

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

Date of Inspection	19th March 2012 to 30th March 2012
Date of final Report	14th May 2012
Commissioning PCT	NHS North Yorkshire and York
CQC Inspector name	Christine Evans
Provider Services Included:	York Teaching Hospital NHS Foundation Trust (acute and community services) Harrogate and District Hospital NHS Foundation Trust (LAC Health Team) Leeds and York Partnership NHS Foundation Trust (CAMHS provision)
CQC Region	North (East)
CQC Regional Deputy Director	Mr Malcolm Bower-Brown

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](#) .

City of York Council	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Good
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 head of national Inspections, who has overall responsibility for this inspection programme.

The Inspection Process

This inspection was conducted alongside the Ofsted-led programme of children's services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The two-week inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection.

CQC contributes to the inspection team and assesses the contribution of health services to safeguarding and the care of Looked after children relating to that authority. Our findings from the inspection contribute to the joint report published by Ofsted and also enrich the information we use to assess providers against the Essential Standards of Quality and Safety. This report sets out specifically the evidence we obtained in relation to these standards and extracts from the published report are included and identified.

CQC used a range of documentary evidence in advance of and during this inspection, and interviewed individuals and focus groups of selected staff and, where possible, children and young people, their parents and carers in order to provide a robust basis for the findings and recommendations.

This document sets out the findings in relation to the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

Context:

Planning and commissioning of children and young people's health services and primary care are undertaken by NHS North Yorkshire and York. The main provider of acute hospital services is York Teaching Hospital NHS Foundation Trust. Emergency services for children and young people are also provided by York Teaching Hospital NHS Foundation Trust. For minor ailments there is the GP practice or the walk-in centre.

Community-based and in-patient child and adolescent mental health services (CAMHS) are provided by Leeds and York Partnership NHS Foundation Trust and includes a specific CAMHS for looked after children. Children with learning difficulties and who have complex health needs services are primarily provided by York Teaching Hospital NHS Foundation Trust.

Maternity and newborn services along with universal health services, such as health visiting, school nursing and paediatric therapies are provided by York Teaching Hospital NHS Foundation Trust. NHS North Yorkshire and York commissions services to meet the health needs of looked after children from the specialist nursing team for looked after children. This team is based in Harrogate and District NHS Foundation Trust. The designated nurse, nurse consultant for safeguarding children (including looked after children) is based in NHS North Yorkshire and York. This trust also provides safeguarding support to some community based staff. Children and families access primary care services through one of 21 GP practices.

For deaf children and young people, and their families York hosts one of 4 national deaf CAMHS across England. The team is based in Lime Trees which is part of Leeds and York Partnership NHS Foundation Trust.

Change within the health sector with regard to the transition of commissioning services from NHS North Yorkshire and York to the Vale of York clinical commissioning group in April 2013 is developing well to ensure priorities identified in the new joint strategic needs assessment and the children and young peoples plan continue to move forward.

York is a distinctive city with an impressive history and heritage and a strongly performing economy. The city has successfully adapted from being a railway and confectionery manufacturing city into an international destination and hub for science and technology, and a national centre for financial and business services. Average incomes are just below the national average. The unemployment rate has risen since 2005, although it is lower than the national average. While 40% of York's population live in areas that are in the least deprived 20% in England, 7% of York's population live in areas classified as being in the 20% most deprived areas in the country.

There are approximately 37,700 children and young people aged 0 to 18, which is 19% of the total population of the area. In 2012, 9% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 5% of pupils speak English as an additional language. Polish, Chinese and Turkish are the most recorded commonly spoken community languages.

At the time of the inspection there were 250 looked after children. This comprises 61 children less than five years of age, 148 children of school age and 41 young people aged over 16. Some 164 children were the subject of a child protection plan, 41% of whom were aged five or younger.

General – leadership and management

1. There is strong engagement of health executives in a range of strategic boards, including the local safeguarding children board, the shadow health and wellbeing board, and with individual trust boards. The joint report notes that the overall effectiveness of the council and its partners in safeguarding and protecting children in the City of York is good and the quality of strategic and operational partnership working is exceptional. It also notes that an embedded culture of support and challenge is also reflected in the excellent joint commissioning arrangements. For example, the teenage pregnancy grant has been maintained to support further delivery of the teenage pregnancy strategy. The strategy has been highly effective in reducing under-18 conceptions with a 21.7% reduction in the conception rate over the period 1998 to 2009, compared with an 18.7% reduction in the national rate.

2. All health organisations have structures and arrangements in place to ensure there is appropriate board level focus on the needs of children and that safeguarding and protection of children is an integral part of their clinical governance systems. Child protection and safeguarding is a corporate directorate within York Teaching Hospital NHS Foundation Trust, ensuring a high profile within the trust. The associate director for safeguarding and child protection in the trust has weekly meetings with the trust's chief executive and monthly meetings with the trust's non-executive lead for safeguarding. The associate director also works closely with the designated professionals on a one to one basis and, because Harrogate and District Hospital NHS Foundation Trust provide the specialist nursing team for looked after children together with child protection and safeguarding support for community staff (managed by York Teaching Hospital NHS Foundation Trust), the associate director has an appropriate arrangement in place with the chief nurse and board lead for safeguarding at Harrogate and District Hospital NHS Foundation Trust.

3. Appropriate and effective commissioning arrangements are in place to ensure health providers meet their safeguarding responsibilities. NHS North Yorkshire and York, as the main commissioner of services, has discharged its safeguarding responsibilities through its contracts with providers. Providers report bi-annually on compliance with safeguarding standards and requirements. A competency framework developed by NHS North Yorkshire and York is used to support this process. Regular partnership meetings between NHS North Yorkshire and York and health providers review learning from serious case reviews, the local safeguarding children's board and the child death overview panel. Performance by York Teaching Hospital NHS Foundation Trust is very good with 91% of targets, including stretch targets, being met.

4. There is significant engagement at strategic level between the clinical commissioning group and the local authority. The director of adult, children and education sits on the clinical commissioning group and a local medical council GP representative sits on the local safeguarding children's board. To ensure focus continues on child protection and safeguarding the clinical commissioning group is appointing a registered nurse to sit on the group and is appointing a doctor, both of whom will have a lead for safeguarding including child protection. The health and wellbeing board, which is operating in shadow format, is now starting to develop links with the Vale of York clinical commissioning group.

5. The new joint strategic needs assessment for the city will be used to inform the strategy for the shadow health and wellbeing board and commissioning plans for the clinical commissioning group. The joint strategic needs assessment covers the whole population and children's issues are included. However, it is recognised that there is a need to more explicitly incorporate safeguarding related matters.

6. Health commissioning for looked after children and care leavers is improving service provision. Proposed new commissioning arrangements will place an obligation on providers to develop a health passport for young people leaving care and for providers to consider introducing technical solutions for children and young people so that they receive timely information in relation to their health and wellbeing and are able to provide feedback on services received.

7. Quality monitoring systems with regard to health assessments for looked after children placed out of the city have been strengthened. However, these are not systematically completed in a timely way by the relevant health agency. This issue has been suitably raised with the regional commissioning network in order that this issue can be resolved by health organisations within the region.

8. It has also been recognised that the health care provision for care leavers is inconsistent. Young people over the age of 16 all have access to their GP. However, over and above this, care leavers are offered annual health assessments only if they remain in education. This gap has been recognised and will be addressed through the proposed new commissioning arrangements.

Outcome 1 Involving Users

9. The Ofsted joint report found that children and young people seen during the inspection were all very positive about the quality of help and support they received. They thought that staff across agencies listened carefully and that their views and feelings were considered well and made a difference when decisions were made.

10. Inspectors found that children and young people within the authority were actively involved in the development and delivery of health services. The specialist child and adolescent mental health service has involved young people in producing short animated films to provide guidance to service providers. This includes guidance on communicating with children who are deaf and what it is like to have Aspergers Syndrome. Young people's views and experience are also picked up through the young inspector's programme which is run by the local authority but looks across local authority, health and voluntary sector provision. All inspections undertaken by the young people had been very well received and there was sound evidence that providers had acted upon the children's findings and suggestions. The young people were very well engaged and wanted to speak about their achievements and the positive benefits they had noticed, especially with regard to raising their self esteem and confidence.

11. Foster carers felt well supported by health staff and said they attended initial health needs assessments. One foster carer said that their child was involved in the 'I Matter 2' group and had been involved in interviewing members for the 'I Matter' panel.

12. We found that commissioners of health services understood the needs of looked after children and young people well and this has led to the development of a proposed new contract specification for 2012 – 2013, yet to be agreed by Harrogate and District NHS Foundation Trust. This will ensure that designated provision is provided for young people and care leavers up to 18 years of age and will include the development of a health passport.

Outcome 2 Consent

13. Within health trusts there are appropriate policies and procedures in place to ensure consent is requested and taken prior to any treatment of children and young people. This includes procedures to ensure parental or delegated consent is given to healthcare professionals in relation to children and young people who are looked after by the local authority.

14. Arrangements in the emergency department at York Teaching Hospital NHS Foundation Trust are in place. When a child attends the emergency department staff reported that they ensure parental responsibility is checked so that they can determine who can consent to treatment.

15. Audits of initial health assessments carried out by the looked after children health team identified an issue with the documentation of consent, especially consent to share birth parents' own health information. Processes have been redesigned through discussions with social care and documentation of consents has improved from 73% to 97%. Following consultation with young people posters about consent in regard to sharing information were introduced in clinic settings.

16. All looked after young people who are unable to give consent attend with a person who has parental responsibility. If those who can give consent refuse their initial and review health assessments other health avenues are explored to promote the young person's health and well-being. All initial health needs assessments are attended by birth parents and/or social workers, which is good practice.

Outcome 4 Care and welfare of people who use services

17. The special care baby unit at York Teaching Hospital NHS Foundation Trust is well regarded by parents. The service provides both intensive and special care treatment. Two neonatal outreach nurses visit families at home to provide medical advice and emotional support and good joint working with health visitors was reported. Recommendations following a recent serious case review in respect of staff awareness of risks to babies have been implemented.

18. The Healthy Child Programme is delivered to good effect with improved outcomes for children and young people. There is good support for young mums and dads so that they are prepared before and after the birth of their baby. YorBabe is a 6 week course providing a range of advice and support such as preparing for the birth and coping with a new baby. Participation in the 'Be a Star' campaign has increased breastfeeding initiation rates in York which are above the regional average and similar to the national average at 73.8%. By six to eight weeks after birth 50% of mothers continue to breast feed. York Teaching Hospital NHS Foundation Trust has an infant feeding coordinator and is working towards 'Baby Friendly' accreditation.

19. York has achieved 95% coverage of the primary vaccination course by a child's first birthday, which is better than the national average and the average for similar areas. By the age of five, the percentage of children who have received their second dose of the measles, mumps and rubella immunisation is higher than the national average. There is 100% uptake of the healthy schools initiative with all City of York schools achieving National Healthy Schools status; some are also working towards becoming an enhanced healthy school which covers issues such as obesity, bullying and smoking.

20. Health visitors work well with community nurses, nursery nurses and clinic nursing staff to deliver a good range of services to children under the age of five years. Positive feedback has been received from parents along with areas for improvement which the team has acted upon. School nurses provide an effective service to all mainstream schools.

21. Health outcomes for looked after children are good. The proportion of children with up to date immunisations and having a dental check is well above the national average and the average for similar areas. Effective leadership by the designated doctor and specialist nurse for looked after children in partnership with children's social care has led to sizeable improvements in the proportion of looked after children receiving their annual assessment, which was significantly below the national average in the previous year. Robust new processes have improved timely notification of children becoming looked after and the capacity of clinics has been increased to include school holiday periods. Local data for 2012-13 shows that health assessments are now delivered within required timescales. However, this early progress is yet to be sustained.

22. There are appropriate quality monitoring arrangements in place to ensure looked after children placed out of the authority's area receive healthcare that addresses their physical and emotional needs. The specialist nurse for looked after children quality assures health assessments and returns those that do not meet requirements. However, there is an issue with these not being systematically completed in a timely way by the relevant health agency. This issue has been suitably raised with the regional commissioning network in order that this issue can be resolved by health organisations within the region.

23. A range of effective sexual health services together with a robust teenage pregnancy strategy have resulted in a significant reduction in under-18 conceptions by 21.7% between 1998 and 2009 which is better than the national average. Sex and relationship education is provided in all schools and as a result of involving parents it has now been adapted for children with disabilities. Effective sexual health services are provided by the young peoples sexual health outreach team (YPSHOT) and YorSexual Health which is a joint initiative between local councils and NHS organisations in North Yorkshire and York. Services are provided out of the universities in York as well as colleges and health centres. There is also very good access for young people to contraception advice and support through the Castlegate Centre, which is held in high regard by young people. The health centre at Monkgate, which also hosts the genitourinary medicine service (GUM), received the 'You're Welcome' accreditation in February 2011 giving recognition to the involvement of young people in the planning and evaluation of services. YorScreen provides an effective Chlamydia screening programme for young people up to 25 years increasing the percentage of those screened from 16% to more than 27% over the period 2009 – 2010. Although screening uptake has improved, it remains below the national average and the work continues to increase uptake. However, the Chlamydia diagnosis rate is similar to the national average which staff attributed to the increased uptake of the service. Young people also have access to vaccination against cervical cancer and the authority's performance in relation to the uptake of this vaccine is higher than the national average.

24. Support for young people who misuse substances is good. The rate of young people under 18 years who were admitted to hospital because they have a condition wholly related to alcohol is similar to the national average. Parents with significant drug and alcohol problems who have children on child protection plans or whose children are in care are effectively supported by the city's drugs and alcohol action team (DAAT). The decision to have a separate DAAT service for York has resulted in the service moving from 146th in the country, with regard to performance, to 90th. The service is able to demonstrate very good outcomes for children and families. For example, the service is the second most improved DAAT area nationally in relation to adults receiving treatment for opiate use. Young people are supported very well through the Castlegate Centre and through First Base, the young people's drug and alcohol treatment service.

25. Targeted health promotion services work well for young people who are looked after. All young people are screened for substance misuse and a pathway is in place to ensure prompt access. All looked after children and young people have access to sex and relationship education in schools and there are good links with the young people's sexual health outreach team which provides very helpful support to young people. Therapeutic support is also provided through the NSPCC to looked after children who have been sexually abused and their carers; as a result young people's emotional well-being has improved and they perform better at school.

26. Children and young people in York have access to, and benefit from, an exceptional child and adolescent mental health service (CAMHS) that delivers a wide array of high quality services including those for eating disorders, learning difficulties, bereavement and the in-patient facility at Lime Trees. In the last quality network for community CAMHS inspection carried out in 2011 Lime Trees continued to score well against the standards with particular improvements in information, consent and confidentiality; multi-agency working; and staffing and training. There have been no recent admissions of young people onto adult wards however if this did occur staff were able to clearly explain the safeguarding arrangements in place and how they would keep that young person safe.

27. Early intervention with regard to mental health and young people is in place and working very well. A mental health youth worker works out of community settings with other agencies and is a good example of joint working, this service is highly regarded by young people. York has a very effective primary mental health team who are able to provide a service to approximately 75% of referrals, which demonstrates an effective use of resources as more specialist CAMHS support can be better directed to more complex work. All young people referred to this service receive letters within 2 days and an appointment within 1 month. Referrals to CAMHS from the emergency department are assessed within 24 hours.

28. Provision also includes the targeted mental health in schools scheme (TaMHS) which is led by the educational psychology service. Together with the emotional literacy support assistants (ELSA) good links with schools have been established which are ensuring support is swiftly provided. This scheme has demonstrated positive outcomes for targeted vulnerable pupils. Children and young people also benefit from the strong national CAMHS for children and young people who are deaf which is based in York. Staff reported that they exceed performance targets for access to this service.

29. The specialist CAMHS team for looked after children and care leavers provides an outstanding service. The specialist nurse for looked after children meets with this team on a monthly basis to discuss any concerns or issues. Very good support is provided to children and their foster carers that enable local placements to be sustained and children's behaviour to be confident and socially acceptable. Foster carers and social workers can refer children directly into the service and there are no waiting lists for support. Foster carers value the support they receive. Looked after children with disabilities benefit well from the joint clinic arrangements between clinicians from CAMHS and paediatricians, and from the highly regarded FIRST (Family Intervention Rapid Service Team) programme. FIRST has provided intensive support to a small number of families of severely disabled children whose behaviour is challenging and young people have been supported to remain with their families and have been diverted from out of home placements. The CAMHS is well integrated into strategic planning and placement monitoring arrangements.

30. There is a good range of health services for children and young people with disabilities, including the child development centre, specialist therapy staff and a portage service which is held in high regard by parents seen during the inspection, along with the new born screening process that picks up needs and ensures early provision of support. Children with life limiting illnesses have access to a palliative care service provided by the community paediatric nursing team that is effectively supported by CAMHS. The two special schools are suitably supported by trained nurses and health care assistants. The co-location of health staff in children's centres enables good communication with school and social care staff. Multi-agency transition to support the move to adult services are very focused on children's needs and include a health passport to assist young people to take control of their health needs. Health professionals are very well integrated into the service. Transition arrangements also include access to the learning disability service based at York Teaching Hospital NHS Foundation Trust. The learning disability nurse works with young people to ensure any transition to hospital for a specific purpose is managed well so that both the young person and staff are prepared.

31. Arrangements for children and young people who have been subject to sexual assault are in place and are excellent. The Acorn Unit is a purpose built sexual assault referral centre that complies with the standards for paediatric forensic medical services. Trained paediatric consultant staff provide the service and are supported by forensic medical practitioners as required. Young people who are looked after were involved in the development of the service and the choice of name.

Outcome 6 Co-operating with others

32. The Ofsted joint report found that over a number of years very ambitious leaders have created and sustained excellent partnerships at all levels so that there is a high degree of shared ownership of York's vulnerable children. This is equally applicable to the YorOK Children's Trust and the City of York safeguarding children board. Consequently quality of provision is good and safeguarding judgements across inspected provision are all good or better.

33. All health partners are represented on the local safeguarding children board attendance is monitored and is good. Health partners can demonstrate that they have learnt from serious case reviews and have taken action to address gaps in service delivery or provision. This learning is regularly reviewed at partnership meetings between NHS North Yorkshire and York and health providers. Partnership working between health and the local authority is very well established to ensure the welfare of children and young people is promoted and safeguarded. Local authority representatives sit on key health boards such as the health partnership group and the clinical commissioning group and the safeguarding manager and local authority designated officer sits on York Teaching Hospital NHS Foundation Trust's child protection and safeguarding governance board.

34. Well embedded and effective arrangements are in place with regard to the role and function of the local authority designated officer (LADO) in dealing with complaints made against staff working with children. Staff at York Teaching Hospital NHS Foundation Trust said that they consult with the LADO several times a year and although they do not report large numbers all are investigated and assessed. A single database held by the local safeguarding children board tracks each allegation to ensure they are rigorously and swiftly followed up with any learning points arising from these incorporated into multi-agency training courses. Staff reported that both trust human resource and occupational health departments provided good support to named professionals, managers and individuals to ensure staff are appropriately supported and change is affected where required.

35. Effective information sharing across health and social care has ensured that the health needs of children and young people who are looked after, and care leavers are met. Local audits have shown that immunisation data and consent information is now available from primary care for all children and young people at the time of their initial health needs assessment. In all cases a social worker or an appointed deputy contributes to the initial health assessment for children and young people who are not able to communicate issues themselves. This partnership working with social care and universal services within health have led to improved timeliness in both initial and review health needs assessments.

36. Health staff reported that early support for vulnerable children, young people and their families is coordinated through the common assessment framework (CAF) process which is well understood. Staff reported that initial referrals were responded to well by the social work team. Staff said that the new 'Children's Front Door' arrangement had made it easier to make a referral and reported no issues with thresholds and access to support. Staff who we spoke to said they had received training in the use of the CAF.

37. Safeguarding teams within health trusts are active in the multi-agency risk assessment conference (MARAC) process and attend all MARAC meetings in York. The child protection advisor and named midwife at York Teaching Hospital NHS Foundation Trust attend these meetings every 2 weeks. Information from these meetings is shared with staff and a chronology is placed or updated in the child's record. For unborn children staff use the antenatal liaison form which is stored in the mother's maternity record.

38. Staff reported that they had attended training on domestic abuse and midwifery staff said they had also received training on the use of 'DASH' forms (domestic abuse information sharing tool), which although not implemented yet would further support the screening of pregnant women to ensure both the woman and unborn child were protected from harm.

39. Midwifery services provided by York Teaching Hospital NHS Foundation Trust have good arrangements in place to safeguard the unborn and new born child including assessment of pregnant women for vulnerabilities such as domestic abuse. During first contact midwives take a full history in relation to physical health, mental health, substance misuse, domestic abuse, learning disability and social need. Booking forms are copied to health visitors to ensure there is early awareness of any issues. The situation, background, assessment and recommendation (SBAR) process is used to communicate relevant information between the midwife and health visitor. Staff reported that this system worked well.

40. There are a number of other effective arrangements in place that promote good partnership working between staff at an operational level. For example partnership working between emergency department staff, ambulance staff and the police service was described by staff as very good. The ambulance service provided by Yorkshire Ambulance NHS Trust was seen as particularly effective in reporting safeguarding information.

Outcome 7 Safeguarding

41. The judgement for the contribution of health agencies to safeguarding children and young people is good. Young people spoken to said they felt safe in York.

42. Health partners demonstrate compliance with statutory guidance. Robust and effective safeguarding and child protection policies and procedures are in place in commissioning and provider trusts. Health staff at all levels seen during the inspection demonstrated a clear understanding of their safeguarding and child protection responsibilities, including how to identify risks and make referrals, and many said they participated effectively in formal child protection procedures. Staff said they understand their role and responsibilities in producing timely reports for child protection conferences.

43. Commissioning arrangements have ensured that safeguarding standards are included in contract specifications with a requirement that providers report to NHS North Yorkshire and York on a bi-annual basis with exception reports as required. Information shows that York Teaching Hospital NHS Foundation Trust performs very well against the requirements.

44. Advice and support provided to health staff, including those in primary care, from designated and named professionals in both commissioning and provider trusts is strong and very well regarded. Designated and named professionals regularly attend the City of York safeguarding children board. The child protection advisor and health visitors at York Teaching Hospital NHS Foundation Trust have worked closely with the Children's Front Door service to ensure referrals into the service are appropriate. This is the first port of call for staff where they have concerns. The service is led by social care and gathers and shares information to inform risk assessments where there are concerns about a child or family.

45. The engagement of GPs in safeguarding arrangements is good and improving. All GPs have enhanced criminal record bureau checks and all have received level 2 child protection training with at least one GP in each practice having received level 3 child protection training. There is a named GP in each practice for safeguarding. Over the last 12 months the PCT has provided level 3 training to many GPs and is currently providing more sessions this year to ensure all GPs have received training, which will be in line with their professional guidelines. Nursing staff within practices are all trained to level 2 with all other staff trained to level 1. All primary care staff have access to safeguarding policies and procedures, and advice and support from the designated and named professionals. This includes support from the medical director, who provides much of the function of a named doctor for safeguarding. Some GPs have attended child protection conferences and guidance is in place to ensure that reports to conferences contain the necessary information and are consistent.

46. Robust safeguarding processes are in place in the emergency department at York Teaching Hospital NHS Foundation Trust including good quality arrangements to recognise, assess and refer children who may be at risk of abuse. Health staff demonstrated an awareness of potential risk indicators that they should look out for in their urgent and routine contact with children and families. The recording of children's individual attendances is consistently completed and all attendances are reported to the relevant GP practice and health visitor. Procedures to ensure parental consent to treatment are appropriate. The electronic system alerts staff to those children on a child protection plan and is being developed to include looked after children. This system is used throughout the trust and can be accessed by staff in both acute and community settings. Referral pathways are in place to identify safeguarding risks such as domestic violence and substance misuse. The safeguarding children team make daily visits to the emergency department to discuss any issues or concerns in respect of children's welfare or safety that may require further action.

47. There is an effective process in place to respond to children and young people who harm others in relation to sexual assault/abuse. Referrals are made into the Children's Front Door team who assess and refer into the safeguarding board. The board decides on how best to proceed. Strategy meetings are convened with relevant professionals including youth offending service health representatives. The process has resulted in good police collaboration and supportive strategies for both the alleged perpetrator and victim.

48. Child death overview arrangements are suitably managed through the North Yorkshire and York panel with York well represented on the panel. The director of public health chairs the panel and is supported by the designated doctor for child deaths. The annual report is presented to the CYSCB and the findings are analysed to inform practice and interventions. For example, a 'safe sleeping' campaign to raise awareness of the risks involved was launched following the panel's response to local child deaths.

Outcome 11 Safety, availability and suitability of equipment

49. The emergency department has adequate facilities to treat children and young people including a separate waiting area near to the main reception. There is suitable access to play equipment and play specialists based in paediatrics. Plans to improve the provision are about to be implemented with the addition of children's treatment bays in the urgent care centre/walk-in centre.

50. Appropriate paediatric equipment including that for resuscitation is in place within the emergency department. Medical and nursing staff use on screen algorithms to guide staff to ensure appropriate delivery of treatment. The algorithms are based on up to date practice including national guidance on advanced paediatric life support. A demonstration of the system showed that it was quick and easy to use in an emergency situation. The system ensures professionals deliver age appropriate evidence based treatment to children and young people.

51. The Acorn Unit provides exceptional facilities and was purpose built to carry out child protection medicals. The unit is situated next to the paediatric ward and children's assessment unit in York Teaching Hospital NHS Foundation Trust. As these children are likely to come into care the designated doctor for looked after children takes this opportunity to ensure the assessment is sufficiently detailed so that it can inform any future initial health needs assessment (required for looked after children). This reduces duplication and therefore any negative impact on the child.

Outcome 12 Staffing recruitment

52. There are robust safer recruitment policies and procedures in place including those for handling allegations made about people who work with children. All staff who we spoke to said they had been enhanced Criminal Records Bureau checked. Staff also reported that job descriptions contained safeguarding responsibilities.

Outcome 13 Staffing numbers

53. We found no concerns in regard to vacancy rates. Information shows that vacancy rates for therapists, midwives, school nurses and health visiting staff are similar to expected.

54. Managers actively manage caseloads of key staff such as health visitors and school nurses to ensure there is sufficient capacity. Staff who we met reported that staff numbers in school and health visiting teams were sufficient to meet the demands of core and targeted work.

55. The emergency department has staff with a paediatric qualification but insufficient to cover each shift. However, they have good access to medical and nursing staff from the paediatric ward at York Teaching Hospital NHS Foundation Trust who will provide support and advice as required. This support was described by staff as being very good. The emergency department also has good access to the children's assessment unit situated next to the paediatric ward. Children presenting at the emergency department who require a medical assessment by a paediatrician are referred promptly into this facility.

Outcome 14 Staffing support

56. All staff have received basic child protection training at level 1, which is updated on a regular basis. Rolling programmes are also in place for levels 2 and 3 and are suitably monitored by the safeguarding children teams within NHS trusts with uptake improving. The staff who we met all said they had received level 3 training and in the emergency department all reception staff are trained to level 2.

57. All staff have access to individual child protection supervision. Community and key groups of staff in acute services, such as those working in the emergency and midwifery departments, receive formal reflective group supervision, which staff reported as working very well. This system is being introduced for the remainder of acute hospital staff whose work brings them into contact with children and young people.

Outcome 16 Audit and monitoring

58. Written referrals to social care in relation to child safeguarding and protection concerns have been reviewed by the safeguarding team at York Teaching Hospital NHS Foundation Trust. The results show that over 80% of documents are fully completed. The audit checks policies and procedures are being followed by staff and came about as a result of learning from a serious case review.

59. Regular audits are carried out by the designated doctor for looked after children on the quality of initial health needs assessments. The designated doctor is supported by the clinical audit department, both of which are provided by York Teaching Hospital NHS Foundation Trust. The audits address key issues such as information sharing and show that a significant impact on the timely delivery of assessments and plans has been achieved by improved cooperation between key partners. New processes include the notification via secure e-mail as soon as a child becomes looked after.

60. The oversight of quality monitoring systems for those children in care who are placed outside the area has been strengthened by the specialist nurse for looked after children, with oversight as necessary by the designated nurse, nurse consultant for safeguarding children. However, health needs assessments and subsequent plans are not systematically completed in a timely way by the relevant out of area health agency. This issue has been suitably raised with the regional commissioning network in order that this issue can be resolved by health organisations within the region.

Outcome 20 Notification of other incidents

61. NHS North Yorkshire and York has complied with regulation 18 of the Care Quality Commission (Registration) Regulations 2009 by notifying the Commission of allegations of abuse. CQC records also show that the PCT can demonstrate that it is cooperating with others by providing information to a management review initiated by another safeguarding board within the Yorkshire and Humber region.

62. All staff who we spoke to showed an awareness of the local authority designated officer and procedures with regard to any allegations made against staff who are working with children.

Outcome 21 Records

63. In the health records seen during the inspection there was evidence of appropriate health involvement in safeguarding and child protection processes. With regard to looked after children and young people there was evidence of initial health needs assessments and plans being completed in a timely manner and undertaken by a paediatric trained medical practitioner. There was also evidence of review health needs assessments and plans being completed in line with timescales. Dental checks and immunisation status were also recorded.

Recommendations

Within 3 months (from report)

York Teaching Hospital NHS Foundation Trust and Harrogate and District NHS Foundation Trust should ensure that the recent improvements in the timeliness of initial and review health assessments are sustained.

NHS North Yorkshire and York should ensure that arrangements are in place to provide timely health assessments for looked after children and young people who live in external placements or whose placement address is outside of the city boundary.

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.