

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

<b>Date of Inspection</b>	<b>5<sup>th</sup> March 2012 – 16<sup>th</sup> March 2012</b>
<b>Date of final Report</b>	<b>24<sup>th</sup> April 2012</b>
<b>Commissioning PCT</b>	<b>NHS Wiltshire (NHS Wiltshire &amp; BANES PCT Cluster)</b>
<b>CQC Inspector name</b>	<b>Jan Clark</b>
<b>Provider Services Included:</b>	Salisbury NHS Foundation Hospital Trust Great Western Hospitals NHS Foundation Trust. Oxford Health NHS Foundation Trust Avon & Wiltshire Mental Health Partnership NHS Trust (lead commissioner NHS South Gloucestershire) Sirona Care and Health
<b>CQC Region</b>	<b>South (West)</b>
<b>CQC Regional Director</b>	<b>Ian Biggs</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>Wiltshire County Council</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Inadequate
Capacity for improvement	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
<b>Looked After children Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of services for looked after children and young people	Adequate
Capacity for improvement of the council and its partners	Good
Being Healthy	Adequate

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

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

### **The Inspection Process**

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

---

CQC contributes to the inspection team and assesses the contribution of health services to safeguarding and the care of Looked after children relating to that authority. Our findings from the inspection contribute to the joint report published by Ofsted and also enrich the information we use to assess providers against the Essential Standards of Quality and Safety. This report sets out specifically the evidence we obtained in relation to these standards and extracts from the published report are included and identified.

CQC used a range of documentary evidence in advance of and during this inspection, and interviewed individuals and focus groups of selected staff and, where possible, children and young people, their parents and carers in order to provide a robust basis for the findings and recommendations.

This document sets out the findings in relation to the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

## **Context:**

The county of Wiltshire is situated in the south west of England. It is a large, predominantly rural and generally prosperous county. Although Wiltshire ranks amongst the least deprived areas of England, it masks significant pockets of deprivation. The total population in Wiltshire is estimated to be 461,480 (mid year estimate 2011) and rising. Of this population the number of children and young people aged 0-19 is 114,390 (24.8%) which is more than the national average of 23.8%. The proportion of children and young people in Wiltshire who are entitled to free school meals, at 8.1% is significantly below the national average of 17.1%.

Children and young people from minority ethnic groups account for 8.4% of pupils in primary schools and 6.6% of pupils in secondary schools which is significantly below the national average of 24.5% and 20.6% respectively. The largest group is made up of children and young people from Black Minority Ethnic communities with a more recent increase of children and young people from Western and Eastern European countries. In 2011 the percentage of pupils who speak English as an additional language is 3.4%.

Apart from its rurality Wiltshire is characterised by the scale of its military presence which is one of the largest in the country. In January 2011, 4,893 children and young people in Wiltshire schools had a parent in the armed services. This in itself presents challenges not only to statutory services but also to military welfare services in addressing difficulties relating to the turbulence and disruption to family life and learning due to children and young people moving schools as their parents are posted to different locations and the anxiety felt by children and young people when their parent is away on active service. As a result of movement of military personnel, there is a resulting impact on staffing establishments within some health services, particularly in health visitor and school nursing services where there is movement of qualified staff whose spouse is in the military.

Wiltshire has a long history of Children and Young People's Partnership arrangements which pre-dates the Wiltshire Children's and Young People's Trust established in 2005. Despite the removal of statutory requirements, Wiltshire remains committed to continuing the arrangements for collaborative working through a Children and Young People's Trust Commissioning Executive with a stakeholder partnership. The ambition and priorities of the Trust are reflected in the newly published Children and Young People's Plan (CYPP) 2012-2015. Membership of the partnership is made up of key partner agencies from statutory, community and voluntary organisations. The Local Safeguarding Children Board has an independent chair and brings together representatives from all the main organisations, including a representative from the army welfare service, working with children, young people, families and carers in Wiltshire.

At the time of the inspection there were 406 children and young people looked after by Wiltshire County Council comprising; 102 children under the age of five, 272 children of school age (5-16) and 31 aged 17 years. The council and its partners currently support 198 care leavers

Within Wiltshire, primary care services to children, young people and their families and carers living in the community are commissioned by NHS Wiltshire, now part of the NHS Wiltshire/BANES PCT cluster. Acute hospital services are provided at Salisbury District Hospital, Great Western Hospital Swindon & Royal United Hospital NHS Trust Bath. Universal services such as health visiting and school nursing are delivered primarily by Great Western Hospitals NHS Foundation Trust (GWFT). Sirona Care & Health also provide community paediatric services including one of the paediatricians working with the adoption and fostering panel and undertaking looked after children health assessments. Specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Oxford Health NHS Foundation Trust. Adult mental health services are provided by Avon & Wiltshire Mental Health Partnership NHS Trust (AWP).

## General – leadership and management

- 1 Wiltshire has a clear commitment to the development of a joint commissioning framework delivering effective universal and targeted services in response to identified local health and social care needs in a locality based approach. To this end, Wiltshire Children and Young People's Trust (CYPT) has developed a Children and Young People's Plan 2011-14 which sets out the partnership's vision for improving outcomes over a three year period for the children and young people of Wiltshire. The plan comprises ten key priorities with a number specifically focusing on positive outcomes for vulnerable groups of young people.
- 2 The PCT Cluster has brought greater focus to child safeguarding issues across the health community through the newly established patient safety governance group chaired by the director of nursing and patient safety and the appointment of a new designated nurse. This has brought an increased level of support to health agencies named professionals but is also raising the bar in relation to standard setting and expectations for service delivery across the health economy. Health's contribution to safeguarding is adequate.
- 3 At the time of the inspection, NHS Wiltshire had not appointed a designated nurse and designated doctor for looked after children and was therefore not compliant with statutory guidance as set out in Working Together 2010: This has resulted in a lack of clinical leadership and should be addressed. However, at an operational level most functions of the designated roles are fulfilled. For example, two provider trusts are contracted to provide appropriately skilled and experienced paediatricians to undertake the adoption medical advisor role to the adoption and fostering panel which functions effectively, and carry out or direct all initial health assessments.
- 4 Furthermore, for children who are looked after, there is a clear performance management infrastructure in place and clear lines of accountability linking The Health & Wellbeing and Children's Trust boards, through the children in care commissioning group and the looked after children health group, to the community health service provider ,Great Western Hospitals NHS Foundation Trust , which is delivering services. The looked after children health group which oversees health service delivery is multi agency; including independent reviewing officers, looked after children nurses, paediatricians, social worker and a dentist advisor. It is chaired by a public health consultant who holds professional lead responsibility for the looked after children health service, reporting regularly on performance to the PCT. The public health consultant is also a member of the corporate parenting group.
- 5 Overall, there is an understanding within the service of where improvement is needed and what needs to be done to strengthen arrangements. The looked after children health group has an annual work programme which is effective in driving improvements. However, joint performance scrutiny and measurable outcome focused objectives within the work plan are not yet fully developed and sufficiently rigorous and the delivery of health services to looked after children is judged in this inspection, as adequate.

## Outcome 1 Involving Users

- 6 The Wiltshire Assembly of Youth (WAY) is effective and leading the 'agenda for action' programme facilitating young people to have real influence on service areas they have identified as priorities. They recently led a well attended mental health conference, Be Kind to Your Mind as part of their work to develop a Young Minds Matter Charter for schools. Councillors attended the event, including the cabinet member and portfolio holder for children and feedback from young people who attended is that the event provided a safe and open place where young people's awareness was raised and they could share their mental health issues, in some cases for the first time. A report of issues and recommendations arising from the event is being taken to cabinet with an accessible version and a DVD of the event being developed for young people.
- 7 An active Wiltshire Parent Carer Council has been successful in helping change and develop service provision for children and young people who have learning difficulties and/or who are disabled. Parents consider the group and those they represent to have a real, rather than tokenistic, role in service planning and comment 'we are walking the journey together'.
- 8 The looked after children health team offers good flexibility and choice to young people in the location and time of assessments which include schools, home and GP surgeries and the child could be seen by a range of suitably skilled clinicians under direction of the lead doctors. However, recently there has been a significant increase in the number of looked after young people declining their review. Currently, this issue is being explored by the looked after children health group and community health service to understand and address the reasons for this.
- 9 In case records reviewed for children who are looked after, it is clear that the views and wishes of the child or young person are recorded. This is a positive feature and reflects the work that has been undertaken across health to ensure the voice of the child is heard. Where young people were competent, there were some examples of them signing the consent section of the assessment although this was not consistent.
- 10 Support for care leavers has been recognised as an area for development by the looked after children nurses and social care team and is addressed within the service's workplan for the next year. Care leavers are currently given an immunisation record and can re-engage with the looked after children nurses after leaving care but do not receive a comprehensive health history. A copy of the final health review is sent to the GP and offered to the young person although this may not be in a format they find useful. In the past young people have been involved in the selection of health promotion leaflets given to care leavers but with recent changes in the profile of both statutory and third sector support services, there is scope to review the currency of the information being given. There has not been recent engagement with the Children in Care Council however, on how health information, advice and guidance can be best provided to and received by care leavers and the work plan reflects this. There is also scope to increase engagement with foster carers to better inform service development.

- 11 Staff across the health community are aware of the cultural and diversity issues of the population. Independent interpreters are used rather than family members to help families have satisfactory access to health services. There is an awareness of increasing incidents of female genital mutilation and developmental work is in hand within the maternity services to develop awareness and expertise. Leaflets are provided in a number of languages within acute settings and the minor injuries unit. The development of the Group of Gays (GOGs) is facilitating young people to understand and gain peer support on issues of sexuality. The young people involved with GOGs speak positively of the impact that GOGs has had on their sense of identity and wellbeing.

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

- 12 The establishment of a single point of access, for all notifications from social care to the looked after children health team has been a positive development, providing appropriate information regarding children and young people entering the care system and any changes to their placement. However, not all notifications from social care are timely and at times lead to a significant delay which is exacerbated by capacity pressures within health to ensure timeliness of appointments following notification. For example, at the time of inspection only six of the cohort of 19 young people new into care received an initial health assessment within 28 days of receipt of notification. Where there are frequent changes of placements for some children, these challenge the looked after children health team's ability to ensure that initial health assessments are comprehensive and are undertaken within timescales. This creates a risk that the health needs of some looked after children and young people are not being fully identified and addressed soon enough. Performance on ensuring that reviews of health assessments are timely is good at 88.4% compared to the national average of 84.3%.
- 13 If accelerated immunisation programmes are required for individual children, GPs and child health departments are informed and there is evidence that these are followed up by health visitors, school nurses and the looked after children nurses. An audit of dental care was completed in 2011 and a review of dental check data is undertaken on a six monthly basis. If a child requires dental treatment they can either access local dentists or they can be referred to the community dental service, part of Great Western Hospitals NHS Foundation Trust and they are prioritised for treatment. The looked after children health forum is attended by a dentist who advises on dental care and informs strategic plans.
- 14 The teenage pregnancy strategy has been delivered effectively and the teenage pregnancy rate is low at 26.4 per thousand aged 15 -17 years old. Termination of pregnancy providers are commissioned to provide long acting reversible contraceptives (LARC) and currently 84% of GP practices are able to provide all forms of LARC, this exceeds the South West ambition of 70%. School engagement with sexual health strategies is increasing contributing to a robust healthy schools programme with positive outcomes.

- 15 All teenage mothers routinely have common assessment framework (CAF) assessments and support from a specialist midwife as well as health visitor support.. When a looked after young woman becomes pregnant the common assessment framework care pathway ensures joint working and information sharing between the midwife, looked after children's specialist nurse, health visitor and social care staff. Data is collected on looked after children who become pregnant, or are young mothers; however this data is not robust. Similarly, partners are not aware of which looked after young men are, or are about to be, fathers. Consequently, the partnership cannot satisfy itself that the needs of this group of young people, including those who may be placed out of area, are being met fully.
- 16 Children have ready access to health services including good quality CAMHS and Motiv8, the substance misuse service. Both services are outreach based services and able to respond to need promptly. Access to child and adolescent mental health services has significantly improved with a newly commissioned service provider, Oxford Health NHS Foundation Trust. The CAMHS services, including the outreach child and adolescent service (OSCA) which is available 24 hours per day, are good quality and effective. There are acknowledged difficulties in the access pathway into primary CAMHS services provided through the council and there is a plan in place to also move these into the Oxford Health provision. Young people told us how highly they value the support they receive and what a positive impact it has had on them and their families. The service makes daily contact with the acute hospital trusts, and responds promptly to requests for assessments. For young people requiring in-patient mental health treatment, there is clear access to specialist adolescent provision at Marlborough House in Swindon. No young people requiring in-patient level 4 mental health services are placed in adult provision.
- 17 Services are responding appropriately to the high and rising alcohol use among young people. Effective substance misuse services valued by young people are provided by Motiv8, a service provided from within integrated youth services in the council, and commissioned by the public health team in NHS Wiltshire. The new provision of a substance misuse specialist in the CAMHS team to develop the expertise of clinicians in understanding and responding to substance misuse issues in their work is positive and although too soon for impact to show, the aim is to improve multidisciplinary working with young people with multiple needs.
- 18 Wiltshire has a significant focus on addressing hidden harm (the impact of parental or carer substance misuse on children). Hidden harm training at different levels is in place including specific training for certain professional groups including health visitors; all child protection training covers hidden harm; a multi agency protocol for working with children affected by parental substance misuse has been drafted and is out for consultation; two hidden harm link worker posts are in place, one working in adult support and treatment services to ensure a child centred approach, and the other working as part of the Motiv8 team to provide support for young people and ensure referral of parent(s) to support and treatment services. A hidden harm conference to raise awareness of the risks to young people in a household where an adult has a mental health or substance misuse issue is planned for October 2012.

- 19 A wide range of good quality sexual health services is being delivered within a strong partnership across health, schools and colleges, the youth service and the third sector with some innovative practice and service development. Services for young people have a strong brand name 'No Worries' which is well known and trusted by young people. Access to clinics and school and college drop-ins is good and well used by young people. Innovative practice includes the development of a smart phone 'App' specifically for Wiltshire where young people will be able to access advice, guidance and sexual health information. Young people are actively involved in mystery shopping services against 'You're Welcome' criteria and have influenced the design of posters, location and opening times for service delivery.

#### Outcome 6 Co-operating with others

- 20 Health, social care, education and other partner agencies generally work well together and are providing a wide range of preventative services for young people to ensure early intervention. The new provision of a substance misuse specialist in the CAMHs team to develop the expertise of clinicians in understanding and responding to substance misuse issues in their work is positive and is likely to improve multidisciplinary working with young people with multiple needs. There is positive multi-agency partnership working through the multi-agency forums, the Gateway Panels and multiagency risk panels.
- 21 Health agencies are well engaged at appropriate levels with the local safeguarding children's board (LSCB), contribute to Serious Case Reviews and engage fully with management reviews resulting from significant safeguarding incidents, reporting routinely on serious untoward incidents to the patient safety governance group. The designated nurse and designated doctor both sit on the Serious Case Review Standing Panel, a sub committee of the LSCB, which meets twice a year or as required. At the time of the inspection one case from the case sample had been identified for SCR. The designated nurse is also on the sexual exploitation LSCB sub group.
- 22 Health visitors and school nurses prioritise child protection and safeguarding activity and attendance at case conferences and core groups is good. Although these staff routinely submit reports to case conferences, these do not always set out clearly what is the role of the practitioner or their explicit contribution to the protection plan. Within health provider services, the support plans to individual children subject to child protection procedures are not always sufficiently outcome focused or sufficiently detailed in setting out exactly what is expected of the health worker.
- 23 Staff across providers are aware of issues of domestic violence. Multi-agency risk assessment conference arrangements (MARAC) are well established with positive health engagement, for example the named nurse from Great Western Hospitals NHS Foundation Trust attends MARAC and feeds back to frontline staff twice a month. Similarly, Salisbury Foundation Trust also attends monthly and feeds back to staff. Health services, including the minor injuries unit (MIU) are becoming more engaged with the locality based multi-agency forums and describe positive engagement with the new multi-agency risk panel.

- 24 There is a good range of health services providing effective support for children with disabilities. Appointments are increasingly co-ordinating multi-disciplinary interventions through the 'team around the child' approach minimising disruption to children's daily lives. There is more to do to ensure this practice is fully embedded particularly where a child may need multiple medical interventions which could be delivered simultaneously or under single anaesthetic e.g. dental surgery, blood tests, etc, but it is an improving picture. Schools, nurseries and children's centres are well supported to include children who have disabilities or healthcare needs and effective practice guidance is in place. Palliative care and support for children with life limiting illnesses is delivered in a sensitive and supportive way based on the wishes of the child and their family
- 25 Transitions from children's into adult services are recognised by partner agencies to be under developed and a multi-agency plan is in place to ensure streamlined transition pathways offering greater flexibility are put in place. A new transition protocol for mental health has just been introduced to guide transition from CAMHS into the adult mental health service, but is at too early a stage on implementation to have impacted on outcomes for young people. The lead paediatrician provides support to the adoption and fostering panel which functions effectively.
- 26 Targeted health promotion is in place for looked after children delivered by a range of professionals including the looked after children nurses, school nurses, and sexual health services. Foster carers and other professionals receive good quality training on a range of issues relating to the health and wellbeing of looked after children and young people.
- 27 Where children are educated at home, multi-agency arrangements to identify them and monitor their health and wellbeing are established. There is good liaison and sharing of information between educational welfare officers and GPs and paediatricians who provide advice to parents and share information promptly if concerns are raised about the safety and welfare of children.

### Outcome 7 Safeguarding

- 28 The contribution of health services to safeguarding of children and young people is adequate. Health partners have governance arrangements in place to assure themselves that children and young people are adequately safeguarded. Policies and guidance are readily accessible to staff across health provider services and those staff who met inspectors confirmed they knew how to seek safeguarding advice and guidance. The lead safeguarding professionals are knowledgeable and accessible to practitioners, providing appropriate advice and guidance to frontline practitioners.

- 29 The recently appointed designated nurse has undertaken a review of arrangements and the designated leads are setting a challenging agenda for improvement for example; serious incidents have not been routinely notified to the designated safeguarding nurse. This issue is being addressed through stronger contracts setting out clear safeguarding expectations and direct engagement with providers. The designated nurse is also providing stronger support for safeguarding leads within provider services. This has been underdeveloped in the past and this development is being welcomed by named professionals.
- 30 Since the redesign of social care services and the establishment of a single referral and assessment team, there are indications that health provider's communication of concerns and making safeguarding referrals is becoming more effective but staff report there are still inconsistencies. There is not consistent involvement of health in strategy discussions or meetings although paediatricians are always available on call for discussion and advice. There has not yet been any analysis of the quality of referrals and decision making to inform developmental work across the service interface since the service reconfiguration and an audit is planned to take place in the next few months. Although named nurses are informed of case conferences, health services including the adult mental health service, report not always being invited to case conferences even when they are actively working with a child or with an adult in a household where a child is subject to a protection plan. Where health staff do attend case conferences, their expertise is valued and they feel process and decisions are clear. There can be significant delays in receipt of case conference minutes. Where safeguarding concerns are not appropriately addressed, an escalation policy is in place. However, while there is confidence among frontline staff in its effectiveness, they may not always be clear that consultation with named nurses does not invoke the policy and that responsibility for action remains with them. This can potentially lead to a delay in progressing issues of concern.
- 31 Under the guidance of the named general practitioner (GP) and designated nurse, the engagement of GPs, dentists and pharmacists in safeguarding is improving. Referrals from GPs and dentists and advice and guidance being sought from safeguarding designated leads are increasing but it is acknowledged that there is more to do to ensure full engagement of all independent contractors. Safeguarding champions are being identified in all practices and although GP attendance at case conferences is low, most do submit reports. However, the use of the standard report template is inconsistent and not all GPs are aware of it. Some practices have engaged with the multi-agency forums (MAF). Eighty percent of practices attend the GP development forums which are held regularly and attention is being given to improving engagement through annual GP appraisal. GPs report very positive engagement with the new designated nurse who has attended the forum, leading a productive discussion on safeguarding responsibilities and the nurse is to be invited to attend the local dental council forum. Plans are being developed to establish an effective flagging system across primary care information systems to highlight and known risk to individual children.

- 32 Salisbury District Hospital has established sound safeguarding procedures and processes. The patient information system has been improved to give greater prominence to frequency of attendances by under 18 year olds. Clinical and non-clinical staff are aware of their safeguarding roles and responsibilities and staff are well supported through training and management to develop their safeguarding practice and confidence in raising alerts. Staff described a recent example of the prompt identification of fabricated illness which resulted in effective multi-agency work involving the educational welfare officer and social care. A new training strategy, based on the intercollegiate document has been developed and at the time of the inspection was due to go before the board for ratification. A twice weekly health visitor liaison service review of all presenting children cases is an effective quality assurance and safety check that ensures that appropriate actions have been taken. Any practice development issues arising from this review are promptly addressed with individual clinical staff and notified to the lead consultant and named nurse. There is no upward routine reporting of this review activity and outcomes through the Trust's governance structures however, which would strengthen safeguarding governance. Safeguarding supervision has yet to be established effectively within the trust and is in hand with the named nurse as a priority area for development. The social care emergency duty service (EDS) is accessible to the acute services and will attend the emergency department as requested.
- 33 The hospital's positive relationship with the new CAMHS service has been established through a series of beneficial meetings between the services to gain mutual understanding and establish the protocols which are now working well. CAMHS phone the ward on a daily basis. Over recent months improved links have also been made with Motiv8, the substance misuse service for young people who are providing training to consultants to improve awareness and understanding of these issues. A business case has been made for an additional substance misuse post to be located in the emergency department at Salisbury FT hospital.
- 34 The minor injury unit (MIU) in Trowbridge is a nurse led service which, with its sister unit in Chippenham, has young people constituting 37% of the 46,000 seen over the course of a year across the two services. A satisfaction survey in February 2012 identified that 99% of MIU service users felt listened to when they attended the service. Communication with the acute hospital is reported to work well. Examples were given of children, for whom the MIU has identified concerns, being put into an ambulance to ensure they arrive at the hospital and staff telephoning ahead to alert the emergency department that a child is on the way, being routine practice. Staff have all attended multi-agency level two training and lunchtime supervision is being introduced in an action learning approach. The MIU has recently been invited to participate in the local MAF.

- 35 Whereas midwives are operationally addressing and identifying potential safeguarding risks at registration and through ante-natal activity, documentation in use in both the Salisbury Hospital NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust midwifery services is not comprehensive in prompting full risk identification. This has been recognised and is being addressed through a revision of the documentation to facilitate full risk identification. Pre-birth planning is improving although health staff report occasional difficulties in engaging social care at sufficiently early stages. The designated nurse is engaged with the services to develop a more rigorous pre-birth plan format and to assist practitioners in developing greater assertiveness in working with social care in order to ensure they convey any concerns effectively. Safeguarding training is under developed, not fully aligned to the intercollegiate document and supervision is not yet established to expected levels but is being addressed and is improving and there is positive joint development work between the named midwives in both services. Midwives are gaining confidence in undertaking CAF but this is at a relatively early stage.
- 36 Children's safeguarding is not fully developed across all adult services and there are inconsistent procedures across statutory and third sector services eg in drug and alcohol services. No joint working protocols are in place to guide cohesive working across the child/adult interface. Adult mental health, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP), acknowledges the need to improve safeguarding practice and has appointed children safeguarding champions in each team to act as a local driver for development and provide advice and guidance. AWP also has a target to achieve level three children's safeguarding training for adult mental health staff operating at the frontline directly with households where there are children. Generally, children's safeguarding training targets for adult services across sectors are not set at sufficiently high levels to ensure that staff are well equipped to identify issues of hidden harm. Adult learning disability services (GWFT) have not established routine safeguarding supervision and are rarely involved in pre-birth planning.
- 37 Children and young people who have been a victim of sexual assault have good support, via well-established and effective referral pathways to dedicated facilities within the acute hospitals which serve Wiltshire. Although sexual assault referral centre (SARC) facilities are not available within the area, there are facilities close by within neighbouring authorities in Swindon and Bristol. In 2010-2011, young people made up at least 37.5% of the Swindon SARC service users either for forensic medical examination or follow up support. As a result the service made a successful bid to the Home Office to employ a young person & children's independent sexual violence advisor (ISVA) in January 2011. As a result, access to the SARC services by children and young people has increased. This development and community based services provide good follow-up support and effective sexual health services regardless of whether the young person has attended the SARC for a forensic examination.

- 38 There are robust processes in place to ensure that any allegations against health staff are reported appropriately. The role of the local authority designated officer (LADO) is well understood across services and whistle blowing procedures have been used in the past with positive outcomes. The designated nurse for NHS Wiltshire sits on the allegations against staff sub-committee of the LSCB. A review of complaints and disciplinary procedures against staff has been undertaken and the LSCB have been reassured that there is no evidence of any allegations that should have been reported.
- 39 The child death overview panel (CDOP) is effective, jointly operated with Swindon and reporting annually to the LSCB. The panel runs quarterly meetings which are well attended by a range of agencies including police and clinical staff. Having identified that the time taken to undertake case reviews was protracted, the panel established an executive which undertakes reviews of expected deaths, freeing up the full panel to review unexpected deaths. This has resulted in a more streamlined and efficient process. The CDOP contributed a piece to the schools newsletter which was well received, raising the awareness of the panel's work in education. A joint health and police rapid response service is in place across 24 hours seven days per week.

#### Outcome 11 Safety, availability and suitability of equipment

- 40 Salisbury District Hospital has refurbished and reorganised its emergency department to provide a more child friendly environment and an improved patient flow. Young people were consulted during the planning stage of the development and have provided positive feedback about outcomes. Interactive consoles are provided through Caring4Kids for older children.
- 41 The provision of equipment to meet the needs of individual children is good with no difficulties reported in obtaining equipment, including communication aids. Paediatricians and specialist professionals visit special schools and work with school staff on how best to support children with complex health needs, including how to operate and maintain equipment.

#### Outcome 12 Staffing recruitment

- 42 Health staff in provider services are CRB checked at enhanced levels on recruitment, in line with minimum national requirements. No issues relating to recruitment practice across health providers have been identified during this inspection.

### Outcome 13 Staffing numbers

- 43 Health visitor service development and capacity building is progressing well from a slow start towards achieving the 2015 staffing targets, although significant challenges continue. There are also capacity pressures in the school nursing service made more challenging by the increasing numbers of child protection case conferences which they attend routinely with 224 conferences in the past 6 months which is an increase from last year, as well as increased length of time for initial case conferences and reviews. The service is addressing these issues through the workforce development plan which includes increasing the numbers of qualified staff, skill mixing, training and the reconfiguration of the service based on areas of highest need. Although investment money is available, recruitment of health visitors continues to be challenging. Additionally, changes in the local military base population have an impact on retention of staff married to military personnel. The numbers of nursery nurses are being increased to maximise skill mixing within the service. Problems in recruiting practice teachers have been resolved and plans are in place to train seven new students next year.
- 44 The workforce development plan encompasses delivery of the Healthy Child programme. Staff in the early years service are encouraged to input into the development of the healthy child programme, by making suggestions, innovations and users feedback through a dedicated e-mail box.

### Outcome 14 Staffing support

- 45 Improvements in the provision and uptake of safeguarding training and supervision are encompassed in the improvement plan being implemented by the designated nurse. The designated nurse has introduced stronger supervision and developmental arrangements for named practitioners than had previously been in place. Health visitors and school nurses who have a primary role with safeguarding, receive individual supervision from the named nurses every four to six months. School nurses and health visitors receive training with regular updates on the health needs of looked after children. The named nurses for safeguarding in GWFT have developed group supervision for all staff who regularly come into contact with children. A rolling programme of supervision sessions using action learning as a model, is now being facilitated by the named nurses, for all midwives, minor injury units and children's specialist nurses.

- 46 In Great Western Hospitals NHS Foundation Trust the target uptake for safeguarding training is set at 95%. In Sept 2011 while training levels were positive overall but low for specialist nurses in looked after children, learning disability, mental health and physical and sensory impairment which stood at 85%, nursery nurses were at 88% and speech and language therapists (SALT) at 82%. The uptake for the most recent reporting period stands at 93% which is slightly higher than the previous reporting period of 92%. Analysis of the data indicates that most staff disciplines have improved on earlier data. However, there are still difficulties in achieving target levels for staff who are employed by Great Western Hospitals NHS Foundation Trust but line managed by the local authority which are being addressed. All staff with outstanding training have been contacted and booked on a course by the end of 2012.
- 47 In maternity services data caption on the uptake of training has been challenging as the workforce accesses training from two LSCBs. The named nurse is working closely with the specialist support midwife for vulnerable groups and provides one to one supervision on a six weekly basis. In addition, group supervision has been set up for all midwives facilitated by the named nurse and specialist midwife. This has been evaluated and the results indicate that supervision is being well received.

#### Outcome 16 Audit and monitoring

- 48 There is not yet a robust performance management framework in place to assure consistent, quality assured health safeguarding activity across the whole health community however this is being developed. There is increasing challenge and accountability across and within health services, being driven by the LSCB, the PCT cluster and the designated leads, but there is more to do. Annual safeguarding reports from providers, while describing activity well, do not set out strategic, measurable objectives to ensure continuous and consistent improvement. In March 2011, NHS Wiltshire compliance on section 11 audits was 82%.
- 49 The new designated nurse who is leading improvement is knowledgeable and experienced in ensuring effective safeguarding practice and since arriving has undertaken a gap analysis and is developing an improvement framework, encompassing all health providers, which incorporates the key areas needing development.
- 50 Priority is being given to setting up clear governance arrangements and establishing reporting systems through the newly set up patient safety governance group which will receive providers' annual safeguarding reports and reports on significant incidents. Contracting arrangements for 2012/13 are also being strengthened, based on the model successfully applied in Bristol, with clear expectations regarding safeguarding activity and notification requirements being set out for providers. Named professionals are positive about the additional challenge, professional development and support being introduced by the designated nurse

- 51 The looked after children nurses quality assure all health assessments and health plan recommendations undertaken by other professionals eg school nurses and health visitors and will send documentation back for improvement if they judge it not good enough, although they have not received training on how to undertake this task and it is not clear what standards are being applied. The quality of health assessments and health reviews undertaken by professionals for children in out of area placements is variable. Action to address this issue is taken with those areas known to produce poorer quality assessments through payment systems and directive approaches. Currently, although work is being undertaken, the quality of health service delivery to children and young people placed out of area and their access to good quality, age appropriate health promotion, cannot be fully assured.
- 52 The annual report for the health of looked after children has not in the past been a vehicle to drive improved performance, taking a somewhat passive view of how the service could influence improvement in relation to outcomes for children placed in Wiltshire and those placed elsewhere. Actions to bring greater rigor to improving performance are now being taken. The looked after children health group is routinely receiving data on universal health outcomes for looked after children. In 2010/11 only one third of looked after children had an initial health assessment within 28 days of entering care while once in care, their health was reviewed within expected timescales 86.7% of the time. This was a drop in performance from the year before when the rate was 89.4%. The numbers of looked after children receiving regular dental checks fell to 79.7% from 86.9% in 2009/10. Performance on ensuring looked after children have up to date immunisations was better at 87.8% from 80% in the previous year.

#### Outcome 20 Notification of other incidents

- 53 The role of the local area designated officer (LADO) is well understood by named professionals in all health services, although GPs and independent contractors were not aware of the role. Whistle blowing procedures have been used appropriately with positive outcomes.
- 54 No issues have been raised during the inspection in relation to notifications. Currently NPSA data definitions for moderate and abuse (which includes notifiable incidents as defined by the regulations) are broad. New guidance is to be provided to trusts reiterating the definitions of classifications following the NHS commissioning body taking over control of NPSA.

## Outcome 21 Records

- 55 The standard of case recording, health assessments and health planning is satisfactory overall, although health plans are task rather than outcome focused. The child's legal status is set out clearly and the use of the British Association for Adoption and Fostering (BAAF) documentation promotes a consistent approach. Health records contained little social care information and there is an absence of minutes of statutory reviews, making it difficult to track the child's journey through services and to ensure from the records, that all the child's needs are being met. The lack of key information does not facilitate the development of comprehensive health histories for care leavers.
- 56 To date Strengths and Difficulties Questionnaires (SDQs) and the minutes of looked after children reviews have not been routinely shared with the looked after children health team. This reduces the ability of the looked after children health team to fully quality assure health service delivery and results in a missed opportunity to track a young person's emotional growth and development at the time of their health review. More importantly it prevents a looked after child or young person from being fully actively engaged within the review process in tracking their own emotional development. Partners have recognised this as an area for development and from April 2012 SDQs will be copied to the looked after children nurses.

## Recommendations

- *NHS Wiltshire and NHS South Gloucestershire, Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust, Oxford Health NHS Foundation Trust and Avon & Wiltshire Mental Health Partnership NHS Trust to ensure that staff fully understand the escalation policy and that there is effective monitoring of when the policy is invoked. (Ofsted April 2012)*

Within 3 months (from report)

- *NHS Wiltshire and Salisbury NHS Foundation Hospital Trust to ensure that activity and outcomes from the review of children's cases presented in the accident and emergency department are reported regularly through hospital and safeguarding governance arrangements. (Ofsted April 2012)*
- *NHS Wiltshire and Salisbury NHS Foundation Hospital Trust to ensure that staff have access to regular safeguarding supervision as set out within statutory guidance to senior managers within the Trust. (Ofsted April 2012)*
- *NHS Wiltshire, Salisbury Hospital NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust to ensure that staff are well supported to undertake their safeguarding responsibilities through training at levels appropriate to their role and documentation which includes triggers to facilitate comprehensive risk identification. (Ofsted April 2012)*
- *NHS Wiltshire/BANES and NHS South Gloucestershire, Avon & Wiltshire Mental Health Partnership NHS Trust and the police to review practice to ensure that children and young people under 18 years of age are not inappropriately detained under Section 136 of the Mental Health Act 1983. In the event that a child or young person has to be detained ensure that there is access to appropriate dedicated facilities within the relevant cluster areas and that the child or young person concerned receives a prompt mental health assessment. (Ofsted April 2012)*
- *NHS Wiltshire and NHS South Gloucestershire, Great Western Hospitals NHS Foundation Trust, Avon & Wiltshire Mental Health Partnership NHS Trust and Wiltshire Council to ensure that staff in adult services receive children's safeguarding training at levels appropriate to their role, receive safeguarding supervision as set out in statutory guidance and are fully engaged in children's safeguarding and governance arrangements. (Ofsted April 2012)*
- *Public Health and NHS Wiltshire and the council should appoint a designated doctor and designated nurse for looked after children to ensure effective strategic clinical leadership in line with statutory national guidance as set out in Working Together to Safeguard Children, 2010. (Ofsted April 2012)*
- *Public Health & Public Protection NHS Wiltshire & Wiltshire Council should ensure that looked after children's health service delivery is subject to a work plan with measurable objectives and a rigorous performance management framework. (Ofsted April 2012)*

- *Public Health & Public Protection NHS Wiltshire & Wiltshire Council should ensure that the needs of young mothers and fathers within the looked after children service, including those who are placed outside the area, are identified and addressed. (Ofsted April 2012)*
- *Public Health & Public Protection NHS Wiltshire & Wiltshire Council should ensure that there is effective quality assurance of health assessments and reviews for all looked after children, and that the looked after children nurses are well equipped to undertake this role. (Ofsted April 2012)*
- *Public Health & Public Protection NHS Wiltshire & Wiltshire Council should ensure that health support to looked after children and care leavers is fully developed in partnership with the children in care council. (Ofsted April 2012)*
- *Public Health & Public Protection NHS Wiltshire & Wiltshire Council to ensure that care leavers receive copies of their health histories to equip them to make effective future health choices. (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](mailto:childrens-services-inspection@cqc.org.uk) and it will be followed up through the regional team.