Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children’s Services in Kirklees

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<th>Date of Inspection</th>
<th>3rd October 2011 to 14th October 2011</th>
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<td>Date of Joint Report</td>
<td>18th November 2011</td>
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<td>Commissioning PCT</td>
<td>Kirklees PCT (Calderdale, Kirklees &amp; Wakefield PCT Cluster)</td>
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<td>CQC Inspector name</td>
<td>Ms Lea Pickerill</td>
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<td>Provider Services Included:</td>
<td>Calderdale &amp; Huddersfield NHS Foundation Trust Locala Mid Yorkshire Hospitals NHS Trust South West Yorkshire Partnership NHS Foundation Trust</td>
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<td>CQC Region</td>
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<td>CQC Regional Director</td>
<td>Ms Jo Dent</td>
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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.

### Kirklees Council

**Safeguarding Inspection Outcome**

- Overall effectiveness of the safeguarding services: Good
- Capacity for improvement: Good
- The contribution of health agencies to keeping children and young people safe: Adequate

**Looked After children Inspection Outcome**

- 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 your commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC’s Regional Director, 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 inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection.

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

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

This document sets out the findings in relation to the NHS organisations listed above, but includes some areas which may apply to one or more NHS bodies where pertinent.
Kirklees comprises a mix of urban communities and rural areas. The resident population of Kirklees was 430,197 in July 2010, based upon General Practitioner (GP) registrations; this is an increase of 10.6% since 2001. Kirklees has more young people than the average across England and Wales (21% aged 0–15 years compared to 18%); the number of 0–15 year olds is almost to the same as in 2001. Nearly one in four of the Kirklees population was aged less than 19 years (101,505) in July 2010.

Kirklees has an ethnically diverse population including people of Pakistani, Indian, Irish, African-Caribbean and Black African heritage. The African-Caribbean population is mainly located in Huddersfield. More than one in eight people are of South Asian heritage, Pakistani and Indian. More than one in three young people in the north of Kirklees are of South Asian heritage, especially in Dewsbury and Batley, higher than in the south of Kirklees as set out in the Joint Strategic Needs Assessment.

Commissioning and planning of child health, young persons’ services and primary care are undertaken by NHS Kirklees. Universal services such as health visiting and school nursing are provided by Locala (formerly Kirklees Community Health Care Services). Paediatric therapy services and children’s Community Nursing Services are provided by Calderdale and Huddersfield Foundation Trust (CHFT) in South Kirklees and Locala in North Kirklees. Mid Yorkshire Hospital Trust (MYHT) provides physiotherapy services in North Kirklees. South West Yorkshire Partnership Foundation Trust provides learning disability services for children across Kirklees.

Safeguarding services are provided by all health providers across Kirklees. The acute hospitals providing children accident and emergency (A&E) services are CHFT in South Kirklees and MYHT in North Kirklees. There is a nurse-led walk in centre in the North which is open from 09.00 until 19.00 seven days a week. School House practice offers unregistered patients access to a GP. Out of hours services are provided by Local Care Direct and they have bases in South and North Kirklees.

Maternity and newborn and community maternal health services are provided by CHFT and MYHT. Children and families access primary care through one of 72 general practices and a walk in centre as detailed above. Child and adolescent mental health services (CAMHS) are provided by CHFT through a commissioned service under a standard NHS contract. There is no Tier 4 provision within Kirklees and access to this provision is commissioned from a number of NHS and private providers. Jointly commissioned services with Kirklees Borough Council include CAMHS Tier 2 services, substance misuse services, speech and language services, looked after children’s services, services for vulnerable children and placements for children with complex needs.

Looked after children health services are provided by Locala. They are co-located with the Kirklees looked after children team to deliver statutory health requirements for looked after children. They provide consultation and support for staff as well as direct work with children and young people in residential and foster care. (Ofsted November 2011)
General – leadership and management

1. The Primary Care Trust Cluster (Calderdale, Kirklees and Wakefield PCTs) are now operating with a single executive team. The Cluster has identified the Executive Director for Quality and Governance as the safeguarding lead and there are appropriate arrangements in place to provide adequate board assurance on safeguarding practice across Kirklees. There is good representation form health on the Children’s Trust Board and on the LSCB. The Assistant Director for Safeguarding /Designated Nurse operating as vice chair of the KSCB.

2. Clear links between the comprehensive joint strategic needs assessment and the children and young people’s plan translate into organisational priorities across the partnership. Health partners are well engaged with the children’s trust and the LSCB. The LSCB continues to carry out Section 11 audits on provider practice in safeguarding children through challenge events, as well as monitoring actions arising out of serious case reviews.

3. The looked after children’s health service is jointly commissioned between the primary care trust and Kirklees local authority.

Outcome 1 Involving Users

4. The looked after children health team engage well with young people and foster carers who they provide services to. There is good engagement of young people looked after in their reviews; they are given a choice where they are seen for their health review and this promotes their involvement in the process. The looked after health team are consulting with young people to ask them what health information they would like providing with when they leave care as they recognise the currently arrangements are poor. The team have recently provided health training to a group of Asian foster carers to promote their understanding on the needs of children and young people who are looked after.

5. Generally, health practitioners have adequate access to translation services. There is, however, confusion around the interpreter service available to support midwives and non English speaking women who are seen in the community. Midwives working in the Dewsbury area report that they are unable to access face to face interpreters for community based appointments and often have to rely on family members or members of staff. This is unacceptable and can lead to misleading assessments of risk. Midwives also described problems in booking interpreters when working with Hungarian ladies because of poor availability of interpreters in this language.
6. Young people are routinely asked to contribute to the development of care pathways and service specifications to ensure that services are appropriate for the needs of the community. Good examples of this include the work being carried out with young people, families and carers in developing new care pathways for CAMHS services and LAC CAMHS. Young people were involved in evaluating the tenders for the substance misuse service. A number of services have either applied or are in the process of applying for Kirklees young people friendly accreditation which is the local version of ‘You’re Welcome’. Young people are involved in the assessment of the services.

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

7. Good arrangements are in place to safeguard children and young people who attend the accident and emergency departments (A&E) at Dewsbury Hospital and Huddersfield Royal Infirmary. Both hospitals are able to identify patterns of repeat attendance by a child or young person and both have an alert system to identify if a child has a child protection plan in place. In Dewsbury staff are able to identify children that are looked after. The reason for the A&E attendance is assessed for non accidental injury in line with NICE guidance. A&E staff refer safeguarding concerns to the children’s social care team and all referrals are copied to the named nurses who review for appropriateness and where necessary identify the need for any follow up. The effect of this is that children presenting at Dewsbury A&E and Huddersfield A&E who may be at risk or require further assessment are identified and receive appropriate intervention.

8. Young people have adequate access to contraceptive advice and sexual health services (CASH) across Kirklees. CASH services central bases are at Dewsbury Health centre for North Kirklees and Princess Royal Huddersfield for South Kirklees, with satellite clinics operating around the district, including colleges and at a children’s centre. The service is in transition and is increasing the number of drop in clinics for young people to attend. There are no single sex clinics and there are no outreach nurses to target those young people who find it difficult to access universal services. There is limited progress in reducing teenage conceptions which remain high.

9. The local substance and alcohol misuse service, provided by Crime Reduction Initiative (CRI) under the brand “Base” is well regarded by young people who were involved in drawing up the specification and reviewing tenders for substance misuse services. Base support young people up to the age of 25 through a programme of group or one to one support. Outcomes from treatment are good and the service has recently been praised by the National Treatment Agency. Base offer a number of early intervention and preventative work with targeted groups across the district, including work with young people in pupil referral units and young people who are not engaged in employment or training. There is outstanding liaison with Youth Offending Services and with looked after children, including work in residential care homes for children. Joint working between CAMHS and Base has become less frequent due to staff changes and this is recognised as an area for development.
10. Children and young people have access to a limited range of emotional health and wellbeing services and provision to meet the needs of the children and families in Kirklees is poor. This has been recognised by commissioners for the local authority and the PCT. There is an increased focus on provision within Tier 2 services with more work taking place through schools. Tier 3 services are provided by the Calderdale and Huddersfield NHS Foundation trust with appointments offered within 18 weeks of referral. CAMHS use a texting service to remind children and their families of appointments and this has reduced the non attendance rate. The Insight Team offer assessment and intervention for psychoses and work flexibly with young people and their families and offer outreach support. Partner agencies compliment staff working in the Insight Team for their flexible and collaborative approach to working with young people and their families alongside other services. Tier 4 in patient CAMHS is commissioned from outside the area though local CAMHS staff continue to support young people through attendance at Care Programme Approach (CPA) meetings and in preparing for transition to adult mental health services. Transition to adult mental health services is adequate. CAMHS staff described a flexible and appropriate approach to transition, based on the young person’s needs.

11. Access to health support for families with children who have disabilities is adequate. An effective nurse led service works well with families and education to support young people with a learning disability. However, the service is only available to those children with an IQ of less than 75 and there is no support for children with functional disability.

12. There is limited support for children with autism and there is a developing CAMHS for children with learning difficulties and/or disabilities. There is an inequity in the provision of speech and language therapy to young people, with the service in the north of Kirklees discharging young people once they enter mainstream secondary education whereas in the south of the district young people are seen until they leave education. Physiotherapy services are currently reviewing how they will deliver care in the future in order to meet increased demand. Access to respite care is variable, with some parents reporting long waits, this means that families are exposed to additional stress which may lead to safeguarding concerns.

13. Midwifery services are provided in the Huddersfield area by the Calderdale and Huddersfield NHS Foundation Trust and from Dewsbury Hospital by the Mid Yorkshire Hospitals NHS Trust. Good processes are in place in both services to identify vulnerabilities in pregnant women.

14. If a woman in the Huddersfield area requires more intensive support during her pregnancy, then her case is usually well managed by the Eden Team; a group of specialist midwives employed by Calderdale and Huddersfield NHS Foundation Trust who work specifically with vulnerable women and families. The team have expertise in areas of domestic abuse, substance misuse, teenage pregnancy, homelessness and mental health and demonstrate improved outcomes for vulnerable women, including improved attendance at ante natal appointments and fewer children from women who misuse substances being taken into care. The team have developed close links with other agencies to promote information sharing in order to safeguard the unborn child and from birth.
15. Midwives working in the Dewsbury area complete a pre-CAF for all pregnant women and were positive about the additional benefits that this has had in making sure that a comprehensive assessment and analysis of any risk takes place. There is a specialist teenage pregnancy midwife as well as a substance and alcohol misuse midwife adviser to provide enhanced support.

16. There is good support for teenagers who are pregnant from the Eden Team in south Kirklees provided by CHFT who carry out a high proportion of appointments within the client’s home. Support for teenagers who are pregnant and living in the Dewsbury area is from the teenage pregnancy midwife and, where appropriate, the local Connexions service and children’s centre are involved. There is a well established family nurse partnership team that works across Kirklees and supports well those young people who are engaged in the programme with good outcomes.

17. There is inequity in availability of services to provide support to pregnant women who require additional emotional health support across Kirklees. Women in the Huddersfield locality can be referred to the peri-natal mental health pathway but this option is not available for women in Dewsbury.

18. The arrangements for midwives from both trusts to refer safeguarding concerns to children’s social care is clear and supported by a comprehensive safeguarding care pathway.

19. Delivery of the healthy child programme across Kirklees is poor. The current establishment of public health nurses does not facilitate delivery of the full healthy child programme. Cases are weighted according to deprivation. Key visits to families are risk assessed, when working at Red only the new birth visit and the 8-10 week visit is made, with all other checks only being carried out in vulnerable families. No development checks over one year are carried out and children are starting school with unidentified need. Safeguarding and child protection work remain a priority within the health visiting and school nursing service and there is good engagement and effective working with professionals and families as part of CAF and child protection work.

20. Schools across Kirklees are banded according to deprivation with school nursing time allocated accordingly. All schools participate in the national programme of weighing and measuring at reception and again in Year 6. However, the creation, quality and review of health plans within schools varies too much across Kirklees, with responsibility for health plans remaining with education staff in the south of the district and no oversight provided by school nursing.

21. An effective and well resourced looked after child health team provide good advice and support to looked after young people up to 24 years old if they are still in education. Specialist health nurses work with care leavers and those young people with complex care needs. The appointment of the specialist looked after children with complex care needs has greatly improved the co-ordination of health care for these very vulnerable children and young people.
22. Health outcomes for looked after children and care leavers are good. There is significant improvement in the timeliness of the initial health assessments and any that are delayed are usually because of late notification, social worker availability or the young person is placed out of Kirklees. The looked after children health team carry out effective initial health assessments and prepare good quality health plans. Health reviews are carried out by either the health visitor, school nurse or the health team depending on the circumstances surrounding the child or young person. The designated nurse for looked after children quality assures health reviews and health plans. This ensures that most looked after children and young people have an appropriate plan to maintain their health.

23. Most looked after children (89.9%) are up to date with their immunisation and vaccination programme, which exceeds national performance. Nearly three quarters of looked after children (71.7%) have received their annual dental checkups; this demonstrates a year on year improvement, although figures are slightly below the national average. The timeliness of health reviews is good with 93.9% of children and young people up to date with their health review.

24. Children and young people who are looked after can access good local provision for support around drug and alcohol services; though the school nursing service and the LAC specialist nurses do not use the CRI Screening Tool as part of the health review to identify potential substance misuse. The Base (CRI) employ a link worker whose remit is to work with young people who are looked after. Looked after young people who require contraception and sexual health services either access local universal services or are supported on a one to one basis by the looked after children health team. Looked after teenagers and care leavers who become pregnant are supported well by the Family Nurse Partnership.

25. The involvement of health partners in commissioning specialist placements is much improved, consideration is now being given to any CAMH service that may be required and where necessary this is commissioned separately. Commissioners also specify their requirements on the quality and responsiveness of health review assessments. This means that the health needs of looked after children and young people placed out of Kirklees are now being considered and monitored more effectively.

26. The health arrangements for young people leaving care are adequate. The looked after child health team are consulting with young people to ask them what health information they would like providing with when they leave care as they recognise that currently arrangements are poor. The looked after children health team are routinely invited to looked after children reviews or to take part in the pathway planning in preparation for a young person leaving care.
27. The use of strength and difficulties questionnaires when young people enter care is improving with good rates of completion. Findings from completed Strengths and Difficulties Questionnaires (SDQs) are being used to proactively seek CAMHS intervention at an earlier stage and are used to evaluate the effectiveness of any intervention. However, anecdotally there is currently a lack of confidence in the current CAMHS service with some social workers using individual externally commissioned packages of care for young people until the new LAC CAMHS pathway is fully operational. There are currently no looked after children or young people waiting to see a CAMHS professional.

28. The CAMH services for looked after children and young people are being reconfigured with well developed plans for a dedicated team of CAMHS professionals to provide a service to this group of young people. The team will also include specialist infant mental health practitioners to work with the looked after children 0-5 years.

Outcome 6 Co-operating with others

29. Outstanding paediatric liaison from the A&E Department at Huddersfield Royal Infirmary helps ensure that children and young people who attend the department are safeguarded. The paediatric liaison sister is part of the trust’s safeguarding children team and reviews all attendances of children and young people. Notifications of all attendances are sent to a child’s GP and health visitor or school nurse whichever is appropriate. Paediatric liaison also takes place for any attendance of a pregnant woman or where there are children in a family where substance misuse or domestic violence takes place. The trust’s Safeguarding Children Integrated Care Pathway can be initiated in A&E which helps improve communication and information between professionals and ensures a consistency in approach to care and decision making.

30. Paediatric Liaison at Dewsbury Hospital is undertaken by the sister in charge of the department every day. There can be issues of timeliness in telephoning through details of any attendance that requires a specific response from either the health visitor or school nurse due to availability of public health nurses and the demands on the time of the sister in charge. In addition MYHT also sends all notifications of attendance to GPs and Child Health.

31. There are good arrangements in place to safeguard young people who attend A&E at Huddersfield Royal Infirmary following an incident of self harm or who are in mental health crisis. A safe room has been identified on the paediatric ward which will admit a young person up to 18 years old whilst a suitable bed can be found. The policy at Dewsbury Hospital is young people under 16 are admitted to a paediatric ward and for those between 16 and 18 admission to the medical assessment unit. There can be some delay in obtaining out of hours advice and support for young people.

32. The arrangements to support young people attending A&E through either alcohol or drug use are not well-established and the young people’s substance misuse service, Base (CRI) is not used effectively.
33. Adult mental health services identify and risk assess well where service users have children or have child caring responsibilities. Regular audit takes place to ensure that practitioners are recording risk assessments on the IT system. The IT programme is being developed further to specifically reference that a child protection assessment has been carried out. The South West Yorkshire Partnership NHS Foundation Trust has good arrangements in place to safeguard and support children when they visit their parents who are adult mental health in-patients.

34. The looked after children health team are co-located with the children’s social work team and have access to their IT system; this helps in communication and co-ordination of care. The team is engaged well with training social workers, foster carers and staff in local children’s homes to promote the health needs of looked after children.

35. There is a newly developed multi agency joint protocol on supporting parents who have learning difficulties. An example was given on how this had already had a positive impact on a young mother who had learning difficulties and a comprehensive package of care had been put in by agencies to support the mother as well as safeguard and meet the needs of the child.

Outcome 7 Safeguarding

36. The named safeguarding children professionals within Calderdale and Huddersfield NHS Foundation Trust are appropriately line managed and there are close working relationships with the trust board executive lead.

37. The named nurse and named midwife for Calderdale and Huddersfield NHS Foundation are effective. The team regularly review and audit referrals to children’s social care and have identified a need to improve the analysis and identification of risk carried out by practitioners. Training programmes have been rolled out as well as one to one feedback to improve the quality of referrals. The trust’s domestic violence policy has recently been re-written and is shortly to be re-launched. The trust has produced a safeguarding children integrated care pathway which brings together all communication and decision making and has improved consistency in approach and information sharing.

38. The named professionals within the Mid Yorkshire Hospitals NHS Trust are appropriately line managed and resourced to meet the requirements as outlined in “Working Together 2010”. The trust are making good progress in meeting the recommendations from the previous Safeguarding, Looked After Children’s Inspection into Wakefield Council and have increased the capacity of the named midwife and appointed 2 Specialist Advisors for Safeguarding Children.

39. Good arrangements are in place for the named professionals within Locala. The named nurse has scheduled frequent meetings with the executive lead for safeguarding children. There is a comprehensive audit plan to provide good assurance to the executive team on practitioner compliance with safeguarding policies and protocols, including an audit on the frequency and quality of supervision in safeguarding children. Communication templates have been developed to aid communication with GPs.
40. The arrangements for the named professionals within South West Yorkshire Partnership Foundation NHS Trust meet the requirements of “Working Together 2010.” The trust continues to support the safeguarding link workers who have a clear job description and are assessed in their role as part of the overall performance assessment process.

41. The named nurse for SWYF NHST has made good progress in identifying a cohort of staff to carry out safeguarding children supervision and is supporting these staff through regular action learning sets. Good arrangements are in place for the named nurse to review any referrals to Kirklees Children and Families team. Any referrals from staff within the trust must now include what the next steps are and what action has already taken place.

42. The looked after children health team are well resourced to provide an effective service to looked after children and young people. The team consist of a designated doctor for LAC, designated nurse for LAC, specialist nurse working with young people leaving care and a further specialist nurse working with looked after children who have complex care needs. The team work collaboratively to ensure a joined up approach to the initial health assessments and have produced written guidance to health visitors and school nurses on the health and wellbeing of looked after children and how to carry out a health review of good quality.

43. General practitioners are well supported by the named safeguarding professionals for Locala in helping them fulfil their responsibilities as lead professionals in safeguarding children. A safeguarding pack has been developed for primary care which brings together all the good practice guidance on safeguarding and child protection as well as advice on writing the safeguarding policy for each GP practice. All GP practices now have safeguarding leads and the named GP carries out regular cluster meeting discussions within primary care to improve and enhance safeguarding practice. A Best Practice Framework has been developed to improve communication between public health nurses and general practice as part of the learning from a serious case review. This means that there is now increased discussion around families where there are concerns.

44. All health practitioners interviewed throughout the inspection were clear about how to escalate concerns and to involve the named nurse if there were any professional disputes between partners on a response to a child protection or safeguarding referral. There is good attendance by health practitioners at child protection conferences and core group meetings.

45. Good, effective partnership working ensures that where possible families are protected from domestic violence. Health partners are represented on the MARAC, with outcomes of MARAC also being communicated to general practice. General Practitioners, health visitors, school nurses and midwives receive police notifications on domestic violence incidents where children or a pregnant woman is involved. Locala regularly audit action taken by public health nurses on the notifications of domestic violence to ensure that appropriate action has been taken. Staff across the partnership demonstrate good awareness on the impact of domestic violence on children and there is a clear and effective process of referring to the relevant children’s social care team. This ensures that children at risk of harm from domestic violence are identified and referred appropriately for assessment and support.
46. An effective Child Death Overview Panel has raised awareness around dangers of co-sleeping and consangunuity and there is a reduction in the number of infant deaths in the most deprived area of Kirklees. The panel is well attended with good representation from organisations across Calderdale and Kirklees, though the current membership does not include a G.P. Offers of bereavement visits to families are routinely made but uptake is low.

47. Adequate arrangements are in place to ensure that children who require a child protection medical or an examination following alleged sexual abuse receive a responsive service from suitably qualified paediatricians at both the Huddersfield and Dewsbury hospital sites.

**Outcome 13 Staffing numbers**

48. Mid Yorkshire Hospitals NHS Trust are unable to roster a paediatric trained nurse for each shift within the A&E department at Dewsbury. Appropriate action is taken to mitigate this risk with a cohort of nurses being trained in “Children in A&E”. All senior sisters within the department have undertaken this training and therefore there is always a member of staff on duty who is appropriately trained. A new paediatric A&E is opening shortly and with current staffing arrangements the service will not be able to ensure paediatric qualified staff are on duty during operational hours.

**Outcome 14 Staffing support**

49. Historically, training in safeguarding children across some health partners has been low. Calderdale and Huddersfield NHS Foundation Trust currently report 95% of their staff have attended Level 1 training, 68% of staff have attended Level 2 training and 58.8% of staff have attended Level 3 training. Seventy six percent of staff working within adult mental health services provided by South West Yorkshire Partnership based in the Dewsbury area received their level 2 training with 25% of staff having attended their Level 3. The most recent training audit for Locala show that 84% of staff have attended the joint Level 1 and 2 training and 64% have completed their Level 3 training. Training within Mid Yorkshire Hospitals NHS Trust is improving but remains low, 36% of staff attended Level 2 training. The Trust can demonstrate level 3 attendance that is delivered in house and mechanisms are in place to source information on level 3 attendance from Kirklees Local Safeguarding Children’s Board. Health trusts have action plans in place to ensure compliance on training by April 2012.

50. There is good attendance of independent contractors such as dentists, general practitioners and opticians attending training which is leading to improved knowledge and engagement in child protection processes. Ninety five percent of GP practices have been represented at Level 3 training in 2011 which is outstanding progress.
51. There are good arrangements in place for supervision across the named and
designated safeguarding children professionals. The designated nurse has
produced a supervision contract that clearly outlines responsibilities and
expectations between both parties.

52. Supervision in safeguarding children overall is variable. Policies are in place
in all health providers and good progress is being made in ensuring that health
practitioners have access to supervision in safeguarding children practice. Mid
Yorkshire Hospitals NHS Trust, South West Yorkshire Partnership NHS Foundation
Trust have responded well to previous recommendations in the Wakefield District
Safeguarding and Looked After Children Inspection and have identified a cohort of
staff that have either received externally accredited training or this has been
arranged. However, the monitoring mechanisms in place within all four health trusts
do not provide sufficient assurance that all child protection and child in need cases
are discussed in supervision whilst part of an active caseload. Comment was made
that providing sufficient assurance that all child protection cases and child in need
cases are discussed in supervision whilst part of an active caseload on at least
quarterly supervision with all such cases is a model of case management as
opposed to supervision and is not practicable. MYHT recognise the importance of
case management within supervision and therefore Supervision within acute health
will offer the opportunity for full discussion of all child protection cases.

Outcome 16 Audit and monitoring

53. Adequate governance structures provide all four health trust boards with
some assurance about the arrangements to safeguard children within their
organisation. Development of key performance indicators to influence and monitor
safeguarding practice are in the early stages within Calderdale and Huddersfield
NHS Foundation Trust and Locala. Calderdale & Huddersfield NHS FT has a
paediatric dashboard which does include some safeguarding children assurance,
though this is in the early stages of development and has yet to demonstrate impact.

54. Calderdale & Huddersfield NHS Foundation Trust have a good audit
programme in place to monitor compliance with safeguarding children policy. A
recent audit on compliance with the non attendance policy showed increased
awareness around what action to take when a child does not attend for their
appointment and recognises the need for more education across other directorates
that predominantly treat adults but do have paediatric patients.

55. Mid Yorkshire Hospitals NHS Trust is making good progress with the
implementation and monitoring of its access policy to ensure that practitioners
identify children and young people who do not attend or re-arrange clinical
appointments and notify the professionals involved with the family of their concern.
To date, the trust has carried out two audits to audit compliance.
Recommendations

Immediate

Ensure that midwives working in Dewsbury and the surrounding area have access to appropriate interpreter services.

Within 3 months (from report).

Ensure that key developmental checks for children over one year old are routinely carried out and health plans in the south of the district are completed by, or effectively supported by, a suitably qualified experienced health professional. (Ofsted November 2011)

Ensure that arrangements are in place to support young people who attend A&E following an episode of substance or alcohol misuse. (Ofsted November 2011)

Review the working practices between CAMHS and CRI to ensure that young people with a dual diagnosis receive a coordinated approach to their care. (Ofsted November 2011)

Improve the support provided by CAMHS for young people in local foster and residential placements. (Ofsted November 2011)

Increase the numbers of looked after children and care leavers attending dental health check-ups. (Ofsted November 2011)

Ensure that the CRI screening tool is used in all initial LAC health assessments and annual LAC health reviews for appropriately aged young people. (Ofsted November 2011)

Within 6 months

All health providers to review their monitoring arrangements for practitioner uptake in supervision in safeguarding children to ensure that practitioners working with families who have a child protection plan in place or are identified as child in need receive a minimum of quarterly supervision.

Strengthen arrangements to tackle the high rate of teenage conceptions in Kirklees. (Ofsted November 2011)

Ensure that there are sufficient numbers of appropriately trained staff within the new paediatric area at Dewsbury Hospital to maintain a safe and effective service.

Next steps

An action plan is required from the commissioning PCT within 20 working days of receipt of this report. Please submit the action plan to your SHA copied to CQC through childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.