

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

Date of Inspection	10th April 2012 – 20th April 2012
Date of final Report	29th May 2012
Commissioning PCT	NHS South East London
CQC Inspector name	Emma Dove
Provider Services Included:	Guy's and St Thomas' NHS Foundation Trust, Kings College Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust
CQC Region	London
CQC Regional Deputy Director	Matthew Trainer

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](#) .

London Borough of Lambeth	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Outstanding
Capacity for improvement	Outstanding
The contribution of health agencies to keeping children and young people safe	Good
Looked After children Inspection Outcome	Aggregated inspection finding
Overall effectiveness of services for looked after children and young people	Outstanding
Capacity for improvement of the council and its partners	Outstanding
Being healthy	Good

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

A copy of this report is being sent to your commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC's 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:

London Borough of Lambeth is an inner city London borough. There are 59,389 children and young people under the age of 19 years, which constitutes 21% of the total population. Some 58% of the population is from a minority ethnic background.

The child population is diverse with 58% of children and young people belonging to minority ethnic communities compared with 37.3% of the general population of the borough. A significant number of children and young people are from refugee and asylum seeking families. Black African pupils formed the largest ethnic group in Lambeth with 24%, followed by Black Caribbean at 17.7% and White British at 15.1%. There is a growing Portuguese community with the percentage of Portuguese pupils growing from 4.6% in 2001 to 5.6% in 2011. There are 135 languages spoken in Lambeth schools.

Lambeth is ranked the 8th most deprived borough in London and 14th most deprived in England. Lambeth is placed 10th amongst London Local Authorities with the highest number of children and young people in poverty, and 15th in the UK. In Lambeth 35.7% (18,615) of children and young people aged below 17 years live in families claiming out of work or in work benefits, compared with 24% nationally.

The borough maintains 80 schools which includes five nursery schools; 58 primary schools, nine secondary schools, five special schools and three alternative education provisions (AEP). There are also seven academies in the borough (three primary schools and four secondary phase). Of the 32,942 pupils educated in Lambeth, 98.3% of children who attend Lambeth nursery schools are Lambeth residents, compared to 92.7% of primary pupils, 76% of secondary pupils, 85.2% of special pupils and 94.9% of pupils who attend Lambeth AEP. Lambeth's network of 27 children's centres and three satellite sites provides borough-wide coverage for under fives and families for integrated childcare, health and family support services, mainly on school sites. Four children's centres are provided by the voluntary sector.

The partnership arrangements of children's services in London Borough of Lambeth are overseen by the Children's Trust Board which was established in 2004. The London Borough of Lambeth Local Safeguarding Children Board (LSCB) is independently chaired and brings together all the main agencies working with children, young people and their families to work together to safeguard and promote the welfare of children.

At the time of the inspection, 495 children and young people were being looked after by the local authority. They comprise 97 children under five years of age, 322 children of school age (5-16) and 76 post-16 young people. There were 250 care leavers (18-24). At the time of the inspection there were 307 children subject to child protection plans, of whom 184 are age unborn to 11 years. The local authority currently has 102 fostering households, including kinship and short break foster carers. Residential care is provided through individually commissioned provider services with 46 children currently placed in residential provision.

Health services in London Borough of Lambeth are commissioned by NHS Lambeth, community provider services are delivered by Guy's and St Thomas' NHS Foundation Trust. The acute trust commissioned to provide services for children is Guy's and St Thomas' NHS Foundation Trust and Kings College Hospital NHS Foundation Trust. Emergency care and children's services are provided at Guy's and St Thomas' NHS Foundation Trust. CAMHS and adult mental health services are commissioned from South London and Maudsley NHS Foundation Trust. (Ofsted 2012)

General – leadership and management

1. Lambeth PCT is part of the NHS South East London Cluster. Arrangements for safeguarding across the cluster and Lambeth are good with appropriate accountability for safeguarding children and young people. Providing good appropriate services for children and families, early intervention and safeguarding is priority for commissioners, health professionals and managers. Provider organisations supply quarterly safeguarding reports which include details of staff training in child protection, safer recruitment including CRB checks, policy and service development, child death reviews, section 11 compliance and the trusts involvement in serious case reviews. Good systems are in place to monitor areas where trusts are not performing as required. Health partners are represented at appropriately senior level on the LSCB and the Children's Trust.
2. There is a long history of good partnership work across health and social care services with joint commissioning posts and some jointly commissioned health services for children. The Children and Young People Plan has been developed across the partnership with priorities in early intervention and prevention and strategies to reduce inequalities in health. Preparations are well underway for the proposed health reforms from April 2013 with Lambeth Clinical Commissioning Collaborative Board in place. This group is made up of GPs and other clinicians who meet frequently.
3. Health outcomes for looked after children and care leavers are good. There are good governance arrangements in place with a dedicated team of health professionals available to meet the needs of looked after children.

Outcome 1 Involving Users

4. There are good arrangements for looked after children and young people to be given the choice of where they would like their health assessment to take place and who they would like to complete the assessment. This process takes into account any religious and cultural needs. Staff reported good access to interpreters when required.

5. Clear evidence of looked after children being asked their views on healthy living and the health assessment process were seen. The Children in Care Council, Visions of Success, organised a participation activity for children in care aged 8-12 years with a view to using their comments and suggestions to develop the health services provided in Lambeth including the provision of an information leaflet about the annual health assessment. Information from this group will be reported to the corporate parenting board, although the impact of this involvement has yet to be fully evaluated.
6. The annual consultation with looked after children and young people ensures they have the opportunity to comment on the health services provided to them and be involved in service development. Responses from children and young people during this inspection indicated they are satisfied with the level of information they receive about all areas of their health.
7. CAMHS staff described the ways they seek feedback from children and young people who use their service and use comments to improve the services provided. Examples of this include the changes made to the décor when the service moved to International House and leaflets with information about local services provided in the waiting area of the service. Young people have been involved in recruiting new staff to the service. Children and young people are asked their views during and after treatment, focussing on outcomes, their feedback is used to change interventions when required.
8. Community nursing services have various systems in place to evaluate services provided, these include the use of questionnaires and surveys when provision of services starts, during sessions and when interventions end. Health professionals confirmed that information from feedback is used to inform service development across the area and to change and improve individual packages of care and support given to children and young people. Research into children and their families response to the child protection medical process has yet to be finalised so it is not possible to comment on outcomes at this time.
9. Staff reported good access to interpreters when required. Young people confirmed interpreters were used when needed.

Outcome 2 Consent

10. Appropriate systems are in place in acute and community health settings to seek consent before treatment and staff demonstrated good knowledge of policies and procedures.
11. The looked after children's health team seek consent for health assessments in accordance with the Department of Health's Guidance.

Outcome 4 Care and welfare of people who use services

12. Health outcomes for looked after children in Lambeth are good with 94% of annual health assessments completed last year. The looked after children health team includes: a designated doctor who leads the service, a designated nurse, a medical advisor for fostering and adoption, a lead clinician for unaccompanied asylum seeking children and young people, a health advisor for older looked after young people and a health visitor lead with administrative support. In addition there is a specialist CAMHS service called CLAMHS, a substance misuse worker, a sexual health outreach worker and a speech therapy lead. Good health is promoted by all staff with looked after children having good access to specialist health services when required. The team is looking to develop a 'one stop shop' to provide all health services in one place reducing the need for looked after children to travel to different places across the borough to get their health needs met. This development is in response to feedback from young people.
13. There is a good referral process for initial and annual health assessments for looked after children by social workers. These are triaged and allocated to the most appropriate doctor within the Mary Sheridan Child Development Centre for children placed in Lambeth and Croydon and other local London Boroughs. For children placed outside of the local area, a letter is sent to the GP requesting an annual health assessment. The quality assurance system includes health assessments completed by GPs and health professionals outside Lambeth which are checked by a senior community paediatrician to ensure quality and information is to the required standard.
14. The looked after children's health team aim to carry out all initial health assessments in Lambeth (unless it is unsafe for the child or young person to return). Health assessments are detailed, however there are some issues regarding the follow up of health actions. Some health assessments seen did not include the child's height and weight and while this is not a requirement, it is useful to get an overall picture of the child's health. Records should indicate why these details have not been recorded and if there are concerns. The looked after children's health team have good links with Independent Reviewing Officers (IRO), a summary of every child and young person's health assessment is sent to IRO before the review, to ensure they are aware of health issues.
15. In 2010-2011, 70% of looked after children were up to date with their immunisations, this figure has remained stable for the last three years and is below national and statistical neighbours (79% and 83% respectively). The number of all children immunised across the borough has consistently increased over the last five years with a local priority this year for immunisations for children aged 5.
16. The number of looked after children who had their teeth checked by a dentist in 2010-2011 was 86.5% which is slightly above national and statistical neighbours (82 and 86%). This is a slight increase from the previous year when there was a 10% decrease.

17. There is good use of strengths and difficulties questionnaires to refer children and young people to appropriate services. They are used to identify differences in foster carers and the child or young persons forms which can indicate early risk of placement vulnerability enabling additional support to be targeted.
18. There are good systems to 'fast track' looked after children for speech therapy, occupational therapy and physiotherapy. Specialist CAMHS for looked after children are called CLAMHS. Access to CLAMHS can be through the GP, other health or social care professionals or via self referral. Staff report an immediate response to referrals if urgent otherwise there is a 4-8 week wait, although this is kept under review and if regular consultation with the social worker and foster carer identifies an escalation in risk the wait time would be reduced. Cases seen identified that intensive therapy is helping individual young people understand their life story, develop trust in their carers and confidence in their future. Across the borough there has been a 33% reduction in the use of in-patient beds due to the good range of services provided locally.
19. There is a good range of accessible health services for care leavers including drop-in centres at The Well Centre (Streatham Hill), Gracefield Gardens and Face N Focus (Lambeth), which gives young people access to GPs, counsellors and nurses in locations that are young people friendly to encourage attendance. Care leavers interviewed were registered with a GP and aware of how to access the health services and advice they need. There is a good system for unaccompanied asylum seeking young people to be given their health information/history when they leave care.
20. Staff and managers in childrens public health are very aware of local issues and gave evidence of initiatives in place to support and improve outcomes for local children. They are currently evaluating childhood obesity, value for money of services for children with disabilities and are aiming to get academics involved in a study of infant mortality, to address the high number of very premature births. They are working towards becoming accredited in The Baby Friendly Initiative in breast feeding. Good progress has been made on their action plan; appropriate policies are in place, some health visitors have received relevant training, training monitoring systems have been developed and information and communication systems are in place to give parents the information they need.
21. There is a specialist service for teenage pregnancy. Midwives see young women during their pregnancy and after the birth, offering advice, for example on contraception and immunisation and planning for the future of the young mother, for example, looking at college courses for after the birth of the baby to improve their and their baby's life chances. Midwives will then give a handover to health visitors.

22. There is a good family nurse partnership early intervention service working with 91 young women under the age of 19 who become pregnant. The number of teenage pregnancies has reduced by 42% over the last eight years and targeted work continues in this area. There has been a good reduction in the number of second pregnancies, at 8% against a national figure of 20%. Young people have access to good sex and relationship education in schools and youth offending services. There is good access to information about sexual health at 20 places across the borough, including sexual health clinics and pharmacies. Young people spoken with confirmed they have access to information and contraceptives to help keep them safe. A new targeted service as part of the teen pregnancy strategy is 'U-Turn'. The service works with boys and young men aged 11-19 promoting good sexual health and developing emotional well being and self worth in both 1 to 1 sessions and groups in schools and youth clubs. The evaluation of the services provided is not yet complete so it is not possible to comment on impact on outcomes at this time. Young people have access to a good range of alcohol, drug and substance misuse services provided by health, social care and voluntary organisations across the borough. A specialist service for substance misuse during pregnancy is available at both Guys & St Thomas Hospital and Kings College Hospital.
23. Access to health support for families with children who have disabilities is available at an early stage of diagnosis. Parents of children with disabilities reported good experiences of health services during pregnancy and birth although some concerns were raised about the way doctors told them about their child's disability. Parents made positive comments about individual therapists although reported frustrations with frequent changes to how they access services. There was a general feeling from parents that waiting times at hospital appointments are too long at hospitals and GP surgeries and the lack of communication between hospitals unnecessarily adds to their pressures. Parents raised concerns about the time it takes to access short breaks and commented about the different levels of service provided. There was a consensus that services provided at the Mary Sheridan Child Development Centre are good, in a child friendly environment that often offered parents opportunities to speak with other parents informally.
24. Reach and Mosaic are two advisory services for people who experience Domestic Violence provided by Guys & St Thomas's Hospital with referrals accepted from all staff within the trust. Staff within the accident and emergency, maternity and childrens wards are aware of this service and confirmed that asking about domestic violence is a part of initial assessments which is revisited periodically by midwives during a woman's pregnancy. The service uses innovative ways to pass information to people at risk of domestic violence and this is good practice.
25. The healthy child programme is delivered effectively across Lambeth with 99.8% completion rate in reception and 100% of the height and weight measurement programme completed for year 6. Health visitors carry out 95% all new birth visits within the given timescale, in addition a check for maternal mood and developmental check of baby is completed, identifying concerns and issues in the early stages of the child's life.

Outcome 6 Co-operating with others

26. There is a good partnership approach across Lambeth with health playing a full role in safeguarding children. Senior staff from provider services are active members of the LSCB. Named professionals attend all meetings across the borough.
27. Good and effective systems are in place to share information across different health services and with social workers and staff in education settings. Community health staff use the same electronic health records, this ensures good access to up to date information and concerns. There are good communication systems in place between acute and community health staff, ensuring concerns are reported and can be followed up by the most appropriate health professional.
28. CAMHS staff gave examples of support they have given foster carers to help maintain a placement. CAMHS staff described good relationships with services provided by the voluntary sector, to enable handover and follow up information, ensuring children and young people's needs are met when they do not meet the criteria for CAMHS or when they have completed their treatment. There is a 'fostering changes' twelve week training course for foster carers with two courses running at this time. Staff said they have received positive feedback from social workers when they have referred foster carers for this training. There is an evaluation at the end of the training which identifies any improvements or changes required.
29. There is a good process in place for young people to transition from CAMHS to adults services at seventeen and a half. The specialist CLAMHS service works closely with the leaving care team to ensure care leavers have the support they need when moving to adult health services. Staff reported flexibility with the age of transition for young people with learning disabilities, to ensure the handover from CLAMHS to adult services happens at the appropriate time and in a way which meets the individuals needs.
30. The looked after children virtual health team provides training, support and advice to foster carers about the specific health needs of looked after children and behaviour management support with an aim to prevent placement breakdown.
31. The looked after children health team provided training for social workers, to help them understand the specific health needs of looked after children and help them understand the processes to get a child's health history.
32. There are good systems in place for the healthcare needs of looked after children placed out of the borough to be identified and met. Health professionals will travel to the child or young person or invite them back to Lambeth for health interventions. The looked after children nurses gave examples where they have travelled to looked after children out of the borough who are less engaged in their local health services to ensure their health needs are met.

33. Health professionals from all provider trusts described their involvement with CAF with many reporting that the form is long, but confirming that it is given priority and completed in full to ensure all information is included and available to all professionals involved in the care and support of children and their families. Health professionals attend case conferences and core group meetings and reported having time and support to write reports and prepare for court if required.

Outcome 7 Safeguarding

34. The arrangements for safeguarding within Lambeth are well embedded with clear reporting arrangements for designated professionals and good systems in place for board assurance around safeguarding in provider services. The board receive quarterly reports from provider trusts covering information on serious case reviews, section 11 compliance, safer recruitment, staff training levels in child protection and changes to policy and service development. The board also receives an annual report from provider services. Health professionals spoken with were aware of named and designated professionals and safeguarding staff they can approach for information, advice and support. There is a designated doctor and nurse in post who are available to named staff for supervision, support, advice and information.
35. There is a full compliment of named staff in post in provider services who reported that they have clear job descriptions and sufficient time to carry out their role which includes providing information, support and training to staff.
36. There has been a named GP in post for one year. This has lead to an increase in the number of GPs trained to the appropriate level in child protection, although following changes to the intercollegiate guidelines, there is further training ongoing with plans for this to be completed by the end of the year. All GP practices have a safeguarding lead, which gives all practice staff a named person to refer to with questions and queries. Systems are in place in all GP practices to identify if a child is on a child protection plan. GPs spoken with reported difficulties in attending case conferences due to the short notice and timing of conferences but said they send a report using a new template which helps the author identify areas to be addressed and GPs reported that this has helped with their report writing. Since November 2011, fifteen GP practices have completed specific training around domestic violence, Identification and Referral to Improve Safety (IRIS) with a further nine practices expressing an interest in completing this training. This is a national training, support and referral programme and in Lambeth has been developed between primary care and Mozaic, a voluntary sector organisation who provide advice to women experiencing domestic violence.

37. There is an effective child death overview panel (CDOP) in place, which is chaired by public health. Work has progressed to improve the reporting process although it was not possible to see an impact at this time. There are separate neonatal CDOP meetings and there are plans to work with academics to address high incidents of neonatal deaths. There have been no patterns in the child deaths with some linked to knife crime, some to co-sleeping and others to maternal factors. Learning from child deaths has identified a number of priorities for the CDOP panel and these include: raising awareness of health improvement with parents, particularly antenatal care and infant safety around the home and in the community, training for health staff around the management of sickle cell and developing the public health approach to violence by involving all stakeholders. The panel are also looking at how to better share information with other boroughs. There is a rapid response team in place who attend all child deaths and generally meet within the 72 hour timescale.
38. All health staff spoken with knew how to make a referral to childrens social care and did not raise issues about thresholds or not having their concerns accepted and said the process 'works well'. Thresholds are clear with a process in place for health staff to escalate concerns if a referral is not accepted. Health staff gave good examples of early interventions which had provided information, education or support to parents and had improved outcomes for children.
39. There have not been any serious case reviews (SCR) in the last five years, although the lessons learnt from local and national SCR are included in child protection training for all staff in provider organisations. Subjects have included co-sleeping and vitamin D deficiency. Some provider trusts have been involved in individual management reviews (IMR) for SCR in other London boroughs.
40. Good systems are in place in adult mental health provider services for staff to ask patients if they are parents, have parental responsibility or live with someone who has children, ensuring children are known about and any risks can be identified and children kept safe. The trust has a policy not to admit children to adult wards to ensure childrens safety.
41. Good appropriate arrangements are in place for child protection and medical examinations following allegations of sexual abuse. Consultants are appropriately trained, examinations take place in a suitable clinical area and consideration is given to the gender of the consultant, taking into account the child or young person and their parents or carers wishes.
42. There are good processes for children under 18 who attend the accident and emergency department at St Thomas Hospital with issues around self harm, mental health or alcohol and drug misuse to be referred to CAMHS. The service has suitable out of hours arrangements. Examples were given of these patients being prioritised for assessment that day or the following morning depending on time of attendance, with a system in place for follow up within seven days.

43. There are separate childrens accident and emergency departments at St Thomas Hospital and Kings College Hospital with good systems in both departments to identify if a child is on a child protection plan or at risk. Staff spoken to knew how to make a referral, were aware of thresholds, knew who to talk to for information, advice, clarification and support and did not raise concerns about the process. Paediatric liaison health visitors are in post in accident and emergency departments, who check the notes of children and young people attending. Both departments have a weekly multi disciplinary meeting when they discuss any concerns. GPs and community health staff (health visitor or school nurse) will be informed on any attendance and any concerns. There is no electronic flagging system at the Walk in Centre (WIC) that alerts staff that a child is subject to a child protection plan or is at risk. Staff said they ask on attendance if a child has got a social worker. All attendances at the WIC are notified to the GP. NHS Lambeth are aware of this gap. The PCT and the local authority are aware of this gap and are looking with the GPs at ways to minimise risk. The WIC is commissioned by NHS London. All staff at the WIC have completed child protection training.
44. There are good systems in place to ask adults presenting at accident and emergency departments if they have, or are responsible for, children. If an adult is presenting due to domestic violence, staff make a referral to childrens social care. Staff said the child protection training includes information about the effects of domestic violence.
45. Voluntary organisations run projects in accident and emergency departments at St Thomas and Kings College Hospitals for young people attending following gang related incidents. The aim of these services is to engage young people at the time of the incident and get them back in education or employment with an aim to break the cycle of violence. This is good practice.
46. Health professionals were aware of the role of the Local Authority Designated Officer (LADO) and how to notify them of any concerns and allegations made against staff working with children, although they had not made notifications recently.

Outcome 11 Safety, availability and suitability of equipment

47. There are separate accident and emergency departments for children at both St Thomas Hospital and Kings College Hospital. Security systems are in place within A&E departments, children's and maternity wards and no security issues were raised. During the re-development work at St Thomas Hospital appropriate arrangements have been made to ensure patient safety and work staff do not need to access patient areas.
48. Parents and therapists did not raise any concerns about the provision of specialist equipment for children with disabilities. Therapists provide training to parents, carers and other professionals to operate specialist equipment.

Outcome 12 Staffing recruitment

49. Health staff have a criminal records bureau (CRB) check before they start work at the provider trusts, with the process completed for staff in post prior to 2002. There are processes in place to renew CRB checks for staff in provider services every three years and this is good practice.

Outcome 13 Staffing numbers

50. There are currently seven vacant health visitor posts with ten agency staff covering (additional staff are being used to ensure individual health visitor case loads are not too high). Good systems are in place to both recruit new health visitors and to train other health professionals to become health visitors. Health visitors and school nurses were positive about their work and about the ongoing plans for recruiting and training new staff.
51. Not all school nurses are in post, although there are good recruitment and training process currently in place. Staff and managers reported improved opportunities for training other health professionals since the merger with Guys and St Thomas NHS Foundation Trust last year. Health visitors and school nurses spoken with confirmed they prioritise safeguarding and children in need.
52. The Safeguarding Improvement Team (SIT) visit carried out in November 2010 found all nurses in the paediatric wards and accident and emergency to be children trained.

Outcome 14 Staffing support

53. There are good systems in place for staff in provider services to receive training in child protection to the appropriate level for their role. Community staff within Guys and St Thomas NHS Foundation Trust had met the 80% target set by NHS London with significant improvements in training levels in the last six months. Staff training levels at Kings College Hospital are not at the 80% target and they have developed an action plan prioritising certain staff groups for training in order to become compliant.
54. There are good child protection supervision arrangements for staff in acute and community services. Staff record any decisions and actions in the child's case notes. Named and designated professionals for safeguarding and looked after children reported good access to supervision and support and attend relevant London and national groups for support and development.
55. There is a comprehensive (modular) training programme for doctors in the looked after children's health team. Doctors who complete their training in the area are given detailed information on the specific health needs of looked after children, including how to carry out a statutory medical and training around safeguarding issues.

Outcome 16 Audit and monitoring

56. There is a detailed looked after children's health team annual report that includes data on the number of looked after children for whom services were provided classified into the age, ethnicity and reason children were looked after. The report identifies clear achievable priorities for the year ahead and details the training provided and required for health professionals.
57. All provider services have good appropriate systems in place to monitor and review service delivery and develop action plans which are measurable and realistic.
58. The SIT visit in November 2010 identified a number of areas for improvement. These include the appointment of the named GP, enabling community nursing staff to access computer systems and improved reporting for board assurance. These have all been completed.
59. There has been a consistent increase in the number of childhood immunisations over the last six years. Health visitors confirmed that immunisation remains a priority and surgeries have systems in place to follow up parents and carers who fail to attend appointments for their child to be immunised.

Outcome 20 Notification of other incidents

60. Provider services have suitable arrangements in place to ensure notifications are reported to the relevant agencies.

Recommendations

Within 3 months (from Ofsted report)

Guy's and St Thomas' NHS Foundation Trust should develop a system to ensure that the follow up of recommendations from health reviews are undertaken in a timely manner.

Within 6 months (from Ofsted Report)

Guy's and St Thomas' NHS Foundation Trust should continue innovations around increasing school nurse numbers and review the school nurse service to ensure priorities are met;

Kings College Hospital NHS Foundation Trust to identify staff who need training in child protection and ensure appropriate training is provided;

Guy's and St Thomas' NHS Foundation Trust should take appropriate action to improve the rates of immunisation of children and young people who are looked after.

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.