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

Date of Inspection	**9th July 2012 - 20th July 2012**
Date of Joint Report	**24th August 2012**
Commissioning PCT	**NHS Berkshire**
CQC Inspector name	**Sue Talbot**
Provider Services Included:	**Royal Berkshire NHS Foundation Trust** **Berkshire Healthcare NHS Foundation Trust**
CQC Region	**South (Central)**
CQC Regional Deputy Director	**Ian Biggs**

This report relates to the recent integrated inspection of safeguarding and services for looked after children which took place in the above Authority recently

It provides more detailed evidence and feedback on the findings from the Care Quality Commission's (CQC) component of the inspection, and links these to the outcomes requirements as set out in the Essential Standards for Quality and Safety.

Thank you for your contribution to the inspection and for accommodating the requests for interviews and focus groups with your staff and those of partner agencies at relatively short notice.

The team provided feedback to your local Director of Children's Services at the end of fieldwork and the joint inspection report to the authority is now published on the Ofsted website and can be accessed via this link: The joint inspection report .

West Berkshire Council	
Safeguarding Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Good
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	Good
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 Regional Director, who has overall responsibility for this inspection programme.

The Inspection Process

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

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

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

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

Context:

West Berkshire has a resident population of approximately 38,600 children and young people aged 0 to 19, representing 25% of the total population (ONS Census 2011). In 2011, 12% of the school population was classified as belonging to an ethnic group other than White British compared with 22.5% in England overall. Polish, Portuguese and Bengali are the most recorded commonly spoken community languages in the area and 3.8% of pupils speak English as an additional language.

Commissioning and planning of children and young peoples' health and primary care services is carried out by NHS Berkshire. Universal services such as health visiting, school nursing and paediatric therapies are delivered primarily by Berkshire Healthcare NHS Foundation Trust (BHFT). BHFT is also the provider of child and adolescent mental health services (CAMHS). The main acute hospital serving the area is the Royal Berkshire NHS Foundation Trust (RBFT) located in Reading. The Trust provides Accident and Emergency and maternity and new born services for people living in West Berkshire. Children and families access primary care services via 11 local GP practices and the urgent treatment/minor injury unit located at West Berkshire Community Hospital.

At the time of the inspection 68 children were the subject of a child protection plan and 127 children were looked after.

1. General – leadership and management

1.1 Senior health managers and designated and named professionals have a thorough understanding of their improvement agenda. They are working closely and effectively with West Berkshire Safeguarding Children Board (WBSCB), partner agencies and their front line teams to ensure lessons learned from previous inspections and serious case reviews (SCRs) are fully addressed. NHS Berkshire has developed clear and appropriately challenging commissioning targets to strengthen approaches to early intervention and prevention, assure high rates of satisfaction with local services, and secure the full delivery of the *Healthy Child programme*.

1.2 Governance arrangements and professional accountabilities for safeguarding children are clear and are closely monitored by local Health trusts. Performance management of safeguarding activity has been strengthened and supports regular review of compliance with '*Working Together to Safeguard Children',* commissioning and inter collegiate professional requirements. Good joint working and benchmarking of performance with neighbouring Berkshire councils supports effective challenge and sharing of learning. Local Health trusts have clear and up to date safeguarding children policies and procedures that inform professional practice. The Child Death Overview Panel is effective and ensures child death investigations are promptly and sensitively managed.

1.3 The contribution of health to safeguarding children and young people is good. Frontline staff communicate well with young people and their families and actively involve them in decisions about their care and support. Senior managers are working to embed learning from the views and experiences of young people. Joint working with frontline social care staff is good. However, some frontline line health care professionals are not yet sufficiently engaged in common assessment framework (CAF) activity. Good support for teenagers who are pregnant and vulnerable women promotes their wellbeing and protects their unborn and new born babies. Safeguarding arrangements are sensitive to the diverse needs of all children, with tight scrutiny of risks to children with complex health needs or disabilities.

1.4 The capacity of community health teams can be stretched on occasion, but is generally sufficient to secure the delivery of high priority work. Good attendance by most health professionals at child protection conferences and planning meetings strengthens professional accountabilities and is improving the co-ordination of safeguarding activity. However, the contribution of GPs is an area for further development. Safeguarding training and supervision arrangements are adequate and improving, and levels of coverage are closely monitored. Local emergency care settings are vigilant to the risks of harm to children. There are appropriate arrangements for the examination of children who have been sexually abused.

1.5 The health of looked after children is adequate. Inspectors found gaps in systems for information sharing and joint review of health outcomes for young people looked after. Some initial and review health assessments seen did not sufficiently explore children and young peoples' feelings, their faith and ethnicity, mental wellbeing, sexual health and safety. This in turn impacted on the quality of health care plans and review of outcomes. Few young people who are looked after are teenage parents. Rates of young people misusing alcohol or drugs are relatively low.

1.6 Senior managers have responded positively to the findings of recent inspections and have a clear vision and ambition to deliver high quality care. They are effectively building organisational capacity to raise standards of practice and achieve better outcomes for children who are looked after. A significant programme of improvement work has recently been implemented across the partnership, and performance is now regularly reported and tightly monitored. Its impact is beginning to be evidenced through improved levels of compliance with statutory requirements and timely adoption medicals.

2. Outcome 1 Involving Users

2.1 Parents and young people are supported to actively participate in local safeguarding arrangements. Community health professionals routinely share their reports with parents and young people, as appropriate, in advance of child protection conferences. A new project in conjunction with the Family Foundation aims to increase the involvement of fathers in the care of their babies. Local children's centres provide a range of family support and prevention services, including group work facilitated by speech and language therapists to help promote the social development and communication skills of young children. Parents reported positive outcomes from this work.

2.2 Children and young people who are looked after participate well in their reviews, including chairing their own reviews and deciding who should attend. They are able to choose where their annual health assessment takes place. Action is being taken to strengthen the engagement of care leavers and ensure they receive a full health history on leaving care. Children and young peoples' views were clearly recorded on some health records seen. However, there was limited evidence of how this informed the way the service was provided. A young people's health and wellbeing questionnaire has been recently designed in consultation with young people. The findings will inform the new 'Health Strategy for Children who are Looked After'.

2.3 BHFT and RBFT have significant programmes of participation work in progress to promote learning from young peoples' experiences. Parents' views have shaped the development of the new paediatric emergency department at the Royal Berkshire Hospital. The views of children are routinely captured, and fluctuations in satisfaction levels are closely monitored. *'All About Me'* books are used to enable ward staff to have a better understanding of the preferences, routines and communication needs of children with learning disabilities. Patient experience visits undertaken by senior managers indicate that most parents are positive about the care provided on paediatric wards at Royal Berkshire Hospital. Action has been taken to strengthen the provision of information in response to feedback from parents. Learning from the experience of vulnerable women using the '*Poppy*' midwifery service is recognised as an area for further review.

2.4 *'You're Welcome'* quality standards are embedded in all child health service specifications. Surveys undertaken denote a high level of satisfaction with sexual health services. Feedback from CAMHS users generally indicates a positive experience of using the service. Young people report feeling welcome and listened to. Feedback from parents indicates good levels of satisfaction with the service provided. Areas for improvement, including appointment times, are informing the re-design of the service. Feedback from young offenders is routinely captured to inform understanding of areas where health outcomes are improving.

2.5 There is appropriate access to interpreting and translation services for young people and their families whose first language is not English. Health information is provided in a range of formats. The social inclusion midwife employed by RBFT ensures the provision of culturally appropriate services. There is good support for pregnant asylum seeking women, and women who are homeless or at risk of homelessness. Take up of CAMHS by members of black and minority ethnic communities is monitored, and work to strengthen awareness and access is progressing well.

3. Outcome 2 Consent

3.1 Consent is well managed and young people are involved in decisions about their care and treatment appropriate to their age and understanding. Hospital and community based health staff have a good awareness of their legal duties and professional accountabilities in managing consent, including reporting of risk. Sexual health staff carry out safeguarding assessments on all young people under the age of sixteen to ensure they understand their responsibilities and are appropriately informed about how to keep themselves safe. Consent was appropriately managed on most child health records seen.

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

4.1 The physical health of local children is generally good, and levels of infant mortality and teenage pregnancy are relatively low. Health improvement programmes are jointly owned across children's health and social care services and include work to prevent childhood obesity and improve levels of childhood immunisations and chlamydia screening. The Joint Strategic Needs Assessment (JSNA) and local strategic plans pay good attention to the needs and vulnerability of children who are looked after. A positive feature of local partnership arrangements is the monthly '*Life Chances'* meetings where risks to the care and welfare of children who are looked after are clearly identified and tracked. Commissioning and workforce planning are increasingly aligned to reflect changes in levels of health care activity and future demand.

4.2 Inspectors found variable practice in the extent to which health professionals are engaged in CAF work. Most specialist disability staff have effectively grasped the lead professional role and there is an adequate level of engagement by health professionals in team around the child and locality network meetings. However the leadership and contribution of health visitors and midwives required further development in some cases. Senior managers recognise the need to strengthen recording of CAF related work. The new CQUIN (commissioning for quality and innovation) targets provide positive impetus to strengthen practice and evaluate the quality of preventative work.

4.3 Action is being taken to raise the standards of health care provision for children and young people who are looked after. Assessment paperwork reflects the age and development needs of children. A drugs usage screening tool is routinely used with older children who are looked after. The risks to children placed out of area are recognised, and the looked after children's health team continues to provide support to young people placed within a 20 mile radius of the council boundary. Delays in adoption medicals have been recently addressed, and potential adopters are now seen within six weeks of the looked after children health team being notified. Gaps in health care provision for care leavers are being identified, and work is in progress to deliver improved levels of support to young people with emotional or mental health needs. Positive activities to promote the independence of care leavers include attendance on First Aid courses. Care leavers with complex health needs are effectively supported in their transition to adult services.

4.4 There is recognition of the need to further improve the quality of assessments and health support plans and ensure health checks are regularly undertaken. Inspectors found that individual health assessments undertaken by GPs provided only limited information in some cases. Some initial and review health assessments seen did not sufficiently explore children and young people's feelings, their faith and ethnicity, mental well-being, sexual health and safety. This in turn impacted on the quality of health care plans and review of outcomes.

4.5 CAMHS commissioning targets require all children to be seen within 13 weeks; there are a few occasions where the required timescale has not been achieved. The single point of entry to the service has been effective in reducing the number of inappropriate referrals. Those who do not meet the criteria for specialist CAMHS (tier 3) are provided with information and advice about alternative sources of support. There has been a steady reduction in the numbers of people who do not attend appointments, and there are appropriate arrangements to follow up people who fail to attend. Young people who require in-patient care are supported by the Young Person's Unit in Wokingham. However, this provision is only available on week days, unless specific individual needs dictate the opening at weekends.

4.6 All children who are looked after are seen by CAMHS within 2 weeks of referral, with fast track arrangements in place for urgent cases. Inspectors found that Strengths and Difficulties questionnaires were not being consistently used or reviewed across the partnership to ensure effective tracking of young peoples' emotional or mental wellbeing. There is recognition of the need to further strengthen systems for assessing and sharing information between health and social care teams to ensure a comprehensive focus on the needs of children, risks to their wellbeing, and of progress made since their previous health assessment. Training and supervision of community health staff is being strengthened to support improved practice.

4.7 CAMHS professionals use a range of therapeutic interventions to strengthen the resilience of young people and their parents, with good outcomes for many young people referred. There remain some gaps in preventative work, particularly for adolescents with emotional, mental health and behavioural needs. Training and consultation is being provided by CAMHS to strengthen the knowledge and expertise of frontline staff and more effectively manage demand for specialist services. Evaluating the impact of this approach in building local capacity has been recognised as a priority in the CAMHS improvement plan. The young person's mental health liaison post located in the emergency department at Reading hospital provides effective support to young people aged 16-18, including those who may not have been previously known to, or have used health or social care services. Young people admitted to hospital following an episode of self harming behaviour are assessed within 24 hours by CAMHS staff.

4.8 Parents told inspectors they valued the support they had received from midwives, health visitors and speech and language therapists in helping them understand and meet their children's health and development needs. There is a good range of local services for children with disabilities, with low numbers of children placed out of area. Castlegate, the integrated short breaks service positively promotes the development of children's independence in areas such as sleeping, feeding and continence management. Health staff provide good training and support to family carers, foster carers and teaching staff in meeting their specific needs.

4.9 Waiting times for speech and language therapy (SALT) and occupational therapy have steadily reduced and are now well within commissioning target timescales. The establishment of a one stop shop for occupational therapy and physiotherapy appointments at West Berkshire Community Hospital has supported better access for local people. There have been long delays in access to specialist assessments for children with autism or attention deficit hyperactivity disorders (ADHD). A new care pathway has been developed with the active involvement of parents and voluntary sector agencies and waiting times are now reducing. The new arrangements are compliant with NICE guidance.

4.10 NHS Berkshire has expanded its range of targeted sexual health services for young people through the development of local '*Juice'* clinics. Chlamydia screening rates are low compared to other areas. Testing kits are proactively offered to increase coverage. Access to local sexual health and contraception clinics is promoted through a young person's web site. The condom distribution scheme delivered through the Youth Service works well. An outreach sexual health nurse proactively works with vulnerable women and young people to reduce the risk of future unplanned pregnancies. There are appropriate arrangements for young people who request a termination of pregnancy. School nurses offer targeted sexual health promotion work, but are no longer commissioned to undertake PHSE work in schools. Support for young people who are lesbian, gay, bisexual or transgender is currently insufficiently recognised and promoted in the local area.

4.11 Low numbers of young people who are looked after are teenage parents, and although the numbers of care leavers who have become pregnant has recently increased, numbers remain relatively low. The *'Poppy'* midwifery team and teenage pregnancy health visitor provide good support to vulnerable women prior to and following the birth of their babies. Initiatives to promote the inclusion of dads in the care of their children are being expanded. The newly established Family Nurse Partnership (FNP) provides additional capacity to promote better outcomes for young parents and their babies.

4.12 '*The Edge'* provides a range of support, including complementary therapies to young people who misuse drugs or alcohol or whose lives are affected by parental substance or alcohol misuse. Early intervention and prevention work is proactively supported through self referral and close partnership working with local schools and CAMHS. Good outcomes are evident including harm reduction and improvements in the levels of stress, anxiety or depression experienced by young people. Tracking of young people using the service indicates that 95% of young people reported feeling safer after using the service.

5. Outcome 6 Co-operating with others

5.1 Partnership working between NHS Berkshire, provider Health trusts and the local council is mature and appropriately challenging, and supports a shared strategic direction and joint ownership of improvement agendas. The Children and Young Peoples Partnership has very strong ambition and is able to clearly articulate local priorities. The West Berkshire Safeguarding Children Board (WSCB) is independently chaired and is well managed. Multi-agency sub-group arrangements work well, with good leadership and support from lead safeguarding health professionals. There is an extensive programme of joint quality auditing in place with appropriate challenge of practice. Senior managers in RBFT and BHFT work well together in improving the quality of services and outcomes for children. This is well evidenced in the work of the designated doctor for looked after children and services for children with complex health needs or disabilities.

5.2 West Berkshire has a good and wide range of well established and integrated services to provide early intervention and targeted support to vulnerable children and families. Joint commissioning arrangements work well and are secured by effective sharing of resources and expertise. The joint placement panel ensures that the needs of children who require a high level of specialist support are well managed. The '*Life Chances'* work enables good shared recognition and support for children who are looked after.

5.3 Partnership working between frontline health and social care teams is being continuously strengthened. Adult mental health services and hospital based staff work closely with children's social care and school staff in sharing information and monitoring risks to the safety and wellbeing of local children. Health visitors and children's centre staff are working to make better use of each other's capacity and expertise, and support a more co-ordinated approach to meeting individual needs. Speech and language therapists have taken action to improve access to services through locating their clinics in local children's centres. Inspectors found good joint working between therapy, nursing, social care staff and parents in supporting children with complex health needs or long term conditions, resulting in fewer emergency admissions to hospital. Royal Berkshire hospital has worked closely with the Institute of Innovation and Improvement and local GPs to raise the quality of its services and provide care closer to home.

5.4 Performance in meeting statutory timescales for health assessments fell during 2011-12 due to delays in notification coupled with gaps in the capacity of the designated doctor and nurse for children who are looked after. A new joint protocol has been developed that clearly identifies professional and agency accountabilities. Recent practice demonstrates information sharing is improving, and is now rigorously monitored. There is generally good handover of children's case records between health teams as children move placements or are placed out of area.

5.5 Communication between frontline child health and adult mental health teams has been strengthened through the rollout of a shared electronic case management system. Health visitors reported good links with most local GP practices, with weekly meetings in some cases. There is strong partnership working between the area's minor injuries unit and consultants working at Royal Berkshire hospital in assessing risk, and promoting shared approaches to the care and treatment of children. Looked after children health staff can now access the Council's social care electronic case management system and are working together to strengthen arrangements for joint assessment, care planning and review.

5.6 NHS Berkshire provides good strategic leadership of the work of named and lead safeguarding staff, including GPs. There are effective joint working arrangements to embed lessons from serious case reviews and secure shared standards of practice compliant with local policy and procedures. Health visitor and school nursing staff are actively engaged in and contribute well to child protection meetings. Health and social care staff work effectively in protecting unborn and new born children including where parental alcohol or substance misuse is a concern. This includes having agreed birth plans and promoting safe hospital discharge arrangements. Regular monthly liaison meetings are held involving midwives, health visitors, adult mental health, substance misuse and children's social care staff to discuss new cases and monitor ongoing risks.

5.7 The common point of entry to adult mental health services ensures adults with parental responsibilities are clearly identified, and priority is given to the allocation of these cases. *'Think Family'* approaches are developing well and are working to promote the wellbeing and resilience of the whole family. Adult mental health team members provide training and support to children's centre staff in building their confidence and awareness of parental mental health issues. Most GP surgeries have a designated lead professional for mental health and CAMHS and adult mental health staff are actively involved in the work of the local mental health forum.

5.8 Frontline health staff reported a positive and prompt response from West Berkshire council to referrals made. Differences of opinion about risks to children are openly discussed between agencies, and are usually resolved in a timely manner. There was limited need to escalate concerns to named professionals or senior managers. The emergency duty team (EDT) was seen by health staff as providing helpful advice and support and health agencies have been involved in the review of its work. Robust partnership arrangements ensure a prompt and effective response to children who go missing. Joint arrangements for supporting young people at risk of sexual exploitation or who sexually exploit others have been identified as areas for further development, and work is progressing well to build local expertise and organisational capacity.

5.9 Multi agency risk assessment conferences (MARAC) and public protection (MAPPA) meetings are well managed, with good attendance by most health staff. There are effective arrangements to share information, assess risk and agree strategies for managing high risk cases. There are appropriate arrangements for tracking and liaison with other agencies of people who pose a significant risk of harm to others.

5.10 Transition arrangements for young people who require ongoing support from adult health or social care services generally work well. However a few parents of children with learning disabilities told inspectors that they had experienced poor communication, with insufficient information provided about local services and how to access them. Transition arrangements to adult mental health services have been strengthened, and the Care Programme Approach is being implemented in line with statutory guidance.

5.11 New partnerships are developing well to underpin the work of Clinical Commissioning Groups (CCGs). Seven CCGs across Berkshire are operating as two federations to address the health needs of the local population in a strategic and cost effective manner. Appropriate links have been made with WBSCB and the local Health and Wellbeing Board to support new governance and scrutiny arrangements.

6. Outcome 7 Safeguarding

6.1 Designated and named safeguarding staff are actively engaged in supporting the delivery of WBSCB priorities, and provide good professional advice and leadership in a number of areas. Safeguarding policies and procedures are comprehensive and up to date. New guidance has been introduced in response to learning from serious case reviews and supports improved clinical practice, awareness and management of risk. NHS Trusts have strengthened their focus on concealed pregnancies and risks to immobile babies, including investigation of unexplained bruising. Inspectors found case recording of visits and observations of children's presentation, wellbeing and development is generally good, and health promotion work is clearly noted. However, the contribution of some health staff to child protection plans did not provide a sufficiently clear picture of how their involvement supports change and delivers improved outcomes.

6.2 Health staff are appropriately involved in safeguarding arrangements for children at risk of domestic abuse. RBFT has recently developed a *'green dot'* scheme to encourage pregnant women to report domestic abuse. Risks to the wellbeing of disabled children on child protection plans are clearly identified. CAMHS has appropriate systems for alerting children's social care services when young people disclose abuse. High priority is given to ensuring the participation of relevant health professionals at child protection conferences and core groups. If frontline professionals are unable to attend, they are required to submit a written report and make contact with the conference chair. Attendance is regularly scrutinised to ensure the required levels of participation are achieved. Recent reports by most health professionals are of a good standard; and provide a comprehensive picture of children's well-being, parenting capacity, social and environmental factors. However, attendance and provision of reports by GPs is limited and is an area for improvement. A significant programme of development work is in progress to help GPs prepare for NHS changes and strengthen their safeguarding competences and professional accountabilities.

6.3 GPs have good access to safeguarding training, and there are lead GPs in all local practices. However, a named GP has yet to be appointed for the West Berkshire council area. GP records clearly identify children on child protection plans and those living in households where there is domestic abuse. GPs and adult substance misuse services have appropriate safeguards in place for monitoring the treatment and non compliance of parents who misuse substances. Most dental practice staff have received safeguarding children training.

6.4 Investigations into sudden or unexpected child deaths are effectively managed with good engagement of relevant health professionals and partner agencies. Suicides are sensitively managed, with appropriate steps taken to reduce the risk of recurrence of such incidents. Rapid response arrangements work well, and there is a strong focus on assisting parents to understand the cause of death and to cope with their loss. An audit of child deaths over the past three years has identified areas where preventative work could be further strengthened. Action has been taken to improve targeting of information about the risks of drug misuse, to re-invigorate the '*Safer Sleeping'* campaign, and improve awareness of the risks of diabetes in children. Lessons learned from such incidents are effectively shared with frontline health staff and GPs via staff briefings and newsletters.

6.5 Arrangements for the examination of children who have been sexually abused are satisfactory, and examinations are undertaken by appropriately trained and experienced medical staff. There is good communication between staff working at the Sexual Abuse Referral Centre (SARC) in Slough, local commissioners and sexual health staff in ensuring young people who require ongoing support or treatment are appropriately followed up. Child protection medicals are well managed, and there is good senior clinical oversight and peer review to ensure the required standards of practice are achieved.

6.6 There are good arrangements at the Royal Berkshire hospital to identify children who are on child protection plans. The new electronic patient record enables effective monitoring of risk to children and outcomes of previous attendances. Systems to identify children who are looked after are currently being considered. Information about accompanying adults and their relationship to children are appropriately recorded. Alcohol liaison nurses ensure risks to the safety and welfare of children are proactively identified. The paediatric liaison worker ensures risks to the safety or wellbeing of children are promptly shared with relevant community health and social care staff. The deployment of a mental health worker in A&E ensures comprehensive and timely assessment of young people aged 16-18 years who self harm or have attempted suicide.

6.7 The nurse-led minor injuries unit located at West Berkshire Community Hospital and the out of hours GP arrangements (West Call) have appropriate safeguarding procedures to identify risks of harm to children. Checks of previous attendances are routinely undertaken, and child health records ensure children on child protection plans are clearly identified and followed up. Information about attendances is promptly shared with GPs, community health and social care staff as appropriate. Children who fail to attend follow up appointments are proactively tracked.

7. Outcome 11 Safety, availability and suitability of equipment

7.1 The minor injuries unit at West Berkshire Community Hospital has appropriate facilities for the care of children. Although there are currently no paediatric nurses working at the unit, some team members have undertaken additional child health assessment training to improve their knowledge and skills in this area of work. The A&E department at the Royal Berkshire hospital was reviewed during the recent inspection of Reading council.

7.2 Children and their families have good access to specialist equipment including aids to support communication, mobility and personal care. Equipment is generally provided in a timely manner to support the planned discharge of children from hospital.

8. Outcome 12 Staffing recruitment

8.1 BHFT and RBFT comply with safer recruitment procedures and have systems in place to ensure checks are updated in line with national guidance. Practice is compliant with Independent Safeguarding Authority (ISA) requirements including Criminal Records Bureau (CRB) checks.

9. Outcome 13 Staffing numbers

9.1 The current capacity of front line community health teams is adequate, and priority work is generally delivered in a timely way. Recruitment and retention is well managed and frontline health teams are relatively stable.
NHS Berkshire closely monitors operational pressures and is alert to increases in waiting times and unmet need. BHFT has brought together a range of workforce planning and improvement work under the banner of *'Tomorrow's Community Health'.* This provides a structured change management programme for making best use of existing resources, and strengthening the quality and responsiveness of local services. Attention has been paid to the caseloads and skill mix of frontline teams, and to succession planning. Initiatives include the creation of integrated teams for children with complex health needs and a single point of access for families and professionals. Planned increases in health visiting capacity aim to strengthen preventative capacity. New roles for health visitors and school nurses are being scoped to fully implement the *Healthy Child programme*. The school nursing service is currently only available on a term time basis in West Berkshire. A new service specification has been drawn up to provide a flexible response to meeting future need.

9.2 Recruitment of a designated doctor for safeguarding children has been a challenge for the local area. A new clinical network approach is being implemented pan-Berkshire to provide greater capacity, sharing of expertise and stronger engagement of a wider group of community paediatricians in safeguarding children work. A paediatrician has now been appointed to provide professional advice to the work of WBSCB. The work plans of the designated doctor and community paediatrician have been expanded to offer mentoring support and strengthen succession planning. The early appointment of a named GP is essential to consolidate the leadership and engagement of primary care in safeguarding children work. Enhancement of the capacity of the looked after children's health team has supported fresh drive and improvement in the quality of local arrangements. The deployment of additional staff has been effective in improving assessment timescales, has raised the team's profile with children and their foster carers, and provides essential additional capacity to offer training and support to foster carers and partner organisations.

10. Outcome 14 Staffing support

10.1 Designated and named professionals take a lead role in the planning and delivery of safeguarding children training at organisational and multi agency levels. Training and mentoring frontline staff is given a high priority across the partnership, with specific programmes targeted to the knowledge and experience of key teams and individuals. A Berkshire-wide Safeguarding Children Network is effective in driving improvements in the quality of safeguarding practice and outcomes for local children and their families. Arrangements to support learning from SCRs, audit and quality monitoring work within individual Health trusts and across the wider partnership are well established. Links between child and adult safeguarding agendas are being strengthened to support an improved awareness of risk and targeting of support on a whole family basis.

10.2 BHFT has a safeguarding children training strategy that reflects inter collegiate and statutory requirements. The levels of training required by staff in relation to their roles, responsibilities and levels of direct contact with children are clearly outlined. Most staff inspectors met reported good access to training. Training figures indicate that 90% of staff who work predominantly with children and 76% of its overall workforce have received training. Training figures are closely monitored and are continuing to improve. Arrangements for the delivery of safeguarding supervision have been strengthened. A new supervision policy has been implemented that ensures all community health staff have access one to one and peer supervision. All children on child protection plans and those who are looked after are regularly discussed. The Trust's safeguarding advice line offers good support from named nurses in addressing concerns about the safety or wellbeing of children. Named staff are engaged in directly observing the work of frontline staff to improve their awareness of local practice and challenges. Staff development and appraisal includes a focus on safeguarding children competencies. BHFT employee surveys indicate frontline staff feel well supported by managers.

10.3 RBFT has made good progress in addressing previous gaps in management arrangements in relation to the training and supervision of its staff. Child and adult safeguarding training is now embedded in the induction of new junior doctors. There is work in progress to ensure all staff working in A&E achieve levels of training in line with inter collegiate professional standards. Training targets have largely been achieved (95% of clinical staff) and are closely monitored. Gaps in supervision and peer review arrangements, including in midwifery services, have been addressed.

10.4 The looked after children health team have recently provided training to all health visitors and school nurses to promote consistent practice in the use of the new assessment paperwork. The team has also developed a package of training for foster carers and staff working in children's homes in the area.

11. Outcome 16 Audit and monitoring

11.1 Strong governance arrangements underpin the delivery of health care to local children. Gaps in the range and quality of health provision are closely monitored by NHS Berkshire through regular contract and quality review meetings, and also by the local council through the work of its Health Scrutiny Panel. NHS provider trusts have restructured their management arrangements to provide better oversight and support for the work of frontline staff and enhance their capacity to meet the specific needs of the local authorities they serve. Relationships with the Director and Head of Children's Services in West Berkshire are strong and support continuous improvement. Good progress is being made in addressing joint strategic agendas and ensuring the required standards of service delivery are consistently met.

11.2 NHS Berkshire has set challenging targets for transforming the delivery of health care to children and their families. The 0-19 specification clearly identifies the standards of performance required in safeguarding children, including reporting of audits undertaken. The new CQUIN targets are supporting better identification of vulnerable families, leading to stronger ownership of the lead professional role, and evaluation of the use and outcomes from CAF work. Support to children with complex needs is being enhanced through the delivery of a single integrated care plan. A new Community Family Health team approach is working to secure the full delivery of the *Healthy Child programme*, with appropriate and challenging targets to raise immunisation levels, ensure comprehensive coverage of new birth visits and regular health and developmental checks of vulnerable children. A 90% satisfaction rate with services ensures good attention is paid to the individual experience and impact of services provided

11.3 Performance management of individual and joint organisational activities has been strengthened and is secured by regular scrutiny of activity and trends. The CAMHS Partnership Board effectively uses management information to review and evaluate demand, waiting times, and activity levels. A similar approach is being taken to improve looked after children's health provision through the development of a performance dashboard. At the time of this inspection, 92% of children had up to date dental checks, an improved picture from 61.6% in February 2012. Practice in meeting timescales for initial and review health assessments was also steadily improving. There is a clear programme of work in partnership with local GPs and CCGs to strengthen their engagement in and accountabilities for safeguarding children work.

11.4 Audits of clinical and safeguarding practice are increasingly used to assess performance, share good practice and provide assurance about the quality and sustainability of service delivery. Section 11 audits of BHFT and RBFT indicate effective safeguarding practice in most areas, with appropriate action taken to address areas where performance is not yet fully compliant with requirements. A recent audit of the quality of referrals made by RBFT to partner agencies denotes improved practice in the quality of information provided to aid decision making. Audits of adult mental health case records by BHFT demonstrate an improved focus on risks to children. Clinical audits of the work of health visitors have resulted in a stronger focus on the needs of fathers and the development of a local enuresis clinic.

11.5 Auditing of the quality of looked after children's health records has been effective in identifying weak performance and priorities for improvement. Local arrangements have been evaluated against NICE guidance and an action plan addresses areas where current practice is not yet fully compliant with good practice standards. New looked after children documentation provides improved recognition of the diverse needs of children who are looked after.

11.6 Quality improvement programmes at Royal Berkshire hospital include a new system to reduce delays in young peoples' access to a wheelchair and the number of appointments required for specialist equipment. Action has been taken to improve young peoples' attendance at the diabetes clinic, reduce failure to attend rates, and strengthen transition arrangements between paediatric and adult health consultants. Paediatric wards have set clear standards for the care and behaviour expected from staff to improve the quality of care and communication with children and their parents.

12. Outcome 20 Notification of other incidents

12.1 Local NHS provider trusts report patient safety incidents including serious and untoward incidents in a timely manner. There is a clear focus on identifying root causes and making the required changes in service delivery to reduce risk of recurrence.

12.2 Whistle blowing policies and procedures are in place. There are appropriate arrangements for reporting concerns about professional practice to relevant professional bodies and to the local authority designated officer (LADO) where risks to the care or welfare of children have been identified.

13. Outcome 21 Records

13.1 Chronologies of significant events were found on most child health records seen and were appropriately updated to provide effective analysis of risk. Case records demonstrated regular consultation with managers and named safeguarding staff in assessing risk and agreeing protective actions. Children's experiences of life at home and risks to their safety and well being were sensitively captured on a number of school nurse records seen. The move to a shared electronic child health record in BHFT supports timely and efficient sharing of information between health teams.

13.2 The new looked after children health summary and care plan documentation in use since April 2012 presents a clearer and more comprehensive picture of children's health, wellbeing and development and promotes more child centred practice. However, some recent health records and care plans seen provided limited information about their diverse needs or exploration of progress made in holistically meeting children and young peoples' needs.

Recommendations

Immediately:

NHS Berkshire together with the local Clinical Commissioning Groups and the LSCB should take action to:

- *strengthen the contribution of GPs to safeguarding children work, including ensuring medical reports are of high quality and routinely provided (Ofsted, August 2012).*

NHS providers, including GPs should take action to:

- *ensure the views and experience of young people and their families are routinely used to support the way local services are provided (Ofsted, August 2012).*

Within 3 months:

NHS Berkshire together with local Clinical Commissioning Groups and West Berkshire Council should take action to:

- *ensure local arrangements fully comply with statutory guidance for meeting the health care needs of children who are looked after and deliver the promises outlined in the Children's Pledge (Ofsted, August 2012).*

- *ensure children who are looked after and care leavers have a comprehensive assessment and joint review of their needs, with full involvement of young people and their carers in shaping their individual health care plans (Ofsted, August 2012).*

- *promote effective information sharing and tracking of the health outcomes for all children who are looked after (Ofsted, August 2012).*

Within 6 months:

NHS providers, including GPs should take action to:

- *ensure that the integrated workforce strategy leads to front line staff across the partnership having the skills, knowledge and confidence to deliver effective early intervention to families including the effective use of the CAF (Ofsted, August 2012).*

Berkshire Healthcare NHS Foundation Trust and Royal Berkshire NHS Foundation Trust should take action to ensure:

- *all relevant staff are appropriately trained and supported to fully embed CAF in the delivery of local health care arrangements (Ofsted, August 2012).*

NHS Berkshire together with West Berkshire Council, Berkshire Healthcare Foundation Trust and local Clinical Commissioning Groups should take action to:

- *review the provision of services for adolescents with emotional, mental health and behavioural needs, to ensure there are sufficient good quality services for this group of young people (Ofsted, August 2012).*

Next steps

An action plan is required from the commissioning PCT within 20 working days of receipt of this report. Please submit the action plan to your SHA copied to CQC through childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.