

Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Bracknell Forest

Date of Inspection	31st October 2011 to 11th November 2011
Date of final Report	16th December 2011
Commissioning PCT	NHS Berkshire
CQC Inspector name	Jan Clark
Provider Services Included:	Berkshire Healthcare Foundation Trust Heatherwood and Wexham Park Hospitals Frimley Park Hospital
CQC Region	South East
CQC Regional Director	Roxy Boyce

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](#) .

Bracknell Forest Council	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	GOOD
Capacity for improvement	GOOD
The contribution of health agencies to keeping children and young people safe	GOOD
Looked After children Inspection Outcome	Aggregated inspection finding
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 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.

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:

The Borough's population is 116,500 (mid-year 2010 estimate), of which almost 30,000 [26%] are children and young people aged 0-19 years. Bracknell Forest is one of the least deprived areas of the country (ranked 291 out of 326 local authorities in England on the Index of Multiple Deprivation 2010). These headline figures mask significant pockets of deprivation. For instance, there are six wards in the borough with child poverty rates higher than the national average, with the highest ward rate being 23%. In January 2011 just over 16% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Eight per cent of pupils speak English as an additional language, with 78 different languages being spoken in the schools, many of which are in small numbers. English and Nepali are the most commonly spoken languages in the area. The presence of the Ghurkha regiment at the Royal Military Academy in Sandhurst has led to a significant Nepali Community in the south of the Borough.

The Bracknell Forest Children and Young Peoples Partnership [formerly the Children's Trust] was originally established in 2003. The Partnership includes representatives from a range of agencies, which include the local authority, health, police, voluntary and community sector, leisure, Job Centre Plus, local safeguarding children's board (LSCB) and local schools. The Bracknell Forest LSCB became independently chaired in autumn 2009 bringing together the main organisations working with children, young people and families in the area that provide safeguarding services. A new chair started in September 2011.

At the time of the inspection there were 97 looked after children. There are also 51 young people with care leaver status. At the time of the inspection there were 80 children who were the subject of a child protection plan. There has been an increase of children subject to a child protection plan over the previous three years of 77% (Mar 2009 – Mar 2011).

Bracknell Forest hosts and manages the emergency out of hour's team which provides cover for the borough and five other unitary authorities [from the former Berkshire County Council area].

Commissioning and planning of child and young peoples' health services and primary care are carried out by NHS Berkshire, combining East and West Berkshire Primary Care Trusts. Universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily by Berkshire Healthcare Foundation Trust. The acute hospitals providing accident and emergency services for children are Heatherwood and Wexham Park Hospitals, Frimley Park Hospital and Royal Berkshire Hospital and these hospitals also provide maternity and newborn services. Children and families access primary care services through one of 13 GP Practices in Bracknell and the Clinical Commissioning Group (CCG) has 15 GP Practices. There is a walk in centre in Slough, and the minor injury units are at Heatherwood Hospital and Upton Hospital. Child and adolescent mental health services (CAMHS) are provided by Berkshire Healthcare Foundation Trust (under a Section 75 arrangement). Children with learning disabilities and those who have complex health needs services also receive services from Berkshire Healthcare Foundation Trust.

General – leadership and management

- 1 Good quality services are provided by the Bracknell Forest children and young people's partnership to help children and young people feel and keep safe with appropriate joint action to respond to identified concerns and needs. The children and young people's partnership and Bracknell Forest local safeguarding children's board (LSCB) are well established and provide clear strategic direction on safeguarding matters. Health's contribution to improving safeguarding outcomes for children and young people is good. NHS Berkshire is prioritising the establishment of sound engagement across the six local authorities and the development of proposals regarding on-going engagement with each local safeguarding children's board (LSCB) to ensure a smooth transition into clinical commissioning groups (CCG) in 2013. Relationships with social care, education and the police are very positive and health's governance of its contribution to safeguarding arrangements is sound.
- 2 Health managers responded positively and proactively to resolve capacity pressures within health's looked after children's (LAC) team earlier in the year which developed due to several contributing factors including a concentrated increase in numbers of looked after children resulting in a backlog of assessments built up with 31 required in a two week period. Remedial action was taken promptly with additional temporary resources being invested in the service and the backlog was successfully addressed and cleared.
- 3 The Director of Joint Commissioning for NHS Berkshire chairs the health safeguarding group to which all health safeguarding activity is reported and reporting into the LSCB is routine. Multi-disciplinary practice continues to be strengthened through the application of lessons learnt through serious case reviews (SCRs) and sharing of good practice. The delivery of these improvements to practice is robustly monitored by named professionals within the provider services and reported to the LSCB via a serious case review (SCR) sub group.

Outcome 1 Involving Users

- 4 Engagement with young people to develop care leaver support and other aspects of the Being Healthy agenda is at an early stage with the LAC nurse meeting with local children in care council; Say it Loud, Say it Proud (SiLSiP) and the participation officer to discuss how to take this forward. SiLSiP is planning to develop some information to help young person when they come into care and have invited the LAC nurse to contribute. Young people were involved in family nurse partnership (FNP) recruitment. The young people had training and support and had a real input, designing different exercises for candidates. Although young people do participate in other areas of health staff recruitment, they were not involved in the recent recruitment of the new LAC doctor; this was a missed opportunity.

- 5 Children have choice in the gender of health staff who undertake their health assessment and young people are offered translations of key health documentation and interpreting services to facilitate their understanding and engagement with health services. There is evidence of frontline health practitioners having a good awareness of cultural issues and adopting sensitive approaches to ensure the health needs of young people are being met in a way that takes account of cultural beliefs and attitudes to health and wellbeing and which lead to good health and social care outcomes. The training of Nepali women as peer educators in healthcare is assisting Nepalese families engage with health services.
- 6 Young people have been involved in the development and delivery of some health services, for example young people influenced where sexual health services are delivered and the profile of what services are offered. They also designed the poster for the sexual health clinics.
- 7 The child and adolescent mental health service (CAMHS) demonstrates a positive commitment to putting young people at the heart of service delivery and outcome measurement. A choice appointment system is operating and young people also have some choice about where they meet practitioners. Young people are encouraged and supported to measure their own progress and evaluate outcomes using a range of tools, including strengths and difficulties questionnaires (SDQs) and patient evaluation tools (PETS) before and after intervention and contribute to the user forum at the point of discharge about their experience of service. A web-based 'Puzzled Out' evaluation tool has recently been launched, developed with involvement of young people. A CAMHS newsletter is also regularly distributed to schools.
- 8 Work between the FNP and Connexions to address the needs of young people not in education, employment or training (NEET) is positive with young people being supported to enter a range of education and training opportunities including NVQ level two apprenticeships, English and Maths open learning on line and returning to school to do A Levels. Several young people have undertaken a parenting qualification with 12 weeks access course and several have returned to college as a result.

Outcome 2 Consent

- 9 Within both the acute and mental health provider trusts there are appropriate policies and procedures 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 appropriately documented.
- 10 Consent to undertake health assessments is obtained by the LAC health team in accordance with the Department of Health's Guidance, although there have been some delays in obtaining these from social workers once signed. Joint action is being taken by the LAC nurse and social care to address this.

Outcome 4 Care and welfare of people who use services

- 11 Delivery of the Being Healthy outcome for looked after children is good. Arrangements for the undertaking of initial health assessments by the designated doctor or named GP and review health assessments, undertaken by health visitors, school or community children's nurses, are clear. Most looked after children (95.3%) had their reviews within the required timescales in 2010/11, which was higher than comparator groups. Earlier in 2011, a concentrated increase in LAC numbers resulted in a backlog of assessments with 31 required in a two week period. This was addressed promptly and good performance has been re-established.
- 12 The quality of health assessments is high. They are comprehensive and child centred with a real sense of the child coming through. Documentation to support the identification and review of health needs has been developed locally and is contributing to this personalisation. Health plans are well formatted, have some outcome focus and are personalised reflecting the individual child's vulnerabilities and personal goals. Areas of potential risk to the safety and wellbeing of children such as stranger danger and road safety are routine areas for discussion in health reviews and are then addressed within the health plan. E-safety is not routinely addressed at health reviews however, although there is growing attention to this issue among partner agencies.
- 13 There is a wide range of good quality health services for young people, many being run in partnership between health, education and the youth service. Commendably, each secondary school has a sexual health and contraceptive drop-in service run by school nurses. GPs are well engaged in promoting sexual health to young people and pharmacies are increasingly distributing condoms. There is scope for improved performance on Chlamydia screening with the positive testing rate for 15 – 24 year olds being 5.30% currently against the target for 2011/12 of 5.80%. Performance has improved recently and NHS Berkshire is confident that the target will be achieved. There is a robust approach to any pregnant adult or young person who does not attend a health appointment with follow-up through the midwifery service and GP to ensure risks to the baby are minimised.

- 14 Teenage pregnancy rates in 2009 were the fifth lowest in the country and numbers within the general and LAC population continue to be very low. Young parents are well supported by specialist services however. The family nurse partnership (FNP) service is accredited against the 'You're Welcome' criteria and is working well with good outcomes demonstrated through a suite of performance measures. The FNP introduces contraceptive packs including information on long acting reversible contraception (LARC) early in pregnancy. A group supporting teenage parents is accessible and well attended. The early intervention parenting service is delivering positive outcomes with two workers, one based in the adult drug and alcohol service (DAAT) and one in adult mental health (CMHT). These work with parents with addictions and with young people misusing substances. Feedback demonstrates the service's success in strengthening the family, working separately with the child and parents and building family and individual resilience and coping mechanisms. There is good evidence of sensitive work by midwifery services with young people and their families from local minority ethnic communities groups, including work in the Nepalese community in Bracknell Forest.
- 15 Substance misuse services are effective with a dedicated specialist worker for young people. Assessments are prompt, taking place within five days with a ten day follow-up. Performance measures for the service are in place demonstrating good outcomes. Early identification of risks and referral by schools is contributing to the reduction in referral numbers from other service areas and facilitating an early, positive engagement by young people. There are clear links to the service and other relevant sites such as Frank from the council website and Twitter and Facebook signposts also. The profile of referrals and patterns of substance misuse over recent months has changed significantly which may present future capacity issues in what is a small service currently. Between April and August there has been the same number of mephedrone (often known as miaow, miaow) referrals as in the whole of last year. Close engagement with the crimestoppers' partnership is beginning to address this. The substance misuse worker signposts young people effectively to other services, accompanying them to the sexual health clinic or other services and initiates common assessment framework (CAFs) appropriately. Close co-operative working with the police, the crystal team specialist midwives for vulnerable women as well as the LAC nurse working with the youth offending team (YOT), is evident.
- 16 Each school runs a drop-in session where hidden harm is often identified and referrals are passed to social care. There is good pick up of hidden harm issues across services and the referral pathway is in place and clear. There are effective links to the drug and alcohol abuse team (DAAT), women's aid and all refuges locally. Approaches to follow-up for non-attendance at appointments across services, are robust.

- 17 The adult drug and alcohol service, SMART, does not offer an under 18 service but does work with young adults transitioning into the adult service, for example from the young persons' cannabis group into the adult cannabis group, and will offer specific services such as acupuncture to individual young people on an individual basis. SMART manages the prescribing service with effective governance arrangements in place. Triggers within assessment documentation facilitate the identification of hidden harm issues and a monthly audit and review in adult workers' supervision serves to monitor children's safeguarding practice effectively.
- 18 Services for children with disabilities are of high quality, particularly in multi-disciplinary planning for invasive health procedures. There is a clear route of referral to the child development centre if the LAC doctor identifies any developmental delay when assessing children. Children with disabilities who frequently access hospital services have open access and can go straight to the paediatric assessment unit (PAU) where individual information on their needs is easily identified on the hospital information system. Where there are planned admissions into hospitals for children with disabilities, management plans are developed for each child to minimise trauma and there are examples of multiple interventions being carried out in a planned way under a single anaesthetic.
- 19 A specialist, high quality dental service operates in a multi-disciplinary town centre clinic and successfully delivers dental services to a range of vulnerable or difficult to engage children and families. Speech and language therapists (SALT) will often undertake effective preparatory work with the young person to prepare them for invasive dental treatment. One dentist works extensively with children with disabilities and is accredited as a special care dentist with specific skills in dealing with complex needs. This specialist role was introduced nationally 2 years ago and there are four of these specialists across the NHS Berkshire area. The dentist works closely with the special school in Bracknell building up the confidence of young people with autism through familiarity and repetitive visits to the clinic over time prior to treatment commencing. A lunchtime tooth brushing programme has also been introduced to the school with feedback from parents indicating that pupils are showing improved compliance with tooth brushing at home as a result. Oral health promotion boxes are also being used in schools to promote and encourage good dental health. These are examples of positive preventative practice.
- 20 When the need for dental extractions under general anaesthetic is identified, the dental service will liaise with other appropriate health disciplines to co-ordinate other interventions that can take place at the same time. Examples of this range from taking blood, ear syringing and grommet placement to other more routine but challenging activities such as toe nail clipping and hair cutting. There is a positive reciprocal relationship with Frimley Park Hospital which will undertake some dental activity on Bracknell young people on behalf of the specialist dental service.

- 21 Child and adolescent mental health services (CAMHS) are good quality. The CAMHS accident and emergency protocol, compliant with NICE guidance, operates effectively in both Frimley Park and Wexham Park hospitals A&E departments with clear separate arrangements for over and under 15 years. Out of hours protocols are also clear, operating across a number of authorities engaged with the acute trusts. Mainstream access to CAMHS is straightforward and timely. Weekly notifications of children subject to protection plans are discussed at the team meeting.

Outcome 6 Co-operating with others

- 22 Information sharing between social care and acute health services is improving. Bracknell social care do not routinely share lists of children on protection plans with acute hospital trusts and hospital staff check with social care or the emergency duty team (EDT) to see if the child is known if they have any concerns about a child. As a result of the six monthly interagency meeting which reviews cross authority boundary procedures, protocols and operational arrangements with the walk in centres, improved relationships have been developed between acute health services with EDT. A better understanding of mutual roles, responsibilities and information needs has been developed and the named nurse is meeting and liaising regularly with an identified link EDT worker.
- 23 The notification process for social care to inform health of children coming into care, parental consent documentation and of changes to placements is clear and practice has significantly improved over recent months but is not yet consistent. The health LAC team and social care managers are working closely to ensure that systems are in place to facilitate effective information sharing. The LAC nurse is proactively visiting social care and some community health teams to ensure that all relevant frontline staff are aware of the importance of prompt notification and action to identify health needs and the potential impact on children of any delays. Introduction of the RiO health record system has contributed to improvement, as has use of secure e-mail between the agencies but there is more to do. Once notification is received, all initial health assessments are offered or undertaken within 5 days which is well within expected timescales. Health plans are developed fairly promptly but there is scope to improve this.

- 24 Health, social care and education provide an effective multi-disciplinary approach to delivering positive outcomes for LAC. A specialist nurse works with the youth offending team and is line managed by the LAC nurse. Children are fast-tracked into a range of health services, including good quality specialist services, to address identified individual health needs and outcomes are positive. The engagement of a range of specialist health services with schools at both primary and secondary levels is strong, enabling school staff to identify risk of imminent serious self-harming behaviour and early identification of possible substance misuse or hidden harm. Prompt referral by schools has prevented children from carrying out plans to seriously self harm and is facilitating an early, positive engagement by young people with specialist workers in the substance misuse and mental health services. Smoking cessation and prevention courses in primary schools led by nurses in partnership with the youth service demonstrate positive outcomes. Children evaluate each session which has helped shape the programme. Resources have been identified for a DVD to support the programme.
- 25 There has been positive partnership work on use of Aiming High funding to develop short term breaks for children with disabilities and complex needs. This work has fully involved stakeholders. An effective buddy system has been established at the leisure centre to enable children with disabilities to access swimming more easily. There has also been a Big Summer holiday programme involving multi-agency partners and which received positive feedback from parents. Where children with disabilities are accessing short term breaks, the community children nurse can provide staff training to meet the child's health plan needs and on general topics such as epilepsy awareness.
- 26 All Bracknell children have their health needs addressed when placed out of area. If the child is within Berkshire, CAMHS provide a service. An out of area forensic psychiatrist will also attend Bracknell children as required. Where children are placed elsewhere, the LAC team routinely liaises with local health providers and ensures the child's needs are met. Where these cannot be met by local providers, private services are commissioned. The new Life Chances multi-agency meeting based on the successful Newbury model is being established and is a very positive development. These have a wide participation, including education, and are a forum where all aspects of health and wellbeing for individual children are discussed in a multi-agency, solutions-focused forum. A Life Chances co-ordinator has been appointed to lead on the development of these for Bracknell. There is evidence of early success of this new model in sustaining fragile out of area placements.
- 27 Multi Agency Risk Assessment Conference (MARAC) arrangements are working well with the named nurses regularly attending MARAC meetings and feeding back to front line staff. There is a good awareness of domestic violence and hidden harm issues in acute services. Health staff are also aware of the links between animal abuse in households and the potential for children in those households to also be at risk of harm.

- 28 Transitions from children into adult services work well with regular transition panel meetings at 14+ for learning disability and 16 or 17 for mental health. Co-location of adult mental health with the CAMHS team facilitates smooth transitions and good communication. The specialist autism service is located within the social care learning disability service with effective links into adult mental health for psychological advice and intervention. A learning disability transitions worker engages with the young person at 16 years of age going into school and meeting the family. The approach is person centred and a health action plan is regarded as an essential component.

Outcome 7 Safeguarding

- 29 Health's contribution to keeping children and young people is good with health partners demonstrating compliance with statutory guidance on promoting the health and well-being of looked after children (2009) and Working Together to Safeguarding children (2010). Staff at all levels have a clear understanding of their safeguarding responsibilities, how to identify risks and make referrals and are participating effectively in formal child protection procedures. There is good co-operative working across health disciplines and acute and community interfaces to safeguard children. Designated and named professionals and the named GP provide strong leadership and are well regarded across the partnership. The designated leads are working with partners to draw up a plan – Berkshire bruising protocol for immobile, very young children informed by the Hampshire model, local experience and national research. Named doctors and nurses from providers are confident in the designated leads expertise and feel well supported by them.
- 30 Since the merger of the PCTs into NHS Berkshire, the designated doctor and nurse are prioritising the challenge of bring different practices together, drawing on good practice from both East and West Berkshire, and aiming to develop consistent good practice, an example being the west Berkshire safeguarding referral form with a tear off slip to facilitate social care providing feedback on outcomes. The development of a Berkshire safeguarding leads network to facilitate the learning from national and local incidents across providers, identify developmental priorities and enable sharing of good practice/case examples, is positive. Multi-disciplinary practice continues to be strengthened through the application of lessons learnt from serious case reviews (SCRs) and sharing of good practice. Relationships with social care, education and the police are very positive and health's governance of safeguarding performance is sound.
- 31 The designated doctor and nurse for LAC are effective in their roles and have a good profile across services. The designated LAC nurse has a strategic role acting as an effective advisor to partners while also holding a caseload of the more complex children. Although there is no health membership of the corporate parenting board, the designated nurse does attend by invitation and delivers an annual LAC health report to the board.

- 32 The engagement of GPs in safeguarding arrangements is improving. Although GPs do not routinely attend child protection conferences, there is 100% compliance in GPs submitting conference reports. The named GP has led the development of the report template which ensures consistency and sufficiency of medical information being available to conference, contributing positively to the model of transparency applied to local child protection procedures. The designated lead professionals lead safeguarding training for GPs and all Bracknell GPs have received safeguarding training. The named GP is a member of the LSCB acting as an effective conduit for communication between the LSCB and primary care. There is a robust approach through clinical governance to ensuring that GP engagement continues to improve. The named GP delivers targeted training to all practices over an 18 month period and engages directly with individual GPs where engagement may be an issue. Similarly, senior health appraisers are assigned to these GPs and address engagement in annual GP appraisal.
- 33 The Berkshire wide child death overview panel (CDOP) encompassing six local authorities is effective in reviewing child deaths across Berkshire local authorities and in disseminating findings and lessons learnt. Connectivity with the LSCB is sound in respect of some shared membership and reporting arrangements. A CDOP newsletter is sent to primary care practices and to community health providers each term. Frontline staff in acute and community services welcome this newsletter, have it readily to hand and are finding it helpful in developing their practice and keeping awareness of potential risk factors high. The most recent issue includes benchmarking of local outcomes against national statistics gathered from CDOPs across England.
- 34 Arrangements for children and young people who have been subject to sexual assault are established and effective, most being seen by the consultant paediatrician who is also the designated doctor. The sexual assault referral centre (SARC) opened in April 2011 in Upton Hospital in Slough, commissioned by NHS Berkshire on behalf of authorities across the Thames Valley. Children of all ages are able to access this service which is available 24/7. Since opening, it has provided services to 8 Bracknell Forest young people. Monthly performance management and contract meetings with the commissioner identify positive outcomes and use of the facilities over weekends and bank holidays demonstrate the pathway is effective for young people of all ages. Children are well supported to access on-going sexual health services after engaging with SARC being seen immediately on presentation and there is good follow up support from the SARC crisis team for as long as the young person wants this to continue.

- 35 There is effective co-operative working between the adult designated nurse for safeguarding and the children's safeguarding designated nurse to ensure that adult services are well briefed on lessons from SCR and internal management reviews. The safeguarding champion in the adult mental health team also has attended LSCB and works closely with the children's safeguarding lead professional. Adult health workers are well engaged with children's safeguarding operationally, undertaking joint visits with health visitors, FNP or social care and undertake anti and post natal visits as appropriate. A high profile for child protection within the adult mental health service is routinely subject to Trust audit and set out within care programme approach guidance.
- 36 Facilities for children and young people requiring in-patient psychiatric care (T4 beds) are located at the Berkshire Adolescent Unit (BAU) in Wokingham which operates usually between Monday and Friday as a step down facility. Under exceptional circumstances this can be kept open over a weekend to prevent a young person going out of area. Intensive care placements are usually made to a specialist independent hospital. There have been no admissions to adult wards since July 2010. If this is necessary, notification goes to the named nurse who oversees the placement for its duration. Placements are only to a specifically designated area of one of two particular wards with a two to one staff observation ratio. Reports of any such placements are made to the clinical governance group.
- 37 There is a robust approach across health services to non attendance at appointments (DNAs). Reminders are routinely sent to parents of disabled children via phone texts and a range of venues can be offered to facilitate attendance. Joint objective setting with parents helps to prevent non-attendance and siblings will usually be seen together where appropriate. Universal health services including speech and language therapists (SALT) are offered at children's centres and different disciplines routinely arrange joint visits where this is identified as helpful in maintaining engagement with the family.

Outcome 11 Safety, availability and suitability of equipment

- 38 The provision of equipment for children with disabilities or life limiting illnesses is good. Children's community nurses, physiotherapists and school nurses work co-operatively to ensure that children are supported in their own home or school. Health staff provide training for school staff and schools will purchase equipment for individual children based on physiotherapists' recommendations. Early discharges from hospital are facilitated by the timely provision of hoists.
- 39 Both Frimley Park and Wexham Park Hospitals have sound security measures in place in respect of maternity services comprising security coded entry systems, electronic tagging for babies and restricted visiting hours.

- 40 Both hospitals' children's emergency departments have adequate facilities to treat children and young people; these include separate children's waiting areas and play equipment. Good information on support for domestic violence, forced marriages and other services is provided in both sites. Staff in both sites make significant fundraising efforts to decorate and equip their departments in a way that is sensitive to the range of needs of the children and families attending. Two notable examples of this are; Wexham Park has a relatives' room which is very well set up as a multi-faith space and Frimley Park has a relaxation sensory centre which is demonstrably facilitating good outcomes for young people with Asperger's syndrome or autism.

Outcome 12 Staffing recruitment

- 41 Health staff in provider services are CRB checked at enhanced levels on recruitment in line with minimum national requirements.
- 42 There is adequate provision of paediatric trained nurses over the 24 hour day at Frimley Park Hospital. Concerns about children's access to paediatric trained nurses outside paediatric accident and emergency service opening hours at Wexham Park hospital, raised by the inspection of a neighbouring authority earlier in the year, have not yet been fully addressed however, despite an average of 17 young people aged under 18 years of age accessing the emergency service between 10pm and 8am.

Outcome 13 Staffing numbers

- 43 There are capacity issues within the school nurse and health visitor services. These are impacting on other frontline community services which are taking on some lower level and public health promotional work which health visitors and school nurses have done in the past. Health visitors and school nurses prioritise child protection work and always attend child protection case conferences and submit reports as required. They are well supported by their managers and there is a high degree of staff commitment and good will, but commonly they are working above their establishment hours and will work on time off. In some team areas a backlog of non-urgent cases is beginning to develop with waiting times of up to three weeks currently. A workforce plan is in place which NHS Berkshire are confident will deliver national workforce targets by 2015, but this has not been well communicated to the frontline staff in Bracknell who are unaware of plans to develop capacity in the service and report high levels of anxiety as a result of not being well informed.

Outcome 14 Staffing support

- 44 The designated lead professionals are well supported in their designated roles, locally and regionally with effective mentoring and peer review arrangements in place. The designated nurse meets regularly with her colleagues from Buckinghamshire and Oxfordshire for support and discussions on common issues.
- 45 Safeguarding training and supervision is in place and subject to clear monitoring arrangements. Although clinical staff have formal opportunities to reflect on their practice, similar opportunities for non-clinical staff are less available in provider services. Safeguarding training for agency employed porters at Wexham Park Hospital, which was identified as a recommendation for improvement in the Slough inspection, is being delivered and will be fully completed at the end of this year.
- 46 Health practitioners, including dentists, health visitors and school nurses cite the multi-agency safeguarding training as being particularly valued as it enables them to gain understanding of different professional experiences and perspectives and to forge stronger partnerships. Children's safeguarding training is in place for all adult staff from level one to three and is monitored rigorously. The provision and attendance of school nurses and health visitors at supervision sessions is higher in Bracknell than in neighbouring local authority areas which also come under the Berkshire Healthcare Foundation Trust.
- 47 Although the substance misuse youth service is not providing any targeted programme for the LAC cohort as whole, the service does provide both basic and advanced training on substance misuse to foster carers. The systemic family therapist acts as LAC champion for CAMHS and provides targeted training for foster carers and staff as well as co-ordinating regular multi-agency staff events, valued by staff and demonstrably improving preventative practice. Training for school staff and foster carers on eating disorders is planned. Another specialist CAMHS worker advises social workers and foster carers in managing challenging behaviours to prevent placement breakdown, working jointly with the designated nurse on individual cases. Feedback from foster carers and other professionals reflects the value and positive outcomes which result.

Outcome 16 Audit and monitoring

- 48 Health outcomes for young people who have left care are not sufficiently evaluated. This was identified as an area for development in the 2010/11 annual health LAC report but due to operational priority being given appropriately to the completion of health assessments and reviews, this objective was not met.

- 49 Health outcomes for children in the general population are satisfactory and the immunisation rate is above the national average for Looked After Children but none of the mainstream childhood immunisation targets were met for Berkshire East in the first quarter of the year. An action plan to improve uptake is being followed, however data analysis is currently dependent on manual analysis per quarter and restricted to MMR at age two. This is not sufficiently frequent to closely track activity and target actions to best effect. Practice Nurse Facilitators have followed up those practices with lower uptakes (including updating of records and action plans to address gaps) which has achieved some progress. In addition, real time monitoring is now commencing with a link to the health recording system 'RiO'. Monthly reports on performance at practice level can now be sent to practices and primary care commissioning facilitating appropriate action by individual practices and Clinical Commissioning Groups.
- 50 Health's monitoring of safeguarding activity and outcomes is developing positively with sound arrangements in place. A multi-agency adults and children quality standards sub group to the LSCB meets quarterly. This is well attended, focuses on evaluating case studies and its work informs the LSCB training schedule. Six monthly East Berkshire safeguarding managers meetings scrutinise activity data and are well attended.
- 51 There is positive engagement with the strategic health authority (SHA) with regular meetings on the development of capacity within the health visitor service and an effective compact governing the SHA engagement with the LSCB is in place.

Outcome 20 Notification of other incidents

- 52 NHS Berkshire, acute and mental health trusts have satisfactory arrangements in place to ensure that appropriate and timely notifications are made in relation to the required alerts into the various agencies NRLS, NPSA and CQC.
- 53 Health staff have a clear understanding of the whistle blowing policy in their respective organisations and report that they are confident that they would be well supported if using it. Action has been taken in the past demonstrating the effectiveness of the policy.

Outcome 21 Records

- 54 The health LAC records examined were satisfactory and compliant with national guidance but did demonstrate that the difficulties in ensuring social care and community health services share notifications and consent information relating to looked after children have not all yet been fully resolved. While there was evidence that consent forms and notification documentation had been completed promptly, there were some unexplained delays in sending this information to health.

- 55 Strengths and difficulties questionnaires (SDQs) do not routinely appear on the health records although these are discussed at LAC review, where health is represented. Where they are shared with health, these are not used to help track the young person's emotional and personal development and the opportunity for the young person to use them to identify their own emotional growth has been missed. The RIO record system now in health will identify whether SDQs have been shared with health and will strengthen this aspect of information sharing.

Recommendations

Immediately

- NHS Berkshire and health provider trusts should ensure that non-clinical staff have access to development forums, where safeguarding issues can be discussed regularly.
- NHS Berkshire and Berkshire Healthcare Foundation Trust to ensure that all relevant social care information including strengths and difficulties questionnaires, appear on health records for looked after children and inform health reviews wherever possible.

Within 3 months (from report)

- *NHS Berkshire and health provider trusts must ensure that children and young people have access to paediatric trained nurses when attending acute services out of hours. (Ofsted Report Dec 2011)*
- *NHS Berkshire and Berkshire Healthcare Foundation Trust to ensure that support to care leavers is fully developed and health outcomes for care leavers are measured and routinely reported. (Ofsted Report Dec 2011)*
- *NHS Berkshire and Berkshire Healthcare Foundation Trust to ensure that children and young people who are looked after are fully involved and actively contribute to service development. (Ofsted Report Dec 2011)*

Next steps

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