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.

### Wakefield County Council

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<tr>
<th>Safeguarding Inspection Outcome</th>
<th>Aggregated inspection finding</th>
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<tbody>
<tr>
<td>Overall effectiveness of the safeguarding services</td>
<td>Adequate</td>
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<td>Capacity for improvement</td>
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<tr>
<th>Looked After children Inspection Outcome</th>
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<tr>
<td>Overall effectiveness of services for looked after children and young people</td>
<td>Good</td>
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<tr>
<td>Capacity for improvement of the council and its partners</td>
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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
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:

Wakefield district is one of five metropolitan districts in West Yorkshire and covers around 350 square kilometres of mixed urban and rural communities. It is the 8th largest metropolitan authority with a current population of approximately 324,000 people. This figure is expected to rise to 347,700 in 2021 according to Office for National Statistics projections. However, numbers of children and young people aged 0–19 are expected to reduce from 76,700 in 2009 to 75,400 by 2017 (Ofsted January 2011).

Children’s Partnership arrangements are overseen by a Children and Young People’s Partnership Board and Management Group. A Joint Commissioning Board plans and commissions the shared priorities within the published Children and Young People’s Plan. Wakefield’s Safeguarding Children’s Board is independently chaired and brings together all the main organisations working with children and young people in the city to deliver safeguarding services. (Ofsted January 2011)

Commissioning and planning of health services are carried out by the Wakefield District Primary Care Trust. The main provider of acute hospital services is the Mid Yorkshire Hospitals NHS Trust (MYHT) Child and Adolescent Mental Health
Services (CAMHS) are provided by the Wakefield District Community Healthcare Services, which is the provider arm of Wakefield District Primary Care Trust. Adult mental health services and the early intervention for psychosis service are provided by the South West Yorkshire Partnership NHS Foundation Trust. (Ofsted January 2011).

1. **Outcome 1 Involving Users**

1.1 There is good evidence of young people and their carers and parents being involved in the development and design of services provided by Wakefield District Community Healthcare Services.

1.2 Young people have been involved in the planning and delivery of the sex and relationship educational programme (SRE). They were involved in the design of the materials used to deliver SRE and led on the design of the supplementary take home material. The healthy schools co-ordinator, who is responsible for co-ordinating the delivery of the SRE in schools and colleges is now working with a group of young males to deliver a specific SRE programme for young men aged 15 to 19 years.

1.3 When the CAMHS Crisis team was scoping its service, it developed a young peoples group in collaboration with Barnardos Advocacy project who advised on service development in the early stages of setting up the Crisis team. The young people were also members of the interview panel for staff. There is now a group of current crisis team service users that meet regularly to provide a source of evaluation and input into how the service can continue to develop.

1.4 The looked after children and young people have contributed to the production of a DVD about what it is like being looked after. The LAC specialist nurses have used this DVD as part of their Looked after Children Awareness Training which is now mandatory across the community provider services for all staff who come into contact with children and young people.

1.5 Children and families services have a programme of evaluating services with users, this year it has included evaluating paediatric occupational therapy, children’s community nursing service, community paediatrics and health visiting input into fathers of under 5’s. Changes have been made in all services and the trust plans to carry out a re-audit in the final quarter of this year to check on impact.

1.6 There is an active parents group called Kingsland CAPS who have been consulted on service developments and are represented on the Disabled Children and SEN Programme Board that is chaired by the Local Authority.

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

2.1 The provision of sex and relationship education across Wakefield is adequate. Teenage conception rates are statistically high, the latest validated data for Quarter 3 of 2009 is 52.2% compared to national average of 38.9%. Wakefield District PCT and partners recognise the need to address the high
conception rates and there is a co-ordinated effort to refresh the SRE programme and materials building on the risk and resilience approach that has proved effective in other areas both nationally and internationally. SRE is co-ordinated by the Healthy Schools Co-ordinator and is delivered by a multi agency team, including some school nurses. The core offer is for four, one hour discussions led by a multi agency, multi disciplinary group delivered to all year 9 students. Attendance is recorded and the team will provide “catch up” sessions for those students who were not able to take part in the planned sessions. The team supplement the core offer with additional support at years 10 and 11 building on the themes covered at year 9. The service evaluates all sessions and is able to demonstrate improved learning outcomes. In addition, a package has just been designed for use in local colleges and this is due to start in January 2011.

2.2 Access to contraception and sexual health services (CASH) across Wakefield for young people is adequate. The CASH team offer 8 outreach clinics for young people that are geographically based in “hot spot” areas and 2 clinics a week in central Wakefield. There is a clinic available 6 days a week. Most young people’s clinics offer open access, though the Saturday clinic is appointment only. There is a good service provided by the two outreach nurses that provide drop in clinics at two schools in the area that offer prescribing and advice as well as meeting young people on an individual basis at home or other suitable venues. The outreach nurses work closely with the teenage pregnancy midwife, the looked after children health team and the youth offending nurse. Some pharmacists offer free emergency oral contraceptives though this not equitable across the district. Emergency contraception is not available from the local A&E services, though the walk in centre in Wakefield will prescribe it. Use of long acting reversible contraception (LARC) is well established in Wakefield, with 18% of young women choosing this method of contraception; this is double the national average.

2.3 There is a good service offered to young women who have an unplanned pregnancy and wish to terminate the pregnancy. The CASH team run an unplanned pregnancy clinic that has two sessions a week called Option Plus. Young people are able to self refer. The service is nurse led and can facilitate referrals for termination within 7 to 10 days of the initial appointment. There is good support for young people under 18 or those who are particularly vulnerable who had had a termination of pregnancy... The outreach nurse will check attendance at the appointment for termination as well as discuss the young woman’s emotional wellbeing and future contraception needs. A pathway is in place to support young people who attend the clinic who do not have anyone to accompany them to the appointment for the termination.

2.4 The Healthy Child Programme starts in pregnancy. Midwives are the primary health professionals likely to be working with supporting women and their families throughout pregnancy. The close relationship they have with their clients provides an opportunity to identify any potential problems. There are good processes in place within the midwifery service in Wakefield to support
the early identification of any safeguarding concerns. The midwives aim to see all newly confirmed pregnant women before ten weeks of gestation and preferably within 2 weeks of the pregnancy being diagnosed. Wakefield have a very high level of ‘bookings’ before 12 weeks of pregnancy, with 96% of pregnancies booked before this gestation. The midwifery team offer either a first contact visit or a booking visit. The midwives will obtain a full medical and social history as well as screening for domestic violence and any mental health issues. The midwives complete a Pre CAF assessment to help identify any vulnerabilities and any other agency involvement with the family.

2.5 The services provided to young teenagers who are pregnant is good. The teenage pregnancy midwife is employed by Mid Yorkshire Hospitals NHS Trust and is based with the Barnardos Young People team. She works across Wakefield District offering a 9.00am to 5.00pm, Monday to Friday service and offers 3 levels of support. The basic level is to provide information and signposting, the second level is to provide support to the midwife who is providing the day to day care and to the young person as required and the third is to hold the case and provide a full midwifery service. Young people who are looked after and are pregnant are automatically part of her caseload. The teenage pregnancy midwife described her caseload as manageable. The teenage pregnancy midwife will visit and carry out ante natal checks for the young woman at a venue of their choice, usually in the family home. The teenage pregnancy midwife has close links with CASH to try and avoid future unplanned pregnancy, as well as with Connexions, local schools and colleges. She holds regular drop in sessions at local colleges to help young parents remain in education. There are two special ante natal courses for young people who are pregnant called Bump to Baby, these are ten week courses that look at emotional health and wellbeing, as well as self esteem and the issues that young parents face; attendance is variable and the content is constantly being amended to reflect the feedback from the young women and their partners.

2.6 The Healthy Child Programme is delivered through skill mix by the 0-19 child health teams. The teams consist of health visitors, school nurses, community staff nurses nursery nurses and community support workers. The health visiting service is commissioned to provide the full health child programme from 0- 5 years, including the ante natal visit and the 2 year check. There have been two serious case reviews that highlighted deficiencies in the services provided by the child health teams. Following the management reviews for these Serious Case Reviews, the WDCHS carried out a detailed audit which, amongst other significant findings, highlighted that some visits were not being made. The executive team of the WDCHS are leading a significant programme of change and introducing a strong performance management framework to address the issues raised by the audit. As part of this programme, there is considerable work taking place in the health visiting and school nursing service to look at working practices and in mapping resources according to deprivation. A system of prioritising and categorising work is being developed to identify key deliverables depending on a team’s resource. An example of this work was around how the service is responding to a sudden and substantial increase in sickness in some teams by prioritising...
ante natal visits to those families where there are existing concerns and for new mothers.

2.7 The school nursing service is adequate. Wakefield has a named band 6 Specialist Community Public Health Nurse (School Nurse) staff nurse (SCPHN) attached to each high school. There are 17 high schools in 10 pyramids and 15 Band 6 posts. Larger pyramids have more than one SCPHN, smaller pyramids share a SCPHN, but all high schools have a named SCPHN. The school nursing service aim to offer the extended role, however, there have been problems in achieving this consistently across the district due to resourcing.

2.8 Wakefield District PCT and partners have made good provision to safeguard the children and young people of gypsy and travelling families who reside on the local council site. Wakefield District PCT commissioned a health needs assessment of the gypsy and traveller population on a local council site in 2009. The health needs assessment identified a need for cultural awareness by staff who deliver health care and poor uptake of contraceptive advice and sexual health services and immunisations within this community. There is a midwife attached to the local GP practice who provides ante natal care and the specialist health visitor who provided the "healthy child" programme to the asylum seekers has now taken over as dedicated health visitor to gypsy and travelling families on the local council site. The specialist health visitor has completed a needs analysis to identify outstanding immunisations for families and attends the site every second Thursday to provide care, advice and information. Early indications are positive, with more families starting to access provision.

2.9 The child and adolescent mental health service (CAMHS) in Wakefield is very good. The CAMHS is for children and young people from 0 to 18 years and consists of tier 3 and tier 4 treatment and support. Access to services is through a single point of referral and there are no waiting times. CAMHS team use the Choice and Partnership Approach (CAPPA). The CAMHS team hold daily meetings to discuss the referrals and decide on the most appropriate intervention. Most referrals are initially offered support through the dedicated primary intervention team who will offer up to 6 sessions of consultation, usually through joint working with staff from other partner agencies. The primary intervention team is a multi disciplinary team that offer training for universal services as well as advice and support to professionals. The core CAMHS team is a multi disciplinary team made of psychiatrists, psychologists, social workers, specialist therapists and specialist nursing staff. They offer a full range of services, including medication, cognitive behaviour therapy, solution focussed therapy and family therapy. There is a good range of established care pathways to meet the needs of children and young people, as well as a transition protocol to ensure a co-ordinated transfer of care from CAMHS into adult mental health services.

2.10 The CAMHS have a crisis intervention team that work 24 hours, seven days a week. The aim of the crisis intervention team is to avoid in-patient admission and the service has good outcomes, with many young people managing to
remain in the community to receive care and support who would otherwise have been admitted into hospital. The service has also introduced a new forensic service that will provide consultations and interventions to young people who are in the young offenders unit attached to the local prison, as well as providing a consultation service to professionals working in the youth offending teams.

2.11 CAMHS offer good in-reach to child development services. They also offer good in-reach support to paediatric services who will work with children and young people who have been diagnosed with longer term health conditions providing psychological support.

The South West Yorkshire Partnership Foundation Trust provides an effective early intervention psychoses service through dedicated teams called Insight. The Insight teams will accept referrals from professionals, education staff, young people or their carers and offers a service for young people aged 14 to 35 years who are presenting with psychoses for the first time. The service is well regarded and has reduced the numbers of young people who require transition from CAMHS into adult mental health service.

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2.13 Services for young people with attention deficit hyperactivity disorder (ADHD) during transition to adult care are very good. The South West Yorkshire Partnership Foundation trust provides an adult ADHD service which as well as providing a service for young people with ADHD to transfer into provides advice, support and therapy to adults newly diagnosed with ADHD. Staff work with the young people on how their ADHD impacts on their lives in further education, home and social lives as well as providing a prescribing function. The service comprises of multi disciplinary staff including a consultant psychiatrist, occupational therapist and community psychiatric nursing staff.

2.14 Services offered to children and young people with learning disabilities and complex care needs in Wakefield are good. There is a children’s learning disability team that supports parents and offers programmes around behaviour management, toileting, sleep, etc. There is a children’s occupational therapy service and though this has a waiting list of up to 3 months, referrals are risk assessed with under 5’s receiving priority. Paediatric services for young people with disabilities are provided by the teams up until a young person’s 19th birthday, though currently there are no young person’s clinics to assist transition into adult services. Aids for children and young people are accessed through an Integrated Community Equipment Store that is jointly funded by health and local authority partners and where necessary joint assessments are carried out by occupational therapists to avoid over exposure of families. Aiming High monies has supported the development of the Wakefield Early Support, Advice, Information and Liaison service (WESAIL) that employs key workers for families and provides early intervention support, signposting through pre-CAF and CAF and an information service to help parents and carers claim the appropriate benefits.
2.15 There is good multi disciplinary assessment of children and young people for autistic spectrum disorders as specified as good practice in NICE guidance. There are, however, some concerns around the future of the service in the west of the district which is run by a locum consultant and has recently developed a waiting list, with no firm plans in place to recruit substantively.

2.16 There is good use of resource in the commissioning of initial health assessments and health reviews for looked after children and young people. All children and young people placed within the Yorkshire and Humber region are now part of a reciprocal arrangement whereby there is no cross charging between health partners for children and young people placed out of area but within the regional boundary.

2.17 The arrangements to ensure that the continued health needs for looked after children and young people are identified and met are outstanding. Ninety one percent of health needs assessments are completed in time, 90.5% of looked after children and young people are registered with a NHS dentist and there is 97.4% update in immunisations. Statutory health assessments are offered up to the age of 18 years, though health support is offered up to the age of 21 years or 24 years of age if the young person is in full time education. The looked after children health team work pro actively to prompt and schedule initial health assessments and reviews, however, there are still frustrations around delays in receiving timely receipt of notifications and assessment documentation from the local authority’s children’s services. Access to sex and relationship and advice is through universal services, at the annual health review and through further targeted input from the specialist looked after children nurses on request. The CASH workers prioritise requests for interventions with young people who are looked after. A snapshot of the young people looked after in February 2010 showed that 2 young women had gone on to have babies out of a 43 young women aged between 15 and 19 who were looked after.

2.18 There are good arrangements for children and young people who become looked after to have their health needs assessed and reviewed. All initial health assessments are carried out by associate specialist paediatricians and the LAC specialist nurses. Health visitors undertake health assessments of looked after children from birth to 5 years every six months and school nurses carry out the annual health assessments for those aged over 5 until they leave care. Young people are offered a choice about where they want the health review and also about individuals they want to attend. All staff carrying out the health assessments had received appropriate training in how to carry out and complete a quality health assessment and write a care plan. Health visitors and school nurses will attend the looked after child reviews, however, they are not always notified of the dates. If a young person refuses the opportunity for a health assessment, then this is documented and followed up by the LAC specialist nurses.

2.19 CAMHS for looked after children and young people are good with priority access to services through the multi agency, multi disciplinary virtual looked after children wellbeing team.
2.20 The identification of health needs for looked after young people in the planning for leaving care and on leaving care is inadequate. There has been some work with the local authority children’s service to develop a protocol around joint initial visits for young people who are referred to the looked after children’s service at the age of 15 and above. The aim of this protocol is to ensure that there is health input into the pathway planning and review, however, this is not happening in practice. The looked after children health team do not supply young people leaving care with a health summary that brings together their health history and their immunisation history.

2.21 There is good support to mothers who misuse substances and to infants born to mothers who have substance misuse and alcohol problems. The Sunshine Clinic offer appointments to all new born infants of mothers who misuse substances to ensure that any specific health needs that may arise from parental substance misuse can be identified and interventions planned. There is also a dedicated substance misuse midwife who is co-located with the substance misuse team to provide support and advice to mothers who misuse substances as well as providing advice and support to midwives and other professionals.

3. **Outcome 6 Co-operating with others**

3.1 The input of Wakefield District PCT into the commissioning and planning of out of area placements for children and young who have complex care needs is adequate. The designated doctor sits as part of the joint complex care panel that considers and commissions specialist placements.

3.2 The involvement of the specialist nurses in the looked after children health team in partnership training is good. The specialist nurses in the looked after children health team contribute to partnership training alongside the local authority in delivering “Healthy Care” training. This training takes place twice a year for professionals, foster carers and residential workers. The specialist nurses from the LAC team sit as part of the fostering panel and provide a health perspective in the assessing or de-registering of foster carers and in the matching of children to carers. They also attend the foster carers’ regular support meetings to provide advice and support around health issues.

3.3 The CAMHS support to foster carers is good. CAMHS offer consultations to foster carers and are regularly involved in the training of foster carers through the foster carer support group.

3.4 The knowledge and understanding demonstrated by health staff on how to make a referral to children’s services is good. Health staff representing all the four provider agencies could confidently describe the process used to refer any concerns they had about the safety of a child or young person. They were able to explain how they would escalate the referral if they had any concerns about the response from the local authority’s children’s team.
3.5 The arrangements to respond to concerns around the safety of the unborn child are good. The midwives in the focus group were able to describe circumstances in which they refer concerns to children’s services. As well as completing the council’s referral form, the midwife will also complete a referral checklist that is used to monitor the outcome of the referral. There is no minimum gestation that children’s services will accept referrals. Previously there had been a number of babies that were born without a child protection plan in place, however this has been mitigated by the named midwife who now closely monitors and chases cases where due dates are approaching and no plan is in place.

3.6 Midwifery staff receive invitations to initial case conferences and strategy meetings, the named midwife liaises with midwifery staff to ensure that they are either able to attend or that a report is submitted. Midwives, health visitors and school nurses all felt that their contribution to child protection case conferences were valued.

3.7 A recurring theme in serious case reviews (SCRs) has been inadequate sharing of information about vulnerable children. It is a requirement in Working Together to Safeguard Children that all health professionals who work with children, young people and families should be able to contribute to planning and commissioning support for children who are suffering, or likely to suffer significant harm, for example, children living in households with domestic violence. The arrangements to notify health visitors and school nurses of incidents where the police have attended following an allegation of domestic abuse where there is a young child present are inadequate. Staff in the focus group representing child health teams said they were involved with cases that were discussed at MARAC but that they did not receive notifications of attendance by police following an incident of domestic violence.

3.8 There is good joint working with the local authority around identifying adult and child carers. As part of the project care workers have been appointed to work with GP practices to help create a carer register.

3.9 There are adequate arrangements in place at both Pinderfields General Hospital and Pontefract General Infirmary A&Es to safeguard children. Staff in the units check for repeat attendance via the IT system which gives the number of times a child has attended the unit and children who have a child protection plan in place are identified by a marker on the record. Completed casualty records are scanned into the system on discharge. The child health team are notified of all attendances to A&E by children and young people aged birth to 18. There is a clear escalation process in place if A&E staff are concerned about the welfare of a child or if trigger questions used as part of the triage are answered positively.

3.10 The arrangements in place to safeguard young people who attend A&E following an incident of self harm are inadequate. Young people under 16 who have taken an overdose and attend A&E are usually admitted to the paediatric ward until CAMHS can provide an assessment of their need; if a
young person is 16 or 17 and has taken an overdose, then they will be admitted to an adult ward, usually medical assessment unit, for CAMHS assessment. There is nothing in the protocol that indicates assessment of severity in relation to other forms of self harm. The CQC inspector saw no documentation to support a risk assessment on the appropriateness of using adult beds for assessment. The Mid Yorkshire Hospitals NHS Trust and the WDCHS could not provide any audit information to show compliance with the requirement for overnight stay or whether young people were being discharged early because of bed capacity. The Mid Yorkshire Hospitals NHS Trust are relocating several services in early January 2011 and as part of the overall relocation process the new paediatric wards will care for young people aged 16 and 17, it is envisaged that this change will end the need to admit young people in adult wards for assessment and care.

3.11 Staff at both Pinderfields General Infirmary and Pontefract General Hospital A&Es were able to confidently describe processes used to identify and follow up on any safeguarding concerns for children following the attendance of adults at A&E following incidents around domestic violence, substance misuse or mental health crisis. A planned update to the trust’s IT system and revised paperwork will incorporate not only prompts to use when triaging the attendance of children and young people to the departments, but also prompts to identify children who may be at risk from adults where there is evidence of domestic violence or other risk taking behaviour. This is part of the trust’s implementation of the Child at Home Policy.

3.12 The arrangements for safeguarding children and young people who attend for treatment at the Wakefield Walk in Centre run by Local Care Direct are adequate. The service runs from 8.00am to 8.00pm, seven days a week. The attendance of children and young people is recorded on the IT system used by children health services and some GPs. A paper copy of the attendance is faxed through to GPs who do not have access to the centre’s IT system. There is no formal notification of attendance to health visitors or school nurses through either a paper copy of the visit or as a task on the IT system. This means that the health visitor or school nurse is not being alerted to an A&E attendance that may prove to be significant. The manager was clear on how to refer concerns to the local authority’s children’s services.

3.13 Wakefield has a newly established virtual Looked After Children Wellbeing Team including a jointly commissioned consultant psychologist for looked after children. The team also includes 2 CAMHS social workers who work part time and a worker from Rebound, the youth substance misuse service. The virtual team are supported by a participation worker employed by the local authority and an advocacy worker employed by Barnardos. Referrals to CAMHS are triaged by the looked after children consultant psychologist who will agree care pathways with CAMHS. Likewise, the worker from Rebound will carry out the initial assessment and identify an appropriate package of care that the young person can access straight away.

3.14 The specialist looked after children nurses are each allocated to a specific area within Wakefield and support the looked after children and young people
who reside there. The specialist nurses have good links with the residential homes, including the young offenders’ facilities and visit regularly to talk informally to young people and the workers around SRE and other health issues such as smoking cessation and healthy eating.

4. **Outcome 7 Safeguarding**

4.1 The arrangements for the designated nurse and designated doctor for Wakefield District PCT are adequate and the postholders were able to demonstrate how they fulfilled their responsibilities as outlined in Working Together. However, due to the resignation of the Medical Director, there is a gap in the line management of the designated doctor. The designated doctor took up post in April 2010 and is employed for 2 sessions a week. She attends the safeguarding board, chairs the safeguarding children health forum and peer review forums. The designated doctor was previously line managed by the Medical Director who has now left and there are no immediate plans for a replacement. The arrangements for the designated doctor to receive supervision are adequate; she uses personal contacts and attends the designated and named doctor regional peer review meetings. The designated doctor offers ad-hoc and informal supervision to the named doctors in provider organisations across Wakefield.

4.2 The Head of Safeguarding for Wakefield District PCT is the designated nurse for safeguarding children as well as the lead for adult safeguarding. The designated nurse is full time and is line managed by the Chief Nurse with direct access to the Chief Executive, as well as attending briefing meetings with the non executive director with special interest in safeguarding. The designated nurse provides the health overview in commissioning for serious case reviews as well as management of performance data (training, supervision) and provides training across the health economy including independent practitioners. The designated nurse is actively involved in commissioning through the children, young people and maternity portfolio group.

4.3 Wakefield do not currently have a named GP, however, they have been successful in obtaining a GP Lead for safeguarding Children who is the local medical committee representative and sits on the Wakefield Children Safeguarding Board. His recent work has been on improving and facilitating liaison between general practice and the safeguarding board, specifically around consent and information sharing. He has also acted in an advisory capacity in the recent Individual Management Review following a serious case review, and has assisted in the formulation and performance management of the resulting action plans.

4.4 The Head of Public Health is the public health lead for looked after children. The designated nurse for Wakefield District PCT is also the designated nurse for looked after children and provides a strategic overview with the day to day management of the looked after children health team provided by the Head of Children’s Service.
4.5 The designated doctor for looked after children has 1 session dedicated to this work which is insufficient resource to allow him to fulfil the duties of the role, especially as he contributes to the day to day management of the service. He is, however, supported by two community paediatricians who have dedicated resource to carry out the initial health assessments for children and young people who become looked after. The named nurse post for looked after children is currently vacant. There are three specialist looked after children nurses who are all full time. The looked after children health team are supported by one full time administrator.

4.6 The provision of safeguard training for independent practitioners is good. There is a training programme available for all independent practitioners to attend Level 2 basic awareness, with a further four sessions scheduled for 2011. The PCT have made available to general practitioners an e-learning course and over 65% have opened the programme, though a significant number are still to complete the course. Over 50% of the GP practices have either attended TARGET training or had face to face safeguarding training.

4.7 The support offered to dentists in enabling them to fulfil their responsibilities in safeguarding is good. The dental practice interviewed described how the PCT has organised training courses for next year for independent practitioners to attend, though they have been running multi disciplinary, multi agency training for the past few years with some of the sessions having a safeguarding focus. The dentist spoke about a very useful course he had attended on domestic violence and how this had raised his awareness on the wider safeguarding agenda and the impact of domestic violence on children in the family. The designated nurse had recently attended the dental practice and delivered safeguarding training to the whole practice and feedback from the staff at the dental practice was very positive.

4.8 The designated nurse had provided bespoke safeguarding training to the staff working in the Walk in Centre run by Local Care Direct.

4.9 Work to support general practitioners in their role of lead professionals as detailed in “Working Together” is in the early stages. The Wakefield Safeguarding Children Board is to carry out an audit to interrogate the attendance and contribution to child protection conferences in January 2011. This will form the benchmark to measure a programme of work with primary care to increase the quality of health information provided from primary care into child protection strategy meetings and case conferences.

4.10 The named professional team for safeguarding children in the WDCHS is well resourced to fulfil the responsibilities outlined in Working Together. There is a named doctor, who is a community paediatrician that has 2PA, with 1PA allocated for SUDIC. There are three named nurse posts that equate to 2.9WTE. One of the named nurse posts is vacant and recruitment is on hold. There is an additional 0.9WTE specialist nurse adviser that manages the day to day advice, responding to out of area notifications from A&E and looking at audits. The team are supported by a full time secretary. The team support
the development and delivery of safeguarding training. Line management and supervision arrangements for the named doctor and nursing staff are appropriate. The named doctor is working with her colleagues across the Wakefield health economy to ensure that content of training meets the requirements of the recently revised intercollegiate guidance. She also was the IMR author on the recent serious case review. The named nurses offer advice and support to all staff within the community services as well as to general practice staff.

4.11 The establishment of named safeguarding doctors within the Mid Yorkshire Hospitals NHS Trust is good, with one named doctor having 5PA allocated to the post and a further three doctors each having 1PA per week as regional named doctors, one for each of the three main hospitals. There is 1WTE named nurse with a further 0.5WTE named midwife and this resource is insufficient to allow the postholders to fulfil the full range of responsibilities as outlined in working together. There are adequate arrangements in place for line management and safeguarding supervision for the trust's named nurses and named doctors.

4.12 The named midwife for Mid Yorkshire Hospitals NHS Trust is employed full time and has 0.5WTE allocated to her role as named safeguarding nurse role. This allocation is insufficient to allow the named midwife to support safeguarding in midwifery services delivered from 3 busy hospital sites. She is located with the safeguarding team and attends the trust's safeguarding team meetings and is linked into the work of the Wakefield Children Safeguarding Board. She is also the trust lead for domestic violence and a clinical supervisor of midwives.

4.13 At the time of the interview with the named doctor and named nurse for South West Yorkshire Partnership NHS Foundation Trust, the arrangements for the named doctor were inadequate. The named doctor is fairly new to the role and had no formal job plan and no sessions formally resourced and allocated to the post. His line management for the named doctor is through the Acting Director of Nursing, Quality and Innovation and his line management for his medical work is through the medical director. Safeguarding supervision for the named doctor had not been organised. During the final days of the inspection, CQC received information to advise that the consultant work plan for the named Doctor had been refined. It now covers the role of consultant psychiatrist in 8 PA a week, and dedicates 2 PA a week for the role of named doctor safeguarding children. This change had taken place with immediate effect and therefore the arrangements for the named doctor are now adequate. The named nurse is employed full time and has appropriate arrangements in place for line management and supervision. The named nurse and doctor are supported in their roles through a well established link safeguarding network that operates across the trust. The link role has an agreed role specification and link workers meet regularly. Link staff receive enhanced training and their performance in the role is monitored by the named nurse who has input into the annual appraisal process for this part of their work.
4.14 The arrangements for child protection medicals are adequate. Examinations following allegations of physical and sexual abuse are carried out in paediatric out patients or on the paediatric ward if out of hours. Examinations are carried out by suitably trained paediatricians.

4.15 The South West Yorkshire Partnership NHS Foundation Trust has a good system in place to identify and risk assess any contact that a patient has with a child or young person. The IT based system will not complete a record if the professional completing the assessment has not completed all the necessary fields.

4.16 A recurrent theme across all three NHS providers in Wakefield is that referrals to the local authority’s children’s services are not copied to the organisational named nurse. This means that the named nurses do not have the opportunity to review referrals for appropriateness or quality, neither can they offer feedback to staff or carry out audits to look at referral patterns to identify trends. The quality of referrals to children’s services was highlighted as an issue in the earlier OFSTED unannounced visit to inspect safeguarding services for children in Wakefield.

4.17 There is an effective Child Death Overview Panel that is well resourced. There is evidence of recommendations influencing change to commissioning around maternal obesity and smoking during pregnancy.

5. **Outcome 11 Safety, availability and suitability of equipment**

5.1 The A&E department at Pontefract General Infirmary has adequate facilities to care for children and young people who attend for treatment. There is a small paediatric waiting area and two treatment cubicles that are allocated for paediatric use.

5.2 Service provision for children and young people who attend A&E at Pinderfields General Hospital is adequate. There is a separate waiting area for young children and a paediatric treatment area that is currently used to treat minor injuries only.

5.3 The paediatric A&E services on both sites are moving in January 2011 and there is much improved dedicated paediatric provision at both Pontefract and Pinderfields hospitals with purpose built, child friendly accommodation.

6. **Outcome 13 Staffing numbers**

6.1 Staffing levels within the child health teams are adequately resourced. The child health services are delivered through skill mix. There is a health visitor vacancy factor of 3WTE and recruitment process has commenced for these posts. There is one WTE post vacant for a community staff nurse that has been recruited to but the new employee has not started work yet. There are no vacancies within the nursery nurses. There is, however, an unprecedented and unexpected high level of sickness within the health visiting teams and the WDCHS are closely monitoring the situation.
6.2 The number of staff who have paediatric nursing qualifications is insufficient to fulfil the requirement for a nurse with paediatric training to be rostered for each shift at the A&Es at both Pinderfields General Hospital and Pontefract General Infirmary. To ensure that children and young people are cared for by staff that are appropriately trained, the trust support attendance of staff on courses run by the local universities such as Care of the Child in A&E and Care of the Acutely Ill Child.

6.3 The walk in centre for Wakefield, run by Local Care Direct, does not currently employ a nurse with paediatric qualifications.

7. **Outcome 14 Staffing support**

7.1 Training levels within the Wakefield District Community Healthcare Services are adequate. 100% of all staff are trained in Level 1, 25% of the total workforce are trained in Level 2, though this figure incorporates 76% of the children’s workforce. Twenty five percent of staff received their Level 3 Working Together training. This figure does not include other Level 3 training. WDCHS recognised that there had previously been an uncoordinated approach to training and there is now a 3 year roll out programme that prioritises training according to risk areas. There has been a data cleansing exercise to validate training figures.

7.2 There is an excellent programme of safeguarding supervision for staff in WDCHS. Safeguarding supervision is mandatory for all staff that work with children and families and where there are child protection or safeguarding concerns. Safeguarding supervision is in addition to clinical or management supervision. Supervision practice is regularly audited and the community service provider regularly exceeds the Commissioning for Quality and Innovation Framework (CQUIN) measurement. Current recording shows that 95% of appropriate staff are up to date with their safeguarding supervision. The safeguarding team are currently carrying out an audit to establish the effectiveness of supervision as perceived by practitioner which is good practice.

7.3 Safeguarding children training within the South West Yorkshire Partnership NHS Foundation Trust is adequate. One hundred percent of all staff received their level 1 training, 72% have completed their level 2 and approximately 20% have completed their level 3, though this figure is nearly entirely for those staff who work in the early psychosis intervention team “Insight.” Level 3 training is being rolled out across the trust. The trust supplement the formal level 3 training with master classes that are well attended and well regarded, a recent example was of a renowned speaker delivering a seminar on why adults seriously harm children. There is, however, no method of centrally recording attendance at master classes as part of an individual’s compliance with Level 3 training.

7.4 Safeguarding Supervision within the South West Yorkshire Partnership NHS foundation Trust is inadequate. All staff that provide services to children or
young people receive, as part of mandatory clinical supervision, focused supervision addressing child protection issues. This is undertaken on a 4-6 weekly basis. However, for staff working in adult services, safeguarding supervision is upon request and is delivered through drop in peer supervision sessions or team supervision. Supervision notes are made by the named nurse and also recorded on the electronic note system. There is no formal scheduled supervision for practitioners who are working on cases where there is a child or young person on a child protection plan or identified as a child in need.

7.5 The number of staff employed by Mid Yorkshire Hospitals NHS Trust that received training in safeguarding children is inadequate. Level 1 safeguarding training is delivered at induction and a recent initiative is that new staff within the trust are not able to commence employment until they have completed their induction. Current recording shows 100% of all staff have received their level 1 training. Level 2 training is either delivered through face to face training or e-learning, current levels of staff trained are 35% Level 3 is currently reported at 73%. The trust recognise that they are under-achieving on this target and performance against target is now part of the executive’s team integrated performance report that is reviewed by the trust board.

7.6 The Mid Yorkshire Hospitals NHS Trust has a supervision policy dated September 2009 that was due for review in September 2010. The supervision policy recommends that staff who work predominantly with children and/or who have case management responsibility should have annual supervision as a minimum, this is unacceptable. Supervision within midwifery is informal and adhoc. Both the teenage pregnancy midwife and the substance misuse midwife hold complex cases and neither receive formal timetabled safeguarding supervision. The trust currently do not record or report on the number of staff who have received supervision.

8. Outcome 16 Audit and monitoring

8.1 There is good board assurance around safeguarding within Wakefield District PCT. There are clear mechanisms of reporting incidents and monitoring actions through the governance committee which is chaired by a non executive director. The chief nurse and director of quality and performance is the member of the board with responsibility for safeguarding children.

8.2 Wakefield District PCT have developed local CQUIN targets around paediatric liaison, safeguarding supervision and CAF to drive forward quality and compliance with local priorities. These are now starting to impact on delivery of services, with increased use of CAF and supervision, though the improvement in uptake of CAF is not yet consistent or sustained.

8.3 There is good learning from serious case reviews. The designated nurse has carried out an analysis of all serious case reviews that have been held in Wakefield. The outcome from the review is to form the basis of an audit programme for 2011/2012.
8.4 The Board Assurance and governance structures around safeguarding and children within WDCHS are adequate. The Safeguarding Forum is chaired by the Chief of Professional Leadership and Quality and meets monthly. This forum monitors audit outcomes, action plans and any serious untoward incidents that relate to safeguarding and feeds into the Integrated Governance Group. Each operational team within the service has a risk register any risks rated 12 and above are fed into the corporate risk register. Current organisation risks include staff morale and policies and procedures as they relate to health visiting and school nursing service.

8.5 Following the serious untoward incidents that occurred approximately one year ago, the service initiated an internal review of health visiting and school nursing. This highlighted poor compliance with organisation policies and procedures alongside considerable variation in standards of professional practice. The service have worked with the Huddersfield University and invested heavily in staff development and performance management, including a revised accountability framework. Skill mix within health visiting and school nursing has been reassessed. The service has re-audited health visiting and school nursing and the most recent results are encouraging, noting improved practice though there is still work around case planning and management and record keeping. This improvement was also evident in the review of case notes carried out by the CQC inspector.

8.6 The use of CQUIN around self harm is not yet established as there are concerns about the key deliverables not covering the care pathway across two providers. Other CQUIN and key performance indicators are established and contribute to board assurance. Child Health Records are still paper based and this does hinder accurate and timely data collection. Initiation of CAF and lead professional status for 0-5 year olds by health visiting service remains variable, though the recent recruitment into the vacant CAF co-ordinator post should increase usage.

8.7 There is good evidence that WDCHS carry out robust audit and can demonstrate learning and service improvement as a consequence. A recent audit on child protection records recognised poor practice. The safeguarding team worked with the service to develop action plans to meet recommendations and these have now been implemented through bespoke training and linking feedback on the quality of reports prepared for child protection meetings through safeguarding supervision.

8.8 Board assurance around safeguarding within the South West Yorkshire Partnership NHS Foundation Trust is adequate. The clinical governance committee is a formal sub committee of the trust board and is chaired by a non executive director. The clinical governance committee routinely review safeguarding through the annual report and other performance and risk issues that are escalated through the governance structure. Reporting within the trust includes an organisational balanced scorecard that links corporate objectives and performance through to directorates and teams, alongside a dashboard that examines key indicators that are rag rated. The Acting
Director of Nursing, Quality and Innovation represents the trust on the Wakefield Safeguarding Children Board and has good attendance.

8.9 The South West Yorkshire Partnership NHS Foundation Trust has compliance with safeguarding as part of their audit programme. There are plans to complete two safeguarding audits for 2010/2011, one around exploring the impact of safeguarding training on practice and a second on the quality of child protection assessments on the IT system.

8.10 The board assurance and governance arrangements for safeguarding children within Mid Yorkshire Hospitals NHS Trust are adequate. The trust’s safeguarding committee for adults and children’s services use a comprehensive set of key performance indicators that feed into the integrated performance report and balanced score card that the trust board review and discuss. The trust board also receive the safeguarding annual report. The trust’s safeguarding committee has recruited a member of the public to sit on the committee to give a lay perspective.

8.11 The trust has carried out audits on safeguarding practice. One good example is around the application of the trust’s policy on children and young people who do not attend for appointments. The trust carried out the audit in June 2010 and this showed poor compliance with policy. Since then, the safeguarding team have carried out training with administrative staff and have developed a new pathway that is being trialled in paediatric teams. This will be reaudited in the New Year with a view to roll out in 2011.

9. Recommendations

Immediately

- Ensure that health care partners are fully involved in pathway planning and provide care leavers with appropriate health information when they leave care

Within 3 months

- Ensure that health partners can receive information relating to domestic violence notifications so that they are alert to concerns within families and can work in partnership to safeguard children.
- Ensure that MYHT delivers regular safeguarding supervision to all midwives working in the community, and to hospital midwives who are actively involved with women whose unborn child is at risk of harm or in need.
- Ensure that there is a system in place to quality assure referrals made directly by health care practitioners to social care.
- Ensure that plans are in place to deliver the full healthy child programme across Wakefield.

Within 6 months

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• The MYHT should ensure that there are sufficient named nurses and named midwives to deliver the full range of responsibilities as outlined in Working Together to Safeguard Children 2010.

10. **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.

To: Mr A Wittrick, Chief Executive, Wakefield District PCT

Cc: Ms J Squires, Chief Executive, Mid Yorkshire Hospitals NHS Trust
    Chief Executive, South West Yorkshire Hospitals NHS Trust
    Mr B McCarthy, Yorkshire & Humber Strategic Health Authority
    Ms J Dent, Regional Director, CQC