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.

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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:

South Tyneside has a resident population of approximately 32,300 children and young people aged 0 to 18, representing 21.0% of the total population of the area. In January 2012, 6.0% of the school population was classified as belonging to an ethnic group other than White British compared with 22.5% in England overall. Some 4.7% of pupils speak English as an additional language, 2.4% of pupils are of Bangladeshi heritage. (Ofsted, June 2012)

The Children & Families Board (formerly the Children and Young People’s Alliance, which was established in 2003) brings together key partners from across South Tyneside. The South Tyneside Safeguarding Children Board became independently chaired in 2009. The Board brings together the main organisations working with children, young people and families in the area that provide safeguarding services. (Ofsted, June 2012)

Children and young people’s community health care services are provided by South Tyneside NHS Foundation Trust. Northumberland and Tyne & Wear Mental Health Trust have recently been commissioned to deliver Tier 3 and 4 child and adolescent mental health services (CAMHS). There are 29 GP practices and 22 dental surgeries in the borough. (Ofsted, June 2012)
Outcome 1 Involving Users

1. There is good evidence of involving young people in the development of services in South Tyneside. Most recently this has been in the commissioning of contraceptive and sexual health services where young people have strongly influenced the design and provision of the new and improved offer.

2. Young people, looked after, are offered a choice in where their health reviews take place. This helps to engage them in the process. They have also been involved in the redesigning of information leaflets that are issued to children entering the care system to explain the purpose of a health assessment and health review.

3. Good support is offered to minority groups to help support pregnant women and new families. A specialist midwife works with ethnic communities and runs dedicated antenatal clinics where translators are pre-arranged for booking sessions. These clinics are well attended and the service is highly appreciated by communities. A health visitor works with ethnic families in Marine Park and holds regular breastfeeding groups and toddler groups. Excellent links with the local children’s centre means that families where English is not their first language are supported well to access local services. All health practitioners interviewed during the inspection confirmed that they had good access to translation and interpreter services.

Outcome 4 Care and welfare of people who use services

4. Young people recently contributed to a major consultation on the future of preventative work for sexual ill health, substance misuse services (risk and resilience model). This led to a major reconfiguration of services across South Tyneside. One significant finding of the consultation was that young people were highlighting the need for more robust emotional health and wellbeing services; they felt that if these services were available then risk-taking behaviours would diminish. In response to the consultation, significant resources have been put in place to support early identification and prevention of risk-taking behaviours in schools, with a workforce development plan to underpin the new models of service. The “social norms” model has been introduced into two comprehensive schools with plans to roll this out across the district. Some group work has taken place in alternative education services to look at the impact of unintentional pregnancy, including work with young males. It is too soon to comment on the impact of the new service provision.
5. Enhanced sex and relationship education is being targeted in local “hot spots” where there are high conception rates. Use of C Card to access contraception and chlamydia testing is well established. Access to emergency contraception is good, with further training of pharmacists recently being completed. South Tyneside has an “Options” advisor to help young people who wish to terminate their pregnancy. Access to CASH is available 6 days a week and there is good progress in reducing the overall trend of under 18 teenage conceptions, however, the number of under 16 conceptions remains high. The uptake of long acting reversible contraceptives (LARC) is very good and the number of second conceptions has reduced significantly. The use of an electronic record within CASH services supports good information sharing and includes a comprehensive risk assessment on all young people that considers whether the young person is being exposed to sexual exploitation.

6. Midwives safeguard the unborn child well. Efficient processes used as part of the booking process identify vulnerability in pregnancy and information sharing is appropriate. Most bookings take place in GP surgeries and there are improved arrangements to ensure that there is a dedicated opportunity to see women alone to ask the routine enquiry on domestic violence. Pregnant women who do not attend their ante natal appointments are quickly followed up and this provides additional opportunities for assessment. Monthly meetings take place between health visitors and midwives to ensure that vulnerable families are discussed and plans are in place to support the mother and baby once delivered.

7. A specialist substance misuse midwife supports women who have a known substance misuse or alcohol problem. The specialist midwife works flexibly with women on her caseload to ensure that they access appropriate ante natal care and that they are seen by the consultant obstetrician at the hospital. Comprehensive plans are agreed to ensure that all necessary arrangements are in place at delivery and in the post natal period. Midwives in the delivery suite and post natal wards find these plans beneficial as they enable a co-ordinated approach to the care of the women and their babies.

8. As soon as it becomes known that a pregnant woman will require additional support for her emotional health, arrangements are made for her care to be overseen by the consultant obstetrician depending on need. Referrals to local counselling services and the community mental health team are prioritised so that pregnant women are seen promptly.

9. Support for teenagers who are pregnant is good. There is a dedicated teenage pregnancy midwife who runs teenage ante natal clinics at the hospital and will also see young people at home if they find it difficult to access universal provision. Care is taken not to arrange appointments in school hours and this includes the scheduling of targeted parent craft classes. Many vulnerable pregnant teenagers join the Family Nurse Partnership which has recently increased its provision. This provides good support with good outcomes for the young family, including the numbers who choose to breastfeed, have their babies immunised and the numbers of young mothers who return to education.
10. Delivery of the healthy child programme across South Tyneside is outstanding. There are ongoing opportunities to identify vulnerability in families and for early and targeted support to be provided to help prevent escalation of risk. Health visitors describe caseloads as manageable and told us they are able to make all recommended ante natal and post natal visits and contacts up to a child transferring to the school nursing service. All local nurseries have a named health visitor to contact if they have concerns about a child. Regular meetings across health visiting and midwifery mean that any concerns raised during the ante natal period are quickly shared. Most health visitors meet regularly with their named GP practice to share information about families who may need additional support or where there are child protection concerns.

11. Appropriate arrangements are in place to transfer children from the health visiting service to the school nursing service, with face to face meetings planned to discuss those children where additional need has been identified.

12. School nurses attend new parents sessions in most schools and all parents of children new into primary school are given a reception health questionnaire. All children in reception and in year six are measured as part of the national child measurement programme and school nurses carry out routine vision and hearing tests, as well as the immunisation and vaccination programme.

13. Each secondary school has a school nurse drop in and there are plans to increase the number of school nurse drop ins in primary schools as these are proving popular with parents and teachers. School nurses are trained in the C Card and chlamydia testing and refer to local CASH services as necessary.

14. Good partnership working contributes to the highly effective arrangements within paediatric urgent care at South Tyneside General Hospital to identify and safeguard children and young people. Previous attendances are considered as part of the comprehensive assessment. Records are regularly audited to ensure that the assessments are robust and are correctly identifying risk to children and young people. Children who have child protection plans in place have their records flagged so that they are easily identified and any social work involvement with a family is checked as part of the assessment. An algorithm is used as part of the assessment to make sure that consent for treatment is appropriately obtained and this helps to make sure that looked after children are identified, along with their social worker. Referrals to the children and families team are made promptly and all cases of concern are discussed at the weekly multi disciplinary liaison meeting.

15. Young people who attend urgent care following an episode of self harm are supported well and are routinely admitted for a period of observation in line with National Institute of Clinical Excellence (NICE) guidance. Urgent care staff report good support from CAMHS both in and out of hours.

16. Well developed and effective care pathways between urgent care and Matrix mean that young people who attend the department following alcohol or substance misuse are offered a brief intervention from the substance misuse service. This means that young people are identified at the earliest opportunity and offered assistance.
17. Matrix offer a comprehensive package of support and intervention for young people who are misusing alcohol or other substances. The team operate from their local office base and offer assertive outreach in community settings or in a young person’s home. There is a good range of talking and holistic therapies to support a young person and planned exists from the service reflect good engagement by young people. As well as offering support around early identification and prevention of substance misuse, Matrix has an outcome tool designed around a star that looks at key influences and targets for the young person. As the young person is successful in meeting their targets and changing risk taking behaviours, this is reflected in the changing shape and size of their star. It is a highly visual outcome tool that measures progress and is well evaluated and appreciated by the young people.

18. Child and Adolescent Mental Health Services are at the very early stages of implementing a new model of care following extensive reconfiguration and re-commissioning of local services across South Tyneside. There was significant involvement of parents, children, young people and carers in the development of the new service specification.

19. The new service operates within the Choice and Partnership Approach supported by specialist therapy services with a single point of access. Commissioners have introduced a target to ensure that by 2013 no family will wait more than six weeks for an appointment and this should address the services current long waiting times. However, though there are some early signs of service improvement, especially within learning disability services, it is too early to evidence any real impact.

20. For those young people who require intensive support for complex mental health needs, then in-patient care is provided at the near-by adolescent in patient unit or through the new intensive home treatment team.

21. Children and young people with disabilities and complex healthcare needs have good access to therapy support services. A specialist health visitor supports colleagues in identifying and assessing any developmental delay and in making referrals to the Early Years Panel. The multi agency Early Years Panel considers all requests for early intervention services and allocates provision according to need through CAF. This avoids duplication of resource and continuity of approach. The panel monitor progress in outcomes to ensure that services are making a difference to families.

22. Children with social and communication difficulties are assessed through the Joint Assessment Clinic for the under 5’s which is fully NICE compliant and there are no waits to access the pathway. However, the service for children over 5 has recently been recommissioned and work is ongoing to improve the assessment and diagnosis pathway, increase resources and address the waiting list that was inherited. It is too soon to comment on the impact of this work.
23. Recent changes to service provision for children with learning disabilities and mental health services has meant improved access to care and facilities. There are very good arrangements in place to ensure that young people transition into adult services well. A multi agency group monitor the progress of individuals through transition up until they are 25 to ensure that a young person remains supported. Health Action Plans are used to support young people with learning disabilities and the uptake of plans around transition into adult services is very good.

24. An effective community nursing team support children and young people with complex health needs. The team provide training to parents, carers and professionals working with the young person to ensure that a child is able to access life’s opportunities. Examples were given on how children with very complex needs were supported in accessing school which was very important for that young person.

25. Families have improved access to respite and short breaks through the Aiming High funds which has allowed those children and young people with mild to moderate learning difficulties to access support.

26. Children and young people looked after by South Tyneside Local Authority have good health outcomes. The number of health assessments carried out with children and the numbers of children who have had visited a dentist and who are up to date with their immunisation and vaccinations exceed all national performance indicators and most of those of their statistical neighbours.

27. Good processes are in place to ensure that the health needs of children entering the care system are identified and appropriate health plans developed. The initial health assessments are carried out by the designated doctor for looked after children and a flexible, responsible approach to scheduling initial health assessments ensures that the majority of assessments are carried out within statutory timescales. The designated doctor is also the medical advisor for fostering adoption and this promotes continuity of approach and advice as she knows the children well.

28. Health reviews are routinely carried out for all children and young people, looked after by either the health visitor, school nurse or designated nurse for looked after children. The quality of the health reviews and health care plans is variable and until very recently there has been no routine quality assurance or audit to ensure continuous improvement. Targeted health promotion is delivered as part of the health review, however, the local substance misuse screening tool is not routinely used and this means that the opportunity for an in-depth conversation about risk taking behaviours may be being missed.

29. Effective arrangements are in place to ensure that children and young people who are placed out of the South Tyneside area have access to timely and appropriate health reviews. Established processes ensure that payments can be made for those authorities that charge and the designated nurse for looked after children scrutinises reviews to ensure that they are appropriate and complete. Health partners are established on the High Level Placement Panel which is responsible for securing packages of care for those young people who have complex health needs.
30. Services to support the emotional health and wellbeing of children looked after have recently been re-commissioned and are in the early stages of implementation. High numbers of completed strengths and difficulties questionnaires are returned by foster carers, education staff and age appropriate young people. Specialist workers support the emotional health needs of children and young people, looked after, who are referred in to CAMHS. The new contract specification includes CAMHS support through consultation, support and training of foster carers and other universal services working with children looked after.

31. Young people, looked after have access to good local contraceptive and sexual health services and substance misuse services. There are dedicated workers for young people, looked after, who may find it difficult to engage with universal services.

32. The designated nurse currently offers young people who are leaving care the opportunity to meet with her for an exit health interview. Take up of the offer is low and the designated nurse acknowledges the need for all young people leaving care to be provided with a complete summary of their healthcare as current arrangements are poor.

Outcome 6 Co-operating with others

33. Effective paediatric liaison is carried out by both a paediatric liaison health visitor and a school nurse. Liaison forms are completed by urgent care staff and collected on a weekly basis. This ensures that those children and young people who have attended urgent care and had additional needs identified are responded to by either a health visitor or school nurse. In addition, all notifications are routinely notified to the child’s general practitioner.

34. The South Tyneside NHS Foundation Trust Multi Disciplinary Liaison Meeting is a well established meeting at which any concerns around safeguarding that have been raised by health practitioners are discussed. Consensus is reached on how best to meet the needs of vulnerable families and this promotes a consistent approach when dealing with complex families. The liaison meeting is well attended by representatives from the local authority, children’s community nursing service, paediatric wards, urgent care, the young people’s substance misuse service (Matrix) and CAMHS. Currently, maternity are not routinely represented and receive their feedback from the children’s community nursing service and this is a gap in representation.

35. Midwifery attendance at initial conference for unborn baby and pre birth conferences is 100%. Close monitoring of attendance and submission of conference reports ensures this excellent performance. Comprehensive child protection plans are developed and kept in hospital notes which are available to midwives on the labour ward. A copy of the plan is transferred into the baby’s notes once delivered to ensure all health practitioners working with the family are following the same care pathway.
36. Health visitors and school nurses use skill mix to effectively deliver care packages to vulnerable families as part of CAF, Child in Need or Child Protection. CAF in well embedded in health visiting and school nursing services and there is an ongoing training programme to equip public health nurses with the necessary skills of lead professional. Of significant benefit has been the introduction of the Local Authority Common Assessment and Advice team (CAAT) and the introduction and measuring of priority outcomes to ensure that work with families remains goal orientated and outcomes are measured. There are good local links with the children’s centres across South Tyneside. Health visitors have their child development clinics in most of the Children’s Centres and this helps families to become familiar with the centres and to access any additional support that is on offer.

37. A specialist CAMHS nurse is employed to work with the Youth Offending Team to support staff, provide consultation services to universal practitioners and parents as well as offering interventions to young people who have offended. This partnership approach benefits young people who may have a previously undiagnosed learning difficulty or require additional support for their emotional health and wellbeing.

Outcome 7 Safeguarding

38. The line management arrangements for the designated professionals are appropriate and support them in fulfilling the duties as outlined in Working Together 2010. The designated nurse is line managed by the associate director for the PCT cluster along with her colleagues from Sunderland and Gateshead and is employed full time. The designated nurse for safeguarding children has also taken the responsibility for safeguarding adults and is also responsible for supporting primary care. Care must be taken to ensure that there is capacity within the role for these additional responsibilities and that they do not compromise her statutory role.

39. Designated professionals have good support from the quarterly named and designated professional meetings and also the designated professionals meeting across the cluster and region

40. The resourcing of the named professionals within the acute services provided by South Tyneside NHS Foundation Trust is insufficient to allow them to fully meet the requirements of their posts as outlined in Working Together 2010 and the Intercollegiate Guidance. The named nurse is employed for 8 hours in the role and has a further 4 hours of support from a paediatric nurse practitioner. The named nurse’s substantive role is as a paediatric nurse practitioner within the paediatric urgent care. Her continued presence in the department continues to embed and strengthen the existing outstanding arrangements to safeguard children and young people. Monitoring of safeguarding and child protection practice is mainly through the weekly multi disciplinary liaison meetings, some audit takes place that demonstrates effective practice, however, audit and monitoring of safeguarding activity across services outside of key areas such as paediatrics, urgent care and maternity services is less well developed.
41. The named midwife has 4 hours allocated to the post which is part of her overall responsibility as Community Midwifery Team Manager. The named midwife is effective in her role; however, there is insufficient capacity within the allocated resource to meet the demand of increased safeguarding and child protection activity in this key area.

42. The named doctor is also carrying out the operational part of the designated doctor for looked after children role. She undertakes the initial health assessments and follows up requests for child protection medicals. The role of designated doctor for LAC is not formally appointed to and there is no appropriate job description in place.

43. The South Tyneside NHS Foundation Trust now has a Lead Anaesthetist for safeguarding and child protection in post.

44. The named nurse for safeguarding children within community services is employed full time and is supported by an additional 2 full time safeguarding advisors. The line management arrangements are in transition and once finalised will meet the requirements of Working Together 2010. The named nurse is a member of many LSCB sub groups and is now working closely with the executive safeguarding lead to ensure that her named nurse colleagues across the three community services are not duplicating effort.

45. The designated nurse for looked after children is line managed by the named nurse within community services and the named doctor is the accountable to the designated doctor and the community service business manager. The current line management structure does not give sufficient influence to the designated nurse for looked after children to enable her to champion the health needs of children, looked after.

46. There remains no named GP in South Tyneside despite strenuous efforts by the PCT to recruit. Alternative arrangements are being considered and discussed with the local primary care community and NHS South of Tyne. This means that the ability of GPs to influence strategic discussion and safeguarding children practice across the district is limited. Although the numbers of GPs attending child protection conferences is low, the majority of GPs do send a report to the Independent Reviewing Officer.

47. All GP Practices now have a GP safeguarding lead, though the leads have not yet had the opportunity to meet and discuss how they can best support each other and how good practice can be disseminated across the district.

48. Representatives of GP practices spoken to during the interview told us that relationships and communication with health visitors and midwives was good, though there was variability in how this happened. Some practices had regular formal meetings and some had ad-hoc conversations with health visitors. Poor communication between GPs and health visitors continues to be a common feature in serious case reviews nationally.
49. Adult mental health staff access supervision from either their safeguarding lead or from the trust’s safeguarding team if they are working with a family where there is a child protection or child in need plan in place. In addition, any issues around children of service users are discussed as part of routine clinical supervision. Enhanced safeguards have been recently introduced across the trust to ensure that the details of all children of service users are now routinely recorded and included in any risk assessment.

50. Practitioners from adult mental health and adult substance misuse services report good partnership working with South Tyneside children and families social workers. Adult mental health staff prioritise attendance at child protection conferences and examples were given on how joint working had helped to safeguard children and young people.

51. Appropriate procedures are in place to safeguard any young person under 18 who may be admitted as an emergency into an identified adult mental health ward; however, since the opening of the new adolescent in patient unit, this has not been necessary.

52. Awareness on the impact of domestic violence in families on children is well understood across South Tyneside. Those practitioners interviewed were aware of the local MARAC and their representative. However, local arrangements do not include police routinely notifying health visitors and school nurses where they have attended an incident of domestic violence and children were present. The designated nurse is aware of the importance of sharing information around domestic violence and is part of a local sub group that are working to address this issue.

53. There is good partnership working across community services and the South Tyneside children and families team. The named nurse attends multi agency front door meetings where operational issues are discussed and working practices explored. An effective escalation process to resolve areas of professional disagreement works well and most concerns are dealt with early in the process.

54. Clear structural arrangements are in place for serious case reviews through a well attended SCR sub-group of the LSCB which has representation from key, statutory agencies and is independently chaired by a representative of a third sector organisation. Local arrangements to support the South of Tyne Child Death Overview Panel (CDOP) and implement its findings are well established. Appropriate links are made between the CDOP and the SCR sub-group through membership on both bodies of the designated health professionals. In the event of a child or young person being considered eligible for an SCR, the sub-group meets as a scoping panel and considers the ‘best way to achieve the best learning’ This is not always a full SCR and can be a management review, although the rationale and distinction for choosing one or the other is not always sufficiently clear. (Ofsted, May 2012)
55. Learning from serious case reviews is evidenced well across community services, the trust has responded positively to the identified need to strengthen the role of health visitor as lead professional when working as part of CAF, child in need or as part of child protection work. Early feedback from the training is positive. A recent case audit has shown good use of information sharing and discussion forms as well as multi agency meeting attendance forms.

56. Good arrangements are in place to ensure that children and young people have access to timely child protection medicals by appropriately trained staff. Where sexual abuse is suspected or alleged, then children are referred to the specialist, child friendly facility at Newcastle.

57. The local arrangements to support the South of Tyne Child Death Overview Panel and implement findings are well established. The designated nurse is the chair of the local group. Progress on action plans is co-ordinated by the Child Death Overview Steering Group whose terms of reference have just been revised. The most recent initiative arising from the CDOP include the local “Give me room to breathe” to reinforce the need for appropriate sleeping arrangements with the message reinforced over the Christmas period when children may be sleeping in car seats or temporary cots.

Outcome 11 Safety, availability and suitability of equipment

58. The purpose built paediatric urgent care centre is a bright and friendly environment in which children up to the age of 16 are seen and treated by appropriately trained staff. The department is open from 10am to 10pm, seven days a week. Outside of these hours children and young people are seen in the adult A&E with their care managed by paediatric trained medical and nursing staff.

Outcome 14 Staffing support

59. There is very good uptake of safeguarding children training within South Tyneside NHS Foundation Trust across both community and acute services. The trust’s achievement at Levels 2 and Level 3 is very impressive and is in excess of 90%.

60. Well developed plans are in place to increase the number of staff who attend supervision in safeguarding children practice. The named safeguarding professionals have recently attended training provided by the Strategic Health Authority on how to provide effective supervision on safeguarding children practice. Formal supervision is now being introduced incrementally across the trust to ensure that all practitioners working in acute services who are responsible for child protection, child in need or lead professionals for CAF access one to one sessions.
61. Safeguarding advisors carry out regular supervision for health visitors and school nurses who hold child protection or child in need cases and aspire to increase frequency from six month to three month intervals. Ad-hoc supervision is available on request. A recent audit has shown that some health practitioners are not routinely filing supervision notes in the case file and this is not compliant with the trust policy.

62. All health visitors and school nurses who are new to South Tyneside are given a 3 month induction. A supervisor is allocated and their progress against the training matrix is monitored. All new staff attend monthly supervision until they are competent in child protection and safeguarding practice.

63. Health visitors and school nurses who carry out health reviews for looked after children have access to good support and advice. The designated nurse has recently introduced group supervision for public health nurses who have children looked after as part of their caseload. She also meets with all newly appointed public health nurses to introduce the British Association of Adoption and Fostering (BAAF) paperwork and discuss how an effective health review is undertaken and what makes a good health plan.

64. High quality training is provided through the LSCB on Promoting the Health of Looked After Children which is accessed by social workers, foster carers and other professionals across South Tyneside.

65. The designated nurse for looked after children provides additional training to foster carers on health assessments, their purpose and what children and young people can expect during the process. Additional foster carer training on the importance of attachment is carried out by a Clinical Psychologist. This training supports foster carers in understanding the emotional and physical health of the children they look after.

66. Good progress is being made in increasing the number of GPs who have been trained in safeguarding children practice; over 50% have now accessed Level 3 training and there are plans in place to ensure that all GPs will have been trained by March 2013.

67. The Northumberland Tyne and Wear NHS Foundation Trust have good systems in place to ensure that all staff access mandatory training. Good progress continues to be made in ensuring that all staff attend safeguarding training at a level appropriate to their work.

Outcome 16 Audit and monitoring

68. The NHS South of Tyne are in the final stages of a performance dashboard to monitor safeguarding children activity across the cluster. Provider organisations have been involved in the development of the performance indicators and a reporting template has been produced. The new and strengthened arrangements for performance will link in closely with contract monitoring.
69. Governance arrangements within the South Tyneside NHS Foundation Trust are under review. The proposed arrangements with the newly developed safeguarding dashboard will provide good assurance to the trust board that safeguarding children practice across the organisation is effective.

Recommendations

Within 3 months (from report)

- **NHS South of Tyne and South Tyneside NHS Foundation Trust** to review the membership of the multi-disciplinary liaison meeting of health services to ensure that all relevant teams are represented. (Ofsted, June 2012)

- **NHS South of Tyne and South Tyneside NHS Foundation Trust** review the arrangements for the designated health professionals for looked after children to ensure that the resourcing and accountability arrangements enable the post holders to effectively champion the needs of looked after children at both strategic and operational levels across the partnership. (Ofsted, June 2012)

- NHS South of Tyne and South Tyneside NHS Foundation Trust to review the arrangements for the named health professionals for looked after children to ensure that the resourcing and accountability arrangements enable the post holders to effectively discharge their duties as outlined in Working Together 2010 and the Intercollegiate Guidance 2010.

- NHS South of Tyne to agree with GPs across South Tyneside how the statutory responsibilities of the named GP can be met.

Within 6 months

- **NHS South of Tyne and South Tyneside NHS Foundation Trust** to ensure that young people leaving care are provided with a comprehensive summary of their health care. (Ofsted, June 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.