Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in STOCKTON-ON-TEES

Date of Inspection	**13 – 24 September 2010**
Date of final Report	**22 October 2010**
Commissioning PCT	**Stockton on Tees**
CQC Inspector name	**Lea Pickerill**
Provider Services Included:	**North Tees & Hartlepool NHS Foundation Trust** **Tees, Esk & Wear Valleys NHS Foundation Trust**

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.

NHS Stockton, Stockton on Tees	
Safeguarding Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Adequate
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

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

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

The Inspection Process

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

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

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

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

Context:

Stockton-on-Tees is a unitary authority located in the Tees Valley area of North East England. The borough is a mixture of urban centres, market towns and villages. It has a population of approximately 193,000 people of which nearly 48,000 are children and young people aged 0-19 years. 2,500 children are from black and minority ethnic (BME) backgrounds. The overall population of the borough is increasing. There is a high level of economic diversity, with 15% of the population living within the top 20% of the most affluent areas nationally and 34% living in the 20% most deprived areas of England.

Commissioning of health services is carried out by NHS Stockton as part of NHS Tees. North Tees & Hartlepool NHS Foundation Trust provides acute hospital services, health visiting, speech and language, nursery and midwifery services.

Child and adolescent mental health services (CAMHS) are provided by Tees Esk and Wear Valleys NHS Foundation Trust. Commissioning of services is carried out by the Commissioning Unit in Children, Education and Social Care, which is jointly funded by the council and NHS Stockton-on-Tees. The unit is responsible for all local authority and non-acute primary care trust (PCT) commissioning of services for children and young people. Policing is delivered through the command structure of Cleveland Constabulary. (Ofsted Integrated Inspection Report for Stockton-on-Tees)

1 General – leadership and management

1.1 *The Stockton Renaissance is the Local Strategic Partnership for the Borough, which brings together a mix of Thematic Partnerships, Area Partnerships and Regional organisations. The Children's Trust is one of the seven thematic partnerships within the Stockton Renaissance Partnership structure and there are close links with the four locality based Area Partnerships. The Children's Trust comprises a strategic board, executive team and several groups working to the five every child matters outcomes. The Stockton-on-Tees Local Safeguarding Children Board (SSCB) operates within the Children's Trust structure. (Ofsted Integrated Inspection Report for Stockton on Tees)*

1.2 There is a Tees-wide management team that serves four primary care trusts (Stockton, Hartlepool, Middlesbrough and Redcar and Cleveland) known as the Tees cluster. Each primary care trust has a statutory board with a chair and a chief executive.

1.3 The Professional Executive Committee are strategically signed up to the children's strategy and children's young person plan. There has recently been a GP Commissioning event jointly hosted by the PCT and the Local Medical Committee on the implications of GP commissioning and the need to ensure that the wider responsibilities around the commissioning agenda are not lost, eg. Safeguarding.

2 Outcome 1 Involving Users

2.1 Looked after young people are involved in the planning of their annual health reviews, when asked in a focus group all those present confirmed that they were given a choice about where the annual health review took place.

2.2 Plans to ask young people to evaluate the health care service provided by the looked after team are in place, though this is a new initiative and, to date, only 3 questionnaires have been issued so there has been no opportunity to influence service delivery.

2.3 There are adequate arrangements for interpreting services. Health organisations use ' Everyday Language Solutions' and will arrange either telephone support or face to face support depending on need.

3 Outcome 4 Care and welfare of people who use services

3.1 The effectiveness of the sexual health and relationship advice and support is good. There is a dedicated sex and relationship education team consisting of nurses and health care assistants who have access to all primary and secondary schools and colleges. Local data from NHS Stockton for 2009 show teenage conceptions at 43.6% which is a yearly reduction and is in line with statistical neighbours. The partnership have developed a local dataset and are on target for a significant reduction in their teenage conceptions for 2010.

3.2 Access to contraception is good. The C Card scheme is available at over 100 sites and there is 7 days per week access to contraceptive services. This service is supplemented by the recent introduction of an autotext service that advises the young person when and where the next available contraceptive clinic is being held. Over 300 young people have used this service.

3.3 The outreach sex and relationship education and advice service is known locally as CASH and there is a dedicated outreach nurse that has three days per week allocated to young people. There are 3 clinics in local secondary schools and the outreach nurse, as well as prescribing, can refer for termination of pregnancies.

3.4 Chlamydia education and testing is part of the sex and relationship education and advice core business. Between April and July 2010 young people requested 217 tests and 125 proved positive.

3.5 Looked after children access sexual relationship education and advice through universal services. The Young People's health adviser delivers sex and relationship advice and education to vulnerable young people who may need extra support and to those who attend pupil referral units or who are not in formal education. The Young People's health advisor also delivers sex and relationship education in residential homes.

3.6 NHS Stockton and partners have commissioned Brook to provide a service around pregnancy decision making and post termination counselling. Brook also has a dedicated sex and relationship advice service and offers support to young men and fathers. The Brook service delivers a "Lads to Dads' accreditation course and as part of the initial assessment will refer to partner agencies, eg. Connexions, CAB, as necessary. The young fathers have produced a DVD to tell other young people about the benefits of the course.

3.7 The support offered to young women who are pregnant is good, inclusive and well regarded by service users. It prepares the young parents for parenthood and supports their ongoing education where applicable. The teenage pregnancy support service is delivered from a dedicated unit with separate access. On referral to the service the young person has an initial risk assessment and an individual package of support is negotiated. This support can include tailor made education courses, including parenting courses that are accredited. The service currently has a caseload of 55 young people and

capacity can meet demand. When the young person has their baby they are discharged to the children's centres where there are dedicated teenage pregnancy workers who can continue to support the family and identify any concerns around safeguarding.

3.8 The teenage pregnancy support service has recently received some additional funding from public health to carry out a piece of work identifying possible post natal depression and funding the use of community resource, eg., free entry into 'Splash' and mother and baby swimming.

3.9 A targeted parenting programme has been developed for use with parents who misuse substances. The initial feedback from the pilot has been positive and there is now a waiting list for parents who want to attend.

3.10 The substance misuse service for young people is good and is responsive to local need. On referral into the substance misuse service for young people, a comprehensive risk assessment and safeguarding assessment are carried out. Referrals are made through either CAF or the Local Authority's own paperwork depending on the level of need. The service initiates multi agency meetings to share information.

3.11 The arrangements to safeguard the welfare of the unborn child to parents who misuse substances are good. There is a specialist substance misuse midwife that is employed for 30hours per week. The specialist midwife cares for all pregnant women who misuse substances from booking until delivery. There are clear pathways of care agreed between statutory services and a stay in hospital for a minimum of 3 days post delivery is usually required to allow full discharge planning. Referrals of pregnant women are made to social services as soon as they are booked in with the specialist midwife and there are joint planning meetings at 20 weeks and 34 weeks.

3.12 The arrangements for Child and Adolescent Mental Health Services (CAMHS) are good. The Tier 3 CAMHS consists of an assessment and treatment service for children and young people up to the age of 18. There are in excess of 1,000 referrals to the service yearly and 98% are accepted for first line assessment. Targets are 8 weeks to first appointment and 18 weeks to second appointment. The service will take referrals from an array of health and social worker professionals, including Connexions, Youth Offending Service and Alliance Psychology Support.

3.13 There are clear pathways of care for children and young people who self harm and present at accident and emergency departments (A&E). Young people who present at A&E out of hours are initially seen by the adult team who liaise with the CAMHS. There are tier 4 inpatient CAMHS facilities at Middlesbrough, however 3 times in the past 12 months out of county placements have had to be sought due to capacity issues. In the event that a young person is placed in an adult bed, there are two adult wards that have been identified as being acceptable for this. However, this is only done in an emergency and an alert is raised to ensure that these young people are adequately safeguarded and incident reports are raised.

3.14 The service for social communication difficulties and autism spectrum disorder is adequate. There is a dedicated Stockton on Tees assessment and care pathway and the team are supported by a dedicated educational psychologist.

3.15 CAMHS for children and young people with learning disabilities are good. There is a dedicated CAMHS service for learning disabilities that provide a planned 24 hour service. The service receives approximately 10 referrals a month and interventions are “need” led rather than by IQ determining need. Parents can re-refer in if they have been discharged from the service. There are 3 primary health workers that work across CAMHS and the CAMHS Learning Disability Service to ensure that children and young people are not bounced between the two services.

3.16 The adult mental health service have a risk assessment tool that establishes if there are any children involved with the adult receiving care. The people interviewed were able to describe how and when they would refer any safeguarding concerns through to First Contact.

3.17 The North Tees and Hartlepool NHS trust provides physiotherapy, occupational therapy and speech and language services to children with complex care needs in a range of specialist provision and mainstream settings. Transition arrangements for these services are good into education, across key skill areas and into adult health services. The physiotherapist spoke of ongoing work with acute adult services around providing care to young people who transfer into their service. There is a dedicated school nurse who is supported by 5 health care assistants who provides a school nursing service into the special schools in Stockton. Services are evaluated and evidence was available of changes brought about to services in response to feedback.

3.18 At the focus group with parents and carers of children and young people with learning disabilities, two parents who had adopted children expressed concern at the problems in obtaining a diagnosis around attachment disorder and then obtaining support and therapy from CAMHS and the local authority post placement team. The Tees, Esk & Wear Valley Foundation Trust responded to this concern by confirming that there is not a specific “attachment disorder service” however the local authority had commissioned “Adoption UK” to provide support, advice and interventions for this group of parents. They will raise the gap in services with commissioners around how the trust might develop post adoption services.

3.19 The looked after children nurse and the health advisor for vulnerable children and young people offer a service to residential homes that support vulnerable young people age 16 and over. The service is tailored around the needs of the young people as expressed by them, so far this has centred around smoking cessation and, for one young person, a tailored plan to support increased independent living and weight management.

3.20 In a focus group with young people who were looked after, they all said that they had received help and advice around sex and relationships as well as on more general health issues such as self examination for breast and testicular cancer. The young people all were registered with a dentist and received regular dental checks. Some of the young people had previous involvement with CAMHS and were generally positive. On discharge, they had been given contact numbers and names of people should they feel the need for further help and referral back into the service. The young people were aware of the drug and alcohol service STASH and were complementary about the service.

3.21 The midwifery services are good at identifying safeguarding issues and participate in child in need and child protection plans and attend meetings where necessary. The midwives carry out most of the ante natal bookings in the children's centre where they are co-located with other family health service staff. An ante-natal home visit usually takes place at 24 weeks. At booking there is a full risk assessment carried out using the assessment triangle that considers family dynamics, basic needs, income, siblings, etc. Part of the assessment is a screening for domestic violence. Referrals are sent through to health visitors and copied to GPs where necessary.

3.22 There is a specialist substance misuse midwife who looks after all pregnant women who misuse substances from booking through to delivery.

3.23 The trust does not have a named midwife and safeguarding support, advice and supervision is given from the trust's safeguarding team.

3.24 Midwives refer into the home visiting service and the role of home visitor is much valued. Midwives will also refer into teenage pregnancy support and talked about the "Ready for Baby" course which is targeted at vulnerable young people. Midwifery assistants support midwives with breastfeeding, smoking cessation and low risk post natal visits. The midwifery assistants work in hospital one day a week and have a foundation degree in health.

3.25 The midwives described relationships with the local authority as good and will refer child protection concerns through to First Contact on booking, with a copy of the referral sent to the trust's safeguarding team. Midwives will offer post natal care up to 28 days depending on need.

3.26 Health and local authority staff are co-located at the children centres and this has improved communication between groups of staff. Health staff co-located include midwives, health visitors, community staff nurses, midwifery assistants and health nursery nurses. Co-location has had a positive impact on communication between colleagues across health, social care and the voluntary sector as well as increasing accessibility for families. Home visitors can work as part of a team providing support to families of children in need or as part of a child protection plan. The home visitors will report in to the health visitor who will oversee the case as part of their caseload.

3.27 The healthy child programme is delivered by a team of health visitors, community staff nurses and health nursery nurses. Currently, the ante natal

visit and 16 week contact are not being delivered, however, there are plans to introduce these elements of the programme through a reconfiguration of the service. The visits undertaken as part of the healthy child programme offer an opportunity to identify any concerns around the needs of a family and help ensure that children are safeguarded. Community staff nurses carry out some of the complex work on some child protection cases. Infants up to between 18 months and 2 years have a named health worker and corporate caseloads are worked for children aged over 2 years

3.28 The school nursing service delivers core elements of the healthy child programme and prioritises work around looked after children and young people and operates an on-call rota. Cases are allocated at weekly meetings.

3.29 Health services provided to asylum seekers are good. The asylum support team are a multidisciplinary team that are supported by dedicated healthcare staff. There is a dedicated GP Practice that provides primary healthcare services to asylum seekers and refugees. All families registered as asylum seekers are registered with the GP practice. The nursing staff will carry out a health assessment and carry out any home visits and pass on information as needed. The health workers will provide parenting support and signpost to other services. The safeguarding team have identified potential safeguarding issues around children of asylum seekers and the need to establish parentage, this work is in its infancy. Where a child is an unaccompanied asylum seeker and thought to be under 16 then they are referred to the LAC service. If they are 16 plus, then they are referred to the youth and leaving care team where, after a period of 13 weeks, there is joint working between the youth and leaving care team and the asylum support team.

4. Outcome 6 Co-operating with others

4.1 There are clear links from the Joint Strategic Needs Assessment into the Children and Young People's Plan around the need for substance misuse and alcohol services. The Stockton on Tees Young People's Substance Misuse Needs Assessment has been used to inform the development of the 2010/11 Young People's specialist substance treatment plan which has formed the commissioning of service provision. It is recognised that young people's risk taking behaviour and the links with alcohol need addressing.

4.2 The commissioned young people's substance misuse and alcohol service delivers a good service through early identification training and treatment, family work, psycho social and pharmacologic treatment, including rehabilitation. To date over 240 multi agency staff have been trained in brief interventions and the use of the age appropriate assessment/screening tool for referral into the CASH service. The commissioned service has key performance indicators which are monitored closely by the partnership. There is good engagement of service users and the service is well used by local schools. The partnership has recently increased the funding to CASH and this has allowed the additional appointment of a part time specialist nurse who carries out health assessments and works with the North Tees Hospital

A&E service. The specialist nurse is also 'C Card' trained and can prescribe contraception. Through the work of the specialist nurse it has become evident that many attendances at A&E by young people who had abused alcohol were indicative of ongoing abuse that required interventions at tier 3.

4.3 The looked after children health team are co-located with the local authority's Settled Care Team and staff felt that that this has been beneficial in terms of improved communication about the needs of children and young people who are looked after.

4.4 The arrangements for carrying out the initial health assessments for children and young people coming into care are good. The initial health assessments are carried out by the lead clinician for looked after children or a paediatrician. The health reviews are carried out by the health visitor, school nurse, health advisor for vulnerable children and young people and the looked after children senior nurse for the more complex cases. The young people are always offered a choice of venue and the team will accommodate the request where possible. There was a slight decrease in the number of reviews over the July and August period and this was explained as a seasonal dip when children and young people were on holiday or taking part in out of school activities and delays in the paperwork around consent being obtained from the local authority.

4.5 The looked after children health team enjoy good working relationships with the local authority. The looked after children nurse quality monitors the provision of health reviews of looked after children placed out of area and where there are any problems these are discussed with the reciprocal looked after children nurse and the child's social worker.

4.6 There is a dedicated CAMHS service for looked after children that will see children and young people who live in Stockton regardless of whether they are Stockton looked after children or if they are placed in the area from other authorities. The service will treat people regardless of whether the placement is short or long term. Children and Young people have open access to the service.

4.7 Looked after children and young people placed out of the local authority area may not have the same access to a specialist looked after CAMHS team as those children placed in Stockton.

4.8 The looked after children nurse and the health advisor for vulnerable children and young people work closely with the children's residential homes in Stockton. Recent contact had been around work in increasing staff awareness to ensure referrals to smoking cessation and the drug and alcohol services were appropriate and with informed consent thus ensuring that the young people were prepared and willing to engage with any treatment or intervention.

4.9 The arrangements for the administration, carrying out and follow up of the Strengths and Development Questionnaires (SDQ) are good. The looked

after health team manage the SDQ questionnaires with some administrative support. A month before the health assessment takes place the SDQ is sent to a carer of looked after children aged between 4 to 16 years. There is a process to chase up non returns. The completed forms are scored by administrative staff and reviewed by the looked after children's nurse. Where there are average scores, then a letter is sent to the health and social workers; where the scores are raised, then a different letter is sent to the same people and if there is a high score, then the looked after children nurse will discuss the results with the social worker to determine what is happening and if further support is necessary. Assessment of the SDQs questionnaires has generated few referrals but has strengthened the quality of referrals. It has also facilitated changes of placement for young people and an example of one incident was where the SDQ identified anxiety that on investigation turned out to be an unhappy placement, the young person is now in a new placement for four months and is described as being much happier.

4.10 The looked after children nurse is not currently involved in the training of foster carers and sees this involvement as being pivotal in explaining the importance of the initial health assessments and ongoing health reviews. This input would impact upon the number of health reviews that are cancelled by foster carers due to competing demands. The looked after children nurse has been involved in the training of new social workers and this has been of benefit in explaining the role of the looked after child health team and the services they offer and has resulted in increased contacts from social workers for help and advice around health issues.

4.11 The young people leaving care are not provided with a summary of their health records. There is work ongoing with the complex care team to develop a healthcare plan at 14 that can be accessed and updated through Connexions and the team plan to wait for the evaluation before making a decision on how to proceed.

4.12 There are good arrangements for transition into adult mental health teams with joint care plans developed as the young person nears their 18th birthday. Any new referrals into CAMHS for young people aged 17 plus are discussed with the adult services to ensure that they are assessed and treated by the most appropriate team

4.13 The adult mental health service refers into CAMHS where they identify children who may benefit from the service and will also refer into First Contact, Multi Agency Risk Assessment Conference (MARAC) and the addiction service as necessary. Health staff did not report any noticeable problems with referrals into children's social services and said that First Contact will also signpost to other services.

4.14 There is need to strengthen the working links between the trust-wide CAMHS service and Alliance Psychology Service who are commissioned to provide Tier 2/3 CAMHS interventions to ensure best use of resource, avoid duplication of effort and ensure that the professionals were referring to the most appropriate service.

4.15 There is a good example of partnership working where partners across the district have made a decision to bring together a range of steering groups under a new initiative called the Risk Taking Behaviour Group. This group will design, deliver and bring together services around risk taking behaviour, e.g. Risks involved in taking drugs, alcohol, influence of peer pressure, sexual health, safe tanning, etc. The work of the partnership has been supported by the involvement of young people across Stockton who took part in workshops to develop the social "norms" as they applied to their experience. A "risk taking" website has been developed for use by professionals and young people and is good example of services being tailored towards the needs of young people.

4.16 Accident and emergency staff demonstrated good awareness of the issues around safeguarding and child protection. There are arrangements in place to check repeat attendance at the A&E unit. The A&E staff send discharge letters to children and young people's GP and health visitor/school nurse that give basic information about the attendance. These letters are sent by the administrative staff who worked on a night.

4.17 Staff on the A&E unit could confidently describe how any adult patient admitted through domestic violence or substance misuse were routinely asked about children and young people who lived with them and notifications were sent to either the GP, health visitor or to social worker. A consultant reviews all night time admissions to check the appropriateness of treatment and to check that any necessary notifications and/or referrals have been made.

4.18 Staff on the A&E confirmed that they were invited to strategy meetings and case conferences where appropriate.

4.19 The North Tees & Hartlepool Foundation NHS Trust has a policy on attendance at child protection planning meetings and strategy meetings. The midwives and health visitors interviewed confirmed that they are invited to strategy meetings, core group and child protection planning meetings, though often at short notice and would attend where possible, but if they were unable to go because of scheduled commitments they would have to submit reports. This ensures that the health input into discussion is represented.

4.20 The GP that attended the focus group was confident in who and when to refer concerns to First Contact and well regarded the support given by the named nurse. The GP felt that it would be useful if the links between general practice and social care could be strengthened so that a general practitioner would be able to easily identify if social care were involved with a family. GPs are not included in any notifications from MARAC.

5 Outcome 7 Safeguarding

5.1 Partnership working is good. The Chief Executives of all the NHS Trusts meet formally with the local authority on a regular basis to discuss the public

health agenda and issues that impact on health and social care... All the NHS trusts have representation on the Stockton Local Safeguarding Children Board (SLSCB) and the Children Trust Partnership (CTP) and in interview described clear mechanisms for the dissemination of information. One of the governors of the North Tees and Hartlepool NHS Foundation Trust is also the lead member for children on Stockton Council. These good partnership working arrangements ensure that the NHS is an active partner in the local safeguarding agenda.

5.2 All executive and non executive members of the two NHS trust boards had received their safeguarding awareness training.

5.3 The non executive director with responsibility for children safeguarding in the North Tees and Hartlepool NHS Foundation Trust also chairs the Patient Safety and Quality Committee and the Children's safeguarding steering group. This consistent and high level commitment to the safeguarding agenda ensures that the board remain fully briefed on issues that impact on children's health and services.

5.4 The Tees, Esk & Wear Valley NHS Foundation Trust has membership of the CTPB and the Stockton LSCB and has regular attendance. The Director of Nursing is the executive lead for safeguarding.

5.5 The PCT Director of Nursing is a full member of the Stockton LSCB and described health as being well represented.

5.6 Stockton has made good arrangements for its Child Death Overview Panel (CDOP). It has good membership of partner agencies and is well resourced. The PCT Designated Doctor is also the designated doctor for the CDOP. The CDOP has an independent chair and is supported by a designated nurse with 0.3WTE administrator. The CDOP report for Stockton on Tees is part of a Tees-wide report that is broken down into LSCB areas. The CDOP is multi agency and is well attended. There is good analysis and whilst the panel is too young to identify significant trends and patterns it has identified some early learning that has translated into changes in practice, e.g. Uptake in numbers of GPs attending local case discussions following a child death, improvements in communication between health staff around children with chronic asthma.

5.7 The designated safeguarding structure is adequate. It is Tees-wide and consists of one designated nurse and one deputy designated nurse, both full time appointments at Grade 8. Designated doctors are based within the primary care trust structure and have a sessional commitment of 1 session per week. There is one whole time equivalent administrative support for the team.

5.8 There is no named public health professional for looked after children. The designated safeguarding nurse works Teeswide alongside the designated doctor who is also the named doctor. There is an assistant designate nurse that works full time and came into post in April 2010. .

5.9 There is a named GP who is “acting” in the role until a substantive appointment can be made. The named GP is actively involved in the safeguarding agenda and produces a regular newsletter to keep colleagues in primary care updated. The PCT are also working with GP practices to help GPs to look at how they identify triggers that may identify safeguarding concerns.

5.10 The Tees PCT Child Protection Standards for GPs contain clear and detailed guidance to family practitioners on safeguarding and child protection, covering named contacts for concerns, failure of vulnerable children to attend appointments and encourage GP practices not to remove vulnerable children from practice lists and who to contact if the practice become aware that a child is not in school.

5.11 The named GPs across Tees have a work programme and are involved with promoting training, issuing newsletters and driving up the standard of reports for child protection conferences. Fifteen of the 26 GP practices have a child protection lead identified and it is planned that these leads will meet regularly to look at how safeguarding in primary care can be improved.

5.12 There is no mechanism in primary care to identify child carers though there is a drop in service for young carers in the town where children can self refer.

5.13 The looked after children health team has one full time senior looked after children nurse, a lead clinician for health for 3 sessions per week (this includes work for the child placement panel) and 19.5hrs dedicated administration support. The team is supplemented by the health advisor for vulnerable children and young people who works three days a week, though the role is not dedicated to LAC. There is additional administrative support that is available from the social care pooled administrators to support the clinical work around the SDQ questionnaires. The administrative support was not viewed as sufficient and a backlog of work had built up which had resulted in an agency worker coming in for a time limited period. There is also some concern around the capacity of the team to cope with the increased demand due to increasing numbers of children and young people coming into care.

5.14 The safeguarding team for the acute and community services provided by the North Tees and Hartlepool FT consists of the named nurse, the named doctor, plus 2.6WTE senior nurses (1.4WTE is non recurrent funding) and admin support of 2.0WTE. The safeguarding team are based in the community and do not have an office based within the acute hospital. There are regular meetings with the named doctors and nurses within the trust, along with any linked professionals, such as A&E staff.

5.15 The named doctor for Stockton is a consultant paediatrician and has half a session dedicated to the role per week, one session is allocated to the role of designated doctor for Hartlepool. A similar arrangement is in place for the designated doctor for Stockton who also acts as named doctor for Hartlepool. The named doctor was able to detail the governance arrangements for

Stockton safeguarding and child protection issues and explained how their role was to support trust staff, in conjunction with the named nurses, to ensure that safeguarding remained a priority. The named doctor is also the undergraduate tutor and actively promotes safeguarding awareness with junior doctors.

5.16 The lead named nurse for Tees Esk and Wear Valley is supported by a senior full time nurse and one first contact advisor/ trainer and 0.5WTE senior nurse for the Scarborough locality. Admin support is through 0.5WTE administrator. There is a complement of trust wide safeguarding link professionals who meet every two months. The named doctor was appointed on 1st September 2010 and has one session per week dedicated time, there is an associated named doctor being recruited for one session per week. The link professional role is supported through supervision and is performance managed through the line manager. The trust subscribes to a flagging system to identify when a family has a child that is subject to a child protection plan and this is kept up to date by liaison with the acute trust's safeguarding team.

5.17 The service does not adequately ensure that children who have been subject to alleged sexual abuse are examined and assessed by suitably trained staff during out of normal hours and weekends in a timely way. Because of concerns raised by local paediatricians about lack of expertise to carry out this service, out of hours, any referrals out of hours are now sent to Newcastle. The Strategic Health Authority has recently made available additional funds to a neighbouring trust to put forward a business case together to form a regional forensic medical examination network that will include a rolling training programme of clinicians.

5.18 The A&E unit has clear systems for identifying children and young people who repeatedly attend both the trust's A&E units, as well as a clear system for identifying children who have a child protection plan. The trust is looking to transfer IT systems and will need to ensure that this good practice will continue. The staff could demonstrate clear processes for referring any concerns to social services and described how they usually received update letters from social services telling them what happened as a consequence of the referral. All referrals to a social worker are copied to the named nurse who monitors them for action and appropriateness.

5.19 The A&E staff were able to describe how they respond to a child death within the department and commented on how they enjoyed good co-operation with the police.

5.20 The A&E staff said that they had good access to the named safeguarding nurse and doctor. The named nurse often attended the monthly mandatory training and would lead on joint meetings to carry out a periodic review of process and paperwork to ensure they complied with latest guidance. The named nurse would use anonymised cases for training to ensure relevance to the clinical area.

5.21 The urgent care/walk in centre service is commissioned by the PCT and the service is provided by Assura Medical Care. The urgent care service provided at Tithe Barn does not adequately safeguard children and young people. Key staff had not received safeguarding training, they were unable to provide copies of any safeguarding or child protection guidance or protocols as they related to the urgent care service. There was no mechanism for identifying children who have a child protection plan in place. Staff interviewed were not able to demonstrate knowledge of the hidden harm and wider safeguarding agenda. NHS Tees, on becoming aware, immediately took action to address safeguarding practice at Tithe Barn.

6 Outcome 11 Safety, availability and suitability of equipment

6.1 Children who attend A&E are seen in a well equipped, secure and child friendly paediatric A&E unit. The unit currently opens between 7.00am and approximately 10.00pm, seven days a week. The opening hours are based on identified need after examining trends of attendance by children.

7 Outcome 13 Staffing numbers

7.1 Children and young people who attend the A&E unit are cared for by staff who are suitably qualified. There is a core group two full time nurses who are dual trained in child and adult care and a further two full time members of staff who are paediatric trained. This core group is supported by nursing staff who have a special interest in paediatrics. There is a rolling programme of European Paediatric Life Support training that is delivered by the ward matron.

7.2 Staffing levels within family health services are good against establishment. The healthy child programme is delivered by teams of health visitors, community staff nurses and health nursery nurses. There are minimum vacancies. There is 0.8WTE health visitor post scheduled for advertisement and there are 2WTE for community staff nurses for which shortlisting took place in September 2010.

7.3 There is a 0.8WTE vacant midwifery post that was recruited to also in September 2010 and there are no vacancies in school nursing.

8 Outcome 14 Staffing support

8.1 Safeguarding training to GPs is adequate, with 72.5% of GPs completing Level 2 safeguarding training. However, only 20% of dentists, 15% of optomotrists and no pharmacists have received level 2 training. The PCT are aware of the shortfall and have scheduled additional training opportunities for GPs, dentists and pharmacists.

8.2 There is a local Teeswide Training Service that provides training to GPs on safeguarding. Following the redesign of the Level 2 training to target GPs there has been an increase in the uptake. To support the drive in training,

attendance at mandatory training is included as part of the appraisal process and the doctor's revalidation process.

8.3 The overall safeguarding training levels within the North Tees and Hartlepool Foundation Trust are good. There is a rolling training programme for staff within A&E on safeguarding, though 100% compliance at Level 2 was not possible because of the constant four monthly rotation of junior doctors. The trust has developed a business case to address the ongoing training of junior doctors and need to progress this through to implementation. Safeguarding training statistics submitted for the trust show 81% of staff trained at Level 1, 79% of eligible staff have been trained at Level 2 and 83% of staff have been trained at Level 3.

8.4 Training statistics submitted for the Tees, Esk and Wear Valley Foundation Trust show that 75% of staff have been trained at Level 1, 58% at Level 2. It is of concern that out of the 99 staff identified within CAMHS as requiring Level 3 training only four staff have in-date training. The trust acknowledge that there is an issue with validating the training data, as highlighted in the Hartlepool Integrated Inspection earlier in 2010. An action plan has been forwarded to CQC to address the findings from that inspection and stated that they are on track to deliver fully validated training figures by the end of November 2010. The trust has commissioned additional training to ensure that there are sufficient places to accommodate demand.

8.5 The Director of Nursing holds a rag rated risk register that monitors risk and was able to confirm that the recent findings around unvalidated training figures are contained in the register, as well as forming part of the discussions at the executive directors' weekly meetings.

8.6 All health professionals interviewed as part of the joint inspection confirmed that they were able to access supervision around any safeguarding cases that they were involved with and that they had received their safeguarding training at the appropriate level. Health visitors advised that they received supervision on any child protection cases that they were involved with, however, this did not extend to child in need cases, as described as good practice in the National Institute of Clinical Excellence (NICE) guidance.

9 Outcome 16 Audit and monitoring

9.1 The PCT Executive Team meet weekly and the PCT Board meet every two months. There is a Tees-wide governance committee that consider a quarterly report on performance against action plans that relate to any serious case reviews, individual management reviews, serious incidents or inspection/audit findings. The Director of Nursing has formal one to one meetings with the Chief Executive to discuss any safeguarding issues or concerns. The PCT have developed strong safeguarding key performance indicators that have been added to contracts and it expected that these will be reported on from Quarter 3 onwards.

9.2 There is good evidence of learning from serious case review findings. Following the recent recommendation of a serious case review, the PCT have worked with GPs on increasing the provision of written reports at case conference. The provision of written reports have increased as a result. The Tees health economy has commissioned a Tees-wide project to look into the region's previous serious case reviews to look at common themes and identify barriers to learning.

9.3 The North Tees and Hartlepool NHS Foundation trust board has effective board assurance for monitoring children safeguarding incidents and issues, either through the Patient Safety and Quality Committee which report monthly to the trust board, the formal reports to the board on safeguarding, the audit committee where clinical issues are discussed and a rag rated risk register. The trust had recently requested external auditors to examine the evidence in support of the application for registration with CQC and had received positive feedback. The trust has recently piloted their record keeping audit tool for child protection cases and identified development work that is required to ensure there is a more comprehensive risk assessment required for the child protection and child in need cases along with more outcome focussed goal setting. This replicates the finding of the CQC review of notes which found goals as being generic and lacking SMART objectives.

9.4 The North Tees, Esk & Wear Valley NHS Foundation Trust has effective board assurance for monitoring children safeguarding through the Quality and Assurance Committee that is chaired by a non executive member and receives reports from the Safeguarding Children's sub group. The sub group considers reports on serious untoward incidents, CDOP, individual management reviews, serious case reviews and any national guidance.

10 Outcome 21 Records

10.1 The health element of case notes for looked after children, children in need and child protection notes were reviewed. The records for looked after children contained the completed initial health assessments using the BAAF forms. The assessments were comprehensive, included emotional well being and had signed consent. The initial health assessments were all completed by the named clinical lead for looked after children or a paediatrician. Health visitors and school nursing were completing health reviews and the entries were in line with the Nursing and Midwifery Council guidelines on record entries. There was evidence of attendance at strategy meetings and child protection meetings, with appropriate input from family health services. The files demonstrated that communication between organisations and disciplines in working well. A & E attendances of children who were on a child protection plan were noted in the files. The files also included appropriate communication around safeguarding of an unborn child and the arrangements in place post delivery. This was good evidence that children are being safeguarded.

11 Recommendations

The following recommendations that relate to health partners were included in the Inspection of Safeguarding and Looked after children in Stockton-on-Tees , 13 September 2010.I

Immediately:

- *Ensure that ethnicity and identity are fully recorded in case and supervision records and all staff are able to demonstrate how these matters are being taken into account in assessments and planning.*

Within three months

- *That the Children Trust and SSCB review the processes being used by all partner agencies and bodies to audit the quality of practice to ensure there is a sharper focus on the quality of provision, including recording, analysis and the measurement of intermediate outcomes.*

- *Review the adequacy and impact of recent actions to recruit and retain staff in key positions including the capacity of safeguarding named and designated health professionals across health partners to ensure that requirements within Working Together to Safeguard Children 2010 are fully met.*

Within six months

- *Establish and implement a comprehensive framework for the delivery of the CAF and associated pathways for early intervention services and implement a corporate plan for the delivery of CAF and use of early intervention pathways and the joint mechanism for monitoring the impact, effectiveness and quality of services.*
- *In order to improve the quality of provision and services for looked after children and care leavers in Stockton-on-Tees the local authority and its partners should take the following action:*

- *Evaluate the impact of the joint workforce strategy to ensure that targets to recruit from minority ethnic groups are sufficiently challenging and being met.*

- *Enhance the permanency policy to ensure there is greater clarity on the core values and ensure these are fully understood across the partnership in respect of planning priorities and actions.*

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.

Other NHS organisations involved in this inspection
NHS Stockton on Tees North Tees & Hartlepool NHS Foundation Trust Tees, Esk & Wear Valleys NHS Foundation Trust