

**Report on the Outcome of the Integrated Inspection of
Safeguarding and Looked After Children's Services in
Wokingham –
Berkshire West PCT and
Royal Berkshire Hospitals NHS Foundation Trust and
Berkshire Healthcare Partnership NHS Foundation Trust**

Date of Inspection	19th July 2010 – 30th July 2010
Date of final Report	20 September 2010
Chief Executive	Charles Waddicor
Organisation Name	NHS Berkshire West
Organisation Address	BWPCT Offices, 57-59 Bath Road, Reading. RG30 2BA
CQC Inspector name	Patricia Hellier

This report relates to the recent integrated inspection of safeguarding and services for looked after children which took place in the above Authority.

It provides more detailed evidence and feedback for your organisation on the findings from the Care Quality Commission's (CQC) component of the inspection, and links these to the outcome requirements as set out in the Essential Standards for Quality and Safety.

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.

The team provided feedback to your local Director of Children's Services at the end of the fieldwork and the joint inspection report to the authority is now published on the Ofsted website and can be accessed via this link: [The joint inspection report](#)

This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to your CQC Regional Director who will arrange follow up on any actions detailed in the report. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC's head of national Inspections, who has overall responsibility for this inspection programme.

*In respect of the recommendations in the report, please complete an action plan detailing how they will be addressed and submit this to CQC and your SHA Chief Executive within **20 working days** of receipt of the final report.*

The Inspection Process

This inspection was conducted alongside the Ofsted-led programme of children's services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The two-week inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection.

CQC contributes to the inspection team and assesses the contribution of health services to safeguarding and the care of Looked after children relating to that authority. Our findings from the inspection contribute to the joint report published by Ofsted and also enrich the information we use to assess providers against the Essential Standards of Quality and Safety. This report sets out specifically the evidence we obtained in relation to these standards and extracts from the published report are included and identified.

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.

This document sets out the findings specifically for the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

The Context

Commissioning and planning of health services are carried out by NHS Berkshire West, the Primary Care Trust (PCT) based in the Reading area. Acute hospital services are provided by the Royal Berkshire Hospitals NHS Foundation Trust (RBFT). Learning disability services are provided by Wokingham Borough Council and the PCT. Adult mental health services and specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Berkshire Healthcare NHS Foundation Trust (BHFT). In-patient CAMHS is provided by the Berkshire Adolescent Unit which is part of BHFT. Berkshire West Community Health (BWCH) provides community health services as the Community Provider Unit of NHS Berkshire West.

1 Outcome 1 Involving Users

1.1 Involvement of users across the health partnership is underdeveloped and whilst there are a number of effective and enthusiastic localised initiatives there are no systematic programmes of engagement at commissioner or provider level. Evidence was seen of work in progress to make the healthcare experience across the trusts more user friendly.

1.2 Work with young people leaving care and those aged 16-18 years is positive, with specialist staff available at the Woodley centre in the town seeking the views of care leavers and arranging a range of initiatives to address healthy lifestyles and assist young people in understanding how to stay healthy including how to access healthcare, sexual health, contraception, alcohol and substance misuse services to meet their needs. Anecdotal evidence is that young people report they feel more able to manage their lives and health care needs.

1.3 The youth sexual health outreach specialist and teenage pregnancy midwife provide a targeted service to young people. They have worked closely with young people to develop a service provision to meet their needs in their preferred venue "Juice". Here young people can relax and meet their friends as well as access sexual health advice, support and contraception assistance. Anecdotal reports inform us this is a popular service and another venue is to be set up to meet the service demands for the health and well being of young people.

1.4 Some service users report that they are heard, and most that they are treated with dignity and respect. Their contribution to strategic development is beginning to develop although it is not yet possible to identify significant impact. However, in health the implementation of the "Juice" as a place for health consultation, advice and health promotion is a direct response to the views of young people.

1.5 Strategies are in place through good links with the teenage pregnancy midwife in the acute trust and the young people's health workers in provider services working together to provide targeted services. The specialist teenage pregnancy midwife together with the Young People's Specialist Health Worker also provide a targeted service for young people Not in Education, Employment or Training (NEET) and those who do not access mainstream services. These services are linked to LAC through the designated nurse for LAC. While limited measurable outcome information was available (see comment 2.11) anecdotal evidence supports this as a helpful provision where young people feel involved.

1.6 Health surveys regularly consult users leading, for example, to improvements in access to maternity services.

1.7 Access to services for those who do not speak English is supported by availability of Language Line and/or translators and staff generally felt comfortable using this resource, although in acute units other staff who speak the relevant language would usually be used.

1.8 Within the acute trust there is some evidence of user involvement to inform service development and delivery in the redesign and development of children's

services in the Dingley centre. However it is acknowledged by the Trust that this is an area for development.

1.9 Good survey work and involvement of children and young people was seen in suggesting the design and promotion of services in the acute trust. The practicalities and implementation of suggestions is still being reviewed and thus not yet implemented for the benefit of the children and young people.

1.10 *Systems to enable the views of looked after children and care leavers to contribute to the evaluation and development of service effectiveness are being developed, although in significant areas there remains much work still to be done.*

2 Outcome 4 Care and welfare of people who use services

2.1 The PCT commissions, and currently provides, healthcare for the children and young people of Wokingham along with services to the Reading and West Berkshire Council areas. The PCT is working to separate their provider arm in line with “Transforming Community Services” and is currently working towards it becoming part of BHFT from April 2011.

2.2 *Whilst there is some motivation and capacity to develop joint commissioning further this is currently weak, notably in relation to meeting the emotional mental health needs of children.*

2.3 CAMHS (Child and Adolescent Mental Health Services) are commissioned by NHS Berkshire West and are provided by Berkshire Healthcare NHS Foundation Trust at Tiers 3 and 4. Commissioners and Board members of BHFT have a clear awareness of the poor performance of CAMHS service in a number of areas. This has been recognised and changes are being implemented to address some of the short falls. While systems have undergone reconfiguration and a new service design agreed changes are yet to be fully implemented. There remains disparity between senior leadership and frontline staff about the capacity of the service to meet the new service specification. A number of mechanisms have recently been introduced to monitor performance which will enable capacity issues to be addressed. There has been recent investment at senior management level which it is thought will drive improvements forward. However while it is too soon for clear evidence of outcomes, anecdotal evidence reports some service improvement.

2.4 As part of the service redesign Primary Mental Health Workers have been employed. This newly implemented role is to provide some direct work with children and young people at tier 2/3 level. They also provide training and support to other professionals to help them to meet the emotional health and well being needs of children and young people during their contacts and assist them in therapeutic work. While this may be helpful in part it is only one means of meeting the needs of young people requiring therapeutic help and intervention.

2.5 Referrals to CAMHS lack clarity of threshold. Almost half the number of referrals received being deemed inappropriate and resulting in an oversubscribed Tier 3 service with lack of provision for children and young people. This is being

addressed as mentioned previously as part of the remit of the Primary Mental Health Workers. The impact of this provision is yet to be evaluated.

2.6 The arrangements for meeting the mental and emotional needs of vulnerable children and young people in a timely way are inadequate. Intervention is reported by partners as being of variable quality when provided. Consultative support to other professionals in meeting and supporting their service users therapeutic needs has been welcomed by some social work practitioners.

2.7 The lack of a psychologist at The Oaks Childrens Centre has had a negative impact on service provision for young people. The centre has a particular focus on attachment issues and until last year had a psychologist working there who would see and support LAC, foster parents and other young people. The third sector provides ARC counselling service for young people who are referred. However they cannot meet the demand for services. For looked after children there is limited awareness or liaison with LAC nurse, or fast track system, and this impedes the CAMHS teams' awareness of the needs of the LAC children as they are not working together for the benefit of the young people.

2.8 Specific partner agency prioritisation and support for LAC is inconsistent. This is particularly noted in an insufficient prioritisation of looked after children in CAMHS, inconsistencies arising from GPs conducting initial looked after medical examinations without specific training, and the failure to fill vacant roles of designated doctor and specialist clinical psychologist working from the Oaks Centre (providing counselling and behaviour management support, particularly for children in care).

2.9 The "Team around the Child" (TAC) initiatives have been established and are working well although hampered by some difficulties with social services resources and response times being limited and delayed.

2.10 The impact of the prevention framework through the CAF and the use of a Team Around the Child (TAC) approach has been slow in development, though recently emerging more strongly, particularly within a number of health and school settings. Sustained primary healthcare service engagement is also essential, particularly in ensuring that succession planning and continuity of function is assured, for example, in relation to the designated doctor and clinical psychologist roles, as well as sufficient capacity of the role of the looked after children nurse.

2.11 The engagement of primary health teams within children's centres is improving access to health and lifestyle information and support, particularly for young parents and families. The sexual health teams are reaching young people effectively through emerging services in appropriate settings. This is evidenced through the figures for teenage pregnancies showing the area is below the national average and the rate is decreasing. The number of second conceptions has been relatively high but is also seen to be decreasing. However the number of terminations in the borough is higher than neighbouring areas and this is recognised as an area of work for the health care professionals.

2.12 Sexual Health services are good, with enthusiastic initiatives around Chlamydia

screening and contraception information available in clinics, schools and chemists. Health promotion about sexually transmitted infections and specialist clinic accessibility is provided by young people's health workers, school nurses and also by LAC nurse in youth settings. The reported increase in numbers accessing the service and the reduction in second conceptions indicates the service is improving outcomes for young people.

2.13 Arrangements for support of teenagers who are pregnant or are parents are adequate. The service works well with partners, including Connexions and report good success in encouraging young people back into education, training or employment. For those who choose a termination there is a clear pathway of follow up across the partnership to provide support and education for the well being of the young people.

2.14 The PCT has undertaken to work towards "Baby Friendly" accreditation status. There is a joint breastfeeding policy and a full action plan to meet the accreditation criteria is being undertaken by partner agencies. Current breast feeding data for the area show initiation rates as being higher than the national average, however data currently being collected does not meet validity status, and the trust are working on this. Support is offered to breast feeding mothers at centres across the area through a joint initiative between health visitors and volunteers from the breastfeeding network and the National Childbirth Trust (NCT).

2.15 The vacancies in the School Nurse and Health Visiting teams have led to targeted service provision with limited time for the universal services of the health promotion and prevention agenda. The PCT have recently increased funding to the school nursing service and commissioned a specialist practitioner post which, anecdotally, has improved service provision.

2.16 Health visitors continue to have high caseloads in Wokingham of which are in excess of the recommended numbers for safe and effective service provision. However additional resourcing has been approved which will enable the requirements of the services capacity plan to be implemented. There has been an increase in skill mix and the use of staff nurses and nursery nurses to support the Health visitors however this has not increased their ability to deliver the universal services and health promotion agenda. The PCT has just obtained funding to implement the "Healthy Child" programme to address the health promotion and prevention agenda.

2.17 School nurses provide an enthusiastic but overstretched service with high levels of child protection work on their case loads, which restricts their availability for health promotion work. A recent audit of service provision demonstrated school nurses are providing at least 50% face to face work with children and young people demonstrating they are well engaged in working with and for the benefit of young people.

2.18 Development of the "Healthy Child" programme later in 2010 is one example and there is an aspiration to use joint appointments to improve partnership working.

2.19 The parents interviewed reported satisfactory access to the speech and

language therapy services, with little or no waiting time.

2.20 Whilst there is adequate support for speech and language therapy, there is no preventative work being provided around emotional health and well being.

2.21 The RBFT is the main acute trust service provider for the population of Wokingham.

2.21 Risks are identified and managed through an alert system on both paper and e records for the protection of children and young people. Maternity have recently developed and instigated an alert system for safeguarding the unborn child. Anecdotal evidence is that this is good and improving the protection of unborn babies. While there is evidence that information sharing is improving there are still gaps in the system that could potentially result in a young person needing safeguarding that is missed.

2.22 The majority of children and young people presenting at A&E who self harm are offered respite admission for their own safety and referred to the CAMHS crisis team, who visit within 24 hours, seven days a week, to assess and risk manage individuals and their needs to safeguard them as far as possible from harm. For young people who are 17 a multidisciplinary assessment including a mental health assessment by the mental health liaison team is carried out in A&E before they are discharged from the department. Presenting individuals are risk assessed using a mental health triage tool and an additional safeguarding assessment is carried out by a paediatrician where indicated. Child protection referrals and/or referrals to the on call Consultant Psychiatrist are made where indicated. Following individual assessment; young people could be offered admission to either paediatric or adult ward depending on their needs and risk levels, regardless of educational status' Commissioners and senior staff have been in discussion and recognise the need for communication of existing arrangements and further analysis of need.

2.23 Young people who self harm are offered respite admission admitted for their own safety and are appropriately referred to CAMHS to risk manage. Young people aged under 18 who require mental health in patient services are managed in accordance with a protocol to ensure compliance with the Mental Health Act.16 - 17 out of hours have no alternative provision to being admitted to an adult ward. Presenting individuals are risk assessed by the on call mental health doctor.

2.24 Currently, there is limited provision for the examination of children under 12 years who may have been victims of sexual assault. The partnership is addressing this issue with the Strategic Health Authority. Interim arrangements need to ensure that any children and young people who suffer from sexual abuse receive an appropriate and timely examination. Current arrangements mean that children who need these services may have to wait for examination and / or travel some distance to be seen by an appropriately trained physician, which may add to the trauma and emotional strain for the child.

2.25 Whilst there is a lead health commissioner for Safeguarding there is currently no Designated Doctor in post to provide the forensic skills, or support improvements

for both safeguarding and looked after children. While it is acknowledged the recruitment campaign for this post has failed to secure any applicants, it leaves a gap in service provision for the safeguarding of young people.

2.26 There is evidence of improving provision and engagement with initial health assessments for LAC although these are somewhat inconsistent, being delivered by a range of practitioners with limited or no specific training. Initial Health assessments are undertaken in a timely manner with 95% being completed within the timeframe. The looked after children nurse is well engaged with children both locally and a number beyond the PCT boundaries although there is limited capacity to carry out this role. The service has seen an improvement in the 14+ age group engagement and attendance at review health assessments through an increasingly flexible approach to seeing young people. This is following discussions with them in which they expressed their views and preferences for where health assessments should take place. They are now seen in places of their choice thus reducing stigma and also enabling them to be seen in setting where there is good access to partner health care providers. E.g. health zones in schools or in the youth drop in areas. The LAC nurse carries out the review assessments for the over 5 age group and will undertake them at a suitable location of the young person's request. Currently due to low numbers of Health Visitors and no designated doctor there is limited capacity for medical and developmental assessments for the under 5's. The medical assessments are commissioned from local GPs, and Named Nursing staff carry out initial and subsequent health reviews. There are good immunisation rates for under 5's at 90%, and data seen show 85% of LAC have received dental checks annually. This indicates the health needs of LAC are mostly being met.

2.27 The health of looked after children is adequate. Initial health assessments are undertaken in a timely manner with almost all completed within the time frame. They are, however, completed by a range of practitioners with no or limited specific training, leading to variable quality. The looked after children nurse has direct personal involvement with children both locally and with a number beyond the PCT boundaries, although there is limited capacity to carry out this role.

2.28 A range of services for looked after children support placements and prevent breakdowns or placement disruption including that of the looked after nurse. Foster carers are provided with other training and support from this nurse and health visitors as required.

2.29 The Wokingham Alcohol and Substance Misuse Team are a multi agency team with some joint appointments which facilitate enhanced partnership working. The service is well regarded, providing timely and effective support.

3 Outcome 6 Co-operating with others

3.1 Involvement of partners in Wokingham Safeguarding Children Board (WSCB) and the Children's Trust has improved and joint representation is at an early stage as the governance arrangements of the two bodies become clearer.

3.2 Partnerships between statutory agencies are adequate overall and are characterised by co-operative and collaborative approaches at practitioner level with incremental improvements being achieved.

3.3 The PCT and Council have a small number of joint appointments and are currently developing more in Community Health provision for both universal and targeted services. Front line staff report increased partnership working and improved outcomes from these posts. However in the developing posts there is some concern regarding capacity to meet the identified remit, e.g. the Neighbourhood Partnership Manager.

3.4 Health engagement in training of foster carers and children's home staff to provide them with the principles of healthy care for children and young people is satisfactory but there is not a co-ordinated programme across the Authority. Foster carers are provided with training and support from the LAC nurse and health visitors as required. The sexual health workers provide input and support as needed. Health assessments for children looked after by the authority but placed out of area are arranged by the LAC nurse who actively works hard to ensure they are completed within the requisite timeframe, for the health and well being of the young people.

3.5 A range of services for looked after children support placements and prevent breakdowns or placement disruption including that of the looked after nurse.

3.6 There is good awareness across the partnership of the implications of domestic violence with staff across all provider services being clear what to do if abuse is suspected. Health commissioners have been very responsive in this area with the appointment of a designated nurse practitioner and specialist midwife for domestic abuse. These practitioners liaise well with all partners and ensure the flow of information between practitioners for the safeguarding of children and young people. Health partners and commissioners are aware of their need to continue to build on the current improving partnership arrangements. They report there is now a good senior team who are working hard to improve performance indicators in commissioning and governance arrangements to move to more robust partnership working.

3.7 Health partners and commissioners are aware of the need to build on those current positive partnerships. Health service managers work hard at improving performance in commissioning and governance.

3.8 Work with the Youth Offending Team is generally good with dedicated substance misuse posts and good links between the Youth Offending Team and universal health services through the looked after children nurse and the primary mental health worker who is part of the team. This is resulting in the reduction of young people entering the youth justice system through the minimisation of young people misusing substances.

3.9 Wokingham GP's contribution to case conferences is limited. Communication channels and information sharing are also limited, with some GP's being unaware of changes to child protection plans, although they are usually invited to Child

Protection Meetings, however the invitation does not always given time for arrangements to be made to attend.. An increased understanding of roles and working practices of the varied professionals would enhance communication sharing for the protection and well being of children and young people.

3.10 There is a need for improved consistency in approach to the interface between the Common Assessment Framework (CAF) and children in need. Health referrals to social care are appropriate although no clear thresholds are known or published and there is limited response from social care colleagues which is not always timely. Although no formal escalation policy exists, staff all reported incidents of passing concerns to named professionals and issues being taken forward by them. All staff report having received training in use of the CAF and health visitors thought it would be a useful tool when fully implemented. However the CAF needs further embedding in health care services. All healthcare professionals reported confusion about pre CAF's and CAF forms and single agency referral forms. Processes must be clarified to assist decision making and enhance service responsiveness to young people. There is good contribution by health professionals to TAC with attendance at meetings and report provision.

3.11 However it is accepted that inter-agency improvements in consistency of approach to the interface between the Common Assessment Framework and children needing referral to social care services is yet to be achieved. The recent review of the CAF should assist in this regard.

3.12 Transition services for young people with a disability and those with complex needs are limited. There is a recognised need for improved pathway planning and approach to transition to adult services across the health care partners. Care leavers with complex needs are offered a variety of transitional services through the Dingley Centre and on going support to find appropriate clinicians to help them manage their care. However this service could be improved for the health and well being of the young people.

3.13 It is acknowledged that key partner agency engagement requires fully embedding to ensure a smooth transition where children have a need for a change in their targeted specialist services.

3.14 There is good awareness in Wokingham around the domestic violence agenda. At RBFT there is extended reporting to include concerns about attendance of adults with self harm or substance misuse where there are children in the family. There are good links between the designated nurse practitioner and specialist midwife for domestic abuse with the drug and alcohol services, resulting in some joint visits clinics taking place.

3.15 Partnerships between statutory agencies are adequate overall and are characterised by co-operative and collaborative approaches at practitioner level with incremental improvements being achieved. Staff in A&E report improved partnership working.

3.16 The sexual health service is effective with good partnership working as demonstrated (anecdotally) through the increasing numbers accessing the service.

The service is working to improve access to its services, and increased education of children and young people through the work of the young people's health workers. Relationships with school nurses are developing alongside the young people's health workers. Both groups of professionals provide advice to promote sexual health.

3.17 Communication and liaison between relevant agencies is increasingly effective at practitioner level although further improvements are acknowledged as being required between primary healthcare and children's social care services. Health visitors and school nurses consider that thresholds are set high and report limited response from social care colleagues.

4 Outcome 7 Safeguarding

4.1 Arrangements for Safeguarding and management of Looked after Children are currently determined locally by the PCT with good relationships among named and designated professionals. The Safeguarding leads are well known by frontline staff and clear information and accessibility is reported.

4.2 The LAC designated nurse does not feature on any Safeguarding information provided across the trusts and subsequently has a limited profile. This could impact on the outcomes for LAC from staff who do not know of the role and the support and assistance it can provide to all involved in service provision to LAC. The inability to recruit to the Designated Doctor for safeguarding post (which incorporates the designated doctor for LAC due to low numbers of children in Wokingham) could have a negative impact on outcomes for young people due to limited, clear leadership in this area. Health professionals report feeling there is a gap in the medical knowledge and support since the retirement of the designated doctor (two weeks ago) as they see the role as pivotal to the co-ordination across health partners of safeguarding and LAC children and young people. Over time the failure to fill this role will impact on the robustness of service provision.

4.3 The council has provided stronger, more visible, leadership in protecting children. Partner agencies increasingly demonstrate a key role in this regard, though the requirement for significant further work is acknowledged and the planned strengthening of the overview and scrutiny function is yet to take full effect. The contribution of primary health care services is not yet fully developed and a more sustained, productive relationship with the third sector is still being progressed. For example, whilst there is a lead health commissioner there is currently no designated doctor in post supporting improvements to both safeguarding and looked after children.

4.4 Within all provider services inspected, there are good procedures for safeguarding children and young people. Staff demonstrated clear understanding by of their responsibilities and how to escalate concerns and referrals if they do not feel appropriate action is being taken by partner agencies. Staff awareness and understanding has been improved in the mental health trust (BHFT) through the appointment of a named nurse for Safeguarding children in the trust since April

2010. However CAMHS service provision is poor with a number of people reporting long waiting times and no fast track provision for LAC.

4.5 Overall progress in training and involving GP's in safeguarding activity is satisfactory. However the training of dental practitioners is poor with few recognising the impact of this agenda for them in practice and thus potentially not ensuring the safeguarding of children and young people.

4.6 There are appropriate numbers of Named Nurse and Named Doctor provision across all Trusts. They have a good profile and provide a robust service of support, supervision and practice development for staff for the protection of children and young people.

4.7 The Director of Public Health is relatively new in post and reported no real involvement yet or attendance at any meetings so limited information was available. Infant mortality is believed to be low in Wokingham; however there is no differential of figures for each of the six areas covered by the Child Death Overview Panel (CDOP). There is no clear pathway as to how CDOP findings influence practice.

4.8 At the RBFT reviews of any deaths of children and young people are led by a senior paediatric clinician as part of the Child Death Rapid Response. At the time of death in the A&E department the Child Death Rapid Response process for children up to 16 years is led by a Paediatric Consultant; those for the deaths of young people aged 17 and 18 by the A&E consultant.

4.9 Provision of a Sexual Assault Referral Centre (SARC) locally is still under discussion with the Strategic Health Authority. Services are currently limited and children and families may face long journeys for assessment by an appropriate professional to be arranged. (See 2.24 above)

4.10 Arrangements for recognising and supporting victims of domestic abuse have been strengthened with the appointment of a designated nurse practitioner and specialist midwife for domestic abuse. (See 2.6 above) A comprehensive training programme has been delivered across health partners; however there is no evidence as yet on the impact of this work.

4.11 The accident and emergency department of the acute trust has clear systems in place for recognising and flagging risks to children who are the subject of child protection plans and repeat attendance (see 2.21 above). However systems are not in place in many community service areas and GP's, dental practitioners and mental health services would not necessarily be aware of children and young people who are deemed to have safeguarding needs or child protection plans. This has been recognised and work is in progress to develop the systems and enable better and timelier communication of children with safeguarding needs to all professionals. There are clear thresholds for referral to social care and well displayed flow charts to assist staff in the recognition of potential abuse and the process for escalation and referral. Paperwork for all attendees (adult or child) at the department have clear prompts for staff regarding the potential safeguarding needs of children and young people.

4.12 Dental practitioners have little understanding of their role in safeguarding and are not included in information sharing or the more strategic picture of safeguarding in the Borough. The lack of training and awareness could potentially lead to misunderstanding of an injury and a child or young person left at risk through lack of action or appreciation of the situation by a health care professional.

4.13 Staff in adult mental health settings have good awareness of the potential safeguarding needs of children and young people when adults are seen. The appointment of a Named nurse in BHFT for children's safeguarding earlier this year has increased staff's awareness and all paperwork now has clear prompts to assist staff in recognising situations and commencing safeguarding referrals. Good systems of information sharing have been set up and there are robust supervision arrangements in place.

4.14 The Dingley centre provides the hub of services for children and young people with developmental need. The service provision is currently being reviewed to make it more efficient and effective. This service is closely linked in with the Disabilities team which is a multi agency team co located at Highwood. Good partnership relations are described across health partners and the local authority; however communication with CAMHS is poor. The specialist nurse for learning disability is a joint appointment and facilitates good partnership working and service provision. There are good systems in place to identify children and young people with safeguarding needs and to share information on a regular basis. The development of the "Early Bird" programme – a multi agency parenting course for those with children who have a condition on the autistic spectrum has been well received and enables regular contact and support for families to protect the young people. Anecdotal feedback from parents tells us the service is good and very helpful. No formal evaluation of this service has been undertaken.

5 Outcome 11 Safety, availability and suitability of equipment

5.1 The equipment resource for children with disabilities and complex needs is adequately managed for the benefit of children, young people and their families.

5.2 The paediatric A&E unit at RBFT is currently inadequate and insecure. However the department has a designated resuscitation area and is in the process of major refurbishment to ensure a secure and child friendly environment for all young people attending the department. This will include appropriately trained staff and is due to open in the autumn of 2010.

6 Outcome 13 Staffing numbers

6.1 The specific A&E area for children and young people in the acute trust is always open but not always staffed with children's nurses. The skill mix and lack of suitably qualified nursing staff in A&E has been identified as inappropriate to ensure the protection of children and young people. The insufficient numbers of paediatric qualified staff within the unit has meant that often children are assessed by staff that have not had the necessary paediatric training. This has been identified and is

being rectified by the recruitment of an additional five paediatric nurses in the autumn. There is also a shortage of middle grade medical staff (national difficulty) and the trust is recruiting emergency nurse practitioners to creatively fill the gap and free up senior clinicians time. It is anticipated this will ensure a more robust service for safeguarding children and young people.

6.2 Within Berkshire West Community Health (BWCH) there is a shortage of health visitors and school nurses and there have been attempts to mitigate the risk through skill mix and recruiting additional support staff. However resourcing remains inadequate and the service is insufficient to fully safeguard the needs of children and young people. Similarly there is a deficit of a designated doctor for safeguarding and LAC to meet the need for an efficient and effective safeguarding service. (See 4.2 above)

6.3 Capacity issues remain within health visiting, school nursing and the designated safeguarding doctor and nurse sectors and this is an important weakness.

6.4 Capacity in Occupational Therapy children's services within provider services is poor, for example provision is limited with long waits being reported by parents. Plans are in place to review these arrangements and redesign the service.

6.5 The capacity of the LAC nursing team is limited and does not fully meet the needs of the young people, either through lack of time or profile with partner agencies including health. While the numbers of LAC in Wokingham are relatively low, capacity is reported as an issue both from within the team and other professionals. The profile of the LAC designated nurse is poor across the Trusts and not included in any safeguarding literature. Some health professionals reported they did not know of the existence of the role. The designated LAC nurse needs to be included in the communication loop to enable her to provide skilled and specialist help and support to professionals and young people, for the health and well being of the young people.

6.6 Sustained universal support and encouragement for the looked after children nurse is yet to be achieved across the area.

7 Outcome 14 Staffing support

7.1 Safeguarding supervision arrangements are good, effective and staff report feeling supported in their work. The named professionals are known across the trusts and staff report feeling confident to access any member of the named professional team if needed. They have developed significant networks for ensuring safeguarding is high on all staff's agendas in service provision.

7.2 Robust child protection supervision is in place in health trusts with named professionals having a high profile. The team of named professionals meet regularly to share information and develop best practice. Staff express confidence in the named professionals support, although the lack of a designated doctor is a notable gap.

7.3 Specialist child protection supervision training has been accessed by many senior staff across all trusts. Front line staff described confidence in understanding safeguarding issues and in implementing in practice when / if need presents. Provision and uptake of safeguarding supervision is good. Staff described planned and ad hoc sessions available as needed through the Named professionals. The quality of supervision is described as good, supportive and easily accessible at all times.

7.4 Adequate supervision support, guidance and direction for staff are now evident within children's social care. Health managers have been slower to respond to workforce issues and service provision. The current leadership team have a clear development plan and have a review and development work programme to improve service provision.

7.5 Training provision and uptake in all trusts involved in this inspection has increased substantially over the last 12 months. All trusts report more than 85% of workforce have undertaken group 1 training. Level 1 safeguarding training is provided on induction by all health partners and all staff posts have been mapped to training requirement groups. Level 2 training is conducted by e-learning or face to face and is provided to all staff who may have contact with children. Multi agency training at level 3 is provided to staff that work mainly with children and implementation is often provided by partner health agencies as there is limited accessibility to WSCB training. Commissioners and board members are reported as having received training to enhance their understanding when commissioning service provision for the protection and well being of young people.

7.6 Uptake of training by GP's has been good with the provision of focussed and funded time last year. 57% have been identified as having received training. A small number of Dental practitioners have received training weakening the Trusts ability across all health service provision to ensure children and young people are safeguarded

7.7 Access to, and take up of, inter-agency training are well embedded. This training is valued by practitioners, although capacity remains limited. There is some evidence of emerging improvement attributable to diversity and equality strategies in safeguarding provision but further improvement is also acknowledged. Training provision and uptake in the trusts inspected have increased substantially over the past year. A large majority of the workforce have undertaken level 1 training. Uptake of training by GPs has been good with the provision of focussed and funded time last year. Dental practitioners have not yet received training.

8 Outcome 16 Audit and monitoring

8.1 Safeguarding and LAC policies and procedures at commissioner and provider board level are satisfactory. The PCT commissioners are developing a range of key performance indicators (KPIs) to oversee progress in safeguarding, building on the current robust contract penalties and current KPI's in place. These results feed into the clinical quality, finance and information groups and the quarterly performance

management group. Progress has been adequate on taking forward recently identified gaps and service redesign for the improvement of provision, to safeguard and meet the needs of children and young people.

8.2 Safeguarding audits and monitoring are regularly carried out and reports show increased awareness and improving outcomes for children and young people. There is good evaluation in some individual departments and regular use of internal audit. However there is limited use of audit in the provider services (BWCH) and the mental health trust (BHFT) around safeguarding implementation, improvement and trends.

8.3 Heath service managers work hard at improving performance in commissioning and governance.

8.4 LAC service specification is being redeveloped to ensure clear lines of accountability and responsibility for health assessments and their funding when out of area, to ensure that the health needs of children and young people are met.

8.5 The Director of Public Health is relatively new in post and reported no real involvement yet or attendance at any meetings so limited information was available. Infant mortality is believed to be low in Wokingham; however there is no differential of figures for each of the six areas covered by the Child death Overview Panel. There is no clear pathway as to how CDOP findings influence practice for the protection of children and young people.

8.6 Health managers have been slower to respond to workforce issues and service provision than partner agencies. The current leadership team have a clear vision and plan for future developments and are now working to further review and develop service provision for the safety and well being of children and young people. The use of Joint appointments (commencing later in the year) is hoped to increase partnership working.

9 Outcome 21 Records

9.1 Records seen showed satisfactory standards with some good examples of clear, concise and informative information to enhance partnership working, assessments and service provision for the benefit of young people. The quality of health assessments is variable and care provision for young people would be enhanced if GP's had specific training and understanding of the needs of LAC and specific information required of initial health assessments.

9.2 The quality of recording is also variable although it is generally up to date. The current duplication of recording systems in place is not appropriate and does not ensure a reliable single source of information or ensure that sufficient data on children is available to the out of hour's service.

12 Recommendations

Immediately (from joint report)

- *Health partners to ensure that out of hours emergency access to service provision enabling children in need of forensic medical examination and local in-patient mental health provision is met appropriately.*

Within 3 months (from joint report)

- *Ensure effective agreed joint commissioning arrangements, notably between the local authority and the commissioning arm of NHS Berkshire West Primary Care Trust are established.*
- *The PCT to ensure that dental practitioners are offered and undertake accessible safeguarding training.*

Additionally

- *West Berkshire Community Health services to work with partner agencies to develop robust communication systems to ensure the inclusion of GP's in communication regarding the needs of children who required safeguarding.*
- *The PCT to provide clear and effective leadership for safeguarding of children and young people, and those in care, through a substantive designated doctor role working across the health communities.*

Within 6 months (from joint report)

- *Further improve multi-agency provision for prevention and early intervention using the common assessment framework (CAF).*
- *Child and Adolescent Mental Health services to implement planned service improvements to decrease waiting times and improve treatment outcomes for young people, particularly those children between 16 and 18 years and who are not in education.*
- *Wokingham Children's Trust and the Wokingham Safeguarding Children Board to improve coordination of respective plans and implement these effectively.*
- *Wokingham Children's Trust and the Wokingham Safeguarding Children Board to strengthen the links between quality assurance, performance management reporting and the development of joint commissioning.*

Additionally

- NHS Berkshire West to ensure there is sufficient capacity within health visiting and school nursing services to provide universal and targeted services to safeguard children and young people in Wokingham.
- NHS Berkshire West to ensure that provision for examination and support for children and young people who may have been sexually assaulted is responsive and effective, with a sufficient complement of medical expertise and within an appropriate time frame and location.
- NHS Berkshire West to review and address lack of capacity and role profile of the looked after children nurse service to enhance service provision for children and young people.

Next steps

An action plan is required within 20 working days of receipt of this report. Please submit the action plan to your SHA or Monitor copied to CQC through childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.

Other organisations involved in this inspection

Wokingham Borough Council
Berkshire West Community Health (PCT Provider arm)
Royal Berkshire NHS Foundation Trust
Berkshire Healthcare NHS Foundation Trust