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

Date of Inspection	**29 November – 10 December 2010**
Date of final Report	**27 January 2011**
Commissioning PCT	**NHS Gloucestershire**
CQC Inspector name	**Liz Oxford**
Provider Services Included:	**Gloucestershire Hospitals NHS Foundation Trust** **2gether Mental Health NHS Foundation Trust** **Gloucestershire Care Services**

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 .

NHS Gloucestershire PCT	
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:

The county of Gloucestershire is situated on the northern edge of the southwest region and covers 1,025 square miles. Over half the county is designated an Area of Outstanding Natural Beauty. Gloucester and Cheltenham are the main two urban areas, situated in the centre of the county, with small market towns being a feature of the wider area. Gloucestershire has a population of nearly 600,000, including approximately 140,000 children and young people aged 0-19. While the population as a whole is predicted to increase by 9% by 2025, numbers of children and young people are predicted to fall, with an overall predicted decrease of 3% of 0-19 year olds by 2025.

Although essentially a rural and relatively affluent county, parts of Gloucester and Cheltenham have areas in the most deprived 10% nationally, with health and education outcomes for children and young people in these areas being at a lower level than the county average. There are also pockets of rural deprivation. 10% of children and young people are in receipt of free school meals.

Commissioning and planning of NHS services and primary care is carried out by NHS Gloucestershire PCT. Gloucestershire Care Services is the provider arm of NHS Gloucestershire, which delivers a number of health services to children and families, such as health visiting and school nursing. Gloucestershire Hospitals NHS Foundation Trust provides acute hospital services and community paediatrics. A hospital education service is provided to children and young people in hospital. The 2gether NHS Foundation Trust is the main provider of specialist mental health services to children and young people throughout Gloucestershire.

1 General – leadership and management

1.1 There is evidence of well embedded strategic and operational commitment to joint partnership working; a number of key joint appointments including commissioning, public health and operational management roles are actively involved in planning for the continuous development of integrated working between health and social care services. Locality working is well developed in Gloucestershire with many frontline health staff co-located within partner agencies premises, for example the Gloucestershire Care Services named nurse and specialist nurses for safeguarding are located within the public protection bureau; health visitors, and CAMHS workers are based in children's centres with therapists, midwives and school nurses working there on a sessional basis.

1.2 All health provider trusts in Gloucestershire have developed and implemented appropriate safeguarding policies and procedures. Policies have been ratified by the Gloucestershire Safeguarding Children Board to ensure consistent practice and include processes for escalation, missed appointments, training, supervision and safeguarding practice.

1.3 Locality working is well developed with many frontline health staff co-located within partner agencies premises, for example the named nurses for safeguarding are located in the public protection bureau, health visitors, and CAMHS workers are based in children's centres and therapists with midwives and school nurses also providing sessions there. The well embedded process of co-location of key workers has helped to improve joint working and information sharing between agencies in Gloucestershire.

1.4 There is high level commitment from partner agencies in Gloucestershire to reduce the rates of teenage pregnancies. Partners from health commissioners and providers, social care, education and Connexions work through the Teenage Pregnancy Partnership Board to ensure implementation of teenage pregnancy strategy. A multi agency steering group implements the action plan agreed by partnership board, outcomes are good with low rates of teenage pregnancies.

1.5 Effective information sharing remains a challenge for all partners in Gloucestershire; although information sharing protocols are now in place evidence that policy is fully embedded in all levels of practice is not yet available.

2 Outcome 1 Involving Users

2.1 Children and young people in Gloucestershire have a clear voice and are actively contributing to future health service design and provision. Of particular note is the board level contribution of young people to the redesign and recommission process for Children and Adolescents Mental Health Services (CAMHS); they are also active participants in inspection monitoring visits to some current 2gether mental health trust provision. This participation has resulted in changes to the style and content of information literature provided to young people making it more user friendly and easier to understand.

2.2 Good progress is being made with achievement of the 'You're Welcome' quality award by health care organisations in Gloucestershire; the Youth Offending Service is the first in the country to have achieved this award.
2.3 Young people's views have also been used in designing the enhanced contraceptive services now available in 4 Gloucestershire GP practices. All 4 practices are working towards achievement of the You're Welcome award, with one practice almost ready for the verification process. A mystery shopper approach involving young people has also been used to improve the uptake and accessibility of sexual health services.

2.4 There are good examples of parents of children with disabilities being involved on service planning; for instance, changes were made to extend the community paediatric nursing service hours as a result of parents views being sought and acted on.

2.5 There is an insufficient level of work undertaken with care leavers by the looked after children's health team. Care leavers do not receive an adequate level of support or health related information from the looked after children's health team.

2.6 Adequate access for staff to interpreting services mean all attendees to the A/E departments of Gloucestershire Hospitals NHS Foundation Trust can be appropriately communicated with for treatment when English is not spoken. The service is used by staff on a regular basis and all staff spoken to knew how to access interpreting services, and had done so.

3 Outcome 4 Care and welfare of people who use services

3.1 There is good evidence of effective interagency working to reduce teenage pregnancies with Gloucestershire having one of the lowest rates of teenage pregnancies in the South West region. A strategy to reduce further unplanned pregnancies through the use of contraception methods is working; the rate for second terminations the lowest in the region.

3.2 Agencies are working together to provide a wide range of contraceptive and sexual health care services through easily accessed venues across the county; services are based in Contraceptive and Sexual Health (CASH) clinics, children's centres, enhanced level GP practices, Youth Offending Service (YOS), drop in sessions in colleges of further education and secondary schools. The ‘C’ Card scheme is run by the youth service and is available across Gloucestershire; the recent training of youth workers to provide emergency hormonal contraceptive services has increased the timeliness of interventional services.

3.3 Effective targeting of care for vulnerable groups of young women by midwives from Gloucestershire Hospitals NHS Foundation Trust is beginning to have a positive impact on addressing some of the health inequalities within Gloucestershire. In the east of the county this targeted approach can now demonstrate some early impact on infant mortality rates by a reduction in the number of births needing instrumentation assistance and better uptake of smoking cessation and breast feeding advice and support. Vulnerability is identified by post codes but there is open access to any women, including teenagers who have been assessed as needing additional support.

3.4 Young parents receive the support they need to care for their baby from health, social care and education services in Gloucestershire before and after the birth of their child. Midwives work collaboratively with partner agencies such as Connexions, the education service and family support workers in children's centres to ensure young parents are able to provide appropriate care for their child.

3.5 The 3 specialist teenage pregnancy midwives provide support to other midwives caring for pregnant teenagers and targeted ante-natal care for the very vulnerable groups. Specialist midwives for teenage parents are giving much more emphasis to involving young fathers in the care of their children; a recently commenced ante-natal parenting programme for young parents’ aims to ensure young people receive training in parenting skills through the Young And Pregnant (YAPs) programme.

3.6 YAPs is a targeted parenting programme aimed at young parents that is run by midwives together with social and educational partners; based in children's centres it has been successful in engaging with young parents and has led to an increased uptake of other support services available within children's centres.

3.7 The hospital education service works effectively with the Child and Adolescent Mental Health Services (CAMHS) and other health partners to promote the re-integration of young mothers into the education system through the Baby to Briefcase programme which offers1-1 support. The programme has been successful in increasing the numbers of young mothers returning to education or training settings after the birth of their baby.

3.8 Good progress has been made by the 2gether Mental Health NHS Foundation Trust in reducing waiting times for access to specialist tier 3 CAMHS; 100% of referrals are now seen within 8 weeks of referral and 85% of young people are seen within 5 weeks of referral. Improvements to tier 2 services are being developed through the use of a similar model of care.

3.9 All specialist tier 4 in patient CAMHS care is commissioned from out of county providers. No young people have been inappropriately admitted to adult wards since August 2007; all tier 4 care is commissioned on an individual basis from a variety of providers in age appropriate accommodation.

3.10 There is adequate provision of tier 1 CAMHS from a range of professionals including HV's, school nurses and by GPs supported by the YES team. Support from the specialist mental health services includes a daily telephone advice line, supervision, training and consultation advice. School nurses across Gloucestershire provide emotional support through TAMHS; the programme which has been running for 18 months has led to improved working relationships between school health services and the advisory teaching service.

3.11 There is a wide range of well established early intervention parenting support programmes available to parents across Gloucestershire. Programmes are provided to both universal and targeted groups with an increasing focus on involvement with fathers.

3.12 Working relationships between health visitors and social care staff have improved significantly as a result of move towards locality working. Good progress has been made in the co-location of health staff within children's centres with locality working becoming embedded within everyday practice of public health workers. This has led to an increased knowledge of local issues through shared mapping of needs against gaps in services to help address effects of deprivation. An integrated approach to tackling childhood obesity can be seen through a variety of initiatives in children’s centres. Although breast feeding rates are around the national average health visitors are working effectively with parents to increase both uptake and continuation along with other healthy eating initiatives such as support with developing cooking skills and knowledge of how to encourage healthier diets for families.

3.13There is an outstanding approach to preventative family based work by 2gether Mental Health NHS Foundation Trust in Gloucestershire; CAMHS workers based in children's centres are providing good early interventions in preventing mental ill health. The SecureStart infant mental health programme is a nationally recognised programme that provides targeted support for parents with young children less than 3 years. The programme has been well evaluated with some positive outcomes e.g. a reduction in the numbers of mothers with very young children needing to seek more specialist mental health support. More universal parenting support is also available through the Mellow Baby, Baby Massage and Webster Stratton programmes which are provided in children's centres. Locality working is seen as the way to develop tier 1 and 2 CAMHS in the future; primary mental health workers are already providing effective support to tier 1 services through consultation and liaison activities.

3.14 The 2gether Mental Health NHS Foundation Trust is currently developing an extended out of hours CAMHS; pilot sites are now providing additional evening cover. Currently a CAMHS psychiatrist is available for on call out of hours; a protocol in place ensures any young person under 16 years of age presenting with deliberate self harm self harm is admitted to a children's ward overnight and assessed the following day by CAMHS; 16-18 year olds are seen by the liaison service which provides a good link between adult mental health services and CAMHS.

3.15 The need for additional mental health support for looked after children has been recognised by NHS Gloucestershire through the commissioning from 2gether Mental Health NHS Foundation Trust of a dedicated Primary Mental Health Worker who has now been in post for 18 months. Evidence of the impact this role has had on the emotional well being of looked after children includes reported improved links with social care LAC team.

3.16 Looked after children in Gloucestershire have higher than average scores in the strengths and difficulties questionnaire (SDQ); information from SDQs is used effectively by the dedicated CAMHS worker to screen for medium or high levels of emotional stress. Schools are informed of SDQ findings and additional support is provided by school nurses and CAMHS; action taken as a result of information from the SDQ has resulted in 2 placement changes.

3.17 NHS Gloucestershire has acknowledged inadequacies in looked after children's health services; remedial action already taken includes the resourcing of additional nursing hours and administrative support. In order to improve the quality of health assessments a review of medical input is being carried out and further training for health visitors and school nurses is planned.

3.18 Although the percentage of health assessments being completed is well in line with national averages the quality of both initial and review assessments is poor; there is no evidence of any quality monitoring of looked after children's health care by NHS Gloucestershire until the last few months

3.19 An effective multi-agency and multi-disciplinary substance misuse service across Gloucestershire provides education and advice to young people on substance related issues with an emphasis on harm reduction. As well as direct work with young people the team advise and support professionals, parents and carers around identifying and managing substance misuse.

3.20 Agencies are working well together in Gloucestershire to reduce substance misuse; evidence of effective partnership working by substance misuse workers includes targeted joint group work with Connexions in schools and the training of A/E department staff in better identification of alcohol and drug problems through use of screening tool and brief intervention skills.

4 Outcome 6 Co-operating with others

4.1 NHS Gloucestershire, Gloucestershire Hospitals NHS Foundation Trust and the 2gether Mental Health NHS Foundation trust can all demonstrate effective involvement with partners through attendance at the Gloucestershire Safeguarding Children's Board (GSCB). Both the commissioning and provider trusts representatives are at an appropriate level of seniority to ensure an effective contribution to strategic decision making within both the safeguarding children's board and their own organisations. There has been good progress made in the implementation of the Common Assessment framework (CAF) in Gloucestershire; although CAF initiation rates by health staff remain relatively low their contributions to the planning and implementation processes are good. All staff are enthusiastic about the benefits of using the CAF approach and are committed to increasing its use within their service.

4.2 An effective interface between midwifery services and adult mental health workers ensures that vulnerable parents are identified and supported appropriately. Parents with mental health concerns are now receiving a more co-ordinated programme of care; midwifery service and mental health workers from 2TG are in final stages of development of a care pathway to support existing guidelines. Impact so far has been to improve timeliness and quality of information sharing along the pathway of care continuum and in more accurate recording of mental health status of both parents.

4.3 The designated professionals at NHS Gloucestershire are monitoring action plans following recommendations from Serious Case Review (SCRs) well. Examples of learning from these reviews can be seen in better understanding of health professionals safeguarding responsibilities and accountabilities. Further evidence of effective learning from SCR findings can be seen in the changes made to documentation used by the Gloucestershire Hospitals NHS Foundation Trust midwifery services; there is a much clearer focus on both partners mental health status with specific information now sought during midwifery assessments.

4.4 There are improved, more effective information sharing procedures in place; any pregnant young person who misses an ante-natal appointment is followed up and tracking processes are in place for vulnerable young people who go missing during pregnancy. A protocol for information sharing between midwives and health visitors has been devised and has resulted in timelier sharing of information and joint visits made where there are concerns.

4.5 2gether Mental Health NHS Foundation Trust has appropriate arrangements in place between its adult mental health services and CAMHS; a transition policy ensures adequate planning for the transfer of care. Information sharing is good between the two services and adult mental health workers have received safeguarding training.

4.6 Good information sharing between the A/E departments and community health workers in Gloucestershire is facilitated through the HV liaison role. A full time service between main A/E departments, minor injury units and community health workers ensures information relating to A/E visits and hospital admissions of <18's is shared in a timely way. The clear criteria for this liaison role assists in ensuring there

is an effective interface with adult mental health and substance misuse services. Learning from SCRs can be demonstrated through amendments to the mental health risk assessment tool used to ensure parental history is obtained and recorded to reflect any identified impact on children's well being.

4.7 There are clear indications of more effective contributions by health staff to ensuring children are safeguarded; additional training has raised health partners' awareness of their safeguarding responsibilities and accountability. There is good attendance by health staff such as health visitors and school nurses at child protection case conferences and all staff report feeling that their contributions are valued and do influence decision making.

4.8 Adequate progress being made to ensure domestic violence is recognised and responded to appropriately by health care professionals across Gloucestershire. The more proactive approach is demonstrated through use of the Family Needs Assessment (FNA) which ensures a risk assessed approach is used when there are domestic abuse concerns. Additional training in recognising domestic violence has meant staff are more comfortable in asking appropriate questions to identify abuse; use of FNA tool is audited annually and can show a steady increase in the recording of domestic abuse assessments. An improved awareness of domestic abuse by A/E staff of the Gloucestershire Hospitals NHS Foundation Trust through safeguarding training has led to increased referrals to MARAC; staff are now using a direct referral form and report good responses from other agencies such as the police. Domestic abuse referrals are also now part of the comprehensive alert system in place at Gloucestershire Hospitals NHS Foundation Trust.

4.9 There are no clear arrangements in place for ensuring the health needs of looked after children in out of area placements are met; this has resulted in ad hoc and variable service provision. Arrangements in place at NHS Gloucestershire to monitor the quality of physical and emotional health care for children and young people in out of area placements are inadequate.

4.10 Adequate working arrangements are in place with Gloucestershire children's social care dept, staff in the A/E departments reported no problems or significant concerns following any safeguarding referrals made. However there is a common lack of feedback from social care after a referral has been made; staff report rarely receiving verbal or written outcomes.

4.11 There is evidence of effective partnership working by the substance misuse workers, for example through the targeted joint group work with Connexions in schools, training of A/E staff in better identification of alcohol and drug problems through use of screening tool and brief intervention skills.

4.12 There is adequate support provided in Gloucestershire to children with disabilities through a range of health care services. The team around the child approach (TAC) is well developed for under 5's and for children being educated in special schools; however there is a less well co-ordinated service for older children, particularly those with disabilities in mainstream education.

4.13 Agencies work together effectively to support parents of children with disabilities. Parenting skills for families with disabled children have been enhanced through the use of a specially adapted Webster Stratton course; the programme is run in special schools and is available to parents across Gloucestershire.

4.14 Transitional planning for children and young people with disabilities in Gloucestershire is adequate. The transitional strategy agreed in 2009 ensures the involvement of all relevant partner agencies with joint planning starting at 14 to facilitate an integrated transfer of care from children's to adult services. Parents of young people with disabilities confirmed that transitional arrangements are being implemented in line with this strategy.

4.15 Children and young people with disabilities who also have mental health needs receive an appropriate and responsive service. The dedicated CAMHS Learning Difficulties Disabilities (LDD) team work as part of a multi-disciplinary approach; transitional planning to adult services is undertaken at the appropriate time.

4.16 Speech and language therapists from Gloucestershire Care Services are providing a number of effective interventions to help improve language development in young children with communication difficulties. More Than Words is a parenting course run annually in children's centres to specifically support parents of children with Autistic Spectrum Disorder (ASD) evaluation has been very positive with parents reporting improved communication skills.

4.17 However there is little evidence of integrated working for children and young people with Attention Deficit and Hyperactivity Disorder (ADHD) and ASD; there are currently no agreed multi-agency care pathways available to ensure consistency of care and integrated working.

4.18 Although there is no multi-agency integrated team for children with disabilities there is some evidence of good working arrangements having been developed between education and children's health and social care services and work is underway to establish a common case work and integration of the case management system for these children. The increasing use of the Common Assessment Framework (CAF) has reduced the times parents are asked for information but there remains a significant lack of information sharing across health and social care services according to parents of children with disabilities.

5 Outcome 7 Safeguarding

5.1 NHS Gloucestershire has resourced its safeguarding children team adequately and receives appropriate support and advice from the designated doctor and nurse. The designated nurse is highly experienced in the safeguarding field and works to a clear job description; supervision arrangements include peer and line management support with additional support from executive director responsible for safeguarding. The safeguarding team are providing adequate strategic guidance to operational staff; safeguarding policies and procedures are reviewed regularly to ensure practice remains up to date.

5.2 Midwives in Gloucestershire Hospitals NHS Foundation Trust have all received appropriate level of safeguarding training; mandatory training also includes an element on domestic violence. Midwives report good support through access to supervision sessions from supervising midwife and named nurse; supervision has raised their confidence in dealing with safeguarding issues and improved their report writing skills.

5.3 Health staff working for Gloucestershire Care Services can demonstrate an appropriate understanding of referral thresholds following better clarity of threshold levels. Locality working arrangements with social and health care staff has led to improved referral responses from social care. Midwifery staff have received adequate training on local thresholds to ensure that they make appropriate safeguarding referrals to the local authority.

5.4 NHS Gloucestershire provides adequate safeguarding support to general practices through the named doctor. An audit in 2009 of practices understanding of safeguarding issues led to the development of a lead GP role for safeguarding of children in each practice to act as a resource for other partners and staff; all practices in Gloucestershire now have an identified lead. GPs are well informed and able to access up to date safeguarding information through a recently set up intranet service; for example this ensures GPs can access all local GSCB policies and findings from SCRs. However GP attendances at case conferences remain rare and input is generally restricted to provision of reports when asked for.

5.5 All practices are encouraged to attend safeguarding training and currently 72% of GP practices have received level 1 training; however only 15% of GPs have attended the multi-agency training from the GCSB.

5.6 There are effective arrangements in place to ensure adult mental health workers are better able to identify children who may be at risk of abuse by adults using their services. The named doctor and nurse within 2gether Mental Health NHS Foundation Trust provide good safeguarding support through training, supervision and advice to adult service workers; awareness of children's safeguarding needs is now well embedded in practice of all mental health workers.

5.7 Gloucestershire Hospitals NHS Foundation Trust has a comprehensive and robust alert system in place to record previous visits and to track concerns; a clear flagging system to identify children at risk has been installed on the IT system used in the two A/E depts, all community hospitals and minor injury units. All staff are aware of how to access out of hours information re children with a Child Protection Plan in place.

5.8 Health staff confirmed that they are invited to attend initial assessment meetings and any subsequent case conferences; attendance at case conferences is monitored by line managers. Effective chairing of case conferences enables health care professionals to contribute more effectively to discussions and any decisions made. Health visiting and school nursing staff reported that additional training opportunities and supervisory sessions had increased their confidence when contributing to the decision making processes during case conferences.

5.9 The Child Death Overview Panel (CDOP) in Gloucestershire is well established and implementing child death review processes effectively at a local level. A rapid response protocol supports the CDOP through a multi-agency approach. Quality and depth of information shared between partner agencies has improved and there are appropriate working relationships with the coroner. Meeting the cultural and religious needs of families from different faiths has been recognised as an area for development by the CDOP. A faith representative has recently been recruited to its core panel so that the needs of all families can be addressed appropriately following the death of a child.

6 Outcome 11 Safety, availability and suitability of equipment

6.1 A purpose built sexual assault resources centre situated in Gloucester is appropriately equipped and staffed during normal working hours; this means that children and young people requiring this service do not have to travel out of the county. Access to out of hours service provision is being reviewed; paediatricians in the A/E dept are currently providing this service for the very small numbers of children and young people who need an out of hours examination.

7 Outcome 13 Staffing numbers

7.1 NHS Gloucestershire has provided resources for sufficient staff within its provider arm, Gloucestershire Care Services, to ensure health visiting and school nursing teams comply with Working Together responsibilities in helping children stay safe and healthy.

7.2 Skill mix, locality working and co-location of workers and good access to further educational and training have all assisted in addressing the previous vacancies in health visiting establishment. There is an almost full delivery of the Health Child Programme across Gloucestershire with only the 16-19 years stage needing to be implemented fully.

8 Outcome 14 Staffing support

8.1 The designated and named professionals for safeguarding in Gloucestershire are working effectively together to monitor training programmes; they also work collaboratively with other GSCB colleagues to develop and deliver multi-agency training.

8.2 Adequate progress is being made to with ensure appropriate safeguarding training is undertaken by staff working for health care provider organisations in Gloucestershire. The 2gether Mental Health NHS Foundation trust has achieved a rate of 93% for level 1 training, 78% for level 2 and 49% at level 3. Gloucestershire Care Services has achieved 91% for level 1 training. However levels are lower for the more specialised training activity with 725 of staff trained to level 2 and 515 at level 3. The designated nurse and safeguarding team are currently working to align

safeguarding training in Gloucestershire to reflect recommendations from the revised Intercollegiate Document as well as guidance within Working Together 2010.

8.2 Gloucestershire Hospitals NHS Foundation Trust has only recently developed a training database for recording safeguarding training and currently has only 74% of staff recorded as having undertaken level 1 training. The trust expects to reach the target level of 80% coverage by the end of 2010. Analysis of non–attendees has identified the need for training methods other than through e-learning; face to face training is now being provided to porters and maintenance workers.

8.3 Adequate progress has been achieved in A/E staff attending appropriate level of safeguarding training with 85% of relevant staff at Gloucester Royal hospital trained to level 2 and 91% of staff in A/E at Cheltenham Hospital. The named nurse and line managers monitor attendance at appraisal; all junior doctors receive level 1 training before starting work within the trust.

8.4 Supervision arrangements for the designated nurse includes peer and line management support with additional support from executive director responsible for safeguarding. All health care staff involved in safeguarding and child protection issues receive additional supervision; appropriate changes to supervision arrangements have been made following findings from an SCR in Gloucestershire.

8.5 There is no specified sessional time for the role of designated doctor for looked after children. Strategic planning of the service and quality monitoring of medical assessments has been adversely affected by the current staffing arrangements.

9 Outcome 16 Audit and monitoring

9.1 NHS Gloucestershire has appropriate systems and processes in place to monitor safeguarding activity in commissioned and contracted services; through integrated governance arrangements. Quarterly reports to the safeguarding management team and twice yearly reports submitted to trust board provide adequate assurance. Activity is monitored through the quality contract monitoring process every 6 months with a report to the trust board annually from the executive SG lead director. There is appropriate membership of GSCB with attendance at executive director level as well as attendance by designated professionals.

9.2 However, the systems in place to monitor safeguarding activity of independent contractors remains underdeveloped with monitoring more robust in general practice than can be seen for dental practitioners, pharmacists and optometrists. An action plan is in place to address these issues.

9.2 There is effective monitoring of the county wide stepped care substance misuse service; performance management reports are provided monthly to the joint commissioning group. Data shows percentage of young people in Gloucestershire

requiring specialist substance treatment to be in line with statistical neighbours. National Treatment Agency (NTA) targets are mostly met, for example with the % of YP assessed as requiring specialist substance treatment started treatment within 15 working days.

9.3 Looked after children do not receive integrated care; a recent audit of health care plans demonstrate that there is poor information sharing between health care organisations and little evidence of partnership working with local authority partners.

9.4 Section 11 audits have been undertaken by GSCB and findings are being used by the safeguarding team at NHS Gloucestershire to plan future training and development for the workforce.

10 Outcome 21 Records

10.1 There was little understanding of young peoples health needs seen in the looked after children's health records reviewed with no timely or comprehensive assessment of health needs. The lack of medical history and current information in health records has resulted in a failure to provide any evidence of impact on health outcomes for the young people looked after in Gloucestershire.

10.2 BAAF documentation for looked after children has recently been introduced with some slight improvement noted in the quality of health care assessments; however many are still coming back incomplete or totally lacking in supporting information..

10.3 The looked after children's health records seen did not comply with NMC standards. Young people do not have complete and up to date health records; records are poorly maintained and information difficult to find. No evidence in records to demonstrate effective decision making or implementation of plans; or evidence of follow up, monitoring or evaluation of health care plans.

Recommendations (italicised text is from the Ofsted report)

Within three months:

- *Ensure appropriately trained individuals undertake health assessments and implement a robust monitoring system to ensure consistently good quality of health assessments for looked after children and young people who are living in placements either in or out of county.*

- *Ensure that there are sufficient resources within the child and adolescent mental health service to meet the mental health needs of looked after children and young people.*

- *Ensure care leavers receive good quality health information, advice and guidance and are provided with a full summary of their healthcare history in a format suitable to their needs.*

Within 3 months (from this report)

Gloucestershire Hospitals NHS Foundation Trust to ensure targets for level 1 safeguarding training are achieved and compliance maintained.

NHS Gloucestershire to develop and implement robust monitoring systems for the safeguarding responsibilities of all independent contractors.

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.