

## Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Rutland County Council

<b>Date of Inspection</b>	<b>3-14<sup>th</sup> October 2011</b>
<b>Date of Joint Report</b>	<b>18<sup>th</sup> November 2011</b>
<b>Commissioning PCT</b>	<b>NHS Leicestershire County and Rutland (NHS LCR)</b>
<b>CQC Inspector name</b>	<b>Ms Sue Talbot</b>
<b>Provider Services Included:</b>	<b>Leicester Partnership Trust (LPT) University Hospitals of Leicester (UHL)</b>
<b>CQC Region</b>	<b>East Midlands</b>
<b>CQC Regional Director</b>	<b>Dr Andrea Gordon</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>Rutland County Council</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Adequate
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	Good
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 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.

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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 NHS organisations listed above, but includes some areas which may apply to one or more NHS bodies where pertinent.

**Local Context:**

Rutland is a very small county and has a resident population of approximately 9500 children and young people aged 0 to 18, representing 24.5 per cent of the total population of the area. In 2011, 4.7 per cent of the school population was classified as belonging to an ethnic group other than White British compared to 22.5 per cent in England overall; 1.4 per cent of pupils speak English as an additional language.

At the time of the inspection there were 33 looked after children and 15 children who were the subject of a child protection plan. This is an increase in activity compared to the previous two years.

Commissioning and planning of children and young peoples' health services and primary care is undertaken by Leicester, Leicestershire & Rutland PCT Cluster. Universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily by Leicester Partnership Trust (LPT). The acute hospital providing Accident and Emergency services for children is University Hospitals of Leicester NHS Trust (UHL). Maternity and newborn services are provided by University Hospitals of Leicester NHS Trust Children. Rutland residents also access maternity services from other hospitals in the region commissioned by other PCT localities. Families access primary care services through one of four GP Practices within Rutland or from GP surgeries in other councils outside the PCT cluster area. There is a minor injury unit at Rutland Memorial Hospital, managed and run through a local GP practice. Child and adolescent mental health services (CAMHS) are provided by Leicester Partnership Trust for children with learning disabilities and difficulties and who have complex health needs.

The PCT cluster employs a senior Doctor and Nurse to undertake the designated safeguarding functions in line with statutory requirements. Both Leicester Partnership Trust and University Hospitals of Leicester NHS Trust have internal safeguarding services employing Named Nurses, Doctors and a Named Midwife, as well as a number of other specialist nursing posts to support safeguarding.

There is a Designated Nurse for Looked After Children and a Named Doctor for Looked After Children employed through Leicester Partnership Trust. The Looked After Children's health services are commissioned jointly across Leicester, Leicestershire & Rutland.

## **1. General – leadership and management**

1.1 The contribution of health agencies to keeping children and young people safe is good. Senior managers and designated safeguarding staff effectively support the work of the Local Children’s Safeguarding Board (LSCB) and Rutland Children’s Trust. Named and designated health staff work closely with senior managers and partner agencies to deliver improvements outlined in action plans and ensure lessons from serious case reviews and significant incidents are widely shared. Partnership working within and between frontline children’s health, education and social care teams is good. Inspectors found that local health organisations are aware of their responsibilities and active in their implementation of statutory guidance relating to children at risk of harm and children who are looked after. Recent health reorganisations have been carefully planned to ensure continuity of working arrangements in safeguarding children and adults whilst new structures are agreed and put into place.

1.2 There are clear and strong governance arrangements that provide regular feedback and assurance to senior managers, members of the Trust Boards, the local Children’s Safeguarding Board and regulators that statutory requirements are met. Governance arrangements are secured by regular audits and review of policies and practice. Action plans have addressed gaps in previous organisational performance and promote learning from serious case reviews and external assessments of practice. There is good progress in developing the ‘*Think Family*’ approach with improved identification of risk and targeting of support to promote a stronger shared focus on safeguarding children, safeguarding adults and domestic violence issues.

1.3 The health of children who are looked after is outstanding. The delivery of their health care is underpinned by clear clinical governance arrangements. Joint commissioning has resulted in stable and suitable placements for looked after children. Partnership working supports effective targeting and early identification of concerns. The LAC strategic planning group drives a clear shared approach to delivering continuous improvement in meeting the needs of children who are looked after.

## **2. Outcome 1 Involving Users**

2.1 There is good and growing involvement of children and young people in the design and delivery of health care, at an individual or wider service level. Children and young people are positively engaged in decisions about their care. Their wishes and feelings are carefully considered and used to inform the delivery and review of their individual assessments and care plans. Our analysis of health care records demonstrated a good standard of practice in routinely seeking and recording the views of children, young people and their parents or carers. Children and their families are encouraged to ask questions and develop strategies for managing their own health needs. LAC nurses are increasingly using motivational interviewing techniques to strengthen engagement and encourage a joint approach to goal setting.

2.2 Local health services are working to expand their approaches to participation and to offer increased opportunities for local people to be involved. *'Breastfeeding Support Rutland'* provides positive peer support to mothers who are breastfeeding their babies. The groups are run by volunteers who have undertaken relevant training. They are supported by a member of the Rutland health visiting team, the breast feeding co-ordinator and children's centre staff. The group was formed in response to a need highlighted by mothers and forms part of a network of early intervention and prevention services provided locally.

2.3 The school nurse has established a young person's drop-in clinic in the senior schools in Rutland. Young people and the school council were involved in identifying the services that they felt they needed. The consultation identified that some young people were not aware of their right to a confidential health service. This resulted in action being taken through the use of posters, the school newsletter and electronic messaging to raise awareness of the drop-in and the range of advice and support on offer. The service offers a positive choice to young people and enhances their access to health promotion activities. This service is valued by young people and provides an important sounding board and source of advice and support. Service provision includes a sexual health and relationship service. The drop-in service is well used by some young people who are looked after and provides ongoing monitoring and early identification of any concerns.

2.4 Leicester Partnership Trust's risk register and Board Assurance Framework demonstrate a strong organisational culture centred in listening to and responding to the needs and wishes of its service users. It recently held a consultation event to inform the future development of its new Families, Children and Young People's division. Young people and their families who had experience of using universal, CAMHS service or other specialist health services and teenage parents were invited to give their views. LPT has an established programme of consultation- *'In your Shoes'* with young people who use its CAMHS services. Its *'Changing your Experience for the Better'* programme has identified areas where further improvements could be made to raise the quality of local services. Staff from its Learning Disability Services support a Leicester, Leicestershire and Rutland Health Service wide group called *'Speaking up for Health'*. The group works to enhance the skills of people with a learning disability so that they have a stronger voice in shaping the development of local services.

2.5 Rutland parents and young people have been involved in the *'Aiming High for Disabled Children'* work and new short breaks services are being designed in response to people's preferences for local and flexible community based support services. There is a shift of resources away from building-based provision in response to listening to what young people and their families say they want. Feedback from the *'Big Health'* day identified the need for stronger involvement of health staff in young peoples' transition arrangements. Health care action plans are now agreed in advance of their transition to adult services.

2.6 Local health organisations are working towards full implementation of *'You're Welcome'* quality standards to support their work to provide child and young person friendly health care. The *'Hear by Right'* criteria is supporting stronger levels of involvement and learning from the experience of children and young people using local health services. The engagement of young people has been given high priority by the PCT. It is a key target in its Commissioning Quality and Innovation (CQUIN) work with local providers. Local health services are progressing well toward achieving the advanced level of performance and action plans include making better use of school nursing services to reach young people.

### **3. Outcome 2 Consent**

3.1 Arrangements for seeking consent to care and treatment meet statutory and best practice requirements. This includes having sound systems for addressing mental capacity and supporting young people in expressing their wishes and feelings relative to their age and understanding. Staff reported good access to specialist advice in addressing ethical issues and undertaking best interest decisions.

3.2 We found that consent and confidentiality issues are well managed and that information is appropriately shared with relevant others to address risks and promote effective joint working. Consent is clearly identified and recorded on SystemOne (electronic case management system) to support ongoing management of young peoples' care. A recent internal audit of the health care records of children who are looked after found that their legal status and matters relating to consent to care and treatment were clearly identified.

3.3 Staff working with young people with complex health or palliative care needs are sensitive in their approach to helping people manage life-limiting conditions. Appropriate arrangements are in place to address the end of life care needs of children and young people.

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

4.1 Inspectors found that local health organisations have a well structured and child focused approach to meeting the health and development needs of children at risk of harm and those who are looked after. There is targeted work with young people at risk of domestic violence, who misuse drugs or alcohol or who have learning disabilities or mental health problems. Health visitors, LAC and school nurses are actively engaged in helping children have a good start in life and to stay safe and healthy. There is generally prompt referral to specialists and family support agencies for additional support. Health support provided to adopters and children placed for adoption is good.

4.2 There is a range of targeted health promotion work with children and young people who are looked after. This includes work to reduce smoking or alcohol use, work with young people who are misusing drugs, promotion of good nutrition, sexual health counselling and screening. There is strong support for young people who are looked after who become pregnant. Care leavers are supported to equip themselves with the knowledge they require to help them identify and address their own health care needs. Further work is required to assess and report on the impact of health promotion work in delivering improved outcomes for looked after children in Rutland.

4.3 Rutland's looked after children and young people benefit from having regular health checks, immunisations and support to maintain good health and a healthy lifestyle. The Specialist Midwifery Service for Teenagers has had positive impact in strengthening preventative approaches and delivers an individually tailored service. Although their work has not yet been formally evaluated, analysis of performance data demonstrates effective targeting and outcomes in this area.

4.4 Health care assessments are holistic, are regularly reviewed and focus on the physical, emotional and mental health needs of children and young people. Support is flexible and tailored to what works best for the young person. Case records provide a clear picture of individual needs and the outcomes achieved. Health assessments and reviews are timely, comprehensive and systematically identify and track the health and wellbeing of looked after children. The quality of health care plans is good. Gaps, delays and unmet needs are clearly identified and followed up. There is work in progress to strengthen monitoring and review of the health needs of children who are placed out of area.

4.5 Care has been taken in making cost improvement savings to protect the capacity of frontline services. Gaps in access to speech and language therapy services in Rutland have been addressed through the development of extended services. Children and young people are seen within the standard eighteen week waiting period (from initial referral to first assessment). Integrated service delivery and widening access through children's centres and schools has secured improvements in performance. Case records demonstrated positive outcomes in enhancing the communication of children and promoting better nutrition and support for their dietary needs.

4.6 Work is taking place to strengthen the role and contribution of the CAMHS team in supporting young people with behavioural or mental health issues. The CAMHS team is meeting waiting time targets and there is a fast track system to respond to young people whose needs are urgent. The attachment consultation work and training provided to foster carers and staff working in children's homes is commended by partner organisations. The team's recent work with LAC nurses to develop an emotional health assessment tool is a positive development. Inspectors found examples of intensive, individually tailored support to children and young people at risk of self-harming or who have experienced childhood trauma. The outcomes of this work are carefully monitored and include reduction of self-harm, safe management of behaviour and placement stability. However, inspectors found a significant delay in one young person being able to access CAMHS services. This was due to failure to escalate concerns about their wellbeing in a timely manner coupled with a misunderstanding about the child's home location and entitlement to the service.

4.7 The CAMHS team continues to receive a number of inappropriate referrals and referrals are sometimes made with insufficient information about the level of concerns and risk. This results in further checks being made which delays decision-making and allocation of the work. Some people told inspectors they are unclear about the priorities of the team and how decisions are made about urgency. All CAMHS pathways are currently being reviewed in recognition of the need to promote wider understanding and reduce delays in access. There are plans to further increase the level of resource, strengthen early intervention and prevention, and reduce gaps in the availability of lower levels of support.

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

5.1 There is good joint planning and working between children's social care, education and health staff in the delivery of care to children and their families in Rutland. Health visitors work closely with children's centre staff to promote parenting skills, child safety and the achievement of key developmental milestones. There is strong joint working with supervising social workers to assess risk. Health staff are actively involved in attending child protection conferences and core group meetings and recognise their responsibilities for delivering child protection and health care plans. The information sharing agreement with Rutland has recently been reviewed and has promoted a co-ordinated and timely response to managing child protection activity across the partnership. However, inspectors found a few instances where the contribution of community health staff to assessments of children in need and those at risk of harm could be strengthened. This included their contribution to core assessments and the Common Assessment Framework.

5.2 Inspectors found examples of positive partnership working between the looked after team and specialist CAMHS teams, social workers, school nurses and therapy staff. LAC nurses and CAMHS staff provide a range of training and consultation to children's home staff, foster carers and teachers to build their understanding of and involvement in the delivery of individualised support or treatment plans. This is an important factor in their shared approach to preventing placement breakdown. There is clear recognition of the needs of parents and carers who are supporting children and young people with complex health needs. A good range of individually tailored training and support is provided to build the competencies and confidence of family carers in undertaking specific nursing interventions. This has a positive impact in reducing dependence on hospital based care.

5.3 The contribution of health partners to the work of Rutland County Council's locality safeguarding group and the wider Children's Safeguarding Board is good. The locality safeguarding meetings facilitated by GPs provide opportunities for sharing information and support stronger joint working between individual workers and teams. There is potential to further build on these as the new Clinical Care Commissioning Groups are established. The designated and named safeguarding health staff provide effective leadership and expertise in supporting the delivery of the local safeguarding agenda. They are actively involved in supporting the work of the Child Death Overview Panel, serious case reviews and significant incident learning processes. Staff who have recently transferred to work for Leicester Partnership Trust spoke positively about their transition and highlighted a range of new opportunities, including better co-ordination and integrated working within the new Families, Children and Young Peoples division.

5.4 There are strong and effective joint working arrangements to support teenagers who are pregnant and to help them to build their parenting skills. The specialist midwives offer an extended outreach service including frequent and individually tailored appointments, choice of times and venues to maximise engagement. Failure to attend appointments is promptly followed up. Support is well co-ordinated between hospital and community based health and social care staff, and the young person's wishes and feelings are sensitively addressed.

5.5 There have been a number of improvements made to the role and involvement of midwives in safeguarding activity in recent years. Operational practices have been strengthened to ensure early identification of concerns and stronger partnership working with health visitors. There are strong partnerships between hospital based and community staff in supporting safe discharge arrangements. Safeguarding pathways ensure smooth transition into and out of hospital and include systems for timely transfer of children's records.

5.6 Rutland health staff have experienced occasional difficulties in liaising with hospitals and GPs who are located outside the council's boundaries. They seek to prevent difficulties in communication through proactively advocating on behalf of local children and their families and escalating any problems with access to the relevant commissioners and senior managers. Hospital based staff reported a prompt response by Rutland children's teams to referrals they made.

5.7 Multi-agency working in response to domestic violence incidents and the management of dangerous offenders is generally effective in addressing risk. However, in one case, inspectors found that the response to a referral to specialist adult mental health services was slow and communication about failure to attend an appointment was poor.

## **6. Outcome 7 Safeguarding**

6.1 Health staff are aware of, and take seriously their responsibilities for keeping children and young people safe. A good range of managerial and clinical support is available to assist staff in building their knowledge, expertise and confidence in undertaking safeguarding work. The vulnerability of children and young people with disabilities and complex health needs is clearly identified. We identified that health agencies were not represented on the 'Missing from Care' multi-agency group. Senior managers recognised this as a gap and immediately sought to appoint a representative to strengthen their input in this area.

6.2 Inspectors visited the children's emergency department at Leicester Royal Infirmary and found that the responsibilities of clinicians and joint working arrangements reflect safe working practices. The hospital has relevant procedures and systems in place to meet the needs of children who have been subjected to alleged sexual abuse or non-accidental injury. The risk checklist and round the clock on-call advice provided by the Trust's safeguarding team supports a robust approach to decision-making. Front line teams are vigilant in identifying the needs of young people who self-harm. The hospital has strengthened its discharge arrangements to promote stronger multi-agency working and reduce the risk of recurrence. Learning from recent serious case reviews has resulted in a strengthening of pre-birth and post-natal safeguarding procedures. Risks are carefully monitored, protection plans are agreed and in place before the baby is born. Ward staff have strengthened their focus on assessing and recording parenting skills. A multi-agency safeguarding information sharing meeting routinely takes place where there are concerns about the welfare and safety of babies and young children.

6.3 Local health organisations have robust systems to promote learning from safeguarding incidents. There have been no serious case reviews in Rutland. Membership of the wider Safeguarding Board provides important opportunities for Rutland's local health staff to understand and learn from experience in other areas of the region. Work has taken place to address the size of health visitor caseloads, improve recruitment and revise standard operational procedures. Additional training has been provided including domestic violence and fabricated and induced illness. Systems to support improved identification of risk, timely communication and information sharing have been reviewed and enhanced.

6.4 All local health organisations have given a high priority to safeguarding children and adults within their management and governance arrangements. Annual reports and action plans support a clear shared strategic direction, performance management and alignment of activity between the work of the LSCB and individual Trust Board arrangements. Organisational structures and management accountabilities are clear. Safeguarding responsibilities are embedded into job descriptions. Training is mandatory for all staff and is targeted to their roles and levels of involvement in safeguarding activity. There are a range of organisational briefings, newsletters and learning sets to promote awareness of the required standards of practice. Learning from serious case reviews has resulted in detailed review and promotion of best practice in relation to babies, young people at risk of sexual exploitation and young people with disabilities.

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

7.1 Community health and therapy staff make good use of local schools and children's centres so that children and young people are seen in familiar and child friendly environments. Children with disabilities have good access to aids and equipment to support their mobility and communication.

7.2 The Children's Emergency Department at UHL has appropriate examination and treatment facilities adapted to the age and interests of children and young people. There are a range of toys and play equipment available. Waiting areas are spacious and treatment facilities have been designed to promote a safe and welcoming environment. Staff report feeling safe and that they have prompt back up from security staff in managing and defusing difficult situations.

## **8. Outcome 12 Staffing recruitment**

8.1 Local health commissioners and providers are vigilant in approach to the safe recruitment of staff and in meeting the requirements of their professional bodies. Appropriate systems are in place for checking employee history and their suitability for working with children. Local health organisations have robust HR processes and all staff involved in the recruitment and selection of staff have undertaken appropriate training. Appropriate checks are made and are audited to ensure compliance with regulations.

## **9. Outcome 13 Staffing**

9.1 The community health workforce is stable and enables strong relationships to be forged with children and their families. All health visiting posts in Rutland are currently filled and action has been taken to identify future requirements for trained staff. There is strong teamwork and flexible joint working between midwives, health visiting and school nursing staff to make best use of their expertise, capacity, and ensure a co-ordinated approach to supporting children and their families. Decisions are made about which professional is best placed to respond to the specific needs and circumstances of children and their families.

9.2 The Designated Doctor and Nurse work effectively with the Named professionals for safeguarding to provide prompt and helpful guidance to frontline staff. The Designated and Named nurse posts for looked after children are filled. The Named Doctor post for looked after children is filled, but the Designated Doctor post was vacant at the time of this inspection. Plans were in place to address this.

9.3 The capacity of frontline teams has been reviewed to ensure there is sufficient cover to address changes in referral trends or levels of demand. Commissioners use an evaluation framework to highlight gaps in services. For example additional LAC nurses have been employed in response to the increase in the numbers of children looked after. Additional capacity is currently being secured to strengthen CAMHS provision as review of the number and range of referrals indicates that there is insufficient capacity to meet current levels of demand.

## **10. Outcome 14 Staffing support**

10.1 Health staff have a good understanding of their professional roles and accountabilities for keeping children safe. Their induction, training and supervision is given a high priority and most staff receive the level of safeguarding training they require. There has been a significant improvement in the take up of safeguarding training by GPs and dentists and this is now routinely monitored and reported.

10.2 Management oversight of the standards of practice of frontline clinical and nursing staff is strong. There is a clear and ongoing focus on identifying and addressing the training and development needs of staff so that the level of competencies required by relevant professional bodies are met. Supervision and auditing of safeguarding practice is recognised as fundamental to the management of quality and safety. Inspectors found supervision records had a clear focus on risks and safety of children. They contained clear goals and timescales for action in managing risk and meeting children's needs. There are different models of casework supervision in place including 1:1, peer, facilitated group and case discussions that support organisation specific and multi-agency reflection and review of practice.

10.3 Frontline staff are encouraged to develop special interests and to enhance their skills and knowledge about key areas of practice. Safeguarding staff have received additional training to support their work in undertaking management reviews of practice. Strong leadership and mentoring support is provided by the designated LAC nurse and doctor centred in the promotion of child centred practice. The practice of health visitors is scrutinised and their competence in addressing infection control, record keeping, communication and clinical assessment is reviewed annually. Spot checks of safeguarding work are undertaken on a monthly basis in UHL's paediatric areas and feedback is provided to staff on the standard of their practice.

## **11. Outcome 16 Audit and monitoring**

11.1 The standard of safeguarding practice is secured by regular audits and management oversight and reporting on the quality of practice. There is a strong focus on ensuring compliance with local safeguarding policies and procedures and the findings are used to inform wider team and organisational learning. Review of the case audits of children's safeguarding and LAC records found that practice was satisfactory and could be strengthened by further analysis and reporting of the impact of safeguarding actions and the effectiveness of joint working arrangements.

11.2 Inspectors found a few instances where earlier involvement or more effective communication between partner agencies, including prompt access to specialist children and adult mental health services was required. The system in place for logging and following up such incidents in Rutland between health and social care partners denotes an open and positive approach to supporting organisational learning. Audits are undertaken of the quality of health care assessments and the findings are used to continuously raise standards and enhance recognition of the diverse needs of children who are looked after.

11.3 The Markers of Good Practice assessments undertaken by the strategic health authority denote good and continuously improving governance and operational practices in safeguarding children. Action plans have been put in place to address areas for development and audits of progress have been undertaken. Outcomes of serious and untoward incidents, serious case reviews and significant incident learning processes are routinely reported to senior managers and Trust Board members.

11.4 UHL's Trust Board members have recently commenced a programme of visits to hospital wards to improve their understanding of the experience of patients. LPT Trust Board Members are building stronger links with people using its services so that they have a better understanding of peoples' experience of using health services over time. Access to safeguarding training is actively promoted and work is taking place to align management information systems for collating and reporting on training delivered.

11.5 The LSCB is in the process of implementing a new performance scorecard to improve scrutiny of the quality of safeguarding work including evaluation of outcomes across the wider partnership. The scorecard aims to make better use of performance information held by providers including UHL's nursing and quality metrics reports and health visitor activity data. The use of such measures supports a more rigorous shared approach to quality management and prevention. The new Safeguarding Effectiveness sub-group is working to strengthen analysis of trends and learning from research. Further analysis of practice is now taking place in response to having identified a drop in the number of safeguarding medical assessments being requested. This has involved detailed scrutiny to assess the appropriateness of clinical and managerial decision-making.

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

12.1 Local health organisations ensure appropriate and timely notifications are made to regulators and others to inform them about risks to the personal safety of people or the safe running of their services. There have been no safeguarding issues raised through whistle blowing procedures in Rutland. Staff are aware of the procedure and their duty to raise and escalate concerns.

## **13. Outcome 21 Records**

13.1 Inspectors found that children's health records are up to date and demonstrate a range of work is undertaken to promote their personal health, safety and wellbeing. Records routinely include the views and experiences of children and their families and detail options discussed and actions taken. Most health records demonstrate that frontline staff are effectively involved in safeguarding activity and their role and contribution to keeping children safe is clear. Information sharing across teams and health organisations has significantly improved and 'SystemOne' provides timely and easy retrieval of key information including safeguarding activity.

## **14. Recommendations**

### **Immediate**

*Ensure that Leicester Partnership Trust takes action to:*

- *ensure that local health staff are routinely engaged in and contribute to assessments of children and their families. (Ofsted, November 2011)*

### **Within 3 months**

*Ensure that Leicester Partnership Trust takes action to:*

- *ensure that children and their families have easy access to, and benefit from timely support from children, adolescent and adult mental health services.*
- *assess and report to the Children's Trust the impact of health promotion activity in delivering improved outcomes for looked after children. (Ofsted, November 2001)*

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