Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Worcestershire

Date of Inspection	**October 4- 15 2010**
Date of final Report	**12 November 2010**
Commissioning PCT	**NHS Worcestershire PCT**
CQC Inspector name	**Elizabeth Oxford**
Provider Services Included:	**Worcestershire Acute Hospitals NHS Trust** **Worcestershire Mental Health Partnership NHS Trust** **Worcestershire Community Care**
CQC region	**South West**
CQC Regional Director	**Ian Biggs**

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

It provides more detailed evidence and feedback on the findings from the Care Quality Commission's (CQC) component of the inspection, and links these to the outcomes 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 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

Worcestershire Council	
Safeguarding Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of the safeguarding services	Inadequate
Capacity for improvement	Adequate
Looked After children Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of services for looked after children and young people	Adequate
Capacity for improvement of the council and its partners	Adequate

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 commissioning PCT, and CQC Regional Director. 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 in relation to the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

Context:

Commissioning and planning of national health services and primary care are carried out by Worcestershire Primary Care Trust (PCT). The main provider of acute hospital services is the Worcestershire Acute Hospitals NHS Trust, which includes the Worcestershire Royal Hospital, the Alexandra Hospital and Kidderminster Hospital. Community-based Child and Adolescent Mental Health Services (CAMHS) are provided by Worcestershire Primary Care Trust Provider Services. The provider

arm of Worcestershire PCT provides community health services which includes CAMHS. In-patient CAMHS is provided at Birmingham Children's Hospital and other Independent Sector Services, including services outside the West Midlands; except if the child has a dual diagnosis of CAMHS/LD. These services are commissioned by the Specialised Commissioning Team, West Midlands. Some services for CAMHs and disabled children are commissioned in partnership between health and social care.

1 General – leadership and management

1.1 Ensuring that the needs of children and young people are met is clearly identified as one of seven key strategic priorities for NHS Worcestershire.

1.2 There is clear evidence of partnership working between Worcestershire PCT and the local authority through the development of a joint commissioning unit which will commission all children's community health services from April 2011. Whilst there are currently no pooled budgets there has been extensive use of aligned budgets for example for the teenage pregnancy unit and substance misuse team.

1.3 There is an integrated health service for looked after children in Worcestershire; the co-location of health staff to the Integrated Services for Looked After Children (ISL) has led to improved communications between the main agencies. The ISL is a jointly funded team of health and local authority staff that has PCT funding for 2 clinical psychologists, LAC nurse and a primary mental health worker. The local authority fund 2 administrative posts, 3 social workers, a participation worker, part time educational psychologist and the team manager.

1.4 Commissioning arrangements for health care need to be strengthened for the 26% of looked after children who are placed out of the county; a lack of formalised arrangements mean health assessments and reviews are currently arranged on an informal reciprocal basis. With the exception of occupational therapy assessments for LAC which are formally commissioned by the local authority. These arrangements do not address quality monitoring for Worcestershire children in placements out of county.

2 Outcome 1 Involving Users

2.1 Involvement of young people at a strategic level within NHS Worcestershire PCT for service design and planning is at an early stage and the PCT is looking at ways of expanding its practice in this area.

2.2 There are some good examples of user involvement at an operational level; or example the input of young people to the development of a handy pack of information for teenage parents. The guide is user friendly and includes information on different aspects of pregnancy, birth and parenting for both young men and women. An access link for non English speaking YP is provided along with written information in various languages including Bengali, Polish, Turkish and Urdu.

2.3 An outstanding feature of looked after children's health care in Worcestershire is the innovative ways used to gain the views of young people concerning their health

assessments. For example, a group of looked after children were heavily involved in the production of a DVD explaining what health assessment are and why they are offered; this resource has been recognised as good practice and was used in the national roll out of the revised statutory guidance for health assessments last year. The DVD was made by a group of looked after young people which included some who are members of the Children in Care Council (CIC). The young people involved were not taken exclusively from the CIC but from the wider population of LAC. It was used in the implementation of Care Matters.

2.4 There is only a minimal service and level of support offered to care leavers by ISL currently; this deficit has been recognised as an area for development by the looked after children's nurse.

2.5 All families are treated in a sensitive manner following an unexpected death of a child in Worcestershire. Through the development of a comprehensive guide to religious and cultural considerations by named nurse on CDOP health professionals are better able to meet diverse needs of a rapidly changing population profile. As a result families from different cultures and religions receive more appropriate and sympathetic support.

2.6 There is evidence of commitment by NHS Worcestershire PCT to ensuring equality and diversity issues are part of everyday practice despite the largely white British profile of the population. All trust policies within provider services have been impact assessed for equality and diversity, interpreters are available for hospital and community staff and multi-cultural training and information is available for all staff.

2.7 There are effective practices in place to promote the well being of children through the use of children's centres by minority ethnic groups; services in children's centres demonstrate awareness of different cultural needs with some good targeted work evident.

2.8 The appointment last year within the PCT of a commissioner for vulnerable children has raised profile of these children's needs and strategic priorities and outcomes are now kept under continuous review.

2.9 Although the role of specialist midwife for the support of pregnant teenagers is well embedded across Worcestershire the unequal workloads for midwives means not all teenage mothers (0.7WTE compared to 1 WTE in Kidderminster, Worcester and Malvern 0.7 Evesham and Droitwich) receive the same level of support. There is less midwifery capacity to support teenage parents in the Bromsgrove and Redditch areas despite having the highest caseload.

3 Outcome 4 Care and welfare of people who use services

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3.1 Child and adolescent mental health services (CAMHS) in Worcestershire are not providing an adequate service for children and young people with mental health needs. Children and young people are not able to access a comprehensive integrated CAMHS service; inconsistencies in CAMHS provision is demonstrated through wide variations in waiting times for access to treatment with children and

young people in north Worcestershire waiting much longer than those in the south of the county.

3.2 Whilst there is adequate tier 1 CAMHS provision across the county there is inconsistent provision of tier 2 CAMHS; not all young people receive specialist early intervention that reflects their need and service provision is uneven across the county. Young Gateways service provide early intervention and counselling services only in the Malvern, Worcester, Redditch and Droitwich areas although there are plans to roll out service across the county. Other counselling services provided include T4U and Relate; there is county wide provision of T4U.

3.3 There has been an unacceptable delay in setting up an appropriate out of hours CAMHS and the findings from an SCR have led to a review of the out of hours provision. Funding for implementation of a fully operational out of hours service by December 2010 was agreed on 8 October; interim arrangements have now been put in place whilst all appointments are filled.

3.4 There is poor, untimely transitional planning for young people with mental health needs; transitional arrangements between CAMHS and adult mental health services have only recently been agreed and the protocol is still in draft form.

3.5 There has, however, been some effective CAMHS input into supporting foster carers through a range of training events; the ISL mental health worker has covered issues such as attachment, parenting children with attachment difficulties, understanding mental health and the impact of adverse environments on child development.

3.6 There is insufficient CAMHS support available to looked after children, with long waits for access to services reported. Young people with learning disabilities who also have mental health needs are not receiving an integrated or cohesive service. Currently services for a child with a learning disability are provided by CAMHS/Adult mental health services with input from paediatric acute clinicians resulting in a lack of clarity around resources and an inconsistent service across the county.

3.7 Good completion rates of the strengths and difficulties questionnaire (SDQ) indicates a high level of unmet need for the emotional and behavioural difficulties looked after children and young people.

3.8 Good progress has been made in reducing childhood obesity rates with school nurses implementing the NCMP programme to measure all reception and year 6 children. The most recent data shows that the rising rates of overweight/obese children have halted and started to level off. Levels of obesity for reception age children have started to decline; the LAA target for year 6 has levelled off but is still above baseline target.

3.9 The joint strategy to reduce teenage pregnancy rates is having an impact; although the national target for reductions to the rates have not been met local targets are on line to be met

3.10 Effective action has been taken to halt the recent fall in performance for looked after children's health assessment reviews. The rates for timely completion of health assessments reviews at 79% have been adversely affected by a number of factors including a general increase in the number of children looked after and the numbers of Unaccompanied Asylum Seeking Children (UASC) moving into Worcestershire.

3.11 Only 37% of UASC have a health assessment which is significantly below the rate for other LAC of a similar age. The health team is actively targeting this vulnerable group to improve attendance for health assessments and reviews with some modest improvements already evident.

3.12 Dental checks have been carried out on over 80% of looked after children and remain at a fairly constant level of performance

3.13 Although there are some behaviour management pathways in place there are no clear care pathways for the management of Attention Deficit Hyperactivity Disorder (ADHD) and ASD currently; they need to be developed to ensure these young people receive appropriate and integrated care. A number of teams have audited ADHD assessment processes and a county wide BAP (behaviour assessment process) has finally been agreed to run jointly with health and education services.

3.14 Through the pro-active approach to improving health outcomes for looked after children taken by the integrated health team within ISL an audit of health care plans identified the need to improve coverage of substance misuse by school nurses during health assessment reviews. As a result a screening tool was developed for use with children aged over 10 years and in conjunction with additional training, improvements to the level of coverage is now evident in health care plans and reviews. Training for school nurses also included sexual health issues which have led to improved coverage.

3.15 The county wide initiative T4U provides a flexible and confidential drop in holistic service for young people that includes sexual health and contraception in a range of venues. Good partnership working arrangements were demonstrated through their work in children's centres, youth settings, PRUs high schools and colleges of FE. Effective partnership working has helped to promote earlier intervention for vulnerable young people and targeted approaches to engage with young people most likely to adopt risky behaviour is underway in a number of schools.

3.16 There is good support from sexual health services which has resulted in low numbers of pregnant young people in care. An outreach specialist nurse for sexual health works with looked after children to provide easily accessible counselling and support to vulnerable young people aged 16-25. However data on the rates and numbers of looked after children who become pregnant has not been routinely collected and a tracking system to monitor this information is now being developed.

3.17 There is evidence that partnership working to reduce teenage pregnancy rates is having an impact; although the national target for reductions to the rates have not

been met local targets are on line to be met. Rates for teenage pregnancies are below the national average and can demonstrate a year on year reduction.

3.18 A joint review of the commissioning of the speech and language therapy service is underway

with health and local authority partners working together to redesign the service which is currently under strain.

3.19 Outcomes for health of children and young people across the county are generally adequate with breast feeding rates and the infant mortality rates both around the national average. These figures alone however do not represent the real health inequalities across Worcestershire with very different outcomes reported in more deprived wards of North Worcestershire.

4 Outcome 6 Co-operating with others

4.1 Children and families In Worcestershire are getting good, well integrated care from multi-agency working arrangements within children's centres. Health service contributions to children's centre activities include ante-natal care from midwifery services, parenting programmes, well baby clinics, speech and language activities, nutrition and weaning advice.

4.2 Early intervention programmes such as Triple P are run together by health and children's centre staff to support parents and have evaluated well in an informal way. Vulnerable mothers are getting a better level of support from midwifery service. There is good evidence of effective partnership working by midwives in community settings such as children's centres; all children's centres in Worcestershire now have ante-natal sessions which are reported as resulting in better attendance for ante-natal care by the more vulnerable groups.

4.3 The Best Beginnings programme is currently being audited for impact and outcomes. Midwives are also contributing well to improving breast feeding rates through the pre-birth parenting classes held in children's centres, and latest figures show a continued small rise in breast feeding rates.

4.4 Tackling obesity has been a high priority for partners in Worcestershire for last three years and a positive impact on reducing childhood obesity rates can now be seen. Levels of obesity for reception age children are starting to decline and although the LAA target for year 6 has levelled off it is still above baseline target.

4.5 Effective partnership working in children's centres to address childhood obesity particularly through the promotion of breastfeeding is now also able to demonstrate a slight improvement with rise in breast feeding initiation rates reported.

4.6 Although the number of CAFs instigated by health professionals at approximately 8% remains low in Worcestershire there is evidence in case file records of good health involvement and contribution to the assessment process.

4.7 Training has been undertaken by all relevant staff and there is genuine

enthusiasm for the CAF process which can be seen to be increasingly embedded in everyday practice of midwives working for the Worcestershire Acute Hospitals NHS Trust and community health staff. The increasing use of CAF has resulted in better and timelier information sharing; community staff reported more confidence in the use of CAF.

4.8 A recent document and records audit demonstrated better and earlier identification of need as a result of using the health assessment framework to underpin CAF. Records also demonstrate more outcome focussed ways of working and better involvement of parents when planning care. Most health care professionals reported appropriate responses from social care to referrals made; however there has been no evaluation as to the extent to which referrals are acted upon.

4.9 Despite regular attendance at strategy meetings and case conferences the contribution by health professionals is not always as challenging as it needs to be and the health outcomes that were seen were vague and non specific.

4.10 NHS Worcester has established a school health and well being fund to support school health profiling created through the public health directorate; the fund will assist schools with the development and achievement of health improvement through planned interventions and activities. The school health profiles will be an integral part of the local Healthy Schools Enhancement model; as this is a new initiative there is no evidence of the impact or outcomes yet.

4.11 Most children in Worcestershire now attend a school that encourages healthy lifestyles, including healthy food and physical activity. Over 90% of schools have achieved Healthy Schools Standard and the percentage of children receiving at least 2 hours of quality PE has increased to above the national average.

4.12 A multi-agency and multi-disciplinary substance misuse service operates effectively across Worcestershire; SPACE has been in operation since 2004 and provides education and advice to YP on substance related issues with an emphasis on harm reduction. As well as direct work with YP the team advise and support professionals, parents and carers around young people's substance use. Good partnership working with the youth offending service through a member of the YOS team working one day a week with SPACE has resulted in earlier and more appropriate referrals to the service.

4.13 The specialist midwives have worked effectively to improve co-ordination between midwifery and social care services with generally positive responses following any referrals made. It was reported that little formal feedback is provided by social care following a referral. Specialist midwives have reported much improved and timelier information sharing between agencies such as the police as a result of them actively raising the profile of their role, for example through attendance at MARAC meetings. Training for midwives in domestic abuse (as a result of an SCR) has increased their understanding of the issues and the development of care pathways which provides better clarification of partners' roles and responsibilities.

4.14 There is also a need to develop a health care pathway for young people about to leave care; the current arrangements in place do not provide good levels of advice and information to this vulnerable group at an important transitional stage of their lives.

4.15 There has been some effective CAMHS input into supporting foster carers through a range of training events; the ISL mental health worker and clinical psychologists have covered issues such as attachment, parenting children with attachment difficulties, understanding mental health and impact of adverse environments on child development.

4.16 A good range of support is also provided to foster carers by the looked after children's nurse; training in healthy living is provided to all new carers and through regular contribution to the newsletter for carers. Placements of children in Worcestershire are well supported and there is evidence of improved stability as a result of the interventions offered.

4.17 The health needs of harder to engage groups are being effectively targeted by the looked after children's nurse; opportunities for health promotion through the Healthy Settings programme in children's homes well have been well received with good progress having been made towards a significant number of these homes achieving this award.

4.18 Worcestershire has no formal integrated service for children with disabilities but there is evidence of partnership working through the multi-agency core meetings. Recent changes to service delivery means that children with disabilities now receive a timelier and less intrusive service following agreement for the disability teams to complete initial assessments (IAs) from the access centre. The IAs undertaken this way have been completed within 10 days from the referral and workers with specialist knowledge have been able to refer, signpost and advise and plan services for families in a more timely and responsive manner. In addition the waiting list for allocations have reduced; in January this year there were 10 cases waiting for allocation, currently there are 3 waiting and an initial contact has already been made with these families.

4.19 There is appropriate health representation at WSCB with attendance at director level by NHS Worcestershire PCT commissioning and provider services, Worcestershire Acute Hospitals Trust and the Worcestershire Mental Health Partnership NHS Trust. However there is a lack of strategic engagement by GPs demonstrated through the lack of a named GP within the PCT combined with no GP representation at the WSCB. GPs rarely attend case conferences and the quality of reports submitted remains variable.

4.20 There is evidence that lessons have been learnt and appropriate action taken following SCRs; examples include the effective progress made by the named nurse at Worcestershire Acute Hospitals NHS Trust in ensuring documentation and recording is consistent across both acute hospital sites and in improving the access that staff have to appropriate levels of supervision.

5 Outcome 7 Safeguarding

5.1 NHS Worcestershire is meeting its statutory responsibilities for safeguarding children. The trust board has clear governance arrangements in place to monitor safeguarding activities. There are quarterly reports to the safeguarding management team and twice yearly reports submitted to trust board which provide adequate assurance.

5.2 NHS Worcestershire has resourced its safeguarding children team sufficiently and receives good support and advice from its designated professionals. The designated nurse is very experienced in this field and has been in post for 8 years; she works to a clear job description and receives supervision from an external body and support from the executive director responsible for safeguarding.

5.3 The designated doctor is well supported in the role by named doctors within provider trusts. There is good senior management commitment to membership of WSCB with the executive director currently vice chair of the safeguarding board.

5.4 The child death overview panel (CDOP) is well established and implementing child death review processes effectively at a local level. The rapid response process supports the CDOP through a multi-agency approach; for example bereaved families now have the opportunity to discuss their child's post mortem findings with appropriate professionals following the development of a protocol that has clarified accountabilities for sharing information from the coroner's office.

5.5 There are alert systems in place within the A and E departments at both the Worcester and Redditch hospitals for identifying children for whom there are safeguarding concerns. Good working relationships were reported between A/E staff and the EDT at children's social care when referrals are made, although delays in receiving feedback following a referral were reported from staff at both A/E sites.

5.6 The IT system currently used by Worcestershire Acute Hospitals NHS trust does not flag up children where there are concerns, although it does identify previous attendances to any A/E or minor injuries unit within the county.

5.7 The safeguarding team of designated and named professionals provide valuable support to the medical and nursing staff within the A/E departments in addition to liaising between the hospital and community health workers ensuring timely sharing of information concerning children's attendances at A/E departments across the county.

5.8 Worcestershire PCT does not have adequate monitoring mechanisms in place to assess levels of safeguarding training undertaken within its independent contractor settings; within general practice it relies on minimal data from QOF.

5.9 Engagement with GPs has been hampered through the lack of a named GP within the PCT, levels of safeguarding training in GP practices at 51% remains low, attendance at case conferences rare and quality of reports provided for conferences is variable. However the use of a report template has improved the relevance and timeliness of reports provided by GPs for case conferences over the last year.

5.10 Appropriate tier 4 CAMHS provision is provided by the regional specialist unit in Birmingham; however the admission of young people with eating disorders, self harm etc to general paediatric wards remains a cause of conflict between the three trusts in Worcestershire. A clear care pathway into Tier 4 has enabled community mental health workers to access emergency care and support much more easily than previously.

5.11 The provision of a sexual abuse resource centre (SARC) remains underdeveloped meaning that not all children and young people in Worcestershire needing a CSA examination receive the same level of care or expertise. There are differences in practices across county. In Worcester medical examinations for children are undertaken by a rota of experienced paediatricians in the children's out patient clinic where a colposcope is available for examinations. At the Alexandra hospital in Redditch recently appointed consultants do not have the same level of experience nor is there a colposcope available for examinations. The designated doctor has recognised the safeguarding concerns this issue raises and a business case for the provision of CSA to ensure a consistent service across Worcestershire has recently been approved.

6 Outcome 13 Staffing numbers

6.1 NHS Worcestershire's provider arm is recruiting and retaining children'health staff adequately with staffing vacancies within community nursing services relatively low. Where there have been short term staffing shortages, for example within the school nursing services they have been addressed in appropriate ways such as cross county working and skill mix amongst existing teams whilst appointments to vacant posts are filled.

6.2 The designated doctor for looked after children who also covers the adoption service has inadequate time to undertake these roles with only 2 sessions a week currently allocated. Timeliness and flexibility of medical assessments are adversely affected by these current staffing arrangements.

11 Outcome 14 Staffing support

11.1 Worcestershire PCT has implemented a trust wide safeguarding policy and the 80% target for level 1 training of all staff has been met and exceeded by Worcestershire Acute Hospitals NHS Trust and the provider arm of the PCT.

11.2 However, whilst Worcestershire Acute Hospitals NHS Trust has achieved 84% training uptake it is a matter of concern that the majority of receptionists working in the A/E department at the Worcester hospital site are amongst the 16% of staff who have not yet undertaken this training. The named nurse for the trust confirmed that this group of staff will be prioritised to receive this training.

11.3 Worcestershire Mental Health Partnership NHS Trust has prioritised safeguarding children ; a named doctor and nurse are in post and the role of named

nurse has recently been expanded to enable additional provision and co-ordination of safeguarding training. A training strategy is now in place to ensure targets for level 1 safeguarding training are met; currently the trust has only achieved an unsatisfactory 53% for the entire workforce; 57% of relevant staff have completed level 2 and 48% of consultants have undertaken level 2.

11.3 Community staff are effectively supported to deal with safeguarding concerns; the designated nurse and safeguarding team provide good support and guidance on any safeguarding issue. Action has been taken by all healthcare organisations in Worcestershire to ensure there are appropriate supervision arrangements in place and staff confirmed during the inspection that supervision is available especially in relation to children's safeguarding work.

11.4 Processes for recording training activity are currently being reviewed by the safeguarding team within the PCT to ensure up to date information on training levels is available for improved levels of monitoring performance.

11.5 The designated professionals for safeguarding from the PCT and the named professionals from each health care provider organisation work well together to provide training programmes for their respective organisations. They also work collaboratively with colleagues from partner agencies to develop and deliver multi-agency training.

11.6 The safeguarding team within the PCT has recently improved access and monitoring of safeguarding activity by independent contractors; dental practitioners have responded well with over 70% of practices now trained to level 2. However the percentage of GPs and their staff remains inadequate to fulfill their safeguarding responsibilities. Latest figures show that at 51% of GPs and P/Ns with level 2 training the uptake of safeguarding training remains below target.

11.7 There is good support for community nurses who undertake reviews of looked after children's health plans; health visitors and school nurses have been appropriately trained to undertake health reviews for looked after children and have provided valuable additional support to the looked after children's health team.

11.8 The standard and availability to staff of supervision is currently being strengthened in both NHS Worcestershire and Worcestershire Acute Hospitals NHS Trust. Findings of an SCR and internal audits identified the lack of robust challenge within current supervision arrangements as an area requiring attention. However there are more robust supervision processes in place for adult mental health staff at Worcestershire Partnership Mental Health NHS Trust which form part of its internal governance mechanisms.

12 Outcome 16 Audit and monitoring

12.1 There are appropriate performance monitoring systems within the integrated governance process to assure NHS Worcestershire trust board that safeguarding activities by healthcare providers in Worcestershire are effective. Quarterly reports from the designated nurse identify issues such as progress against current SCR

recommendations, training updates, policy development and implementation and audit activity.

12.2 Monitoring of the health services for looked after children is part of the integrated governance arrangements within the PCT resulting in the trust board being provided with sufficient evidence to ensure the health needs of looked after children are met. Reports go to the provider board which is a sub–committee of the trust board; the trust board also provided with a comprehensive annual report from the looked after children's health team which includes performance data, developments in service provision and recommendations for future activity.

13 Outcome 21 Records

13.1 The health care plans for looked after children are good, they are well documented and reviewed for progress against actions identified. A brief social care history of each looked after child is included along with information and assessment of immunisation status, emotional health, family medical history and current health concerns. The records reviewed were seen to be compliant with the NMC guidance for good practice.

14 Recommendations

Within 3 months (italicised are from Ofsted report)

- *Provide a CAMHS out of hours in patient service for all children and young people up to the age of 18 years requiring this.*
- *Develop the alert systems used in accident and emergency departments to include a flagging mechanism where safeguarding concerns apply.*
- NHS Worcestershire to develop more robust monitoring systems for the safeguarding responsibilities of all independent contractors.
- NHS Worcestershire to ensure formalised arrangements are in place for the monitoring of the quality of health care provided to looked after children in out of area placements.
- NHS Worcestershire to recruit and appoint a named GP.
- NHS Worcestershire to ensure business plan for improvements to CSA examination facilities is implemented.
- Worcestershire Mental Health Partnership NHS Trust to ensure targets for level 1 safeguarding training are achieved.

Within 6 months

- *Improve involvement in training and participation by GPs in safeguarding and child protection responsibilities.*

- NHS Worcestershire PCT to develop and implement care pathways for children and young people with ADHD and ASD.

- NHS Worcestershire to ensure that the views of young people are heard in the planning and development of health care services.

15 Next steps

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