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Ms D Evans
Chief Executive, NHS Bristol
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Dear Ms Evans

Outcome of integrated inspection of safeguarding and looked after children's services in Bristol

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Bristol to provide you with more detailed feedback on the findings from the CQC's component of the inspection. Thank you for your contribution to the inspection and for accommodating the requests for interviews and focus groups with your staff and those of partner agencies at relatively short notice.

As you will be aware, the team led by Ofsted colleagues provided feedback to your local Director of Children's Services at the end of fieldwork and the report to the authority is now published.

This letter sets out more detail of the underlying evidence which relates to your organisation and the provider units from which you commission services. It incorporates the findings from the overall inspection report, but provides greater detail about what we found, in order that your organisation can consider and act upon the specific issues raised.

The Inspection Process

The inspection was conducted between 12th and 23rd April 2010 and was conducted under the framework for inspection of safeguarding and looked after children's services published by Ofsted.

Ofsted's inspection principle takes account of the extent to which service providers have sought and acted on the views of children, young people, family and carers when reviewing and improving services and outcomes generally. Inspectors will also consider the views of those users and stakeholders they speak to during on-site evidence gathering. Details of the organisations involved are listed at the end of this letter.

The findings contribute to Ofsted's annual reviews of the performance of each local authority's children's services and its annual performance rating for each authority. The specific findings about health services' performance may also be used by the Care Quality Commission as a part of the assessment of NHS provision, registered health providers and PCT commissioning performance in delivering improved outcomes.

CQC's Involvement

As part of the overall inspection, CQC examined the effectiveness of the Commissioning PCT's delivery of outcomes for children and young people. We looked at the PCT and its health providers as follows:

- the role of the board: how boards assure themselves in relation to safeguarding and the health of looked-after children
- whether staff have the right skills and experience to recognise concerns, share information and escalate problems where necessary

The points discussed during meetings with the PCT commissioning board members were further explored with staff and, where possible local children across the Primary Care Trust, its providers, GPs, and community health teams.

Joint Inspection Report

The integrated inspection focused upon health and social care services in relation to implementing child safeguarding procedures and delivering appropriate outcomes for 'looked after' children. It looked at outcomes for children and young people and practices to improve children's life experience. The joint inspection report was published within 20 working days of completion of the inspection.

From the aggregated findings from the inspection, it was concluded that the overall effectiveness of the safeguarding services in Bristol was **good** and capacity for improvement was **good.**

Overall effectiveness of services for looked after children and young people in Bristol was judged to be **good**. The council and its partners were also judged to have **good** capacity for improvement

Inspection Findings for Health Partners

The following sections provide details of CQC's findings which contributed to the overall inspection report. These are separated into two sections: safeguarding and looked after children. Where possible, evidence is attributed to a specific organisation.

CQC used a range of documentary evidence in advance of and during this inspection, and interviewed individuals and focus groups of selected staff and, where possible, children and young people, their parents and carers in order to provide a robust basis for the findings and recommendations.

Key findings – Safeguarding and health

Extract from Inspection report of safeguarding and Looked after Children Services – Ofsted May 2010

The overall effectiveness of safeguarding services in Bristol is good. A very strong commitment from all professionals to a child-centred approach underpins service delivery. Safeguarding and child protection needs of children are strongly prioritised. There is good evidence across the partnership, including the private, voluntary and community sectors that safeguarding services, both preventative and statutory, are responding well to local needs and are being delivered effectively. Policies and procedures for the protection of children, which are aligned to the south west child protection procedures, are comprehensive and up to date. The Common Assessment Framework (CAF) is being used increasingly effectively, particularly within schools, to deliver early intervention and prevention services. However, the lack of capacity within the health visiting and school nursing services has inhibited their full engagement in the process in either initiating CAFs or taking on the role of lead professional.

The quality of multi-agency early intervention is good, such as the Triple P parenting initiative and health-led work to address female genital mutilation. Multi-agency and single agency safeguarding training is well established across all partner agencies and ensures that staff are equipped with the skills to recognise risk and take appropriate action to safeguard children and young people. However, there has been no formalised safeguarding awareness training for community dentists[1]. Within the health community, while practice observed and evaluated by inspectors did not evidence any unsafe practice, staff awareness and use of the safeguarding flagging and alert systems are inconsistent across the sector. Clinical staff interviewed during this inspection report that in accordance with PCT policies and procedures they have regular access to child protection supervision and that it is of good quality.

Good outcomes across a range of initiatives have been achieved by effective work

[1] This statement is from the published report but requires clarification – the term "community dentists" refers to Independent dental practitioners; dentists employed directly by UHBristol NHS Trust are covered by the safeguarding training arrangements of that organisation which are satisfactory.

within multidisciplinary arrangements such as in the Triple P parenting programme, the rapid response service to children and young people who present at hospital emergency departments as a result of deliberate self harm, the youth restorative disposal project, and effective alternative education opportunities to prevent exclusions and re-engage young people who display more challenging behaviours. Outstanding health-led work has been undertaken with professionals and community leaders to improve understanding of female genital mutilation, with very clear processes in place to identify young female children and recognise risks. Effective education and health partnership support is provided to teenage mothers through a specialist centre with good outcomes in raising individual attainment and parenting skills. Within speech and language therapy services some staff in children's centres and nurseries have been trained to deliver child development tasks that would otherwise be undertaken by qualified speech and language therapists. For some young children this has led to earlier recognition of their development needs and the provision of appropriate services to meet those needs.

Systems are robust to ensure that outcomes from recorded complaints are used to change and improve services. Within the Community Child Health Partnership, Barnardos is providing advocacy for children and young people to enable them to use the complaint process and also to contribute to patient information. A robust process is in place which ensures that the management of allegations against those working with children and young people are appropriately investigated and responded to. The voice of children and young people is valued and there are some good examples of their active involvement and participation in service planning and delivery within both health and children's social care. For example, within health, children and young people have been directly involved in the formulation of contract and monitoring standards by considering 'what behaviours make a good worker'.

Leadership

NHS Bristol (Primary Care Trust - PCT) is a member of a number of local strategic partnerships including the Children's Trust and the (Local) Bristol Safeguarding Children Board (BSCB). There is appropriate health representation at both of these boards including their various sub-groups and task centred groups.

Safeguarding strategies, policies and procedures are in place across all healthcare providers, and are well understood by staff. These effectively support practice within vulnerable groups. It is evident that there is a strong culture within the PCT and the local acute trusts, University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust, that has safeguarding and child protection well embedded in practice. Bristol Children's Hospital is part of UHB

The PCT provides strong and influential partnership working with the Local Authority (LA) and other key partners, and health and wellbeing outcomes for children and young people (CYP) are improving.

Jointly funded senior posts and some aligned budgets have facilitated joint commissioning across health and the local authority. PCT Contracts with Bristol Community Health around transition and CAMHS providers contracts for mental health

give a more flexible approach to delivering local priorities and there is a further opportunity to improve efficiency and outcomes with the proposed move to a single care pathway approach with appropriate funding from all partners.

Partnership working

There are good examples of multi agency and partnership projects across healthcare, For example, Safeguarding and the Young people's Sexual health and Teenage Pregnancy (4YPP) team and the Brook workers together with the Barnardos participation workers. These bring together a range of agencies ensuring improved communication and engagement that is working to provide early recognition and intervention to improve outcomes and support CYP and their families

The involvement of Commissioners in the development and support of services in the acute trusts has enhanced service delivery and partnership working through increased communication systems from better focussed services. For example in UHB there is positive work with adolescents who arrive drunk, or with other self harm behaviours and there is speedy referral to CAMHS nurses based in the Children's hospital. It is acknowledged this is a developing service and will seek to respond to a call within 24hrs, but some young people are having to wait too long (over 24hrs) and may be admitted inappropriately to adult assessment areas for a place of safety. In NBT a CAMHS referral is made in the usual manner and the situation is managed according to risk assessment. The trust should ensure that possible capacity issues during reorganisation of the service do not compromise provision of out of hours support.

Emergency Care

Safeguarding and Child Protection is well embedded within clinical practice in the Emergency Departments across all Trusts and emergency settings. There are identified leads for safeguarding and child protection in each department. Safeguarding training is carried out to the appropriate levels for job roles, responsibilities and contact with children, and this includes reception staff. Clinical and safeguarding supervision is established within the emergency departments of the Children's hospital and BRI, who also link with the Eye and Dental hospitals through joint weekly meetings and discussion of CYP for whom a cause for concern form has been completed. In NBT there are identified leads for safeguarding and child protection, however there is a limited system of meetings and access to Named professionals to review practice and service provision.

There is an effective alert system within Emergency departments of the Children's hospital, BRI, Eye and Dental hospitals which flags risk attached to individual patients when they present within A&E. This system does not extend to NBT, or Minor Injury Units (MIU) and walk in centres as these have a paper system for flagging risks (the completion of a safeguarding form) which is photocopied and faxed to other key professionals. Thus there is no one joined up system across the city to flag CYP at risk, when presenting in an emergency setting, to ensure safeguarding risks are identified at the earliest opportunity to safeguard CYP.
GP practices have received written guidance in the form of a local policy which recommends that they should put an alert on the clinical record for every child who is

the subject of a plan and every adult who lives in the same household as that child. However this is not mandatory as it is not included in the National GMS contract.

Staff are confident in the processes to escalate issues of safeguarding and child protection in all UHB Emergency departments and work with the Safeguarding Named Nurse and team, who review all admissions and referrals into and via A&E. The group reported good liaison with the designated safeguarding professionals. In NBT and BCH the system is less robust but does link into the UHB system.

There is a newly developing service for CYP who present with self harm issues. **NBT** has commissioned this service through the provision of 3 CAMHS nurse based in the Children's hospital who provide a 9-5 and on call service with medical support. They aim to see CYP within 24 hours of presentation. At times CYP are having to wait over 24hrs and are admitted to the adult assessment area for place of safety which is not always appropriate. Occasionally risk is poorly managed with non attendance by CAMHS out of hours (e.g. weekends).

Emergency departments have representatives on the safeguarding group forum whose membership includes Consultants, Safeguarding Named Nurse and safeguarding midwives. Reviews of any serious incidents of safeguarding or child protection are undertaken and chronologies of events are scrutinised. Learning is shared with other departments within the trusts.

<u>Contracts and performance management and Service Delivery</u>

There is effective performance management by the commissioning team within the PCT. All service specifications have performance management and quality indicators set within the contract. Quarterly reviews take place with all key partners and the lead commissioners.

There is a good integrated commissioning and performance management framework in place. Budgets for some priority areas are already aligned with the LA and are beginning to deliver improving outcomes for children and young people – e.g. within the Substance Misuse and Domestic Violence team and the Community Children's Health Partnership. Service specifications are robustly quality assured. The commissioning team have robust processes in place to ensure that safeguarding and equality and diversity are fundamental elements to any service specifications.

All contracts and service specifications have been audited to ensure service provision is improved. Commissioners are aware of the need to engage and provided dentists with safeguarding training and awareness.

There is a well embedded culture of safeguarding within the Children's Unit of both the **UHB** Acute Trust the **NBT** acute Trust and within **BCH** for community services. Most staff are trained to levels appropriate to their role and level of involvement with CYP and clinical supervision is available. Supervision should be provided and accessed by staff regularly to ensure best practice awareness and implementation for the safety and well being of the CYP. A robust integrated multi agency care pathway is in use, which details safeguarding and child protection information and the quality of the

record keeping is audited. The quality of record keeping is variable with limited information in some instances, and an over reliance on verbal communication for good information to protect CYP. There is an effective safeguarding team within the ED areas of each acute trust with the required named professionals.

The Safeguarding group and lead individuals in each Trust have a key role in the communication and sharing of information across a range of health professionals that may be engaged with any CYP. Liaison between hospital departments, across the acute Trusts and with Community practitioners is good. Regular communication and sharing of information in relation to child protection and safeguarding is ensured by the named nurse and safeguarding team within **UHB** hospital.

School Nurses have been limited in their role of engagement of CYP with health awareness, sexual education and health promotion in the last year or so, due to vacancies which have meant the team lacks capacity. Their engagement has also been limited further by the HPV immunisation catch up programme. While some support staff have been employed we understand that things have not gone smoothly and some vulnerable CYP without child protection plans have not always been identified and actions taken. A recent joint appointment of School and Public Health nurse has enhanced the team and sexual health services provision alongside the Brook workers.

The Common Assessment Framework (CAF) is not often initiated or completed by School Nurses or Health Visitors as they find it too time consuming and frustrating, however they will contribute when school initiates them. We are told that both Health Visitors and School Nurses do not currently have capacity to attend CAF panel meetings, but usually send a contribution. Capacity to attend such meetings would enhance partnership working and case management for the benefit of the CYP.

Work to reduce conceptions in under 18 year olds is good. There has been a reduction in under 18 yr conception rates from the base line figure. There is a robust teenage pregnancy strategy in place, with active listening to CYP to understand key places for service provision and how sex education could be better communicated to them.

Sexual Health services have recently been restructured through increased funding and are now identified among the good performers nationally for service provision. However it is too soon to see outcome evidence of impact. Then service is now owned jointly with a high priority focus from Council and PCT. The jointly funded School/Public health nurse post works with two youth workers to provide early intervention for identified vulnerable CYP in drop in centres across the city that is linked in to the CAF panel process. Within the commissioned Brook team there are young male workers to target male sexual behaviours in this area. There are two “teen pregnancy” midwives who work alongside the Pregnancy Advisory Service. This service has a part time nurse who sees all under 18’s who are pregnant or have a termination. Anecdotal feedback from Brook services is they are having a positive impact but there is no available data to demonstrate this. Data available from the Healthy Schools survey indicates only 42% CYP know where and how to access free condoms. It is recognised that new ways of informing CYP are required as feedback indicated service provision is perceived as unfriendly and inaccessible in many places.

The whole sexual health strategy is considered as a key safeguarding issue and hence a priority in the CYPP, all agencies have shown continued commitment to achieving success.

There is good liaison with the Child and Adolescent Mental Health Service (CAMHS). The CAMHS nurse team based at Bristol Children's hospital is available for urgent needs and consultation in the first instance and then will signpost CYP to appropriate services. This enables advice to be obtained quickly and facilitates the CAMHS team to assess what is the most appropriate course of action to take, including referral into mainstream CAMHS services.

Recent reconfiguration within the overall CAMHS service is expected to improve access, service delivery and alignment with CAF panel areas. First referrals are seen within the five week target for a "choice" appointment and then a then a further first treatment appointment within 13 weeks. It is recognised that service responsiveness to keep CYP safe is still however hugely variable across the city, as the reorganisation is implemented, and can lead to some situations where response from partners is delayed and the escalation policy is required to be used to respond to the needs of CYP. Some staff described a culture that appears to lack accountability and understanding of other professionals' roles and responsibilities. The development of the "Be Safe" project has, through school nurse involvement, had a positive impact on schools and CYP. It is reported there is a changed attitude of schools to CAMHS and improved partnership working.

The Thinking Allowed service has identified and undertaken good work around attachment issues and behavioural outcomes with CYP and carers leading to improved lives for all CYP and families. The regular training programme "Why and How" provided to professionals and carers is reported as good with increased capacity and continuity of service intervention and provision across the multi-agency team.

Practitioners work closely with the substance misuse and domestic violence team, and the Teenage Pregnancy liaison midwives to ensure early access to appropriate interventions.

In cases of conflict of professional opinions there is a clear escalation policy which staff are encouraged to use as well as the use of the child protection consultation group for moving things forward. Staff reported awareness of this and good use for the benefit of CYP.

Training

There are effective safeguarding training strategies in place across all the healthcare providers to ensure that staff know how to identify concerns about a child or young person, and know what action to take. There is good uptake across all disciplines within children's health services. All staff, including medical staff, reported good access to a range of safeguarding and child protection training from both internal safeguarding teams and the Local Safeguarding Children's Board.

In **NBT** 83% of staff have undertaken level 1 training, or have training scheduled. In **UHB** training levels are around 58% of staff with a decreased level 1 training uptake as it is now face to face. The current drive to increase training uptake to appropriate levels for the amount of contact individuals have with children needs to be completed. In **BCH** approx 80% of staff have received training and **NHS Bristol** 76% of staff have undertaken level 1 training or have training scheduled.

All trusts have a database of training which is maintained and updated on a monthly basis. Robust processes are in place in all Trusts to follow up missed attendance at training to ensure staff are provided with the skills and knowledge to safeguard CYP. Information sharing protocols and the procedures for reporting to the Multi agency Risk Assessment Conferencing (MARAC) is also incorporated into the training provided for staff.

Supervision

Current policy and procedure guidance is in place for all staff within the PCT and the Acute Trusts to access appropriate supervision of practice when dealing with issues of safeguarding or child protection of children and young people. Both organisations recognise and support supervision for staff and the guidance sets out appropriate standards for supervision and for training and support for supervisors.

Auditing of clinical supervision practices is good. Audits have been undertaken to evaluate the quality of, and the uptake of clinical supervision, which have included specific health professional groups such as health visitors, school nurses and midwives

User Engagement

There are some good examples of engagement of children and young people. In **NBT** the partnership arrangements for the provision of service through the Children's Community Health Partnership (CCHP) with Barnardos enables services to access the opinions and view of the CYP. Commissioners are aware of the need for increasing the voice of CYP in health service provision.

In **UHB** the Young Person's Involvement Worker works closely with CYP on a broad range of engagement activities. There has been consultation and a competition for CYP to voice their views and thoughts about the reordering of the A&E area at the Children's hospital. Other projects include the Youth Council, transition care pathway, and "You're Welcome" pilot.

In the Community Children's Health Partnership, part of **NBT,** commissioning of the Brook service and workers resulted from consultation with CYP who were not happy about the perceived independence and confidentiality of the School Nurse. The Brook service is being developed in areas where CYP say they would access it.

Within the children's centres there is good engagement of mums and in particular young mums. Comprehensive information is available to identify what services can be accessed. Midwives are also available and so mums are able to discuss any concerns during this time.

A consultation of CYP in 2008 to inform CCHP has provided key messages about health care provision which are being addressed. The most recent commissioners' report identified four key areas where work is ongoing to implement the feedback and inform service provision.

Case Recording

The small number of health files reviewed were organised with a chronology of events consistently recorded. There is consistent evidence that health issues identified are followed up and managed effectively. The presence of a number of different electronic recording systems across the Trusts together with multiple paper records systems that are not available to all areas where CYP are seen potentially put CYP at risk. The work identified to ensure good record keeping and information sharing needs to be completed to address these issues.

Key findings – Looked after children and health

Extract from Inspection report of Safeguarding and Looked after Children Services – Ofsted May 2010.

Overall the health of looked after children and care leavers is good. Healthcare partners give priority to looked after children and once an assessment of health needs has been undertaken children have good and timely access to appropriate healthcare services. Robust systems are in place for the children's looked after nurse to follow up swiftly any missed appointments and to prevent delay in a looked after child or young person receiving appropriate treatment. Effective arrangements are in place for the looked after children's nurse to proactively follow up healthcare issues for children and young people placed out of area to ensure their needs are responded to appropriately and in a timely manner. The continuing heath care nurse quality assesses all health placements for looked after children and young people placed out of the city.

The effectiveness of services for looked after children, young people and care leavers is good overall with some adequate features. Outcomes for looked after children, young people and care leavers are good and demonstrate that the council and partnership are meeting their individual needs through providing them with safe care. Partnership working at all levels and across all agencies shows commitment and child focus which result in well tailored support packages to meet individual need.

The quality and comprehensiveness of health and educational support for looked after children, young people and care leavers are good. Health assessments are timely, but the quality of recording is variable. Looked after children and young people are positively encouraged to pursue healthy lifestyles and broaden their horizons through leisure and cultural opportunities. Looked after children and young people report they participate fully in their case reviews with their views and wishes taken into account.

In response to requests from looked after children and young people, a more flexible approach is taken to where they attend for their annual health assessments. They are now held in settings where they feel more comfortable so consequently more young

people are willing to attend. Timeliness of health assessments has improved and is now good. At 87% for annual health checks and 84% for dental checks, performance is in line with similar areas. However the quality, comprehensiveness and recording of health assessments sampled during inspection are too variable.

Good and timely intervention is provided by health professionals to support placement stability. For example, the children's looked after nurse undertakes joint placement visits with a child or young person's social worker to support placements that may be breaking down, to identify and manage risk and where necessary to bring in specialist help. The CAMHS service has been re-designed and there is now an effective and dedicated provision, 'Thinking Allowed,' that provides either a direct service to looked after children and young people or support to foster carers and other professionals to help manage challenging behaviours. Foster carers receive effective training to ensure that they are aware of their role in promoting healthy lifestyles of the children and young people they care for. The children looked after nurses visit children's homes and other carers' meetings to provide health education and information on quitting smoking, substance misuse, nutrition, hygiene and sexual health.

Overall Being Healthy grade - Good

Leadership

There is an effective health team for children who are looked after. The team is employed by North Bristol Trust as part of the Community Children's Health Partnership and has the appropriate health professionals including designated doctor, designated nurse and named nurse in place with administrative support.

Effective information sharing is in place across agencies to ensure the health needs of children who are looked after and those leaving care are met. Health care practitioners reported good communication and information sharing with the health team. The designated doctor, designated nurse and the named nurse are easily contactable and feedback always is given.

Liaison meetings are held on a regular basis to discuss the needs of vulnerable children and young people and to provide consultation and support for professionals for all service providers. An annual report is published by the Children Looked after Nurses (CLAN) health team / Thinking Allowed and this should reach all stakeholders.. While there are good multi-agency information sharing pathways that are clear and well used to enhance outcomes for children and young people, room for improvement was acknowledged.

This demonstrates that the Children Looked after Health Team seek to work in partnership with the Local Authority and other partners to improve the health outcomes and life chances for children in care and care leavers.

Partnership working

Partnership working is well described with quarterly meetings of all health partners and professionals to review and plan service provision. The “Be Safe” partnership venture for children and young people at risk of sexually abusing other young people is a jointly commissioned service where health partners work closely with the NSPCC.

The Continuing Health Care (CHC) nurse has developed effective arrangements to manage both out of area placements and in area placements. Links have been established with named nurses in other areas and with private foster carers and children’s homes.

Health Assessments and Service Delivery

The total numbers of completed health assessments have increased over the last year, but there was no differentiation between initial and review health assessments in the data supplied. Latest figures for completion of annual health checks (87%) and dental checks (84%) show performance is in line with similar areas.

In the health assessments sampled during the inspection the quality, comprehensiveness and recording was variable. Following discussions with the 14+ age group and their expression of preference for review health assessments to be done by the CLAN nurses, a flexible approach has been developed. Young people are now seen for health assessments in places of their choice thus reducing stigma and also encouraging use of settings with good access to partner health care providers

Work is ongoing to raise awareness of the work of the LAC Health team with a range of health groups and care services to demonstrate how delayed referrals impact on the LAC health service.

The small number of health records examined for children who are looked after showed that health assessments were carried out within timescales. Health plans are in place and records demonstrate that immunisations, dental checks, ophthalmic testing are all completed.
The quality of health assessments is regularly audited. The LAC team are aware of the numbers of LAC placed out of authority and the completion of health assessments for this group has been a recognised gap. Regular meetings with partner commissioners and providers are held to ensure identified goals and outcomes for children and young people placed out of area are achieved. The health contracts are monitored by the CHC nurse

The Looked After Children’s Health Team and “Thinking Allowed” provides excellent emotional wellbeing and mental health support for children and young people who are looked after and access to the service is reported to be good. The team comprises multi-agency and multi disciplinary professionals who are improving access to services and delivering intense interventions for CYP to promote stability placement.

Transition procedures are currently under review between the CIC and Adult services in relation to 17-18 yrs olds. This has been a recognised gap and is a priority issue

across all children's services. For example, within the CAMHS strategy there are regular meetings between CCHP and Avon and Wiltshire Partnership Trust to clarify the pathway to adult mental health services.

User Involvement

Foster carers reported that they receive an excellent level of support and training from the CLAN Team and Thinking Allowed. It was felt the team is very responsive to both foster carers and CIC with good partnership working in signposting CYP to appropriate services e.g. Brooke workers and "Be Safe" partnership venture for CYP at risk of sexually abusing others.

It is reported both from children who are looked after and foster carers that there is good communication with schools via school nurses. The close links with Barnardos participation workers enable greater involvement of the voice of CYP.

Areas of Strength

The strong ethos of safeguarding and child protection is very evident across both the PCT and Acute Hospital Trusts. Staff clearly understand the challenges faced by health service providers within Bristol; nevertheless there was an absolute sense of commitment to improve outcomes for CYP.

Partnership working is strong both at a strategic and operational level. This commitment together with the integrated commissioning arrangements is leading to improvements in services and outcomes for all CYP within Bristol.

There is an effective safeguarding team within the PCT and the Acute Trusts (NBT and UHB), which provides a high level of support, training and leadership to assist staff to improve outcomes for CYP

All staff demonstrated a high level of awareness of safeguarding children procedures and were confident in questioning situations. Staff felt able to seek advice from named staff within local safeguarding teams and generally health staff were supportive of their social care colleagues.

Recommendations for Improvement from joint report relating to health partners

Immediately

- *North Bristol Trust to improve the quality of the recording of health assessments for looked after children and young people.*

Within six months

- *North Bristol Trust to review and improve capacity within the public health, school nursing and health visiting services to enable their full participation in health promotion and preventative work, such as the CAF.*

- *North Bristol Trust and Bristol Community Health to ensure that there is improved awareness and consistency in usage across health communities of the safeguarding flagging and alert systems already in place. To review the safeguarding alert systems within minor injuries units and walk-in centres where the electronic system is not available to ensure alert systems used are known to staff and are robust.*

Additional recommendations for improvement

- Acute Trusts and Independent sector providers to improve information sharing through a more joined up system to minimise risks to CYP

- To continue the development of the deliberate self harm work in NBT to ensure risks are appropriately managed for the benefit of CYP.

Conclusion

Your CQC Regional Director is copied into this letter and will arrange follow up on any actions detailed. We have also copied in the Strategic Health Authority and CQC's Head of Mental Health and National Inspections, who has overall responsibility for this inspection programme. We also recommend that you share specific findings in this letter with your provider units. In respect of the recommendations, please complete an action plan detailing how they will be addressed and submit this to our regional director and your SHA Chief Executive within 20 working days of receipt of the final copy of this letter.

Yours sincerely

Lynn

Lynn Davinson
Children's Services Inspection Team Leader
Integrated Inspections of Children and LAC

Cc. Sir Ian Carruthers, Chief Executive, NHS South West
Ms Mandy Cox, Children Lead, NHS South West
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Other organisations involved in this review

Bristol Community Health
University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust