

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

Date of Inspection	23rd April 2012 to 4th May 2012
Date of final Report	13th June 2012
Commissioning PCT	NHS North Lincolnshire
CQC Inspector name	Christine Evans
Provider Services Included:	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust Rotherham Doncaster and South Humber NHS Foundation Trust
CQC Region	North (East)
CQC Regional Deputy Director North (East)	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](#) .

North Lincolnshire Unitary Local Authority	
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	Outstanding
Capacity for improvement of the council and its partners	Outstanding
Being Healthy	Outstanding

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:

North Lincolnshire was established as a unitary authority in 1996. It is situated on the south side of the Humber estuary and covers an area of 85,000 hectares of which 89% is agricultural land. The pattern of settlement reflects its mainly rural nature with market towns surrounded by many villages. An important exception to this is the substantial urban area of Scunthorpe, with a population of over 60,000. It is most famous for the steelworks that dominates the town and remains a large employer.

The area's population is around 161,345. It has risen steadily since the authority was established and is projected to continue to rise over the next 20 years. Nearly one quarter of the total population - 38,400 children and young people - are under 20. Nearly 50% of the population live in Scunthorpe and 21.3% of children under 16 live in low income families.

4% of the population is part of an ethnic minority. People of Bangladeshi origin form the biggest part of that population although the proportion of people from Poland, Lithuania and other EU accession states has risen of late.

At the time of the inspection 172 children and young people were looked after and 72 had a child protection plan. North Lincolnshire also supports over 5000 children with special educational needs and/or disabilities and is providing services for 430 children in need.

The North Lincolnshire Children's Trust is well established and has full multi-agency support from North Lincolnshire Council, NHS North Lincolnshire, Humberside Police, Job Centre Plus, local colleges and schools, Humberside Probation Service, Voluntary Action North Lincolnshire, North Lincolnshire Homes and the Humberside Fire and Rescue Service. Three young people's representatives are members of the Children's Trust Board.

The North Lincolnshire Local Safeguarding Children Board (LSCB) is independently chaired and is active in bringing together the main agencies to safeguard and protect children. It has representation from the range of agencies attending the Children's Trust Board, with the addition of lay members and the Children and Family Court Advisory and Support Service (CAFCASS).

Health care is planned and commissioned by NHS North Lincolnshire, which is co-terminus with the local authority. The main provider of community and acute health services is Northern Lincolnshire and Goole Hospitals NHS Foundation Trust. Mental health services are provided by Rotherham, Doncaster and South Humber NHS Foundation Trust. There are 21 general practitioner (GP) practices providing primary medical services to the local population. Ofsted 2012

General – leadership and management

1. The Ofsted joint inspection report judged leadership and management as outstanding. Senior members from partner agencies, including health, form the Children's Trust and although there are no formal pooled budgets, agreements are in place to share financial responsibilities and planning. Senior NHS staff, including designated and named professionals contributes well to both the Children's Trust and the North Lincolnshire Safeguarding Children Board (LSCB), and their membership meets requirements. Designated and named health professionals fulfil their statutory roles on these boards with the designated doctor and designated nurse acting as professional advisors to the board. Action groups ensure that services for children and young people are monitored, developed and reviewed.
2. All NHS 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 governance systems. NHS trusts have relevant safeguarding children policies and procedures in place that are updated on a regular basis and which are well understood by staff.
3. Appropriate and effective commissioning arrangements are in place to ensure health providers meet their safeguarding responsibilities. NHS North Lincolnshire, as the main commissioner of services, discharges its safeguarding responsibilities through its contracts with providers. All contracts contain safeguarding standards and regular reports on compliance are required from providers. The transition of commissioning to the clinical commissioning group is developing well with plans to locate the designated safeguarding nurse in these arrangements as well as the named doctor.

Outcome 1 Involving Users

4. The Ofsted joint report notes that an outstanding element of the work done in North Lincolnshire is the consultation, involvement and participation of children and young people in feeding back on and driving forward the quality of services. The report noted that there are particularly impressive arrangements for young people to be involved in the Children's Trust, local safeguarding children board and focused children and young people's groups around safeguarding.
5. The public health directorate ensures young people's experiences are taken into account when developing services through the 3 yearly Adolescent Lifestyle Survey. This survey informs the joint strategic needs assessment. The latest survey was completed in 2011. Over 4,800 pupils aged 11 to 15 years were included and overall the results were very positive with measurable improvements from previous years, which provides evidence of the effectiveness of local agencies. For example, the percentage of young people who engaged in risky behaviours fell in 2010 with self reported levels of smoking and alcohol consumption declining in line with national trends. Self reported drug use also fell in relation to cannabis, the most common drug tried by young people, with only 4% in 2010 saying they had tried this drug compared with 7% in 2007. This current rate brings North Lincolnshire into line with the national average of 5%, which is good.

6. Health providers are being encouraged to use the 'You're Welcome' criteria, which is being rolled out across North Lincolnshire to help ensure health services are 'young people friendly'. The child and adolescent mental health service is already working with the criteria and has enlisted the help of the 'Hit Squad' (a group of young children) in re-vamping the waiting area at St Nicolas House in Scunthorpe. The re-vamped area includes a 'Worry Tree' for children and young people to attach and leave worries on, which is about teaching children about choices. The looked after children health team plan to work with the 'You're Welcome' criteria once the designated nurse has been appointed. They already involve children and young people in service design and delivery and an example was given of their involvement in the appointment of the named nurse for looked after children.

7. Health providers have access to translation and interpretation services with no issues reported.

Outcome 2 Consent

8. Policies and procedures are 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. No issues regarding consent were reported.

Outcome 4 Care and welfare of people who use services

9. There is good delivery of the Healthy Child Programme with improved outcomes for children and young people, especially those who are looked after by the authority. Whilst immunisation rates for measles, mumps and rubella in the wider population are similar to national averages, the children in care immunisation rate is significantly better at 95.2% compared with the national average of 79%. For these children there is also strong performance with 91% of looked after children having their teeth checked and the response rate for emotional health is also very high at 94%. All looked after children have access to a GP and a dentist. This performance has been strong and consistent for a number of years.

10. The designated doctor and named nurse for looked after children and young people provide good and improving support to ensure health assessments and plans are up to date, delivered and monitored. This provision has resulted in 94.4% of children having their health assessment and plan reviewed on an annual basis. All initial health needs assessments and corresponding health plans, carried out by the designated doctor, are delivered within 20 working days. The service has recognised that in order to maintain this position additional capacity is required and action is being taken to ensure this high level of performance is maintained.

11. Support is in place for young mums and dads via Children's Centres and parents told us that they were very pleased with the support they received from health services. A family nurse partnership has recently been set up to provide further support to vulnerable young mums and dads but it is too early to assess impact.

12. Foster carers and council residential staff are well supported by the looked after children health team. The named nurse has provided health promotion support to help foster carers keep children and young people healthy, and children and young people including care leavers spoke to inspectors about how well they are supported to lead healthy lives.

13. Effective arrangements are in place to ensure that all looked after young people and care leavers take responsibility for their health. They are always offered a choice of venue for their annual health reviews. Regular health information days are held for all looked after children and care leavers. The information days provide an opportunity for one to one consultations with a variety of health professionals. Feedback from children and young people is very positive.

14. Arrangements are in place to ensure that the health needs of young people leaving care are identified and met. Care leavers receive a copy of their health plan which details their immunisations and contact with other professionals such as dentists.

15. Health support for children and young people with complex care needs and disabilities is good. Agreed pathways are in place such as the one for children with autistic spectrum disorder and there is good access to services with no waits reported. Staff reported that teams worked very well together, which is helped by staff being co-located. The integrated disability children's team is a very good example of this.

16. Paediatric services and the specialist dental service for children with complex needs are held in high regard by parents. The specialist community dental service provides oral health care to children and young people with complex health or social needs. Care is provided from a range of settings and waiting times have been maintained well below the target. A sedation service is offered for anxious children. To promote good dental health in schools the oral health promotion team has worked with the consultant in dental public health to produce resource packs.

17. Parents expressed some concern in relation to continence support and awareness of disabled children and their needs within adult specialist services. Waiting times in some adult clinics, such as ear nose and throat and ophthalmology, was raised as a specific issue. Parents have an opportunity to work with relevant health services to discuss and address these issues through the link that has now been established between the Parent's Forum (PIP) and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust. Parents said they could access short break provision, which was generally of a good standard.

18. Hospital admissions for young people for mental health conditions are lower than the national average and therefore performance is significantly better. Child and Adolescent Mental Health Services (CAMHS) in North Lincolnshire are exceptional with very good access for children, young people and their families. Performance is maintained with no delays in accessing services and there are effective arrangements for transition into adult mental health services. Children have access to a range of provision including brief intervention (primary mental health workers) and early intervention psychosis teams. Young people have access to age appropriate beds and staff work to avoid admissions by creating intensive care packages around the child or young person. Mental health provision provided by the Youth Offending Service has significantly improved since the last published inspection.

19. Children and young people in the care of the authority also have access to an exceptional dedicated comprehensive CAMHS who use a tiered fostering CAMHS approach. This approach was developed some years ago and has been recognised nationally as best practice. The model is used to ensure the child or young person receives assessment and appropriate intervention, in consultation with the child or young person, social care and carers. The model uses partnership working, co-ordination, working together and team around the child in order to achieve objectives. Complex and high need cases are recognised and a long term service is provided if required. There are no issues regarding access as all referrals to first contact are seen within 12 weeks. The service will follow children and young people placed out of the area and will continue to provide the service if the child is placed close by, which is very good practice. Transition to adult services works very well and the service will remain in contact with a young person if required until they are settled, again this is very good practice and the service is to be commended for the level of support provided to young people.

20. The use of the strengths and difficulties questionnaire (SDQ) by the looked after children CAMHS is strong and is ensuring that children and young people receive appropriate early support. All SDQs are reviewed by psychologists who meet regularly with children's social care and the health looked after children team to ensure that services are appropriately targeted. North Lincolnshire has achieved high numbers of SDQs with 98% completed for eligible children and young people.

21. Young people have access to outstanding substance misuse services with no young person leaving the service in an unplanned way. The hospital admission rate in young people for alcohol specific conditions is significantly lower than the national average and hospital admissions due to substance misuse are not significantly different to the national average. The Drug Education Liaison Treatment Agency (DELTA) provides information, advice and support to all children and young people under the age of 19 years, although the service is flexible in relation to this and will continue to provide support to a young person if appropriate. Harm reduction and motivational interviewing is provided. The service is community based and a worker is also co-located within the Youth Offending Service, which was recognised as best practice in a recent inspection of this service. The service has a positive relationship with secondary schools and provides drop-in sessions for young people with the aim of building resilience. Innovative practice is in place such as 'cell sweeps' carried out in police custody suites to identify young people and raise awareness of the service. The effectiveness of the service is reflected in performance information which is very good.

22. Also in relation to the Youth Offending Service DELTA supports the 'Respect' programme and carries out pre-work on prevention which ensures young people are picked up early and so avoid conviction. Transition arrangements into adult substance misuse services are staged over a 3 to 6 month period to ensure the handover is well managed and young people are supported. All staff are trained in drug and alcohol national occupational standards (DANOS). For neonates there is a neonatal abstinence syndrome policy in place. Once the baby has been born they and their mother will remain in the obstetric department for 5 days to monitor the baby and provide support to the mother. Families are encouraged to stay in the flat attached to the neonatal unit where the opportunity is taken to assess parenting capacity. At the same time the opportunity is taken to encourage and promote breastfeeding.

23. Exceptional support from substance misuse services is also provided for children and young people in the care of the local authority. A dedicated referral pathway is in place and robust arrangements ensure that tailored packages of intervention are managed via regular meetings involving the children in care nurse, children in care case management team and DELTA staff.

24. There is good access to sexual health and contraception services that have improved the teenage conception rate and diagnosis rate for Chlamydia. The teenage conception rate has dropped 20% since the baseline in 1998, which is slightly better than that achieved nationally (18%), although the rate is still higher than the national average. The local NHS has adopted an opt out system in relation to Chlamydia screening meaning that all individuals presenting at maternity, termination services and the contraception and sexual health services (CASH) are offered a test. This will have helped the good performance in relation to the Chlamydia diagnosis rate which is significantly better than the national average. CASH offer dedicated young people clinics via CHOICES and COAST which is the Chlamydia screening programme. Use of social marketing and access to long acting reversible contraception has contributed to the drop together with good uptake of the C-Card Scheme.

25. There is good access to universal services for contraception and sexual health advice and support for looked after young people and care leavers. Uptake of the HPV vaccination is very good and the immunisation coordinator ensures all vaccines are up to date. If required there is access to the consultant midwife with responsibility for teenage pregnancies and any looked after young person or care leaver who becomes pregnant can also be referred to the Family Nurse Partnership or supported within the universal midwifery service.

26. A new and excellent purpose-built facility, The Pastures, provides six semi-independent units for teenage mothers and all places are currently occupied by looked after young women. The unit provides very good intensive support to young mothers and their children, promoting their safety and well being and providing parenting support to enhance the mother's ability to care for their children in the long term.

Outcome 6 Co-operating with others

27. Primary care services, health visiting, school nursing, midwifery, paediatric and accident and emergency services are effective across the local authority area with good involvement of health in strategic partnerships and the local safeguarding children board.

28. The main Ofsted report noted that partnership working was good. It reported that there is an excellent local safeguarding children board, providing an ambitious vision and highly effective coordination of safeguarding arrangements in North Lincolnshire. The Children's Trust arrangements were found to be excellent, coordinating well the wider vision of improving all of children's life chances in North Lincolnshire and senior managers and designated and named professionals from the various health agencies contribute well to these arrangements.

29. The Ofsted report also said multi-agency panels and groups are a key feature of the work being done to improve services and outcomes for children and young people and these are highly effective. Thresholds for access to services have been agreed across the partnerships and these are well embedded and understood across all agencies. Children and young people at risk of significant harm are promptly identified and cases allocated to a suitable qualified, trained and experienced social worker. Strategy discussions are held appropriately between social care, police and other agencies (including health).

30. Well thought out arrangements have recently been put in place to ensure children who harm others are assessed and receive appropriate intervention. Arrangements are multi-agency and provide a very good example of health working with a range of other agencies to improve outcomes for children. Referrals have been received for this service but it is too early to assess impact.

31. Multi-agency public protection arrangements (MAPPA) and multi-agency risk assessment conferences (MARAC) are well established and effective with good partnership representation at meetings. The Domestic Abuse forum meets regularly and is well attended by a wide range of relevant statutory and non statutory agencies. The forum has good links with the local safeguarding children board. Good communication and information sharing is supporting effective partnership working in this area of work in North Lincolnshire.

32. Front line child protection and children in need partnership work is strong including involvement in assessments, developing plans and carrying out activities to ensure children are protected. Health visitors and school nurses are involved well in child protection review processes and attendance at child protection conferences is monitored. Above 95% of health visitors and school nurses attend and there is full compliance in producing reports to conference.

33. There is good representation from health on key strategic and operational groups, which is supporting very effective partnership working to ensure the excellent outcomes for children and young people are maintained. Health is represented on the corporate parenting group and the designated doctor sits on the adoption panel. Health also links with the children in care partnership group and contributes to both the pre-complex care panel, which looks at keeping a child at home, and the complex care panel, which identifies the holistic needs of a child that may need to be accommodated including how best their health and education needs can be met during this time.

34. There is good information sharing between the looked after children health team, primary and community care and social workers. The named nurse for looked after children links with the children looked after case management team and has co-located facilities with that team to run weekly drop-in sessions and consultations for children and young people (including care leavers), their carers and staff. All health assessments and plans are copied to the foster carer and social workers, and community staff including health visitors, school nurses and general practitioners. Primary and community care staff have access to this information via SystmOne. To ensure GPs are aware and can incorporate the information into their primary care record a task is sent via the system to alert them.

Outcome 7 Safeguarding

35. The judgement for the contribution of health agencies to safeguarding children and young people is good.

36. Health partners demonstrate compliance with statutory guidance with robust and effective safeguarding and child protection policies and procedures in place. Health staff at all levels who were seen during the inspection demonstrated a clear understanding of their safeguarding and child protection responsibilities, including how to identify risks and make referrals. Many said they participated effectively in formal child protection procedures and staff said they understood their role and responsibilities in producing timely reports for child protection conferences.

37. We found high quality work by health professionals across the range of child protection work including strategy meetings, child protection conferences and core groups. In the main there is good attendance at meetings and reports are produced promptly for these meetings.

38. Commissioning arrangements ensure that safeguarding standards are included in contract specifications with a requirement that providers report to NHS North Lincolnshire on a regular basis with exception reports as required.

39. NHS North Lincolnshire, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust all have robust governance systems in place to help assure their relevant management boards that safeguarding children practice is delivered to statutory requirements and national standards. Annual reports are produced by all trusts and all are involved in local safeguarding children board led section 11 and safer recruitment audits, which show good compliance.

40. North Lincolnshire has appropriate arrangements in place to review child deaths. The child death overview panel is chaired by the director of public health and the designated doctor is a key member. Rapid response arrangements are in place including for sudden unexpected death of a child (SUDIC). The team approach works well and includes bereavement support for parents. Although infant and child mortality rates are similar to the national averages the panel has highlighted and communicated well on identified common themes such as concerns on co-sleeping and water safety. The SUDIC service is offered to the families of children and young people up to the age of 16 years. For bereaved families the service has developed the 'Garden of Contemplation' in Scunthorpe for families to visit.

41. There have been no recent serious case reviews in North Lincolnshire. However, actions arising from a serious case review in 2009 have been implemented. Health staff have supervision processes in place where lessons from national serious case reviews and initial management reviews are incorporated.

42. The arrangements for named and designated professionals across NHS Trusts are appropriate and meet the requirements of Working Together. The designated doctor is a paediatric medical practitioner and is also fulfilling the role of named doctor for Northern Lincolnshire and Goole Hospitals NHS Foundation Trust until the post is filled in August 2012. All other named professionals for each of the trusts are in place. Northern Lincolnshire and Goole Hospitals NHS Foundation Trust have also appointed a lead anaesthetist based at the hospital in Scunthorpe.

43. Named professionals work effectively in support of practitioners which includes advice through supervision. The paediatric liaison health visitor and paediatric liaison school nurse provide exceptional support to ensure children and young people are safeguarded. All attendances in the emergency department at Scunthorpe General Hospital are screened and information is shared quickly with other professionals through SystemOne and the accident and emergency follow up form. All paediatric areas, the neonatal intensive care unit and the emergency department receive daily visits to pick up any concerns and provide staff with support.

44. The impact on children and young people of domestic violence in families is well understood by health practitioners. Health agencies are appropriately represented on the local Multi Agency Risk Assessment Conferences (MARAC) and midwives are able to refer direct into this process which they said worked well.

45. Good arrangements are in place for midwifery staff to identify vulnerable females throughout pregnancy with clear processes in place including a substance misuse pregnancy pathway. Safeguarding information is recorded in each individual's family file which follows the women throughout pregnancy. Midwifery staff are currently being trained in the domestic abuse, stalking and 'honour'-based violence (DASH) risk assessment process and the domestic violence policy is being revised to ensure this is incorporated. Staff have access to and are aware of the female genital mutilation policy.

46. Good arrangements are in place to safeguard children and young people who attend urgent care and accident and emergency at Scunthorpe General Hospital. Care staff are aware of the need to safeguard children and young people where there is evidence of domestic abuse, mental health or substance misuse in their families. Pathways are in place to ensure there is good access to both the child and adolescent mental health service (CAMHS) and DELTA (young people's drug and alcohol team). All urgent referrals into the CAMHS are seen either the same or next day, which is very good.

47. There is no specific sexual assault and referral centre that North Lincolnshire can access for children and young people under the age of 16 years. However, effective arrangements have been agreed with the police to ensure that child protection medicals and examinations following alleged sexual abuse are carried out by suitably trained staff. On call consultant paediatric staff undertake medical examinations in collaboration with forensically trained or other specialist colleagues of any child who may have suffered sexual assault in the previous 7 days. Paediatricians also have access to forensic medical examiners if required.

Outcome 11 Safety, availability and suitability of equipment

48. The emergency department at Scunthorpe General Hospital has adequate facilities to treat children and young people including a separate children's waiting area with access to play equipment and play specialists if required.

49. Children and young people also have access to a designated treatment area and a designated resuscitation area, both of which are appropriately equipped.

Outcome 12 Staffing recruitment

50. There are robust safer recruitment policies and procedures in place and annual safeguarding reports to NHS trust boards show they are compliant with regard to statutory requirements around completion of Criminal Records Bureau (CRB) checks. All staff who we spoke to said they had been enhanced Criminal Records Bureau checked and that these checks were repeated on a 3 yearly basis, which is good practice.

Outcome 13 Staffing numbers

51. Caseloads of key staff such as health visitors and school nurses are managed to ensure there is sufficient capacity. Staff who we met reported that staff numbers in school nursing and health visiting teams, although stretched at times, were sufficient to meet the demands of current core and targeted work.

52. The emergency department at Scunthorpe General Hospital does not have staff with a paediatric qualification to cover each shift. However, they do have access to a new paediatric advanced practitioner service, which was described as working very well, and access to medical and nursing staff from the paediatric ward at Scunthorpe General Hospital as well as the paediatric emergency team.

Outcome 14 Staffing support

53. Take up of good quality training and supervision for safeguarding children and young people across NHS trusts within North Lincolnshire is adequate but improving. A targeted training programme is also offered to dentists, pharmacists and optometrists. Trust boards are updated on progress through regular safeguarding reports and staff who we met said they had received the appropriate level of training.

54. General Practitioner (GP) involvement in safeguarding arrangements is also improving, with all GP practices across North Lincolnshire having a safeguarding lead. All are trained to level 2 child protection and although many are trained to level 3 this is not yet fully compliant with national guidelines. NHS North Lincolnshire is adopting a modular approach to the delivery of training so that GPs find it easier to attend.

55. There is minimal attendance of GPs at child protection conferences, with time pressures cited as a main issue. However, they do provide reports and support is provided to GPs via the designated nurse for safeguarding and the medical director and named doctor for primary care.

56. Named professionals work effectively in support of practitioners, which includes advice through child protection supervision arrangements. Staff have access to both one to one and group supervision which they described as working very well.

Outcome 16 Audit and monitoring

57. Health partners are involved in regular multi-agency 'practice discussions' to ensure progress in complex cases. Wider lessons learned from these practice discussions are passed to the local safeguarding children board for dissemination. The independent reviewing officer service has a discrete role within the quality assurance framework and reports regularly to senior managers on any themes and patterns to drive forward improvements in practice and the quality of service delivery. For example, over the last year independent reviewing officers had identified the need to improve contributions by GPs to conferences and as a result of focused work this has now risen from 40% the previous quarter to over 60% in the last quarter.

58. All NHS trusts present annual reports to their respective boards. The reports discuss key messages shared with the Children's Trust board and North Lincolnshire safeguarding children board. They outline governance and assurance arrangements and detail compliance with safeguarding standards including compliance with section 11 and safer recruitment requirements. Section 11 and safer recruitment audits are carried out and discussed at the local safeguarding children board challenge event.

59. Audits undertaken by NHS trusts have strengthened child protection systems and a good example of this is the new flagging system implemented in A&E for domestic violence.

60. There are good systems in place to monitor the health reviews of looked after children and young people. The named nurse quality assures all health reviews to ensure that they are of a consistently good quality and provides feedback to health visitors who support the delivery of the health assessments for those children under the age of 5 years. The named nurse for looked after children plans to further enhance quality assurance processes by carrying out an audit to look at the quality of documentation used.

61. Good arrangements are in place to monitor the initial health assessments and health reviews of the small number of children and young people placed out of the county. The named nurse maintains good relations with out of area looked after children health teams to ensure health assessments and plans are of a good quality. If a child or young person is placed close by the named nurse will continue to provide the health review assessments, which is very good practice.

Outcome 20 Notification of other incidents

62. Staff showed an awareness of the local authority designated officer (LADO) arrangements, which were described as clear and robust with investigations carried out in a timely manner.

Outcome 21 Records

63. In the records seen during the inspection there was evidence of appropriate health involvement in safeguarding and child protection processes.

64. 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 the designated doctor. There was also evidence of the designated doctor completing pre-adoption medicals. Review health needs assessments and plans were also completed in line with timescales. Dental checks and immunisation status were recorded together with the use of the strengths and difficulties questionnaire where relevant. Records were dated and signed by the relevant healthcare professional.

Recommendations

There are no recommendations.