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

Date of Inspection	**14th November 2011 – 25th November 2011**
Date of Joint Report	**4th January 2012**
Commissioning PCT	**County Durham & Darlington PCT**
CQC Inspector name	**Lea Pickerill**
Provider Services Included:	**County Durham & Darlington NHS Foundation Trust** **Tees, Esk & Wear Valley NHS Foundation Trust**
CQC Region	**North East**
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 .

Darlington Council	
Safeguarding Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
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	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 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.

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:

Darlington is situated in the North East of England and forms part of the Tees Valley sub-region, which comprises five unitary authorities and has a population of around 664,300 people. Darlington became a unitary authority in 1997. The borough is a compact area of some 76 square miles, comprising the town of Darlington and a number of surrounding villages. The borough has a population of 100,800 people living in 48,500 households. Approximately 2.1% of the population come from minority ethnic backgrounds. Almost 90% of the population live in the urban area.

The Children's Trust has representation from all key statutory agencies and the voluntary and community sector. The Local Safeguarding Children Board (LSCB) has an independent chair and brings together the main organisations working with children, young people and families in the borough. (Ofsted, January 2012)

At the time of the inspection 87 children were subject to a child protection plan and 186 children were looked after. (Ofsted, January 2012)

The planning and commissioning of health services is undertaken by the County Durham and Darlington Primary Care Trust (PCT) working closely with the council, and a shadow Clinical Commissioning Group. The County Durham and Darlington Foundation Trust delivers a range of community and hospital based services. Community services include health visiting, midwifery and school nursing. The hospital services are based at Darlington Memorial Hospital. Tees, Esk and Wear Valley NHS Trust provides the specialist mental health services for children and adolescents in Darlington, with a clinical base at the Darlington Memorial Hospital. (Ofsted, January 2012)

General – leadership and management

1. County Durham and Darlington PCT has effective arrangements for monitoring provider trust compliance with safeguarding children legislation, though safeguarding governance within the provider trusts is variable. The PCT has two executive Directors of Public Health, each with clearly identified responsibilities around representation at board level and in commissioning. Commissioning takes careful account of the strategic needs analysis and the priorities of the Children's Trust and these priorities are clearly reflected in delivery of front line services such as contraception and sexual health, delivery of the healthy child programme and alcohol and substance misuse. There is evidence of sensitive commissioning to support gaps in service or where services require additional investment, for example, the rapid response service following an infant or child death and the funding of a part time safeguarding children trainer within the acute trust.

Outcome 1 Involving Users

2. There is good involvement of young people, looked after, in their health care. Young people are routinely asked where they would like to attend their annual health review. This means that the young person is more likely to be engaged in the review and contribute to the health plan. The health coordinator has carried out a user satisfaction survey with young people, foster carers, and residential home staff. Feedback showed a high level of satisfaction with the support provided.

3. A pilot project is underway to explore how parents and carers of children with complex needs can be more involved in the completion of health action plans. It is envisaged that this increased involvement would lead to families being empowered and confident in maintaining the health of their children. The pilot project has not yet been evaluated and therefore cannot demonstrate impact.

4. Young people can access the alcohol and substance misuse service, (SWITCH) direct and their capacity to understand and engage with the service is assessed against Fraser competencies. Service users have been used to help develop the service evaluation form and have been involved in the newly designed building to accommodate the Saturday morning service. Young people took part in the "Paint a Brick" initiative, designed to encourage the young people to engage and commit to the building and services it will offer.

5. The appointment of a dedicated health visitor to support travelling families is well regarded by the travelling communities and has enabled traveller families to access health and family services. This work has recently been recognised with an award given by Her Majesty the Queen.

6. All health professionals who were interviewed as part of the inspection reported good access to interpretation services with no barriers in booking face to face or telephone based translators.

Outcome 4 Care and welfare of people who use services

7. The accident and emergency department (A&E) at Darlington Memorial Hospital has a separate waiting area for children and families as well as two dedicated treatment cubicles. Good arrangements in A&E help identify potential child protection or safeguarding concerns. When a child or young person attends the department, their details are checked against the list of children who have a child protection plan in place or are looked after. The number of previous attendance at the department is also recorded on the casualty card. This helps to make sure that any social worker involved with the child is made aware of the attendance at A&E. Nurses carry out the initial assessment of the child on admission against the NICE guidance. Compliance with this check is carried out by the matron as part of the department's performance framework monitoring. All attendances to A&E by a child are reviewed by a consultant to check for appropriateness of treatment and arrangements for discharge.

8. Effective paediatric liaison is carried out by A&E reception staff who copy the A&E card and send it to the child's GP, health visitor or school nurse as appropriate. Health visitors and school nurses confirmed that they received the notifications following a child's visit to the department. The health records looked at as part of this inspection included notifications of attendance at A&E. This is evidence that the system is working effectively.

9. A&E staff showed good awareness around the consequence of domestic violence and alcohol and substance misuse in families where there were children. Details of children are routinely collected where hidden harm is suspected and this is shared with the named nurse for the trust, as well as the local authority's children and families service. Any attendance by a pregnant woman to the A&E is notified to maternity services where it is forwarded to the appropriate midwife. Regular meetings take place with A&E staff and the named nurse to review safeguarding activity within the department and to provide learning opportunities to improve practice.

10. The local contraceptive and sexual health services (CASH) are in the middle of redesign following recent changes made in the commissioning of services. The new service will be an integrated CASH and GUM service, as well as having improved arrangements for clinical governance and supervision. As part of the new offer, there will be a dedicated young person's clinic in the newly opened SWITCH building on a Saturday morning. There is good access to emergency contraception through family planning clinics, most pharmacists, SWITCH and from the walk in centres. Young people can access a termination through direct referral, CASH services or their GP. Most young people who attend the local hospital for their termination report that they have been well supported and there are good arrangements with the local CASH outreach service to support the most vulnerable. Teenage conception rates remain higher than national rates; however the year on year fall is more rapid and sustained than nationally.

11. There are adequate procedures in place for the midwifery services to identify vulnerabilities in early pregnancy. A flexible approach is taken to booking women into maternity services, including home visits and Saturday morning clinics. A comprehensive pre-CAF is completed for all pregnancies that helps identify vulnerabilities. Father's details are recorded, including any previous children that the expectant mother or father may have. Midwives use a checklist to ensure that all areas of potential concern have been explored and this is copied to the woman's GP as well as the health visitor, with additional copies held in the hospital notes and in the women's hand held notes. This is in response to learning from a serious case review.

12. However, the current process of arranging appointments for the later months in a woman's pregnancy is not monitored and midwives do not know if this has resulted in missed appointments or missed opportunities for newly emerging concerns to be identified. There are no systems in place to monitor compliance with the NICE guidance on providing midwifery care to vulnerable groups of women, though there is good access to a peri-natal mental health pathway and advice is available from the adult substance misuse services to support midwives and pregnant women who misuse substances or alcohol.

13. Support for teenagers who are pregnant is limited. There are no teenage pregnancy midwives and young women who are pregnant are cared for by a midwife as part of her generic caseload. There are no special ante natal clinics for young people. A pilot commenced in October 2010 identified 10 young women who would benefit from an ante natal "Feed Good" programme. The programme is aimed at confidence building and improving self esteem. Early feedback from the group is positive. Vulnerable young women who are pregnant can be referred to the local family nurse partnership (FNP). The FNP is able to demonstrate good outcomes from those families that remain engaged with the programme, for example increased breastfeeding rates, re-engagement with education and training. The local authority employ a teenage pregnancy engagement officer who supports a young person aged under 16 throughout the pregnancy and afterwards.

14. Effective use of skill mix within health visiting and school nursing teams ensures that the healthy child programme is delivered to all families in Darlington. Health visitors carry out all new birth checks and families are visited as part of the 4-8 week check for maternal mood, a weaning contact is offered at 16 weeks, with a further development check at around 9 months. A further contact takes place at approximately two years to look at speech and general development, though there is some variability in how the 3.5 year check is delivered, with some contacts taking place over the phone. This means that there are regular opportunities to identify any safeguarding or child protection concerns in the early years of a child's life.

15. There are good arrangements in place to transfer children from the health visiting service to the school nursing service. Handover takes place electronically for those families where there are no concerns and a face to face meeting between practitioners is arranged for those families where vulnerabilities are identified. School nurses attend the majority of new parent events at primary schools across Darlington and carry out new entry screening. Health plans for children in school are regularly reviewed and school nursing teams carry out checks on children's weight and height as part of the National Child Health Measurement Programme. Drop in clinics are held in all secondary schools by school nurses. Sex and relationship education is delivered as part of the PHSE curriculum.

16. Young people have access to good alcohol and substance misuse services. The local service is provided by SWITCH who offer a wide range of interventions to young people aged 10 to 18 years, including one to one work, family work and substitute prescribing. There is a dedicated worker that supports the PHSE curriculum on drug and alcohol misuse and each secondary school and college across Darlington has a separate SWITCH drop in service. A comprehensive initial assessment takes into consideration a young person's physical and emotional needs as well as a complete history of their alcohol and/or substance misuse. Person centred care plans are drawn up with the involvement of the young person and SWITCH workers operate a flexible, outreach service, including good use of texting to confirm appointments. To date, all young people that have engaged with the service have completed their care plans and have exited the service in a planned way.

17. Children, young people and families have good access to effective emotional health and well-being services. There are discreet but complementary teams that make up the CAMHS services in Darlington: Daypin services which include the sexual abuse and trauma teams and CLASP, the service for children and young people, looked after and finally the generic CAMHS team which operate the Choice and Partnership Approach (CAPA) when offering a service to children and their families. Clear protocols facilitate referrals to the most appropriate service and there are no children or young people waiting to access assessment and treatment. However, CAMHS practitioners report that the recent reductions in educational psychology and school counselling services are starting to have an impact and the numbers of referrals to CAMHS are increasing.

18. CAMHS offer good support to the local A&E service during normal working hours, through the implementation of a deliberate self harm rota. There are appropriate on call arrangements outside of these times. Any young person under 16 that self harms is admitted to the paediatric ward and any young person aged 16 or 17 years is assessed by the psychiatric liaison service.

19. Specialist in patient treatment for children and young people is provided by Tees, Esk & Wear Valley NHS Foundation Trust at its local in patient unit based in Middlesbrough. This means that most young people are able to access in patient care locally and only in exceptional cases are young people transferred long distances.

20. Appropriate arrangements enable young people to transfer into adult services if they require ongoing care and support. The Tees, Esk and Wear Valleys NHS Trust has a policy not to admit anyone under 18 into an adult bed.

21. Effective support is available for children and their families for assessment and diagnosis of autistic spectrum disorder. The assessment panel is compliant with the recommendations outlined in guidance issued by the National Institute of Clinical Excellence (NICE).

22. An effective CAMHS learning disability service operates across County Durham and Darlington provides good support to families with children with disabilities. The support around behavioural management and continence is well regarded by parents and carers. The CAMHS learning disability service accepts direct referrals from families as well as other professionals and this means that families do not have to face additional barriers when seeking assistance.

23. Health outcomes for looked after children and young people are good. The health coordinator for looked after children and young people provides stability and leadership in promoting their health. However, the lack of a designated doctor for looked after children and young people limits the strategic oversight for this vulnerable group and their needs have not been identified within the strategic needs analysis.

24. The proportion of looked after children and young people who have received their health review, registered with a dentist and are up to date with their immunisations is either comparable with or above the national average on these indicators. However, the proportion of initial health assessments carried out within 20 working days remains very low, due mainly to delay in notification from social workers when a child comes into care and in obtaining consents. Action is being taken to improve timeliness, and this includes arrangements for the health coordinator to attend the placement panel. This means that the looked after children health team have earlier notification of when a child or young person enters care and a “new into care” health pack has been developed to assist practitioners across health and social care with early planning and scheduling of initial health assessments. The new arrangements are starting to have an impact on the timeliness of the initial health assessments and the numbers of assessments carried out within 20 working days show improvement Communication between the coordinator for looked after children and the Children in Care service is good and is facilitated by the health coordinator having access to the council’s data base.

25. Arrangements for health review assessments and health plans are satisfactory, but the quality of assessments and plans is variable. The health coordinator for looked after children sends out a toolkit to health visitors and school nurses along with the request for the health reviews. The toolkit provides guidance on what constitutes a good health review and a good health plan. The health co-ordinator for looked after children regularly audits completed health reviews and health plans and uses supervision to feed back her findings to practitioners. Adequate arrangements are in place to maintain the health needs of looked after children and young people placed out of the area, with appropriate health involvement when commissioning external placements.

26. CAMHS provides good support to those looked after children and young people with emotional health needs through the CAMHS looked after system project (CLASP). The CLASP offers a well regarded consultation service to foster carers, teachers, residential home staff and social workers. Children and young people's health needs are promoted well in the council's children's homes. Residential staff work collaboratively with the health coordinator, Switch, and the outreach CASH nurse. The health coordinator regularly audits the health files of children and young people who live in residential care.

27. Young people have good access to local alcohol and substance misuse services. Referrals for young people, looked after, are prioritised within universal provision. There is also good access to CASH services and young people, looked after are supported well by an outreach worker who also visits residential care homes upon request. The health co-ordinator for looked after children offers Chlamydia screening and will accompany young people to CASH or GUM appointments if necessary. Any young person looked after who becomes pregnant and wishes to continue with the pregnancy is referred into the local FNP where they are well supported.

28. There is good support for young people, looked after who may have been exposed to sexual exploitation through the work of the sexual exploitation worker employed by Barnardos and the Rainbow Team, part of local CAMHS. A robust and comprehensive policy on relationships and sexual health for looked after children helps to ensure a consistent and empathic approach to supporting young people, looked after, who are sexually active.

29. Good use is being made of completed strengths and difficulties questionnaires to identify, monitor and respond to concerns about the emotional health and wellbeing of looked after children. The health co-ordinator for looked after children implemented the use of Strengths and Difficulties Questionnaires as a way of monitoring the emotional health and wellbeing of children and young people looked after. All completed questionnaires are discussed with CLASP and when a completed questionnaire is returned that is above an acceptable score, a letter is sent to the social worker telling them about the score and what actions may need to be taken. Early findings indicate that this new process is starting to highlight previously unidentified, and therefore unmet, need in terms of early support, especially around behavioural problems.

30. The arrangements to support young people with their health needs upon leaving care are basic. The health coordinator produces a summary letter of each young person's health care history which is given to young people when they reach 16. Discussions are taking place with the Darlo Care Crew about the production of a health passport for young people leaving care.

Outcome 6 Co-operating with others

31. Good awareness and a partnership approach across all agencies, including SWITCH, CAMHS and CASH help to identify and refer young people who may have been subject to sexual exploitation. A dedicated sexual exploitation worker employed by Barnardos works closely with all health agencies to ensure that these young people are appropriately supported and protected.

32. There is currently a gap in partnership working to support young people who attend the local A&E through alcohol or substance misuse, with referrals to SWITCH not reflecting the number of attendances at the A&E. This means that there are missed opportunities to identify and support young people who may be engaged in alcohol or substance misuse.

33. Partnership working between CAMHS and other service providers is good. There is close working between the local substance misuse service (SWITCH), Youth Offending Services and the Learning Disability CAMHS. This means that services can provide a comprehensive and co-ordinated approach to a child or young person's care. A recent restructure and subsequent movement of the primary mental health service has meant that there is now a need to establish formal links between the services so that service users can be referred between the services easily.

34. Good multi agency working helps to ensure that children and young people with learning disabilities and complex needs are able to access appropriate health care. This is especially effective in the "Village" which is a specialist education resource for children and young people with disabilities. Physiotherapy services have recently reconfigured their teams and now employ therapy assistants who work under the direction of qualified physiotherapists; this has allowed the team to increase the number of children and young people who can access their services. However, there are some problems with children accessing speech and language therapies (SALT) due to capacity within the team.

35. Community children nurses visit the Village and other educational establishments across Darlington to provide specialist training on health interventions, such as administering gastric feeds and how to use emergency epi pens for allergies. This promotes the inclusion of children who require additional support to remain in education.

36. Darlington LSCB had raised concerns about the poor attendance of midwifery staff at child protection meetings and core group meetings. Copies of the invitations had been sent to the Head of Midwifery and this had led to delays in midwives being notified of the dates for conference. Responsibility for coordinating attendance at child protection meetings has now been devolved from the head of midwifery (the named midwife) to a team leader. This has, however, still to be formalised in the team leader's job description. Midwifery staff expressed concern at the impact of increased involvement in child protection work on their workload.

37. Arrangements to protect vulnerable newborn babies are good. Referrals are made by midwives to the Darlington Children and Families team as soon as there is cause for concern. The referrals are also copied to the health visitor, GP, labour ward and named nurse for child protection. Following the initial child protection conference, the named nurse for child protection completes the care plan that is held on labour ward and copied to the midwife responsible for the pregnancy. This helps to ensure a co-ordinated package of support to the new family and safeguards the newborn baby.

38. Most health practitioners interviewed had either undertaken CAF training or were booked to do so, however, there still appeared much confusion around the role of the lead professional and the responsibilities allocated to professional raising the CAF. The numbers of completed CAF by health professionals other than school nurses and health visitors remains low.

39. All health professionals interviewed were confident in how to refer any child protection or safeguarding concerns to the local authority children and families team. However, many said that the application of thresholds was inconsistent and was dependent upon the social worker. A thresholds document had been re-issued by the Children's trust but the majority of health practitioners interviewed were not aware of the document. However, named nurses and health practitioners were aware of the increasing trend to support more families through the CAF process as opposed to moving straight into the child in need support services. There was, however, continuing concerns around the support offered to young people aged 16 and 17 who did not meet the criteria to be looked after and some health practitioners felt that these young people were often placed in inappropriate temporary accommodation.

Outcome 7 Safeguarding

40. The PCT retained responsibility for the named nursing team for community services and for the looked after children health team in Darlington when community services were transferred across to County Durham and Darlington NHS Foundation Trust last year. The designated nurse for the PCT has continued to provide the line management for both these services, as well as covering the strategic responsibilities of the substantive named nurse for community services during the postholder's long term absence. The operational responsibilities of the named nurse for community services are being covered by the senior child protection nurse. Negotiations are ongoing with the County Durham and Darlington NHS Foundation Trust for the transfer of these services, planned for April 2012. The continued involvement of the designated nurse in managing these services has impacted on her capacity to provide the strategic function of her post across the PCT area as outlined in Working Together 2010. This will be resolved with the transfer of the service later this year. The named GP for Darlington is allocated one session per week. One of his key objectives for 2011/2012 is to produce a version of the child protection policies for Darlington and Durham to make them easily accessible and relevant for primary care. This work is ongoing.

41. The arrangements for the accountability of the designated doctor for the PCT are adequate. The designated doctor is employed on a substantive basis by the County Durham and Darlington NHS Foundation Trust as a consultant paediatrician and fulfils the remit of the designated doctor through a service level agreement with the PCT.

42. The interim named nurse for community services has recently taken up the post and due to capacity issues within the named nurse team it is acknowledged that some key elements of the post of named nurse are not being fulfilled. The community midwifery services had previously received their safeguarding support and supervision from the named nurse for community services, as did the health visitors and school nursing services, along with other allied health professionals. A database used to record supervision in child safeguarding has lapsed and is now out of date. Midwives were not routinely accessing one to one supervision and this has now been taken over by the named nurse for acute services, though once again because of limited capacity she is only able to offer group supervision which is unacceptable.

43. The arrangements for the named professionals within the County Durham and Darlington NHS Foundation Trust are not compliant with the Working Together 2010 or the Intercollegiate Guidance. There is one full time named nurse to provide operational support across all acute services in both County Durham and Darlington, there is no lead anaesthetist for child protection and the role of named midwife for safeguarding children is limited to one sentence in the job description for the Head of Midwifery Services. The named doctor confirmed that he is employed for 3 sessions per week to carry out his role but he is due to retire shortly. The trust is actively recruiting to the post. The PCT have continued to fund 0.5WTE safeguarding children trainer within acute services to improve take up of safeguarding children training.

44. All safeguarding and child protection referrals are copied to the named nurse for acute services who checks for appropriateness and will follow up or escalate where there is professional disagreement. However, due to lack in capacity there has been no audit or analysis to show impact of training or identification in pattern or quality of referrals. The named nurse for acute services effectively supports the A&E department at Darlington Memorial Hospital. She attends the monthly A&E meeting where discussions take place around safeguarding practice within the department.

45. Recent changes to the structure of the health visiting and school nursing service have allocated teams into three discrete localities, based around children's centres and aligned to GP practices. This has started to show benefits in co-working cases and improving communication around the needs of families. Health visitors and school nurses we spoke to were enthusiastic about the benefit of CAF and described how one family had experienced improvement in circumstance through a more co-ordinated approach to their care; the family had been re-housed, the chlid had been transferred into a new school and there had been significant improvements in the child's behaviour. Allocation of child protection work is carried out corporately and is weighted according to complexity. Child protection and child in need cases are managed through effective use of skill mix, though responsibility remains with the allocated health visitor.

46. Health visitors and school nurses are not accessing one to one supervision on safeguarding children practice at the required frequency. The interim named nurse for community services is providing supervision on a targeted basis and upon request. This means that any newly qualified health visitor or school nurse will receive a minimum of three monthly supervision sessions until they are confident and competent in their practice. To mitigate the risk, there is regular and ongoing case based supervision with the newly appointed whole family care co-ordinators at which all families on an individual's caseload are discussed.

47. The Darlington LSCB recently expressed concern over the quality of child protection and safeguarding referrals by midwives to Darlington Children and Families service. These concerns extended to the quality of reports for child protection conferences and attendance at child protection conference and other key meetings. The trust has responded to the concerns by providing lunch time learning sessions though the impact of this has not yet been evaluated or audited.

48. The health co-ordinator for looked after children is employed by the County Durham and Darlington PCT on a full time basis and is line managed by the PCT designated nurse. The health co-ordinator carries out the same function as a designated nurse for looked after children and effectively provides stability and leadership in promoting the health of children and young people, looked after. There is no designated doctor for looked after children and this is a long standing issue. The lack of a designated doctor for LAC has resulted in gaps in the strategic overview for this vulnerable group of children and young people. The corporate parenting panel is not attended by health and there has been no work carried out to identify the health needs of children looked after within the joint strategic needs assessment. Currently, the Associate Specialist in Paediatrics, as well as some community paediatricians undertake the initial health assessments for children and young people entering the care system.

49. Arrangements for the named professionals within the Tees, Esk & Wear Valley NHS Foundation Trust are appropriate. The named professionals confirmed that they have regular access to the trust board lead for safeguarding children. The trust is committed to the "Think Child, Think Family" approach and this is now a priority within the organisation. This has helped to reinforce the need to look at the needs of the whole family, especially when it is the adult who is receiving care from adult mental health services. Safeguarding children activity within the trust is supported by link safeguarding staff. A clear role description has been developed for link staff and the named nurse is now working to embed the role into the personal development planning and evaluation of an individual's performance in the role.

50. All the existing named professionals attend the area based named and designated professionals group for support and updating on national and local activity around safeguarding children. All named safeguarding children professionals spoken to during the inspection were enthusiastic about the group and the benefits they obtained from attending.

51. There is an increasing and improved awareness of safeguarding children practice within primary care. Following a recent serious case review where communication between primary care and health visiting services was identified as an area for improvement, all practices now have a safeguarding children lead. One meeting has already taken place to explore improving communication with GPs and a further meeting scheduled for March 2012 with the Darlington Children and Families Duty Team Manager. Most practices have established routine child protection meetings with their health visitor and school nurse. Monitoring on the number of GP reports submitted for child protection meetings takes place. The numbers are increasing steadily from a low base and health visitors report seeing more GPs attending child protection conferences. The numbers of GP attending safeguarding children training continues to increase and there are established plans to use protected learning time to deliver additional Level 3 safeguarding children training.

52. The impact of domestic violence on children and young people is well understood by health practitioners. Health services are represented at the local multi-agency risk assessment conferences (MARAC) and in multi-agency public protection arrangements (MAPPA). Public health nurses and general practitioners are notified of any domestic violence incident where the Police have attended and there are children in the family. This sharing of information helps to safeguard children in families where domestic violence is prevalent.

53. There is increased awareness on the need to risk assess parental mental health of service users and how this may impact on any children in the family or where there is significant contact with a child or young person. The Tees, Esk & Wear Valley NHS Foundation Trust continue to make good progress with implementing and refining risk management and recording processes to include escalation of risk when psychoses is evident. However, there are no internal flagging systems to monitor attendance at child protection conferences and submission of reports; the responsibility remains with the individual staff member to either attend or make alternative arrangements. This means that the trust are not aware if adult mental health staff are appropriately contributing to child protection conferences and core groups until data is received from the Darlington LSCB. There are still instances of delays in information sharing between adult mental health services and the council's children's social care service despite the existence of information sharing protocols. Good arrangements are in place to support and safeguard children and young people who visit parents on adult in patient wards.

54. A well established Child Death Overview Panel (CDOP) is shared between County Durham and Darlington with appropriate representation from both local authority and health partners across the two authorities. The CDOP has been effective in raising areas of poor practice that have been identified during the child death review process, including the care pathways for management of childhood asthma in primary care. There is a highly effective team of rapid response nurses that attend the A&E department at Darlington Memorial Hospital upon the unexpected death of any child up to 18 years. They support families sensitively whilst the police carry out their forensic examinations. The team are able to provide bereavement training and provide a bereavement service to families, with good links to local bereavement support agencies for ongoing support and advice.

55. Appropriate arrangements are in place for the examination of children as part of a child protection medical through local service provision. For those children and young people that require an immediate examination following an allegation of recent sexual abuse, they are seen by the specialist Paediatric Sexual Abuse Resource Centre in Newcastle.

Outcome 11 Safety, availability and suitability of equipment

56. The paediatric waiting area at Darlington Hospital is separated from the main treatment area by frosted glass and this means that health staff cannot observe children and their families whilst they are waiting for treatment. This is potentially unsafe. The trust has recognised this and the matron gave assurance that there is a work order for the glass to be replaced by something more appropriate.

Outcome 13 Staffing numbers

57. The current staffing levels with A&E at Darlington Hospital do not allow for the rostering of a paediatric nurse to cover each shift. To mitigate the risk, any member of staff that is allocated to the paediatric bay must have undertaken their advanced paediatric life support training. In order to increase the number of A&E staff with paediatric qualifications the unit has seconded two nurses to undertake their paediatric training.

Outcome 14 Staffing support

58. The numbers of staff employed by the County Durham and Darlington NHS Foundation Trust that have attended safeguarding children training appropriate to their post is poor. Only 8% have completed their Level 2 training and only 3% of eligible staff completed their Level 3 training. There was confusion about the level of safeguarding children training that some groups of staff should be accessing, for example it was thought by some staff that for early years practitioners only level 2 training was mandatory as opposed to Level 3. The trust are unable to record or report on the uptake of appropriate supervision in child safeguarding practice.

59. Progress in the training and supervision of staff in safeguarding children practice within Tees, Esk and Wear Valley is adequate and is in line with previously submitted action plans. Staff attend Level 3 training either in house or through the LSCB to ensure that their training is up to date.

Outcome 16 Audit and monitoring

60. Inadequate arrangements are in place to provide appropriate board assurance on safeguarding children practice within the County Durham and Darlington NHS Foundation Trust. The safeguarding children committee is not representative of the whole trust and there are insufficient key performance indicators to accurately monitor front line practice in safeguarding children. The trust is mainly reliant upon the audit findings of the local safeguarding children board and updates on actions arising from serious case reviews and the recent Audit North report.

61. There are adequate arrangements in place within the Tees, Esk & Wear Valley NHS Foundation Trust to provide board assurance on safeguarding children activity. There is a need, however, to look at how this can be strengthened as there are currently no key performance indicators to monitor front line practitioner attendance at child protection conferences and core groups. There is much improved performance management around attendance at safeguarding children training across the organisation since a previous inspection of safeguarding and looked after children in a different local authority.

Recommendations

Immediately

- *the County Durham and Darlington NHS Foundation Trust should ensure arrangements are in place to monitor and quality assure safeguarding children practice within its organisation*

- *Darlington Memorial Hospital accident and emergency services (A&E) and Switch, the drug and alcohol team, should improve liaison arrangements in order to increase the number of young people referred to Switch following emergency treatment for drug and alcohol misuse*.

Within 3 months

- *the County Durham and Darlington NHS Foundation Trust should ensure that health visitors, school nurses and midwives receive one to one safeguarding children supervision on a regular basis*

- *the County Durham and Darlington NHS Foundation Trust should ensure arrangements for the line management and resourcing of named professionals for safeguarding children comply with the Intercollegiate Guidance 'Safeguarding Children and Young people: roles and competences for health care staff' (2010)*

- *the County Durham and Darlington NHS Foundation Trust should compile a recovery plan to ensure that all staff employed by the trust access appropriate training as identified in the Intercollegiate Guidance*

- *midwifery services should monitor compliance with the National Institute for Health and Clinical Excellence (NICE) guidance on providing midwifery care to vulnerable groups of women.*

- *the council and its partners should work together to ensure that the initial health reviews for children and young people are carried out within statutory timescales when they enter care*

- *the PCT should improve the quality of health review assessments and health plans to include details of discussion about sexual health, emotional health and well-being, and substance misuse*

- *the PCT should nominate a designated doctor for looked after children and young people*

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.