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.

<table>
<thead>
<tr>
<th>London Borough of Lewisham</th>
<th>Aggregated inspection finding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safeguarding Inspection Outcome</strong></td>
<td></td>
</tr>
<tr>
<td>Overall effectiveness of the safeguarding services</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Capacity for improvement</td>
<td>Outstanding</td>
</tr>
<tr>
<td>The contribution of health agencies to keeping children and young people safe</td>
<td>Outstanding</td>
</tr>
<tr>
<td><strong>Looked after children Inspection Outcome</strong></td>
<td></td>
</tr>
<tr>
<td>Overall effectiveness of services for looked after children and young people</td>
<td>Good</td>
</tr>
<tr>
<td>Capacity for improvement of the council and its partners</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Being Healthy</td>
<td>Good</td>
</tr>
</tbody>
</table>
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.
Lewisham has a population of 274,900. One in four residents (approximately 64,500) are aged under 19 years, making up 24.5% of the Borough’s population compared to 22.4% for inner London and 24.4% nationally. Lewisham has 37,812 pupils within its 89 schools. The population in Lewisham is forecast to grow by 49,000 people over the next 20 years. The projected change in population stems mostly from an increase in birth rate.

Based on Greater London Authority 2012 projections, 41% of residents are from a minority ethnic background (rising to 75.5% in schools), with over 170 languages spoken in the Borough. On the specific indicator of income deprivation affecting children, 38 (out of 166) of Lewisham’s super output areas are in the 10% most deprived. The rising numbers of children and young people in Lewisham is a significant issue requiring extra provision within schools and increasing demand on services for children, young people and families across the partnership.

Health services are provided by Lewisham Healthcare NHS Trust which provides community services, hospital and other specialist services. Primary care services are provided by NHS Lewisham. The full range of acute general hospital medical, surgical and emergency services are provided by Lewisham Hospital. Child and adolescent mental health services (CAMHS) and adult mental health services are provided by the South London and Maudsley NHS Foundation Trust. Substance misuse services for adults and for children and young people are provided by an organisation called Crime Reduction Initiative (CRI). Joint commissioning arrangements are in place for looked after children in Lewisham with all children’s community health services commissioned through the joint commissioning team in the local authority. (Ofsted, 2012)
General – leadership and management

1. Lewisham PCT is part of the NHS South East Cluster. Good arrangements are in place across the cluster and within Lewisham to ensure good safeguarding practice across all NHS providers. Safeguarding is the responsibility of the Nursing Director for the cluster, with local accountability through the Public Health Director who is the Lewisham Borough Safeguarding Lead. Borough safeguarding leads meet bi monthly to discuss safeguarding. In addition, there is a local Lewisham safeguarding committee which meets regularly at which providers and commissioners for Lewisham have the opportunity to consider safeguarding practice across the Borough. The minutes from the Committee are considered by the executive safeguarding cluster lead as well as the LSCB.

2. Health partners are well represented on the Children’s Trust Partnership and the Lewisham Safeguarding Children Board. A long history of partnership working is highly successful in meeting local challenges and senior executives across health describe having a “focus on the child rather than organisations.” Overall, health providers in Lewisham benefit from having a stable workforce with good, well established networks both strategically and operationally.

3. The Lewisham Safeguarding Committee requires each provider organisation to submit a quarterly safeguarding template report which measures a set of key performance indicators, including CRB checks, activity and attendance at conference as well as training. The quarterly returns are discussed and any actions to address concerns agreed. However, there is no formal process for escalating risk to the NHS Cluster Board and this has been recognised as a gap in the newly emerging structure.

4. A safeguarding commissioning policy for Lewisham is integrated into all NHS contracts and the designated nurse is involved in the development of any new specifications to ensure that any implication on safeguarding children is considered and included.

Outcome 1 Involving Users

5. The involvement of young people in the development and monitoring of care across health services in Lewisham is good. Examples include young people who were involved in the development of learning materials used as part of the evaluation of the substance misuse service as well as sitting on the interviewing panel for new youth substance misuse workers. Young people have also been involved in the design of the new waiting area for CAMHS. CAMHS staff work with young people on a continuous cycle of improvement and use the “You Said, We Did” to make sure that young people are aware of the changes that they have brought about.

6. All family planning clinics have been accredited as part of the “You’re Welcome” scheme which means they appropriately focus on meeting the needs of young people.
7. All health practitioners we spoke to told us that they had good access to interpreting and translation services.

8. Young people, looked after are routinely asked where they would like to have their annual health review. This helps to engage the young person in the process of the health review and to promote them taking responsibility for their health.

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

9. The healthy child programme is delivered effectively using skill mix within the health visiting service. Caseloads are held corporately as part of a team and are described as stretched and at capacity. Core visits include targeted ante natal visits as well as all routine contacts up to 2 years. Additional targeted visits are made to vulnerable families to provide extra support. Good arrangements are in place to transfer families from the health visiting service to the school nursing service. Very high rates of completion of new entry into school questionnaires help ensure that the health needs of children new into school are known well with appropriate health plans in place for continued monitoring and review by school nurses. This is supported by the link named special needs nurse allocated to each nursery and school across the Lewisham Borough.

10. School nurses provide an effective and extensive range of services including the National Child Measurement Programme and immunisation and vaccination programme. All secondary schools in the borough have a school nurse drop in session and these are well used by teachers, parents and students. Some school nurses run small groups to support young people with specific needs, often around self esteem, bullying and relationships. School nurses offer an extended role in accompanying young people to contraceptive and sexual health services. All schools including nurseries have named school nurses.

11. Good support from the children’s community nursing service enables children and young people to access life opportunities such as attending school, going on school trips and participating in other leisure activities. The children’s community nursing service also provides successful training to universal services to provide care, for example, epi pens and gastronomy feeds.

12. At the time of the inspection, the paediatric accident and emergency (A&E) at Lewisham Hospital was in temporary but suitable accommodation. It has 6 paediatric beds but this will increase when they move into the new premises. Well established processes in A&E support highly effective safeguarding practice. Any child under 16 has a red casualty card so that their records are easily identified and they are usually seen in the paediatric department. Children attending A&E are checked for repeat attendance and whether a child protection plan is in place. Best practice extends to the use of flags on records that indicate other concerns such as national alerts on missing children and those children with complex care needs.
13. A comprehensive assessment is carried out on all children attending A&E which takes into account the child’s condition and whether there are any safeguarding or child protection concerns. This assessment exceeds the National Institute of Clinical Excellence (NICE) guidance in terms of best practice and compliance is regularly audited. Any attendance of an infant under one year old is discussed with a senior doctor prior to discharge and again recent audit shows that this is happening 100% of the time.

14. Highly efficient and effective use of paediatric liaison ensures that all attendances of children up to 16 are screened with notifications sent to General Practitioners (GPs), health visitors and school nurses, as well as notifying the health looked after children team of any attendance by a looked after child. The Paediatric Liaison Health Visitor role extends to chairing ‘team around the child’ meetings held on the wards as well as the discharge planning meetings and because of the good links with community, health visitors and school nurses, this means that arrangements to care for children outside the hospital are finalised in good time.

15. Very good progress is being made in tackling the high number of teenage conceptions in Lewisham, with the reduction in conceptions being significantly higher than either local or national rates. Effective sex and relationship education (SRE) is provided by the school nursing services with good support from the contraceptive and sexual health (CASH) service outreach team including the effective use of mock clinics to build up confidence of young people to attend CASH clinics in the future. Part of the SRE syllabus is information to young people about the risks of sexual exploitation and trafficking as part of “Keeping Safe.”

16. Young people have good access to a range of contraceptive and sexual health services. There are four integrated clinics across the Borough of Lewisham including twenty four hour, seven day week access to emergency contraception through a network of pharmacists, walk in centres and urgent care. Comprehensive assessments on all children aged 16 and under, and for vulnerable young people under 18, help identify vulnerability and risk associated with exploitation or trafficking. The assessments also help to identify any unmet need that local services can provide support with, such as substance misuse or emotional health and wellbeing services. Young people can also access contraception and Chlamydia screening in primary care, with all GP practices providing free condoms. The Pan London C-Card Scheme is well established across the Borough of Lewisham. There is good access to local termination of pregnancy services and although there are good safeguards built in to follow up young people referred by the CASH services, there is a potential gap in identifying follow up of those young people who self refer. Commissioners are aware of this gap and are working with services on how to address this. There is a good uptake of long acting reversible contraceptives post termination and this helps to reduce the number of repeat conceptions. The local youth offending team have sexual health trained staff who work with young people who display risk taking behaviours to promote risk resilience and minimise risk taking behaviours.
17. An effective programme of education and support is available to children and young people around substance and alcohol misuse. The Drug and Alcohol Team provide bespoke packages of education tailored to the needs of the individual schools or college as well as group work in “hot spots” across the Borough. The Crime Reduction Initiative (CRI) team works with children and young people from the age of 10 to 21 and offers a number of treatment options, through group sessions or one to one interventions, depending on their need and choice. The CRI worker based in the Youth Offending Team works through assertive outreach and her work is evaluated well by former clients.

18. An increasing number of young people are completing their care plans and leaving the service in a planned way; this is being carefully monitored by commissioners to ensure that the service continues to meet the needs of children and young people. A member of the CRI attends the weekly A&E safeguarding meeting and there is good follow up of any young person who attends the local A&E with either alcohol or substance misuse.

19. Families have good access to highly effective child and adolescent mental health services. Many schools across the Borough have purchased their own emotional health provision to identify concerns early and provide support. Specialist CAMHS offer a flexible and responsive service and will accept direct referrals from most professionals working with children and young people. All referrals are triaged daily to ensure a prompt response where necessary. A number of core CAMHS staff provide services across Lewisham including those that work as part of the multi disciplinary team based in primary care. Young people who are acutely unwell are very well supported and, where possible at home, through the Lewisham Young People’s Service that operates a 5 day week service. As a result, inpatient care is avoided appropriately. In patient care however is available locally if required. Of note is the policy of the South London and Maudsley (SLAM) NHS Foundation Trust not to admit young people under 18 onto an adult ward. CAMHS measure the effectiveness of their service through outcome scores and these demonstrate that the service makes a positive difference to the lives of children and young people.

20. Transition into adult mental health services is timely and well planned. Quarterly multi agency transition meetings start to discuss future care needs of young people when they are 16 to ensure that their needs are known and planned for effectively.

21. Families have access to effective therapy services to support children and young people. However, the change in how speech and language therapy (SALT) services are delivered for school age children is not well communicated to families and this means that some parents are unhappy with the level of service received.
22. The care pathway for the assessment and diagnosis of autistic spectrum disorder in children is led by the consultant community paediatricians. CAMHS attend the panel as part of the multi agency assessment process. This is good practice and fulfils the requirement of the NICE guidance. However, there are some delays in children accessing the assessment and diagnosis panel for autistic spectrum disorder. There is an existing action plan to address these waits and to ensure that no child will be waiting for assessment by September 2012. There are well advanced plans to support families after diagnosis of Autistic Spectrum Disorder through Lewisham Autism Support, offer of Early Birds and Drumbeat. The Multi Agency Panel offers a key worker to co-ordinate the care of those children and young people with the most complex care needs and this supports those families well. Access to equipment is now through a recently pooled budget between health, social care and education and it is too soon to comment on the impact of this change.

23. Midwives have clear and effective processes in place to identify vulnerabilities in women when they book their pregnancy, with further opportunities to assess risk throughout the pregnancy through scheduled routine ante natal appointments and more formally at 28 weeks and 32 weeks. Recent changes to practice to strengthen identification of risk include recording of fathers’ details and meeting earlier with health visitors. Recent audits have shown good compliance with both these initiatives.

24. A well established and responsive vulnerable pregnancy midwifery team supports women who require perinatal mental health support as well as those women who have substance misuse or alcohol problems. Midwives use a sticker on hospital notes to identify vulnerability in pregnancy, as well as making sure that a delivery plan is in place to ensure a co-ordinated approach to the care of the mother and to safeguard the newborn baby.

25. Teenage parents-to-be have timely access to good support from the teenage pregnancy midwife and from the Key Worker Service. Ante natal clinics for young people are held regularly. One of the clinics runs a multi agency drop in support service alongside the clinic to offer the young people support around housing, benefits, returning to work or education. Young mothers stay with the teenage pregnancy midwife for 6 weeks after the birth of their baby and during this time future contraception is discussed and arranged. Young dads have access to the Working with Men “Young Fathers’” programmes that support young men either through regular group work or on a one to one basis. These services are highly valued by the young people. The local Family Nurse Partnership effectively supports the most vulnerable young families, with early successes showing high breastfeeding rates and lower subsequent second births than nationally.
26. All children and young people coming into care receive an initial assessment that is carried out by a registered medical practitioner. There are some instances of young people who may be 16 or over who refuse their initial assessment and in these cases, the designated nurse makes significant effort to engage with the young person and carries out a modified assessment under the direction of the designated doctor. The initial assessments are of high quality and fully detail the health of the child or young person as well as outlining their future needs in a comprehensive health plan.

27. The health reviews are carried out by either the looked after children health team, school nurses or health visitors depending on age and complexity of care needs. The reviews are effective and inform the development of appropriate health action plans. However school nurses do not use the local substance misuse screening tool as part of the review process to help identify risk. The most recent published data shows that 73.9% of looked after children are up to date with their immunisations which is slightly below the national average of 78.9%, 90.4% of children have had their teeth checked in the previous year, compared to a national figure of 82.3% and 80.8% of children have had their annual health review compared to national average of 84.2%. Unvalidated data shows an improving trend in relation to immunisations which is now at 85%.

28. All initial health assessments, health reviews and health plans are reviewed for appropriateness by either the designated nurse for looked after children or the designated doctor for looked after children. This makes sure that children and young people are having their needs properly assessed and identified. However, there are ongoing problems in ensuring that both initial health assessments and health reviews are carried out in time. The partnership is aware of the issues and is working together to find a remedy.

29. There are very good and highly effective arrangements to meet the emotional health needs of looked after children and young people. All young people entering the care system are assessed through completion of the SDQ and these are reviewed by Symbol (the specialist mental health service for Looked After Children provided by SLAM). The Symbol team continue to work with young people up until they are 21 as well as those young people who are out of Borough, where appropriate. Young people can self refer back into Symbol once discharged.

30. Arrangements to ensure the health needs of children looked after out of the Borough of Lewisham are satisfactory. Health partners are on the complex care commissioning panel; the designated nurse makes direct arrangements with the looked after children health team of the receiving authority for health reviews and in some cases initial assessments.

31. The designated nurse for looked after children runs a regular drop in clinic for young people looked after which offers a range of services, including health promotion, some contraceptive and sexual health advice and services and opportunities for any outstanding immunisations or vaccinations. Young people can attend the drop in until they leave care, though there is some flexibility around this.
32. Young people looked after are able to access universal contraception and sexual health and substance misuse services. Additional support is available from the substance misuse link worker for young people looked after. Young women who wish to continue with their pregnancy are able to access support from either the Family Nurse Partnership or through the teenage midwife. However, there is no identified multi agency pathway that all partners are signed up to in order to ensure that services work together to provide support to this highly vulnerable group of teenage mothers.

33. A pilot project is underway to provide young people with a summary of their healthcare when they leave care. Some foster carers who look after a range of young people of different ages have been asked to trial the completion of a “green” book. This will be evaluated by foster carers and young people. However, in the interim, current provision is poor. The arrangements for health practitioners involved in the ongoing health assessments to participate in the pathway planning process for when a young person leaves care is an area for development.

**Outcome 6 Co-operating with others**

34. The partnership arrangements between A&E and other services across Lewisham support early identification and support to vulnerable children and young people. Young people up to the age of 18 who attend A&E following an incident of self harm are supported very well by the Child and Adolescent Mental Health Service (CAMHS). Any young person under 16 is admitted to the paediatric ward for a short period in line with NICE guidance. Older adolescents are either admitted to the A&E short stay unit or discharged following consultation with CAMHS.

35. Attendance of pregnant women at A&E is routinely notified to maternity services and this enables the midwife to provide any appropriate follow up contact.

36. A&E hold a regular multi agency safeguarding meeting that is well attended by health and social care partners. The named nurse from SLAM attends the meeting as well as representatives from substance misuse services and key teams within trust. These meetings ensure that families are receiving appropriate support through either Team around the Child or through the involvement of social care.

37. Effective meetings take place regularly between general practitioners and health visitors to share information on vulnerable families, ensuring co-ordination of primary care services in safeguarding children. This was a key recommendation from a serious case review in Lewisham.

38. Regular vulnerable pregnancy meetings, led by the Lead Safeguarding Midwife, have been introduced. Social care and midwives meet to discuss and monitor referrals and are currently mapping and refining the care pathway for vulnerability in pregnancy. This co-ordinated approach ensures that child protection plans are made well in advance to safeguard the baby once born.
39. Good and increasing awareness on the potential impact of parents’ mental health on children is well supported by the SLAM approach to ‘Think Family’. The Trust uses a child need and risk form that is completed for any child that belongs to the family of the adult service user, as well as for any child with whom they have contact. The completion of this form also identifies children who are young carers and these young people are then referred to a well established and effective young carers group in Lewisham. All requests to attend case conferences are well considered to ensure appropriate attendance and information is provided. Many examples were given where adult mental health staff had attended CAF or team around the child meetings to ensure that the needs of the family were discussed across all agencies, including housing and education.

40. The involvement of the designated looked after children nurse and the Symbol team in providing support and training to foster carers, social workers and other professionals is good. In addition, the Symbol team work with foster carers to support them if a young person is not in a stable placement or if a young person refuses to engage with their service. This helps the foster carer to understand and manage behaviours that may have contributed to placement breakdown.

**Outcome 7 Safeguarding**

41. The designated nurse for Lewisham is employed full time and is line managed by the Lewisham consultant in Public Health who also chairs the Child Death Overview Panel (CDOP). The Director of Public health is the safeguarding executive lead. The designated nurse receives supervision from the NHS South East Cluster Executive safeguarding lead as well as peer supervision from designated nurses across the cluster. A service level agreement is in place with Lewisham Healthcare Trust to provide five sessions of a dedicated consultant community paediatrician’s time to act as designated doctor for safeguarding and designated doctor for child death review.

42. The designated doctor and nurse are members of the LSCB and meet regularly with the named professionals across Lewisham as a group and also on a one to one basis to maintain a strategic overview on safeguarding practice across health services within the Borough. Progress on actions against recommendations from serious case reviews are regularly discussed at these meetings as well as at the sub group of the LSCB.

43. The designated nurse for looked after children is new in post and employed full time. The designated doctor is employed for 2.5 sessions per week. The medical advisor for fostering and adoption has 4 sessions. Arrangements for their line management and access to supervision and training meet the requirements of Working Together 2010 and the Intercollegiate Guidance 2010.
44. The arrangements for the named professionals for safeguarding children within the Lewisham Healthcare NHS Trust are good. Established systems ensure that the named professionals are aware of any safeguarding referrals to social care and good monitoring arrangements ensure health staff attend relevant child protection conferences. The safeguarding children team operate a Consultation and Advice Line during working hours and this gives practitioners across the trust immediate access to support.

45. The arrangements for the line management, supervision and training of the named professionals for safeguarding children within the South London and Maudsley NHS Foundation Trust are good. The named nurse for safeguarding children is directly line managed by the trust board executive safeguarding lead which is good practice. Good monitoring arrangements are in place to ensure that trust staff consider and respond to all requests for attendance at child protection conferences and these include making sure that reports are completed and sent.

46. Safeguarding practice within primary care is good and improving. Named GP safeguarding leads have been identified in all GP Practices and are well supported by regular meetings as well as access to supervision. This is exceptionally good practice. Template reports are available on the local intranet to support GPs in writing reports for child protection conference.

47. Health partners are highly committed to partnership working to ensure that children and young people in Lewisham are safe and well protected. Attendance by health practitioners at child protection meetings is good and is closely monitored and reported on by the LSCB and increasingly by the provider organisations as part of their board assurance framework.

48. Widespread understanding and use of CAF is effective and well embedded both as a referral tool as well as a framework to support early intervention and support to families. The majority of health staff had received training and were positive about its use. Clear processes are in place to escalate concerns where there have been professional disagreements between health practitioners and colleagues within social care.

49. Health partners are well engaged in the domestic violence agenda across Lewisham with good support from all key areas. General Practice is part way through a training programme on domestic violence with some GP practices already signed up to the local MARAC. A&E are reporting an increasing number of young people to the youth MARAC and are positive and enthusiastic about the benefit of this work in relation to gang activity and in making Lewisham a safer place to live. It is recognised that health visitors and school nurses no longer routinely receive police notifications following their attendance at a domestic violence incident where there are children in the family and this means that they are unable to consider the impact of this with the families they are working with. This is being discussed by the partnership to negotiate how this information can be used to safeguard children in families where domestic violence is prevalent.
50. Good arrangements are in place to ensure child protection medicals are carried out quickly and by appropriately trained staff. The acute medicals following allegations of sexual abuse are carried out in the local Haven facility at Kings College.

51. An effective Child Death Overview Panel (CDOP) is established as a sub group of the Lewisham Safeguarding Children Board. It is appropriately constituted and chaired by the Consultant in Public Health. Additional funding has been obtained to provide health visitor input into the CDOP which will also allow the panel to look at improving bereavement support for families within primary care. Recently, the CDOP have influenced local training on the risks of co-sleeping, especially where babies are breastfed.

Outcome 14 Staffing support

52. Impressive progress has been made in ensuring that staff are appropriately trained in safeguarding children across the health partnership. Work has recently taken place to amend the Lewisham Healthcare NHS Trust’s training needs analysis to reflect the new training requirements in Level 3 within A&E.

53. Exemplary arrangements are in place for the supervision of community staff, with a range of approaches used to promote best outcomes for staff and families with whom they are working. Supervision is carried out 3 monthly for most key staff and good progress is being made in implementing this across midwifery services. Safeguarding supervision forums have been established to provide additional support in key areas such as A&E, Neonatal Intensive Care Unit and midwifery to look at reflective learning. All supervision is recorded in client notes and this is best practice.

54. Supervision within SLAM is effectively used to safeguard children and young people; however, current practice means that the supervision record is not contained within the service user's health record. The trust recognise this as a gap and have an action plan to address this.

55. Good training in the health needs of looked after children and how to carry out effective health assessments is carried out with health visitors and school nurses by the designated nurse for looked after children. The designated nurse also meets with any new health visitor or school nurse as part of their induction. This helps to ensure that practitioners carrying out health reviews are competent.

56. Awareness on safeguarding and child protection within primary care is very good and well embedded. Significantly, the majority of GPs have completed training at Level 2 and are on target to complete Level 3 training by March 2012. However, training is less embedded within dentistry, pharmacy and optometry. Initial problems with access to on-line training have now been resolved and discussions ongoing within the Business Service Unit to identify funding streams.
Outcome 16 Audit and monitoring

57. Board assurance in safeguarding children within the Lewisham PCT, South London and Maudsley NHS Foundation Trust and the Lewisham Healthcare NHS Trust is of good quality, effective, and supported well through clear governance structures. In particular, the South London & Maudsley (SLAM) NHS Foundation Trust has an impressive assurance framework on safeguarding children.

58. Governance arrangements on safeguarding practice within the Lewisham Healthcare NHS Trust and the South London and Maudsley NHS Foundation Trust are good. Safeguarding risks are escalated to trust boards and both boards have received safeguarding training. Trust boards receive their organisation's safeguarding annual report and both trust boards receive additional update reports and demonstrate good use of how they monitor performance using key performance indicators.

Recommendations

Within 3 months (from report)

Lewisham PCT and Lewisham Healthcare NHS Trust to undertake work with the Police to ensure domestic violence notifications are sent through to health visitors and school nurses as a matter of routine.

Lewisham PCT and Lewisham Healthcare NHS Trust to make arrangements for the local substance misuse screening tool to be used as an integral part of the annual health reviews for looked after young people. (Ofsted 2012).

Lewisham Healthcare NHS Trust to collect data on the timeliness of initial health assessments to enable effective oversight of activity. (Ofsted 2012).

Lewisham Healthcare NHS Trust and local authority partners to undertake an audit of pathway plans to inform a robust multi-agency plan for action and improvement to address the key learning issues arising from this inspection. (Ofsted 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.