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

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| **Date of Inspection** | **10 January 2011- 21 January 2011** |
| **Date of final Report** | **25 February 2011** |
| **Commissioning PCT** | **NHS Haringey** |
| **CQC Inspector name** | **Elizabeth Oxford** |
| **Provider Services Included:** | **North Middlesex University Hospitals NHS Trust**<br>**Great Ormond Street Hospital NHS Trust**<br>**Barnet, Enfield and Haringey Mental Health NHS Trust**<br>**The Whittington Hospital NHS 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 Haringey** | |
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| **Safeguarding Inspection Outcome** | **Aggregated inspection finding** |
| Overall effectiveness of the safeguarding services | Adequate |
| Capacity for improvement | Good |
| **Looked After children Inspection Outcome** | **Adequate** |
| Overall effectiveness of services for looked after children and young people | Adequate |
| 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.

*In respect of the recommendations in the report, please complete an action plan detailing how they will be addressed and submit this to CQC and your SHA Chief Executive within **20 working days** of receipt of the final report.*

**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:

There are 53,700 children and young people aged 0 –19 who live in Haringey, representing 23.8% of the total population. The population is diverse and 40.7% of children and young people are from minority ethnic groups compared with 24% in the capital as a whole. The proportion of children and young people whose first language is not English is 53.2% in primary schools and 46% in secondary schools. Both the minority ethnic and the English as an additional language groups are growing in proportion. Some 30 nationalities are represented in schools in the

borough and over 193 languages are spoken by children and young people. Haringey is the fifth most deprived borough in London, with 39.2% of children classified as living in poverty. The proportion of children and young people entitled to free school meals is 28.9% in primary schools, 31.5% in secondary schools and 41.1% in special school schools. Infant mortality and teenage pregnancy rates have been high but are now reducing.

Planning and commissioning of universal, targeted and specialist child health services and primary care are undertaken by NHS Haringey. Health visiting, school nursing, children's community therapy services and the community paediatric medical team are provided by GOSH. The main providers of hospital services, including accident and emergency services for children and maternity services for children and families in Haringey, are the North Middlesex University and Whittington Hospitals. Children and families access primary care through one of 54 GP practices and the GP out-of-hours provider, HARMONI.

NHS Haringey and Haringey Council commission child and adolescent mental health services (CAMHS) from a range of providers. Emotional wellbeing and CAMHS commissioning strategies have been developed in partnership with community and other service providers, including schools. Haringey Council commissions the Tavistock and Portman NHS Foundation Trust to provide CAMHS to children in care. NHS Haringey, as the responsible commissioner, funds local CAMHS for children in care who are placed out of borough. Tier 2 targeted community CAMHS are provided by Open Door and Barnet, Enfield and Haringey NHS Mental Health Trust and NHS Haringey. Tier 3 specialist and Tier 4 highly specialist services are provided mainly by Barnet, Enfield and Haringey Mental Health Trust with some additional services being provided by the Tavistock and Portman NHS Trust. Specialist Tier 3 CAMHS learning disability services are provided by Barnet, Enfield and Haringey Mental Health Trust.

## 1 General – leadership and management

1.1 There is evidence of well embedded strategic and operational commitment to joint partnership working by healthcare organisations in Haringey; both commissioning and operational management roles are actively involved in planning for the development of more integrated working between health and social care services.

1.2 Multi-agency working at an operational level is making an impact on the timeliness and quality of safeguarding assessments; the co-location of four specialist health visitors, a social worker from the disabilities team and a CAMHS worker within the First Response team has been particularly effective in improving communications between health and social care services. All children's centres have a named health visitor, a health visitor team (team leaders will also attend children's centres for management meetings) and a

named speech and language therapist (SLT). CAMHS workers, therapists, midwives and school nurses are included in multi-disciplinary teams.

1.3 The main health trusts providing services in Haringey, North Middlesex University Hospitals NHS Trust (NMUH), Barnet, Enfield and Haringey Mental Health Trust (BEHFT) and Great Ormond Street Hospitals NHS Trust (GOSH in Haringey) have developed and implemented appropriate safeguarding policies and procedures. The policies which are clear and reflect the most current practice have been ratified by the Haringey Local Safeguarding Children Board (LSCB) to ensure consistent practice and include processes for escalation, missed appointments, training, supervision and safeguarding. Robust audit programmes are in place within the healthcare organisations to ensure compliance and continued improvement.

1.4 Effective information sharing has been addressed well by all partners in Haringey with clear protocols in place. The ability of health care staff in some acute and community settings and GOSH in Haringey to access Haringey's children's social services information system Framework I, has made a very positive contribution towards the improved levels of relevant information sharing across agencies. NMUH and the Whittington Hospital staff have access to the list of children with a CP plan in Haringey which is updated daily. The safeguarding lead at BEHFT is currently working with the local authority to see how information sharing can be strengthened between the two organisations.

## 2 Outcome 1 Involving Users

2.1 There a number of examples where children and young people in Haringey have contributed towards operational service provision. For example a 'Critical Friends Group' of 60 parents were involved in the shaping of Early Support Service delivery for children with disabilities. There is scope for further initiatives to involve service users in more strategic elements of planning service design and delivery.

2.2 Steady progress is being made with achievement of the You're Welcome quality award by health care organisations in Haringey. The sexual health services have almost completed the verification work to achieve the award, and lessons learnt from the involvement of young people in the mystery shopper exercise has led to further customer training for staff in the drop in centres. The involvement of young people in the design of the website for sexual health in Haringey has ensured the information available is user friendly and appealing to the target audience of young people.

2.3 Adequate access for staff to interpreting services mean all attendees to the Accident/Emergency (A/E) department NMUH can be appropriately communicated with for treatment when English is not spoken. The service is used by staff on a regular basis and all staff spoken to during the inspection had accessed the interpreting services.

2.4 Until recently there has been insufficient focus on the work undertaken with care leavers resulting in these vulnerable young people receiving an inadequate level of support or health related information. However the designated nurse for children in

care is now making significant progress in addressing this issue through working closely with care leavers to develop an appropriate leaving care information pack; this work also includes a review of how young people are involved in their health assessments.

## 3 Outcome 4 Care and welfare of people who use services

3.1 The high level of sustained commitment by partner agencies to reduce the rates of teenage pregnancies has been very effective in contributing to improved outcomes for young people in Haringey. A re-launched joint teenage pregnancy strategy which used a targeted approach can demonstrate a continued downward trend in teenage pregnancies since 2007; the rate shows a 16% drop in pregnancies since the start of the strategy and is now only just above the local London rate. Haringey previously had the highest rate of teenage pregnancies in London; progress is monitored the multi-agency Teenage Pregnancy Board to ensure the successful implementation of its 10 key areas of development.

3.2 Agencies are working well together to provide a wide range of contraceptive and sexual health care services through easily accessed venues across the borough; the targeted approach has been particularly effective in engaging with young men. The mobile bus service has enabled services to be more accessible for some of the harder to reach groups such as young Turkish men and the service can demonstrate better awareness by young people of services available and a faster response to the needs of pregnant teenagers.

3.3 The range of venues where services are available includes the 4YP contraceptive and sexual health clinics in children's centres, Youth Offending Service (YOS), drop in sessions in the college of further education and some secondary schools. On going development of services includes adoption of the C card scheme with Haringey becoming part of the pan London C card scheme at the end of January 2011.

3.4 The positive impact of targeted approaches in Haringey such as that used in the Teens and Toddlers programme can be seen in the engagement of some of the most vulnerable young people; its effectiveness can be seen in the fact 98% of those who have attended the programme are not currently pregnant.

3.5 Young parents receive the support they need to care for their baby from health, social care and education services in Haringey both before and after the birth of their child. Midwives work collaboratively with partner agencies such as Connexions, the education service and family support workers in children's centres to ensure young parents are able to provide appropriate care for their child.

3.6 The family nurse partnership (FNP) which is a preventive programme for vulnerable young first time mothers was adopted for use by Haringey in September 2010, it offers intensive and structured home visiting by specially trained nurses from early pregnancy until the baby has reached the age of two. Although it is too early to be able to demonstrate any formal evaluation of positive outcomes the anecdotal

feedback from young parents is reported to be very positive, particularly amongst children in care who are pregnant. There are also early indications of better and timelier working between agencies to ensure young people who are having a baby get the appropriate support as early as possible.

3.7 NHS Haringey is working with BEHFT to look at how services can be reconfigured to improve the range of capacity of provision in the community. The CAMHS service in the past has focussed on the specialist level of care resulting in underdeveloped early intervention universal services. The single point of referral to the CAMHS services has made the referral process easier but an ever increasing demand on services has led to waiting lists for non urgent referrals. In an effort to address some particular challenges BEHFT have set up additional evening and weekend appointments to manage demand but this is yet to impact at operational level.

3.8 All specialist inpatient CAMHS care is provided by BEHFT with 12 beds currently available; however there is already a high level of out of area placements in specialist private services which shows signs of increasing still further. The CAMHS in Haringey service is currently being reconfigured in a move toward more community based high end specialist care for young people with mental health problems.

3.9 There are some examples of targeted preventative work for mental health being done by school nurses in the Targeted Mental Healthin Schools (TaMHS) and Social and Emotional Aspects of Learning (SEAL) programmes; the TAMHS programme which has been running for almost 3 years has led to improved working relationships between school health services and the advisory teaching service. Health visitors in Haringey are using the targeted intervention Parent and Infant Psychological Therapy Service (PIPS) as well as being trained to identify emotional wellbeing issues using the Solihull approach; however all staff reported an inability to provide an appropriate level of universal preventative work due to the priority demands from targeted child protection work. School nurses and health visitors report not having sufficient capacity to carry out the early intervention side of their work.

3.10 There is some evidence of integrated work involving CAMHS workers and other agencies such as their effective input to the First Response team; however the 3 primary mental health workers are currently unable to provide sufficient support and guidance to other primary care workers such as GPs or health visitors.

3.11 NHS Haringey has recognised there were areas for improvement in the quality of health assessments for children in care; the remedial action taken included the resourcing of additional nursing hours and administrative support. In order to improve the quality of all health assessments a review of medical input resulted in community paediatricians now undertaking the initial health assessment and the specialist children in care nurses carrying out all the review health assessments.

3.12 Although the percentage of health assessments for looked after children being completed in Haringey has remained well in line with national averages the quality of both initial and review assessments was poor. However there is now evidence of

improvements to the quality of both initial and review assessments with more effective monitoring of the quality of these assessments.
3.13 Children in care receive a dedicated multi-disciplinary service from the Tavistock clinic; the service is well resourced and includes input from a CAMHS consultant, social workers, psychotherapists and clinical psychologists. The service prioritises those children in care and their foster carers where the stability of a placement is at risk. The services are available to all Haringey's children in care wherever they have been placed; intervention offered is limited however by the distance from Haringey and the feasibility of the child and carer attending appointments there.

3.14 A good substance misuse service provides a wide range of interventions through education and advice to young people on substance related issues, with an emphasis on harm reduction. As well as direct work with young people, the team advises and supports professionals, parents and carers about substance abuse by young people. There are strong links with other services, including midwifery, and this has resulted in better attendance at ante-natal care appointments.

3.15 Compliance with targets for the National Treatment Agency (NTA) has improved over the last year and is now comparable with neighbouring boroughs. There are improvements to the levels of referrals made into the service and development of a screening tool currently underway is expected to further improve the quality and appropriateness of referrals.

3.16 There is evidence of effective joint working with the Youth Offending Service (YOS) which has focussed on prevention and early intervention; this has contributed to improvements in the re-offending rates.

## 4 Outcome 6 Co-operating with others

4.1 NHS Haringey, North Middlesex University Hospitals NHS Trust (NMUH), Barnet, Enfield and Haringey Mental Health Trust (BEHFT), Whittington Hospital NHS Trust and Great Ormond Street Hospitals NHS Trust (GOSH in Haringey) all demonstrate evidence of effective involvement with partners through their attendance at the Haringey Safeguarding Children's Board (HSCB). Both the commissioning and provider trusts representatives are at an appropriate level of seniority to ensure an effective contribution to strategic decision making within HSCB and their own organisations.

4.2 The common assessment framework (CAF) is well embedded in the practice of community health staff; initiation rates by health staff continue to increase and their contributions to the planning and implementation processes are good. Any referrals from health care services to social care which are not progressed will automatically be offered a CAF; all members of staff spoken to during the inspection were enthusiastic about the benefits of using CAF and are committed to increasing its use within their own service.

4.3 There is evidence of more effective contributions by health staff to ensuring children are safeguarded; additional training has raised health partners' awareness of their safeguarding responsibilities and accountability. Thresholds for referral are clear and staff reported that further multi-agency training had improved their understanding of referral criteria resulting in more appropriate referrals. There is excellent attendance by health staff such as health visitors and school nurses at child protection case conferences and staff reported feeling that their contributions are valued and is a significant part of the decision making process in both initial and core assessments. The use of a reporting template has markedly improved the quality of safeguarding reports submitted by healthcare professionals prior to child protection case conferences; and in particular those by GPs.

4.4 The designated professionals at NHS Haringey monitor action plans following recommendations from Serious Case Review (SCRs) well despite this being an increasingly heavy commitment. Examples of learning from these reviews can be seen in better understanding of health professionals safeguarding responsibilities and accountabilities and the high level of engagement by GPs in safeguarding activities.

4.5 Good working arrangements are in place with Haringey children's social care dept; all health care staff spoken to report much more consistent responses to referrals now. Staff in the A/E departments reported no problems or significant concerns following any safeguarding referrals made; however staff did report rarely receiving verbal or written outcomes following a referral. Improved understanding of individual responsibilities for safeguarding means referrals are now actively followed up where there has been no response from social care.

4.6 Good and effective information sharing between the A/E departments and community health workers in Haringey has been facilitated through the HV liaison role. A full time service between main A/E department and community health workers ensures information relating to A/E attendances and hospital admissions of under 18's is shared in a timely and appropriate way. The clear criteria for this liaison role assists in ensuring there is an effective interface with adult mental health and substance misuse services.

4.7 There is an increasing demand in Haringey on early intervention and preventative work undertaken by CAMHS tiers 1 and 2 CAMHS workers. In addition BEHFT is facing challenges in meeting waiting time targets for more specialist services but has responded by arranging additional evening and weekend appointments to meet the demand. Introducing a single point of referral to CAMHS has led to better management of access but increased demand for these services means there is still a waiting list. Referrals are prioritised according to the level of need and all urgent cases are seen within an acceptable timescale; however waiting times for non-urgent cases are continuing to increase.

4.8 BEHFT has appropriate arrangements in place between its adult mental health services and CAMHS; a transition policy ensures adequate planning for the transfer of care. Information sharing is good between the two services and adult mental health workers have received appropriate training relating to safeguarding of children. There is an effective interface between adult and children's services;

mental health staff working with adults are well aware of the impact mental illness of a parent or carer can have on the well being of children involved.

4.9 Adequate progress being made to ensure domestic abuse is responded to appropriately by health care professionals across Haringey. Additional training in recognising domestic violence has meant staff are more comfortable in asking appropriate questions to identify and record suspected abuse. An improved awareness of domestic abuse by A/E staff through safeguarding training has led to increased referrals to MARAC; staff are now using a direct referral form and report good responses from other agencies such as the police. Domestic abuse referrals are also now part of the comprehensive alert system in place at NMUH.

4.10 Arrangements in place at NHS Haringey to monitor the quality of physical and emotional health care for children and young people in out of area placements are inadequate; NHS Haringey is currently developing formal arrangements to address this issue. The absence of clear arrangements for ensuring the health needs of looked after children in out of area placements are met has resulted in an ad hoc and variable service.

4.11 There is a multi-agency integrated team for children with disabilities with evidence of good working arrangements that have been developed between education and children's health and social care services. A range of health care services ensure there is adequate support provided in Haringey to children with disabilities. A single point of access has resulted in a reduction to the time children and parents have to wait for accessing services and the increasing use of CAF has resulted in better information sharing between professionals. The team around the child approach (TAC) is well developed for under 5's and for older children being educated in special and mainstream schools.

4.12 Examples of how agencies are working together effectively to support parents of children with disabilities include the enhancement of parenting skills for families with disabled children through the use of My Body, My Life programme. This programme has led to better understanding of medical conditions by parents and improved availability and use of manual handling equipment. For children and young people with Attention Deficit and Hyperactivity Disorder (ADHD) and ASD there are agreed multi-agency care pathways in place to ensure consistency of care and integrated working.

4.13 Young people with disabilities, who also have mental health needs, receive a responsive service through the dedicated multi-disciplinary CAMHS disability team.

4.14 There is good transitional planning for children and young people with disabilities in Haringey that is effectively led by the joint steering group. A draft transitional strategy, which included input from parents of children with disabilities, demonstrates the active commitment by all relevant partner agencies to joint planning; the process starts at 14+ and facilitates an integrated transfer of care from children's to adult services.

4.15 A multi-disciplinary mental health service from the Tavistock-Haringey Service includes a variety of therapeutic services for looked after children, young people and

their carers with priority being given to supporting fragile placements at risk of breaking down.

4.16 There has been little input to the training of foster carers by health services to date, however this is an area for development that the designated nurse has already identified to address.

## 5 Outcome 7 Safeguarding

5.1 NHS Haringey has resourced its safeguarding children team well and receives appropriate support and advice from the designated doctor and nurse. The designated nurse is highly experienced in the safeguarding field and works to a clear job description; supervision arrangements include peer and line management support with additional support from the executive director responsible for safeguarding. The safeguarding team are providing effective strategic leadership as well as guidance to operational staff; safeguarding policies and procedures are reviewed regularly to ensure practice remains up to date.

5.2 The looked after team has recently been strengthened by the appointment of additional staff to assist the designated nurse for children in care in developing a more effective service.
Shortcomings in the service have been correctly identified by NHS Haringey and additional resources allocated to ensure appropriate health care is provided to this very vulnerable group of young people.

5.3 The Child Death Overview Panel (CDOP) in Haringey is well established and implementing child death review processes effectively at a local level. A rapid response protocol supports the CDOP through a multi-agency approach; the quality and depth of information shared between partner agencies has improved and there are appropriate working relationships with the coroner.

5.4 Currently, all specialist Tier 4 in-patient CAMHS care is provided in house by Barnet, Enfield and Haringey Mental Health Trust and no young people are inappropriately admitted to adult wards.

5.5 There are effective arrangements in place to ensure adult mental health workers are better able to identify children who may be at risk of abuse by adults using their services. The named doctor and nurse within Barnet, Enfield and Haringey Mental Health Trust provide good safeguarding support through training, supervision and advice to adult service workers; awareness of children's safeguarding needs is now well embedded in practice of all mental health workers.

5.6 Health staff confirmed that they are invited to attend initial assessment meetings and any subsequent case conferences; attendance at case conferences is monitored by line managers. Effective chairing of case conferences enables health care professionals to contribute more effectively to discussions and any decisions made. Health visiting and school nursing staff reported that additional training opportunities and supervision had increased their confidence when contributing to

the decision making processes during case conferences. Audits of referral outcomes demonstrate that referrals are being made appropriately with high levels leading on to further action by children's social care service.

5.7 NMUH has a comprehensive and robust alert system in place to record previous visits and to track concerns; a clear flagging system has been installed on the IT system used in the A/E dept. All staff are aware of how to access out of hours information regarding children with a Child Protection Plan in place.

5.8 There are formal service level agreements in place to ensure appropriate arrangements for children and young people requiring a specialist sexual assault assessment. Although there is no purpose built sexual assault resources centre situated in the Haringey area a service level agreement is in place for all forensic examinations to be carried out by a specialist unit in Paddington. Any non forensic examinations are done in Camden.

5.9 Very good progress has been made by Haringey in the engagement of GPs in safeguarding children activities; the appointment of a named GP and named nurse for primary care has provided effective and well regarded leadership in safeguarding issues. All general practices in the borough now have an identified lead for safeguarding and at 91.5% cent, attendance by GPs and their staff at Level 1 safeguarding training is higher than the national average. This progress is maintained through the high percentage of GPs and their staff who have undertaken more specialist training; 65.5 per cent have attended Level 2 training and 24 % have attended Level 3. Attendance by GPs at child protection case conferences is increasing from a low base and a new template for submitting GPs' reports to case conferences has led to an increase in the number of reports and to improvements in their quality.

## 6 Outcome 13 Staffing numbers

6.1 The previous high vacancy rates for health visitors have been tackled effectively by GOSH in Haringey through a combination of professional development and recruitment strategies. GOSH also provides targeted health visitor services to children in care, children with disabilities and SEN, children with unresolved child protection concerns and children in need. This means that although there are now sufficient staff to ensure cover for targeted interventions in child protection work, there is less assurance around the universal services. In particular the delivery of the Healthy Child Programme is being affected adversely by the need to prioritise child protection. The school nursing service is under pressure also; meaning its capacity to work preventatively with children and young people in schools is reduced.

6.2 Staffing levels are monitored monthly by NHS Haringey to ensure there are appropriate and sufficient numbers of staff in place to safeguard children. Work is currently underway to measure staffing workload as a means of making sure caseloads are equitable and reflect local needs.

## 7 Outcome 14 Staffing support

7.1 There is a strong safeguarding lead within NHS Haringey; the designated professionals provide consistent guidance and support to all healthcare organisations in Haringey and are key drivers in promoting the continuous improvement of safeguarding practice. Both designated and named professionals are working effectively together to monitor and deliver training programmes; they also work collaboratively with other HSCB colleagues to develop and deliver multi-agency training.

7.2 Good progress has been made to ensure appropriate safeguarding training is undertaken by staff working for health care provider organisations in Haringey. All health care providers have achieved 80% compliance for level 1 training and most trusts are well in excess of this figure. BEHFT has achieved 90% attendance at level 1 training; 70% of relevant staff have attended level 2 and 75% at level 3. NMUH has worked hard to achieve 100% of staff trained to level 1, 87% to level 2 and 83% to level 3. 91.5% of staff working in GOSH have attended level 1 training with 100% of relevant staff having attended levels 2 and 3.

7.3 The designated nurse and safeguarding team are currently working to ensure safeguarding training in Haringey is aligned to reflect recommendations from the revised Intercollegiate Document as well as guidance within Working Together 2010.

7.4 Supervision arrangements for the designated nurse includes peer and line management support with additional support from executive director responsible for safeguarding. All health care staff involved in safeguarding and child protection issues receive additional supervision; appropriate changes to supervision arrangements have been made following findings from an SCR in Haringey.

7.5 Through the designated and named professionals for safeguarding all relevant staff within Haringey are effectively supported to deal with safeguarding concerns; the designated nurse and safeguarding team provide good support and guidance to staff on any safeguarding issues.

## 8 Outcome 16 Audit and monitoring

8.1 NHS Haringey has effective and well developed systems and processes in place to monitor safeguarding activity in both commissioned and contracted services. The safeguarding scorecard is RAG rated and provides robust, comprehensive measures of key assurance data from all provider trusts; the scorecard also indicates the direction of travel within healthcare organisations. As the scorecard also monitors GPs attendances at safeguarding training there is good information available around safeguarding activity within primary care settings.

8.2 Senior managers confirmed that trust boards in Haringey are aware of their safeguarding responsibilities and subject the regular safeguarding reports submitted to them to robust and rigorous challenge. Monthly safeguarding reports provided to NHS Haringey from GOSH and NMUH provide tangible evidence to allow for cross referencing against the safeguarding scorecard.

8.3 Section 11 audits are undertaken by health care organisations in conjunction with HSCB and findings are being used by the safeguarding team at NHS Haringey to plan future training and development for the workforce.

8.4 Poor data management resulted in inadequate monitoring of the quality of health assessments for looked after children by NHS Haringey in the past, with no evidence that the timeliness and quality of care provided was reviewed or reported on. However systems and processes have been developed recently to ensure appropriate information gathering to allow more effective monitoring of health provision for Haringey's looked after children.

8.5 Young people's views are sought at an operational level; for example the designated nurse for looked after children is currently working with young people to improve take up of review assessment appointments. In addition they are contributing to developing appropriate information packs for care leavers.

8.6 There are some really positive signs that outcomes for children and young people in Haringey are improving; key indicators such as the infant mortality rate and teenage pregnancy rates are demonstrating a sustained downward trend. Despite high levels of deprivation Haringey has very good levels of mothers' breastfeeding with approximately 85% of mothers initiating breast feeding at birth and 68% still doing so at 6-8 weeks. This is well above both regional and national averages and reflects well on the support given to mothers by midwives and health visitors in encouraging breastfeeding.

## 9 Outcome 21 Records

9.1 The more recent health care records reviewed were compliant with the NMC guidance for good practice. Staff are aware of the need to maintain records in accordance with the GOSHH Record Keeping Policy and the Quality of Practice standards apply to all GOSH records. Regular auditing of records is carried out to ensure on-going compliance with national guidance.

## 15 Recommendations from the Ofsted report published 25 February 2011

### Within three months:

*Ensure NHS Haringey and partners reduce the level of non-attendance at child protection review medicals and that attendance rates are routinely monitored by senior health and children's services managers and HSCB*

*NHS Haringey should ensure there are robust systems in place to monitor the quality of healthcare provided to all looked after children and care leavers in all settings.*

**Recommendations from CQC report**

**Within 3 months (from report)**

NHS Haringey to ensure the agreed care pathway for looked after children's healthcare is implemented.

**Within 6 months**

NHS Haringey to ensure that the views of young people are heard strategically in the planning and development of health care services.

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.