

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

Date of Inspection	28th November 2011 - 9th December 2011
Date of Joint Report	25th January 2012
Commissioning PCT	NHS Dudley
CQC Inspector name	Sue Talbot
Provider Services Included:	Black Country Partnership NHS Foundation Trust Dudley Group NHS Foundation Trust Dudley and Walsall Mental Health Partnership NHS Trust
CQC Region	West Midlands
CQC Regional Director	Dr Andrea Gordon

This report relates to the 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](#) .

Dudley Council	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Good
The contribution of health agencies to keeping children and young people safe	Adequate
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	Adequate

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.

Context

Dudley Metropolitan Borough Council is a diverse council with areas of affluence and deprivation. There are 74,830 children and young people living in Dudley; comprising 24.5 per cent of the local population. The proportion of children and young people from minority ethnic groups is rising and now represents almost 17 per cent of the school population. On 31st October 2011 there were 664 children who were looked after, including 21 children who were regularly using short breaks services. There were 222 children who were the subject of a child protection plan.

Health care services to children and their families are commissioned by NHS Dudley as part of a cluster arrangement with other Black Country primary care trusts. Children's community health services, including health visitors and school health advisers are provided by the Black Country Partnership NHS Foundation Trust. Mental Health Services, including child and adolescent mental health services (CAMHS), are provided by the Dudley and Walsall Mental Health Partnership NHS Trust. Acute services, including accident and emergency and maternity services are provided by Dudley Group NHS Foundation Trust, primarily based at Russells Hall Hospital. Children and families access primary care services through 52 local GP practices and a walk in clinic that now form the Dudley Clinical Commissioning Group. There is a borough-wide integrated health and social care team supporting children with disabilities.

1. General – leadership and management

1.1 The contribution of health to keeping children and young people safe is adequate. Health Trusts are appropriately involved in the work of Dudley Safeguarding Children Board (DSCB) and its sub-groups. Safeguarding children is embedded in local governance and commissioning arrangements and progress in delivering improvement plans, including actions from serious case reviews is regularly monitored. Recent audits have identified some areas of under-performance in meeting all the requirements of national guidance and inter-collegiate professional competencies. Additional lead and named safeguarding staff have been appointed to strengthen standards of practice across the whole health economy. Safeguarding policies and procedures are being reviewed and updated to reflect changes in organisational commissioning and service delivery arrangements. Work is in progress to strengthen links between children and adult safeguarding arrangements and to promote a shared approach across the wider Black Country area.

1.2 The health of looked after children is adequate. The risk of their experiencing poorer health outcomes is clearly identified and there is evidence of positive outcomes for young people who access specialist support. However, arrangements for comprehensively assessing individual needs and co-ordinating support across a diverse range of local teams and providers are not yet sufficiently developed. Performance in meeting the health care needs of children who are looked after is improving, but is below that of similar councils. Local health services demonstrate clear ambition to address gaps in capacity and to strengthen their performance. They have identified several areas for further development and are committed to tightening those aspects of services where inconsistencies have been identified.

1.3 Commissioning budgets are well managed and capacity to invest in future strategic plans to support priorities is clearly identified. There is positive partnership working between health and social care commissioners to address service pressures and provide integrated services for children and young people. There is a strong vision and commitment to addressing local health inequalities with evidence of improved performance in tackling some challenging issues, including reduction in teenage conceptions. NHS Dudley maintains close scrutiny of the performance of local health providers and reports that they are on track to achieve the quality, innovation, productivity and prevention (QIPP) targets set for the current year.

2. Outcome 1 Involving Users

2.1 Children and young people are not yet consistently involved in planning, commissioning, delivery and evaluation of local health services, although there are examples of positive practice in some areas. The recent CAMHS survey demonstrates good and improving satisfaction rates with services provided. Over 90 per cent of respondents reported good standards of care; including being listened to, being treated well, and having their concerns taken seriously. Areas for improvement include; being given explanations about the help available, the quality and accessibility of facilities, and the timing of appointments. Inspectors found that children and young people are not consistently engaged in developing and reviewing their care plans. Young people and their parents have limited opportunity to comment on reports by health professionals in advance of child protection conferences. Young people who are looked after are not sufficiently engaged in providing feedback and shaping the delivery of their health care arrangements. Local health services could be more 'child friendly' and inclusive through wider implementation of 'You're Welcome' quality standards.

2.2 There is a strong parent group 'PARTICIPATE' involved in shaping the development of local services for children with disabilities. The group plays a positive role in providing advice and support to other parents, and is actively involved in a number of joint planning groups. Their contribution is valued by children's social care and health staff, including their involvement in local commissioning arrangements. The N2N (Nought to Nineteen) group ensures the Children's Trust Board is aware of the issues that matter to young people. The weekly drop-in group for care leavers is positively regarded by young people and provides opportunities for them to receive regular help and advice, as well as benefit from peer support. Young people who are members of the Children in Care Council value the opportunities they have for their voice to be heard.

2.3 Local health visitors routinely provide information and advice about a range of local services and encourage parents to use Dudley's Family Information Service to increase their awareness of help available locally. The specialist midwives effectively involve teenage parents in planning the delivery of their babies. There is good access to interpreting and translation services for children and their families. Frontline health staff ensure communication and language needs are appropriately met. The CAMHS deaf service provides good support and advocacy to families and young people who require additional help in addressing issues.

3. Outcome 2 Consent

3.1 Consent is well managed. Frontline health staff are vigilant in identifying the risk of sexual exploitation of young people. They carefully consider young peoples' age and competency when assessing risks to their health or personal safety. Consent procedures have been reviewed and there is clear guidance for health staff to follow if consent is not given or withdrawn. Work is in progress through the Bill of Health Rights to help young people have a better understanding of what health care they are entitled to, including matters of confidentiality and consent. The CAMHS service effectively involves young people and their carers in identifying and planning the support they need. There have been some positive outcomes from work with minority ethnic communities including greater awareness and take up of health checks and immunisations.

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

4.1 The Healthy Child Programme is well established in Dudley, and school nursing staff have been effective in ensuring young people are immunised. Work to reduce health inequalities is well managed and there are targeted programmes of support to children and families living in areas of highest need. The NHS outreach clinics operating from children's centres are enabling better health screening and support to families who are at risk of poor health outcomes, including targeted antenatal and postnatal support programmes. Work is progressing well in planning the implementation of the Family Nurse Partnership to strengthen support to teenage parents and their babies. Community health staff are working to build their involvement with children who do not meet the threshold for assistance from social care through wider implementation of the common assessment framework.

4.2 There is comprehensive screening of the health needs of younger children and children with disabilities. Inspectors found examples of creative work with young people with long term conditions to reduce their need for inpatient treatment, including use of home treatment blood testing kits. Parents of children with disabilities commended the support they receive from the children with disabilities team, consultants and therapy staff in helping them meet their children's needs and promote their independence. They rated the support they received from school health advisors in special schools as good. However, they felt there is a need to strengthen levels of support to children placed in mainstream schools. Health action plans are being implemented to ensure all the health needs of young people are appropriately identified prior to transition to adult services. Parents of children with disabilities reported variable access to Direct Payments and short breaks provision. Since the recent closure of a local health funded resource, some children have had to travel out of area to access short breaks provision. Alternative local services are being commissioned to address gaps in provision.

4.3 Health management plans in schools provide good information about children's care needs and risks to their wellbeing. There is appropriate handover from health visitors to school health advisers to enable ongoing monitoring of the health and welfare of young people where there are concerns. However, the health care plans of some older children do not consistently identify their diverse needs, or have clear actions to address areas of concern. There are gaps and delays in addressing the emotional and mental health needs of young people between the ages of sixteen and eighteen who do not meet the criteria for CAMHS services. The CAMHS strategy is out of date and work has recently begun to identify gaps and commission a wider range of emotional and mental health services.

4.4 The council and its partners have a clear shared approach to supporting teenagers who are pregnant and involving fathers in work to strengthen parenting capacity. The teenage conception rate in Dudley has significantly reduced, but remains higher than the England average. The rate of vulnerable young women becoming pregnant, including those who are looked after, although reducing, also remains high. Some young people and care leavers would benefit from additional support in addressing the impact for them in having their baby removed or a termination of their pregnancy. The sexual health team has strong partnerships with a range of local services supporting young people. There is early intervention and effective promotion of contraception advice and screening for sexually transmitted diseases.

4.5 The quality of initial and review health assessments for children who are looked after is adequate overall. There is an improving picture of the number of young people with an up to date health assessment, dental checks and immunisations, but performance is below that of similar councils. The designated doctor has been allocated additional capacity to ensure initial health assessments are undertaken in a timely manner. There are good arrangements to involve foster carers, social workers and the child's parents as appropriate, to provide a comprehensive picture of the child's health needs and history. The specialist nurse in the Sixteen Plus team enables improved support and scrutiny of the health care needs of care leavers. Work is progressing to ensure all young people have a comprehensive health history when leaving care.

4.6 Inspectors found that assessments of risk and individual health support plans do not consistently evidence the diversity of children's needs. The focus on outcomes is not sufficiently robust in some cases. Health has recently taken responsibility for strengths and difficulties questionnaires and the subsequent tracking of young peoples' wellbeing. Health review arrangements are not sufficiently aligned to children's statutory review arrangements. These issues have been recognised by senior managers and there are plans to implement a new health assessment tool and care plan to drive improvements in practice.

4.7 There is timely access to CAMHS services for children who are looked after. This has resulted in positive outcomes including placement stability and increased personal confidence and self-esteem. The consultation work provided to foster carers and social workers enables better understanding of the needs and behaviours of children, and is effective in tailoring support to address areas of risk. Attachment work undertaken with adoptive carers is effective and contributes to good performance in sustaining adoptive placements. The work undertaken by *The Zone* with young people who misuse drugs and alcohol is good. Few young people who are looked after have problems with substance misuse. There is an adequate level of health care support for children with disabilities who are looked after including appropriate support from a range of therapists and specialist nurses. We found examples of positive work with children placed out of area to ensure their foster carers and school staff were able to meet their individual needs. However, the health needs of children placed at home with their families would benefit from tighter review.

5. Outcome 6 Co-operating with others

5.1 There is effective strategic leadership by NHS Dudley in supporting planned improvements in safeguarding across the wider health partnership. Designated and named health staff are actively involved in the work of the DSCB and its sub groups, including work to prevent the sexual exploitation of children, and strengthen support to young people who are victims of domestic abuse. There is a clear system for addressing disagreements between agencies, including escalation of concerns to designated leads and senior managers. There has not been a need to use formal procedures as most issues are addressed promptly through inter-agency discussion and challenge. The Health Safeguarding Forum is effective in enabling health partners to be kept informed about local developments and promotes learning from serious case reviews. Paediatricians and specialist safeguarding health staff are effectively involved in investigating child deaths, and ensure a robust and timely response in these circumstances. Learning from child deaths is widely shared and advice about safe sleeping arrangements is embedded in support provided by health and social care staff.

5.2 There is effective joint working between midwives, health visitors, and children's social care staff in safeguarding unborn and new born babies. However, there are sometimes delays in mothers with mental health needs being able to access specialist support. Support for parents with learning disabilities is also an area where additional targeted support is required. The paediatric liaison nurse enables effective communication and information sharing between the hospital, GPs and other relevant health and social care staff. Walk in clinic staff have strengthened their links with other health teams to ensure risks of harm to children are appropriately followed up.

5.3 Inspectors found that joint working does not consistently meet the required operational standards. There are some lapses in information sharing, planning and co-ordination of activity between partner agencies. There are some gaps in the involvement of health staff in strategy discussions, attendance at child protection conferences and LAC reviews. Some health visitors have regular meetings with GPs to discuss safeguarding referrals and the outcomes of these. However, the role of GPs in information sharing and monitoring the outcomes for children subject to child protection plans, children looked after or exposed to domestic abuse is not fully embedded. The school health advisory service is working to improve links with local GPs and there is now a named worker for each GP practice.

5.4 There is positive partnership working between health and children's centre staff to address low levels of breastfeeding activity. Midwives and health visitors work closely with breastfeeding support workers, paid buddies and volunteers to build new mothers' confidence and assist them in establishing appropriate care routines. This approach is beginning to impact on improving take up levels. There is effective sharing of information between social care teams and the outreach family planning nurse to support to young women who wish to prevent unplanned pregnancies. The multi-agency teenage pregnancy pathway is fully implemented and has contributed to improving outcomes for young women including being helped back into education and improving their knowledge and confidence about parenting responsibilities.

5.5 There is good joint working between frontline health and voluntary sector organisations in supporting children with specific and long term health conditions such as sickle cell anaemia. Joint working arrangements between health staff, including GPs, and local organisations supporting parents who misuse drugs or alcohol are good. The CAMHS team works closely with the extended schools service and with staff working with children with autism in developing individual management and support programmes.

5.6 Joint commissioning and service delivery arrangements to support children with complex health and behavioural needs are working well. There is a joint budget, and health and social care staff have clear shared systems for agreeing the allocation of resources. This has resulted in reducing dependence on out of area residential schools and better identification and matching of provision for children with specialist needs. There are joint plans to enhance investment in community services to reduce the need for young people with mental health or long term conditions, including palliative care needs, having to be admitted to hospital.

6. Outcome 7 Safeguarding

6.1 Inspectors found that whilst most frontline staff know what to do if they identify concerns to the safety and wellbeing of children; aspects of joint working, record keeping and quality assurance of safeguarding work do not consistently meet the required operational standards. Children in need and child protection plans do not clearly evidence the contribution of health staff in managing risk and delivering improved outcomes. In some cases the wishes, feelings and experience of children and young people are insufficiently recognised, and the quality of reports and management oversight of practice are too variable. There are some gaps in the coverage of mandatory training and there is work in progress to improve levels of compliance and enhance access. Local health organisations report to the DSCB on their arrangements for the delivery of safeguarding training including outcomes of evaluations. This provides additional assurance of the quality of training across the wider partnership.

6.2 Appropriate checks are made of the vulnerability of children and young people presenting at Russells Hall hospital. There is scrutiny of the needs of children and young people who have attended on previous occasions, and children's height and weight is routinely recorded. The new electronic case recording system promptly alerts staff to children subject to a child protection plan, provides timely information about previous concerns and the outcomes of treatment. Children and young people who fail to attend appointments are appropriately followed up. Young people who misuse alcohol or drugs or may be at risk of sexual exploitation or domestic abuse are appropriately identified and referred on to other agencies. There is a need to strengthen the response of community services to reduce the incidence of young people self harming. Hospital staff reported a delay in being able to access CAMHS support out of hours and gaps in mental health provision for 16 to 18 year olds. Hospital staff report a good response from children's social care to concerns raised; however, there are delays in their being kept informed of the outcome of referrals. Specialist midwives provide good, timely and individually tailored support to teenage parents and mothers who misuse alcohol and substances.

6.3 The arrangements for the medical examinations of children who may have been subject to sexual abuse or physical assault are well managed, and children are seen within a reasonable distance of their home by appropriately trained medical staff. Plans to develop a regional sexual assault referral centre to address identified gaps in current facilities are well advanced. There is a robust joint agency response to investigating child deaths, with access to paediatricians and relevant nursing staff on a twenty four hour basis. The Child Death Overview Panel has been effective in raising awareness of the causes of child deaths and preventative actions.

6.4 Local health organisations have addressed almost all areas for improvement identified in serious case and independent management reviews. The paediatric liaison nurse role and integrated hospital case notes have been introduced as a result of gaps identified in previous management arrangements. The Dudley Clinical Commissioning Group is building its capacity and oversight of child protection issues. There is a programme of work to strengthen the involvement of GPs, including their contribution to child protection conferences. NHS Dudley in conjunction with NHS providers has drafted a shared action plan that builds on improvement work recently introduced in areas such as supervision, child health records and the common assessment framework.

7. Outcome 11 Safety, availability and suitability of equipment

7.1 The A and E department at Russells Hall hospital is suitably equipped for dealing with emergencies relating to children. There are clear systems to ensure children and their families with urgent care needs are promptly treated. The hospital has a separate waiting area for children, and on occasion, there is limited capacity, resulting in older children having to remain in the main waiting area. Care pathways promote appropriate access to equipment for children with disabilities or specific medical needs

8. Outcome 12 Staffing recruitment

8.1 There are appropriate policies and procedures in place that meet safe recruitment requirements. Checks are made of the suitability, qualifications and experience of health staff prior to their appointment to work with children. All staff contracts and person specifications include a clause regarding safeguarding children and their roles and responsibilities in relation to keeping children safe. Children's safeguarding awareness training is included in the induction of staff.

9. Outcome 13 Staffing numbers

9.1 The health visitor workforce is being strengthened with additional posts being recruited to. There are some vacant school health adviser posts and their caseloads are high. The school health advisory service is currently being re-designed to ensure a better fit with emerging Clinical Commissioning Group arrangements. NHS commissioners have effectively used the joint strategic needs assessment to inform their development of the Family Nurse Partnership, 'Enhanced' and 'Enhanced Plus' health visitor roles. Additional administration support is being secured to support more efficient arrangements in the delivery of the common assessment framework. Workforce planning is aligned to joint service delivery plans to strengthen preventative capacity and improve targeting of support at a neighbourhood level. The skill mix of frontline community health team has been reviewed. Integrated working with children's centre staff has supported enhanced capacity in communities with high needs. However, the capacity of midwifery staff, including specialist midwives for vulnerable women, is currently overstretched. The substantial increase in birth rates locally and high demand for delivery at Russells Hall hospital has resulted in midwives holding very high caseloads.

9.2 There remain some gaps in the capacity of mental health services to respond to young people aged 16 to 18 years, and to provide timely support to mothers with mental health needs. NHS Dudley has invested in therapeutic services for children and families who have experienced domestic abuse, but demand currently exceeds capacity to deliver. Work is progressing to redesign and strengthen the availability of community based support for children with disabilities and additional health needs. There remain a few gaps in ensuring paediatric nurse cover in A and E at Russells Hall hospital at all times. An outreach family planning nurse has been appointed in recognition of the need to strengthen contraceptive awareness and promote safe sexual relationships.

9.3 NHS commissioners and providers have appointed additional named and lead safeguarding staff to support implementation of their safeguarding development plans and enhance support and supervision of the work of front line staff. The capacity of the rapid response team in relation to child deaths has been enhanced. The gaps in capacity to address the health needs of children who are looked after have been recognised. This requires further review to ensure children and young people placed out of area benefit from robust health plans and that the health care needs of care leavers are effectively planned for and addressed.

10. Outcome 14 Staffing support

10.1 The contribution of the designated and named nurses located in NHS Dudley is highly valued by partner organisations who report easy access to advice and support. Supervision of designated and named safeguarding staff across the health sector is appropriately managed. The supervision training recently provided by the NSPCC to the designated, named and lead safeguarding staff has raised awareness of the required standards of practice, and is supporting a positive improvement driven culture across the wider health economy. A new supervision policy aims to enhance support to frontline staff engaged in child protection work and strengthen partnership approaches to managing risk and improving outcomes for children. Assessment of safeguarding competencies is becoming more embedded in NHS staff appraisal and review arrangements.

10.2 Provider led safeguarding forums are effective in promoting shared practice and service development work. The Black Country Partnership NHS Foundation Trust has reviewed and strengthened its line management and accountability arrangements following the recent integration of Dudley community health services. There has been effective communication with frontline staff to promote their understanding of required changes. The Trust has taken robust action to address areas of poor practice and is putting in place a comprehensive safeguarding team development programme to ensure high and consistent standards of safeguarding practice. A number of safeguarding policies and procedures are being reviewed and strengthened to provide a consistent approach across the wider Black Country area. Dudley and Walsall Mental Health Trust has strengthened its safeguarding capacity having recognised some gaps in service delivery.

10.3 A comprehensive range of safeguarding training is provided by the DSCB. This includes training on new models of assessment and ways of working with children. GPs have benefited from protected time to improve their access to safeguarding children training. The Safeguarding Health Forum is effective in promoting awareness of best practice and ensures learning from serious case reviews and serious incidents is widely shared. Increasing numbers of health staff are benefiting from advanced training; including supporting children who are at risk of sexual exploitation, fabricated illnesses, and engaging with highly resistive families. NHS providers have identified a few gaps in the coverage of their mandatory training and there is work in progress to improve levels of compliance. The quality of training and staff feedback is scrutinised by designated and named nurses to inform the delivery of future training.

11. Outcome 16 Audit and monitoring

11.1 NHS Dudley provides effective leadership in work to strengthen the contribution of local health providers in delivering improved outcomes for children and their families. Before the inspection was completed, all local health organisations signed up to the implementation of a shared action plan in recognition of the need to increase the pace of improvement work. The draft Safeguarding and Looked After Children action plan requires each health organisation to further develop their performance management frameworks to assure the delivery of timely assessments and high quality care plans, with clear identification of the wishes and needs of children, and risks to their personal safety and wellbeing. The draft plan is centred in securing tighter management oversight, governance and quality assurance arrangements. Development work includes work to improve collation and analysis of trends in health outcomes for children who are looked after.

11.2 Senior managers have recognised the need to strengthen quality assurance and ensure planned improvements in the quality and consistency of safeguarding practice. New risk management tools are being introduced to support improved analysis of risk. The designated nurse will routinely sample a minimum of 4 children's health care records per month to ensure the required standards are achieved and provide feedback on positive practice identified. The council's legal team has provided advice and support to frontline health practitioners and there are plans to offer additional training for health staff involved in court work. Such approaches denote a strong partnership approach to supporting improvements in the delivery of services to local children.

11.3 Leadership and accountabilities for safeguarding are clear within individual NHS Trusts. Dudley Clinical Commissioning Group is building its capacity and oversight of child protection issues. Senior managers have a strong focus on the quality and safety of services and there are appropriate governance arrangements in place. Trust Boards and the DSCB receive regular performance reports, including annual reports of safeguarding activity. A non-Executive Director attends each internal safeguarding forum meeting at Russells Hall hospital. This provides a strong link between board and ward staff, and enables better understanding of the effectiveness of safeguarding arrangements.

11.4 Recent audits have identified some areas of under-performance in meeting the requirements of *Working Together* and inter-collegiate professional competencies. Inspectors also found that quality assurance of safeguarding work did not consistently meet the required operational standards. There is a comprehensive action plan to address areas for improvement identified in multi-agency case audits. This includes agreeing an audit programme and expanding training to independent health care providers.

11.5 Contract specifications and review arrangements are well managed by NHS Dudley. There is appropriate performance management and contract review of their safeguarding arrangements. Commissioning for quality and innovation targets are included in contracts for children who are looked after. Patient surveys are increasingly being used by providers and commissioners to improve their understanding of the experience of people using services. Feedback is discussed at team meetings to support wider learning about what works and address gaps in standards of care. Local people said that midwives were helpful and understanding and that the mental health outreach worker went 'above and beyond the call of duty' in supporting families who had experienced domestic abuse.

12. Outcome 20 Notification of other incidents

12.1 Whistle blowing procedures are in place and inspectors found that the procedure had been effectively used in one case to alert senior managers to poor standards of practice. There is appropriate reporting of serious incidents to NHS Dudley and the strategic health authority.

13. Outcome 21 Records

13.1 Inspectors found that records of safeguarding work did not consistently meet the required operational standards. This included recognition of the wishes, feelings and experience of children, the quality of reports and management oversight of practice. There was limited use made of chronologies to inform analysis of risk. Reports by community nursing staff to child protection conferences provided insufficient detail about children's wider health or emotional wellbeing, with limited assessment and analysis of risk and of parenting capacity in some cases. Children's health records generally identified their ethnicity, but recording of their faith needs was inconsistent. These issues have been recognised as areas for improvement and new health visitor and school nurse records have been introduced that are compliant with nursing and midwifery council guidance. The new record provides a comprehensive focus on the needs of children and promotes a reduction in paperwork, improved professional accountabilities and alignment of safeguarding and clinical work.

13.2 Multi-agency record keeping training has been provided and is supporting an improved focus on the delivery of outcomes. The capacity of independent reviewing officers has been strengthened and is enabling more regular feedback to lead health safeguarding staff on the quality of work submitted to conferences. This wider scrutiny of practice is encouraged by health managers and supports a more open and improvement-driven safeguarding culture across the wider partnership.

13.3 The management information system for looked after children does not support easy retrieval and reporting of performance data, leading to some difficulties in identifying trends and outcomes. There is work in progress to enhance electronic case management systems and improve alignment with social care records.

Recommendations

Within 3 months (from report)

Ensure that NHS Dudley together with NHS providers takes action to:

- *ensure the draft health action plan is implemented and fully supports improvements in health provision including case recording, health contribution to holistic assessments of need and risk, case planning and measurement of health outcomes and impact (Ofsted, January 2012).*
- *ensure timely access to emotional and mental health services for women who require additional support prior to and following the birth of their children (Ofsted, January 2012).*

Ensure that NHS Dudley and NHS providers together with other DSCB members take action to:

- *establish joint and agreed quality standards for safeguarding practice across the partnership and implement a joint quality assurance and performance framework underpinned by efficient information systems (Ofsted, January 2012).*
- *extend audit processes to routinely monitor the consistency and quality of practice (Ofsted, January 2012)*
- *ensure MARAC is fully operational and effective leadership is in place in order to meet the level of demand of such arrangements (Ofsted, January 2012).*
- *develop explicit joint protocols between children's services, health and adult social care to ensure that older children and those at points of transition receive appropriate, timely and continuous services to meet their assessed needs (Ofsted, January 2012).*
- *review the capacity of the specialist health services to looked after children and young people to ensure health support, including dental health care and annual health assessments, is accessible, timely and user-friendly (Ofsted, January 2012).*
- *review the additional supports needed for teenage and looked after parents, including those who have experienced loss and establish relevant joint services to support their identified therapeutic needs (Ofsted, January 2012).*
- **actively engage young people in shaping the delivery of local health services to ensure they are 'child friendly'.**

Within 6 months (from report)

Ensure that NHS Dudley and NHS providers together with other DSCB members take action to

- *develop explicit arrangements for use of the CAF within strategies for early intervention and family support to ensure that all agencies are assuming responsibility for being lead professionals in suitable cases (Ofsted, January 2012).*
- *strengthen quality assurance and auditing systems across the partnership to ensure there is in-built and robust challenge to practice against jointly agreed service and quality standards (Ofsted, January 2012).*

Ensure that NHS Dudley and NHS providers take action to:

- address gaps in the staffing capacity of frontline health teams.

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.