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

Date of Inspection	**27th June – 8th July 2011**
Date of final Report	**12th August 2011**
Commissioning PCT	**Hull PCT**
CQC Inspector name	**Lea Pickerill**
Provider Services Included:	**City Health Care Partnership** **Hull & East Yorkshire NHS Trust** **Humber Mental Health NHS Foundation Trust**
CQC Region	**Yorkshire & Humber**
CQC Regional Director	**Jo Dent**

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 .

Kingston upon Hull Council	
Safeguarding Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Good
Contribution of health agencies to keeping children and young people safe	Good
Looked After children Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of services for looked after children and young people	Adequate
Capacity for improvement of the council and its partners	Adequate
Being Healthy	Adequate

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

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

The Inspection Process

This inspection was conducted alongside the Ofsted-led programme of children's services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The 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:

1. Hull has approximately 54,000 children and young people up to 17 years of age in the city. This equates to 20.6% of the local population. Hull is the 11th most deprived local authority in England. The Local Authority Interactive Tool, (National indicator 116), reports that 33.1% of children and young people in Hull live in poverty.

2. The Children's Trust, the Hull Safeguarding Children Board (HSCB), and the Local Strategic Partnership are the key partnerships in the city. A new shadow Health and Wellbeing Board has also recently been established. The Children's Trust arrangements include representation and involvement from a wide range of agencies. This includes Humberside Police and the Police Authority, Humberside Fire and Rescue Service, Humberside Probation Service, local NHS services, the co-terminus Primary Care Trust NHS Hull, City Health Care Partnership (Social Enterprise) and representation from the voluntary sector. Children's partnership arrangements are overseen by Hull Children's Trust which consists of an Executive Group and a wider Engagement Group. HSCB is independently chaired and brings together all the main organisations with responsibilities for safeguarding children services in the City.

3. Commissioning and planning of health services and primary care are the responsibility of NHS Hull Primary Care Trust. Health care is provided by City Health Care Partnership, mental health and therapy services by Humber Mental Health Foundation Trust and acute care and some community paediatric services by Hull and East Riding NHS Hospital Trust. NHS Hull also commissions a range of specialist health services, including neonatal and cardiac services through regional and national specialist commissioning groups. (Ofsted, July 2011)

General – leadership and management

4. As part of the Health White Paper "Equity and Excellence: Liberating the NHS" and the plans to transfer NHS commissioning responsibilities from PCTs to groups of general practitioners, the primary care trusts in the Humber region have pooled resources under new cluster working arrangements. The new Humber Cluster incorporates the PCTs of Hull, East Riding of Yorkshire and North Lincolnshire, plus North East Lincolnshire Care trust Plus (CTP). The Chief Executive Designate of the cluster is the previous Chief Executive of NHS Hull. The Humber cluster has already identified an executive lead for safeguarding children and work is ongoing to review arrangements for safeguarding across the new structure

5. Commissioners have recently developed comprehensive service specifications for the delivery of CAMHS, therapy services and Learning Disability Services that are to be used to drive improvements in service delivery and waiting times. There is also a long standing paediatric review of children's health services across Hull that is due to report in the near future. This review will also incorporate arrangements for the delivery of health services for looked after children and young people

Outcome 1 Involving Users

6. There is good involvement of looked after young people in their health care. Young people are routinely asked to consent to the sharing of their health action plan with professionals and carers. All plans are sent to the GP so that the primary health record is complete. Young people are routinely asked about their preference for where the health review takes place which helps to engage the young person in the review and planning of their health care.

7. There is good evidence of services using the views and experience in the evaluation of services. Through the work of the Teenage Pregnancy Service (TPS), young parents are actively engaged in assessing services for You're Welcome accreditation and carrying out mystery shopping evaluations. This helps to ensure that services are focused on the needs of young people as well as giving the young assessors vital skills and increasing self esteem.

8. Good partnership working across agencies helps to meet the needs of asylum seekers through the specialist multi agency clinics that are arranged. Representatives from health, housing and benefits agency provide a one-stop service to help service users access advice and assistance.

9. Service users have good access to interpretation services, including face to face interpreters for clinic appointments. Good effort is made to ensure continuity of interpreters where there is ongoing care for children and young people. All reports are translated into the language of choice.

Outcome 4 Care and welfare of people who use services

10. Hull Royal Infirmary has a dedicated paediatric A&E that is open from 8.30 am to midnight. Outstanding arrangements are in place to safeguard children and young people who attend A&E, including comprehensive and timely use of paediatric liaison. Repeat attendances are indicated on the printed casualty card and there is an alert code to indicate if a child has a child protection plan. Practitioners follow the NICE guidance on assessing children under 5 for child protection concerns and staff are confident in when and how to refer any safeguarding concerns to children and families team.

11. All attendances by children and young people to the A&E are reviewed by the safeguarding team as part of paediatric liaison with copies of any attendance forwarded to GPs and health visitors or school nurses. If a young person is looked after, then the LAC health team are also notified. Additional liaison takes place with CAMHS or Youth Justice where appropriate. The safeguarding team also review any attendance by a vulnerable adult, this can include adults who have been the victim of domestic violence or who are pregnant and will make a referral to children and families services as necessary. The safeguarding team at Hull and East Yorkshire Hospitals NHS Trust have good access to the council's children and families database which means that they are able to co-ordinate and share information about children who may be at risk. The safeguarding team meet monthly with staff from A&E to discuss referrals to children and families and identify instances of good practice and also to discuss areas for further learning.

12. There is good provision of contraceptive and sexual health services to young people in Hull. Young people can access a range of contraception services six days a week; there is a specialist young person's CASH (Contraception and Sexual Health) and GUM (Genito Urinary) clinic held on a Saturday morning which is very popular. Emergency contraception is available seven days a week, 52 weeks a year. For young people who do not choose to continue with their pregnancy, they can attend any of the clinics across Hull and an appointment can be booked for a termination. There is provision within the CASH service to provide counselling for young people who have had a termination and young people can also self refer to the Warren Project. Highly effective outreach adolescent sexual health nurses target young people who are especially vulnerable or hard to reach, including young people that are looked after. There is good progress being made in reducing teenage conceptions. Hull continues to have a larger reduction in the number of under 18 conceptions than nationally and most of all their statistical neighbours. Additional proxy data shows that there has been a substantial increase in the number of young people accessing LARC (Long Acting Reversible Contraception) compared with the previous year which should further impact on the statistics for conceptions in 2010 and beyond. There is a boys and young men's project worker employed by Corner House that works with males under 20. The worker offers a drop in service for young men and offers advice around contraception and sexual health as well as working on a one to one basis on a range of issues including anger management, behaviours and sexuality.

13. Young people have good access to an effective and responsive alcohol and substance misuse service provided locally by Refresh. Refresh provide education into local schools as well as youth clubs and other young people's groups. Training on substance misuse is offered at Tier 1 to a wide range of professionals, including education and health staff. This training includes the use of an alcohol and substance misuse screening tool, “Spot.” Young people can self refer to Refresh and there is a wide range of treatment options available ranging from consultation with parents and professionals to a planned programme of therapeutic appointments with the young person. The recent appointment of a transition worker to work with young people from 18 to 25 years helps to provide a bridge between young people and adult services. Parents and carers of young people who misuse substances are well supported. The number of young people who disengage from the service is low and feedback from service users is generally good.

14. Adequate arrangements are in place to identify vulnerabilities in pregnant women. Women access midwifery services direct and are seen at the earliest opportunity for booking their care. There is ongoing work to map the recommendations in the NICE guidance for maternity care for women with complex needs. Pregnant women can access support from a local doula provided through a voluntary service. The doula offers individual support and is highly regarded by women who access the service.

15. An effective multi agency peri natal mental health pathway is in place to support pregnant women where there are concerns about their emotional health and wellbeing. This means that there is a co-ordinated approach to care and that a woman’s mental health can be supported throughout the pregnancy.

16. There is good support for women who are pregnant and are misusing substances, with regular multi agency meetings taking place to ensure the safety of the unborn child. There is a substance misuse midwife that offers joint clinics with an obstetric consultant with a special interest. Women appreciate the service and the numbers of women who fail to attend are very low. The substance misuse midwife offers support to midwifery colleagues as well as holding some of the highly complex cases.

17. Very good support is available for teenagers who are pregnant. Hull has a dedicated school with crèche facilities so that teenagers who are pregnant or have a baby can continue their education. Teenage parents can access a range of teenage ante natal provision. Ante natal care is provided by community midwives, though more specialist intensive support is available through the teenage pregnancy support service (TPS) provided by Hull Local Authority.

18. Young people who conceive receive outstanding support from the TPS through an individualised care plan. Young people have the option of attending a ten week course. The course has been developed over time to meet the needs of the young parents, including special sessions for young fathers to be and includes sessions from midwives, health visitors and connexions staff. The TPS offer ongoing support post natally through child health sessions as well as helping teenage parents prepare for work. The TPS is positively evaluated and well regarded by young people who have described the many benefits of attending, including being better parents as well as receiving assistance with further education and becoming work ready.

19. Good arrangements help safeguard children and young people who receive support from health visitors and school nurses. There is good provision of the healthy child programme, with all contacts taking place face to face. Health visiting and school nursing teams use skill mix to good effect in supporting the delivery of packages of care agreed as part of child protection and child in need plans. Caseloads of health visitors and school nurses are weighted according to complexity and deprivation and are manageable. Vacancies are low and there is good preceptorship to support new staff into the service.

20. Good arrangements are in place to transfer children from the health visiting service to school nursing service. Effective health plans are in place for children starting school and these are based on information from health questionnaires by parents and carers and information from health visitors. The health screening questionnaire is also issued to parents and children when they transfer into secondary education as well as to any children or young people who transfer into school during the academic year. The school nursing service undertake the national height and weight measurement programme and using a skill mix of staff, measure each child at reception and Year 6. The school nurses offer regular drop in sessions in all secondary schools with variability in the uptake. Good effort is being made to promote the school nursing service with young people in secondary school through an innovative texting service which is proving increasingly popular. School nurses are available to provide emergency contraception, testing for pregnancy and chlamydia and distribution of condoms.

21. Children and young people generally have adequate access to CAMHS services, though there can be some delays. All referrals are made to the primary health worker team who assess the referral and arrange for an assessment. Priority referrals are seen within 10 days though more routine cases can wait up to 12 weeks for the assessment. Following the initial assessment, young people are allocated to a care pathway. There is a good range of care pathways though there are varying and lengthy waits for some, including 6 months for treatment for anxiety and depression, 4 months for trauma and 3 months for Attention Deficit Hyperactivity Disorder. There are conflicting views across CAMHS and the substance misuse services, about the willingness on occasions to co-work cases when a young person with mental health concerns is also involved in misusing substances.

22. The support for young people who require in patient care is variable and often does not meet the needs of young people and their families. The provision of in-patient CAMHS is fragmented and Hull are currently committed to regional commissioning of specialist in patient services. Locally, there is a 6 bedded adolescent unit for young people aged 13 to 18 that opens Monday to Friday, however, this is not suitable for any young person who is detained under the Mental Health Act or if they require accommodation over the weekend. Young people who require in patient care over a weekend or who are to be detained under the Mental Health Act are transferred out of county to facilities across England, including London, Nottingham and Manchester. There is also a 2 bed children's in patient unit that can admit children up to 13 and, subject to authorisation from commissioning, can extend provision to cover 7 days.

23. Families with children who have disabilities and complex care needs often require additional support if they are to avoid family breakdown. A wide range of services for children and young people with disabilities and additional needs is available in Hull to support children, young people and their families. An effective community nursing team offer advice, training and support to school staff and other practitioners to help ensure that children and young people with complex health care needs can enjoy and access activities with their peers. There is good access to respite and short breaks for children and families with complex needs. Direct payments for health and social care are made available to families to promote choice and flexibility. However there are significant and unacceptable delays for children waiting to be assessed for autistic spectrum disorder. Currently families of children under 5 are waiting 18 months to access the service and up to three years if their child is over 5. In addition, there are delays in accessing some therapy support. For example, there can be delays of up to 36 weeks for routine physiotherapy treatment.

24. Whilst adequate progress overall is being made to assess and maintain the health needs of children coming into care, there are unacceptable delays in children and young people receiving their initial health assessment within 28 days of becoming looked after. At the time of the inspection, arrangements for the initial health assessments were good for children up to 13 and included a medical examination by a registered medical practitioner, however, for children aged 13 and over the practice was for a nurse led assessment under the supervision of a doctor. This does not conform to statutory guidance and a new process was implemented during the course of the inspection. The partnership recognise the need for more timely health assessments and reviews and are taking remedial action to address this. Good arrangements are in place to quality assure health plans following initial health assessments.

25. Despite delays, young people do have access to a comprehensive health needs review. A good proportion of looked after children and young people are up to date with their immunisation programme and most receive their annual dental check up. The health visitors and school nurses carry out the health reviews and update the health plans. The health co-ordinator completes the assessments for young people who are in Year 11 and the reviews for those young people who are difficult to engage or out of education are shared between the team. There is good liaison with A&E at Hull who let the looked after children health team know of any attendance at the unit by a looked after child or young person. The designated looked after children's nurse quality assures all health reviews and is confident that the quality of the assessments and plans continues to improve. The designated nurse for looked after children has provided training sessions on conducting health reviews for health visitors and school nurses as well as attending team meetings. GPs confirmed that they receive copies of the health care plans for LAC.

26. Adequate arrangements are in place to carry out health reviews and monitoring of health action plans for children and young people placed out of area. Reciprocal arrangements across Yorkshire and Humber mean that there are no charges for looked after children health reviews across the counties and there are systems in place to authorise payments for other authorities that may charge. The involvement of health partners in commissioning specialist placements is good and there is good use made of the clinical psychologist for LAC in ensuring the suitability of any therapeutic placement being considered.

27. There is no shared protocol between the council and health partners around securing a health plan for young people who decline to take part in the health assessment. The response and actions taken by both health and social care when a young person declines is inconsistent and on occasion does not safeguard the health of the young person.

28. The involvement of looked after children's health team into the pathway planning for young people leaving care is inadequate. The health co-ordinator is sometimes asked to contribute to the pathway plan; however, this is at the social worker's discretion. Young people leaving care are not provided with a comprehensive summary of their healthcare though the health co-ordinator is taking part in a pilot with the Personal Advisors to provide a folder for young people that contains their history, including health.

29. There is good access to contraceptive and sexual health services for looked after young people through the outreach workers. Any looked after young person who conceives is fast tracked to the teenage pregnancy co-ordinator or sexual health outreach nurse who offer support and advice around the options available. Hull has a family nurse partnership and if the young woman wishes to continue with their pregnancy then they are considered a priority for the service. Young people who are looked after also have good access to Refresh, the young people's alcohol and substance misuse services.

30. Effective processes are in place to identify any emerging concerns on the emotional health and wellbeing of a child or young person when they enter care, Social workers use the completed strength's and difficulties questionnaire to inform discussion with the primary mental health worker team and together they discuss if further therapeutic intervention is required. However, if CAMHS services are identified as necessary, then a referral is made to universal CAMHS services. There are no specific looked after CAMHS services to meet the needs of this very vulnerable group of children and young people.

Outcome 6 Co-operating with others

31. Appropriate arrangements are in place to support children and young people attending accident and emergency with self harm or other mental health concerns. Support is available from the A&E psychiatric liaison service. A young person is assessed once they are medically fit and discharged with a follow up appointment with A&E liaison. However, there is no formal substance misuse support or involvement by Refresh with the local A&E at Hull Royal Infirmary.

32. Good liaison between A&E and health visitors helps to safeguard children and young people. Health visitors and school nurses confirmed that they receive notifications from A&E about attendances of children and young people. Where there are any concerns, these are flagged up by a red star that denotes further action may be required.

33. Within midwifery services concerns were expressed that on occasions there have been delays in arranging the creation of timely and multi disciplinary discharge plans to protect the unborn baby. The named midwife mitigates the risk of a woman presenting on labour ward without a plan and potentially being discharged by inserting a pink sheet in the labour notes to advise that the women has involvement with social services. Currently there are no opportunities for midwifery service and local authority representatives to meet and jointly discuss events leading up to the serious incident of a baby being born without a plan in place to promote learning across the partnership.

34. Partnership working, including the voluntary sector is embedded within the support offered to teenagers who are pregnant. Multi agency involvement supports young people throughout their pregnancy and afterwards to help them to be good parents and to enter the workforce.

35. Outstanding arrangements are in place to ensure a planned and effective transition into adult services for young people with complex care needs. There is a multi agency transitional team who operate a key worker system. There is a flexible approach to when young people transition into adult services, with some good examples provided of a person centred approach to make sure that both the needs of the young person were being met and that expectations of families were being appropriately managed. However, these arrangements are not in place to support the transition of young people from CAMHS into adult mental health services. Examples were given of where young people who had been placed in facilities out of area where very short notice had been provided that the individual was about to reach their eighteenth birthday and no transition planning had taken place.

Outcome 7 Safeguarding

36. The arrangements for the line management, supervision and training for the designated professionals for Hull PCT are adequate and meet the requirements of "Working Together 2010." The designated nurse is employed full time and is line managed by the Lead Director with safeguarding responsibility and has good access to the chief executive. The designated doctor is employed 0.5WTE and provides designated doctor service to Hull and East Riding PCTs. The designated doctor is employed by the Hull and East Yorkshire Hospitals NHS Trust.

37. The named GP is hosted by City Healthcare Partnership with the postholder effectively contributing to the good progress being made in the training of GPs in safeguarding children. Safeguarding children has a good profile in primary care across Hull. Most GPs have attended safeguarding training and most practices have safeguarding leads. The named professionals for safeguarding children carry out a programme of visits to GP practices to give advice and guidance and respond to any queries around safeguarding children that practice staff may have. The Primary Care Standards issued by the PCT contain minimum standards around safeguarding children and practices report on their compliance. GPs are encouraged to complete either a template to complete reports for child protection meetings or to use the aide memoir to record their report, this helps to ensure that relevant information is available to inform the decision making at child protection conferences and meetings. There is consistency across primary care in Hull on the recording of children who have a child protection in place or that are looked after. GPs report that they receive the care plans following the initial health assessment and the health reviews.

38. The PCT are in the early stages of supporting dentists and other independent practitioners in enabling them to meet their responsibilities outlined in Working Together 2010.

39. There is good staffing provision within the looked after children health service. The designated nurse for looked after children is employed full time by the Humber and East Yorkshire Hospitals NHS Trust; she is supported by a full time health co-ordinator who works predominantly with older children and young people and an additional health co-ordinator who works one day a week with looked after young people and the remainder of her time with the Youth Offending Team. There is a designated doctor for looked after children. The designated nurse for looked after children regularly attends foster support groups to talk about the health needs of looked after children and the importance of the health reviews. She also provides teaching on the foster training sessions for those people who have expressed an interest in becoming a foster parent and has provided training to social workers. There are good arrangements in place to offer support and consultation to the staff working in residential children homes in Hull.

40. The Clinical Psychologist for looked after children is employed by the Humber Mental Health NHS FT and provides a consultation service for professionals as well as working on audit and research. The LAC Clinical Psychologist does have a minimal caseload of looked after children which he is provides therapeutic support into.

41. The arrangements for the safeguarding children team in City Health Care Partnership are good and meet the requirements of Working Together 2010. The named nurse is employed full time and has regular access to the executive lead for safeguarding children. The post of the named GP has been amalgamated with the post of named doctor for City Healthcare Partnership. The named GP regularly attends the Hull LSCB. The named nurse is supported by three specialist nurse practitioners that have a locality responsibility.

42. There are vacancies within the named safeguarding professionals within the Hull and East Yorkshire NHS Trust. The post of named safeguarding children nurse is vacant and is currently being covered by the Head of Nursing. The trust are in the final stages of recruiting to the post. The post of the named doctor is also being occupied on an interim basis by the PCT designated doctor. Four sessions have been allocated to the duties of named doctor and there are plans to recruit to this post, however the vacancy has not yet been advertised. The trust does not have a lead anaesthetist for child safeguarding. The safeguarding team are supplemented by a named midwife for 0.4WTE, 2 senior child protection nurses that equate to 1.5WTE, 1 WTE safeguarding educator and administration support.

43. The named midwife receives copies of all referrals from midwifery staff to the children and families team and monitors them alongside completed child protection plans. She also routinely screens A&E attendances by pregnant women and ensures that the community midwives are made aware. This helps to ensure a co-ordinated and comprehensive approach to the care of a pregnant woman and in safeguarding the unborn child.

44. There are appropriate arrangements in place for the line management, training and supervision of the named professionals within the HMH NHS FT. The named nurse is employed full time and there has been a very new appointment made to the team of 0.6WTE specialist nurse practitioner. The named doctor is allocated one session to the role. There are 45 safeguarding link staff identified across the trust to facilitate and promote safeguarding children. However, the role does not have a formal job description and there is no additional resource attached to the posts and whilst there is a requirement for minimum attendance at quarterly network meetings there is no formal performance management in the role. It is therefore not possible to evaluate the effectiveness of the network.

45. The named nurse for Humber MH NHS FT receives copies of all referrals to the children and families team and monitors them for appropriateness. There are plans to audit the referral process during 2011/2012. The named nurse receives copies of all invitations to attend child protection meetings and reminds staff of their need to attend as the date becomes nearer. This had led to an increased number of staff attending child protection meetings.

46. The Child Death Overview Panel (CDOP) is appropriately constituted though the designated doctor has been acting as the Chair for approximately 6 months. It was noted that the involvement of public health required strengthening as outlined in Working Together 2010. During the course of the inspection, a new Chair was identified and the new arrangement will be ratified at the next meeting. There were several examples of how the CDOP had improved and influenced practice in safeguarding children, including key messages around co-sleeping and improved bereavement support for parents and staff. The 2010/2011 annual report remains outstanding though the draft is an agenda item for the next meeting.

47. The failure to identify and act when a child or young person has missed a health appointment is a regular finding in serious case reviews across England. The health organisations in Hull are at various stages of compiling and implementing policies and guidance to staff around what action to take when a child or young person does not attend their appointment. The Humber MH FT has a DNA policy that staff were familiar with and were able to provide anecdotal evidence of how this was applied in practice and demonstrated a flexible approach to families that were difficult to engage or where there were additional vulnerabilities, eg. if a child or young person was looked after or if a social worker was involved. There has been no recent audit to monitor compliance with the policy. The DNA policy for CHCP is in draft and is being consulted upon across the organisation. The H&EY NHST has a draft DNA Policy that incorporates guidance on how practitioners should respond to when children and young people miss appointments or if appointments are rescheduled. The policy is being consulted on within the organisation.

48. All health practitioners spoken to throughout the inspection were confident in how to refer concerns to children and families team. Most health practitioners spoken to felt that the feedback from social workers on the outcome of referrals had improved. Practitioners confirmed that attendance at child protection meetings is an organisational priority for all health providers and that reports for child protection conferences and core groups are always sent, though often there were significant delays in minutes of core group meetings being received.

49. There are good arrangements in place for children and young people to receive an appropriate examination following an allegation of sexual abuse. Examinations are carried out at the Anlaby Suite by a paediatrician or alternatively a forensic medical officer depending on the nature of the allegation. Every effort is made by staff to support children who attend the unit, with the child protection nurses displaying a thoughtful and sensitive approach; each child is asked to choose a gift prior to leaving the unit to provide a positive memory.

50. The Humber MH NHS FT are making good progress in the risk assessment of adult service users and the impact of their mental health on children and young people. There is a clear escalation path for practitioners to follow and the risk assessment takes place at the initial contact, during any change of presentation and upon discharge. There has been a significant increase in the number of referrals to child and family service from adult mental health staff which demonstrates increased awareness on the need to protect the child.

51. Adult mental health staff demonstrated good awareness on the need to assess the risk of the adult mental health service user and the impact that they may have on children. A recent risk audit tool had been introduced which gives greater emphasis on the need to safeguard children. There are plans to audit the effectiveness of this new tool once it has been embedded across the organisation. The trust do not have a single IT system that holds all details of a service user's care and history, instead these are spread across three systems with a paper back up file being held.

52. There is good evidence of learning from serious case reviews in Hull, one example is from the recent serious case review where actions have been taken forward by primary care. All GP practices across Hull now have a named health visitor and arrangements are in place to formalise communications through the use of a message book and a communications form. This was reported to be working well and both health visitors and GPs were able to describe the benefits of information sharing around vulnerable families.

53. There is good sharing of information around domestic violence in families when the Police have attended an incident. The Police copy the Section 17 form to the relevant health visitor and school nurse who will risk assess the notification and take any action as necessary. Health visitors and school nurses have good relationship with Multi Agency Risk Assessment Conference (MARAC) and the Families Affected by Domestic Abuse Panel (FABDA) which considers families where there is low to medium incidence of domestic violence and A&E have representation on the MARAC.

Outcome 13 Staffing numbers

54. Staffing within the Paediatric A&E department at Hull Royal Infirmary is adequate. The Paediatric A&E department is able to roster paediatric trained nursing staff during opening hours. Adult A&E staff rotate in the paediatric A&E to ensure that staff have experience in caring for the sick child when the unit is closed. There are also good links with the paediatric ward staff if additional support is required.

Outcome 14 Staffing support

55. Completion of appropriate safeguarding children training across Hull is adequate. The ability of some health partners to record and report training activity at Level 3 of the intercollegiate guidance on safeguarding children training has been compromised by the failure to align the levels of local training with national guidance. The CPHC and Humber MH NHS FT have made very good progress in ensuring staff are trained according to the intercollegiate guidance on safeguarding children training. The H&EY NHS T are making adequate progress in training staff in child safeguarding though this is in the early stages. There is good effort in training the consultants across the trust through the regulatory consultant training that now includes safeguarding children.

56. The progress of health partners across Hull in ensuring that practitioners have access to timely and appropriate safeguarding children supervision is variable. Training of supervisors who carry out the supervision of practitioners that are holding cases where there are child protection or child in need concerns is carried out in-house. The course was previously accredited, however, this had been allowed to lapse, though the trainer has applied for re-accreditation. It is concerning that midwifery staff employed by the Hull and East Yorkshire NHS Trust do not have access to formal timetabled supervision in safeguarding children, though they can access advice and support from the named midwife. The supervision policy for City Health Care Partnership makes provision for staff to access regular supervision for cases where there are child protection or child in need cases; however the frequency for an individual case to be reviewed is 6 monthly. This means that some cases are left for up to six months without being discussed in supervision. This was evident in some of the files looked at during the courses of the inspection where there had been considerable drift in progress on the case.

Outcome 16 Audit and monitoring

57. There is a recently formed Safeguarding Assurance Group (SAG) that sits across health services in Hull and provides a collective voice on safeguarding children issues and co-ordinates action and response to local and national safeguarding priorities. The SAG are also developing a set of safeguarding children performance indicators that will be used to monitor provider compliance; these include safeguarding supervision, training, auditing and referrals to child protection and CAF. The minutes of the SAG are made available to the Hull LSCB. It is too early in the life of the SAG to comment on its effectiveness and impact on safeguarding children in Hull.

58. There is good governance and board assurance on safeguarding children within the City Health Care Partnership through the risk and quality matrices. There is a comprehensive consolidated monitoring report on pre identified safeguarding performance indicators that is send to the Hull PCT Safeguarding Assurance Board as well as discussed at the Children and Young People's Business Unit. Key messages from the monitoring report are incorporated into the corporate performance report that are then discussed at the organisation's safety and quality board, with key risks reported to the executive board. The CHCP's executive lead for safeguarding has scheduled monthly liaison meetings with named safeguarding nurse and quarterly with the named safeguarding doctor and medical director.

59. City Health Care Partnership has an effective programme of audit to monitor compliance with safeguarding children practice. The safeguarding team have recently carried out an audit into referrals by health visitors and school nurses into child and families service. The outcome of the audit is being fed into training programmes and disseminated to practitioners to discuss and inform future practice.

60. The Hull and East Yorkshire Hospitals NHS Trust has good governance arrangements to provide board assurance around safeguarding children. Recent restructuring at the trust has meant that senior managers have now been allocated responsibility for attending the Hull and East Riding LSCBs to give consistency in attendance. The trust use a well established and effective quality audit programme to ensure compliance with policies and guidance and safeguarding indicators are included. The trust has a highly effective safeguarding children's committee that is now chaired by the Deputy Chief Executive. The committee has representation from the local children and families service as well as police and the designated safeguarding children professionals.

61. There are adequate governance arrangements in place to provide board assurance in safeguarding children within the Humber Mental Health NHS FT. The trust are represented on the Hull LSCB and following a recent reorganisation have now identified executive leads who will attend and can provide continuity. The trust's internal joint safeguarding committee reports to the trust's integrated governance committee which is a formal sub committee of the trust board. The trust's internal safeguarding committee is a joint adult and children's forum that drives safeguarding within the trust. The audit programme for the Humber NHS FT to monitor and report on compliance of safeguarding children practice has been delayed during 2011/2012.

Recommendations

Immediately

Ensure children entering care receive a timely health assessment. (Ofsted, July 2011)

Within 3 months (from report)

Review and strengthen safeguarding supervision requirements for key Health staff to ensure all safeguarding casework is regularly monitored and reviewed. (Ofsted, July 2011)

The Hull and North East Hospitals NHS Trust to actively recruit to vacancies within the named safeguarding children team to ensure that there is sufficient capacity and expertise to fulfil the duties outlined in Working Together 2010 and the intercollegiate guidance 2010.

The Hull and East Yorkshire NHS Trust and the City Health Care Partnership Boards to oversee the final ratification, implementation and audit of their organisations policies to identify children and young people who miss health appointments.

The Humber Mental Health NHS Foundation Trust to review transition arrangements for young people who will require support from adult mental health services to ensure that these young people transfer into the service in a planned and timely way.

The looked after child health team work closely with colleagues in the council's leaving care team to ensure that the health component of the leaving care pathway plan is comprehensive and fully meets the health needs of the young person.

The looked after child health team to provide a full health summary record for young people when they leave care.

Within 6 months

reduce waiting times for specialist Child and Adolescent Mental Health Services (CAMHS) interventions. (Ofsted, July 2011)

review access and service arrangements for looked after and adopted children requiring specialist CAMHS in order to ensure looked after children can access appropriate and timely support. (Ofsted, July 2011)

The Humber Mental Health NHS Foundation Trust to review their record keeping practices to ensure that practitioners have timely access to a complete patient record where this is appropriate.

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.