

## Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in The London Borough of Hammersmith and Fulham

<b>Date of Inspection</b>	<b>6<sup>th</sup> June 2011 – 17<sup>th</sup> June 2011</b>
<b>Date of final Report</b>	<b>22<sup>nd</sup> July 2011</b>
<b>Commissioning PCT</b>	<b>NHS Hammersmith &amp; Fulham (Inner North West London PCT Cluster)</b>
<b>CQC Inspector name</b>	<b>Paul Blakey</b>
<b>Provider Services Included:</b>	<b>Imperial College Healthcare NHS Trust Chelsea and Westminster Hospital NHS Foundation Trust Central London Community Healthcare NHS Trust West London Mental Health NHS Trust</b>
<b>CQC Region</b>	<b>London</b>
<b>CQC Regional Director</b>	<b>Colin Hough</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>The London Borough of Hammersmith and Fulham</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Good
Capacity for improvement	Outstanding
The contribution of health agencies to keeping children and young people safe	Good
<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	Outstanding
Being Healthy	Outstanding

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.

## **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:**

Commissioning and planning of child and young people's health services and primary care within the London Borough of Hammersmith and Fulham is undertaken by Inner North West London PCTs (INWL), comprising NHS Hammersmith & Fulham, NHS Kensington & Chelsea and NHS Westminster.

Universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily by Central London Community Healthcare NHS Trust.

The acute hospital providing Accident and Emergency services for children is Chelsea and Westminster Hospital NHS Foundation Trust. Maternity and newborn services are provided by Chelsea and Westminster and Imperial College Healthcare NHS Trust.

Children and families access primary care services through one of 31 GP Practices and walk in centres including Parsons Green, and the Urgent Treatment Centre/ minor injury centres at Hammersmith Paediatric Ambulatory Care Unit.

Child and adolescent mental health services (CAMHS) are provided by West London Mental Health NHS Trust and are commissioned by a joint commissioner based in the PCT. For children with learning disabilities and difficulties and who have complex health needs, services are provided by Chelsea and Westminster Hospital NHS Foundation Trust and Central London Community Healthcare NHS Trust.

The Children's Health Team at INWL commissions almost all health services for both the PCT and the Council.

Looked after children's health services are provided by Central London Community Healthcare NHS Trust, with consultant activity from Chelsea and Westminster Hospital NHS Foundation Trust. The team are sited in Children's Social Care.

The Board lead for safeguarding is the Director of Public Health, to whom the designated nursing team reports and services are commissioned by the Children's Commissioning Team.

There is one GP consortia, with a children's lead GP and two named GPs for safeguarding.

## 1 General – leadership and management

1.1 At the time of the inspection commissioning structures were undergoing significant change. NHS Hammersmith and Fulham, in partnership with the local authority and provider organisations is managing these changes effectively. Changes to PCT's have been brought about through nationally directed initiatives, but put into operational practice by NHS London. As a result of this the London region has split into six clusters. North-West London is one of these clusters and has further split into three sub clusters. Inner North-West London is one of the sub-clusters. This sub-cluster includes NHS Hammersmith and Fulham, NHS Kensington and Chelsea, and NHS Westminster. The chief executive (CEO) appointed for the Inner North-West London PCT cluster was previously the chief executive for NHS Hammersmith and Fulham. A formal governance structure has been put into place from 1 April 2011. The executive lead for safeguarding for the sub cluster, and NHS Hammersmith and Fulham, is the director of public health. The full executive team for the Inner North West London cluster has been recruited.

1.2 Safeguarding remains a statutory function, therefore the designated nurse and doctor remain within NHS Hammersmith and Fulham, working closely with their peers in the other two PCT areas (Kensington and Chelsea, Westminster) within the sub-cluster. Work has also progressed relating to establishing GP consortia for the proposed commissioning function, subject to the outcome of the required 'pause' and consequent review in progressing some of the NHS reforms. Currently the fourth phase of GP pathfinders, including consortia from Hammersmith and Fulham, was announced on the 1 April 2011.

## 2 Outcome 1 Involving Users

2.1 Practitioners from CAMHS engage with looked after children in a proactive way, through visiting them in residential placements. It is also the case that the senior practitioner responsible for the 16-18 year olds will visit children and young people if they have been placed in in-patient provision to ensure that their views are taken into account. This proactive engagement is effective in encouraging engagement with wide ranging health issues.

2.2 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.

2.3 To encourage engagement with the review health assessment process 90% of assessments take place based on the preferences of the child. Alongside the tenacity of the nurses, innovative ideas have been used to encourage attendance with children and young people who have been difficult to engage. At the time of the inspection two young people are not willing to engage with the health assessment process. An effective process is in place when children and young people do not attend (DNA) health assessments. A generic DNA policy is in place, however the looked after children nursing team have a locally agreed policy which is included within the service specification.

2.4 Service user feedback, in relation to health assessments is formalised via 'performance reported experience measures' and also 'patient reported outcome measures'. The outcomes for children and young people is undertaken within the 'tell the nurse' and 'happy hands' initiatives which provide feedback to the nursing team on how they are doing. The 'happy hands' initiative is being developed and the information gathered is to be included in a health booklet specifically for new looked after children.

2.5 Staff within focus groups 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 groups that staff are very aware of appropriate cultural relevance around presenting situations in promote involvement and engagement.

2.6 The looked after nursing team have just produced their yearly training plan. This includes a range of health training packages for professionals and carers. Some of the training is delivered with the input of an 'expert looked after child and young person'.

2.7 The looked after children nursing team have access, when required, to a contracted translation team and this is reported to provide a good service.

### 3 Outcome 2 Consent

3.1 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.

3.2 Consent to undertake health assessments is obtained, in accordance with the Department of Health's Guidance, by the LAC health team. Consent is also obtained to 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.

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

4.1 Health outcomes of looked after children in Hammersmith and Fulham are outstanding with more children having up to date health checks and assessments compared to England and statistical neighbours.

4.2 The performance indicator required by commissioners for annual health assessments is set at 95%. This is monitored on a monthly basis and formally reported to commissioners on a quarterly basis. During the last 12 months assessment levels have been between 95% - 98.5%. This compares with England where 84% of LAC had annual health assessments.

4.3 The proportion of looked after children who have their teeth checked by a dentist was 92.1% compared with 88.6% in similar areas and 82% in England. Whilst these figures are very good, the looked after children's nurses are sensitive to the fact that some looked after children are wary of attending dentists as sometimes it is something they have not done. Every effort is made to enable and encourage children to attend dental surgeries where it has been reported that they are good at helping children and young people deal with these issues.

4.4 The looked after children annual report (2009-2010) confirmed that health promotion, education and information are a large part of health assessment visits. The children and young people and carers have all said how much more they learn about their health from health assessment visits. The looked after children's team have found that the health assessments can be an opportunity to look at cultural and identity issues; nurses are often asked about population specific health issues such as Sickle Cell and Thalassaemia. Contraception and the practice of safe sex are discussed with the young people during their health assessments and many have gone back to the nursing team for more help and advice after the assessment. The nurses regularly accompany young people to clinics to ensure they attend and to help increase their confidence in accessing services on their own. There were no looked after children conceptions during the year ending March 2011. There were two conceptions in the leaving care cohort (18, 19 years old).

4.5 The looked after nursing team are co-located with social care staff which promotes effective communication. The looked after children nursing team have a weekly referral meeting with the designated doctor for looked after children and this enables effective planning and allocation of health assessments. It is sometimes be the case that the designated doctor will also undertake a review health assessment if a specific medical issue needs to be assessed. Quarterly service review meetings take place with a senior member of staff from social care; this is usually a service manager or team leader. This is effective in helping to ensure that social workers initiate the referral process for assessments. All assessments undertaken are quality assured, either by the designated nurse or the designated doctor.

4.6 The designated nurse for looked after children was awarded the 'Nursing Standard Nurse of The Year' (2010) in recognition of the work both she and the team have done in relation to improving health outcomes and life chances for Looked After Children. The team have been invited to present their work at numerous national conferences and also have had their work published as part of the emerging best practice guidance by Government Office for London.

4.7 The looked after children team have the necessary capacity to ensure that the great majority of looked after children placed outside the local authority area have review health assessments carried out by the team. Last year, by arrangement, seven were undertaken by other health professionals outside the team. These were usually for children and young people with LDD and it was considered better for the children and young people to have a health worker carry out the assessment that was in regular contact with them.

4.8 The annual report for 2009-2010 indicated that an unsatisfactory number of required actions and recommendations contained within health plans had not been fully actioned in the previous 12 months. Audit data generated by the designated looked after children's nurse, from a selection of 21 files, indicated that this was as high as 60%. No actions at all were taken in 25% of cases. This is an area in which the looked after children's nurses have been proactive in engaging with social workers to resolve any challenges relating to actions required on the health plan.

4.9 The referral process to CAMHS is effective, with no waiting lists. There is a single point of referral and good communication and effective working between tier 2 and tier 3. Referral screening meetings take place on a daily basis (usually 2/3 staff including consultant). At these meetings very careful consideration is given to any presenting safeguarding issues. Good communication and joint working takes place with partner agencies to ensure effective management of any identified risks. Partnership work between the psychological therapies team and children's social care (Social worker and supervising social worker) alongside the young person and foster carer has had a positive impact in helping to understand how best to meet the needs of the young person.

4.10 Assessment appointments are arranged between 2-6 weeks and this would be via a consultation model or a face to face meeting. The CAMHS team is proactive to ensure attendance at appointments by using formal methods supported by text messaging. Did not attend (DNA) for first appointment is low at 7%. An agreed DNA policy is in place which is implemented. Tier 4 provision is accessible and commissioned (commissioner is not the PCT, but North West London specialist commissioning) from the private sector. Specialist beds are spot purchased as required, such as an in-patient bed for 'eating disorders'. Clear protocols are in place which provide required information to ensure that children and young people are placed in appropriate adolescent provision; both planned and emergency admissions.

4.11 The CAMHS team have dedicated staff working with looked after children. This includes fostering and permanency therapists, a looked after children nurse and a leaving care team clinical nurse specialist. At the time of the inspection this team was being developed to have in place a single management structure, with an overarching consultant lead. This has not yet been fully implemented.

4.12 The looked after children steering group (multi-agency) meets every quarter to ensure effective progress and consideration and resolution of concerns. CAMHS professionals facilitate bi-monthly consultation and training for foster carers. Whilst not an emergency service the CAMHS team are able to respond, alongside children's social care, if they are notified that placements are at risk of disruption through mental health issues.

4.13 The CAMHS looked after children's nurse is in the process of investigating why 27 children and young people identified in health plans as requiring referral to CAMHS has not been actioned. (Referrals must go through social worker, and sometimes also the GP). The CAMHS looked after children's nurse is able to carry out some holding work if looked after children are not in a stable placement, but not long term work.

4.14 Health partners provide effective services and support to children with disabilities through the child development team at Chelsea and Westminster Hospital NHS Foundation Trust, and also through staff working within the community services provider (SALT, OT, HV, SN). The CAMHS team is also able to support children with disabilities if a referral is accepted. The child development teams undertake thorough assessments which can take between 4 – 6 months. However whilst this is being carried out it does not stop the provision of services being provided during this time. For example speech and language therapy or occupational therapy. Feedback from families about this process is positive, even taking into account the long timescale. It is clear that the team are very good at ensuring engagement in this process by the family. All referrals from the child development team are directed through the local authority contact and assessment team and not directly to the children with disability team. This creates the need for two assessments. This was noted as a 'frustration' as the child development team would prefer to refer directly to the disability team (CwD).

4.15 Inspectors visited the Chelsea and Westminster Hospital NHS Foundation Trust which has an emergency department with dedicated paediatric provision. The environment, whilst restricted in space, is appropriate for the care and treatment of children and young people. The department is run very effectively by competent and well qualified staff. The children and young people who access this department benefit from an effective service which is able to provide care, treatment and support in which the profile of safeguarding is well understood and applied in practice.

4.16 The recording system in the department flags up if any child or young person is on a child protection plan. An effective notification system is in place to alert other agencies of unscheduled care attendance. Easily accessible and visual information is on display to guide staff in relation to identified safeguarding concerns. Staff had clarity on referrals processes and said they were able to access comprehensive support within the hospital when required. The liaison health visitor for the department ensures that staff are well supported in relation to presenting safeguarding issues. Good audit activity is carried out to ensure adherence to safeguarding policy and identified gaps are actioned.

4.17 The children's ambulatory unit in Hammersmith, located at Queen Charlotte's Hospital (part of Imperial College Healthcare NHS Trust), provides a very popular and effective service to children and young people in the north of the borough. The service provision is excellent and is supported by a range of medical and nursing staff. The culture of safeguarding is embedded in this service and all aspects inspected were of a very high quality. Imperial College Healthcare NHS Trust currently have a paper based system for identifying children and young people on a child protection plan. Weekly lists are provided and this is managed within the trust. This system is adequate and the trust (Imperial) has confirmed that they are currently working to develop an integrated system for all five hospital locations.

4.18 Sexual health services and substance misuse services in the borough are currently undergoing changes to ensure that the services are as widely accessible as possible. The teams have been very proactive in preventative work and have very strong links with schools, colleges and connexions. The team also go out into the community and attend events where they are able to provide information on services and support. The team have developed links with the lyric theatre and QPR football club to ensure they are able to have a presence at events. The teams also provide training for other professionals in these specialist areas. A GUM clinic, cont@ct2, is based at Charing Cross hospital and provides a comprehensive support service, including outreach to young people (under 19) within the community.

4.19 Health partners (London primary care trusts) and the Metropolitan Police provide a service for children and young people who have been subjected to alleged sexual assault. The main sexual assault and referral centre (SARC) for Hammersmith and Fulham is the Haven and this is based at St Mary's Hospital, Paddington (Imperial College Healthcare NHS Trust). It is one of three Havens in London. The Havens provide specialist forensic, medical and aftercare services for women, men, children and young people who have been sexually assaulted or raped. The forensic service can be accessed 24 hours a day and follow up care such as the young persons support clinic, sexual health check ups and psychotherapy/counselling services are available from 9am to 5pm on weekdays. The service is effectively supported by appropriately qualified and trained staff. Any forensic examination at the Haven will be performed by a specially trained doctor (known as a Sexual Offences Examiner).

4.20 Front line staff such as health visitors, school nurses and community children's nurses are provided by Central London Community Health NHS Trust. Since July 2010 the health visitors have worked in cluster teams. Six teams operate within the borough. Health visitors are linked to children's centres in the community to ensure good accessibility. GPs have been informed of their named health visitor. The reorganisation has required that the community trust have had to ensure that the skill and grade mix has enabled health visitors to carry out their responsibilities under the healthy child programme. The trust have used the London continuum of need (4 levels of risk - specific criteria for each identified risk level) to ensure that all cases are assessed based on presenting risk factors. The trust are then able to allocate resources effectively. Any vulnerable family would have a named health visitor to ensure appropriate and consistent support, guidance and advice. To ensure consistent delivery of the healthy child programme the trust has utilised registered nurses (Band 5), who are not qualified as health visitors, but have undertaken intensive training to deliver the programme. These staff are supervised and supported by Health visitors. (At the time of the inspection there were four vacancies for health visitors in the borough and the recruitment programme was on-going.)

4.21 Three dedicated safeguarding health visitors also provide excellent safeguarding support within the borough. They are located within CAS, and the family support and child protection team (south). These dedicated roles have had a very positive impact on enabling better outcomes for families. An evaluation of this work was undertaken by the head of safeguarding (PB) and it indicated the effectiveness of partnership working with social care staff. The quality of work produced was excellent with very positive feedback and engagement with vulnerable families and positive feedback from children's social care staff.

4.22 Two GPs have recently (from Feb 2011) taken on the role of named GPs. They are very committed to the role and have a very clear focus on the work that needs to be undertaken to support GPs in their key safeguarding role. The designated nurse for the borough has been very proactive in working with GPs and has ensured that each practice has a safeguarding lead. She has also worked hard to establish a GP forum which brings together the safeguarding leads on a monthly basis. This provides a good opportunity to promote clarity on the expectations of a GP in their safeguarding role. It also gives GPs the chance to feed back issues of concern. A senior member of children's social care also attends this forum. Currently the named GPs are working to ensure improvements in GPs contributions (attendance and reports) to conferences. The current contribution by GPs is unsatisfactory. (5% contribute to child protection reports) The named GPs are working hard to facilitate more effective communication between health visitors and practices and this is further supported by the community trust ensuring that health visitors work to reinforce these links.

4.23 Health partners in the borough support teenagers who are pregnant very effectively. Partnership working between midwives within acute trusts, the community and with the family nurse partnership is very good. Imperial have a dedicated team who will work with young mums and provide 1:1 support throughout the pregnancy. The teams are very clear on identifying social risk factors and can effectively provide the necessary support to vulnerable mums. An assertive outreach service is in place that will ensure all cases are monitored closely in relation to attendance at arranged meetings. 24 hour support is also offered from this team. All staff involved in supporting young mums were very clear, and had received effective training in relation to the impact of domestic violence, homelessness, mental health issues and substance misuse. The team work to engage the whole family in this support. Effective forums are in place to ensure that all cases are discussed. These include a vulnerable women's forum. Two hospitals in the area have FGM clinics which provide specialist support (Charing Cross, St Mary's). Health champions (volunteers) from local communities have been very effective in encouraging engagement with local health services and in providing support and guidance for groups and individuals.

## 5 Outcome 6 Co-operating with others

5.1 Partnership work across health, education, social care and the voluntary sector is good. 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.

5.2 There is appropriate membership from all health trusts on the Hammersmith and Fulham LSCB, its sub groups and the Children's Trust. 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).

5.3 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.

5.4 Named health professionals are proactive in ensuring that health staff are 'known' by colleagues in other partner agencies to encourage better communication and better understanding of roles. This work needs to continue in relation to the respective role, function and responsibilities of health visitors in relation to their important liaison role with GPs.

5.5 A good system is in place in relation to looked after children notifications. Comprehensive information is sent through to the looked after children's nurses to ensure they are aware of newly placed looked after children or placement changes. A system is in place to notify health care professionals when a children or young person attends an acute hospital emergency department, or a walk in centre.

5.6 The looked after nursing team are co-located with social care staff which promotes effective communication. Looked after children's nurses attend the monthly looked after children operational board. This provides a useful multi-agency forum for discussion of presenting issues and themes. Quarterly service review meetings take place with a senior member of staff from social care; this is usually a service manager or team leader. This is effective in helping to ensure that social workers initiate the referral process for assessments. Looked after children nurses will attend social work team meetings on a rolling basis. Looked after children nurses will also attend IRO meetings and will always ensure they send copies of the health plan prior to review meetings. Attendance at both of these forums ensures shared understanding and allows emerging themes to be discussed in partnership.

5.7 CAMHS staff have an input into the leaving care team and work with the transition process to promote safe and supportive transitions. Some gaps have been identified relating to care leavers and it may be the case that a care leaver who was previously receiving support from the CAMHS team does not meet the threshold for support from adult services. This is acknowledged as an issue by social care and CAMHS and a dialogue is maintained.

## 6 Outcome 7 Safeguarding

6.1 Health partners communicate and work together effectively to promote safeguarding. Systems and processes have been developed and implemented by providers to provide assurance, internally (board assurance) and externally (performance reporting to commissioners), that children and young people are effectively safeguarded. This has ensured that children and young people receive safe and coordinated care where more than one provider is involved, or when they are moved between services. Health partners support people who use services to access other health and social care services they need. These actions reduce the risk of children and young people receiving unsafe or inappropriate care, treatment and support because they effectively assess need and ensure, as far as possible, that people are safe and their welfare is protected.

6.2 Named doctors, nurses and midwives are in place within provider health partners. These professionals are well known and visible within their own organisations and are well regarded. Named professionals provide effective guidance, support and supervision in relation to safeguarding issues to staff that require an expert input. This ensures consistent and considered responses to any presenting issues. The named professionals also have a good overview of safeguarding themes that may arise within these large and complex organisations and are in a good position to report, and ensure appropriate actions are taken to mitigate risk. All named doctors and nurses who attended the focus group 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 in relation to all aspects of safeguarding.

6.3 Designated professionals are in place within the Inner North West London primary care trust cluster. A full time designated nurse for children has specific responsibility for Hammersmith and Fulham. A contracted designated doctor, from Chelsea & Westminster Hospital NHS Foundation Trust provides sessional coverage and support to medical staff. These professionals work to provide effective supervision and support to all named professionals in the area. This ensures that expert advice and guidance is available for named doctors and nurses within provider organisations and primary care. This has a positive impact on ensuring the right actions are undertaken when safeguarding issues arise. These designated professionals also provide expert support to the LSCB and a number of it's sub-groups to ensure health issues are interpreted in such a way as to benefit the operation of the LSCB. Quality assurance, performance management and the provision of expert advice is integral to the role of these designated professionals.

6.4 All NHS trusts within the borough have identified executive leads for safeguarding. These roles ensure that safeguarding remains a key/priority item at trust board meetings. Each health provider has established governance structures to ensure safeguarding information is used to best effect and that each trust board can manage presenting risks. To ensure that staff are supported in all aspects of safeguarding, all trusts have developed training and supervision systems linked to best practice guidance. The effectiveness and impact of these systems is monitored very carefully by each trust board and is supported by audit programmes to ensure that staff are working to agreed policies and procedures.

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

7.1 It is reported that there are no issues with procurement of equipment within children's services or the emergency departments of the Acute Trusts.

7.2 During the visit to Chelsea and Westminster Hospital NHS Foundation Trust emergency department we saw children's resuscitation equipment was readily available within the department. Staff 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.

7.3 Staff groups were positive about 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.

## 8 Outcome 12 Staffing recruitment

8.1 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.

## 9 Outcome 13 Staffing numbers

9.1 It was indicated that retention and recruitment for health visitors and school nurses is satisfactory.

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

## 10 Outcome 14 Staffing support

10.1 Effective training strategies have been developed by NHS Hammersmith and Fulham and all provider trusts. Staff not only attend mandatory training within their own trust but are able to access multi-agency training via the LSCB. Performance monitoring of attendance at safeguarding training has proved to be challenging, however this has improved over the preceding months. Policy and procedural guidance for safeguarding is current and is readily available to staff on the intranet or in hard copy in all trusts.

10.2 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.

10.3 The designated LAC nurse line manages two named nurses for looked after children. Between November 2010 to date one of the named nurses has been off work. This reduction in capacity has presented some challenges in relation to ensuring effective coverage; however this has not affected performance indicators for health assessments. To cover this shortfall a new named nurse has been seconded into the post for a six month period.

10.4 The caseload for looked after children is effectively managed between the team. The designated nurse takes responsibility for more complex and challenging cases. Good levels of supervision are in place for the looked after nursing team, this was recently reviewed as a result of a serious case review and the team are to have additional safeguarding supervision arranged with the named safeguarding nurse from Central London Community Health NHS Trust.

10.5 A wide range of data, including safeguarding 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.

## 11 Outcome 16 Audit and monitoring

11.1 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.

11.2 Contracts with commissioners 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 contract monitoring process assurance audits are undertaken by 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. NHS Hammersmith and Fulham monitor the quality and performance of providers in relation to safeguarding. If there are any exceptions or concerns this is reported to the senior management team within NHS Hammersmith and Fulham. This is assured via monthly meetings of providers with commissioners to monitor performance against contract requirements.

11.3 Section 11 audits are completed and these are appropriately monitored through designated safeguarding lead professional meetings.

## 12 Outcome 20 Notification of other incidents

12.1 There are satisfactory arrangements in place across NHS Hammersmith and Fulham, 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.

## 13 Outcome 21 Records

13.1 Health files assessed comply with statutory guidance. All health assessments are carried out by the required medical and nursing staff. The designated doctor for looked after children will carry out initial health assessments and some review assessments. The looked after children nurses will undertake review assessments. The looked after children annual report (2009-2010) confirmed that health promotion, education and information are a large part of health assessment visits.

13.2 Very good systems are in place to ensure that looked after children nurses have up to date information on any placement changes relating to the looked after children cohort for the local authority. They receive weekly and monthly reports that provide detailed information so they are able to plan and coordinate health assessment activity.

## Recommendations

None identified. Please see Ofsted report for generic recommendations