and physio are very good. They have joint meetings to share with us what is happening.”

“Anything from health that we have needed, we have got.”

The child's journey

This section records children's experiences of health services in relation to safeguarding, child protection and being looked after.

1. Early help

- 1.1 At Whiston hospital children and young people access emergency care via a bright and welcoming dedicated paediatric emergency department (ED) with its own entrance. Consideration of care pathways means that contact with adult patients is minimised and a child-friendly culture is maintained which includes separate waiting/play areas for younger children and teenagers. However, there is no dedicated reception area for children and 'booking in' takes place in the main adult reception which is accessed via a corridor in the adult ED department. This area includes the access point for ambulance arrivals and is where at busy periods adults on trolleys await triage. This means that children maybe unnecessarily exposed to what could be perceived as frightening noises, sights or procedures.
(Recommendation 1.1)
- 1.2 Children and young people attending the ED do not benefit from practitioners using specifically child focused documentation. Although there are separate paediatric and adult triage sections in the ED record there are no distinctly separate records for adults and children in use. Barring exceptional circumstances such as a known chronic health condition, young people aged 16 years and over are seen and treated in the adult ED. We saw that in some instances this results in adult triage paperwork being completed for young people between 16 and 18 years of age. In these cases practitioners are overlooking the vulnerabilities that some young people face and the opportunity to identify areas of concern or need are being missed. **(Recommendation 1.2)**
- 1.3 Adult, children and young people's ED records at the Whiston hospital are generally not sufficiently detailed or complete. In records the name and status of the person accompanying a child or young person to the department is commonly recorded as "mum" or "carer." We also noted that although the number of previous ED attendances is automatically recorded within notes, reasons for repeat attendances are not evidently explored. The variability in recording these essential details indicates that staff are not clear on the importance of establishing this information to determine parental consent or inform their safeguarding risk assessment.
(Recommendation 1.3)

- 1.4 We saw that information such as household composition or whether an adult attender has parenting or caring responsibilities is not routinely gathered within ED records. This indicates that the ‘think family’ ethos is not embedded in frontline practice and staff are not therefore fully considering the potential impact of an ED attendance on the wider family. **(Recommendation 1.4)**
- 1.5 General Practitioners (GPs) are informed of all child and adult attendances at the ED. However the information sent to them is very limited and does not aid a GPs decision making or facilitate any ongoing risk assessment for their patients. It is important that GPs receive information about an ED attendance which is succinct but contextual and informative otherwise it is purely a tokenistic gesture. **(Recommendation 1.5)**
- 1.6 Staff in ED are identifying, risk assessing and signposting young people to relevant local support services when they attend ED following substance or alcohol misuse. A substance misuse screening tool is completed which aids ED staff in their decision making around how they can most effectively instigate early help and support for vulnerable young people.
- 1.7 The paediatric liaison function is well embedded in the ED at Whiston hospital. The paediatric liaison team screens the records of all children and young people up to the age of 18 years following an attendance at the ED. This ensures a good level of oversight and a review of the assessment, treatment and outcomes for children and young people.
- 1.8 Women living in Knowsley have good access to maternity services at Whiston hospital with most antenatal care being provided in clinics held within the local community or at the hospital. Midwives have a flexible approach to engaging women with antenatal care and although antenatal home visits are not routine practice, midwives will conduct home visits when this is more appropriate or necessary to ensure the wellbeing of a pregnant woman.
- 1.9 Maternity services, GPs and health visitors are not effectively working together to ensure they provide co-ordinated care to meet the needs of vulnerable pregnant women and families. GPs are routinely informed when a woman registered at their practice books for maternity care at Whiston hospital. GPs are asked to share any relevant medical, social or safeguarding information with the hospital. This proactive action by the maternity department encourages the sharing of key information at an early stage in pregnancy to ensure vulnerable women are offered appropriate support. We did not see any evidence of GPs responses in the notes we reviewed but the response rate has not been audited by the maternity department. **(Recommendation 1.13)**

- 1.10 There are currently no routine formal meetings between midwives, health visitors and GPs to discuss vulnerable families. If discussions take place this is due to individual practice rather than a formal standardised arrangement. Good multi-disciplinary information sharing helps professional's involved in the care of families work together to ensure that those who have been identified as vulnerable or who have emerging needs can have their needs assessed and addressed at an early stage. *This issue has been drawn to the attention of Public Health, as the commissioners of the health visiting service. (Recommendation 2.1)*
- 1.11 Pregnant women do not benefit from routinely having their social circumstances explored throughout their period of care. A robust social risk assessment is completed when a woman books for maternity care at Whiston hospital, however this is not formally revisited during pregnancy. It is important that emerging changes in women's lives are captured as early as possible to help ensure appropriate services and support is provided. **(Recommendation 1.6)**
- 1.12 Liaison between the maternity department and the ED at Whiston hospital is reported to be variable. Although this has not been formally audited, the maternity department is not assured that they are routinely notified when pregnant women with non-pregnancy related issues attend the ED. Further proactive work is required to evidence this as potentially it is a missed opportunity for the ED to share important information which may aid the maternity services in their risk assessments as well as allow them to explore any additional needs of pregnant women at the earliest opportunity. **(Recommendation 1.13)**
- 1.13 Families in Knowsley benefit from the health visiting team offering the full universal healthy child programme (0-5) with all pre-school children being allocated to a named health visitor to ensure consistency of care. A child's 12 month and two year health review is completed using an appropriate ages and stages assessment tool to aid the early identification of developmental delay and to support a child's readiness for school. For the past year antenatal visits have also been offered to all pregnant women but less than half of this population group are currently being seen. The importance of the health visiting service initiating contact with women during the antenatal period is that it lays the foundations for continued engagement and compliance with all future universal contacts. The low uptake from pregnant women for an antenatal contact with the health visitor limits the opportunity for early identification of need and intervention. The service recognises that increasing the number of antenatal contacts is an area for development. *This issue has been drawn to the attention of Public Health, as the commissioners of the health visiting service. (Recommendation 3.1)*

- 1.14 New mothers in Knowsley benefit from all health visitors having received additional training in perinatal mental health and attachment. All new mothers' emotional health and wellbeing is assessed at a six to eight week postnatal review using a recognised national tool. We saw evidence of good liaison between health visiting and adult mental health services in and outside of formal child protection processes. It would be of benefit if health visitors received mental health care plans and relapse indicators for any mutual clients to help ensure any deterioration in mental health is recognised and acted upon appropriately. (**Recommendation 3.8**)
- 1.15 The health visiting service delivers targeted work to improve the health outcomes of children and young people. In response to Knowsley having a higher than national average rate of ED attendances for children under five years of age, the health visiting team have planned an event to educate families about how to care for minor ailments at home. This proactive approach demonstrates an understanding of the health education needs of the local population.
- 1.16 School age children in Knowsley benefit from a school nursing service which is innovative and forward thinking about ways in which they share health promotion information and engage children, young people and families with their service. For example, each child receives a school nursing pack which includes age appropriate health promotion advice and a list of school nursing services, they also conduct classroom talks on pertinent subjects such as puberty and healthy eating. The positive use of social media has raised the profile of school nursing and we saw evidence of children and young people contacting school nurses for advice and support as a result.
- 1.17 School nurses provide a comprehensive sexual health service for young people attending schools in Knowsley that have agreed to facilitate sexual health drop in sessions. This enables young people to have good and timely access to sexual health advice and support including emergency contraception, sexually transmitted infection screening and pregnancy testing, as well as advice around consent and health relationships. School nurses routinely risk assess all young people accessing sexual health support and referrals to children's social care and the specialist child sexual exploitation (CSE) shield team are made if any concerns are identified.
- 1.18 The Knowsley school nursing service has excellent co-production arrangements with local children and young people. For example young people have designed the school nursing service logo, been included in interview panels and influenced the time, venue and frequency of secondary school drop in sessions. This helps to ensure the service provided will meet the needs and requirement of children and young people in the area.

- 1.19 The emotional health support offered to children and young people from the school nursing service is under developed. Although young people aged between 11 and 25 can be referred to 'Kooth' for on-line and face-to-face counselling, school nurses also support children and young people with emotional health needs. Currently school nurses have no clear packages or programmes of care and there is no collaborative training or joint working between the school nursing service and the children and adolescent mental health service (CAMHS). The school nursing service is working with CAMHS to develop a clear pathway to improve the provision of a more coordinated support package for this vulnerable group of young people.
- 1.20 Young people in Knowsley have access to an integrated contraception, sexual health and genitourinary medicine (GUM) service, in a choice of locations across the borough. Young people can access mainstream clinics if they wish to, but there are also specific clinics for young people up to the age of 19. 'THinK' clinics were developed in conjunction with local youth services to ensure the service would meet young people's needs and means that young people have access to sexual health advice and support in a range of locations and venues that are easily accessible for them.
- 1.21 Staff have a flexible and proactive approach to engaging young people in the sexual health service. For example, clinic hours are mindful of school/college times and any young person under the age of 15yrs attending a mainstream clinic is fast tracked through the system. This reduces the potential for them to leave before being seen and assessed.
- 1.22 Young people within Knowsley who find it difficult to engage with general health provision, such as children excluded from mainstream education and those living in residential children's homes, benefit from sexual health outreach workers delivering services to many of these groups. This ensures that young people with recognised additional vulnerabilities have access to services that can promote and improve their sexual health and wellbeing.
- 1.23 Adults with alcohol or substance misuse problems are supported by an effective and integrated service provided by Change Grow Live (CGL). Adults benefit from being able to access CGL services in a range of venues across Knowsley, including refuges, children's centres, job centres and GP surgeries. In addition CGL provides an out of hours telephone service to ensure that advice and support is available to clients outside of normal working hours. Out of hours practitioners have full access to electronic patient records which ensures that up to date information is informing any contact with a client.
- 1.24 At CGL we saw good evidence of child centred practice based upon a 'think family' model, which includes routine home visits within five days where it is identified that children are within a service users household. CGL staff also routinely determine which agencies are involved with a client's family to ascertain with whom relevant information should be shared. This ensures that the needs of children are identified early in the assessment process and we saw evidence of such details being captured in client records.

2. Children in need

- 2.1 Children and young people under the age of 18 years who attend ED at Whiston hospital following an episode of deliberate self-harm follow an established NICE compliant pathway which means that they are fast tracked through the ED and are routinely admitted to the paediatric ward to await a CAMHS assessment. The ward has dedicated cubicles which have been adapted and risk assessed to ensure children and young people who are considered to be at continued high risk of self-harm are admitted to a safe environment.
- 2.2 Knowsley CAMHS crisis assessment response team (CART) provide a seven day a week service to Whiston hospital between the hours of 9am to 2pm and 5pm to 10pm. CART practitioners assess and provide care and support to young people in mental health crisis for up to 72 hours following a deliberate self-harm incident.
- 2.3 However, unless there is a clear psychotic presentation, the CART team will not assess children and young people in a ward environment until they are medically fit and therefore ready for discharge. For example, if a young person is admitted following an overdose and requires an intravenous infusion over a number of hours, they will not be seen and assessed by the CART practitioners until their treatment is fully completed. This means that young people's mental health is not always being assessed in a timely way by mental health practitioners and that dynamic risk indicators are not being identified to ensure their ongoing emotional welfare is considered during the medical treatment phase. (**Recommendation 4.1**)
- 2.4 Staff on the acute hospital paediatric ward have not had additional training to enable them to effectively care for young people with mental health difficulties. CAMHS staff do not routinely attend the ward to advise and support paediatric ward staff about the day to day care of young people with mental health difficulties. This is a missed opportunity for CAMHS practitioners to share their knowledge and help improve the confidence and capacity of paediatric staff to care for vulnerable young people with mental health issues. (**Recommendation 4.2**)

2.5 Pregnant women and the maternity workforce at Whiston hospital are supported by a small specialist team of midwives for vulnerable women which includes mental health, substance misuse, public health and young parent specialist midwives. The specialist midwives take case holding responsibility for high risk complex cases, and are available to advise and support midwifery colleagues with lower risk cases. We saw evidence of their role in multi-agency liaison which helps ensure that vulnerable women are well supported and receive co-ordinated services throughout their period of care. Anecdotally the impact of their specialist provision is positive; however this has not been formally evaluated to clearly demonstrate improved outcomes for their particular client groups. **(Recommendation 1.13)**

2.6 Maternity staff at Whiston hospital appropriately share relevant information when a pregnant woman has been identified as having additional needs or vulnerabilities. Staff highlight identified concerns to the safeguarding midwives on a structured proforma which prompts staff to also share information with other relevant professionals such as specialist midwives, GP, social worker etc. Overall, the information and issues raised in the forms we reviewed was relevant and detailed. The forms are placed within the woman's hospital medical notes which means that all practitioners caring for a woman are aware of any current or ongoing issues.

As previously mentioned, these women would benefit from being discussed in greater detail with their GP and health visitor to ensure all professionals are able to contribute relevant information to any risk assessment.

2.7 At Whiston hospital pregnant women are seen alone for part of their booking appointment and this time is used to discuss any sensitive medical or social issues including domestic abuse. In line with the Royal College of Midwives (RCM) guidance, enquiry around domestic abuse could be strengthened to continue throughout a woman's period of care. Research widely recognises an increased risk of domestic abuse beginning or escalating during pregnancy. Repeated enquiry would help ensure that vulnerable women have more opportunity to disclose any issues and therefore access relevant help and support. **(Recommendation 1.7)**

2.8 Support for women with perinatal mental health difficulties is available in Knowsley. Although there are no joint clinics held by maternity and the adult mental health services, a bi monthly multi-disciplinary meeting ensures that practitioners involved in a pregnant woman's care are updated and can plan their care accordingly. The specialist midwife for mental health attends relevant meetings held by the mental health team, who we were informed are supportive in providing robust mental health care plans for pregnant women and in supporting women and maternity staff during labour and the immediate postnatal period. We are aware that the perinatal mental health pathway is being reconfigured in line with NICE guidelines which will better support women with existing or developing mental health issues to access appropriate support during pregnancy. **(Recommendation 4.3)**

- 2.9 Children and young people benefit from health visitors in Knowsley having received specific training on domestic abuse and the impact of this upon children within a household. We saw that health visitors routinely enquire around domestic abuse issues during client contacts, which is good practice. Health visitors receive notifications of domestic abuse incidents from the police service and there is a pathway in place to support them in using this information to assess risk and plan care and this was evident in records viewed.
- 2.10 Health visitors and school nurses in Knowsley are child focused in their day to day practice. In both services, records demonstrated good levels of professional curiosity, multi-agency working and where appropriate a good level of professional challenge. Health visitor's records were comprehensive and contained a strong voice of the preverbal child. In school nursing records the voice of the child was clear and the impact of parental behaviours upon a child or young person are clearly considered. However in both services action plans require further work to ensure they are specific, measurable, achievable, relevant and time-bound (SMART) and therefore more outcome focused. *This issue has been drawn to the attention of Public Health, as the commissioners of the health visiting and school nursing services. (Recommendation 3.2)*
- 2.11 The newly appointed specialist school nurse for children not in education, employment or who are educated at home, ensures that the Knowsley school nursing service has oversight of this vulnerable group and that they have equal access to health services. Children and young people are offered a yearly health assessment from the specialist school nurse but if this is not accepted they are sent information about age appropriate local health services such as dentists and sexual health clinics where they can access care if needed.
- 2.12 In Knowsley, young people concerned about their emotional or mental health cannot currently self-refer into CAMHS, referrals into the service have to be made by a professional such as a GP, teacher, health practitioner or social worker. This will deter some young people from seeking or accessing help at an early stage as they are beginning to struggle with their emotional wellbeing. We were informed that the referral system is currently under review with the aim of enabling a more accessible service for young people which will enhance the opportunities for help and support.
- 2.13 Following a referral into CAMHS, records do not always clearly document how decisions have been made about a child or young person's level of need and therefore their priority for an appointment. Although we could see that referrals are rated red, amber and green we could not be assured of the underpinning rationale and professional judgement behind how these levels of priority were decided upon. It is important that such decisions are clearly explained in client records to ensure consistency in approach, and to inform ongoing practice. *(Recommendation 3.3)*

- 2.14 Once engaged with the service, young people benefit from effective information sharing by CAMHS practitioners who routinely keep their GP informed about the work being undertaken with them. We saw letters informing GPs of the CAMHS analysis of a young person's mental health issues and the CAMHS plan of care. We saw that GPs are updated at least every six months on the child or young person's progress and this is good practice as it enables both services to work together to support the young person in need.
- 2.15 There is good local provision for Knowsley children and young people in acute mental health distress who require admission to a mental health care facility. There are several units within a 30 mile radius but Fairhaven young person's mental health unit is the closest which is an in-patient facility designed to meet the specific needs of teenagers. We were assured during our review that adult mental health acute beds are not used as placements for young people in mental health crisis.
- 2.16 A young person's transition from CAMHS into adult mental health services is managed according to individual need. For example we heard of a particularly complex case where it has been decided to begin transition when the young person is aged 15 to reduce the amount of disruption and anxiety which would otherwise be experienced. CAMHS transition arrangements also take into consideration that services within CAMHS are not always mirrored by adult mental health services. So for example young people with attention deficit hyperactivity disorder (ADHD) will begin their transition arrangements allowing for the extended waiting times into the adult mental health service, thereby ensuring that they have some continuum of care as they reach adulthood.
- 2.17 Young people accessing sexual health services in Knowsley are not benefitting from practitioners being alerted to any existing vulnerabilities. Use of alerts on the electronic patient record system in the sexual health services is under developed. There is an alert facility on the system and we saw that it is used to flag young people under the age of 16 years for example, however its use for other vulnerable young people such as a child in need or those subject to a child protection plan is inconsistent and therefore unreliable. Alerts on an electronic patient record should aid practitioners and accurately inform them of current social or safeguarding concerns as well as prevent a young person from having to re tell their story. Currently there is a risk that known vulnerabilities can be missed limiting consideration of important information to support effective sexual health care provision and planning. *This issue has been drawn to the attention of Public Health, as the commissioners of the sexual health service. (Recommendation 5.1)*

- 2.18 Liaison between the sexual health practitioners and other agencies such as school nurses and youth services was evident within records seen, however, further work is required to improve liaison with other relevant services such as midwifery and the family nurse partnership. In one case reviewed we saw that a pregnant young person had disclosed possible child sexual exploitation to the sexual health practitioner, although this was appropriately referred to the specialise shield CSE team, the information was not also shared with the young person's midwife. Good multi-agency working aids effective and timely co-ordinated intervention and support for vulnerable young people. *This issue has been drawn to the attention of Public Health, as the commissioners of the sexual health service.*
(Recommendation 5.2)

A 16 year old female attended the sexual health clinic feeling unwell, dizzy and nauseous. She had previously attended the service one year earlier aged 15 on the advice of her school for sexual health advice and screening. At this visit it was ascertained that she was not sexually active but that there were significant issues with her home life. Her mother had died two weeks earlier and she was now the main carer for her father who had health issues and also two siblings with learning difficulties.

The sexual health practitioner contacted youth services who arranged for a referral to a young carers support group. The school nurse was informed and children's social care contacted to ensure the young person received the support she needed.

- 2.19 The 'think family model' is well embedded within the Knowsley adult mental health assessment and home treatment team. We saw evidence of good awareness of practitioners considering how a parent's mental health difficulties will impact on their parenting capacity and in relation to this we also saw good liaison with other professionals including health visitors and school nurses. Practitioners need to ensure that they routinely capture within client's records any direct interactions they have with children or young people their clients have caring responsibilities for, to ensure records are complete. **(Recommendation 3.4)**
- 2.20 In the substance misuse service a 'think family' worker has been in post since February 2016 and consequently the 'think family model' is embedded in practice across the service in Knowsley. This means that an adult's substance misuse is considered in relation to the impact this will have on any parenting or caring responsibilities. Home visits are integral to the substance misuse service and there is also a child friendly room within the CGL building which enables parents to bring their children along to their appointments enabling parent and child interactions to be observed.

3. Child protection

- 3.1 The quality of referrals from Whiston hospital maternity services to children's social care and reports for safeguarding meetings are an area for development. Overall, although referrals to children's social care share basic information there is limited analysis of risk, professional opinion is lacking and the referrals are generally narrative in nature. Copies of the referrals are sent to the trust's safeguarding midwives but there is no formal quality assurance of the referrals to improve practice. Poor quality referrals can impede rather than facilitate good decision making in the multi-agency safeguarding hub (MASH) and the lack of practice oversight at the frontline is an area for development. (**Recommendation 1.8**)
- 3.2 In addition the maternity staff we spoke to were unclear about what information should be included in reports for child protection conferences so as a result reports are currently chronological in nature. Practitioners expressed a reluctance to make any assertions or share opinions about risks when sending reports for child protection meetings until they had heard the views of other professionals. This is not in line with best practice and does not meet the minimal requirements of effective participation as equal partners in the multi-agency decision making process or fully contribute to the safeguarding of an unborn or newborn. (**Recommendation 1.9**)
- 3.3 Although the record keeping was generally of a satisfactory standard at the Whiston maternity department there are areas for improvement.
- The safeguarding midwives ensure that safeguarding or social issues are appropriately flagged on the maternity electronic patient record system and within paper records. Safeguarding information is recorded within women's hospital notes on distinct orange paperwork which is easily identifiable and visible. This helps ensure safeguarding issues are not overlooked when women present for care at the Whiston hospital.
- 3.4 We noted that although midwives complete a safeguarding meeting proforma to update hospital records following their attendance at a meeting, the inclusion of formal minutes and child protection plans within women's notes is inconsistent. We were informed that these documents are not reliably received from children's social care; however the department is not proactively seeking them. When such vital information is missing women's records are incomplete. (**Recommendation 1.10**)

- 3.5 Newborn babies are being discharged from Whiston hospital without their GP and health visitor being fully aware of the most current safeguarding information available. We saw a robust and comprehensively completed proforma in use for documenting outcomes from pre-discharge planning meetings in women's maternity records. The information is not transposed to the woman's electronic discharge summary but a handwritten proforma detailing any safeguarding issues is forwarded separately to the woman's community midwife. However, health visiting and GP colleagues would also benefit from receiving the same information to enable them to prioritise early contact with vulnerable families. (**Recommendation 1.11**)
- 3.6 We are not assured that young pregnant women at risk of child sexual exploitation are being identified in Knowsley. The maternity department at Whiston hospital does not currently use a CSE screening tool to ensure staff are supported in their identification and protection of vulnerable women and this is an area for further development. (**Recommendation 1.12**)
- 3.7 Children and young people in Knowsley are effectively safeguarded by the health visiting and school nursing services. All referrals to children's social care and child protection conference reports within both services are quality assured by the trusts named nurse. This facilitates continuous improvement in frontline practice. The referrals and reports we reviewed from health visitors were of excellent quality being explicitly risk and strengths based, very child focused and with expected outcomes clearly stated. Referrals to children's social care and reports from school nurses we reviewed were of a very good quality, they were comprehensive and detailed, analysed risk and clearly stated the potential impact of said risks on a child or young person. *This good practice has been drawn to the attention of Public Health, as the commissioners of the health visiting and school nursing services.*

A 10 year old child wrote to their school nurse explaining that they wanted to remain living with their grandparent rather than return to the care of their mother. The child's letter gave an insightful list of reasons for this which included a history of physical and emotional abuse and being left alone to care for younger siblings. The school nurse made an excellent referral to children's social care clearly articulating the potential impact upon the child should they return to the care of their mother. The child's siblings were also referred due to the concerning information received. None of the children were previously known to children's social care.

A court order is now in place ensuring the child will remain in the care of their grandparent and the siblings are subject to child protection plans.

There was evidence of good professional challenge in this case when initially children's social care felt they had no cause to intervene in this situation.

- 3.8 Young people accessing CAMHS benefit from practitioners taking an active role in child protection processes. Attendance at initial and review child protection conferences are prioritised and the reports produced to inform these meetings were seen to be detailed, clearly articulated risk and outlined interactions between professionals and the young person.
- 3.9 The potential vulnerabilities of young people accessing the sexual health service are not being sufficiently identified or explored. The risk assessment tool used at each young person's contact within the sexual health services is inadequate. The tool does not incorporate questions to prompt practitioners to fully consider the risk of CSE, female genital mutilation, household composition etc. The electronic patient record system in use is fragmented and there are significant connectivity issues due to the service being off the main hospital site. This together with the risk assessment tool does not assist practitioners in conducting robust risk assessments when young people access their service in Knowsley. *This issue has been drawn to the attention of Public Health, as the commissioners of the sexual health service. (Recommendation 5.3)*
- 3.10 Practitioners in the sexual health service are aware of the process to follow if they have any safeguarding concerns about a young person. The referrals to children's social care from sexual health practitioners we reviewed were variable in quality. The standard should be improved by ensuring that referrals are more detailed, outcome focused and by relating concerns to the local threshold document to aid effective decision making in the MASH. *This issue has been drawn to the attention of Public Health, as the commissioners of the sexual health service. (Recommendation 5.4)*
- 3.11 Referrals to children's social care, invites to safeguarding meetings, minutes and outcomes of meetings are not currently uploaded onto a young person's records. Records are therefore incomplete and do not inform ongoing or future contact with a young person accessing the service. *This issue has been drawn to the attention of Public Health, as the commissioners of the sexual health service. (Recommendation 5.5)*
- 3.12 The sexual health service is not currently well engaged in multi-disciplinary meetings where it is suspected that young people are at risk CSE. This is a missed opportunity for sexual health practitioners to have access to and share meaningful information and intelligence, which can support decision making about potentially vulnerable young people at risk of CSE in Knowsley. We saw evidence of referrals to the specialist multi-agency shield CSE team from the sexual health service, but again these are not currently uploaded onto a young person's records. *This issue has been drawn to the attention of Public Health, as the commissioners of the sexual health service. (Recommendation 5.6)*

- 3.13 Children and young people for whom adults in mental health crisis have parenting or carer responsibilities for are appropriately safeguarded. The Knowsley adult mental health assessment and home treatment team practitioners are part of the 'Street Triage' service in partnership with police and social care practitioners. The service provides care and support to adults in mental health distress and they actively identify children and young people adult clients might have parent or caring responsibilities for. Action can then be taken by multi-agency partners to ensure that children and young people are safeguarded.
- 3.14 Children and young people for whom adults who access substance misuse services have parenting or caring responsibilities for are appropriately considered and safeguarded. On CGL's electronic patient recording system alerts are used to identify current safeguarding issues. Practitioners attend and contribute to relevant safeguarding meetings including child protection conferences, core group meetings and child in need meetings. Copies of minutes and notes of meeting were seen in all records reviewed making records a full and up to date account to inform ongoing contact with clients.
- 3.15 The health professional within the MASH is an essential partner in Knowsley's safeguarding processes. Through effective information gathering, sharing and analysis the post supports multi-agency risk assessments and decision making. This helps to ensure children are effectively safeguarded or that appropriate help and support is provided in a timely manner.
- 3.16 The minutes of any strategy meeting held in the MASH are automatically copied to the child or young person's GP, 5 Borough Partnership Foundation NHS Trust and any other health agency who has contributed information to the meeting, including adult services. This is good practice to ensure all parties are kept fully informed of the latest decisions and plans to safeguard children and young people.
- 3.17 Although we saw evidence of some good practice during our review, the participation of GPs in child protection procedures is an area for further development in Knowsley, as currently neither children, young people or partner agencies consistently benefit from their full involvement.
- 3.18 In the GP practices visited, electronic patient records are appropriately flagged with relevant safeguarding concerns. We saw that these included child protection, child in need, looked after children as well as concerns around domestic abuse, child sexual exploitation and missed appointments. This ensures that vulnerable children and young people are easily visible when they attend their GP practice.

- 3.19 However, young people at risk of CSE are only flagged on their electronic patient record if children's social care have already identified them as being at risk. There is no standardised CSE risk assessment tool being used by GP practices in Knowsley to underpin decision making or actions. GPs are in a strong position to identify young people who are not already known to services but who are at risk of CSE and a robust tool would assist them in this area of child protection practice. (**Recommendation 6.1**)
- 3.20 We generally found good standards of record keeping in the GP practices visited, which clearly documented the presentation of the child and their interaction with parents or carers. We also saw GPs considering the impact of parental behaviours upon children and consistent recording of fathers and other adults living in households with children or young people. Although as mentioned later in this section, there are issues with GPs initiating information sharing, there was evidence of GPs communicating with other agencies such as children's social care and adult substance misuse services.
- 3.21 GPs have received specific training on domestic abuse and the impact of this upon children. We saw evidence of GPs enquiring around domestic abuse and all members of a household being flagged when there is an indication of domestic abuse within a home. GPs receive domestic abuse notifications from the police service which they use to inform practice and improve health outcomes for children.
- 3.22 Following an audit two years ago which indicated that their involvement was poor, a current and ongoing priority of the named GP in Knowsley is improving GPs contributions to formal child protection processes. The majority of practices have engaged with setting up a secure email address so invites to child protection conferences have a single point of access, and GPs are aware that they should be submitting reports for conference in line with best practice.
- 3.23 However, the named GP does not currently have an overview of the number of referrals GPs make to children's social care or the number of reports submitted to child protection conferences. A re-audit of GPs involvement in child protection processes would be beneficial to ensure progression and to evidence any improvement in contribution. (**Recommendation 6.2**)
- 3.24 In a number of cases we reviewed, GPs held valuable information about children and young people who were known to children's social care, for example who were subject to a child protection plan. However, there was no evidence to suggest that the information held by the GP had been shared. We were informed that information will be shared only if it is specifically requested by letter. There is more to do to ensure the principles of working together are embedded and that information sharing restrictions do not negatively impact on the protection of children and young people. (**Recommendation 6.3**)

A child was referred to a paediatrician by their GP due to symptoms of weight loss, tiredness and thinning of the hair. The child was made subject to a child protection plan three months later, however as the GP has not been asked for any information none has been voluntarily shared. Children's social care are therefore potentially not aware of the medical concerns relating to this child.

- 3.25 We found an over reliance on social care being responsible for sharing looked after children (LAC), child in need (CIN) and child protection (CP) plans with GPs and in a number of records reviewed these documents were missing. Practices need to be more proactive in ensuring they have sight of this important information and that it is included within their electronic patient records so that GPs and practice staff are aware of the most up to date plans to support vulnerable children and young people.
(Recommendation 6.4)

4. Looked after children

- 4.1 Children and young people benefit from timely initial health assessments. The looked after children's health team closely monitor that health assessments are conducted within statutory timescales. The named nurse for looked after children and the administration team have access to the children's social care database which enables them to track children entering and leaving care. This helps to ensure that health assessments are not unreasonably delayed due to administrative reasons.
- 4.2 The Knowsley looked after children's health team has a support worker who is available to provide support to children and young people who may have particular anxieties about engaging with health professionals at their initial health assessment (IHA). The support worker can either provide telephone support or conduct a home visit to help allay any anxiety the child or young person may be feeling. As a result non attendances for IHAs have significantly reduced. This approach supports the early identification of unmet health needs as children enter the care system.
- 4.3 Information received from GPs is not always contributing to looked after children's health reviews. Whilst the looked after children's health team are routinely inviting GPs to contribute to young people's initial and review health assessments, we saw no evidence that this information is being considered to inform health assessments. This results in looked after children not benefiting from health action plans that have been supported by information about their general health supplied by their primary care provider. (**Recommendation 7.1**)
- 4.4 Although strengths and difficulties questionnaires (SDQs) are routinely used to consider the emotional health and wellbeing needs of looked after children, agencies meeting any needs identified are not contributing to health assessments. The looked after children's nursing team complete the SDQ with a child or young person's foster carer's initially. If results indicate a potential emotional or behavioural difficulty then, in line with national guidance, the child or young person is also asked to complete the SDQ. SDQs are a useful tool in considering the emotional health needs of children and young people, and over time evaluating whether any support put in place has led to any improvement.

- 4.5 There is no specific pathway into CAMHS for looked after children in Knowsley, however we saw that CAMHS practitioners are aware of the additional vulnerabilities of looked after children and that this vulnerable cohort of young people are provided with appropriate levels of care and support. Looked after children placed out of Knowsley will, where appropriate and necessary, continue to receive care and support from their existing CAMHS practitioners up to a 30 mile radius. CAMHS practitioners will also provide services to looked after children placed into the area even if there is not an agreement in place to do so. This ensures a quality service is provided to vulnerable young people at all times.
- 4.6 The emotional health and wellbeing of looked after children in Knowsley is also supported by 'The Butterflies Project' a specialist programme for children and young people aged four to 15 years experiencing bereavement, domestic abuse, emotional problems, family breakdown, parental separation, and terminal illness.

However, we saw no evidence of either of these services contributing to the initial or review health assessments of looked after children and this is a missed opportunity to ensure children and young people benefit from a full and holistic health assessment. (**Recommendation 7.2**)

- 4.7 Looked after children and young people are not benefiting from good quality initial health assessments (IHAs). All looked after children's initial health assessments are carried out by a paediatrician but the quality of the assessments we reviewed was poor due to the fact that the majority were hand written and illegible.
- 4.8 In all the initial health assessments we could review, the child's voice, presentation and details of their interaction with carers was lacking. It was difficult to get a sense of the child and if or how they had been involved in their health assessment. Parental health information was at best limited as it is not routinely obtained from children's social care. When parental health information was known, there was no correlation between this and the future health implications for the child. The IHA is the one opportunity to gather a full and detailed parental and familial health history and consider how this may affect the young person in later life, failure to do so does not support care planning regulations.

The typed summary of the health assessment (part C) was often not reflective of the whole assessment. As a result health action plans were not SMART and not improving the health outcomes of looked after children.

- 4.9 The current quality assurance process for initial health assessments is not effective in ensuring and improving quality. The poor quality of initial health assessments was previously mentioned in a joint targeted area inspection (JTAI) but we could see no evidence that this has resulted in any improvements. (**Recommendation 7.3**)

- 4.10 Looked after children and young people benefit from good quality review health assessments (RHAs). The looked after health team does not have the capacity for a specialist looked after children's nurse to conduct all the RHAs for Knowsley's looked after children and young people. However, the specialist looked after children's nurse and the named nurse for looked after children provide training to school nurses and health visitors to ensure they are aware of the specific health needs of looked after children. This is enabling school nurses and health visitors to undertake and write good quality RHAs.

The RHAs seen demonstrated a strong voice of the child, were holistic and outcome focused. Children and young people benefit from consistent and regular contact from the same practitioner which enables health action plans to be reviewed on a regular basis throughout the year rather than periodically.

Recognising that looked after children are a particularly vulnerable population group, we saw within RHAs that practitioners considered issues wider than just physical health, for example sexual health, online and personal safety, criminal activity and risk of CSE. Referrals to the specialist 'shield' team when risk of CSE was identified were appropriately made.

- 4.11 There is a robust quality assurance process from the looked after children's named nurse for RHAs which gives the named nurse for looked after children good oversight of frontline practice.
- 4.12 There are a number of looked after children and young people in Knowsley living in residential homes due to the area having nineteen such residences. The looked after children's health team has excellent links with these placements and we heard that there is good liaison and sharing of information such as any concerns around a child's health and also episodes when a child goes missing from the home. The looked after children's health team shares this information with school nursing to ensure looked after children receive timely support.
- 4.13 Young people leaving care in Knowsley do not benefit from receiving a good quality health passport or summary. The current care leavers' health summary is not written in a young person friendly manner in order to engage them in taking responsibility for their own health needs as they transition to adulthood. The looked after children's health team recognise that this is an area for further development. (**Recommendation 7.4**)
- 4.14 The looked after children health team are responsive to the needs of the community's foster carers and provide regular training events. For example, one-to-one training has been given to foster carers caring for unaccompanied asylum seekers enabling them to better understand the young person's experience and also to spot signs for post-traumatic stress disorder and sleep disorders which are particularly relevant to these young people.

- 4.15 Health visitors and school nurses benefit from regular supervision sessions from the looked after children team. This allows regular scrutiny of records and front line practice for their work with looked after children. The supervision records we saw were of an excellent standard clearly reviewing risks and analysis and is clearly informing and improving day to day practice.
- 4.16 There is a culture of learning within the looked after children's health team and the service will adapt practice to improve the health outcomes of vulnerable young people living in Knowsley where it is recognised that there have been omissions or deficiencies in the care of looked after children.

A social worker contacted the specialist looked after children's nurse asking for sexual health advice to be given to a male unaccompanied asylum seeker aged 16. The young person was seen with an interpreter who was female and of a different religion to the young person. The specialist nurse sensed that the young person was uncomfortable and explored this further, and found that the young person was not happy to speak to the interpreter.

The looked after children's nurse met the young person with a male non-religious interpreter several times to deliver health promotion and emotional health support. He was found to be suffering with post-traumatic stress disorder and is now receiving appropriate help and support.

He had seen his brother killed (by someone from the same religion as the first interpreter) before being smuggled out of his home country by his father but he was abused on his journey to the United Kingdom. He was found as part of a local police raid and had been trafficked and kept as a modern day slave.

Although an initial health assessment had been completed none of his experiences had been considered and the IHA had not identified the specific needs of this young person.

Practice has been changed as a result of this case. All unaccompanied asylum seeking children are asked about their particular requirements for an interpreter and all are screened for PTSD. Foster carers have been given bespoke training around caring for an unaccompanied asylum seeker and there are additional plans to conduct local training events around modern day slavery.

Management

This section records our findings about how well led the health services are in relation to safeguarding and looked after children.

5.1 Leadership and management

- 5.1.1 NHS Knowsley CCG jointly commissions a hosted service approach to the delivery of their safeguarding function for both children and adults. The safeguarding service is hosted by Halton CCG and has a defined specification and a memorandum of understanding (MOU) is in place.
- 5.1.2 Knowsley benefits from the support of a named GP who works closely with the CCGs designated nurses to improve primary care's contribution and liaison across the partnership. A current priority is the engagement of GPs in the safeguarding process and particularly around resolving issues with information sharing.
- 5.1.3 The designated and named professionals within Knowsley CCG provide expertise and leadership across the local health system to support other professionals and their agencies on all aspects of safeguarding and child protection.
- 5.1.4 The CCG works closely with Knowsley's local safeguarding children's board (LSCB) to support improvements in practice and ensure that safeguarding and promoting the welfare of children and young people is embedded within the duties of commissioned provider organisations across the health system. The CCG are appropriately represented on the LSCB board and sub boards and the CCGs safeguarding priorities are in line with the LSCBs priorities and are appropriately informed by the emerging needs of the local population, research and serious case reviews.
- 5.1.5 Partnership working across the local health economy is reported to be effective. The CCG works collaboratively with neighbouring CCGs to ensure practice is standardised as much as possible which is important in an area with as many cross boundary issues as Knowsley.
- 5.1.6 The CCG has set up a bi monthly health sub group for senior staff to discuss operational safeguarding issues. However there is currently no formal forum for provider named nurses across the locality to network, receive peer support, share reflective learning or discuss safeguarding issues. (**Recommendation 6.5**)

- 5.1.7 The head of midwifery/named midwife and specialist midwives at Whiston hospital are highly visible and a point of contact for staff. However the capacity of the team has meant that the service has been somewhat reactive rather than proactive in developing the safeguarding practice of staff within the department. They have experienced a 61% increase in cause for concern referrals between 2011 and 2015. The team have good oversight of concerns shared with them but not clear oversight of the safeguarding practice of colleagues. Audits are not being undertaken to strengthen and inform practice development needs, for example that routine enquiry around domestic abuse is being asked during pregnancy, whether GPs are responding to requests for information, the impact of specialist midwives posts. (**Recommendation 1.13**)
- 5.1.8 The current head of midwifery/named midwife post at Whiston hospital is currently being filled on a temporary basis. A new head of midwifery/named midwife has been recruited; however the job description for this post does not specify any named midwife role or responsibilities so it is unclear who will fulfil the statutory role of named midwife within the trust in the future. (**Recommendation 1.14**)
- 5.1.9 The patient electronic record system is not supporting Knowsley health visitors or school nurses to easily identify safeguarding issues within a child or young person's notes. Although records are appropriately flagged, copies of referrals, reports, child protection plans, minutes and health assessments are all held within the main body of records. There is no facility to maintain a safeguarding chronology or a distinctly separate safeguarding section where relevant information can be stored. Seeking relevant safeguarding information for staff is time consuming and there is therefore the risk that important information will be missed. *This issue has been drawn to the attention of Public Health, as the commissioners of the health visiting and school nursing services.* (**Recommendation 3.5**)
- 5.1.10 Details of a child or young person's mother and siblings are clearly recorded within their electronic patient records but there is no facility for health visitors or school nurses to similarly record a father's details or details of any other adults who has contact or lives with them. This is a significant risk as missing information about household composition is a recurring feature in serious case reviews. *This issue has been drawn to the attention of Public Health, as the commissioners of the health visiting and school nursing services.* (**Recommendation 3.6**)
- 5.1.11 CAMHS actively seek the views of young people to develop and promote the service across Knowsley. This includes for example, working with the SHOUT participation group to improve CAMHS interview rooms as suggested in a previous care quality commission (CQC) inspection. Videos have also been developed such as 'Closing the Gap - Opening Opportunities', a video where CAMHS clients freely voice their experiences of the service.

SHOUT is CAMHS young people's participation group and its members are involved in the development and delivery of training, service developments including audits and generally raising the awareness and reducing the stigma of mental illness within the local community.

5.1.12 The sexual health department are well supported by the trusts safeguarding team and knowledgeable senior sexual health staff who maintain good oversight of safeguarding cases.

5.1.13 The safeguarding champion based in the Knowsley adult mental health assessment and home treatment team is a well-established position and is a resource for practitioners to access advice and guidance relating to the safeguarding of vulnerable children and young people.

The role is not recognised in the current post holders job description but managers recognise the positive impact the role has had in developing practitioner confidence in recognising and reporting safeguarding concerns.

5.1.14 In the substance misuse service there is a meeting every morning in which the key issues for the day are discussed with staff. Actions are agreed and include identified risks and safeguarding matters in relation to individual cases. The meetings are minuted and distributed to all staff. This ensures that staff are made aware of any significant safeguarding matters and key information on a daily basis.

5.1.15 There are capacity issues of the one full time post holder currently working in the MASH. The MASH is an increasingly busy and demanding environment and we understand that an additional expectation of attendance at 'shield team' strategy meetings as well as MASH strategy meetings has been added to the workload of the practitioner. We also understand that there are currently no contractual arrangements in place for 5 Borough Partnership Foundation NHS Trust to provide the resources to fulfil the MASH post.

5.1.16 There are safeguarding lead GPs in each practice within Knowsley, however they do not benefit from attending regular forums with the CCG to provide peer support, promote best practice and discuss local and national learning. (**Recommendation 6.6**)

5.1.17 The looked after children's health team have good links with the local authority. This is supported by co-location, representation at the corporate parenting board and access to the looked after children's database held by social care. We saw evidence of the close working relationship improving health outcomes for looked after children.

5.2 Governance

- 5.2.1 Arrangements are in place to provide assurance to the CCG that providers are compliant with evidence based and locally agreed safeguarding children practice in the form of quarterly assurance reports. The safeguarding service is responsible for the monitoring and validation of this evidence and reports on both compliance and identified risk through the quality committee. Issues are further discussed at the clinical quality and performance group. Safeguarding priorities are reflected in the work plan and safeguarding quality schedule. This ensures that progress can be effectively monitored and improvements in practice across the area can be demonstrated
- 5.2.2 In the ED, patient's records were clearly signed and dated by nursing staff however this good practice did not extend to medical staff. Records were not always legible and it was at times difficult to identify the name and grade of doctor who had treated the children and young people in the ED. This does not meet the General Medical Council requirements for clear, accurate and legible record keeping. (**Recommendation 1.15**)
- 5.2.3 At Whiston hospital maternity department there is a clear governance structure and regular meetings ensure safeguarding issues within maternity services are reported appropriately to the trust senior management and board. However, safeguarding audits in order to inform and develop safeguarding practice are under developed. (**Recommendation 1.13**)
- 5.2.4 There is excellent operational oversight of safeguarding practice within the Knowsley school nursing and health visiting teams from the trusts named nurse. The safeguarding team quality assures all referrals to children's social care and reports for safeguarding meetings. This allows for continuous assessment and improvement in safeguarding practice and also helps to identify any practitioners training needs.
- 5.2.5 Regular safeguarding audits are embedded into the health visiting and school nursing service. As an example an audit to review how accurately children's and young people's electronic patient records are flagged was conducted. The finding that 99% of the records audited were correctly flagged ensures that practitioners can rely on relevant vulnerabilities being reliably highlighted to them and they can use these to inform their work with children and young people.

- 5.2.6 A new electronic patient records system has recently been implemented in Knowsley CAMHS. Despite its recent roll out, the system is being used effectively. In most of the records we examined, appropriate flags highlighting children and young people's additional vulnerabilities, such as when they are subject of child protection plans were used. The 5 Boroughs Partnership NHS Foundation Trust safeguarding team goes 'live' with the same system in December 2016 and this will further strengthen quality assurance and oversight of safeguarding cases held by CAMHS practitioners. There are also future plans in place to strengthen oversight further by developing the production of statistical and data reports including figures pertaining to looked after children.
- 5.2.7 Adult mental health services have also recently moved to the same electronic patient record system as CAMHS, so practitioners from either discipline can access each other's records where appropriate to do so, which enhances information sharing and joint working opportunities.
- 5.2.8 However, at the time of our review it was clear that in the adult mental health service there is a backlog of paper records and records from the previous electronic system still to be uploaded to the new system. The timeframe for completion of the migration of records is not clear and therefore whilst several systems are being used there is a risk of vital information being missed. (**Recommendation 3.7**)
- 5.2.9 Work is ongoing across the 5 Boroughs Partnership NHS Foundation Trust to further develop the 'Start Well Project-Integrating Care Pathways.' The 2016/17 work plan is to review and strengthen perinatal mental health pathways, Improving Access to Psychological Therapies, primary and secondary mental health services in order to develop the wider emotional health pathway for children and young people across Knowsley.
- 5.2.10 In the adult substance misuse service the quality audit and governance lead, who has been in post since July 2016, leads on developing and improving the service delivery through governance and audit processes.
- Monthly governance meetings and feedback from service users and staff are integral to the auditing process. Where appropriate, audit findings inform service improvements through a service quality improvement plan (SQIP). As an example, the process identified that staff were not feeling confident about developing client's risk management plans so additional training was. This demonstrates an organisation that is responsive to the needs of the staff in order to deliver an effective service.
- 5.2.11 Standard operating procedures give clear and user friendly pathways for all staff on how to best meet the health needs of looked after children. Key performance indicators are monitoring both the timeliness and quality of health assessments. However, the quality standards for IHAs have not improved despite being an issue of concern in a recent CQC JTAI inspection. (**Recommendation 7.3**)

5.3 Training and supervision

- 5.3.1 The expectation of the CCG is that safeguarding children training compliance percentage for providers is between 90% and 95% depending on the level of training. Compliance figures are monitored by the CCG and providers are working towards consistency in achieving this KPI.
- 5.3.2 The training needs analysis for staff across the ED at Whiston hospital needs updating to accurately reflect the intercollegiate guidance 2014. Not all key staff who require level three training have been identified and therefore the compliance figures reported are not accurate; this staff group includes nurses working in the adult ED, the majority of whom have only accessed level two training which will impact on the effectiveness of safeguarding practice within the department. (**Recommendation 1.16**)
- 5.3.3 Within the maternity department at Whiston hospital there is some variability in the safeguarding children training staff are required to undertake. All midwives apart from those in specialist posts undertake core level three safeguarding training; specialist midwives undertake the higher level three training. The intercollegiate guidance 2014 suggests that midwives should undertake specialist level three training and the additional competencies this training provides are very pertinent to all areas of midwifery practice. A review of the maternity departments training needs against the advice within the intercollegiate guidance 2014 is advised. (**Recommendation 1.16**)
- 5.3.4 Latest level three safeguarding training compliance figures show that only 50% of maternity staff are up to date with their safeguarding training. This is insufficient and the trust cannot be assured of the general level of competence in the maternity department. (**Recommendation 1.17**)
- 5.3.5 The provision of safeguarding supervision for community midwives at Whiston hospital should be strengthened. Community midwives would benefit from regular in depth one-to-one safeguarding supervision sessions rather than the informal quarterly 'drop in' group sessions currently offered. This would help ensure a degree of professional challenge in cases where increased support or intervention for vulnerable women is identified. It would also help ensure that potential risk or drift is not overlooked and that staff are supported in fulfilling their safeguarding responsibilities.

Hospital based staff would also benefit from a more formal expectation that they attend regular group safeguarding supervision sessions rather than the 'drop in' arrangements in place at present. (**Recommendation 1.18**)

The safeguarding supervision in place for the safeguarding midwives and specialist midwives for safeguarding is satisfactory being quarterly one-to-one sessions. This reflects their high risk case-loads and safeguarding responsibilities.

- 5.3.6 Knowsley health visitors and school nurses benefit from attending level three multi and single agency safeguarding children training, and there is a high compliance rate across both services. Health visitors have also recently accessed training on perinatal mental health, attachment theory, domestic abuse and the Solihull approach. School nurses have attended additional training on CSE, domestic abuse and prevent ensuring that practitioners are knowledgeable, competent and fully compliant with the intercollegiate guidance 2014.
- 5.3.7 Knowsley health visitors and school nurses benefit from one-to-one, three monthly safeguarding supervision sessions, which is in line with best practice. There are clear plans of action resulting from supervision sessions and supervision records are kept within the children and young people's electronic patient records so that they inform day to day practice.
- 5.3.8 Sexual health practitioner's access trust single agency level three safeguarding children training. In addition, practitioner's also access bespoke training relevant to their role, including subjects such as CSE, female genital mutilation (FGM), domestic abuse and substance misuse.
- 5.3.9 Sexual health clinicians are offered a monthly group safeguarding supervision. This should be strengthened by mandating a specific number of sessions staff should attend a year and monitoring compliance. This would ensure all staff receive a minimum level of peer support, learning and challenge. Also, when a specific case is discussed actions resulting from the discussion should be documented on the young person's records to inform future discussions with the young person. *This issue has been drawn to the attention of Public Health, as the commissioners of the sexual health service. (Recommendation 5.7)*
- 5.3.10 CAMHS practitioners undertake level three safeguarding children training in line with intercollegiate guidance, and there are good levels of compliance. In addition to online training, practitioners undertake multi-agency training which includes both local and national safeguarding issues. When places for multi-agency training are not available, single agency training is provided which has reportedly been ratified by the LSCB.
- 5.3.11 Group safeguarding children supervision for CAMHS practitioners is mandatory and takes place every three months. Further managerial supervision takes place every four weeks on a one-to-one basis and this includes a safeguarding children element.
- 5.3.12 Knowsley adult mental health assessment and home treatment team practitioners undertake level three safeguarding children training, but currently the majority of staff undertake this via e-learning. This is apparently due to there being limited places available on the LSCB multi-agency training courses. A single agency face-to-face package has been developed and although this is not as yet ratified by the LSCB it is a more satisfactory solution than an e-learning package.

- 5.3.13 Safeguarding supervision in the adult mental health assessment and home treatment team is provided on a three monthly basis in a peer group setting. Managerial supervision takes place monthly and contains a separate safeguarding children element. Plans are underway to include the recording of safeguarding supervision decisions in client records on the newly implemented patient electronic record system although this is not currently the case. Currently a record of safeguarding supervision sessions is kept by the trusts safeguarding team.
- 5.3.14 All substance misuse staff receive level three safeguarding children training and monthly one-to-one safeguarding children supervision sessions. Records of safeguarding children supervision sessions seen were comprehensive and detailed and are included in a service user's case file.
- 5.3.15 GPs benefit from a comprehensive safeguarding children training package which is compliant with intercollegiate guidance and the named GP monitors compliance. GPs receive monthly updates on relevant local and national safeguarding topics such as CSE and FGM and learning from local serious case reviews are summarised by the named GP and circulated to all GPs in Knowsley.

Local safeguarding policy indicates practice nurses should be trained to level two, however practitioners seeing babies and children on a regular basis, for example to deliver childhood immunisations would find level three competencies and skills of value. (**Recommendation 6.7**)

Recommendations

- 1. St Helens and Knowsley Hospital NHS Trust should:**
 - 1.1 Although the built facilities and environment in the paediatric ED meet the requirements of the RCPCH standards for children and young people in emergency settings, consider how the initial booking in pathway can be adapted to separate children and young people from the potential stress caused by having to access the adult ED.
 - 1.2 Develop paediatric specific records for children and young people under the age of 18 years to ensure staff are prompted to consider potential risks and vulnerabilities even when a young person is treated in the adult ED.
 - 1.3 Ensure ED records are detailed and complete. Explicitly document within ED records how the identification of any pre-existing information has been considered and informed a consultation with a child or young person under the age of 18 years.
 - 1.4 Ensure a 'think family' ethos is embedded in the paediatric and adult ED and staff understand the importance of fully gathering, exploring and recording essential information which informs their safeguarding risk assessments.
 - 1.5 Implement a system to quality assure the level of detail included in ED discharge summaries to ensure that GPs are receiving comprehensive information following a child or young person's attendance at the emergency department.
 - 1.6 Ensure that safeguarding and social issues are formally re assessed at intervals during a woman's pregnancy to identify emerging risks at the earliest possible opportunity.
 - 1.7 Implement a process in the maternity department to ensure that routine enquiry about the risks of domestic abuse is made more than once during pregnancy to promote the disclosure of any emerging risk.
 - 1.8 Implement a robust quality assurance process within the maternity department to improve the standard of referrals to children's social care. Ensure information contained within referrals is complete, relevant, clearly analyses and articulates risk, relates to the local threshold document and is outcome focused.

- 1.9 Implement a robust quality assurance process within the maternity department to improve the standard of reports for child protection conferences. Ensure midwives understand the importance of sharing their professional opinion and that they should be participating as equal partners in the multi-agency decision making process.
- 1.10 Ensure that women's maternity records are full and complete by actively seeking essential safeguarding documentation such as child protection plans when they are not received.
- 1.11 Ensure that GPs, health visitors and any other relevant health professionals are fully apprised of pertinent safeguarding information when women are discharged from the maternity unit.
- 1.12 Ensure that midwives are identifying potential cases of CSE through the use of an appropriate screening tool.
- 1.13 Review the capacity of the named midwife/specialist safeguarding midwifery resource at Whiston hospital to ensure that effective quality assurance, monitoring and audit is undertaken to inform and promote improvement in practice.
- 1.14 Ensure that a named midwife with a specific job description and dedicated hours is in post as per statutory requirements.
- 1.15 Develop a robust quality assurance process to ensure record keeping within the ED meets General Medical Council requirements for clear, accurate and legible record keeping.
- 1.16 Ensure that the safeguarding children training provision for maternity department and ED staff meets the level, competencies and hours of learning as indicated in the intercollegiate guidance issued by the Royal College of Paediatrics and Child Health 2014.
- 1.17 Put measures in place to significantly improve level three safeguarding children training compliance figures and closely monitor to ensure the CCG key performance indicator target is achieved and maintained.
- 1.18 Ensure that the safeguarding children supervision provision to midwives provides relevant staff with appropriate scrutiny and professional challenge and which also supports their development and confidence in undertaking safeguarding work. Ensure that agreed actions following supervision sessions are incorporated into records.

2. St Helens and Knowsley Hospital NHS Trust, 5 Borough Partnership Foundation NHS Trust, NHS Knowsley CCG should:

- 2.1 Strengthen and formalise arrangements for liaison between GPs, maternity services and health visitors, to ensure that multi-disciplinary exchange of information takes place for vulnerable families, children and young people.

3. 5 Borough Partnership Foundation NHS Trust should:

- 3.1 Monitor and develop an appropriate improvement plan to increase the number of pregnant women health visitors engage with during the antenatal period.
- 3.2 Improve the documentation of action plans in health visiting and school nursing records to ensure they are SMART.
- 3.3 Improve record keeping within CAMHS to ensure records are complete and clearly demonstrate practitioner's decision making processes.
- 3.4 Ensure that adult mental health records are complete by routinely capturing any direct interactions practitioners have with children or young people their clients have parenting or caring responsibilities for.
- 3.5 Develop a discrete facility within the electronic patient record system in health visiting and school nursing services to enable practitioners to centrally record specific concerns, vulnerabilities or safeguarding information, including non-attendance at appointments. Ensure all staff using the system are aware of what should be recorded and where, to ensure standardisation of record keeping.
- 3.6 Improve the electronic patient record system used by health visitors and school nurses to enable full details of all members of a child or young person's household to be clearly recorded and easily visible.
- 3.7 Manage and monitor the transfer of existing adult mental health records to the newly implemented electronic patient record system to ensure client records are complete.
- 3.8 Ensure that the adult mental health service shares mental health care plans and relapse indicators with health visitors when services are working with mutual clients.

4. St Helens and Knowsley Hospital NHS Trust, 5 Borough Partnership Foundation NHS Trust should:

- 4.1 Review the arrangements in place for assessing young people who are admitted to hospital and require a mental health assessment. Ensure that young people's mental health is assessed in a timely way and also supports paediatric staff in the care and management of the young person whilst they are receiving medical treatment.

- 4.2 Provide training to paediatric ward staff so they are more confident and competent in caring for young people with mental health issues in the acute ward environment.
- 4.3 Monitor progress of the NICE compliant perinatal mental health pathway to ensure it is implemented within clear timescales and without undue delay or drift.

5. Royal Liverpool and Broad Green University Hospital NHS Trust should:

- 5.1 Standardise the utilisation of alerts on the sexual health electronic patient record system to ensure the information entered is clear, relevant and contains sufficient information to aid staff in considering risks to young people.
- 5.2 Improve the sexual health service's liaison and information sharing with relevant agencies involved in a young person's care when vulnerabilities or concerns have been identified.
- 5.3 Implement a comprehensive and robust risk assessment tool for use within the sexual health services to ensure potential vulnerabilities are appropriately explored and identified.
- 5.4 Implement a quality assurance process to improve the quality of the referrals from the sexual health service to children's social care.
- 5.5 Ensure that safeguarding documentation is uploaded onto a client's electronic patient records within the sexual health service.
- 5.6 Explore how sexual health practitioners can be involved in relevant multi-disciplinary meetings where it is suspected that young people are at risk CSE.
- 5.7 Review the safeguarding supervision arrangements for sexual health staff to ensure they attend sufficient sessions to receive adequate peer support, learning and challenge in safeguarding and child protection issues.

6. NHS Knowsley CCG should:

- 6.1 Ensure that GPs are identifying potential cases of CSE through the use of an appropriate screening tool.
- 6.2 Explore how the named GP can effectively demonstrate that GPs are engaged with and contributing to child protection processes.
- 6.3 Continue to explore and resolve the concerns expressed by GPs around information sharing within safeguarding and child protection processes.

- 6.4 Ensure that children's and young people's records held by GPs are full and complete and they actively seek essential child protection documentation such as child protection plans when they are not received.
 - 6.5 Develop a regular named nurse network forum for provider nurses to receive peer support, share reflective learning and discuss local and national safeguarding issues.
 - 6.6 Develop a regular safeguarding lead GP network forum for GPs to receive peer support, share reflective learning and discuss local and national safeguarding issues.
 - 6.7 Ensure that safeguarding training provision for GP practice nurse staff meets the level, competencies and hours of learning as indicated in the intercollegiate guidance issued by the Royal College of Paediatrics and Child Health.
- 7. Alder Hey Children's NHS Foundation Trust, NHS Halton CCG and 5 Borough Partnership Foundation NHS Trust should:**
- 7.1 Ensure that information received from GPs is appropriately informing health assessments for looked after children.
 - 7.2 Ensure that agencies supporting looked after children's emotional and mental health needs are contributing to health assessments.
 - 7.3 Review the quality assurance process for initial health assessments to ensure a significant and sustained improvement in standard and quality.
 - 7.4 Design in collaboration with young care leavers a comprehensive leaving care health summary which effectively meets their needs.

Next steps

An action plan addressing the recommendations above is required from Knowsley CCG within **20 working days** of receipt of this report.

Please submit your action plan to CQC through childrens-services-inspection@cqc.org.uk The plan will be considered by the inspection team and progress will be followed up through CQC's regional compliance team.