

## Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in East Riding County Council

<b>Date of Inspection</b>	<b>31<sup>st</sup> October 2011 – 11<sup>th</sup> November 2011</b>
<b>Date of Joint Report</b>	<b>16<sup>th</sup> December 2011</b>
<b>Commissioning PCT</b>	<b>East Riding of Yorkshire PCT</b>
<b>CQC Inspector name</b>	<b>Lea Pickerill</b>
<b>Provider Services Included:</b>	<b>Humber NHS Foundation Trust Hull &amp; East Yorkshire NHS Trust North East Lincolnshire &amp; Goole NHS Foundation Trust</b>
<b>CQC Region</b>	<b>Yorkshire &amp; Humber</b>
<b>CQC Regional Director</b>	<b>Jo Dent</b>

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](#) .

<b>East Riding Council</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Good
The contribution of health agencies to keeping children and young people safe	Good
<b>Looked After children Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Good
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 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.

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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 NHS organisations listed above, but includes some areas which may apply to one or more NHS bodies where pertinent.

## **Context:**

*The East Riding is one of the largest unitary councils by area in England, covering 930 square miles, 90% of which is classified as agricultural land. The East Riding has an estimated population of 337,000; the 0–19- year-old population is approximately 74,000. Over half of the population live in rural communities, many of which are small, scattered and geographically isolated. (Ofsted, December 2011)*

*The partnership arrangements of children's services in East Riding of Yorkshire are overseen by the East Riding Children's Trust. It has senior representation from East Riding of Yorkshire Council, NHS East Riding of Yorkshire, Humber NHS Foundation Trust (HNHSFT), Hull & East Yorkshire Hospitals NHS Trust (HEY NHST), Humberside Police, Humberside Probation, Jobcentre Plus and East Riding Safeguarding Children Board (ERSCB). ERSCB is independently chaired and brings together all the main agencies working with children, young people and their families to provide safeguarding services. (Ofsted, December 2011)*

*Primary care is commissioned by the East Riding of Yorkshire PCT. Acute hospital services are provided by Hull and East Yorkshire Hospitals NHS Trust (HEY NHST) North Lincolnshire and Goole Hospitals NHS Foundation Trust (NL&G NHS FT), York Hospitals NHS Foundation Trust and Scarborough and North East Yorkshire Healthcare Trust. Child and adolescent mental health services (CAMHS) are provided by the Humber NHS Foundation Trust (H NHS FT). (Ofsted, December 2011)*

## **General – leadership and management**

1. As part of the Health White Paper "Equity and Excellence: Liberating the NHS" and the plans to transfer NHS commissioning responsibilities from Primary Care Trusts (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 well advanced in embedding arrangements for safeguarding across the new structure.
2. The contribution of health agencies to keeping children and young people safe is good, with health visiting, school nursing, midwifery and accident and emergency (A&E) services all being effective. Health service senior management involvement is evident in all strategic partnerships including the Children's Trust and ERSCB.

## **Outcome 1 Involving Users**

3. Access to face to face translators within midwifery services in the Goole area of the district does not reflect the NL&G NHS FT policy. Although an appropriate face to face translation policy and services are in place, midwives in the Goole area do not appear to be aware of this and the services are therefore not always accessed within midwifery services in the Goole area. In addition, we were told how letters would be translated using a free internet based translation programme and that sometimes a family member would be asked to interpret. This means that the accuracy of information and safety of the pregnant woman and unborn child may be compromised. NL&G NHS FT responded to the findings of the inspection by producing an appropriate action plan to address this issue.

4. Young people are actively encouraged to take responsibility for their health and be involved in local healthcare provision. Young people have worked successfully with East Riding of Yorkshire PCT and partner agencies to produce "Teenlife (East Riding)"; a magazine for young people and by young people which looks at health and social issues facing young people and provides signposting to services across the County. Early feedback is that young people find the magazine informative and relevant.

5. Good involvement of young people in evaluating CASH services is starting to influence future provision of services through the "You're Welcome" accreditation. The initial surveys for "You're Welcome" accreditation are complete, with the findings translated into an action plan to further improve services.

6. Young people, looked after, are routinely asked where they would like their annual health review to take place. This helps to engage young people in their healthcare, to look at their immediate needs and to plan for the future.

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

7. Midwives employed by NL&G NHS FT and who work in and around the Goole area use their screening processes well to effectively identify vulnerabilities in a woman's pregnancy. However, the domestic violence screening prompt and check box had been removed from the new booking form which means that at the time of the inspection, and for new midwives, there is no longer a visual aid to remind them to ask this question or for them to record that the question has been asked. We were told during the inspection that this had been a printer error and has been rectified. Ante natal support to pregnant teenagers is adequate. Pregnant teenagers are held as part of the midwives universal caseload and are referred to the children's centres for an individual plan of support. There is no agreed peri-natal mental health pathway for pregnant women in Goole to be referred on to, instead if there are concerns about a pregnant woman's emotional and mental health wellbeing then they are referred back to the GP for onward referral to an appropriate service. Good support is available to pregnant women who have a substance misuse problem through the work of the substance misuse specialist midwife.

8. Good health visiting and school nursing services are provided Humber NHS Foundation Trust. The majority of the key contacts in the Healthy Child Programme are delivered through the health visiting and school nursing teams with all contacts taking place face to face. Well established arrangements are in place to transfer children from the health visiting service to the school nursing service and this helps to make sure that the health needs of children entering primary education are identified and an appropriate health plan developed. School nursing service offer the routine weighing and measurement service as part of the national programme, administer immunisations and vaccinations and actively support the creating and delivery of health plans in schools.

9. Adequate arrangements are in place to safeguard children and young people that attend the minor injuries at Goole Hospital. The minor injuries unit is open 24 hours a day, seven days a week and is staffed by nurse practitioners and a doctor. A consultant is on call from Scunthorpe Hospital to offer a consultation service. Following a number of incidents where seriously ill children had been brought to the unit by the ambulance service, there is now an agreed protocol that seriously ill children are taken to the nearest major A&E department. This means that children are cared for in the most appropriate environment. No paediatric trained nurses work in the minor injuries unit; however, all nursing staff attend a paediatric life support course at either intermediate or advanced level. Children and young people attending the unit are checked for repeat attendance, however, at the time of the inspection the list of children and young people who have a child protection plan in place or that are looked after by East Riding Children and Families service was not provided to the minor injuries unit at Goole Hospital. This has now been addressed by East Riding Local Authority and the information will be sent on a regular basis.

10. Adequate paediatric liaison ensures that all attendances of children and young people to the minor injuries unit at Goole Hospital are notified to the child's GP and to either the health visitor or school nurse. A member of the NL&G NHS FT safeguarding team visits the unit weekly to review the notifications of attendance for any children out of the area and to review any referrals to children and families team for appropriateness. This means that the information on a child's attendance at the urgent care is notified and shared with appropriate health professionals to ensure a co-ordinated approach to their care.

11. Appropriate protocols are in place to safeguard young people who attend the minor injuries unit following an incident of self harm, including any overdose and for those young people who may be in mental health crises. The unit is well supported by the CAMHS team from Beverley or the out of hours team which provides care and advice for adults and children.

12. Children and Adolescent Mental Health Services are adequate. However, the referral process to CAMHS and signposting to alternative provision is inefficient and can cause delay in the most appropriate service being offered to families. There is no standard referral form and there is confusion by practitioners on how to refer children and young people into the service. CAMHS staff triage referrals on a daily basis and return any that do not meet the threshold criteria to the original referrer as they do not have the consent to directly pass on the referral to a partner agency or service.

13. For families accepted by CAMHS for assessment, waiting times are good and they are usually seen within four weeks. If there is a need for additional intervention then a family may be placed on a waiting list and there is confusion about the length of these waits between practitioners and commissioners. Access to specialist in-patient provision is usually at the Humber NHS Foundation Trust's residential unit at West End; however, this is generally only open Monday to Friday and is therefore not suitable for any young person detained under the Mental Health Act without additional staffing to open the unit over the weekend. Some young people who require inpatient care over a weekend or who are detained under the Mental Health Act have to be transferred to specialist out of area units. The Early Psychoses Intervention Team "Cypher" is highly regarded and is described as accessible and flexible by other practitioners.

14. Limited health support is available for children with learning disability and complex care. Therapy services are available up to 19 if a young person is in education and in a special school and there is good provision of therapy support where this is specified on the statement of education needs. However, access to therapy services within universal services is poor. There is a good range of speech and language therapies, but the service is experiencing an increasing demand and whilst assessments on all new referrals are carried out within 8 weeks, there are subsequent waits to access some treatments.

15. Occupational therapy (OT) support is available only for the most complex of cases where there is significant physical disability. There are no OT services to support children and young people with co-ordination problems.

16. Only 2.8WTE physiotherapists are employed to cover the county of East Riding. Currently, the service is able to assess all new referrals within four weeks of the referral being received; however some children and young people are waiting for up to 35 weeks for routine treatment. The physiotherapy service received some funding from the Regional Innovation Fund for gym groups based in leisure centres across East Riding which allowed groups of up to 12 children to receive some group therapy and intervention which has proved successful.

17. There are significant and unacceptable waits for children up to 5 years old to be diagnosed with an autism spectrum disorder of up to 18 months. The multi agency assessment panel does not have access to OT advice and therefore is non compliant with NICE guidance. The multi agency assessment panel for over 5's has been closed to any new referrals.

18. There is no CAMHS Learning Disability Consultant and there are only 2 learning disability nurses to support families with children and young people who are learning disabled. The partnership has plans to improve services, including the development of new care pathways that have been influenced by carers and families; however, these are in draft and as yet are not supported by a robust action plan.

19. Good services are available to support young people up to 19 years of age with substance misuse and alcohol problems. The East Riding Under 19 Substance Misuse Service is a multi disciplinary team and accepts referrals from professionals, families or a young person. A thorough, holistic assessment is used to identify need when a young person engages with the service and an individualised care plan is agreed. Practitioners within the team work flexibly and all offer outreach support. All care plans and progress against the care plan are monitored regularly by the multi disciplinary team. Most young people complete their care plan and of those young people that completed their evaluation questionnaire, the majority rate the service as good. The team are working with commissioners to develop outcome indicators to measure the effectiveness of their service.

20. The substance misuse team have recently embarked upon a series of practice development sessions across the county looking at how universal services can identify and support young people earlier. This programme has already shown positive impact with the number of referrals received from new referrers increasing. The team promote the use of the Substance Misuse Screening Tool to help identify when young people may require referral to the service. There are plans to train the school nursing service so that the screening tool can be used as part of the health review for young people, looked after.

21. Provision of sex and relationship advice and education (SRE) across East Riding is variable and dependent upon what programmes of SRE and support the schools elect to engage with. School nurses offer a sexual health drop in clinic in approximately two thirds of the high schools and in some colleges across East Riding, with one school trialling the provision of emergency contraception.

22. Young people across East Riding have access to good contraceptive and sexual health services (CASH). A flexible and responsive approach is taken, by commissioners and provider, to the delivery and location of CASH services. Good outreach work supports young people who find it difficult to engage with universal services. A texting service provided by the outreach sexual health nurses provides a quick response to young people. There is adequate access to emergency contraception through either urgent care services or pharmacists across the county. Children's centres have a good range of support for parents, including a teenage dads' clinic. The rate of teenage conceptions remains lower than statistical neighbours and the national average, however, there is little progress in further reducing numbers. The Teenage Pregnancy Partnership Board has produced a comprehensive East Riding Teenage Pregnancy and Young People's Sexual Health Action Plan to address the slow progress and this is being monitored by the Children's Trust Board.

23. Adequate arrangements ensure good health outcomes for children and young people, looked after. The recent appointment of a designated nurse for looked after children has brought leadership and stability to team, though long term sickness and absence continues to impact on the overall effectiveness of the service.

24. As at March 2011, 86% of children, looked after, had received their annual health review. Eighty one percent had received their dental check up, down from 87.5% in April 2010 and 72% were up to date with their immunisation and vaccination programme. In 2010/2011 only 3.7% of the initial health assessments were completed in 28 days. The partnership is aware of previous poor performance and is taking steps to address this; early indications are positive.

25. Initial health assessments for those children under 5 are carried out by the designated doctor for looked after children and are of good quality. For those children and young people over 5 years, then the assessment is carried out by the GP. The quality of the assessments for the looked after children over 5 is variable, though these are routinely checked by the designated doctor for looked after children to ensure that an appropriate health plan is in place.

26. Improved arrangements are in place to ensure that health reviews are carried out by the health visitors and school nurses in a timely way. The looked after children health team carry out the assessment for those young people who are hard to engage or not in education. The designated doctor for looked after children retains responsibility for those reviews where the care of the child is more complex or adoption is likely, this ensures consistency in planning their health care. Good arrangements are in place between the children and families team and looked after children health team to notify any incidence of outstanding health review or where appropriate consent has not been obtained. The designated nurse for looked after children has recently introduced a quality assurance mechanism to audit completed health reviews and health plans and will incorporate the results into her training for public health nurses.

27. A health co-ordinator is based within the local authority's pathway planning team and successfully supports young people from around 16 years of age until they leave the service. There is good involvement by the health co-ordinator and school nurses in the pathway planning to prepare young people for leaving care, however, there are no arrangements in place to provide the young people with a leaving care health summary. This is currently on the Hull and East Yorkshire Hospitals NHS Trust risk register.

28. Good arrangements are in place to ensure that children and young people placed out of East Riding receive their health reviews and that health needs identified on health plans are met. Health partners are actively involved in the commissioning of specialist placements outside of East Riding. This means that young people placed outside of East Riding are not disadvantaged by the location of their placement.

29. Social workers are making adequate progress in ensuring that Strengths & Difficulties Questionnaires (SDQ) are completed by foster carers when a young person comes into care. The health team for looked after children have recently started to use the SDQ as a tool for referring into the CAMHS services for looked after children to assess need and to evaluate the effectiveness of any intervention.

30. The CAMHS for looked after children provides a well regarded consultation service to social workers, foster carers, residential home staff and other professionals. The service offers interventions to children and young people, though there are currently some young people who are waiting for treatment due to shortages within the team. Any specialist CAMHS interventions for a child or young person, looked after are negotiated and purchased separately by the children and families team if they are directly related to their care placement.

31. The newly appointed designated nurse has re-established links with children and families team to ensure that the health team for looked after children are actively involved in the training of foster carers and social workers, as well as scheduling training for public health nurses on how to carry out a good quality health review and produce a health plan.

32. Young people who are looked after can access universal provision for substance misuse and CASH services. In addition, there is good support from the adolescent sexual health nurses who offer outreach support. There is also a dedicated link worker with the substance misuse team that supports looked after young people as well as the outreach work offered in the local children's residential care homes.

### **Outcome 6 Co-operating with others**

33. Good partnership working between the NL&G NHS FT and East Riding Local Authority helps to safeguard the unborn child. When a pregnant woman has vulnerabilities identified then a family file is created. The file is reviewed regularly by the responsible midwife and a member of the NL&G NHS FT safeguarding children team. Midwives in Goole report good liaison with the children and families team and confirmed that the majority of babies were born with a child protection plan in place where this was necessary to safeguard the newborn baby.

34. Health visitors and school nurses have a proactive approach to supporting children and families where there are vulnerabilities identified. There is good partnership working with the staff in the children's centres across East Riding. The children's centres offer a wide range of targeted interventions that support either the Common Assessment Framework, child protection plan or child in need plan, though there has been some confusion lately about the availability of parenting programmes and support for families with older children; especially for children in school where there is no parent support worker. Most health visitors and school nurses have undertaken specialist training in order to deliver targeted interventions to address emotional health and wellbeing concerns within families. Following a recent serious case review, there is a drive to improve the links between health visitors, school nurses and general practice. The use of "Forms of Concern" is being rolled out across the county and public health nurses report good communication with most practices around families of concern.

35. Good partnership working effectively supports and helps safeguard families where there is domestic abuse. Health staff regularly attend the Multi Agency Risk Assessment Conference (MARAC). Staff working in the minor injuries unit at Goole described how they identified and referred families to children and families team as well as signposting them to the local support service, the Domestic Violence Accommodation Project. The “Safe and Well” project has positively impacted on the health and wellbeing of families who were fleeing domestic violence by ensuring that families have ready access to local GP services and families maintain their place on any waiting list for hospital based appointments. Health visitors and school nurses confirmed that they were starting to receive notifications of when police had visited an address following a reported incident of domestic violence and children were present. However, there was no supporting guidance or protocol to advise staff on how these notifications should be dealt with once they had been received.

36. Good joint work with CAMHS supports those young people with a dual diagnosis of substance misuse and mental health needs and it is common practice for joint care packages to be delivered by both teams. This ensures that young people who have a substance misuse problem as well as mental health concerns receive a co-ordinated approach to their care.

37. Transitions into adult services are well managed for young people supported by the local authority children’s disability team. Close liaison between the pathway team and children disability team ensures the right package of support for care leavers with complex needs. However, a few parents report that transitions for young people with special education needs and or disabilities who do not meet the criteria to be supported by the children with disability team are not always as successful. The local authority is aware of these concerns and is working with the families to resolve the issues.

38. All health practitioners spoken to throughout the inspection were confident in how to refer concerns to children and families team and how to escalate concerns where there was professional disagreement on the outcome of any referral. However, most practitioners reported that they did not receive any formal feedback on the outcome of their referral. Practitioners confirmed that attendance at child protection meetings is an organisational priority for all health providers.

### **Outcome 7 Safeguarding**

39. The arrangements for the line management, supervision and training for the designated professionals for East Riding of Yorkshire 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 of Yorkshire PCTs. The designated doctor is employed by the Hull and East Yorkshire Hospitals NHS Trust.

40. The designated nurse has produced a performance dashboard on safeguarding children practice across East Riding. The dashboard is presented at the PCT Cluster Quality and Patient Experience Group and is used to monitor performance of all providers against a set of key performance indicators. Work is ongoing across the PCT Cluster to develop a common set of safeguarding indicators. The designated nurse and named professionals meet regularly to provide a collective voice for health services across East Riding through the Health Liaison Group. This means that there is a clear message from health agencies when contributing to discussions across the county on safeguarding children issues.

41. There is no named midwife in post for the NL&G NHS FT. The trust recognise this deficiency and are actively recruiting to the post, with the advertisement due out in November 2011. There is also no lead anaesthetist for child protection/safeguarding identified.

42. The Hull and East Yorkshire NHS Trust have made good progress in recruiting to named safeguarding children posts since the inspection of Safeguarding and Looked after children services earlier this year. A named safeguarding children nurse has recently been recruited. The post of the named doctor remains 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 and expressions of interest have been invited. The trust now has 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 arrangements for the named professionals within Humber NHS Foundation Trust now meet the requirements of the Intercollegiate Guidance and Working Together 2010. There is a lack in clarity in formal reporting and engagement with the trust's executive lead for safeguarding children. The named GP attends the ERSCB. The named doctor for the trust is employed for 2 sessions per week and has a job plan in place. The named GP has 2 sessions per week and states he is well supported by the trust. There is a named nurse for the trust as well as a specialist nurse employed for 0.6WTE and a full time lead nurse for safeguarding. The safeguarding team receive copies of all referrals, invitations to case conferences and reports which are reviewed and any points for learning or good practice are fed back to practitioners during supervision.

44. The Humber NHS Foundation Trust is making good progress with the development of the mental health clustering tool to ensure that adult mental health staff include, as part of their risk assessments, details of any children or young people that their patients may come into contact with and any risks associated with this contact are documented and acted upon. The tool has been refined since the previous Inspection of Looked after Children and Safeguarding in Hull to include a referral tool. There are plans to carry out an audit on practice by April 2012.

45. Good progress is being made in supporting general practitioners in meeting their responsibilities to safeguard children and young people. A new conference report template has been developed in consultation with primary care and children and families services which effectively risk assesses the contact between the GP and the family being discussed at case conferences. GPs are being incentivised to use the template and there are plans to audit GP responses to case conferences and the quality of reports. There has been a recent, successful pilot to identify named safeguarding leads within GP practices, though this has yet to roll out across East Riding. Most GPs are up to date with their safeguarding children training and there is significant effort to support dentists and other independent practitioners in accessing appropriate training.

46. An appropriately constituted Child Death Overview Panel reports formally to the ERSCB every six months through the annual report as well as a half yearly update. There have been challenges in attendance for some partner agencies due to organisational changes, however, the panel has remained quorate and attendance across the partnership has improved. The panel has successfully highlighted issues around co-sleeping and rural safety though it hasn't yet evaluated the effectiveness of bereavement support for families within East Riding.

47. Outstanding arrangements are 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.

### **Outcome 13 Staffing numbers**

48. 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**

49. The Humber NHS Foundation Trust are making good progress with arrangements to ensure that all identified staff have access to supervision in safeguarding children. A number of practitioners have been identified to attend accredited supervision training which will increase the number of supervisors to support staff across the organisation. The Humber NHS FT has recently acquired the community services for East Riding and there is a need to identify which staff are required to attend Level 3 training. There is good progress at Level 1 and Level 2.

50. The H&EY NHS T continue to make adequate progress in training staff in child safeguarding and there is improvement since the previous inspection on safeguarding and looked after children in Hull. There is good effort in training the consultants across the trust through the regulatory consultant training that now includes safeguarding children.

### **Outcome 16 Audit and monitoring**

51. The Hull and East Yorkshire Hospitals NHS Trust has good governance arrangements to provide board assurance around safeguarding children. A senior member of staff has been allocated the responsibility of attending the attending the 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.

52. There are adequate governance arrangements in place to provide board assurance in safeguarding children within the Humber NHS FT. The trust are represented on the East Riding 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**

### **Within 3 months (from report)**

*Ensure that young people leaving care are provided with a health summary. (Ofsted, December 2011).*

*Commissioners and the NL&G NHS FT Review the pathway for pregnant women who require additional support for their emotional health and wellbeing to ensure women can access appropriate and timely mental health care and advice during their pregnancy and post natal (Ofsted, December 2011).*

### **Within 6 months**

*Improve the quality and timeliness of initial health assessments for looked after children and young people. (Ofsted, December 2011)*

Humber NHS Foundation Trust to improve the referral process into CAMHS to facilitate a speedy and comprehensive assessment to minimise delays in children and families accessing the service.

### **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](mailto:childrens-services-inspection@cqc.org.uk) and it will be followed up through the regional team.