

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

Date of Inspection	27th June – 8th July 2011
Date of final Report	12th August 2011
Commissioning PCT	NHS Hampshire
CQC Inspector name	Paul Blakey
Provider Services Included:	Winchester and Eastleigh Healthcare NHS Trust Basingstoke and North Hampshire NHS Foundation Trust Southern Health NHS Foundation Trust Sussex Partnership NHS Foundation Trust
CQC Region	South East
CQC Regional Director	Roxy Boyce

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](#) .

Hampshire County Council	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Good
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	Good
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 the commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority 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:

Hampshire, as one of the largest counties in England has a population of about 330,000 children and young people spread over eleven districts. The health of children and young people is generally good, with lower levels of obesity recorded than in some parts of the country. Those children growing up in the more deprived parts of the county experience health disadvantage as a result of their relative poverty and this is taken into consideration by the Children's Trust when identifying interventions by need.

NHS Hampshire commissions healthcare services and works jointly with Hampshire County Council's Children's Services through the Joint Child Health Commissioning Board of the Children's Trust for jointly commissioning and aligned commissioned services.

For Children and Young People, NHS Hampshire commissions primary healthcare from 147 GP practices (1000+ GPs) and the majority of secondary care services from five acute hospitals, three* of which are located outside the Hampshire county boundary. These providers are Winchester and Eastleigh Healthcare NHS Trust, Basingstoke and North Hampshire NHS Foundation Trust Portsmouth Hospitals NHS Trust*, Southampton University Hospitals NHS Trust*, and Frimley Park Hospital Foundation Trust*.

The majority of tertiary care is delivered from Southampton University Hospitals NHS Trust. The acute hospitals provide maternity services with the option of midwife birthing units available across much of the county. The community healthcare services that NHS Hampshire commissions for its children reflect the historical inheritance, although this has started to evolve as high quality, cost effective, needs based services are re-tendered for.

Health visiting services are provided by Southern Health NHS Foundation Trust. Community nursing services are provided by Solent Health Care Trust, Winchester and Eastleigh Healthcare NHS Trust, Basingstoke and North Hampshire NHS Foundation Trust and Surrey Community Health. School nursing services are provided by Southern Health NHS Foundation Trust and Basingstoke and North Hampshire Foundation Trust. Therapy services are provided by Solent Health Care Trust, Basingstoke and North Hampshire NHS Foundation Trust, Winchester and Eastleigh Healthcare NHS Trust and Surrey Community NHS Trust.

Occupational therapy and physiotherapy is offered by all five of the above trusts. Speech and language therapy is offered by four trusts Solent, Winchester, Surrey Community Health and Southern Health (provides north Hampshire population area). Both Winchester and Eastleigh Healthcare NHS Trust and Basingstoke and North Hampshire NHS Foundation Trust offer an integrated acute and community paediatric service.

Children and Adolescent mental health services (CAMHS) were provided by five different organisations, all working to different inherited specifications and not providing a consistent offer to children and young people. Through the development of joint commissioning between NHS Hampshire and Hampshire County Council, with the use of a Section 75 agreement, a jointly commissioned single service across the county was successfully tendered in 2010, which has started delivery since April 2011 from Sussex Partnership NHS Foundation Trust. This provides tiers 2 and 3 services and is looking to extend to 3+. Specialist Tier 4 services are provided by Southern Health NHS Foundation Trust and this contract is managed by Specialist Commissioning on behalf of the SHIP (Southampton, Hampshire, Isle of White, Portsmouth) commissioners. Placements are also purchased from the independent sector as required.

As in many parts of the south of England, travel routes between towns and villages follow routes to London, although good travel links exist along the south coast. This has implications for access to healthcare facilities.

NHS Hampshire is one of the key partners in the Children's Trust Joint Child Health Commissioning Board as well as the recently renamed health delivery group (formally the Children's Health and Wellbeing partnership). NHS Hampshire works closely with Hampshire County Council and other partners to address all aspects of Children's Safeguarding.

1 Outcome 1 Involving Users

1.1 Accessible and relevant information is available for children and young people. This is provided in such a way as to ensure that they understand the care, treatment and support choices available to them. Health agencies evidenced that they encourage children and young people to express their views, so far as they are able to do so. As noted above (and in the section below) children and young people are involved in making decisions about their care, treatment and support. Staff involved in focus groups indicated that they use a variety of methods to ensure the views and experiences are taken into account in the way services are provided and delivered.

1.2 Good examples of engagement and participation are in place to ensure that feedback from children and young people with disabilities, and their families/carers, are used to develop and improve services. Firvale (respite provision) – recently had a participation month. This included working on feedback from complaints and considered issues of privacy and dignity.

1.3 Specialist nurses for looked after children offer choice for children and young people in relation to how they can access and engage with their review health assessments. Appointments are made available after school hours and during school holidays as far as possible. A recent example was given whereby the timing of the review health assessment, in discussion with the young person, took into account Ramadan. The young person expressed appreciation for this flexibility and the fact that the assessment took into account the best time for the young person.

2 Outcome 2 Consent

2.1 Within the acute, community and mental health providers it is evidenced that appropriate policies and procedures are in place that ensure consent is taken prior to any treatment of children and young people. Consent is gained from parents and carers and is stated to be appropriately documented. The competency of young people to give consent is fully assessed within all services but particularly within sexual health. Staff working in sexual health services are aware of the safeguarding challenges when working with children and young people. This balances consent, confidentiality, legal issues and the need to promote health.

2.2 Consent to undertake health assessments are obtained, in accordance with the Department of Health's Guidance, by the LAC health team. Consent is also obtained to share the summary and health recommendations with social care and GPs. The LAC health files contained evidence of consent in relation to health interventions for LAC.

3 Outcome 4 Care and welfare of people who use services

3.1 Initial and review health assessments for looked after children are gradually moving in an upward trajectory. The number undertaken increased from 78% in September 2009 to 82% in March 2010 and 82.6% in March 2011. This is just below statistical neighbours of 83%.

3.2 Immunisation figures moved upwards from 73% in September 2008 to 81.2% as at March 2011. These figures improved after the looked after nursing team asked to be informed of children and young people new into care, this has helped to ensure immunisations are reviewed and action can be taken to bring them up to date. This is below statistical neighbours which is 85%.

3.3 Dental visits increased slightly from 80% in March 2010 to 80.6% in March 2011. This is below statistical neighbours which is 85%. The authority endeavour to keep looked after children with the dentist they have previously been registered with. Otherwise they will register with their carers dentist. Carers also have access to a dentist helpline (and website) this provides names of dentists within 25 miles of placement. Furthermore, if problems continue with registration, they are able to access to community dental services (3 providers) – looked after children are given priority access. Looked after children specialist nurses are taking action to ensure ‘health’ training provided for foster carers emphasises the importance of dental health. All review health assessments promote the importance of dental health. The PCT dental advisor is currently working to capture information about problems in being able to access dental checks. This information will be reported through to the care matters group where actions can be considered to promote and improve access by looked after children to dental checks.

3.4 The majority of initial health assessments are undertaken by GPs in the community. Some are undertaken by the Paediatrician and lead child in care doctor based at Basingstoke and North Hampshire NHS Foundation Trust. An acknowledged area for development is to ensure that the quality of initial health assessments received from GPs is of a good standard. Problems have been identified in relation to gaps in information, and some initial health assessments undertaken by GPs are not being carried out in a timely manner. To make improvements the designated looked after children nurse is currently working on developing a locally enhanced service (LES) for GPs. This has been initiated and agreed, but not yet fully implemented. To provide the LES, GPs will be required to have a specialist interest in this area of work with the necessary skills and competencies; they must also have a lead GP in the practice and they must be able to evidence their capacity and competency. The LES system has a built in quality assurance framework which will be overseen by the designated nurse for looked after children. This is work in progress.

3.5 Specialist nurses undertake the majority of review health assessments although under 5’s assessments are usually undertaken by a medical practitioner or some by a health visitor. Health assessments for out of authority placements are undertaken by health professionals within those authorities under a service level agreement (SLA). Due to the increased complexity of making these arrangements the timing is sometimes delayed. Whilst this is not a significant problem any delays in assessments are monitored to ensure compliance with the SLA and avoid undue delay for the children and young people.

3.6 Inspectors visited the Basingstoke and North Hampshire NHS Foundation Trust emergency department and the minor injuries unit provided by Winchester and Eastleigh NHS Trust (Andover Hospital). Both trusts had a good environment, with facilities that were appropriate for children and young people. Both departments are run effectively by competent, well qualified and experienced staff. The staff working in these departments reported that a culture of open communication and support is in place and is effective. The emergency department team have developed good working relationship with other colleagues in the hospital, specifically from paediatrics, who can offer additional expert support, guidance and advice when required. The children and young people who access this department benefit from a good service which is able to provide care, treatment and support in which the profile of safeguarding is well understood and applied in practice. The children and young people who access the minor injuries unit also had good links with specialists in the wider trust and are able to get comprehensive support and make referrals to paediatricians when required.

3.7 The recording system in the emergency department flags up if any child or young person is on a child protection plan. The minor injuries unit are able to access up to date information relating to child protection plan information. An effective notification system is in place to alert other agencies of unscheduled care attendance. Easily accessible information is available to guide staff in relation to identified safeguarding concerns. Staff had clarity on referrals processes and said they were able to access comprehensive support within the hospitals when required. The liaison health visitor for the emergency department ensures that staff are well supported in relation to presenting safeguarding issues. A good system has been developed in both trusts whereby non urgent concerns can be communicated, via a referral form, to other health professionals such as health visitors and school nurses and children's social care. The staff are clear on how they would handle any concerns linked to adults attending with children and young people, or who have caring responsibilities (i.e. Domestic violence, mental health, substance misuse). Documentation in both departments contained clear prompts to ensure appropriate communication takes place within the staff teams, or externally if required.

3.8 Safeguarding responsibilities for front line staff such as health visitors, school nurses and community nurses are well understood and robustly implemented. Clear and effective systems are in place to ensure that vulnerable families/children and young people are identified. Appropriate levels of services are in place to ensure that the different levels of need are matched from resources within the teams. Front line staff work together effectively and communication between agencies is good. Front-line health staff report that they are clear about thresholds, however, sometimes they have to get support (from named nurse/doctor) to ensure that the referrals they make, based on their clinical expertise, are clearly understood and appropriate actions are taken (escalation and conflict resolution processes are in place to enable discussion).

3.9 Some challenges have been identified by front line staff in relation to communication with GPs; however appropriate training and support has been put in place to ensure that health visitors are supported in this aspect of their work. The skill mix is well managed and the vacancy level for health visitors is low (4 HV vacancies – all out to advert).

3.10 Health partners in Hampshire support mums who are pregnant very effectively. Partnership working between midwives within acute trusts, the community (including GPs), social care and mental health is very good. Basingstoke have dedicated staff who will work with teenage mums and provide consistent support throughout the pregnancy. The teams are very clear on identifying vulnerability factors and can provide the necessary support to mums who need this. A robust system is in place that will ensure all cases are monitored closely in relation to attendance at arranged meetings and follow of mums that do not attend are followed up effectively. All staff involved in supporting vulnerable mums are very clear, and had received effective training in relation to the impact of domestic violence, homelessness, mental health issues and substance misuse. Effective forums are in place to ensure that vulnerable cases are discussed on a regular basis. Vulnerable pregnancy group meetings take place monthly and may include a range of health professionals (children's centre staff, mental health, Health visitors, teenage pregnancy midwife, named nurse). Whilst risk is discussed daily, formal weekly meetings are held to discuss key risk areas. Based on the experiences of the team four week parenting courses have been developed for vulnerable families. These courses are held in children's centres and have provided a valuable input to promote parenting skills. The safeguarding lead midwife at Basingstoke has developed a very useful and effective system – vulnerable pregnancy system – which provides information in relation to vulnerable mums. This allows effective tracking, monitoring and reporting to take place.

3.11 Sexual health services for children and young people have been developed (and continue to be reviewed and developed) to ensure resources are targeted into areas indicated by needs assessment. The strategy has five key priority areas and one of those is to ensure vulnerable children are able to access appropriate services. Strong multi-agency partnership working is in place and is effective. Local improvement teams facilitate sexual health network meetings to ensure that communication between agencies and practitioners is promoted. Based on feedback from children and young people sexual health services endeavour to ensure consistency and continuity of care for children and young people accessing the service. This is also reinforced by the work of the teenage pregnancy midwife at Basingstoke who will provide care and support for teenage and vulnerable mums during pregnancy. Work is coordinated to ensure that prevention is integral to all work undertaken. Good engagement is undertaken with children and young people to ensure their views are taken into account when developing services.

3.12 The general conception rate for young people in Hampshire between the ages of 15-17 has declined (rolling quarterly averages) from 34.1 per 1000 at the start of 2009, down to 28.7 as March 2010. This is well below the England average and below the South East average. Whilst these figures for Hampshire as a whole are positive the public health team acknowledge the wide discrepancies that exist throughout areas of the county. This is acknowledged in the paragraph above in relation to targeting sexual health services into areas of identified need.

3.13 The number of young mums (under 18) who were looked after at the time they gave birth was five in March 2010 and four in March 2011. A key priority for the sexual health strategy is to ensure services for vulnerable groups, including looked after children, works to reduce conception rates and promote sexual health.

3.14 Local facilities for children and young people who have been sexually assaulted are good. The sexual assault referral centre (SARC), located in Portsmouth, offers a very high quality service, with follow-up, for young people who have been sexually assaulted. Younger children can be seen by community paediatricians in discrete units at three hospitals (Basingstoke, Portsmouth and Southampton) within the Hampshire area; however this service is not available out of hours. Although there are small numbers of children to whom this applies, the issue has been recognised across the SHIP cluster area as delays in these children receiving examination will be detrimental both to the child and potentially to criminal proceedings.

3.15 Health partners provide effective services and support to children with disabilities. Trusts work well with partner agencies to ensure that children and families are able to access safe and appropriate services whilst also reducing the need to duplicate work where a young person may have a number of agencies providing services to meet health and social care needs. Some challenges are recognised in relation to ensuring children and young people have access to appropriate equipment. This requires that agencies ensure better and more effective collaboration in relation to funding responsibilities when specialist equipment is needed. Good examples of engagement and participation are in place to ensure that feedback from children and young people, and their families/carers are used to develop and improve services. (Firvale (respite provision) – recently had a participation month – worked on feedback from complaints and considered issues of privacy and dignity).

3.16 The integrated child health service located within Basingstoke Hospital offer a joined up service for that community and work effectively with children who have acute and chronic conditions. The service has a range of health professionals located at the hospital, within the same clinical division, therefore children and young people have excellent access to a wide variety of child health experts.

3.17 Substance misuse services for children and young people in the authority are good. There is effective multi-agency working between children's social care, health, education, youth offending teams, connexions and the voluntary sector. The teams have worked well with schools to ensure key staff (school drugs coordinators) have access to information, training and conferences. Prism (processing referrals involving substance misuse) provides a targeted tier 2 service for children and young people (10-16) years in school. This direct work has had a positive impact in helping to keep children and young people in school and also to raise general awareness. Specialist support can be accessed through wide ranging referral methods and comprehensive assessment which is provided via the voluntary sector. Good work with the Nepalese community in Rushmoor has had a positive impact for young heroin users – with targeted information and service information that has been translated.

3.18 CAMHS services are currently in a period of transition. As from April 2011 a single provider – Sussex Partnership NHS Foundation Trust – has been commissioned, via pooled budget, to provide the CAMHS service throughout Hampshire. It was recognised that the previous service provision (via five different providers) led to inequity in terms of provision and access. Clearly this is a time of significant change and stakeholders are working to ensure that the systems and processes established are effective in providing a good service for children and young people throughout Hampshire. Commissioning of this new provider included good examples of engagement with children and young people. The new provider/trust is currently engaging with the local authority to ensure that social care staff are fully briefed on the intention and ambition of the service. An emergency response system/rota is in place and all teams have access to a psychiatrist who will offer guidance and support. An intensive support service is able to work in the community/home. Waiting times are variable within the county, 2 weeks to much longer, and this is linked to previous inequitable service delivery to which the new service provider is working to address. Tier 4 provision is available through Leigh House (18 beds). Currently this provision is not able to accept emergency admissions, however, this is being reviewed. Emergency beds are spot purchased as required.

3.19 There is no dedicated team for looked after children; however each of the nine teams in the county has a therapist and social worker with a specific remit for interventions with this group. The service delivery criteria indicates that looked after children, or those that are adopted and care leavers, should be fast tracked into CAMHS to support placements, carers and staff. One of the CAMHS therapists indicated she is 'linked' to one of the children's homes in the county and that the majority of her time (85%) is spent working within the remit of looked after children. This includes direct work and also weekly consultative input into the children's home. When considering service design it was felt that the most effective way of working is the 'team around the child' to ensure the intervention is best matched to the needs of each child or young person. The new contract specification has integrated a key component in relation to scrutiny of service provision for looked after children and this is monitored by the care matters board. Some good examples of recent joint working between CAMHS and children's social have been presented which indicate good outcomes for the child and young people. CAMHS provision for children and young people placed out of authority is more challenging. A system is in place to ensure that these services are commissioned and provided when necessary to ensure children and young people placed out of the authority area have their needs met.

3.20 Whilst it is too early to assess the impact of the new service provider it is essential that CAMHS provision for looked after children is carefully monitored by the provider and commissioners to ensure it is meeting need.

4 Outcome 6 Co-operating with others

4.1 Partnership work across health, education, social care and the voluntary sector is good. There are numerous projects, initiatives and care pathways that are joint funded, multi agency and multi professional. The safeguarding agenda is clearly a priority. Cross sector work is well embedded within the community, acute and mental health providers.

4.2 There is appropriate membership from all health trusts on the Hampshire LSCB, its sub groups and the Children's Trust. There are numerous examples of changes to practice following the dissemination of learning from serious case reviews (SCR's) (this is discussed further in the next section).

4.3 Designated professionals provide support in relation to health issues within the LSCB (including sub groups). Health issues are interpreted to ensure clarity of understanding for all agencies in relation to key points. The designated nurse critically evaluates the work that has been done and is able to pull together health themes that may become apparent from a number of different report contributions.

4.4 The Child Death Overview Panel (CDOP) is a sub-committee of LSCB and comprises a panel of multi-agency professionals including health, police, ambulance service, children services, designated paediatrician and LSCB members. Monthly meetings take place to review all child deaths (from birth up to the age of 18 years) across Hampshire, Southampton, Portsmouth and the Isle of Wight. CDOP operates in accordance with national guidance with good examples of the translation of recommendations from reviewed cases, into effective practice.

4.5 Named health professionals are proactive in ensuring that health staff are 'known' by colleagues in other partner agencies to encourage better communication and better understanding of roles. This work needs to continue in relation to the respective role, function and responsibilities of health visitors and school nurses in relation to their important liaison and information sharing role with GPs.

4.6 A good system is in place in relation to looked after children notifications. Good work has been undertaken to ensure information is sent through to the looked after children's nurses to ensure they are aware of newly placed looked after children. The information received in relation to placement changes is less robust and often nurses may not be aware until such time as they come to arrange the health assessment and they are then informed by the social worker. A system is in place to notify health care professionals when a children or young person attends an acute hospital emergency department, or a minor injuries unit.

5 Outcome 7 Safeguarding

5.1 Health partners communicate and work together effectively. Systems and processes have been developed and implemented by trusts to provide assurance, internally (board assurance) and externally (performance reporting to commissioners), that children and young people accessing their services are effectively safeguarded. This has ensured that children and young people receive safe and coordinated care where more than one provider is involved, or when they are moved between services. Health partners support people who use services to access other health and social care services they need. These actions reduce the risk of children and young people receiving unsafe or inappropriate care, treatment and support because they effectively assess need and ensure, as far as possible, that people are safe and their welfare protected.

5.2 Designated professionals for safeguarding are in place within NHS Hampshire. A full time designated nurse for safeguarding has specific responsibility for Hampshire. A contracted designated doctor, from Basingstoke and North Hampshire NHS Foundation Trust, provides sessional coverage (six sessions) and support to medical staff in the secondary and primary care sector. The designated doctor and nurse facilitate and promote effective working from named professionals by providing supervision and support to all named professionals in the area. This ensures that expert advice and guidance is available for named doctors and nurses within provider organisations and primary care. This has a positive impact on ensuring the right actions are undertaken when safeguarding issues arise. These designated professionals also provide expert support to the LSCB and a number of its sub-groups to ensure health issues are interpreted in such a way as to benefit the operation of the LSCB. The designated doctor and nurses are working to ensure that named professionals are well equipped to be able to provide expert advice to the LSCB in relation to their own organisations. Quality assurance, performance management and the provision of expert advice is integral to the role of these designated professionals.

5.3 Named doctors, nurses and midwives for safeguarding are in place within provider health partners and within primary care. These professionals are well known and visible within their own organisations and are highly regarded. Named professionals provide effective guidance, support and supervision in relation to safeguarding issues to staff that require an expert input. This ensures consistent and considered responses to any presenting issues. The named professionals have a good overview of safeguarding themes that may arise within these large and complex organisations so are in a good position to report, and ensure appropriate actions are taken to mitigate risk and promote improvement. All named professionals are involved in the governance structure for their respective trusts, including membership of safeguarding committees, and involvement in the three multi-agency safeguarding forums in the county. Named professionals ensure that each trust executive board lead for safeguarding is constantly briefed on safeguarding issues. These structures and lines of accountability ensure that each trust board are well informed about the effectiveness of safeguarding within their organisation.

5.4 Due to the significant changes within providers in the area (through integration of two providers (mental health and community services), and the introduction of a new single CAMHS provider) the designated professionals have worked to ensure that the named nurse role within these organisations has been clarified to ensure good support is in place for staff as required in a period of significant change. (a named nurse within the new CAMHS provider has been identified for Hampshire). Learning from serious case reviews locally and nationally has been effective and as a result a well recognised protocol has been developed and implemented in relation to 'bruising' for non-mobile children under one year. This protocol is now firmly established within Hampshire (and within the wider PCT cluster area, and has also generated requests for contribution at national meetings) and provides staff with clear guidelines about how best to identify and progress any safeguarding concerns.

5.5 Three named GPs are in place within Hampshire. They provide support to 147 GP practices within Hampshire (1000+ GPs). At the time of the inspection 90% of these practices have in place a lead for safeguarding. It had been recognised that GPs needed input to enable them to undertake more effectively their role in relation to safeguarding children and young people. The named GPs have spent the previous 12 months ensuring that all safeguarding leads within Hampshire have received appropriate training in relation to safeguarding. These one day training sessions have ensured that GP leads have comprehensive information in relation to safeguarding expectations. This has included providing information relating to what is required to contribute to child protection conferences. The plan for the second year of training is to provide further relevant and useful information in relation to safeguarding to ensure GPs are able to further develop their work. Currently the contribution (attendance and reports) from GPs to conferences is unsatisfactory, however, this has been acknowledged as a key area for improvement. Whilst the increased levels of training will promote a greater understanding of the importance of GP contributions it is also essential that further work is undertaken to understand and overcome the barriers that are currently restricting/prohibiting GP contributions. The designated doctor and nurse are currently working to promote more effective involvement of GPs in contributions and attendance at case conferences. A 3 month (currently half way through) pilot study within the New Forest area is presently running with some encouraging results in relation to GP involvement. This model will be rolled out throughout the county if the outcome of the pilot has a positive impact on enabling better GP involvement.

5.6 All NHS trusts within Hampshire have a specified executive lead for safeguarding. These roles ensure that safeguarding remains a key priority item at trust board meetings. Each health provider has established governance structures to ensure safeguarding information is used to best effect and that each trust board can manage presenting risks (e.g. gaps in training coverage). To ensure that staff are supported in all aspects of safeguarding, all trusts have developed training and supervision systems linked to best practice guidance. The effectiveness and impact of these systems is not fully developed, however, each trust board reviews headline information at every trust board meeting. This is supported by audit programmes to monitor the effectiveness of training and ensure that staff are working to agreed policies and procedures; the outcome of audits and accompanying actions are also reported to trust boards.

6 Outcome 11 Safety, availability and suitability of equipment

6.1 It is reported that there are no issues with procurement of equipment within children's services or the emergency departments of the Acute Trusts. However, some challenges are recognised in relation to ensuring children and young people with a complex physical disability have access to appropriate equipment. This requires that agencies ensure better and more effective collaboration in relation to funding responsibilities when specialist equipment is needed.

6.2 During the inspector visits to Basingstoke and North Hampshire NHS Foundation Trust emergency department and the minor injuries unit provided by Winchester and Eastleigh NHS Trust (Andover Hospital) it was noted that children's resuscitation equipment was readily available within the departments. Staff told inspectors that regular training sessions take place in the departments to ensure staff are up to date on the effective use of all children's related equipment.

7 Outcome 12 Staffing recruitment

7.1 Safeguarding is clearly embedded in the culture across health and included in all areas of recruitment and selection, induction of staff and ongoing training and development.

8 Outcome 13 Staffing numbers

8.1 It was indicated that retention and recruitment for health visitors and school nurses is satisfactory.

8.2 No designated doctor for looked after children is currently in post. A plan is in place to recruit for this post – the criteria for recruitment is for a strategic role to provide robust support to GPs who carry out health assessments this will further support good quality initial health assessments as previously mentioned.

8.3 No further issues in regard to staffing establishments were identified within information provided or within focus groups and interviews.

9 Outcome 14 Staffing support

9.1 Effective training strategies have been developed by NHS Hampshire and all provider trusts. Staff not only attend mandatory training within their own trust but are able to access multi-agency training via the LSCB. Performance monitoring of attendance at safeguarding training has proved to be challenging, however this has improved over the preceding months. Policy and procedural guidance for safeguarding is current and is readily available to staff on the intranet or in hard copy in all trusts.

9.2 All staff spoken with during the inspection said they have good access to supervision, through a variety of forums - individual, peer and group and there is appropriate evaluation of supervision to improve and influence clinical practice.

9.3 The designated looked after children nurse, manages a team of three specialist nurses and also has an overview of a specialist nurse based at Swanick Lodge (LA secure children home). The specialist nurse based at Basingstoke Hospital is accountable within the line management structure at the Hospital.

10 Outcome 16 Audit and monitoring

10.1 Safeguarding is acknowledged as a key priority for each trust represented and this is reflected in their quality assurance processes. Trusts were able to demonstrate they had clear and effective governance structures and reporting lines in place to ensure board assurance. Governance for each trust has integrated quality assurance and performance management systems. Regular internal auditing is in place to ensure effective safeguarding.

10.2 Contracts with commissioners require provider compliance with a range of performance indicators linked to safeguarding - for example, quality of independent management reviews (IMR), learning implemented from serious case reviews (SCR), ratified policies and procedures (proof of audit), training numbers, supervision numbers, personal development review (PDR) numbers, number of allegations against staff. As part of the contract monitoring process assurance audits are undertaken by providers. These audits consider the steps a provider is taking to ensure safeguarding of children and young people, and how effectively agreed policy is implemented in practice. NHS Hampshire monitor the quality and performance of providers in relation to safeguarding. If there are any exceptions or concerns this is reported to the senior management team within NHS Hampshire. This is assured via monthly meetings of providers with commissioners to monitor performance against contract requirements.

11 Outcome 20 Notification of other incidents

11.1 There are satisfactory arrangements in place across NHS Hampshire, acute, mental health and community trusts to ensure that appropriate and timely notifications are made in relation to the required alerts into the various agencies NRLS, NPSA and CQC.

12 Outcome 21 Records

12.1 Health files assessed comply with statutory guidance. To promote good information gathering and record keeping the specialist nurses have made it clear to social workers that they require eight weeks notice to arrange health assessments; the nurses need to collate information from other stakeholders. Information is sent directly to the nurses from CAMHS, education, the carer and children and young people. Assessments are carried out using BAAF forms taking into account the previous health plan and also a copy of the consent form (the nurse will also obtain verbal consent at the time of the assessment).

12.2 Specialist nurses have worked hard to ensure they have as much information as possible to inform the assessment and have engaged well with social work teams to promote understanding of roles and to enable consistency of information flow. The designated looked after children nurse will attend independent reviewing officer (IRO) meetings as far as possible, currently once per year. Review health assessments cover a full range of children and young person's health needs, including sexual health, emotional well-being, and substance use. The assessment will also promote awareness of support structures that can be accessed in relation to health matters.

12.3 A good process is in place to make best use of information gathered from strengths and difficulties questionnaires (SDQ). Independent reviewing officers instigate the SDQ process. There is clarity in relation to how scores from the questionnaire are interpreted and actioned. The scores received are also triangulated to ensure accuracy, as far as possible, with school, social worker and with the children and young person. Certain scores would initiate a direct referral to CAMHS T3 for assessment or for support. The nursing team are currently looking to improve response rate for return of SDQ.

Recommendations

Within three months:

Ensure that the quality of initial health assessments, undertaken by GPs, are reviewed systematically to enable the provision of necessary information required to formulate effective health plans for children and young people taken into care.

Review arrangements for the provision of specialist equipment for children and young people with disabilities, to ensure there is equitable provision across the county to meet assessed needs. (Ofsted August 2011)

Within six months:

Conduct an audit of looked after children and young people's cases referred to CAMHS to ensure the new arrangements are fully meeting expectations in terms of prioritisation, accessibility and timeliness. (Ofsted August 2011)

Increase the contribution (attendance and reports) made by GPs in relation to child protection conferences.

Recruit a designated doctor for looked after children.

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 childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.