

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

<b>Date of Inspection</b>	<b>11- 22 October 2010</b>
<b>Date of final Report</b>	<b>19 November 2010</b>
<b>Commissioning PCT</b>	<b>Hertfordshire PCT</b>
<b>CQC Inspector name</b>	<b>Lea Pickerill</b>
<b>Provider Services Included:</b>	<b>Hertfordshire Community NHS Trust East &amp; North Hertfordshire NHS Trust Hertfordshire Partnership NHS Foundation Trust West Hertfordshire Hospitals NHS Trust</b>

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](#)

<b>Hertfordshire PCT</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	<b>Adequate</b>
Capacity for improvement	<b>Adequate</b>
<b>Looked After children Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of services for looked after children and young people	<b>Adequate</b>
Capacity for improvement of the council and its partners	<b>Adequate</b>

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.

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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:**

*Hertfordshire has 261,461 children and young people up to the age of 19 years. This is 23.87% of the total population in the county. The proportion entitled to free school meals is below the national average. Children and young people from minority ethnic groups account for 16.64% of pupils in primary schools and 13.38% of pupils in secondary schools which is below the national average of 24.5% and 20.6%*

respectively. This includes 0.55% children and young people from Gypsy, Roma, and Traveller communities. (Ofsted November 2010)

The Hertfordshire Children's Trust Partnership (HCTP) was established in 2006. The HCTP Executive sets the overall strategic direction and priorities for multi-agency children's services. A Strategic Stakeholder Group (SSG) provides challenge, support and advice to the HCTP Executive on its overall strategic direction in delivering the priorities of the Children and Young People's Plan (CYPP). The HCTP Executive and the SSG includes representatives of the Hertfordshire Primary Care Trust and foundation trusts, Hertfordshire Police Authority, the Probation Service, District Councils, Connexions, the Learning and Skills Council, community and voluntary organisations, schools and the early years and further education sectors. As Hertfordshire is a large county the work of the HCTP is supported by ten District Council Trust Partnerships (DCTP). Each DCTP holds accountability for taking forward the multi-agency children's services agenda at a District Council level and reporting to its Local Strategic Partnership. The Hertfordshire Safeguarding Children Board (HSCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in Hertfordshire to deliver safeguarding services. (Ofsted, November 2010)

Commissioning and planning of health services are carried out by NHS Hertfordshire. Acute hospital services are predominantly provided by East and North Hertfordshire NHS Trust and West Hertfordshire Hospitals NHS Trust with a number of other trusts dealing with smaller volumes of cross border activity and specialist requirements. Community based paediatric medical services are provided by East and North Hertfordshire NHS Trust and Hertfordshire Community NHS Trust. Learning disability services are provided by Hertfordshire Partnership NHS Foundation Trust; Hertfordshire Community NHS Trust Services and Hertfordshire County Council. Commissioning and planning of Child and Adolescent Mental Health Services (CAMHS) is carried out by NHS Hertfordshire and Hertfordshire County Council under joint arrangements. CAMH services are provided by Hertfordshire Partnership NHS Foundation Trust; Hertfordshire Community NHS Trust and a variety of smaller contracted providers for specialist provision. (Ofsted, November 2010)

## **1. Outcome 1 Involving Users**

- 1.1 Access to translation services across the all NHS providers in Hertfordshire is adequate. Providers use the Hertfordshire Interpreting Service or Language Line and will either use telephone based interpreters or face to face interpreters depending on need.
- 1.2 There were good examples of how the NHS providers were working with their local communities and responding to their needs, eg. The midwives employed by West Hertfordshire Hospitals NHS Trust were able to explain how their work in the Bangladeshi, Polish and travelling communities and led to improved communication and better relationships. Referrals to midwifery services from these communities would often happen informally through word of mouth during visits and enabled the women to receive timely ante natal support. The public health team in NHS Hertfordshire have been working

with the travelling communities about how they can support people to access primary care services. As a consequence of this work, two GP led health clinics have now been allocated to provide a service to the travelling community which is supported by a dedicated health visitor.

- 1.3 The work to involve young people in the mystery shopping exercise around the provision of sexual health services was outstanding. It has had a direct impact on how the service is now being delivered and how it will be commissioned for the future.
- 1.4 The children and young people who are looked after are not being consulted on about the services provided for them by the looked after children health team employed by the Hertfordshire Community NHS Trust. This means that they are not given the opportunity to have their views and experiences taken into account in the way the service is provided and delivered.
- 1.5 The looked after children health team provide training on how professionals should carry out the annual health reviews for looked after children and young people. As part of that training, one of the key messages is that young people should be offered a choice in where their annual health review takes place. The looked after children team are confident that they always offer the young person a choice when they carry out the annual health review, however, there are no mechanisms in place to audit that this is happening when school nurses carry out the reviews..

## **2. Outcome 2 Consent**

- 2.1 There were good examples across providers of NHS care in Hertfordshire to show that consent was being obtained from service users or their parents or carers. This included the signing of information sharing forms, used by the East and North Hertfordshire NHS Trust, by parents or carers.
- 2.2 There was a good system put in place by the looked after health team to ensure that consent was being obtained from parents, carers or social workers for the initial health assessments to be carried out on children and young people when they became looked after. This helped to ensure that the person carrying out the health assessment was doing so with the permission of the person who has legal interest in the welfare of the child or young person.

## **3. Outcome 4 Care and welfare of people who use services**

- 3.1 There are good arrangements in place across the county to safeguard the unborn child and to support women who are pregnant. An initial risk assessment is part of the booking procedure and this includes exploring issues around domestic violence, substance misuse and emotional health and wellbeing. Midwives also receive notifications of domestic violence from the police when there has been a reported incident of domestic violence involving a pregnant woman. Health visitors will carry out joint visits and ante natal visits, again depending on the risk.

- 3.2 The West Hertfordshire Hospitals NHS Trust employs 2 women's counsellors who work with pregnant women who have emotional issues. This service is well regarded by women who have used it. The trust has letters from the women praising the service and telling of the positive changes that they have made in their lives. The trust also has an Obstetric Consultant with a specialist interest in mental health who holds a joint clinic with a psychiatrist to provide a joined up service to women who are pregnant who also have mental health needs.
- 3.3 Capacity issues within the health visiting and school nursing service compromises the Hertfordshire Community NHS Trust's ability to provide adequate safeguarding for vulnerable children. Hertfordshire Community NHS Trust use a traffic light system to prioritise delivery of the healthy child programme. Some teams told us that they were not able to fully meet the timescales on the red priorities, in some teams this was because of excessively high case loads in excess of 800. The Hertfordshire Community NHS Trust told us that the average case load is currently 530 and rated amber. The case allocation of school nurses was seen as equally as problematic with the guidance for one named school nurse for every secondary school not being met.
- 3.4 Access and provision of CAMHS provided by Hertfordshire Partnership NHS Foundation Trust is adequate. Referrals are accepted for children and young people up to their 18<sup>th</sup> birthday. Once the referral has been accepted, the child or young person will be seen within 13 weeks if non urgent and if urgent will be seen within 24 hours to assess the level of risk. The service for Children Looked After within CAMHS is provided by a multi disciplinary team of 5.6WTE which offers flexible targeted interventions with a lower eligibility threshold than other parts of the service. The allocation of 5.6WTE is spread thinly over a number of posts leading to a disparate service. The care pathways for children and young people with ADHD, autism and complex care are currently being redesigned to provide a service that is responsive to need as opposed to a service that has been developed around geography and historical interest and priorities.
- 3.5 Families who have children with complex care are especially vulnerable and will often require additional support. In Hertfordshire the services to children with complex care needs are adequately provided by multi disciplinary teams across the county in a number of settings. The paediatricians will see young people up to the 16 years and then transfer into adult services. Referrals into the service is either single service referral or through CAF, team around the child or early support. Professionals involved in the delivery of these services were clear about how to support the families and how and when to refer to local authority services if they had safeguarding concerns.
- 3.6 The service offered to young people who have a substance misuse problem in Hertfordshire is adequate. Young people can access advice support and treatment from 'A-Dash'. A-Dash is a multi disciplinary team who are employed by Hertfordshire Partnership NHS Foundation Trust. They offer

planned “outreach” appointments during normal working hours and will attend Team around the child and provide support as part of a CAF action plan. A-Dash is well regarded by the young people we spoke to and was seen as effective. The service can demonstrate improved outcomes for the young people it has worked with, especially around being safe and being healthy.

- 3.7 Access to contraception, sexual and relationship education is improving. The latest published statistics show a decreasing trend in the number of young people who conceive and the county perform better than their statistical neighbours. There are concerns over the number of young women who have repeat terminations, particularly in and around Stevenage and pilots are currently underway to try and redress this. It is too early in the process to identify any impact in terms of numbers.
- 3.8 The contract for the provision of sexual health and relationship advice is split between the Hertfordshire Community NHS Trust in East and North Hertfordshire and West Hertfordshire Hospitals NHS Trust in the West. The C Card scheme is signed up to, and offered by a number of disciplines, including health visitors, Connexions, school nurses, some reception staff at family planning clinics and some youth workers. Pharmacists across the county are not yet involved in the scheme. Some family planning clinics have dedicated sessions for young people. Emergency contraception can be obtained free of charge from family planning clinics, general practitioners or at some A&E departments and GUM clinics. There are a limited number of pharmacists who are able to provide emergency hormonal contraception free.
- 3.9 The mystery shopping exercise into the provision of contraception and sexual health and relationship advice across the county highlighted that young people felt “hurried, uncomfortable, judged, patronised and humiliated by the staff they approached for help and advice.” The Commissioners and providers of the service are currently working to address the issues raised and the findings are being used to influence future commissioning plans.
- 3.10 The school nurses employed by Hertfordshire Community NHS Trust are still able to support young people’s contraceptive clinics, however, those teams that are currently delivering only the red “priority” service are not delivering the public health part of their role within schools. This means that some young people across the county are not accessing the sexual health and relationship education and advice from their school.
- 3.11 Teenage pregnant young woman are able to access specialist midwifery support from the teenage pregnancy midwives. The amount of direct support will vary according to where the young person lives. The service provided by West Hertfordshire Hospitals NHS Trust is through 2WTE midwives who will provide both ante natal and post natal care. The service provided out of East and North Hertfordshire NHS Trust is mainly an advice and support service through 0.8WTE midwife. There are a number of forums across the district that the specialist midwives run around supporting pregnant teenagers and these are well regarded by the young people.

- 3.12 The health team for looked after children adequately support the young people to access universal service provision for health promotion such as substance misuse, sex and relationship advice and education (including Chlamydia testing) and smoking cessation. They work with colleagues in the local authority in delivering a module on the independent living skills sessions for all care leavers. In addition, they have delivered puberty and sexual health sessions to targeted looked after young people within the asylum seeker and refugee service.

#### **4. Outcome 6 Co-operating with others**

- 4.1 The arrangements in place to safeguard children and young people who attend urgent care facilities visited during the inspection were adequate in the Urgent Care at Hertford General Hospital and good in the Urgent Care at Hemel Hempstead Hospital. Both sites were able to demonstrate how attendances of children and young people were checked against the list of children who had child protection plans in place and a list for repeat attenders. Both sites had clear processes in place to ensure that general practitioners who worked at the centre had received appropriate safeguarding training and that all staff knew how to refer safeguarding concerns through to the Children and Family Services. The child protection nurse for the West Hertfordshire Hospitals NHS Trust also checked attendances at the Urgent Care at Hemel Hempstead to ensure that all processes had been followed appropriately.
- 4.2 The arrangements in place to safeguard children and young people who attend the A&E unit at the QEII hospital were adequate, staff check a child or young person's attendance at the unit over the previous 12 months and if staff were concerned over the number of attendances, then they complete an information sharing form which is sent to the named safeguarding team. Staff also checked the child's details against a paper register of children who have a child protection plan in place. This paper list is sent to the units on a monthly basis and in the services provided by East and North Hertfordshire NHS Trust; it is not updated in between issues. This means that staff are not accessing the most up to date information.
- 4.3 At Watford General Hospital, there are very good arrangements in place to ensure that good safeguarding practice is followed by all nursing and medical staff. Children and young people's attendance at A&E is reviewed at each attendance and clinicians use a stamp to confirm that child protection has been considered as part of the consultation. The child protection nurses audit the previous day's attendances to ensure that all procedures have been properly followed and will sign off the card.
- 4.4 There were clear referral processes in place for escalating concerns to the paediatricians and Child and Family Services around children and young people who attend the A&Es across the county. Staff reported good relationships with Child and Family Services. A&E staff receive invitations to strategy meetings and other child protection planning meetings and will attend. The paediatric liaison health visitors pick up any attendance of a child

or young person up to the age of 16 and notify the health visitor or school nurse, with the exception of the A&E service at the Lister Hospital. Inspectors were told in a number of different forums that the paediatric accident and emergency service at the Lister Hospital does not send out notifications to school nurses of attendances of children and young people who are over five years of age. This lapse in communication means that the school nursing service are not able to monitor repeat attendance of these children and young people and safeguarding issues may not be identified..

- 4.5 In urgent care centres and A&E services across the county, all attendances by adults where domestic violence, substance misuse or mental health issues are involved are screened for the presence of children in the family. The staff from Watford General Hospital A&E were clear about the protocol and confirmed that a referral is immediately made to Children and Family Services and the referral is copied to the trust's safeguarding team. Staff in the adult A&E at the QEII Hospital were less clear about what the policy was and referred to completing an information sharing form and sending this to the trust's safeguarding team, as opposed to making a direct referral to Children and Family Services.
- 4.6 Young people who present at urgent care or A&E with an incident of self harm will follow an agreed care pathway. The young person will be seen either by the CAMHS clinicians from the Child and Family clinic or Adolescent Outreach Team to determine the best course of action. If the child is 12 years or under they will be supported by Paediatric services in the first instance with support from CAMHS. The out of hours cover is provided by the Adult Crises Assessment and Treatment Team with support from the on call CAMHS Psychiatrist. If inpatient admission is required then Forest House Adolescent Inpatient Unit would be used which is a 16 bedded unit providing for young people aged 12-18 years. If outpatient services are requested this would be passed to the CAMHS Child and Family clinic or Adolescent Outreach for an appointment. The inspector was told that since Forrest House had opened, there had been no need to admit any young person in to an adult psychiatric bed.
- 4.7 There are good examples of joint working between health providers and children and family services around understanding thresholds and monitoring referrals and cases that are of concern. In the East and North Hertfordshire NHS Trust, the safeguarding team have developed regular multi disciplinary liaison meetings for both paediatric and maternity services at which cases that have been identified as "cause for concern" are discussed and monitored.
- 4.8 The named safeguarding nurses across all the NHS providers have worked hard to put in place monitoring systems in to ensure that invitations to initial child protection conferences, strategy meetings and other child protection/child in need meetings are attended by the appropriate health representative. All staff interviewed across the county were clear about the importance of contributing to child protection meetings.

- 4.9 Transition from children services into adult services is a time of considerable stress for families and young people with mental health and complex care needs. Arrangements for transition for young people in Hertfordshire are variable and dependent on geography and service. The provision of speech and language therapy, physiotherapy and occupational therapy does not extend past sixteen years unless the young person remains in education. At the time of discharge, a transition report is completed by the therapist and for speech and language therapy and physiotherapy this report is kept by the parent or carer. The care pathway for young people with ADHD in the West of the county is to discharge from the community paediatricians at sixteen into CAMHS and then for CAMHS to discharge into adult services at 18. The community paediatrician in the west is working on a complex care pathway for children with very high need transitioning into adult services, to try and develop a fast track service. As part of this pathway, the school nurses will complete a “grab sheet” that can be used by parents or carers to inform services quickly about the young person’s care needs. This is very new and has not been evaluated yet, though initial feedback has been positive from parents.
- 4.10 There is evidence of good partnership working between agencies to support young people with specific health needs. The children’s community nursing service have set up a “Training High” service that provides teaching to education and leisure staff on the management of specific devices and conditions as they apply to a child or young person that is accessing their service. An example was given of a recent training event for teachers and other education staff to allow a young child with epilepsy to go on holiday.
- 4.11 There is evidence to demonstrate early work around the use of the CAF. The group talked positively about the use of CAF and gave examples of how it was used as a process to bring in support from other agencies such as A-Dash, Hertfordshire Young Homeless, parenting support, etc.
- 4.12 Children and young people who become looked after do not receive their initial health review in a consistent and timely manner. There can be delays in the team receiving the initial referral from colleagues in Children and Family Services and further delays in allocating and receiving the completed reviews. There are still instances of requests for initial health assessments bypassing the looked after children health team and going straight to paediatricians. In the West of the county, the first 32 requests for initial assessments for children under 10 are allocated to community paediatricians, once this quota has been used then the referrals go to GPs. In the North and East of the county, all requests for initial health assessments for children under 10 go straight to community paediatricians. Initial assessments for children and young people aged 10 and over, across the whole county, go to the allocated GP.
- 4.13 There are good arrangements to check the quality of initial health assessments to ensure that all the health needs of the child are met. The designated doctor checks all completed initial assessments for quality and completion and will return to the practitioner where further information is

required. The team have carried out an audit on the quality of the initial health assessments and identified that training was needed by GPs on what made a good quality initial health assessment. The team are developing an e-module to help with this.

- 4.14 The arrangements for carrying out the statutory annual health reviews for looked after children are adequate. The looked after children team only initiate the annual health review at the request of the child or young person's social worker. When the team receive the request, they triage it to establish the most appropriate person to carry out the review. The requests for annual reviews for children under 5 are sent to the health visitor and for over 5's, the requests go to the school nursing service. For young people who are not in school or do not want to go to the school nurse, the looked after children health team will carry out the review. The current statistics provided by the team show that 77% of annual health reviews are completed on time.
- 4.15 There are good arrangements in place to ensure that children who are looked after and placed out of Hertfordshire receive their initial health assessments and annual health reviews. The looked after children health team will receive notification of a health review for a child or young person that is placed out of county. The team will then contact the reciprocal looked after children team for discussion on what arrangements can be made, sometimes this will mean that the designated nurse will have to request funds from the children commissioning team to pay for the health review. All health reviews are scrutinised on their return to check for quality and completeness.
- 4.16 Currently, the looked after children health team are unable to provide a complete picture of the health needs of the looked after children community. The looked after children health team are in the very early stages of populating a database to record activity around looked after children. At this time, there are no formal mechanisms within the team to monitor the uptake of dental checks or immunisations. The immunisation status of looked after children and young people is checked by the designated doctor when reviewing the initial health assessment and health care review. Any outstanding or due immunisations will form part of the health plan and the social worker notified. Statistics are not kept on looked after children who become pregnant.
- 4.17 Looked after children and young people who are placed out of county as part of tripartite agreement between CAMHS, Education and Children and Family Services, will have a full needs assessment carried out that is agreed at the interagency panel and will inform the placement plan. CAMHS will then input into the monitoring of the contract and any changes to the needs of the child or young person will be reviewed by the social worker.
- 4.18 The looked after children health team have attended foster parent support meetings around four times this year and held a workshop at the Hertfordshire Foster Carer Annual Conference to highlight and promote the work of the looked after children health team. They have also been involved in training new social workers, independent support service staff, the

unaccompanied child and asylum seekers team and take part in the induction training for newly appointed residential children home staff. The team have also produced a briefing sheet to accompany the initial health assessments for young unaccompanied asylum seekers and refugees in the service as an aide memoir to practitioners around the specific needs for this group of young people.

## **5 Outcome 7 Safeguarding**

- 5.1 Health partners are well represented by Hertfordshire PCT on the HCTP. There is a Whole Systems Safeguarding Children Committee (WSSCC) that brings together NHS organisations across the county, including the ambulance trust to consolidate responses to serious case reviews, serious incidents, findings from inspections and national initiatives. It is an excellent forum to consolidate and promote good safeguarding practice. The WSSCC reports formally to the PCT and has informal links to the HSCB
- 5.2 The arrangements for board assurance around safeguarding within Hertfordshire PCT are adequate, the Director of Operations is the executive lead for safeguarding. There are two deputy Directors of Nursing and Quality that job share the role and between them represent the PCT on the HSCB, the Child Death Overview Panel (CDOP) and act as the NHS representative on the serious case review sub group of the HSCB. The trust board receive quarterly reports that include safeguarding as an agenda item as well as exception reporting.
- 5.3 The establishment and line management of the designated doctors and nurse within the Hertfordshire PCT are adequate. The designated doctor for the East and North Hertfordshire has 2PA as does the designated doctor for the West. Both doctors are line managed in this role by the PCT's deputy director of nursing and quality. Their substantive posts are with the East and North Hertfordshire NHS Trust and the Hertfordshire Community NHS Trust respectively. The designated nurse has recently had her hours extended and the post is now full time and line managed by the deputy director of nursing and quality. The designated nurse and doctors are part of the HSCB. The PCT are looking to recruit a named nurse to support the PCT around safeguarding in general practice. The named public health professional for looked after children is currently the interim Chief Executive of the PCT.
- 5.4 The arrangements currently in place to support and monitor general practice and dentists across Hertfordshire to meet their responsibilities around safeguarding are inadequate. There are 5 named GPs across Hertfordshire that work across local areas with 2 vacancies. The number of sessions allocated varies. The prime responsibility of the named GPs is around safeguarding training. They all offer safeguarding training at level 2 as part of a rolling programme and keep their own records, however, these are not used by the PCT as part of any formal mechanism to monitor the uptake of safeguarding training across the county.

- 5.5 The PCT contract managers visit GP Practices either through QoF or contract meetings to benchmark performance against expectations around safer staffing, CRB, training etc. The PCT are now working at providing a suite of support to prepare general practice for registration with CQC and have been liaising with the Local Medical Committee around this. The PCT do not have a mechanism to track training of General Practitioners or dental practitioners. There is some initial work happening around scoping what a good contribution to child protection conferences might look like and including all referral forms that are used by general practice onto a newly developed GP intranet. Within community dental service there is a named dentist.
- 5.6 The named GPs were not aware of any PCT initiative to encourage GPs to identify young carers to ensure that their needs were being addressed and safeguarded.
- 5.7 The CDOP Panel has multi disciplinary membership, including 2 designated paediatricians and a public health professional. It meets monthly. As yet, there are no findings around themes/trends but the panel do feedback on any individual practice issues during the review process. The CDOP has a responsibility to assure itself of the quality of support offered to families when children and young people have died; the panel can assure themselves that support is available to the parents and families of children and young people who have died where the death has been part of the rapid response, however, they cannot assure themselves of the support offered to parents and families of children and young people who have died and have not been part of this pathway.
- 5.8 The Hertfordfordshire Community NHS Trust can demonstrate good board assurance around safeguarding children. There is a clear governance structure through the Safeguarding Children Committee which reports to the Healthcare Governance Committee, which is a sub committee of the trust board that is chaired by a non executive director. The Safeguarding children Sub Committee monitors progress against serious untoward incidents, serious case reviews and national reports through the Safeguarding Children Delivery Plan. The trust board receive a statutory annual report and a monthly integrated performance report. The trust was able to demonstrate how the risk around the vacancies within health visitors was managed and escalated. The trust board monitored key performance indicators that included safeguarding training and have just introduced a new set around completion of initial health assessments and health reviews of looked after children.
- 5.9 The safeguarding team for the Hertfordshire Community NHS Trust is adequately resourced to ensure that the team can fulfil its responsibilities under Working Together. The named doctor is currently allocated 1PA per week and she will be relinquishing the role in January 2011 as she is also the designated doctor for CDOP. There is one WTE named nurse, 3.9WTE safeguarding children specialist nurses (4 posts), 5WTE safeguarding children nurses (7 posts). The 4 children specialist posts cover the 6

localities and provide support to staff on the child protection and safeguarding agenda.

- 5.10 The looked after children's health team, hosted by the Hertfordshire Community NHS Trust, consists of one full time designate nurse, the designate doctor 4PA per week and 2.2WTE (3 posts) specialist safeguarding nurses. The team have dedicated administrative support. The team has recently introduced an electronic system to manage the workflow for recording work with looked after children and young people. This work is in the early stages of inputting the initial data and its usefulness will develop throughout the year as it becomes populated.
- 5.11 Board Assurance on safeguarding within East and North Hertfordshire NHS Trust is now adequate. Safeguarding is reported quarterly to the risk and quality committee which is a committee of the trust board and is attended by the chair and is chaired by a non executive member. This year has seen more frequent reporting due to the independently commissioned report, progress in monitoring the recommendations has been through the risk and quality committee who have provided regular briefings to trust board. Safeguarding sits in the women and children's directorate within the community paediatrics. The trust are aware of the deficit in training and acknowledge the pressures on the existing child protection/safeguarding team following the substantial increase in the number of child protection medicals and have made available funding to support an additional named safeguarding nurse.
- 5.12 The establishment for the safeguarding and child protection team in East and North Hertfordshire NHS Trust is currently inadequate for the reasons outlined above. The team currently consists of 1.4WTE Child Protection Nurse Specialists, 1WTE named midwife, 0.5WTE liaison visitor, 4PA named doctor and 1PA for clinical director responsible for child protection. The acting named doctor has introduced a system whereby he is reviewing all reports for child protection meetings and is providing feedback on the quality of the content for practitioners. The nursing establishment of the team also support the child protection medicals. The number of child protection medicals taking place has significantly increased.
- 5.13 The board assurance on safeguarding for Hertfordshire Partnership NHS Foundation Trust Board is now adequate. The Trust Board currently receives scheduled reporting on safeguarding annually through the Children Safeguarding Annual Report. The Director of Quality and Safety is the Safeguarding lead for the trust board and chairs the Risk Management Patient Safety Group that receives the reports from the Safeguarding Children and Adults Strategy. There is an integrated governance group that is a formal sub group of the trust board and this is chaired by the Medical Director. The Trust has recognised that the current reporting of safeguarding to trust board only through the annual report was insufficient and they have introduced a Quarterly Performance Report to update the trust on training levels, actions from serious case reviews and other serious incidents that still require sign off and outcomes from national findings and inspections.

- 5.14 Children safeguarding within Hertfordshire Partnership NHS Foundation Trust is not adequately resourced. The named doctor has one PA allocated per week to the role and the named nurse is full time. The named nurse carries out all safeguarding training across the trust, designs and inputs into the trust audit programme, works strategically within the trust to promote implementation of good safeguarding practice, especially around the findings and actions following serious case reviews and serious incidents as well as providing on the spot advice and support on child protection issues. The named nurse seeks co-operation from colleagues in order to ensure that good safeguarding practice is implemented across the trust. The Named Nurse is a member of the Risk Management and Patient Safety Group and also attends local practice governance and patient safety forums across the Trust as a vehicle to ensure learning and good practice is disseminated and implemented.
- 5.15 The safeguarding team within the West Hertford Hospitals NHS Trust is adequate and consists of one WTE named nurse, 1WTE child protection specialist nurses (2 posts), 1WTE named midwife and the named doctor who has 2PA per week. The team have limited access to administrative support. There are also safeguarding leads across the directorates who support the safeguarding agenda and this part of their role is performance managed through their line manager with input from the named nurse.
- 5.16 The arrangements for child protection medicals, including examinations following alleged sexual abuse, are adequate across the county, though there is a difference in approach between the West and the East and North. In the East and North, the examinations take place in the Bramble Suite which is a purpose built new facility with 24 hour photography and medicals are undertaken by a team of nursing staff and community paediatricians who work an in-hours rota. Out of hours, the examinations are undertaken by the acute paediatric consultant on call. In the West, there is a 24 hour rota manned by community paediatricians and they use 3 children's centres, one of which has a child colposcope. Access to the building is restricted to normal working hours. Out of hours, children and young people are taken to the Police Children's Centre.

## **6. Outcome 11 Safety, availability and suitability of equipment**

- 6.1 Inspectors did not identify any issues with the assessment and provision of special equipment to support the care of children and young people. The Complex Care Panel consists of representatives of both local authority and health partners and considers requests for provision of respite, additional support and equipment. The Health Occupational Therapist (OT) will undertake assessments for children under 5 and the Children and Family Services' OT will carry out assessments out for children and young people over 5. The paediatric community nurses carry out a separate health assessment for any medical equipment. There is a review under way on the assessment process for equipment to ensure that families are not inconvenienced by multiple assessments.

## **7. Outcome 13 Staffing numbers**

- 7.1 Children and young people who attend the children's emergency department at the Watford General Hospital are safe. The children's emergency department at the Watford General Hospital, part of the West Hertfordshire Hospitals NHS Trust, is a purpose built area that is open 24 hours a day seven days a week. It is staffed with a full establishment of paediatric trained nurses and sees between 60 and 70 patients a day. Young people aged from 12 years onwards can choose whether to be seen in the paediatric area or in adult A&E. The service will treat young people up to their sixteenth birthday.
- 7.2 The A&E unit at QEII Hospital, part of the East and North Hertfordshire NHS Trust, has a dedicated paediatric A&E unit that is open from 7.30am to 9.00pm. All the nursing staff hold a paediatric qualification. Children who attend the hospital outside of the opening hours are triaged by the adult A&E staff and if treatment is required they are transferred to the Lister Hospital where there is a 24 hour paediatric A&E unit.
- 7.3 The staffing levels in midwifery services provided by East and North Hertfordshire NHS Trust are now safe. Until recently the trust had significant midwifery vacancies, however, 23 new midwives have been appointed with phased starts.
- 7.4 The Hertfordshire Community NHS Trust employ all health visitors, school nurses, community staff nurses and community nursery nurses as part of a skill mix to deliver the 0-19 family health service. Each team has a team leader. The teams across the county are at varying degrees of maturity in terms of co-location and adopt different priorities depending on the staffing establishment and capacity. There was concern expressed by staff who were interviewed that the current staffing establishment, combined with vacancies, was having a negative impact on the ability to deliver the healthy child programme. The service actively supports health visitor students, with 9 posts going through the training process during this academic year. The service states that the vacancy factor is currently 8.2% and that there is an average caseload of 530 per WTE health visitor, however, some health visitors spoken to as part of the inspection told us that they were holding cases in excess of 800.

## **8. Outcome 14 Staffing support**

- 8.1 The number of staff who received appropriate safeguarding training as identified in the East and North Hertfordshire's training need analysis is inadequate. Safeguarding training is mandatory throughout the trust and attendance is monitored through yearly appraisals. The trust are exploring if the deficit could be attributed to poor data quality, however, as yet this is unproven. Doctors new to the trust have an on-line induction and there is a module on safeguarding and the face to face induction delivers level 2 training. The emergency department consultant with special interest in paediatrics provides additional training to junior medical staff and nurse

practitioners and there is protected teaching time every six weeks at which safeguarding and child protection issues often form part of the agenda.

- 8.2 The East and North Hertfordshire NHS Trust are in the initial process of setting up safeguarding supervision for relevant staff, including staff working in A&E. There is a trust policy on reflective practice that mentions the requirement of safeguarding supervision. The named nurse did reiterate that staff did access informal support, advice and coaching on a regular basis. Community paediatric nurses obtain their supervision from the child protection team. Safeguarding supervision for midwives involved in child protection and child in need cases was started six months ago by the named midwife. The supervision is either through groups or individuals, according to need. One midwife fed back to the group that she had heard very positive feedback from one person who had recently received supervision. The named midwife receives her supervision from either the trust's named nurse or the designated nurse.
- 8.3 Training and supervision around safeguarding for staff employed by the West Hertfordshire Hospitals NHS Trust is adequate. The trust had 71% of all staff trained at an appropriate level of safeguarding. The trust has clear mechanisms to monitor attendance at training and managers are formally notified if someone has not attended. The named doctor actively supports the training programme and twice a year gives a joint training exercise with the safeguarding nurses to all doctors at Foundation years 1 and 2 who have protected training time. He has also written an on line safeguarding training course and carries out four monthly training events to medical staff. Following a serious untoward incident of last year, West Hertfordshire NHS Foundation Trust safeguarding team have delivered training to a minimum of level two to all the general practitioners employed by Hertfordshire Urgent Care. Any new GPs to the service cannot work at the urgent care centre until they have completed their level 2 training.
- 8.4 Group safeguarding supervision takes place at weekly safeguarding meetings at which cases are discussed and feedback from previous referrals is given by the West Hertfordshire Hospitals NHS Trust safeguarding team. The safeguarding team deliver training and supervision across the trust. They provide group supervision in the form of the Wednesday team meetings and will give supervision during and after big or complex cases. There is no formal supervision policy but it is incorporated into guidance. Supervision is also available on request. The named midwife also carries out safeguarding supervision on both child protection and child in need cases a six weekly cycle, though she is available "on demand" should a midwife need additional support. The named nurse and specialist child protection nurses receive their supervision from the designated nurse.
- 8.5 Safeguarding training within Hertfordshire Partnership NHS Foundation Trust is inadequate. The percentage of staff employed by the Hertfordshire Partnership NHS Foundation Trust that had received safeguard training were between 68-72% with average 70% staff attending training. The Trust has a training strategy with a trajectory of staff completing training before March

2011. The trust did not provide statistics on numbers of staff who had received specific supervision around safeguarding as case supervision was part of everyday working practice for most employees.

- 8.6 The Hertfordshire Community NHS Trust have reported good levels of staff appropriately accessing safeguarding training and supervision. Eighty five percent of staff have been trained at an appropriate level. Ninety six percent of staff who work with children receive supervision around safeguarding at a minimum of four month intervals or more frequently for those staff who are new or have complex or heavy caseloads; for therapists the figure is less because their supervision is through group work and is carried out six monthly.

## **9 Outcome 16 Audit and monitoring**

- 9.1 There is strong evidence that NHS providers have implemented the recommendations from serious case reviews and improved safeguarding for children and young people. One example is that all the NHS providers across Hertfordshire now have a policy on children and young people who miss outpatient appointments that involves an assessment of risk around the non attendance and notifying the referrer of the non attendance and making a referral to Child and Family Services if appropriate. The process is working and the GPs spoken to confirmed that they did receive notifications of children and young people who had not attended appointments. A second example is in adult mental health services, where staff complete the recently re-launched child risk tool when assessing risk to any child care for or involved with adult patients. The new tool has been launched with refreshed guidance and is used for all adult patients, not just those where it is already known that there are children in the household.
- 9.2 There were good examples of how audit was influencing good safeguarding practice across healthcare providers across the county. All health organisations inspected were able to demonstrate how recommendations from local and national reports were being implemented across their organisations.
- 9.3 The Hertfordshire Primary Care Trust carry out robust Section 11 Audits on all providers, including urgent care provision. The audit reports inspected had clear recommendations and were followed up rigorously and fed into commissioning arrangements.
- 9.4 The Hertfordshire Partnership NHS Foundation Trust has an audit cycle that will usually schedule up to 3 audits themed around children safeguarding per year. The outputs from the audits are presented to the joint heads of service and are fed into the practice governance forums. The named nurse will use the findings to inform training plans within the trust. The trust was able to demonstrate how the outcomes of recent audits and findings from serious case reviews were being implemented across the trust. Examples of changes to recommendations arising from audit is a system where Invitations, attendance and e-filing of outcome minutes from child protection meetings are

now centrally monitored by the named nurse to ensure that staff are attending cp meetings and that the e-records are being updated with the meeting notes when they arrive. This allows early identification of invitations to case conferences for children and young people that are not known to the service

- 9.5 The safeguarding team at West Hertfordshire Hospitals NHS Trust have a quarterly audit programme across paediatrics, urgent care, special baby care and operations. Issues from audits and other incidents are reported to the Child Protection Steering Group quarterly which reports to the Integrated Standards Executive Group. There is an amalgamated, combined action plan that goes to the Primary Care Trust quarterly. An example of how recent practice had changed as a result of a recent audit was that the team found repeat attendance of children and young people at an urgent care centre was not being recorded as vigilantly as it should and this has now been addressed. The Hospital Safeguarding Children Steering Group meet quarterly and considers outcomes from audits and serious case reviews, etc. and where necessary ensure that findings inform future training.
- 9.6 Hertfordshire Community NHS Trust has a tripartite approach to audit and had recently completed an audit on the response of health visitors to notifications of domestic violence in families where there were children under 5. It was clear from the evidence submitted that there was a clear governance pathway for the results to be fed into the service's Healthcare Governance Group and that the findings will be fed back to locality teams for action.

## **10. Recommendations**

### **Immediately**

Hertfordshire NHS providers of accident and emergency and urgent care service should ensure notifications of all attendances by children and young people are notified as appropriate to either the health visitor or school nurse.

Hertfordshire County Council and Hertfordshire NHS providers of accident, emergency and urgent care services should ensure information regarding children and young people with a child protection plan is up-to-date, securely transferred and stored electronically.

Hertfordshire Community NHS Trust should ensure care leavers are provided with a full summary of their healthcare history in a format suitable to their needs.

### **Within 3 months (from report)**

Hertfordshire Community NHS Trust should address capacity within the integrated health teams to ensure delivery of the 'Healthy Child' services to the assessed red rated priority areas.

East and North Hertfordshire NHS Trust should ensure a plan is in place indicating how mandatory safeguarding training will be delivered, within what timescales and how it will assure itself of the quality of training data held centrally.

East and North Hertfordshire NHS Trust should ensure arrangements are in place for the safeguarding supervision of appropriate staff with a record maintained that supervision has taken place.

Commissioners and providers of NHS services and specifically Hertfordshire Partnership NHS Foundation Trust should review the capacity of their safeguarding teams to ensure post holders are able to fulfil the responsibilities of their organisational roles.

The Child Death Overview Panel should ensure it fulfils its statutory duty to report on the arrangements for the support of bereaved parents.

### **Within 6 months**

NHS Hertfordshire should 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 Hertfordshire.

NHS Hertfordshire commissioners should ensure there is a robust database in place that holds accurate information on safeguarding training undertaken by General Practitioners (GPs), dentists and other independent practitioners

NHS Hertfordshire should develop a consistent countywide approach to the commissioning of initial and review health assessments for looked after children and young people and ensure that they are carried out by appropriately trained individuals.

### **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](mailto:childrens-services-inspection@cqc.org.uk) and it will be followed up through the regional team.

### **Other NHS organisations involved in this inspection**

Hertfordshire Community NHS Trust  
East and North Hertfordshire NHS Trust  
West Hertfordshire Hospitals NHS Trust  
Hertfordshire Partnership NHS Foundation Trust