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

Date of Inspection	**28th November 2011 – 9th December 2011**
Date of Joint Report	**25th 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 .

Durham County Council	
Safeguarding Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of the safeguarding services	Outstanding
Capacity for improvement	Outstanding
The 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	Good
Capacity for improvement of the council and its partners	Outstanding
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:

County Durham has a resident population of approximately 71,906 children and young people aged 0 to 17, representing 14.2% of the total population of the area. In 2011, 3.38% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall.

The County Durham Children's Trust was set up in 2008 and is responsible for delivering improved outcomes for children, young people and their families. The trust includes representatives of Durham County Council, County Durham Primary Care Trust and County Durham and Darlington Foundation Trust services. Other representatives include the Community of Interest of Voluntary Sector Organisations, Durham Tees Valley Probation Trust, Durham Constabulary, further education college representation, Job Centre Plus, schools, parents reference group, young person's reference group and the 14-19 County Durham Partnership.

The Durham Local Safeguarding Children Board (LSCB) brings together representatives from all the key agencies and professionals in the county responsible for helping to safeguard children and young people. The Board became independently chaired in 2011.

Safeguarding and Specialist Services (SaSS) hold the lead responsibility in working with partners on behalf of Children and Young People's Services (CYPS) and the County Council for the delivery of services to safeguard children and young people as agreed by the Local Safeguarding Children Board (LSCB).

The commissioning and planning of national health services and primary care in County Durham is carried out by NHS County Durham and Darlington Primary Care Trust. County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust are not part of this organisation but provide services commissioned by NHS County Durham and Darlington. The main provider of acute hospital services is the County Durham and Darlington NHS Foundation Trust, serving 520,000 people in County Durham and Darlington. The Trust was formed in 2002 to help acute hospitals to work together effectively to provide modern, sustainable hospital services and to improve access and choice for local people. The Trust has around 5,400 staff and 1,500 beds. Community-based child and adolescent mental health services (CAMHS) are provided by the TEWV NHS Foundation Trust. (Ofsted, 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. However, there is no joint needs analysis on the health of children, looked after to inform strategic development and commissioning of the services.

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 lead nurse for looked after children regularly holds a "Girlz Group" which has been running successfully for over 8 years. The group is for looked after teenage girls and during their meetings they have regular input on topics around self esteem, life and social skills and sexual exploitation as well as social outings and having fun.

3. Some Contraceptive and Sexual Health (CASH) services in County Durham have been successful in obtaining "You're Welcome" accreditation and others are in the process of either preparing for assessment or waiting for it. This means that CASH services are committed to providing services that meet the needs of young people across County Durham. Young people were involved in the discussion around the future of CASH services across the County and in interviewing potential providers of some services as part of a "Dragon's Den" type panel.

4. 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

5. The accident and emergency department (A&E) at Durham 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 National Institute of Clinical Excellence (NICE) guidance using an established triage tool. 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.

6. 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.

7. 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.

8. Increasingly effective local CASH services are in the middle of redesign. CASH currently support the delivery of PHSE in schools along with school nurses. Teenage conception rates continue to decline, with the current numbers of under 18 conceptions remaining higher than national averages, but demonstrating slightly better progress in the reduction of conceptions than found nationally. There is particularly good partnership working in those secondary schools that offer a multi agency drop in session which is well used by young people, especially as some young people live in very rural areas that have limited CASH services. The new service is moving towards integrated CASH and Genito Urinary Medicine (GUM) clinics. Most clinic venues now have advanced practitioners working as part of the team, with some nurse prescribers able to prescribe and fit intra uterine devices. There is good access to emergency contraception through family planning clinics, some pharmacists and 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, often through CAF or Team around the Child.

9. There are adequate procedures in place for the midwifery services to identify vulnerabilities in throughout a woman's pregnancy. A comprehensive pre-CAF is completed at booking 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.

10. 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. There are, however, some delays in pregnant women receiving counselling support from the primary mental health workers due to waiting times to access the service. Timely and good advice is available from the adult substance misuse services to support midwives and pregnant women who misuse substances or alcohol.

11. 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 teenagers. Some teams have identified midwives who have a specialist interest in teenage pregnancy and a local midwifery led group called "Bambinos" is held every two to three months with the agenda set by the pregnant teenagers. There is also good support offered to teenagers that are pregnant or who have had their babies through the local children's centres. 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.

12. Good progress has made in providing a 'one stop shop' of services with professionals including: health visitors, school nurses, education welfare officers, behaviour support workers, educational psychologists, Connexions personal advisors, positive activities for young people (youth workers), family workers and anti-bullying workers. Services are based around hub offices around the county and accessed through one generic phone number. The service is set up to provide advice, support and assistance to children, young people and families and cover an age range of 0-19. At the time of the inspection not all services had transferred into hubs and there was some apprehension about the impact on the new way of delivering services by some staff. Not all health practitioners interviewed were aware of how the new ways of working would impact on the service they offered.

13. Effective use of skill mix within health visiting and school nursing teams ensures that the majority of the healthy child programme is delivered to all families in County Durham. Health visitors carry out all new birth checks and families are visited as part of the 4-8 week check, a second check takes place between 12 and 18 weeks to include maternal mood, and a further contact is offered at 2-3 years in all but Durham City where the 3/12 year check is through a questionnaire. All nurseries across County Durham have a named health visitor. This means that there are regular opportunities to identify any safeguarding or child protection concerns in the early years of a child's life. Skill mix is currently being used effectively to deliver care as part of child protection plans, CAF and Team around the Child.

14. 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 Durham and carry out new entry screening. Some health visitors have already visited nurseries and completed health plans for children in readiness for their transfer into formal education. 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.

15. Drop in clinics are held in most secondary schools by school nurses. Sex and relationship education is delivered as part of the PHSE curriculum and until recently school nurses participated fully, however, due to current staffing levels this is no longer possible in some areas. Good support is available to youth clubs and health visitors and school nurses operate an evening young people's health clinic at the request of young people

16. Young people have access to good alcohol and substance misuse services. The local service is provided by 4Real who offer a wide range of interventions to young people aged 10 to 18 years, including one to one and family work. The team has brief intervention alcohol workers that work with young people identified as potentially at risk of alcohol misuse. There are also engagement and retention workers that work on assertive outreach and are successfully engaging an increasing number of young people to continue with their care plan. The team operate a duty system to offer consultation service or support to parents which means that advice and support is available immediately. An alcohol team operate effectively with adults who misuse alcohol and using the "Think Family" approach carry out a pre-CAF on all children that belong to their clients. This means that the needs of the child are being considered as part of the overall care package.

17. Children, young people and families have good access to effective emotional health and well-being services. Children, young people and their families have good access to CAMHS across County Durham. Although there is variability in the way that referrals are assessed, performance is good with no delays in accessing most services and there are effective but variable arrangements for transition into adult mental health services.

18. CAMHS offer good support to the Durham 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. The inspector was told that paediatricians had, on occasion, refused admission to the paediatric ward if there was no medical reason. This does not comply with NICE guidance.

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 have a policy not to admit anyone under 18 into an adult bed.

21. 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, though thresholds to access the service were described as "high." There is, however, significant delay in children over 5 accessing assessment and diagnosis for autistic spectrum disorder in some parts of County Durham and this can cause additional stress in a family that may already be struggling to cope.

22. Health outcomes for looked after children and young people are good.

23. 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. Action is being taken to improve timeliness, and this includes arrangements for the lead nurse for looked after children to attend the local authority's senior team manager meetings. There is evidence of some 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 lead nurse for looked after children and the children and families service is good and is facilitated by the lead nurse for looked after children having access to the council's data base.

24. Arrangements for health review assessments and health plans are satisfactory, but the quality of assessments and plans is variable. The lead nurse for looked after children regularly audits completed health reviews and health plans and uses supervision to feed back her findings to practitioners, as well as ensuring that training sessions are adapted to meet latest guidance. However, copies of initial health assessments, review health assessments and health plans are not routinely copied to the children's GPs. This means that the GP does not have a complete record of any child, looked after. Adequate arrangements are in place to maintain the health needs children and young people, looked after placed out of the area, with appropriate health involvement when commissioning external placements.

25. CAMHS provides good support to those looked after children and young people with emotional health needs through the Full Circle service. The Full Circle is a team made up of therapeutic workers and a clinical psychologist who work with young people and their families, who have experienced trauma or abuse which is affecting their daily life. Any young person, looked after, requiring more specialist intervention from CAMHS is referred to the core service. However, some foster carers reported that core CAMHS would not offer any support until a child was in a stable placement or had been subject to legal proceedings. This means that some children are not receiving support for their emotional health during a period of potential anxiety and upheaval. However, Full Circle do however offer support to foster carers and social workers regarding a young person's issues until they are ready to have direct work.

26. Children and young people's health needs are promoted well in the council's children's homes. Residential staff work collaboratively with the looked after children's health and Full Circle teams. The looked after children health team offer a good range of training opportunities to foster carers, social workers and to young people, with some care leavers also taking part in delivering the training.

27. Young people have good access to local alcohol and substance misuse services, 4Real. The issue of alcohol and substance misuse is discussed at each health review and the local screening tool is used to identify any concerns. Referrals for young people, looked after, are prioritised within universal provision and two of the looked after children's nurses are CASH trained. 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. Any young person looked after who becomes pregnant and wishes to continue with the pregnancy is referred into the local FNP where they are supported.

28. Health and social care practitioners in County Durham recognise the need to improve the effectiveness of the findings from completed strengths and difficulties questionnaires to identify, monitor and respond to concerns about the emotional health and wellbeing of looked after children. A new strategy will be launched in 2012 to offer screening appointments with carers and young people where scores are higher than average to identify any emotional health and wellbeing issues that may need addressing.

29. The arrangements to support young people with their health needs upon leaving care are basic. The lead nurse ensures that a copy of their health overview and plan is provided to them on completing statutory education. However, there is good liaison into the pathway planning for when young people leaving care. The health team for looked after children regularly provide training on "Growing up" and "Transition into adults" as part of the preparation for leaving care. This training is delivered to foster carers and young people. Young people are actively involved in the planning and delivery of this training.

Outcome 6 Co-operating with others

30. 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 4Real 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. This has been recognised by A&E staff and the 4Real team and there are now ongoing discussions to improve communication and develop more robust referral processes.

31. Partnership working between 4Real and other service providers is good with many anecdotal examples of joint working between 4Real and CAMHS. This means that services can provide a comprehensive and co-ordinated approach to a child or young person's care.

32. 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. However, there is inequity in what services can be accessed across different parts of County Durham for example; speech and language therapists offer clinics in the North of the county but not in the South. Access to equipment was described as good.

33. Arrangements to protect vulnerable newborn babies are good. Referrals are made by midwives to the County Durham Children and Families team as soon as there is cause for concern. A new safeguarding pathway has been introduced which midwives reported as effective. 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.

34. 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.

35. 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. Health professionals were clear about how to escalate any concerns around professional disagreements, either on the outcome of a referral or decisions reached as part of a child protection conference or core group meeting. They felt confident in the process and gave examples of where escalation had been used effectively.

Outcome 7 Safeguarding

36. The PCT retained responsibility for the named nursing team for community services and for the looked after children health team in Durham 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 these services. There is a well resourced team of named nurses for community services that each has a geographical responsibility for public health nurses, community health staff and in supporting community midwifery services.

37. The named nursing team has a good programme of audit and participate regularly in the multi agency audits. Outcomes from audit continue to improve safeguarding children practice. There are good arrangements in place for the monitoring and reporting of attendance at child protection conferences and core group meetings, with good attendance noted for health visitors, school nurses and community midwives. The named nurses meet regularly with the County Durham's children and families initial response team to discuss issues around thresholds and working practices to promote understanding and improve communications.

38. 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.

39. 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.

40. All safeguarding and child protection referrals from acute services 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 PCT continue to fund a part time safeguarding trainer to support the trust in meeting their mandatory training obligations. The named nurse for acute services effectively supports the A&E department at Durham Hospital. She attends the monthly A&E meeting where discussions take place around safeguarding practice within the department.

41. The lead nurse for looked after children is employed by the County Durham and Darlington PCT on a part time basis and is line managed by the PCT designated nurse. There is no designated doctor for looked after children in post.

42. 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.

43. 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.

44. There is an increasing and improved awareness of safeguarding children practice within primary care. A recent collaboration between one GP practice and a health visitor identified safeguarding concerns as part of a case review on a family transferring into County Durham from out of the area 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. 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. Learning from serious case reviews has been incorporated into GP training, for example bruising in a non mobile infant

45. 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

46. 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 is not aware if adult mental health staff are appropriately contributing to child protection conferences and core groups. Good arrangements are in place to support and safeguard children and young people who visit parents on adult in patient wards.

47. 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.

48. 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 13 Staffing numbers

49. The current staffing levels with A&E at Durham 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 bays have usually undertaken their advanced paediatric life support training.

Outcome 14 Staffing support

50. 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. The trust are unable to record or report on the uptake of appropriate supervision in child safeguarding practice.

51. All health visitors and school nurses are not accessing one to one supervision on safeguarding children practice at the required frequency and there is considerable variability in the uptake of supervision by groups of health professionals across County Durham

52. 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

53. 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. The risk management committee monitor progress against the Audit North report.

54. 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 LAC health team ensure that all health assessments and plans are sent to the looked after child or young person's GP to ensure they have the most current information

Within 3 months

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 (Ofsted, 2012)

ensure that health visitors, school nurses and midwives receive one to one safeguarding supervision on a regular basis (Ofsted, 2012)

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). (Ofsted, 2012)

arrange for regular audits for the initial health assessments to ensure and improve quality (Ofsted, 2012)

Within six months

address the delays that looked after children and young people experience in accessing CAMHS when placements are not permanent or court proceedings have not been completed *(Ofsted, 2012)*

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.