

OFSTED inspection action plan

OFSTED recommended actions	OFSTED timeframe	Outcome LA	Action LA	Evidence LA	Lead Officer	Outcome Health	Actions Health	Evidence Health	Health Lead	Health Reference	Monitoring Officer
Safeguarding services											
Ensure that all records of visits to children with child protection plans make clear whether the visits are announced or unannounced, and whether the child or young person was seen alone.	Immediately	All case recording indicates announced or unannounced and whether the child or young person was seen along	Action plans to clearly state if visits were announced or unannounced	Case file audits and protection plan audits	Carol Trew						Jean Haslett (through random case file sampling). Update PG Sept 11
Ensure that parents and carers receive reports in a timely manner before child protection conferences. Ensure that child protection plans and contracts of expectation are clear and of high quality.	Within 3 months	Parents prepared for conference. Identification and management of risk. Contracts are clear and evidence expectations	Clear timeframe for information sharing. CP Chairs to ensure SMART plans Clear contracts of expectations	CP audit. CP Plans are clear and focus on what needs to be achieved and by whom. Contracts have clear accountability	Carol Trew						Jean Haslett (audit next CP conference and report back to PG on improvements) PG – Sept 11
Ensure that core groups are effective and take place at the frequency stated in the child protection plan.	Within 3 months	Clear evidence of corporate responsibility for CP with progression of plan or alternative resources to prevent drift.	Check child protection plans and review frequency of core groups	CP reports to conference evidencing outcomes	Carol Trew						Jean Haslett (audit next CP conference and report back to PG on improvements) PG – Sept 11
Ensure that the management authorisation of investigations and assessments in children's social care services takes place promptly, and that the electronic recording system provides an accurate record of work in progress for performance monitoring.	Within 3 months	Timely and effective responses to referrals	Investigations and assessments, timeliness of authorisation to proceed and accurate electronic recording	Management information and audits	Jane MacLennan						Carol Trew Update PG on progress – Sept 11

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OFSTED recommended actions	OFSTED timeframe	Outcome LA	Action LA	Evidence LA	Lead Officer	Outcome Health	Actions Health	Evidence Health	Health Lead	Health Reference	Monitoring Officer
<p>Ensure that the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust takes action to:</p> <ul style="list-style-type: none"> clearly identify named health professionals and allocate sufficient time for their roles 	<p>Within 3 months</p>		<p>As described in OFSTED recommendations</p>			<p>NHS BP is assured that named safeguarding professionals at RBCHFT have sufficient allocated time and safeguarding is included in job descriptions</p>	<p>NHS BP - Monitoring of progress with this recommendation will be undertaken through contract meetings</p>	<p>Information report to NHS BP contract meeting to include job descriptions, time plan and supervision arrangements</p>	<p>PCT Lead: Dr Adrian Dawson RBCH NHS FT Lead: Tony Spotswood</p>	<p>1A / Recommendation 1</p>	<p>Health lead</p>
						<p>RBCHFT named safeguarding professionals have time to meet their safeguarding commitments</p>	<p>RBCHFT – agree protected time commitment for named health professionals</p>	<p>Notification of agreement to NHS BP and job time plan to be attached</p>			
						<p>RBCHFT named safeguarding professionals will have clear job descriptions against which performance can be monitored</p>	<p>Update job description for named and lead nurses and lead midwife to reflect safeguarding duties</p>	<p>Published job descriptions to be attached</p>			
<ul style="list-style-type: none"> ensure that routine notifications following the attendance of any child or young person at the accident and emergency department are shared appropriately with the relevant health visitor or school nurse 						<p>NHS BP is assured that health visitors and school nurses receive notification of all attendances at ED</p>	<p>NHS BP – monitoring of progress with this recommendation will be undertaken through contract meetings</p>	<p>Information report on compliance from RBCHFT to include agreed pathway, policy and completed audit</p>	<p>PCT Lead: Dr Adrian Dawson RBCH NHS FT Lead: Tony Spotswood</p>	<p>1B / Recommendation 2</p>	<p>Health lead</p>
						<p>Health visitors and school nurses are able to assess all information received from ED with information already held to ensure continuing assessment of a child's health and wellbeing</p>	<p>RBCHFT – amend ED pathway to ensure that health visiting team is notified for pre-school children's ED attendance and school nurses team for others</p>	<p>Amended pathway and policy to be attached – June 2011</p> <p>Audit results and actions to be attached – August 2011</p>			

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<ul style="list-style-type: none"> Ensure that the appropriate consent is obtained for young people attending the accident and emergency department following an incident of substance misuse. 						<p>NHS BP is assured that all children attending RBCHFT ED give consent to be referred to YADAS</p> <p>Young people attending RBCHFT ED will understand and be asked to agree to a referral to YADAS when they have attended with drug or alcohol problems</p>	<p>NHS BP – monitoring of progress with this recommendation will be undertaken through contract meetings</p> <p>RBCHFT – ensure appropriate consent is obtained for young people who attend the ED and are referred onwards to YADAS</p>	<p>Information report on compliance from RBCHFT will include policy, information on how staff are informed and results of audit</p> <p>Audit of referrals to YADAS will include whether consent was obtained</p> <p>Policy in place to be attached to action plan</p>	<p>PCT Lead: Dr Adrian Dawson RBCH NHS FT Lead: Tony Spotswood</p>	<p>1C / Recommendation 3</p>	
<p>Ensure that the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Dorset Healthcare University NHS Foundation Trust take action to:</p> <ul style="list-style-type: none"> ensure that practitioners have appropriate supervision in safeguarding children 	<p>Within 3 months</p>		<p>As described in OFSTED recommendations</p>			<p>NHS BP is assured that all RBCHFT and DHUFT staff have appropriate safeguarding children supervision so that they are supported to protect children and promote their welfare</p>	<p>NHS BP – monitoring of progress with this recommendation will be undertaken through contract meetings</p>	<p>Evidence of progress reported in DHUFT quarterly safeguarding report to NHS BP and report of compliance from RBCHFT</p> <p>Dates of supervision to be included in evidence</p>	<p>PCT Lead: Dr Adrian Dawson RBCH NHS FT Lead: Tony Spotswood DHUFT Lead: Linda Boland</p>	<p>1D / Recommendation 4</p>	<p>Health Lead: Tony Spotswood</p>
						<p>DHUFT CAMHS clinicians will be supported through safeguarding supervision to identify safeguarding issues and work within the multi-agency to protect children and promote their welfare</p>	<p>DHUFT – CAMHS clinicians are required to receive safeguarding children supervision four times a year. Group safeguarding children supervision will be provided by the Named Nurse for Safeguarding Children to each</p>	<p>DHUFT will have a safeguarding supervision policy as part of the trust safeguarding children policy and procedure</p> <p>Named Nurse will collate dates of staff attendance</p>			

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							<p>CAMHS team every two months</p> <p>Staff attendance and cases discussed will be monitored by the Named Nurse</p> <p>A record of the outcome of supervision and any decisions made will be kept by the Named Nurse and entered by the clinician into the individual service user electronic record</p> <p>Staff working within the adult workforce will be offered safeguarding children supervision on a case by case basis, by contacting the Named Nurse for safeguarding children</p>	<p>Safeguarding children supervision will be audited once a year and the findings and recommendations reported to the Children’s Directorate Group and included within the trust quarterly safeguarding report</p> <p>Audit will include outcome measures to show that the welfare of children has clearly been considered</p> <p>Named Nurse will collate dates of staff attendance/consultation</p> <p>Safeguarding children supervision will be audited once a year and the findings and recommendations to the Children’s Directorate Group and included within trust quarterly safeguarding report</p> <p>Audit will include outcome measures to show that the welfare of children has clearly been considered</p>			
						<p>DHUFT adult workforce will be supported to understand their safeguarding responsibilities and to act on any concerns about a child’s welfare even when the child is not their client</p>					

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<ul style="list-style-type: none"> Ensure that referrals made by health staff to children’s social care services are appropriate and of high quality, and that reports to child protection conferences are of high quality. 								Supervision requests and advice calls are recorded by the Named Nurse for safeguarding children and quantitative information reported within the trust quarterly safeguarding report			
						RBCHFT staff are supported to understand their safeguarding responsibilities to action any concerns about a child’s welfare even when the child is not their client	RBCHFT – ensure that comprehensive supervision arrangements are in place for practitioners involved in safeguarding children	Trust supervision policy in place Relevant staff trained to provide safeguarding supervision information collected by Named Nurse Safeguarding supervision dates and staff attended or sought consultation Annual audit of safeguarding supervision arrangements			
						NHS BP will be assured that referrals made by DHUFT and RBCHFT to children’s social care and all child protection conference reports are appropriate and of a high quality	NHS BP – monitoring or progress with this recommendation will be undertaken through contract meetings	Information reported in DHUFT quarterly safeguarding report to NHS BP and report of compliance from RBCHFT The reports will include standards identified for audit, results of audit and action plan	PCT Lead: Dr Adrian Dawson RBCH NHS FT Lead: Tony Spotswood DHUFT Lead: Linda Boland	1E / Recommendation 5	

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						<p>DHUFT staff will understand the standards required to achieve a high quality referral to social care and a child protection conference and DHUFT managers will assure themselves that their staff are meeting the agreed standards</p>	<p>DHUFT – five cases taken from weekly DNA information report or advice calls record, and up to five child protection reports will be audited monthly and findings feedback given to the relevant directorate and team</p> <p>This process will be monitored by the trust’s Integrated Safeguarding meeting and reported within the trust quarterly safeguarding report</p> <p>Any identified shortcomings will be addressed directly with the relevant practitioner</p>	<p>Audit will include outcome measures to show that the welfare of children has clearly been considered</p> <p>Audit tool and audit findings to be attached</p> <p>Monthly audit findings and recommendations will be reported to the Children’s Directorate Group, trust Integrated Safeguarding Group and included within the trust quarterly safeguarding report</p>			
						<p>RBCHFT staff will understand the standards required to achieve a high quality referral to social care and a child protection conference and RBCHFT managers will assure themselves that their staff are meeting the agreed standards</p>	<p>RBCHFT – ensure that processes are in place to assure the quality of referrals to children’s social care services and reports to child protection conferences</p>	<p>Standards for audit</p> <p>Audit tool</p> <p>Monthly audit</p> <p>Monthly audit findings and recommendations to be reported to trust Safeguarding Children’s Forum, and NHS BP contract meetings</p> <p>Feedback from IMRs</p>			

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OFSTED recommended actions	OFSTED timeframe	Outcome LA	Action LA	Evidence LA	Lead Officer	Outcome Health	Actions Health	Evidence Health	Health Lead	Health Reference	Monitoring Officer
Ensure that a multi-agency protocol is in place for escalating concerns when there are disagreements about whether thresholds for referral to children's social care services are met.	Within 3 months	There are clear procedures in place to ensure that all agencies understand the process where there is a lack of clarity about social care thresholds.	<p>Review new referrals in that have not met thresholds with Jean Haslett and Carol Trew</p> <p>Protocol now in place and included within CAF guidance to pick up children who do not meet assessment threshold within CSC.</p> <p>Inter-agency Safeguarding Procedures 2010 2.96 states senior operational managers of respective agencies should liaise and necessitate a successful outcome.</p>	Report from the threshold meeting JH / CT	Annette Harwood / Carol Trew	<p>NHS BP is assured that the pan Dorset multi-agency protocol for escalating concerns and managing disagreements about meeting of thresholds is firmly embedded into DHUFT and RBCHFT organisations</p>	<p>NHS BP – monitoring of progress with this recommendation will be undertaken through contract meetings</p>	<p>Information reported in DHUFT quarterly safeguarding report to NHS BP and report of compliance from RBCHFT</p> <p>Will include RBCHFT and DHUFT Safeguarding Children Policy. Briefing to staff about pan Dorset multi-agency protocol and audit plan</p>	<p>PCT Lead: Dr Adrian Dawson RBCH NHS FT Lead: Tony Spotswood DHUFT Lead: Linda Boland</p>	1F / Recommendation 6	Jean Haslett – Update PG – Sept 11
						<p>DHUFT staff will know the actions required if there are concerns or multi-agency disagreements about thresholds so that children are appropriately safeguarded and their welfare promoted</p>	<p>DHUFT – the new trust overarching Safeguarding Children Policy, which is a requirement for 'Transforming Community Services' contains in Chapter 11 guidance for staff on how to challenge decisions where there are professional differences of opinion. The new pan Dorset Dispute Resolution Protocol March 11 has been added as an appendix to the Safeguarding Children Policy</p> <p>The new pan dorset Dispute Resolution Protocol will be discussed with the CAMHS teams by the Named Nurse</p>	<p>Pan Dorset Dispute Resolution Protocol added to Intranet</p> <p>Draft Safeguarding Children Policy will be ratified</p> <p>Pan Dorset Dispute Resolution Protocol will be shared by the Named Nurse at the next session of safeguarding children supervision on 25.05.11</p> <p>Pan Dorset Dispute Resolution Protocol added to trust Intranet</p> <p>Pan Dorset Dispute Resolution Protocol included in CAMHS safeguarding</p>			

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							<p>for Safeguarding Children at each new safeguarding supervision session</p> <p>A copy added to the trust safeguarding Intranet page</p> <p>Pan Dorset Dispute Resolution Protocol will be included in CAMHS safeguarding children induction packs as part of the CAMHS standards</p>	<p>induction pack and to the CAMHS standards</p> <p>Audit will identify that staff monthly audit findings and recommendations will be reported to the Children’s Directorate Group and included within the quarterly safeguarding report</p>			
						<p>RBCHFT staff will know the actions required if there are concerns or multi-agency disagreements about thresholds so that children are appropriately safeguarded and their welfare promoted</p>	<p>Ensure that the joint protocol for resolution of issues and disputes between health service and social care staff in Dorset, Bournemouth and Poole is included in the RBCHFT Safeguarding Policy</p> <p>RBCHFT staff to be informed of new protocol at RBCHFT safeguarding children forum and in safeguarding children training</p>	<p>Pan Dorset Dispute Resolution Protocol included in RBCHFT Safeguarding Policy</p> <p>Published protocol</p> <p>Audit of referrals and consultations with Named Nurse</p>			

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Services for looked after children											
Improve arrangements for looked after children and young people to have access to their social workers.	Immediately	Young people know how to contact their social worker at all times.	Ensure we use the CLICK audit effectively and to strengthen our mystery shopper model and learn from existing good practice.	Audits (Team, CLICK & mystery shopper)	Gill Bishop/ Carol Trew						Kim Drake - Update PG – Sept 11
<ul style="list-style-type: none"> Review the process for carrying out statutory reviews, taking into account the views of children and young people, to ensure that they are able to contribute more effectively to their reviews. 	Within 3 months	Every young person has the opportunity for an advocate to represent or support them.	IRO's leading a more flexible approach to reviewing meetings and making the formal contribution more young person friendly.	LAC review reports	Jean Haslett						Kim Drake - Update PG – Sept 11
<ul style="list-style-type: none"> Ensure that looked after children and young people who are placed out of the area receive high quality provision of health services. 	Within 3 months	All young people receive high quality health provision	All placements out of area are agreed/monitored via the virtual team/ Access to Resources Team	Minutes of TAC and practice challenge meetings	Gill Bishop & CAHMS	<p>NHS BP will be assured that looked after children and young people who are placed out of area receive high quality provision of health services</p> <p>All looked after children and young people placed out of area will receive similar high quality provision of healthcare to that received in area</p>	<p>NHS BP – monitoring of progress with this recommendation will be undertaken through contract meetings</p> <p>BPCHS – identify issues through audit of 10 out of area and identify any shortcomings in the systems for out of area placements by auditing 10 out of area and 10 in area LAC cases to determine the difference in care</p>	<p>Information report on compliance from BPCHS to contract meeting with NHS BP</p> <p>The report will include number of looked after children out of area and results of audit identifying any differences in care</p> <p>Health plans for children and young people place out of area</p> <p>Audit recommendations and action plan to be reported to NHS BP Commissioning Children's Group</p>	PCT Lead: Dr Adrian Dawson BP CHS Lead: Sarah Grainger	2A / Recommendation 7	Health lead

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							received As part of the current service redesign, a system will be established which ensures regular communication between the child's Named Designated Nurse LAC for Bournemouth and Poole with the lead health professional out of area to ensure that the appropriate health assessments have been conducted and to monitor implementation of health plan	The procedure will be included in the policy guidelines regarding provision of care to children and young people who are looked after out of area or within Bournemouth and Poole but from another area Re-audit of the quality of health care plans for out of area to be conducted in six months time			
<ul style="list-style-type: none"> Ensure that when young people leave care they are provided with a comprehensive health record. 	Within 3 months	All young people have a clear health record	Supporting health colleagues in achieving outcome		Carol Trew/ Gill Bishop	<p>NHS BP will be assured that young people leaving care are provided with an appropriate comprehensive health record</p> <p>Young people leaving care will receive an appropriate comprehensive health record</p>	<p>NHS BP – will monitor the progress made by BPCHS with this recommendation through the normal monthly contract meetings and will also request reports to the NHS BP Commissioning Children's Group led by the Director of Public Health</p> <p>BPCHS – manager for vulnerable children has requested a position statement from Designated Nurses LAC on current health information provided to care leavers</p> <p>Any gaps in service</p>	<p>Information report on compliance from BPCHS to contract meeting with NHS BP and included in the annual LAC report to NHS BP Board</p> <p>Care leavers will receive a comprehensive health record</p> <p>Audit recommendations and action plan to be reported to NHS BP Commissioning Children's Group</p>	PCT Lead: Dr Adrian Dawson BP CHS Lead: Sarah Grainger	2B / Recommendation 8	Health lead

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							<p>will be identified and working with the Local Authority systems will be put into place to ensure that care leavers are provided with a comprehensive health record</p> <p>Care leavers will be asked what information they want and how the information should be provided</p> <p>Consideration will also be given to which key health professionals should be included in this summary</p>	and to Bournemouth and Poole LSCB Board			
<ul style="list-style-type: none"> Ensure that after the age of 16, data on outcomes for looked after children and care leavers are systematically gathered to enable management oversight of the take-up of types of learning provision year-on-year, and of qualifications gained. 	Within 3 months	Consistent management information informing sound plans for all young people	Data collation from Virtual school, college/ FE to ensure a whole systems approach to promoting best possible outcomes.		Ian Finlay						Steve Peverill/ Helen Thomson – update PG Sept 11
<ul style="list-style-type: none"> Ensure that parents and carers of looked after young people with learning difficulties and/or disabilities understand the process of transition planning and are involved fully. 	Within 3 months	Smooth transition for every young person between children and adult services	Adult services now part of joint purchasing panel and systems in place to share information about children and young people with adult services, to inform the individual transition plans	Pathway plans and reports to JPP	Stephan Kleipoedszus / Steve Peverill						Carol Trew/ Gill Bishop – update PG Sept 11

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<ul style="list-style-type: none"> Ensure that the health needs of looked after children and care leavers are clearly identified within the Joint Strategic Needs Assessment. 	Within 6 months	JSNA supports promotion of best possible outcomes for all LAC and care leavers	Starting in June Health and LA colleagues to develop plan	JSNA Plan completed and implemented	Gill Bishop	The Joint Strategic Needs Assessment will clearly identify the health needs of LAC and care leavers so that planning for services can be robustly based on identified need	<p>NHS BP – will monitor the progress made by the Public Health Directorate with this recommendation through NHS BP Commissioning Children’s Group (lead Director of Public Health) and via the next BP LSCB</p> <p>NHS BP Public Health directorate – ensure that all information relevant to identifying LAC needs is gathered and included in the Joint Strategic Needs Assessment</p>	<p>Needs of LAC and care leavers are included in the Joint Strategic Needs Assessment</p> <p>The Joint Strategic Needs Assessment report provided to NHS BP Commissioning Children’s Group and to Bournemouth and Poole LSCB</p> <p>Information gathered will be included in the Joint Strategic Needs Assessment, which will then be included in the PCT template for children</p> <p>Report to NHS BP Commissioning Children’s Group and to the Bournemouth and Poole LSCB</p>	PCT Lead: Dr Heather Farrar BP CHS Lead: Sarah Grainger/ Penny Earny	3A	Kim Drake - Update PG – Sept 11