

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

Date of Inspection	5th March 2012 - 16th March 2012
Date of Joint Report	30th April 2012
Commissioning PCT	NHS Berkshire (PCT Cluster)
CQC Inspector name	Sue Talbot
Provider Services Included:	Berkshire Healthcare NHS Foundation Trust Heatherwood and Wexham Park Hospitals NHS Foundation Trust
CQC Region	South
CQC Regional Director	Ian Biggs

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](#).

Royal Borough of Windsor and Maidenhead	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Adequate
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	Adequate
Capacity for improvement of the council and its partners	Adequate
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

The Royal Borough of Windsor and Maidenhead has a resident population of approximately 36,064 children and young people aged 0 to 18, representing 25% of the total population of the area. In January 2012, 30% of the school population was identified as belonging to an ethnic group other than White British, with 16% of pupils speaking English as an additional language. At the time of the inspection there were 98 looked after children, 72 care leavers, and 89 children who were the subject of a child protection plan.

Planning and commissioning of national health services and primary care is carried out by NHS Berkshire, which consists of the former Berkshire East and Berkshire West Primary Care Trusts working together as an NHS Cluster. The main provider of acute hospital services is Heatherwood and Wexham Park Hospitals NHS Foundation Trust which covers a wide catchment area including Slough, Bracknell Forest, South Buckinghamshire and Windsor and Maidenhead. Some paediatric services and an urgent care centre are located at St Mark's hospital, Maidenhead. Universal community health services (health visiting and school nursing), child and adolescent mental health services (CAMHS) and services for children with learning disabilities or who have complex health needs are provided by the Berkshire Healthcare NHS Foundation Trust. At the time of the inspection, two clinical commissioning groups were being established; the majority of GPs were aligned to a Windsor and Maidenhead consortium, with GPs in Ascot forming a partnership with Bracknell Forest.

1. General- leadership and management

1.1 The contribution of health agencies to keeping children and young people safe is adequate. Gaps in representation of senior managers and their attendance at the Local Safeguarding Children Board (LSCB) have been recently addressed. However, further work is required to consolidate the contribution of all health partners, and to evaluate the impact of health agencies in keeping children safe. Strategic planning to support new agendas in health, including the fit of safeguarding children's arrangements with the work of the new local clinical commissioning groups and the shadow health and wellbeing board, is at a relatively early stage of development. '*Tomorrow's Community Health*' sets out a clear agenda for change to support the transformation of community health services.

1.2 The designated doctor and nurse provide effective leadership in strengthening safeguarding children arrangements. Gaps in the capacity and sustainability of current arrangements have been identified and work is progressing well to engage a wider network of child health specialists in the delivery of safeguarding children work. Lead and named professionals in NHS provider organisations are actively engaged in improvement work to address actions identified in recent serious case reviews and recent inspections across Berkshire. Gaps in key roles and accountabilities as outlined in *Working Together* are being addressed, and plans are progressing well to appoint a named GP and a named midwife to drive forward service development and assurance activity. Further work is required to embed new working practices and to assure a stronger shared culture of safeguarding across the wider partnership. Training, quality assurance and appraisal systems are in place to proactively address gaps in staff knowledge and competencies.

1.3 Arrangements to address the health and wellbeing of children and young people who are looked after are adequate. Managers and practitioners have a clear shared vision and drive to promote continuous improvement in the quality of support and outcomes for children who are looked after. Practice is compliant with statutory guidance. All looked after children benefit from timely assessment and regular review of their health needs. However, children's health care plans and reviews currently provide insufficient detail of children's emotional and mental health, with limited analysis of the impact of specialist support in addressing risks to their well-being. Health outcomes for some care leavers are poor with relatively high numbers becoming pregnant or reporting emotional, mental health or substance misuse difficulties. Gaps in health care provision for care leavers have been identified with planned additional short term resources approved to identify unmet needs.

2. Outcome 1 Involving Users

2.1 Inspectors found good engagement of young people and their families in shaping the design and delivery of some local community health services. The young person's drug and alcohol team is creative in its approach to involving young people. A range of interactive tools have been introduced to support direct work with young people, and some young people have been trained to deliver information about the impact of drugs and alcohol to their peers. A transition demonstration project in partnership with adult services is working to strengthen engagement of young people and their families in designing the services they require in adulthood. The Family Nurse Partnership programme has been evaluated by young people using the '*You're Welcome*' quality criteria and changes have been made in response to learning from their experiences. The CAMHS team uses alternative communication systems such as texting and Facebook to encourage young peoples' engagement. However, there has been limited engagement of young people who are looked after and care leavers in shaping the direction and delivery of health care services in the area. This has been recognised as an area for development and work is taking place to address this.

2.2 Whilst health providers have appropriate systems to seek feedback from young people and their families, learning from their experiences is not consistently recorded or systematically used to review the effectiveness of service delivery. Children in care told us they had no worries about their health and that they knew about local services and where to go for help. Efforts are made to involve children in their health reviews and offer choice of time of appointment, location and people they wish to support them.

2.3 Access to interpreting and translation services is good, supporting the engagement of people whose first language is not English. Mapping of the ethnic profile of users of early years and CAMHS services has identified lower than expected levels of engagement by some minority ethnic communities. Further work is required to identify and address any barriers to service delivery.

3. Outcome 2 Consent

3.1 Consent to care and treatment is sensitively managed and is responsive to the age, competence and personal circumstances of young people. Parental responsibility and consent to medical examination or further treatment was appropriately recorded on all child health records seen. Consent is appropriately managed in supporting young people who do not have mental capacity to make decisions. Attention is paid to building trust and providing information in accessible formats to promote young peoples' understanding. Nurses are sensitive to the need for confidentiality and promotion of dignity in the way services are provided in the school settings. They seek to inform young people about safe and risky behaviour, choice and consent issues, and where to access additional advice and support including counselling. Work undertaken by CAMHS staff is secured by an individual agreement with young people or their parents that identifies their personal commitment and goals and the responsibilities of the professional allocated to support them.

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

4.1 The role and contribution of health professionals to early intervention and prevention work is not yet sufficiently clear or embedded in practice. Whilst inspectors found examples of creative and effective preventative work undertaken by the 'Healthy Minds', CAMHS, and young person's substance misuse teams, the use of the common assessment framework is not firmly established within the practice of health visitors and midwives. Follow up of parents and children who do not attend their 2 year health checks is acknowledged as an area for further attention to strengthen the focus on prevention. Handover of child health records is adequately managed to support children's transition from early years through primary and secondary schools. The recently established CAMHS single point of entry provides a clear system for ensuring young people's emotional and mental health needs are promptly responded to. Those who do not meet the criteria for CAMHS services are appropriately signposted to other relevant agencies.

4.2 Health staff who support children and young people with complex needs or disabilities are vigilant to concerns about their care and treatment and work effectively with them, their parents, schools, and other care givers to ensure their comfort and safety. Individual care arrangements are secured by 'Keep Safe' work, clear health or behavioural management plans that are regularly reviewed, with active promotion of young peoples' communication skills. Attention is paid to providing targeted support to reduce the need for children with long term conditions to be admitted to hospital. Young carers spoke positively about their involvement and support they received from the young carers' co-ordinator and from each other in coping with their caring responsibilities. Some young people felt well supported by counsellors and teachers, but had limited engagement with school nurses. They would welcome a higher profile on young carers needs within the school nursing services and more proactive involvement by school nurses as an additional source of support in monitoring the impact of their caring responsibilities.

4.3 Rates of teenage pregnancies in Windsor and Maidenhead are relatively low and have continued to fall over the last decade. However, the termination rate of young women's pregnancies is relatively high. Local access to sexual health services has been expanded and young people now have better access to information, advice and support, including contraception and screening for sexually transmitted diseases. The sexual health promotion team provides additional support in areas such as sexual identity and work to prevent the sexual exploitation of young people. Family nurses work effectively with teenage mothers and their partners to help them prepare for the birth of their baby and build their knowledge and parenting skills. Second pregnancies have now fallen and are in line with the performance of similar councils. The Chrystal midwifery team provides additional support to vulnerable women who are pregnant, including those with mental health or substance misuse problems, or who are exposed to domestic violence. However, the impact of its work in supporting the delivery of better outcomes has yet to be formally evaluated.

4.4 Young people who are looked after reported positively on the help they had received in having their health needs met. Inspectors found that the designated and specialist nurses had a good awareness of the individual needs of children who are looked after. Young people told inspectors they knew who their LAC nurses were, but were less sure of how to contact them. All looked after children benefit from timely assessment and regular review of their health needs. Assessment documentation is adapted to children's specific age and developmental stages and supports a clear focus on their individual needs and progress against developmental milestones. However, individual assessments, care plans and review records seen did not consistently provide a clear picture of the views, experiences and wishes of children, or sufficiently identify matters pertaining to their faith, culture and identity. Discussions about healthy diets and lifestyles form an integral part of children's health assessments and reviews. Children's weight and height checks were not consistently recorded on some child health records seen, and their body mass index was not scored to inform further analysis of the needs of children and young people who are under or over weight.

4.5 Statutory requirements are well managed by the looked after children specialist health team including support for children placed out of area. The council ensures the LAC health team are promptly advised of all children coming into care or changing their care placement. A weekly clinic schedule of appointments ensures a timely response to requests for initial health assessments. Outstanding performance is evident in ensuring children are up to date with their immunisations and have access to regular dental, sight and hearing tests. Local capacity and expertise is deployed to ensure children and young people placed out of area continue to benefit from good access to specialist support and monitoring of their well-being. Young people's growth and development is sensitively monitored, with appropriate checks made of their safety, including sexual health and substance misuse.

4.6 CAMHS services give high priority to addressing the needs of looked after children and all are seen within two weeks of referral. However, children's health care plans and reviews currently provide insufficient detail of children's emotional and mental health, with limited analysis of the impact of specialist support in addressing risks to their well-being. The need to strengthen co-ordination of assessment activity between children's social care, CAMHS and specialist health and school nursing staff has been recognised, and joint working protocols have been amended to address gaps in practice in this area. Specialist health staff contribute to attachment training to foster and adoptive parents to strengthen their knowledge and approaches to caring for children with emotional health or behavioural difficulties. Foster carers positively reported a reduction in their stress and greater levels of confidence and resilience in meeting children's needs with reductions in placement breakdown.

4.7 Few young people who are looked after misuse drugs or alcohol, and rates of teenage conception of young women whilst in care are low. However, health outcomes for some care leavers are poor with relatively high numbers becoming pregnant or reporting emotional, mental health or substance misuse difficulties. Some care leavers reported gaps in their awareness and confidence in using health services and did not feel well supported in their transition to leaving care. Gaps in provision for care leavers have been identified with planned additional short term resources approved to identify unmet needs. Action is being taken to ensure all 17 year olds are offered a copy of their health history before leaving care.

5. Outcome 6 Co-operating with others

5.1 Up to relatively recently, the profile and contribution of health to the work of the LSCB and its sub groups has not been sufficiently strong or embedded at a locality level. Previous gaps in senior management representation, regularity of attendance and health funding arrangements had hindered partnership working. A renewed commitment by health partners to the work of the LSCB is evident, although links with the shadow clinical commissioning groups operating in the area are still relatively immature. The Designated Safeguarding Children Nurse and the Director of Joint Commissioning provide strong leadership and direction including ensuring areas for improvement identified in recent serious case reviews are fully implemented. Support provided by the Strategic Health Authority is seen to have been helpful in progressing local, inter agency and cross council development work.

5.2 The Joint Strategic Needs Assessment for the area provides a clear overview of shared priorities and risks to the health and wellbeing of the local population. Senior health staff are appropriately involved in the work of the Children and Young Peoples Partnership Board. NHS Berkshire works closely with Windsor and Maidenhead Council to ensure commissioning proposals undergo rigorous assessment to evidence local need and value for money. Transition arrangements for young people with mental health needs or disabilities are adequate and are being strengthened to support person centred practice and a wider range of support options.

5.3 Health agencies give high priority to addressing the health and wellbeing of children who are looked after. Although the LAC health team is not co-located with the council's LAC team, strong partnership working and information sharing is evident in ensuring the health needs of children, including those who require urgent or additional support, receive prompt attention. LAC health staff meet regularly with the council's independent reviewing officers to review practice and share areas for service improvement. As a consequence, previous gaps in access to local dentists have been resolved leading to top performance in addressing the oral health needs of children and young people who are looked after.

5.4 Strong partnership working is evident between frontline health teams and children's social care services. A range of health staff including health visitors, midwives and therapists are actively engaged in and complement family support work undertaken in local children's centres. There is good access to speech and language therapists and dieticians to address issues relating to children's weight management, feeding or communication needs. Vulnerability and personal safety issues are routinely discussed and recorded as a core element of the assessment of children's health, development and wellbeing. The young person's drug and alcohol service works closely with young person's counselling services, school staff, CAMHS and the youth offending service through team around the child arrangements to address concerns and reduce self-harming behaviour.

5.5 Joint working is being strengthened in the light of learning from recent serious case reviews. Liaison meetings have been introduced to ensure effective management of safeguarding arrangements between hospital, community health and social care staff. This supports learning from current practice and seeks to proactively drive improvements in communication and information sharing between relevant partners, including those out of area. Midwives spoken to reported good engagement and a prompt response from children's social care, domestic violence, community mental health and substance misuse teams in addressing risks to the health and wellbeing of unborn and new born babies. Regular weekly multi-disciplinary and professionals meetings support ongoing monitoring and review of the safety and risks to babies. Mothers at risk of post natal depression are promptly identified and frontline staff reported easy and timely access to mental health support, including talking therapies. Community midwives reported good links with local GPs and health visitors, and positive relationships with mothers and fathers fostered through individual work and parent craft classes. Breast feeding initiation and sustainment rates are good.

5.6 Children with complex health needs or disabilities are well supported by a multi-disciplinary health team that covers East Berkshire. Although the team is not integrated with the council team, there are strong inter team relationships that support joined up working and identification of lead responsibilities for meeting children's needs. Good joint attention is paid to ensuring the early development of children with complex health needs or disabilities is effectively planned for and managed. Children with long term conditions or continuing health care needs are effectively supported. Access to equipment is timely, and increasingly, technological solutions support new approaches to promoting children's safety and independence.

6. Outcome 7 Safeguarding

6.1 Local health agencies have an appropriate range of safeguarding children policies, and procedures that are compliant with *Working Together* requirements. These are regularly reviewed and additional guidance and safeguarding tools have been developed in the light of learning from serious case reviews. New care pathways have been introduced to ensure a shared response to the management of domestic abuse, failure to attend appointments and maternal post natal depression. Health visitors and school nurses are now routinely engaged in planning arrangements for children to return home. Changes to practice have been made to ensure professional roles and accountabilities enable ongoing support and review. Information sharing with GPs has been strengthened to ensure changes in care arrangements are appropriately shared and recorded and risks to children are effectively flagged. A new 'bruising' protocol has been developed and frontline staff have received additional training to improve identification and the management of risks.

6.2 Most health staff spoken to had a good awareness of their responsibilities and knew how to report concerns. Safeguarding children was accorded top priority in allocating the workloads of frontline staff. Team meetings and individual and group supervision reflected the importance of this work. Health visitors, school nurses and CAMHS staff were appropriately involved in child protection conferences, core group and other multi-agency meetings. However, the level of attendance and contribution by some adult mental health staff and GPs to safeguarding children arrangements, including timely production of reports to inform a comprehensive analysis of risk, was inadequate in a few cases seen. These issues have been identified as areas for improvement in the LSCB's annual report. *Think Family- Think Child* work is acknowledged as an area for further development to strengthen preventative capacity.

6.3 Attention is paid to ensuring children with learning disabilities or communication difficulties understand how to recognise abuse and report concerns. Targeted work by health visitors has supported improvements in parenting skills and children's diet. Speech and language therapists are actively involved in promoting children's communication and social skills. Improved outcomes for children with a child protection plan included better management of their long term health conditions.

6.4 There is a clear focus on ensuring local GPs are aware of and fulfil their statutory responsibilities for safeguarding children. Priority has been given to identifying and addressing the training and development needs of GPs and other surgery staff to ensure they are alert to and appropriately report concerns about the safety and wellbeing of children. Protected time has been allocated to ensuring GPs attend relevant safeguarding children training, and levels of take up have been satisfactory. Safeguarding arrangements are being secured through the appointment of a lead GP/named safeguarding person in each practice. Areas for improvement have been identified and include strengthening the role of primary care in information sharing and risk management, expanding access to shared electronic case management systems, and ensuring high quality and consistent submission of medical reports to child protection conferences. Recent GP appraisals denote a stronger focus on demonstrating professional competencies in this area. At the time of the inspection, a named GP had yet to be appointed to lead development work in the locality. In the interim, a GP from a neighbouring council provided support when required.

6.5 The work of the child death overview panel (CDOP) encompasses six local authorities. The area has a low incidence of child deaths. The panel is effective in reviewing child deaths across Berkshire and in disseminating findings and lessons learned. The rapid response team ensures prompt investigation of incidents and support for families. Trends and risks to children, including from suicide are clearly identified. Targeted health promotion work has taken place in secondary schools following deaths by suicide of adolescents where substance misuse was a factor.

6.6 Accident and emergency and urgent care staff have clear systems for identifying children at risk of harm and those who have previously attended. Young people who misuse drugs or alcohol or who self harm are appropriately identified with prompt follow up of their needs by CAMHS staff. Appropriate arrangements are in place for the medical examination of children and young people. Children are examined by suitably trained staff, and paediatric cover in A and E and the urgent care centre is adequate. The paediatric liaison nurse linked to A and E ensures GPs and community health staff are made aware of hospital attendances and the need for follow up support. Children and young people alleged to have been sexually abused access a sexual abuse referral centre out of area. Access is appropriately managed, including out of hours, and follow up support including counselling is available to those who require it.

7. Outcome 11 Safety, availability and suitability of equipment

7.1 Access to specialist equipment and adaptations has been strengthened and a new single point of entry supports more efficient and joined up service delivery. A pooled budget is in place to support the purchasing of specialist equipment for children.

8. Outcome 12 Staffing recruitment

8.1 NHS commissioners and providers have appropriate arrangements in place to comply with safe recruitment practices. CRB checks are undertaken at standard or enhanced levels in line with professional roles and levels of contact with children.

9. Outcome 13 Staffing numbers

9.1 Children with a child protection plan are accorded top priority on health visitor and school nurse caseloads. However, the effect of increasing numbers of children on protection plans has meant less time is available for prevention work with children and families with lower levels of need. Berkshire Healthcare NHS Foundation Trust has clearly identified this as a risk on its service risk register and is working to build its capacity to ensure an appropriate balance between targeted and universal health provision. Gaps have been identified in the capacity of health visitors to fully implement the requirements of the Healthy Child Programme. Current long term sickness absences further impact on local staffing levels. The Berkshire Healthcare NHS Foundation Trust through its '*Tomorrow's Community Health*' programme is seeking to strengthen the delivery of care to children from 0-19 years. Funding has been secured to implement workforce plans to enhance service delivery. Plans indicate a steady increase in health visitor posts and a reduction in caseloads to enable more intensive and targeted work with young children. School nurse provision remains thinly stretched in some areas, resulting in a reduction in their capacity to undertake health promotion work. The role, capacity and skill mix of the school nurse team requires further review. Midwifery staffing levels have been enhanced to provide a higher level of support to women with complex needs on maternity wards.

9.2 The increase in the numbers and complexity of children looked after and care leavers has created additional pressures for frontline health visitor and school nursing staff involved in supporting looked after children. The council and Berkshire Healthcare NHS Foundation Trust have deployed additional administration and bank nurse capacity to sustain consistently high performance in the delivery of statutory requirements. The capacity of the recently appointed designated doctor has been increased to help address gaps in previous arrangements. However further work is required, including jointly agreeing future commissioning arrangements to ensure the capacity of the specialist LAC health and frontline community health teams clearly reflects the current levels of demand and complexity of young peoples' needs. The draft service specification has yet to be agreed to ensure a sustainable response to capacity challenges.

10. Outcome 14 Staffing support

10.1 Local NHS organisations are working to embed strong organisational cultures that safeguard children. Most frontline health staff have received an appropriate level of safeguarding children training that complies with inter collegiate professional standards and CQC performance requirements. New training courses have been developed to support more advanced practice. Appropriate supervision arrangements are in place for designated and lead LAC health staff. Access to safeguarding supervision and management oversight of practice has been strengthened, with appropriate processes now in place for most frontline staff. The capacity of the named midwife has been enhanced to provide stronger oversight and support to midwives involved in child protection work. Frontline staff reported good support from their line managers and named safeguarding staff in exploring risks and clarifying their professional accountabilities.

10.2 The action plans from serious case reviews are comprehensive and indicate a significant programme of work in progress to secure a high standard of safeguarding practice across the whole health economy. Systems to strengthen professional accountabilities continue to be strengthened including follow up review of the impact of training and focus on safeguarding competencies in staff appraisals. Strong learning networks have been forged between designated and named safeguarding staff working across Berkshire. The new Berkshire-wide safeguarding health group provides an effective forum for sharing lessons and addressing actions from serious case reviews and inspections.

10.3 Gaps have been identified in the knowledge of adult mental health staff with respect to safeguarding children. A programme of training is in progress to enhance their engagement in child protection activity and to support stronger awareness of *Think Family-Think Child* work. Multi disciplinary weekly team meetings now incorporate an agenda item on safeguarding activity. Work is taking place to review caseloads of frontline staff to enable additional input to families where risks to children's safety or wellbeing have been identified.

11. Outcome 16 Audit and monitoring

11.1 Performance management undertaken by the LSCB has heavily focused on social care data to date, and the need to explore the contribution and impact of health interventions is identified as an area for improvement. Benchmarking activity needs to support a stronger focus on the performance of health services within Windsor and Maidenhead, and to routinely report on the quality and outcomes of work undertaken. Learning from audits is adequately promoted, with an established system of audit of child health records to ensure compliance with nursing and midwifery council standards. Learning from audits is being shared to raise standards of practice and improve targeting of support to families. A recent audit undertaken by Heatherwood and Wexham Park NHS Foundation Trust indicated that the majority of staff knew who to contact if they had concerns, were aware of safeguarding policies and procedures and had accessed relevant training. There is evidence of tighter scrutiny of information held in children's health records following learning from a recent serious case review. However limited work has yet been undertaken on a joint agency basis to assess outcomes across the wider partnership. Work is required to review the use of risk thresholds across the partnership and improve understanding of the effectiveness of safeguarding and prevention work undertaken with children and families from BME communities.

11.2 Local health organisations have appropriate governance arrangements to quality assure safeguarding children work including management of serious cases and incidents. Progress in addressing areas for improvement identified in serious case reviews is effectively monitored and regularly reported to the relevant risk and governance committees and Trust Boards. All NHS organisations have prepared annual reports for their Trust Boards on safeguarding children work. The LSCB has recently strengthened its scrutiny of the performance of local health providers, including challenge of progress being made by health organisations in delivering their action plans.

11.3 Berkshire Healthcare NHS Foundation Trust's '*Tomorrow's Community Health*' programme provides a comprehensive strategy for working together to deliver personalised care and improve health outcomes for children and their families living in the area. This includes alignment with council priorities; ensuring health visitor services are matched to local need, deployed in the most appropriate and cost effective way; better use of information technology to support performance management and joint working arrangements.

11.4 Berkshire Healthcare NHS Foundation Trust has good arrangements in place to routinely monitor the quality of its service provision. Action plans support improvements in service delivery in key areas including privacy and dignity; the quality, child friendliness and cleanliness of clinics; and choice of appointment times and locations where parents and their babies can be seen. Team meetings and staff forums ensure frontline staff are routinely informed of patient feedback and of their progress in achieving targets and implementing improvement actions. A new commissioning for quality and innovation indicator is being developed to strengthen leadership and engagement by frontline health staff in the use of the common assessment framework.

11.5 Consistently high performance has been achieved by Berkshire Healthcare NHS Foundation Trust in ensuring regular review of the health needs of looked after children, with excellent performance evident in ensuring children and young people benefit from regular health checks. The LAC specialist health team has well developed systems to support effective planning, review and monitoring of the health needs of children and young people. However, work is required to enhance performance management systems to provide a stronger focus on the impact of interventions on reducing health inequalities and delivering and sustaining better health and wellbeing as young people move through the care system. The LAC health team's performance has been recently evaluated against the National Institute for Clinical Excellence good practice guidance and work is progressing well to address areas for further improvement.

12. Outcome 20 Notification of other incidents

12.1 Although relatively few local authority designated officer (LADO) referrals are from health, lead safeguarding staff are aware of their responsibilities to report concerns about professional conduct. Local health organisations have suitable whistle blowing procedures and are aware of their professional accountabilities to alert managers to poor care practices. These issues are appropriately covered in induction and safeguarding training.

13. Outcome 21 Records

13.1 Our inspection of child health records found no children were unsafe, with some examples of effective work in identifying and reducing the risk of harm to children. However, we found that the quality of records seen did not sufficiently reflect the voice of children. Assessment of their health and wellbeing was too narrow, with insufficient focus on their social relationships or emotional wellbeing. Analysis of risk and protective factors and review of the impact of work undertaken was under-developed in some cases. These deficits in practice have been recognised and recent improvements to assessment documentation enable a stronger focus on the social history of the family and on domestic violence within the home.

Recommendations

Immediately:

Berkshire Healthcare NHS Foundation Trust and Heatherwood and Wexham Park Hospitals NHS Foundation Trust take action to:

- *ensure that operational managers exercise sufficient oversight and provide robust direction as well as support to practitioners in the implementation of child protection plans (Ofsted, April 2012).*

Within 3 months:

NHS Berkshire together with Berkshire Healthcare NHS Foundation Trust and Heatherwood and Wexham Park Hospitals NHS Foundation Trust take action to:

- *ensure assessments of need contain a robust analysis of risks as well as social, emotional and developmental needs of children, and that the quality of these are overseen by respective managers (Ofsted, April 2012).*

NHS Berkshire together with the Royal Borough of Windsor and Maidenhead, Berkshire Healthcare NHS Foundation Trust and Heatherwood and Wexham Park Hospitals NHS Foundation Trust take action to:

- *ensure effective commitment from all health members to enable the Local Safeguarding Children Board to operate to greatest effect as a champion for the safeguarding of children in the area (Ofsted, April 2012)*
- *ensure ambitious drive, direction and guidance of service improvements are promoted by the Children's Partnership Board, in conjunction with the Local Safeguarding Children Board, including through a review of timescales for the implementation of action plans (Ofsted, April 2012)*
- *develop safeguarding specific performance information systems sufficient to support managers in evaluating the achievement of objectives, targeting priorities and in monitoring compliance with expectations (Ofsted, April 2012).*
- *implement a sustainable response to existing staffing capacity challenges of the looked after children health care team (Ofsted, April 2012).*

Berkshire Healthcare NHS Foundation Trust takes action to:

- *ensure health assessments for looked after children identify and take full account of children's ethnicity, culture and religious needs (Ofsted, April 2012)*
- *ensure all healthcare plans for young people preparing to leave care or in transition to adult services take full account of their capacity and likely vulnerabilities with regard to substance misuse and teenage pregnancy as well as their emotional and mental well-being (Ofsted, April 2012)*
- *ensure managerial supervision, support, direction and quality assurance responsibilities are consistently implemented, incorporating the use of reflective approaches to challenge practice and improve outcomes for looked after children (Ofsted, April 2012).*

Within 6 months:

NHS Berkshire together with the Royal Borough of Windsor and Maidenhead, Berkshire Healthcare NHS Foundation Trust and Heatherwood and Wexham Park Hospitals NHS Foundation Trust take action to:

- *ensure a focused, robust prevention and early intervention framework is fully implemented enabling health practitioners in universal and targeted services to undertake the role of lead professional (Ofsted, April 2012).*
- *develop more effective consultation arrangements with children and parents, and learning from complaints and representations, to inform service improvement and planned outcomes (Ofsted, April 2012).*
- *develop effective and coordinated health, Children's Partnership and Safeguarding Children Board's strategies and delivery of services targeting the high level of teenage conceptions, particularly amongst those most vulnerable young people within the area (Ofsted, April 2012).*
- *develop further targeted support, assessment and intervention services for those children identified as at risk of becoming looked after. These should, wherever possible, adopt joint and coordinated approaches by all key partner agencies to addressing risks and needs (Ofsted, April 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 and it will be followed up through the regional team.