

## Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Sefton Metropolitan Borough Council

<b>Date of Inspection</b>	<b>9th May – 20th May 2011</b>
<b>Date of final Report</b>	<b>27th June 2011</b>
<b>Commissioning PCT</b>	<b>NHS Sefton</b>
<b>CQC Inspector name</b>	<b>Paul Blakey</b>
<b>Provider Services Included:</b>	<b>Liverpool Community Health NHS Trust Southport and Ormskirk Hospitals NHS Trust Aintree University Hospitals NHS Foundation Trust Alder Hey Children's Hospital NHS Foundation Trust (Mersey Care NHS Trust – no direct input into this inspection, evidence used from Liverpool PCT inspection)</b>
<b>CQC Region</b>	<b>North West</b>
<b>CQC Regional Director</b>	<b>Sue McMillan</b>

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

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

Thank you for your contribution to the inspection and for accommodating the requests for interviews and focus groups with your staff and those of partner agencies at relatively short notice.

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

<b>Sefton Metropolitan Borough Council</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Good
The contribution of health agencies to keeping children and young people safe	Outstanding
<b>Looked After children Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Good
Being Healthy	Good

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 the commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority as appropriate and CQC's head of national Inspections, who has overall responsibility for this inspection programme.

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

### **The Inspection Process**

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

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

CQC used a range of documentary evidence in advance of and during this inspection, and interviewed individuals and focus groups of selected staff and, where possible, children and young people, their parents and carers in order to provide a robust basis for the findings and recommendations.

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

### **Context:**

1. Sefton has an overall population of approximately 273,300 and is one of five metropolitan districts on Merseyside. Children and young people aged 0 to 17 years make up 20.4% of the population (55,700). The population is predominately white British (96.7%). The age profile of the Borough is older than for the country as a whole, with a greater than average number of people over 50 years of age.
2. All Health services in Sefton, including community provider services, are commissioned by NHS Sefton. The community provider services are now provided by Liverpool Community Health NHS Trust and Southport and Ormskirk Hospitals NHS Trust. Prior to April 2011 all community services had been provided by NHS Sefton, these services were transferred under the Transforming Community Services arrangements. Lead commissioner for Safeguarding Children in NHS Sefton is the Director of Corporate Performance and Standards supported by the Designated Nurse for Safeguarding. Children's services are commissioned via a joint Health and Local Authority team which contains a number of jointly funded posts.
3. All Children's community services are provided via Liverpool Community Health NHS Trust. 70% of adult community services including walk in centre, prison services and out of hour's primary care and 9 (PCTMS) General Practices are also provided via Liverpool Community Health NHS Trust. Community Dental service is provided via Liverpool Community Health NHS Trust. The remaining 30% of adult services including the sexual health services are provided from Southport and Ormskirk Hospitals Trust. No children's community services are provided via Southport and Ormskirk Hospital's NHS Trust. The acute trusts serving children in Sefton include Southport and Ormskirk Hospital Trust, Aintree University Hospitals NHS Foundation Trust and Alder Hey Children's Hospital NHS Foundation Trust. Child and adolescent mental health services (CAMHS) are provided via Alder Hey Children's Hospital NHS Foundation Trust and adult mental health services are provided by Mersey Care NHS Trust. Alder Hey is the main provider of children's acute care in the south of the borough with specialist children's accident and emergency department and provides the specialist and tertiary paediatric services. Southport and Ormskirk Hospitals NHS Trust provides children's accident and emergency department within the Ormskirk site alongside some inpatient facilities and services. Women's health services are provided at Liverpool Women's Hospital in the south of the borough and Southport and Ormskirk Hospitals Trust in the north of the borough.

## **General – leadership and management**

4. At the time of the inspection NHS Sefton is managing a significant change agenda; this has been brought about through national changes. As noted above the 'transforming community services' (separating the commissioning and provider function) process was implemented from April 2011. Further changes are in progress relating to the requirement for PCT's to form cluster arrangements with single management boards. As a result of this the North West region has a total of 5 primary care trust (PCT) clusters. Merseyside is one of these clusters. NHS Sefton is part of the Merseyside cluster; this cluster includes Liverpool, Halton/St Helens and Knowsley. Whilst the Merseyside cluster chief executive (CEO) is in place, the full executive team is currently being established.
5. To maintain stability and consistency during this change process NHS Sefton have an 'acting' CEO in place. The director of corporate performance and standards has taken on the lead role, to support the CEO, in ensuring effective management of this transition. At the time of the inspection the Merseyside cluster executive lead and accountable director for safeguarding has not yet been recruited. Arrangements for executive safeguarding accountability will continue in NHS Sefton until full accountability is transferred to the cluster. The responsible director remains the director of corporate performance and standards. Safeguarding remains a statutory function; therefore the designated nurse and doctor remain a requirement within NHS Sefton. Two non-executive directors (NED's) from NHS Sefton have been appointed as NED's on the Merseyside cluster board. Work is also in progress relating to establishing GP consortia for the proposed commissioning function, subject to the outcome of the required 'pause' in progressing the NHS reforms. Currently this includes 54 consortia in the North West region, 12 are within the Merseyside area and 2 of these are in Sefton.
6. NHS Sefton are clear on the required actions they must take to ensure a relatively smooth transition to the Merseyside Cluster. On-going discussions are taking place to contribute to the developing structure of the new cluster and its governance arrangements. Consideration has also been given in relation to ensuring that 'knowledge' within NHS Sefton is captured effectively when progressing accountabilities to the Merseyside cluster. This will be formalised when the required 'legacy documents' are produced.
7. Safeguarding is acknowledged as a key priority for each healthcare trust represented and this is reflected in their quality assurance processes. All trusts were able to demonstrate they had clear and effective governance structures and reporting lines in place to ensure board assurance. Governance for each trust has integrated quality assurance and performance management systems. Regular internal auditing is in place to ensure effective safeguarding. External reporting to SHA North West utilises a new safeguarding audit tool; this is linked to the new safeguarding policy implementation.

8. Quality contracts with the lead commissioner (NHS Sefton) require provider compliance with a range of performance indicators linked to safeguarding - for example, quality of individual management reviews (IMR), learning implemented from serious case reviews (SCR), ratified policies and procedures (with proof of audit), staff training, supervision numbers, personal development review (PDR) numbers, number of allegations against staff. As part of the quality contract five safeguarding audits are required from providers. These audits consider the steps a provider is taking to ensure safeguarding of children and young people, and how effectively agreed policy is implemented in practice. The designated nurse monitors the quality and performance of providers in relation to safeguarding. If there are any exceptions or concerns this is reported to the NHS Sefton executive lead for safeguarding. This is assured via monthly meetings of providers with the lead commissioner to monitor performance against contract requirements.

### **Outcome 1 Involving Users**

9. One of the files, for a care leaver, showed that appropriate support and encouragement was given to the young person, after his feedback, to engage with the health assessment process. The lead nurse for looked after children confirmed that consideration is given to looked after children when they are resistant to engaging with the health assessment process. Whilst the initial assessments are undertaken in a clinical setting, review assessments allow more flexibility to encourage the children and young people to engage and attend.
10. Another recent review assessment, after feedback, took into account the individual needs of a young person with a disability and it was considered more appropriate for the assessment to take place in their school.
11. Senior practitioners from CAMHS engage with looked after children in a proactive way, through visiting them in residential placements. This is effective in encouraging engagement with health issues.
12. Accessible and relevant information is available for children and young people. This is provided in such a way as to ensure that they understand the care, treatment and support choices available to them. Health agencies evidenced that they encourage children and young people to express their views, so far as they are able to do so. As noted above (and in the section below) children and young people are involved in making decisions about their care, treatment and support. Staff involved in focus groups indicated that they use a variety of methods to ensure the views and experiences are taken into account in the way services are provided and delivered.
13. The sexual health promotion outreach worker has been working with a public relations company and two sets of young people who are not in employment, education or training (NEET) to develop a sexual health website. This is designed by young people for young people. Young people have led the work and will help to support it in the future. The launch date is planned for June 2011.

14. The focus group for children and young people with LDD reported that effective engagement activities are established and being further developed to gain feedback from users. Within this group of children and young people, with additional and complex needs, the inclusion of carers and parents is reported to be essential. Forums are in place to facilitate feedback. Information leaflets about the service promote feedback. The special schools in Sefton provide workshops for parents. Teachers also participate within these sessions. This has promoted clarity of understanding of professionals roles and also encourages trust. The group gave examples of how a positive intention and goodwill is in place to encourage joint working by allowing wide access to facilities/premises sharing. This is flexible to ensure best support for the children and young people. This also encourages joint working with partners. Equity of access is promoted by proactive communication and engagement with stakeholders (children and young people, other agencies, parents/carers). All staff said they undertake mandatory equality and diversity training. Strong confidence was expressed in the group that staff are very aware of appropriate cultural relevance around presenting situations. For example previous training has considered the differing cultural norms around feeding infants. Information is shared in the best way, to ensure it is understood.
15. During the course of the inspection all staff confirmed that they are able to easily access translation services when this is required.

### **Outcome 2 Consent**

16. Within the acute, community and mental health providers it is evidenced that appropriate policies and procedures are in place that ensure consent is taken prior to any treatment of children and young people. Consent is gained from parents and carers and is stated to be appropriately documented. The Gillick competency of young people is fully assessed within all services but particularly within sexual health. Staff working in sexual health services are aware of the safeguarding challenges when working with children and young people. This balances consent, confidentiality, legal issues and the need to promote health.
17. Consent to undertake a health assessment is obtained, in accordance with the Department of Health's Guidance, by the LAC health team. Consent is also obtained to the share the summary and health recommendations with social care and GPs. The LAC health files contained evidence of consent in relation to health interventions for LAC. Copies of placement plans are included in files which also indicated valid consent.

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

18. The SMASH team (Drug and alcohol) have provided training to over 200 staff from other agencies (health, education, social care). Training was based around a triage tool to ensure staff were aware of early warning systems. This multi-agency training has promoted increased awareness of support services that are available to agencies working with children, young people and families.

19. Drug and alcohol services are targeted at schools that have specific requirements in relation to supporting the needs of looked after children with substance use issues. This is supported by the healthy schools programme. All schools in Sefton have drug education programmes in place. The success of these programmes is supported by the fact that secondary schools in Sefton have been awarded a good or outstanding rating for this element of school inspections. Health promotion outreach within sexual health services has also been engaged in relation to the healthy schools programme to provide input into PSHE (personal, social and health education). The input ensures that the contribution is not just clinically based, but effectively addresses feelings and the need for respect in relationships. It is noted that all schools in Sefton have the healthy schools accreditation status.
20. The speech and language therapy (SALT) team prioritise all looked after children. When they receive a referral for a looked after child they are put to the top of the list.
21. Two senior mental health practitioners (CAMHS), have specific responsibility for looked after children, covering the north and south of the borough respectively. These staff are embedded within the tier 3 teams. These workers would work in any placement as necessary and work in partnership with the relevant key worker in the home/school (if residential), as required. All referrals for looked after children are assessed on the same day. Looked after children are treated the same way as any other referral as part of the assessment process. The choice appointments (CAPA) system is in place and works well and this is reducing non attendance (DNA rates). The teams are aware of and utilise 'failed to engage' policies and procedures. Waiting times for appointment are between 4-6 weeks, however this can be variable within the north and south of the borough.
22. Appropriate monitoring systems are in place to provide information relating to referrals and their appropriateness.
23. Maintaining the dental health of looked after children remains challenging. At present the percentage of children who are recorded as having had an annual dental health check stands at 64.3% compared with 91% for medical checks. Audits on a number of children who appear not to have had a check for more than twelve months indicated this is an issue of recording rather than children missing appointments; for example foster carers not recording visits to local dentists. Also account is taken where young people over 16 who are beginning to make choices for themselves about when and if they wish to go to the dentist. Health partners are tackling the issues through regular performance meetings between the service manager, team managers and the lead nurse for looked after children. The Community Dental Service has been tasked to target social work teams to give them information about the service and to approach the foster carer support groups to raise the importance of good oral and dental hygiene and promote knowledge of the service.
24. Midwives are 'linked' to GP practices. They have full access to GP IT systems. Effective communications with GP's and Health visitors is in place within practices. Midwives have formal procedures for handing over information to health visitors (discharge summaries). If a particular concern is identified then a verbal summary takes place alongside discharge summary.

25. All representatives on the maternity focus group confirmed that they will attend meetings as required. (strategy meetings, case conferences) Any problem with attendance is escalated to head of midwifery; this is to ensure, and emphasise, the level of importance. It is noted that the main difficulty in attendance is when insufficient notice is given. If a midwife is not able to attend personally they will always send a report.
26. School nurses carry out emotional and mental health assessments. The potential areas of impact may draw in other agencies for joint work, or it may raise a CAF (common assessment framework). Support staff work with school nurses and help to coordinate health assessments in relation to screening (hearing and vision & height and weight). This team keep school nurses up to date and let them know if new children and young people move onto school 'rolls'.
27. School nurses and health visitors report that a clear and effective pathway has been developed and implemented around contribution to strategy meetings. All strategy meetings are notified to the 'safeguarding children specialist nurse' - information is considered by the specialist nurse who will decide on the most appropriate person from health able to contribute effectively into the strategy meeting. Health visitors are linked to GP practices and to children's centres. These links are very effective in ensuring that a good overview is maintained of current presenting issues on the front line; this in turn promotes a better understanding current health issues and allows services to be targeted meet needs.
28. ISIS (improving sexual health in Sefton) provides a range of sexual health services from eight locations within Sefton. The aim is to promote and increase access, availability and choice in relation to support, treatment and care. A service level agreement is in place with pharmacies in relation to emergency contraception. The pharmacy advisor at NHS Sefton monitors contract compliance with the 75 pharmacies in the area. This is to ensure they are compliant with safeguarding training and assurance is in place to show they are aware of, and put into practice, safeguarding procedures as required. The voluntary sector work with the service to provide the C-Card scheme (free contraception for children and young people). Children's Centres provide support and can signpost to other appropriate services. Young dads are included in the parenting programme with young mums. These programmes are used effectively to encourage and promote an appreciation of the parenting role. Young men are able to access PACE services (for under 25's), ISIS for advice and support. The PACE service is co-located with health visitors and school nurses on site.

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

29. Partnership work across health, education, social care and the voluntary sector is excellent. There are numerous projects, initiatives and care pathways that are joint funded, multi agency and multi professional. The safeguarding agenda is clearly a priority. Cross sector work is well embedded within the community, acute and mental health providers.

30. There is appropriate membership from all health trusts on the Sefton LSCB, its sub groups and the Children's Trust. Within health the leadership from the independent chair of the LSCB is cited to be enabling improved collaboration with partner agencies. There are numerous examples of changes to practice following the dissemination of learning from serious case reviews (SCR's) (this is discussed further in the next section).
31. Designated professionals provide support in relation to health issues within the LSCB (including sub groups). Health issues are interpreted to ensure clarity of understanding for all agencies in relation to key points. The designated nurse critically evaluates the work that has been done and is able to pull together health themes that may become apparent from a number of different report contributions.
32. The named health professional is proactive in ensuring that health staff are 'known' by colleagues in other partner agencies to encourage better communication and better understanding of roles.
33. A good system is in place in relation to looked after children notifications. On a daily basis information is assimilated and recorded to ensure that all placement changes for looked after children are up to date. Furthermore, this information is communicated to other health colleagues who are working with the child and family. Children and young people who are new to the looked after system have their details captured and this information is immediately communicated to appropriate health colleagues including GPs, school nurses and health visitors. A notification system is in place when a looked after child attends an acute hospital emergency department, or a walk in centre. This information is recorded within the health file.
34. The health divisional manager for children's services is the health representative on the corporate parenting group. This ensures that the health pledge, to support looked after children to be healthy, is advocated within a wide representation of partners.
35. Good partnership working is in place between tiers 2 and tier 3 CAMHS, the system is flexible and aims to promote continuity. Referrals are reviewed on a daily basis and at the regular team meetings; good multi agency assessment of referrals is in place which has improved communications and sharing of intelligence related to the families involved.
36. Transitions to adult mental health/learning disability services is good, with effective tracking of all 16-18 year olds, good joint working arrangements are in place. A flexible approach is taken to all new referrals over 17 years of age and includes joint working with adult services if required. A looked after children link nurse is in place with specific responsibility for children and young people aged 16-18.
37. Drug and alcohol agencies report good systems are in place to ensure effective transition from children and young people services to adult services. This is supported by meeting forums to ensure information exchange is sufficient to make decisions about continuity of service input.

38. The senior nursing and medical team at Aintree emergency department were clear that most of the safeguarding issues identified in the department were related to children and young people in attendance with 'other' adults (parents, carers, relatives, others). Concerns identified were usually linked to drugs and alcohol misuse, domestic violence concerns, or mental health issues. All staff spoken to were clear about the procedures for on-going referrals to social care or other agencies. Some frustrations were expressed about different referral thresholds within the Merseyside area however easily accessible support was available within the hospital for any required safeguarding advice.
39. Named professionals have effective links with other services with the health economy in relation to issues identified with respect to adult mental health, CAMHS, domestic violence.
40. GP's have effective working relationships with other relevant health staff who work from the practice. This involves regular communication with health visitors, midwives and school nurses. To promote continuity of contact and to ensure better understanding of children and families on caseloads, each practice has a linked health visitor who is the main contact for that practice.
41. Staff told us that a major strength of the disability service was due to the positive and proactive joint and partnership working within health agencies, e.g. school nurses and health visitors, and also with other partner agencies such as social care. Depending on the needs of the children and young people, carer or family, joint assessment visits are undertaken where this will provide fuller information. Work in special schools in relation to assessment of needs, particularly health assessments, reported strong links with CAF. Joint appointments are facilitated in clinics for assessment and for intervention.

### **Outcome 7 Safeguarding**

42. All named doctors and nurses who attended the focus group (Alder Hey, Southport and Ormskirk, Liverpool community health services) were very clear that the elements of the role they undertook met the statutory requirements specified in 'working together' and 'health of LAC'. Individuals were able to outline the key function of role and how it was effective in being an expert resource, giving advice and support. Advice and support is provided to staff within their own organisation and also to other organisations - for example commissioners and the LSCB. The named professional is the main point of contact and ensures effective communication and information flow. Formal supervision and support is provided to staff in their own organisations as necessary. For example the named nurse for community services provides support to the safeguarding specialist nurses.
43. The named doctor for primary care services (Liverpool community health services) is also a GP, so has had a very positive impact on ensuring that safeguarding awareness, levels of training and application of agreed safeguarding procedures are used effectively in all Sefton GP practices. Each GP practice has a named lead for safeguarding. This person undertakes audits in relation to compliance with safeguarding procedures. Outcomes from audits are fed back to the named doctor who is able to consider what actions to take to meet identified gaps/needs.

44. Named professionals from Alder Hey offer a wider support service to partners in Merseyside. The team have worked on 9 individual management reviews, as contributions to SCR's. The safeguarding team at Alder Hey are also involved in drawing up protocols - this has recently included FII (fabricated illness), missed appointment pathway and ALTE (a child that suffers a life threatening event). These protocols are usually Merseyside wide.
45. All members of the named professional's focus group are members of the child protection advisory group (CPAG). This group meets 2 monthly. The group includes named professionals and designated professionals. This forum is said to be supportive and enables effective dissemination of information.
46. All named professionals indicated that they have sufficient time to carry out the role of the named professional. However, it is noted that named nurses are usually full time appointments, whereas named doctors are allocated sessions. Doctors/consultants are required to maintain up to date clinical input/activity so have to balance the demands of the named role.
47. Strong leadership and support is evident from the designated and named professionals within NHS Sefton and all provider trusts. This is supported by well established safeguarding assurance groups across health, with vigorous performance monitoring of safeguarding issues. All provider hospitals are active members of the safeguarding groups and this ensures appropriate communication, discussion and escalation of concerns to the correct agencies, in a timely manner. Annual reports are sent to the designated nurse from all provider trusts and are collated into the annual PCT report. This details all safeguarding activity, training, supervision and monitoring of action plans from SCR's. Policy and procedures for each organisation are scrutinised and are ensured to be current.
48. Acute trusts have safeguarding link nurses on every ward. These link nurses ensure ward staff are kept up to date with safeguarding issues and developments.
49. Lessons learnt from SCR's are incorporated into training session plans and sent out to staff in the form of "lessons learnt" memos via the service managers who are responsible for ensuring a thorough cascade of the information. The LSCB holds regular knowledge seminars for all staff in Sefton, which includes lessons from local and national SCR's. When sufficient time has passed to preserve the anonymity of staff, the designated nurse and named nurses provide detailed presentations as a case study.
50. All trusts have formal processes in place to learn from SUI's (serious untoward incidents), this involves rapid action when SUI is declared, leading to root cause analysis, challenge meetings, application of learning, and finally dissemination of findings trust wide.
51. The CAMHS team report good access to Tier 4 beds. Admission facilities are available at two providers – (Alder Hey and Chester). Private provision is also available should this be required. A comprehensive policy has been developed in relation to how the mental health trust manage potential placements in adult mental health facilities. This integrates a risk assessment framework in line with required reporting of placements for under 18's.

52. GP practices ensure children and young people are safeguarded by accessing and attending a range of training and development activities. Training delivery is identified within the PCT training policy and this is actively promoted at board level within the PCT. Non executive directors provide rigorous challenge to ensure GP's access training opportunities.
53. As a result of a serious case review all GP practices have specified a named and lead doctor with specific responsibility for safeguarding within each practice. These doctors are able to have an overview of safeguarding concerns and activities within the practice and are able to link any relevant issues that may need to be addressed, either through general support and guidance or through specific supervision or training.
54. GP practices confirm that an effective notification system is in place within Sefton to ensure they are informed when a young person on their caseload becomes looked after. A good system is in place whereby all contact with looked after young people is 'flagged' on the practice system. This ensures that the GP is aware of the looked after status of the young person when they schedule appointments/visit the practice.
55. GP practices are formally notified when a looked after child, on their caseload, accesses any unscheduled care setting - emergency departments and walk-in centres.
56. GP practices are working with acute trusts in the area to ensure effective identification and follow up if a looked after person does not choose to attend an outpatient appointment.
57. The emergency department at Aintree does not have dedicated separate facilities for children and young people. However, the staff on duty indicated that consideration is given in relation to the circumstances of children and young people accessing the department. Some bays within the minor and major areas are used specifically for children and young people. These do have appropriate surroundings which have been put in place to ease the anxiety for any children and young people receiving care, treatment or support. In the minor injuries unit a bay is set aside specifically for children and young people who are affected by substance misuse/overuse (drugs and alcohol). This is placed near to the nursing station so observations can be carried out easily. This bay also has appropriate poster, leaflets relating to drug and alcohol support in the area.
58. Within the emergency department at Aintree University Hospitals children who are under 16, when presenting are triaged and then usually (depending on assessed need) transferred to Alder Hey Hospital. For those 16 yrs and over there are effective safeguarding procedures in place, with health visitors, school nurses and GP informed of all attendances as appropriate. The named nurse and liaison health visitor are made aware of all attendances by anyone under 18yrs so tracking is robustly monitored and 'signed off'. Any referrals made to social services are also reviewed to ensure they contain required information. The admissions area has effective systems in place to ensure that children and young people are safeguarded appropriately. Staff working in the reception/admission area are aware of the need for effective supervision and will quickly request support from nursing and medical staff when any concerns are noted. The admission system is organised in such a way as to capture any relevant information about children and young people. This includes information relating to previous attendance, CP information and LAC status.

59. In the north of the borough Southport and Ormskirk NHS Trust (Ormskirk Hospital site) has a dedicated paediatric emergency department. This facility was not visited as part of the inspection however assurance was provided that effective systems are in place to safeguard children and young people presenting at the department.
60. Emergency care for children and young people is delivered in the A&E department in a safe environment within Alder Hey Children's Hospital up to 16 yrs of age (this was visited by CQC during March 2011, as part of a previous safeguarding inspection). It was reported that an effective tracking system is in place that alerts staff to any child protection (CP) or safeguarding issue. All attendances are tracked and copies of assessment sheets are forwarded to health visitors, GPs, school nurse or social worker if applicable. Anyone who does not attend for any follow up appointments is tracked by the named nurse. From arrival, through triage and then examination and treatment, child protection and safeguarding prompts are required to be completed at every stage. If a child or young person is noted as having any concerns, the examination is always undertaken by senior medical staff.
61. There is a NHS walk in centre located in the Litherland area. There are effective safeguarding procedures throughout the centre. Alerts are flagged (via special notes on screen) on the system for child protection and safeguarding issues and multiple attendances can be tracked and raised to investigate further. Notifications of all attendances are sent to GPs, health visitors and school nurses within 24hrs of attendance. The walk in centre is proactive in taking measures to ensure children and young people that attend are registered with a GP.
62. As mentioned above Alder Hey was not visited as part of this inspection, however CQC recently reported the following, "The safeguarding service delivered at Alder Hey Hospital is an exemplar in clinical practice. Safeguarding is extremely well embedded throughout all wards and departments. Excellent examples of how safeguarding is entrenched in all practice was noted not only in clinical areas such as wards and PICU but in X-ray and within the medical photography department. There is outstanding and committed leadership from the executive leads, designated doctor, named leads and in particular the consultant nurse for safeguarding. All patient documentation has safeguarding criteria that is robustly completed. There is a wide range of information for young people, parents and carers that signposts into support services across health, social care and education in regard to safeguarding, health and general wellbeing. As a specialist children's hospital there are frequent admissions from across not only the North West region but nationally. Detailed transfer sheets ensure that any safeguarding issues are quickly recognised and escalated both locally and with the placing organisation." (CQC April 2011)
63. Furthermore, it was reported that, "The Rainbow Unit for children and young people who have been subject to sexual or physical abuse is excellent. The environment has been recently improved to ensure that the child's or young person's journey throughout is undertaken in a safe and protective environment. This, not only reflects the requirements of forensic investigation, but also maintains sensitivity of the needs of the individual, parents and carers. The centre is the regional SARC unit and deals with many referrals from outside the city. Any safeguarding issues are immediately recognised and escalated as appropriate." (CQC April 2011).

64. Prior to April 2011 the child death overview panel (CDOP) was a sub group of the LSCB, meeting quarterly to discuss cases and business. At the time of the inspection the functioning of the (CDOP) was being reviewed. This is linked to the national review of CDOP's. Because of this review, the panel is considering possible changes. Links have been made with five other CDOP chairs in the Merseyside area (Liverpool, Wirral, Halton, St Helens, Knowsley) to consider if they should 'pool resources' and work together. It is considered that a larger CDOP (including all areas noted above) would provide more meaningful and relevant information for the area. These discussions are on-going and at the time of this inspection the uncertainty is not effecting the functioning of CDOP.

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

65. It is reported that there are no issues with procurement of equipment within children's services or the emergency departments of the Acute Trusts.
66. During the visit to Aintree emergency department inspectors saw children's resuscitation equipment was readily available within the department. The named professional told us that regular training sessions take place in the department to ensure staff are up to date on the effective use of all children's related equipment.
67. Staff groups were very positive about the equipment provision to support children and young people with disability. Equipment stores are a joint initiative/joint funding between health, education and social care. The service is reported to deliver required equipment promptly. This is supported by training to ensure effective and safe use of equipment.

### **Outcome 12 Staffing recruitment**

68. Safeguarding is clearly embedded in the culture across health and included in all areas of recruitment and selection, induction of staff and ongoing training and development.

### **Outcome 13 Staffing numbers**

69. At the time of the inspection, a recruitment programme was in place for a designated doctor for looked after children. The post is currently been covered by two associate locums. Whilst this recruitment process is taking place these staff are being supported by the designated doctor for safeguarding.
70. It was indicated that retention and recruitment is for health visitors and school nurses is very good. A full complement of health visitors and school nurses are in place within Sefton. Plans are in place to ensure that vacancies created in the future due to retirement are recruited to. All members of the group (health visitors and school nurses) confirmed that management and allocation of caseloads is very effective. Account is taken of the variations in deprivation levels throughout the Borough and the associated differences in required inputs into certain areas. Risk management is effective in this respect to ensure resources are directed at the appropriate level. Staff report that team working to support each other in health visitors and school nurses teams is very effective. Work is in progress on a workforce dashboard, along with appropriate analytical support to interpret statistical evidence/information - this will be a useful tool to further strengthen workforce planning.

71. No further issues in regard to staffing establishments were identified within information provided or within focus groups and interviews.

### **Outcome 14 Staffing support**

72. Effective training strategies have been developed by NHS Sefton and all provider trusts. Staff attend not only mandatory training within their own trust but multi-agency training via the LSCB. Good performance monitoring of attendance at safeguarding training is undertaken. Policy and procedural guidance for safeguarding is current and is readily available to staff on the intranet or in hard copy. The levels of training need are specified within the Safeguarding Children Training Strategy.

73. All staff spoken with during the inspection said they have good access to supervision, through a variety of forums - individual, peer and group and there is appropriate evaluation of supervision to improve and influence clinical practice.

74. In relation to the monitoring and management of LAC health files, supervision is in place to support staff; this is identified in case file recording.

75. A wide range of data, including child protection information and looked after children data is used within Camhs supervision and weekly case/team discussions. All teams confirm good access to highly supportive supervision and peer reviews.

76. Safeguarding matrons attends CAMHS team meetings on a monthly basis to support team members. South Sefton team report that psychologists are able to access appropriate external clinical support as required.

77. GP practices ensure children and young people are safeguarded by accessing and attending a range of training and development activities. Training delivery is identified within NHS Sefton's training policy and this is actively promoted at board level within NHS Sefton. Non executive directors provide rigorous challenge to ensure GP's access training opportunities.

78. The named doctor for NHS Sefton is proactive in engaging with GPs in Sefton and specifies that raising awareness of safeguarding issues has been effective in ensuring that GPs attend appropriate training and development opportunities. GP's indicate that multi-agency training has been very effective in providing a fuller understanding of safeguarding issues in the area.

79. GPs are supported in safeguarding activities through appropriate supervision activity. Specific support and advice is always available. Every GP practice publicly displays the procedure they must follow in relation to safeguarding concerns. Contact details are provided for safeguarding children specialist nurses, named nurses for safeguarding children, designated nurse, designated and named doctors. Furthermore, contact details for children's social care are provided, including out of hours details. These social care details relate to the Sefton area and the wider area of Merseyside and Lancashire.

80. GPs are provided with visual contact details in relation to accessing support and guidance about safeguarding children. This information is displayed in GP practices and provides links to specialist nurses, named nurses for safeguarding children, the designated nurse, designated and named doctors. Furthermore, contact details for children's social care are provided, including out of hours details. These social care details relate to the Sefton area and also the wider area of Merseyside and Lancashire.
81. Designated professionals (Nurse and Doctor) are very clear on how they meet their specified roles and responsibilities. They have an overview of safeguarding over Sefton. This covers primary care and the acute sector. Designated professionals provide supervision and support, formally and informally, to named professionals in Sefton.
82. All executive and non executive directors of NHS Sefton have been trained in safeguarding. The NHS Sefton board has actively promoted and supported strong inputs into safeguarding. For example after the Healthcare Commission report on Baby P, supervision arrangements were reviewed and more formalised systems were established to ensure effective support. Named nurses have confirmed that these systems are in place and that support and supervision is effective. Designated and named professionals confirmed that the child protection advisory group (CPAG) was a very effective forum for sharing information, giving and receiving support.
83. The newly appointed (8 weeks in post) director of nursing at Alder Hey has been enabled to complement her supervision structure. This involves an agreement to get formal peer support from another specialist children's trust in the West Midlands.

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

84. Safeguarding is acknowledged as a key priority for each trust represented and this is reflected in their quality assurance processes. Trusts were able to demonstrate they had clear and effective governance structures and reporting lines in place to ensure board assurance. Governance for each trust has integrated quality assurance and performance management systems. Regular internal auditing is in place to ensure effective safeguarding. External reporting to SHA North West utilises a new safeguarding audit tool; this is linked to the new safeguarding policy implementation.
85. Quality contracts with the lead commissioner (NHS Sefton) require provider compliance with a range of performance indicators linked to safeguarding - for example, quality of IMR's, learning implemented from SCR's, ratified policies and procedures (proof of audit), training numbers, supervision numbers, PDR numbers, number of allegations against staff. As part of the quality contract five safeguarding audits are required from providers. These audits consider the steps a provider is taking to ensure safeguarding of children and young people, and how effectively agreed policy is implemented in practice. The designated nurse monitors the quality and performance of providers in relation to safeguarding. If there are any exceptions or concerns this is reported to the NHS Sefton executive lead for safeguarding. This is assured via monthly meetings of providers with the lead commissioner to monitor performance against contract requirements.
86. Section 11 audits are completed and these are appropriately monitored through designated safeguarding lead professional meetings.

## **Outcome 20 Notification of other incidents**

87. There are satisfactory arrangements in place across NHS Sefton, acute, mental health and community trusts to ensure that appropriate and timely notifications are made in relation to the required alerts into the various agencies NRLS, NPSA and CQC.

## **Outcome 21 Records**

88. The structure and content of the health files was recently reviewed and this has led to more effective, logical, detailed and relevant recording practices.

89. Quality assurance arrangements are in place to ensure all looked after children health files are of an acceptable standard, with specific reference to the quality of health assessments. This involves the lead nurse for looked after children monitoring the files on a regular basis. Any identified gaps are addressed with the responsible worker. Supervision is in place to support staff and this is identified in case file recording. A rolling two year audit programme (Cheshire and Merseyside Child Health Development programme) to monitor initial health assessments across the region is currently taking place. The outcome of these audits is provided to ensure learning is able to take place, and allow improvements to be made.

90. Health files reviewed for looked after children are maintained in good chronological order and contain required and relevant information. Files are structured with 'prompt sections', linked to the requirements of care planning regulations, to ensure appropriate health information is collated during all work and contact with the children and young people.

91. Health assessments for looked after children are undertaken by the required level of staff. The recording of the assessments is clear and include recommendations. These recommendations are carried forward and included within the health plans. All files contain required assessment information relating to dental checks, immunisations, vaccinations and hearing and vision screening. Issues or concerns identified through the assessment process were carried forward to the health plan. Statistical information indicates that Sefton are above the average for adherence to carrying out initial assessments within the required timescales. Initial health assessment statistics indicate higher than average compliance with timescales at 91%.

92. Inspectors were told that discussions were due to take place to improve the exchange of information from children's social care to the Looked after Children's nurse with regard to attendance for dental health checks, as the percentage of looked after children recorded as attending dental health checks were poor but that this matter was known to be mainly a recording issue

93. The files had appropriate information about children and young people's health history. Most files also had information about the family history. Information relating to issues of drug and alcohol misuse and domestic violence concerns were captured within this information. Evidence is contained within the files to indicate that communication with other relevant agencies takes place and that these additional inputs are recorded and communicated appropriately.

94. There is good evidence on health files of communication to the looked after children health team and social care when a child or young person attends emergency departments, urgent care or walk in centres and for any unscheduled attendance at drop in sessions.

### **Recommendations**

#### **Immediately**

*NHS Sefton and its health partners should ensure that the dental health needs of looked after children are identified and treated. (Ofsted June 2011)*

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