

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

<b>Date of Inspection</b>	<b>9<sup>th</sup> January 2012 - 20<sup>th</sup> January 2012</b>
<b>Date of Joint Report</b>	<b>24<sup>th</sup> February 2012</b>
<b>Commissioning PCT</b>	<b>NHS Barnet (North Central London PCT cluster)</b>
<b>CQC Inspector name</b>	<b>Sue Talbot</b>
<b>Provider Services Included:</b>	<b>Central London Community Health NHS Trust Barnet and Chase Farm Hospital NHS Trust Barnet, Enfield and Haringey Mental Health Trust</b>
<b>CQC Region</b>	<b>London</b>
<b>CQC Regional Director</b>	<b>Matthew Trainer</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>Barnet Council</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Good
Capacity for improvement	Good
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	Good

This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to your commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC's Regional Director, who has overall responsibility for this inspection programme.

## **The Inspection Process**

This inspection was conducted alongside the Ofsted-led programme of children's services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection.

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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.

**Context:**

Approximately 88,700 children and young people aged 0 to 19 live in Barnet, comprising just over a quarter of the local population. Barnet has an economically and culturally diverse population, with areas of affluence and pockets of deprivation. Almost half of children and young people belong to an ethnic group other than White British. At the time of the inspection, 288 children and young people were looked after by the local authority and 269 children were subject to a child protection plan.

Commissioning and planning of health services is carried out by NHS Barnet, now part of the North Central London (NCL) PCT cluster arrangement. Health commissioners have retained a local presence with a range of statutory responsibilities carried out on a borough-wide basis, including services for children and safeguarding. The main providers of acute hospital services are Barnet and Chase Farm NHS Trust and children also access the Royal Free Hospital in a neighbouring borough. Community and in-patient based child and adolescent services (CAMHS) are provided by Barnet, Enfield and Haringey Mental Health Trust and the Tavistock and Portman Trust. Barnet's community health provider services are delivered by the Central London Community Health NHS Trust.

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

1.1 Senior health and designated safeguarding staff are appropriately involved in leading and supporting the work of Barnet Children’s Safeguarding Board (BSCB). Recent changes to membership have strengthened their involvement and enable a stronger focus on prevention and safeguarding children across the wider health economy. The focus on local safeguarding arrangements has been maintained whilst working to secure shared and consistent approaches across the wider central London area. The contribution of GPs to the work of the Children’s Trust, BSCB and Health and Wellbeing Board is being strengthened to support transition to the new clinical commissioning group arrangements. Joint commissioning and jointly appointed senior management posts provide robust scrutiny of the effectiveness of services procured, and enable better use of resources and flexible working across the wider health and social care economy.

1.2 The contribution of health services to keeping children and young people safe is good. Local NHS Trusts are meeting their statutory responsibilities and children and young people are appropriately safeguarded. Policies and procedures are up to date and are regularly reviewed to support changes in national policy, organisational restructuring and learning from review of local practice. Designated and named safeguarding staff provide effective leadership and positively contribute to quality assurance and governance arrangements within their own organisations and wider health and council partnerships. They routinely check to ensure frontline staff have appropriate support and scrutiny of their work, that learning is shared, and the required standards of safeguarding practice are achieved.

1.3 The health of looked after children is good. A strong multi agency strategy promotes improved outcomes, and health partners are positively engaged in supporting the delivery of priorities. Health services fulfil corporate parenting responsibilities well, including to children and young people placed out of borough. Health outcomes for most children who are looked after are good, and have continued to improve, and risks to their wellbeing are effectively monitored.

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

2.1 Young people who are looked after are encouraged to have a strong voice in shaping the development of local services. The work of the Role Model Army (Children in Care Council) is innovative and is supporting an individually tailored response to undertaking health checks. Care is taken to discuss confidentiality, choice of venue, and how young peoples’ needs may best be met. The group has recently produced a DVD to build awareness of young people’s wishes and experience of health assessments and reviews. Learning from this has been shared with the BSCB and Health Trust Board senior managers. The Role Model Army has provided training for frontline staff to enable them to have insight into what works well from the perspective of young people.

2.2 The Youth Shield and Youth Board are effectively engaged in the review and design of health services for young people. Their recent survey of the safety and wellbeing of young people living in the area provides a comprehensive agenda for change. Their report has been well received by BSCB board members and action plans are being developed in conjunction with young people to address their areas of concern. The impact and authority of the group has been clearly evidenced in a recent consultation about CAMHS provision, and young people are now actively involved in shaping the future development of these services.

2.3 Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT) regularly carries out patient experience surveys of its CAMHS services. Feedback is generally positive; with a high level of satisfaction in relation to supporting the involvement of young people and their families, and being treated with dignity and respect. Areas for further improvement include better access to information, awareness of the side effects of medication, and how to make a complaint. A recent small scale evaluation of CAMHS service users' experience also indicated that whilst most parents and young people were satisfied with the quality of clinical input, they required better information about the service and more flexible appointment times. 'You're Welcome' quality standards were introduced in Barnet some years ago. However, the focus of this work has not been fully embedded into the work of provider organisations.

2.4 Frontline health staff actively engage young people in decisions about their care and support. Children and young people are encouraged to give feedback on their hospital care and treatment. Children complete 'Star' cards that say why they like their nurse. Most feedback indicates that children think the nurses at Barnet hospital are friendly and kind. IPop volunteers provide good support in enabling young people with complex needs express their views about what is important to them. Work is progressing to strengthen their contribution through becoming a reference group of Barnet Healthwatch<sup>1</sup>.

2.5 Health staff demonstrate good awareness of the diverse ethnic, faith and cultural needs of local people. They are responsive to individual routines and preferences where appropriate. Care is taken to sensitively assess parents' comprehension of what they need to do to keep their children safe. There is good access to interpreting and translation services, including in Barnet hospital. There is clear recognition of the additional needs of mothers who do not speak English or who are socially isolated.

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<sup>1</sup> New national programme to enable local communities to have a stronger say about health and social care services

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

3.1 Consent to medical examination and treatment is appropriately managed and records contain copies of consent forms signed by parents, or where appropriate, the young person themselves. Audits include checks to ensure consent and confidentiality is appropriately handled. Barnet hospital has well-developed processes for explaining and seeking consent from children and young people and their families, including an information leaflet for children attending for child protection medicals. Information is provided in child friendly and accessible formats.

3.2 Health staff demonstrate good awareness of the importance of gaining consent and communicating effectively with children and their families. The status of adults attending with children, including persons with parental responsibility, is clearly identified. Care is taken to assess young people's capacity to make decisions that takes proper account of their age and competence. Young people with gender or sexual orientation issues are sensitively supported. Screening for sexually transmitted diseases is easy to access and take up is encouraged to ensure early identification of risks to the health and wellbeing of young people.

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

4.1 Children's health needs and risks to their wellbeing are clearly identified. Achievement of their developmental milestones is closely monitored to ensure they are making appropriate progress. Breastfeeding initiation rates are good and are strongly promoted. Analysis of casework indicated effective engagement of young people, clear goal setting and evidence of improved outcomes, including for young people who are looked after. School nurses establish good relationships with children, and records show they are at ease and able to talk to nurses about their feelings and home circumstances. Children and their families are routinely provided with information on where to access help and the contact numbers of relevant staff.

4.2 Children who are looked after benefit from regular health checks and immunisations. Records denote significant improvements in the weight and height of young children, effective management of continence, enhanced communication and wellbeing. Health assessments, care plans and reviews seen were of a good standard. There is a positive focus on young people's interests, confidence and achievements. and healthy lifestyles are encouraged. Performance in ensuring children access dental and optical checks is good. Care is taken to ensure young people who are looked after are not at risk of sexual exploitation and understand how to protect themselves. Strengths and Difficulties Questionnaires are effectively used to monitor the emotional and mental wellbeing of young people. Joint working with CAMHS is effective, and contingency and crisis plans are in place for young people with complex needs.

4.3 CAMHS teams provide a comprehensive range of services to young people and their families, including young people placed out of area. They have no waiting list for adolescents and endeavour to see everyone referred within two weeks. Children who are looked after are given high priority, and almost all other referrals are seen within a thirteen week target timescale. CAMHS offers weekly consultation and supervision to social care staff and to foster carers and residential homes. Foster carers report this effectively supports them in meeting children's needs. CAMHS has an on call rota for responding to referrals from A and E staff to enable prompt follow up of young people who self harm. Staff welcomed the involvement of the alcohol liaison worker in strengthening their response to addressing the increasing numbers of young people presenting to A and E under the influence of alcohol. Edgware Hospital provides a high standard of care to young people accessing its adolescent mental health facilities.

4.4 Failure to attend appointments and follow up checks is closely monitored. Medication reviews and health plans promote safe management of children's care. Children and young people who are looked after are routinely included in safeguarding supervision to enable stronger management oversight of their health needs and development. Teenage pregnancy rates are relatively low. Some young people currently supported by the Family Nurse Partnership are looked after, and benefit from intensive support in building their knowledge, confidence, and parenting skills. Young people who have had a termination are provided with additional support. Low numbers of children who are looked after misuse drugs or alcohol and all have been referred to young peoples' drug and alcohol services. Effective support is provided by the nurse working with the youth offending team to address the health needs of young people in custody.

4.5 Staff at Barnet hospital ensure that children and their families have access to the specialist equipment, information and advice to promote their independence and safely manage their health conditions. A continuing care nursing team provides training for family members and other carers to enable them to safely support children and young people with high or complex health needs. Efforts are made to co-ordinate appointments or to treat babies and younger children at home where appropriate, to reduce the need for in patient stays. The hospital's home care team provides good outreach support to children with cancer and ensures the emotional needs of children and their families are sensitively responded to. The end of life pathway for children is embedded, and good partnership working with the local children's hospice extends the choice of care available.

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

5.1 Joint working is centred in a strong, shared ambition to secure improved life chances and outcomes for vulnerable children and their families. Community health and children's centre staff work well together in promoting the safety, wellbeing and development of children. Parents and their children are encouraged to access health visitor and speech and language clinics, parenting programmes, and family therapy work undertaken by CAMHS staff as part of 'Safer Families' initiatives. The impact of this work has yet to be formally evaluated at a locality level.

5.2 Information sharing, transfer of health records, and tracking of children who have moved to live in another area or who have received hospital treatment out of borough is well managed. Professionals meetings are promptly held where there are concerns about risks to a young person's wellbeing. Effective joint working between hospital and community based staff supports safe admission and timely discharges of children accessing care at Barnet hospital. Risks are well managed in supporting the discharge of mothers and their babies from maternity and neo natal facilities. There is good joint working between expectant mothers, midwives, paediatric nurses, social workers and substance misuse staff in drawing up the birth plans for mothers who misuse drugs or alcohol. The hospital has weekly 'psycho social' meetings that provide a useful forum for staff to come together to discuss and review risks to the safety and wellbeing of unborn and new born babies and their mothers. Any areas of disagreement between health and social care staff are promptly resolved with limited need to escalate or address matters under formal procedures.

5.3 The paediatric liaison nurse provides an effective link between Barnet hospital, walk in clinics, and community services; and ensures information is promptly shared with relevant agencies to promote further investigation of concerns. A and E and ward staff reported good joint working relationships with children's social care staff. However, work is required to ensure they are consistently informed of the outcome of referrals made. Established pathways for joint working between community health staff, social workers, police and voluntary sector organisations protect babies and children exposed to domestic violence. Frontline staff are routinely informed by the police of incidences of domestic violence involving children, and follow up checks are made by health visitors to ensure children are safe.

5.4 The designated and specialist nurse for looked after children are co-located with the council's corporate parenting team and ensure timely identification of the needs and risks to the health and wellbeing of children who are looked after. Good information sharing and joint working between health and children's social care staff, and with foster and adoptive carers ensures the health needs of children are effectively met. Children commended the work of the health team during a recent achievement day. The sexual health outreach worker provides timely advice and support to children who are looked after and those who are vulnerable to harm. Transition arrangements have been strengthened, including for young people with autism, and are adequate overall. Links between safeguarding children and adult arrangements are being strengthened to enable improvements in information sharing and joint working practices.

5.5 Designated safeguarding staff provide strong leadership in co-ordinating safeguarding activity across the wider health economy and supporting the work of the BSCB and its sub groups. Designated staff actively promote learning from serious case reviews, and are engaged in a number of work streams to continuously improve joint working arrangements and the accountabilities of local health services. A local safeguarding health forum provides a valued opportunity for designated and provider lead safeguarding staff to keep up to date with policy and practice and strengthen shared approaches to quality assurance.

## **6. Outcome 7 Safeguarding**

6.1 All local NHS health organisations have clear work plans to deliver their organisational priorities with respect to safeguarding children. Safeguarding children issues have been carefully considered in planning local health reorganisations. There has been good retention of experienced safeguarding staff. Efforts have been made to promote continuity of Barnet's safeguarding systems pending further review of the new community health trust's arrangements. Front line health staff are vigilant in identifying children at risk of harm, and have appropriate systems to keep them safe.

6.2 Strong relationships and effective 'virtual team' work between partner agencies is secured by regular multi-agency information sharing forums. The social concerns and psycho-social forums held at Barnet hospital and the CAMHS safeguarding clinics denote positive practice in building a comprehensive picture of parenting capacity and of risks to safety and wellbeing of children. The arrangements to protect young people presenting at A and E and unborn and new born babies are robust. The children's assessment care pathway is comprehensive and provides a clear structure and guidance for staff to enable effective management of risk. Care is taken to assess the parental responsibilities of adults with alcohol, substance misuse or mental health issues on admission to hospital. ICT systems have been enhanced to enable better tracking of children who are called different names or where aliases are used. There is a clear system for following up people who do not attend their appointments.

6.3 Safeguarding arrangements recognise and are responsive to the diverse needs of children and their families. Faith and cultural issues that may impact on the provision of safe care are appropriately identified and followed up. CAMHS and young people's drug and alcohol services provide comprehensive and individually tailored support to young people with high or complex needs. Improved outcomes include placement stability, a reduction in admission to hospital and use of illicit substances. Health staff are effectively involved in supporting families where there is domestic violence. This is an area where the involvement of health has been reviewed and strengthened. Health assessments and reviews ensure that young people who are looked after understand how to protect themselves and report any concerns.

6.4 There has been growing and positive engagement of GPs in safeguarding children work. GP performance in attending child protection conferences and submission of reports is monitored. Children on a child protection plan are clearly identified and flagged on GP records. There has been an increase in GPs making referrals about children at risk of harm denoting greater levels of awareness and vigilance. NHS Barnet has introduced a CQUIN (commissioning for quality and innovation) target to support improved communication between GPs and health visitors. Initial feedback indicates a high level of contact and sharing of information and further work is taking place to assess the impact of this in promoting better health outcomes for local children.

6.5 Safeguarding arrangements for children with disabilities, young people who self-harm and families where parents have mental health needs require further review in conjunction with independent schools and health care providers to strengthen preventative capacity. The recent review of child protection arrangements for disabled children undertaken by the council did not include a focus on the quality of practice in health. Frontline staff would welcome further analysis of the needs of children who do not meet the threshold for investigation but where concerns remain about the quality of their care or the sustainability of their home situation. Work with independent health care providers and schools requires development to ensure there is a clear shared joint strategy and procedures for sharing information and addressing risk. Work is progressing to strengthen screening for post-natal depression and to improve access to psychological therapies.

6.6 Health staff provide good support to teenage parents and young mothers. The Family Nurse Partnership provides intensive and targeted support to young people who have been identified as requiring a high level of support to provide safe and appropriate care for their babies. Although still at an early stage of implementation, review of work to date indicates that the programme is enabling a comprehensive package of support to young women centred in empowering them to problem solve and make safe decisions for themselves and their babies.

6.7 Medical examinations of children, including those who have been sexually abused, are effectively managed. Children are examined in a suitable environment by appropriately trained staff. There is strong leadership by paediatricians secured by effective partnerships with the police and children's social care staff, with timely access to support and appropriate equipment, including out of hours. The Child Death Overview Panel (CDOP) arrangements are robust with regular reporting to the Local Children's Safeguarding Board. Whilst there has been a backlog of cases for review, there has been some recent success in reducing numbers through improved administrative arrangements. Good collaboration between the CDOP and Serious Case Review sub groups ensures effective communication to improve learning from reviews and serious incidents. Lessons are shared to promote public awareness of areas of risk including safe sleeping arrangements.

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

7.1 The hospital environment and designated children' areas are child friendly and safe. There is a separate area within the A and E department for children and a dedicated children's resuscitation treatment area. The hospital has good performance in ensuring children are seen in a timely manner. Plans are progressing well to expand the A and E facilities for children at Barnet hospital.

## **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. Children's safeguarding awareness training is mandatory and included in the induction of all staff to NHS provider organisations.

## **9. Outcome 13 Staffing numbers**

9.1 The community midwife service benefits from a stable and experienced workforce and workloads are of an appropriate size to allow for intensive or long term work with some families. The caseloads of health visitors and school nurses are high and challenges remain in recruiting staff to some key posts. Action has been taken to strengthen the skill mix of the workforce and to share capacity across teams where appropriate. Whilst priority work is appropriately covered and monitored, there has been insufficient capacity to undertake health promotion and early intervention work. The impact of this requires further scrutiny to ensure priorities relating to the delivery of the Healthy Child and early intervention programmes are sustained. Additional health visitor posts have been created in recognition of increased workload demands and ageing profile of the current workforce. Improving access to advanced professional training and 'grow your own' initiatives seeks to address capacity gaps and shortages of experienced staff.

9.2 The job plans and service level agreements of designated and named safeguarding and children in care staff require further review to accommodate recent changes in health and ensure sufficient capacity to support planned changes to inter-agency strategic and clinical commissioning work. Whilst the appointment of an additional specialist nurse to support the work of the designated nurse for looked after children has strengthened capacity at an operational level, scrutiny of the outcomes for children who are looked after, including those with specific health needs requires further review. Barnet does not currently have a designated doctor for looked after children contrary to statutory guidance, and as a consequence, some strategic planning and commissioning activity to supporting the delivery of better outcomes for looked after children is not sufficiently well co-ordinated. A consultant paediatrician provides medical advice about the health of foster and adoptive carers, however, their work plan and capacity would benefit from review.

9.3 Barnet hospital has plans to extend paediatric nurse cover in A and E to achieve full coverage on a 24 hour basis (currently available 8am to 2.30am). Out of hours consultant paediatrician cover is also being strengthened and additional capacity has been secured on an interim basis to support periods of high activity.

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

10.1 Most health staff have good and regular access to a wide range of safeguarding training. NHS trusts have effective monitoring and reporting systems to ensure staff access training at the appropriate level. Training and staff appraisal work is aligned to the inter-collegiate standards for professional practice. Provider trusts achieve the target that at least 80 per cent of their staff receive training in child protection, and some significantly exceed this. There has been a significant programme of training to update and build the knowledge and awareness of GPs and almost all have now received relevant training. The named GP provides good support to other GPs and practice staff. There are some gaps in the training of local dentists, optometrists and community pharmacists. Some frontline health staff report delays in being able to access multi-agency training provided by Barnet Council. Demand currently exceeds local capacity and requires a shared approach to addressing gaps in provision.

10.2 Health care staff have received appropriate training in recognising children and parents who have been subject to domestic violence and those at risk of sexual exploitation. Chase Farm and Barnet Hospital Trust has introduced audits to assess the impact of training in strengthening the knowledge and safeguarding practices of frontline staff. Evidence to date indicates increased staff confidence and competencies in assessing risks to children. A safeguarding matron has recently been appointed and has ensured safeguarding children is given a high priority in the Trust's work. The Trust's safeguarding magazine provides good information and guidance for staff, has had wide circulation, and is positively regarded by frontline staff.

10.3 Supervision of safeguarding work is given a high priority in all local health organisations and has been effective in challenging and strengthening practice. Frontline staff are well supported by lead and named safeguarding staff and report easy access to advice and support, including out of hours. Checks are made of the quality of their reports to child protection conferences. Designated staff have appropriate arrangements in place to support their continuing professional development and leadership roles. Frontline staff have good opportunities for reflecting on their practice through safeguarding supervision (provided on a 1:1 basis), professional and safeguarding forums. There is regular management oversight of children on child protection plans and those who are looked after. The CAMHS safeguarding consultant provides strong challenge and supports reflective practice in exploring the needs of children and how they may be most appropriately met. Each team in the mental health trust has a safeguarding champion, and meetings are held bi-monthly to discuss cases and share learning. There is recognition of the risks of lone working arrangements and back up support is provided to enable health staff to be safe when working in peoples' homes.

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

11.1 Service specifications and contracts have a strong focus on quality. Quality review meetings take place regularly with providers and safeguarding issues are routinely discussed. NHS Barnet has set clear and stretching targets to promote improvement, and progress is routinely monitored in quarterly contract review meetings. NCL (the PCT cluster) has developed a safeguarding scorecard to measure outcomes of work to safeguard children. This includes assessment of NHS provider trusts' performance in undertaking supervision and training in line with their agreed policies and procedures, health visitor capacity, and audits. The safeguarding health forum has been effective in supporting the implementation of flagging systems to identify children on child protection plans and children exposed to domestic abuse. A recent audit of the A and E department at Barnet found that all Barnet children on child protection plans were appropriately flagged.

11.2 Performance reporting of outcomes for children is well established. Each Children's Trust meeting has a focus on one of three overarching priorities, safeguarding, health, and narrowing the gap. Regular reports on the health needs of children who are looked after are presented to the Corporate Parenting Board. The council's 'first stats' groups (including officers, partners and members) ensure that performance across children and adult services is regularly discussed and creative solutions to problems identified. The BSCB requires regular audits of practice across the partnership to ensure compliance with statutory requirements including the effectiveness of information sharing arrangements. The number of children on a protection plan and staff attendance at training is routinely monitored.

11.3 NHS London (the strategic health authority) found safeguarding arrangements were strongly led with a positive culture during its service improvement visit in October 2010. All NHS Trusts have action plans to address areas for improvement identified by NHS London, and almost all areas for development have now been addressed. The mental health trust conducts monthly audits of its case management system to ensure records clearly identify children on child protection plans and risks to their wellbeing. Performance in the trust is monitored through a 'safeguarding dashboard' that is presented to the Risk and Governance Committee and Board highlighting trust performance in areas such as training and supervision. This is being refined to include new multi agency indicators and commissioner requirements. Clinical audit and effectiveness surveys are undertaken to improve awareness of the experience of young people using mental health services. Chase Farm and Barnet Hospital Trust has a number of patient focus groups and ensures there is regular feedback on patient experience at ward, directorate and Board levels. Learning from complaints and compliments is effectively captured and used to inform service development priorities.

11.4 Health organisations operating in Barnet take seriously lessons learned from serious case reviews. All NHS Trusts have effective governance and audit arrangements to promote continuous improvement in organisation and joint working safeguarding arrangements. Trends in child health and infant mortality are closely monitored. Each Trust safeguarding team undertakes a range of quality assurance checks including analysis of service effectiveness and gaps in practice in safeguarding work. Improvement actions are clearly identified and findings are shared with frontline staff and relevant governance committees, the health safeguarding forum and LSCB sub groups. Outcomes of this work include improved attendance by health staff at child protection conferences and core group meetings, and earlier identification and referral of children at risk of harm. Audits of the engagement of health staff in domestic violence work identified that health staff were aware of domestic violence issues and made appropriate referrals to social care when they identified concerns.

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

12.1 There has been no whistle blowing or safeguarding children allegations against health staff working in Barnet. Gaps in adherence to the required standards of safeguarding and professional practice are promptly identified, taken seriously and action is taken to address employee capabilities.

12.2 Appropriate arrangements are in place to alert local commissioners to patient safety incidents and ensure timely investigation of the root causes of such incidents.

## **13. Outcome 21 Records**

13.1 NHS Trusts have robust recording policies that ensure staff maintain an accurate and up to date record of their involvement with a child and their family. Care is taken to ensure records are clear and easy to understand by young people and their carers. Chronologies and progress reports provide a clear overview of children's needs and of the work undertaken. Records show health staff attend and are appropriately involved in case conferences and core group meetings to ensure the required outcomes in promoting the health and wellbeing of children are achieved. Case recording clearly demonstrates whether children are seen alone and children's wishes and feelings are carefully recorded by health visitors, school nurses and A and E staff. Records provide a clear history of children's health checks and immunisations, including for care leavers. They demonstrate good awareness of the diverse ethnic, faith and cultural needs of local people. Records also provide clear evidence of supervision and management oversight of the quality of work undertaken and outcomes for children.

## **Recommendations**

### **Within 3 months**

NHS Barnet and NHS providers take action to:

- review and provide assurance that safeguarding arrangements for children with disabilities, young people who self-harm and families where parents have mental health needs are sufficiently robust.
- further review the capacity of health visitors and school nurses to ensure essential health promotion and early intervention work is appropriately covered.

### **Within 6 months**

*NHS Barnet and NHS providers take action to:*

- *ensure there is sufficient capacity to support planned changes to inter-agency strategic and commissioning work*
- *ensure that front line health staff can access Level 3 of the multiagency safeguarding training.*
- *appoint a designated doctor for looked after children to strengthen the capacity of health staff to support the work of the designated nurse for looked after children. (Ofsted, February 2012)*

### **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.