

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

Date of Inspection	21st May 2012 – 1st June 2012
Date of Joint Report	10th July 2012
Commissioning PCT	Redcar and Cleveland PCT (NHS Tees)
CQC Inspector name	Lea Pickerill
Provider Services Included:	South Tees Hospitals NHS Foundation Trust Tees, Esk & Wear Valley NHS Foundation Trust
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](#) .

Redcar & Cleveland Council	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Good
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	Good
Being Healthy	Good

This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to your commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC's Regional Director, who has overall responsibility for this inspection programme.

The Inspection Process

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

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

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

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

Context:

Redcar & Cleveland is the largest Borough in the Tees Valley and has the second highest population of approximately 137,400. Children and young people age 0-15 years make up 18% of the total population and those in the 16-24 age group 11.5% of the population. Those classified as belonging to an ethnic group rather than White British form 1.1% of the population and are represented in every ward in the Borough. However, the largest ethnic community has a south Asian heritage and live in the South Bank ward. (Ofsted, July 2012)

The Redcar and Cleveland Children and Young People's Trust was originally established in 2007; the membership and priorities were revised in 2010. The Trust, which now has an independent chair, is responsible for delivering improved outcomes for children, young people and their families. The Trust membership comprises representatives from the council including the Director of Adult and Children's Services and elected members, one of whom is the Children's Champion. Other representatives include the voluntary and community sector, South Tees Hospitals Foundation NHS Trust, health partners, Cleveland Police, the youth offending service, the probation service, schools and colleges and a representative of the Local Safeguarding Children Board. (Ofsted, July 2012)

The Redcar and Cleveland Safeguarding Children Board (RCSCB) was formed in April 2010. This brings together representatives from all of the key agencies and professionals in the borough responsible for helping to safeguard children and young people. (Ofsted, July 2012)

The youth offending service is delivered through a joint arrangement with Middlesbrough Council. Children and adolescent mental health services (CAMHS) are also shared jointly with Middlesbrough Borough Council and have recently been reviewed. The council commissions the out of hours service with four neighbouring authorities in the Tees Valley. Stockton on Tees is the provider of the service. (Ofsted, July 2012)

The integrated youth support service provides universal provision through its youth service and more targeted support such as teenage pregnancy, substance misuse and support to young people to reduce anti-social behaviour via the targeted youth support team. There is also additional support in place through extended services. (Ofsted, July 2012)

NHS Tees commissions all health services for the borough. Middlesbrough and Redcar and Cleveland Community Services has transferred to the South Tees Hospitals Foundation NHS Trust which now provides most local community services. This includes health visiting, school nursing, physiotherapy, occupational therapy, child and school health administration; the dedicated looked after children's nurse, speech and language therapy and the James Cook University Hospital which is the main hospital facility, plus the Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust which provides services for mental health and learning disabilities. (Ofsted, July 2012)

Outcome 1 Involving Users

1. The looked after children health team demonstrate ongoing commitment to using feedback from children and young people that they look after to improve their service. The designated nurse for looked after children has recently introduced a survey for children and young people to complete after their health review to allow them to comment on their experience. The survey returns show that whilst school nurses were stating that young people were offered a choice in venue for their review, this was often being dictated by the foster carers. Young people were also involved in the development of the "Leaving Care Health Passport" which is innovative and best practice. The Health Passport complies fully with the National Institute of Clinical Excellence (NICE) guidance and also provides young people, leaving care, with a full history of their health history.
2. All health staff interviewed as part of this inspection told us how they had good access to interpreters as well as a translation service.

Outcome 4 Care and welfare of people who use services

3. The Accident and Emergency (A&E) department at James Cook University Hospital, South Tees Hospitals NHS Foundation Trust was inspected during the recent Integrated Inspection into Safeguarding Children and Looked After Children in Middlesbrough Local Authority. That inspection found good arrangements are in place to help safeguard children and young people that attend the A&E department. A computerised casualty card is generated for each attendance that includes details around previous attendances at A&E and whether a child has a child protection plan in place or if they are looked after. Children and young people either follow the "See and Treat" pathway where they are assessed by a senior medical clinician or they are seen in the main A&E department. Clinicians use the NICE guidance 'When to Suspect Child Maltreatment' and a quick reference guide is available within all treatment areas of the department. A stamp stating 'NAI considered' is used. The A&E receptionist copies and sends a full record of the visit to the child's GP and health visitor if they are under five, if they are over five, then a discharge summary is sent to the GP and school nurse. A senior medical clinician reviews all attendances of children under five to check that appropriate action has been taken. Health visitors and school nurses confirmed that they routinely receive notifications from A&E around the attendance of any child under 18.
4. It is recognised that early intervention services to prevent, identify and support the emotional health and wellbeing of children, young people and families need strengthening to prevent the escalation of need before it becomes harder to address. A strategic commissioning plan is in the very early stages of development that will include the views of all key stakeholders including those of children, young people and their families and carers to identify how local services can best meet their needs

5. Current arrangements for targeted early intervention for young people who require additional support for their emotional health and wellbeing are fragmented with some provision in education not having clear links into local CAMH services. A small team of professionals seconded from health and social care have formed a new service called “The Link.” The Link team support children and young people who need short term early support and act as a conduit between the Junction and core CAMH services. Most referrals into the core CAMHS are not supported by CAF and this means that all the information surrounding a family is not routinely available to help CAMHS practitioners make a full assessment quickly.

6. Children, young people and families have good access to effective CAMH services. All referrals to the CAMH services are reviewed daily and timely appointments arranged. Most referrals to the service are received from general practitioners; however, CAMH staff told us that they are working to promote referrals from other health professionals across Redcar and Cleveland. CAMHS practitioners use a variety of outcome measures to formally evaluate the impact of their intervention with families and these show good overall progress is made.

7. Young people who require specialist in patient CAMHS are usually admitted into the local adolescent in patient unit. Admission into adult wards is always avoided with alternative provision sometimes sourced out of area.

8. Transition into adult mental health services is improving, with joint planning meetings taking place when a young person is aged 17 ½. Improved liaison between CAMHS and the adult crises team has meant that more robust crises management plans are in place for young people aged between 16 and 18 and this has led to increased consistency in care.

9. There is a good CAMHS Learning Disability Service that works collaboratively with core CAMHS. A primary mental health worker facilitates care between the two teams and this ensures that families are supported during periods of assessment to ascertain which team is best suited to provide ongoing support.

10. Children with disabilities and complex health needs are supported well, though some parents we spoke to felt that there was insufficient therapy support by trained professionals. Access to physiotherapy for children is good and supported by drop in sessions at Grangetown which has proved very popular. The service is looking to expand this model of service across Redcar and Cleveland. Speech and language therapy services are based in communities on the locality model and there are many examples of joint visits taking place with colleagues from health visiting and physiotherapy to minimise disruption to families and provide a co-ordinated approach to care.

11. Families are experiencing unacceptable delays in accessing the diagnosis and assessment panel for autistic spectrum disorders. Commissioners are working closely with providers to look at how the delays can be reduced as well as making sure that the assessment and diagnosis pathway complies with NICE guidance.

12. A community children's nursing service supports provides healthcare to children at home. The team are available Monday to Friday and work with other professionals to ensure that children with complex health needs are able to access life opportunities with their peers. An example was given of how agencies had worked very closely together to provide a birthday party to a young person that included a session in the trust's hydrotherapy pool.
13. Support to help young people with complex health care need transition into adult services is at an early stage but progressing well. The use of hospital passports and health plans are being introduced and a children's strategy group has recently started to look more comprehensively at how children with complex health needs access adult services.
14. Services to provide education and support to young people on alcohol and substance misuse services have recently been re-commissioned. Education, advice and early support on substance misuse is now provided by the targeted youth support, with CREST providing support to those young people who require more intensive intervention. It is too early to comment on the impact of this new model of service delivery.
15. Sex and relationship education and advice is primarily provided to schools and colleges, on request, through a local roadshow on risk taking behaviours. The roadshow has been positively evaluated by young people who find it useful and informative.
16. Recently commissioned integrated contraception, sexual health and genito urinary services (CASH) are delivered through clinic based appointments, drop in sessions and outreach work into multi agency drop in clinics. The outreach service also offer one to one sessions with those young people who find it difficult to access universal services. Young people have good access to CASH services six days a week, including good access to emergency contraception from family planning clinics and an increasing number of trained pharmacists. All young people accessing contraceptive services are assessed against Fraser competencies and there are comprehensive risk assessments to identify vulnerability and exploitation. The number of Under 18 Conceptions continues to decrease, however the rate of improvement remains less than its statistical neighbours and the national average. The number of under 16 conceptions has continued to rise and also remains higher than statistical neighbours and nationally.
17. The majority of pregnant women across Redcar and Cleveland book their midwifery care with midwives early in pregnancy. This means that the initial comprehensive risk assessment used as part of the booking process identifies any support that the pregnant women may require at the earliest opportunity. Effective arrangements ensure that women continue to attend their ante natal care and any missed appointments are followed up assertively, this includes those pregnant women who move home across boundaries into neighbouring authorities. There is good and appropriate information sharing with general practitioners and health visitors to ensure a co-ordinated approach to the woman's care.

18. Learning from serious case reviews and serious incidents have led to changes in the vulnerability risk assessment which now considers any current and previous social work involvement, with additional screening for those parents who are under 20 years of age.

19. There are no specialist midwives across Redcar and Cleveland to support pregnant women who require additional support for their mental health needs or who misuse alcohol or other substances or teenagers who are pregnant. All pregnant women with additional vulnerability are part of a community midwife's generic caseload.

20. There is, however, a consultant led clinic for pregnant women who require peri natal mental health support or that are misusing substances to provide appropriate medical oversight. Pregnant women who have a history of substance misuse are referred onto the multi agency pathway. This means that a multi disciplinary, multi agency meeting is called to agree a care plan that will support the pregnancy and safeguard the unborn child.

21. Young pregnant women under 20 are referred to the teenage pregnancy service who work with the young mothers to help identify and establish an appropriate support plan. Whilst there are no teenage ante natal clinics, midwives told us how they worked flexibly and sensitively with teenagers to help them access ante natal care, including scheduling appointments at end of clinics or providing home visits.

22. There are rigorous consultant led risk meetings held that regularly review a selection of obstetric and midwifery notes post delivery to ensure that pregnant women have received a high standard of care during their pregnancy, labour and post nately, with any learning disseminated across services. This is good practice.

23. Health visitors hold corporate caseloads and caseloads are described as manageable. There is good delivery of the core healthy child programme, with ante natal visits made for all first time mums and for those families that are vulnerable. Health visitors do not deliver the three and a half year check as part of the core offer, however visits are made as part of targeted work with families who have additional need and nursery nurses visit nurseries regularly which helps to identify any health problems that may occur prior to a child entering formal school education. Good, clear arrangements are in place to transfer children from health visiting into the school nursing service, with face to face discussion taking place for those children where additional health need has been identified.

24. School nursing provide good support to school age children. School entry screening questionnaires are sent out to all families and parents and carers are contacted to chase up any that are not returned. The school nursing service carry out the routine height and weight measurements as part of the national child measurement programme as well as some vaccinations. For those children with additional health need, school nurses carry out initial health assessments and with education colleagues contribute to appropriate health plans which are regularly reviewed. Drop in clinics are held in all high schools and there is good provision of multi agency drop ins in some schools where young people can access help and advice around contraception, substance misuse and other health issues

25. Highly effective arrangements ensure that the health of looked after children and young people is well maintained, with any health need clearly identified and met. The number of children and young people who have had a dental check, a timely health review and are up to date with their immunisation and vaccinations are all above statistical neighbours and nationally.

26. Initial health assessments are carried out by paediatricians and the health reviews are carried out by either a public health nurse, the designated nurse for looked after children or a paediatrician, depending on need.

27. There are well established arrangements in place to quality assure all initial health assessments, health reviews and health plans, including those received for children who are placed out of Redcar and Cleveland.

28. The designated nurse for looked after children used to hold health drop ins for looked after young people, however these are no longer available. Instead, health promotion is given on request or at the review health assessment. The partnership have developed their own health review paperwork which is age specific and provides prompts for discussions around risk taking behaviour, including contraception and sexual health and substance misuse. However, from the files reviewed during the inspection, the recording of the discussion with young people varied considerably and this may contribute to the very low numbers of young people who are looked after who are receiving support for alcohol and substance misuse.

29. After a period of uncertainty around the future of a CAMHS for looked after children, a decision has been made to re-commission a dedicated CAMH service. Key professionals have been recruited and these are expected to be in post by August 2012. As an interim measure, any child or young person who is looked after and requires additional support for their emotional health and wellbeing is referred to core CAMH services.

30. Social workers in the looked after team lead on distributing and scoring the Strengths and Difficulties Questionnaires that are completed by foster carers and where appropriate the young person. Scores are communicated to professionals carrying out health reviews and should form part of the assessment; however, it is not clear from the reviews whether these are being considered.

31. Young people, looked after can access universal provision for advice and support around contraception and sexual health and substance misuse. However, there are no dedicated link workers identified in either service to provide a service to those looked after young people and to work with the looked after children health team in service development. Teenage girls who become pregnant and are looked after that wish to continue their pregnancy are referred to the teenage pregnancy service. The Family Nurse Partnership is just launching in Redcar and Cleveland however links with the looked after children health team are not yet established.

32. NHS Tees, South Tees Hospitals NHS Foundation Trust and Redcar and Cleveland Local Authority have made significant investment in meeting the requirement for young people to leave care with a health passport, which contains individual health information including family health history, immunisations, birth details and health plan. The passport is intended to be a resource for the young person. The promotion of good health by way of relevant and accessible information, contact numbers, web addresses etc. to encourage empowerment and individual responsibility for the young person's own health both now and in the future. This practice is commendable.

Outcome 6 Co-operating with others

33. The introduction of secure emails across health and social care in Redcar and Cleveland is having a positive impact on the ability to quickly share confidential and personal information appropriately.

34. Partnership working to safeguard the unborn child is good. There is an effective shared protocol in place between midwifery and children and families service that gives explicit timescales for completion of key interventions such as initial case conference and pre birth assessments. This means that when vulnerable babies are born, appropriate arrangements are in place for their protection.

35. Skill mix is used effectively to deliver work in supporting families as part of the CAF, Child in Need or Child Protection and attendance at core group and child protection conference by health visitors and school nurses is good. The locality model of working has helped to co-ordinate work with families and the close links with children centres provide good opportunity for targeting families early. The family nurse role is well embedded across Redcar and Cleveland and this provides continuity and consistency with families where there are a number of children across different ages.

36. School nurses support the Risk Taking Roadshows that schools can invite into their premises where sex and relationship education is discussed alongside other risk taking behaviours such as substance misuse. There is additional input into the PHSE agenda with puberty talks in primary school. The roadshow continues to be positively evaluated by young people who find it useful.

37. Health visitors and school nurses confirmed that they receive notifications from A&E on all children and young people who have attended the department, as well as notifications from the acute trust on children who have not attended health appointments. These notifications provide good information on families and allow the public health nurses to target interventions effectively. However, the police do not currently share information on domestic violence incidents where children have been present and this means that public health nurses do not have access to pertinent information that could support their work with vulnerable families

38. There is good support offered to children and young people who attend the local A&E following an incident of self harm. All children under 16 are routinely admitted onto the paediatric ward following an incident of self harm, however, admission for young people between 16 and 18 is less rigorously applied, with some young people leaving hospital with follow up appointments

39. Over the last few months an Asgard worker has begun effectively engaging with vulnerable young people aged 16 and over who present for services to A&E department to help engage them with appropriate statutory and voluntary services. This is highly innovative practice and although it is very early in its implementation there is evidence of significant success. However, the service is not available for young people under 16 and this means that some vulnerable young people will not be offered this invaluable support.

Outcome 7 Safeguarding

40. The current arrangements for the resourcing and line management of the designated professionals for safeguarding children meet the requirements of Working Together 2010 and the intercollegiate guidance. The designated doctor for Redcar and Cleveland also provides a designated doctor service to neighbouring authorities and has recently had an increase in his allocated sessions which has provided additional capacity to the role. .

41. There is no named GP in post to represent and promote safeguarding children across primary care in Redcar and Cleveland.

42. All GP practices in Redcar and Cleveland have safeguarding leads and there are opportunities for leads to share good practice and receive peer support. Most GPs now regularly contribute to child protection conferences through submitting child protection reports which continue to improve in quality.

43. Arrangements for the line management, training and supervision of the named nurses for acute and community services provided by the South Tees Hospitals NHS Foundation Trust are appropriate and meet the requirements of *Working Together 2010* and the *Intercollegiate Guidance 2010*. The arrangements to fulfil the named midwife role are less well developed. The named midwife is also the Assistant Director of Nursing and Patient Safety and her job description is currently being revised. The named midwife is supported by a specialist midwife who carries out the operational part of the named midwife role and has made significant progress in improving safeguarding practice across maternity services.

44. The establishment of named safeguarding children team within the Tees, Esk & Wear Valley NHS Foundation Trust has recently increased by one whole time post, with additional substantive funding for senior provision for the team. Additional administrative support has also been added over the past twelve months. The named professionals are supported in their role by a network of link professionals. The arrangements for the training and supervision for the named safeguarding children professionals are compliant with national requirements.

45. The resourcing and line management arrangements for the designated looked after children health professionals do not sufficiently support the postholders in their ability to strategically influence and champion the health needs of looked after children. The designated nurse for looked after children is employed in the role part time and also holds a school nurse caseload, which includes supporting vulnerable children and families as part of child protection, child in need and CAF.

46. Well embedded quality assurance processes within community services ensure that practitioners attend child protection and core group meetings and that all referrals to children and families service and reviewed for appropriateness. Feedback to practitioners on quality of reports and referrals ensures a cycle of improvement and this was evident in the high quality of the files reviewed during this inspection.

47. Effective processes are now in place to follow up children who fail to attend appointments within the acute services. These processes are now embedded as part of Safeguarding children policy and are discussed in Level 3 training as part of neglect and medical neglect. The Safeguarding Children team are experiencing a steady rise in the number professionals contacting them about this issue. This has been particularly so from ophthalmology, audiology and orthopaedics.

48. Adult mental health practitioners have a good understanding on the impact of parental mental health on children in families. Following a recent serious case review that the Tees, Esk & Wear Valley NHS FT were involved in, a revised parental mental health protocol is being developed that will enhance the care pathway for adult mental health workers to use when working with parents. Existing arrangements for identifying children of adult mental health service users continue to provide initial and ongoing opportunities to assess any risk and to record the details of any children in the family. However, the current pathway does not require the practitioner to record the details of children on the IT system unless a risk is identified. This is not good practice and could mean that in a crises the full details of any children and not readily available.

49. Good arrangements are in place to support children visiting parents who are receiving in patient care. There is a child friendly visiting room that can be used that is newly designed and is off the ward. Clear risk assessment processes are in place to safeguard any child who is visiting.

50. Child protection medicals are carried out by suitably experienced and qualified community paediatricians, with clinic space made available during working hours. Any urgent child protection medical is usually carried out by the paediatrician on call and is reviewed by a community paediatrician in clinic as soon as possible. Good arrangements with the child friendly specialist forensic service in Newcastle means that children and young people who require an urgent medical for suspected acute sexual abuse are seen quickly by experienced staff.

51. There is an effective Child Death Overview Panel for Redcar and Cleveland that is part of a Tees wide arrangement covering four local authorities. It is appropriately constituted and has influenced change to practice Tees wide. Recent changes to how implementation of recommendations are monitored across the partnership has strengthened further the impact of the CDOP in improving practice

Outcome 13 Staffing numbers

52. Significant progress has been made in increasing the number of paediatric qualified nursing staff working in A&E. Thirteen and a half percent of the nursing establishment now hold a paediatric qualification as compared to 5% in the previous inspection in June 2011. In addition all new staff are now required to achieve the requirements of the 'Maximising Skills for A&E Staff' document as part of their preceptorship to the department.

Outcome 14 Staffing support

53. Good progress is being made in the number of GPs accessing appropriate training in safeguarding children practice. The PCT are able to evidence that an increasing number of optometrists, pharmacists and dentists continue to contact the PCT and attend safeguarding children training events.

54. The number of staff trained receiving safeguarding children training appropriate to their role in the Tees, Esk and Wear Valley NHS Foundation Trust continues to improve. The inspection in Hartlepool showed the level of compliance to be poor in this area, and although slightly better this was also reflected in the Stockton inspection. Training levels in Redcar show 80% now compliant at level 2 with 91% of staff compliant at level one. The number of staff who are trained at level 3 has increased but this is reflected as a decrease in the number of staff compliant as the Intercollegiate document 2010 increased the numbers of staff required to undertake this training. Compliance for Tees as a whole is 30%.

55. The trust now runs its own Level 3 courses and also is able to attend the level 3 courses run by the LSCBs to increase the number of courses available and also to be able to ensure the needs of the staff group are met.

56. Grand rounds are an important teaching tool in medical education within South Tees Hospitals NHS Foundation Trust. They consist of presenting the medical problems and treatment of a particular patient or group of patients to an audience consisting of senior and junior medical staff and medical students. A Grand Round focusing on child protection issues was arranged by the Named Doctor for Safeguarding children earlier this year with good attendance, including representation from health visiting and school nursing. Topics included, medical assessment in child protection, social work assessment, the role of the First Contact team in safeguarding children, the role of the Police Vulnerability Unit and preparation for court. The session was both well attended and well evaluated. A further session scheduled for October has been arranged and will explore domestic abuse, neglect and presenting evidence as an expert witness in non accidental head injury cases.

57. Supervision is safeguarding children practice is well developed across services provided by South Tees Hospitals NHS Foundation Trust. A flexible and robust approach means that any practitioner working with families where a child protection or child in need plan is in place accesses regular one to one supervision. In addition, the trust has a risk matrix that helps practitioners to identify when they should access additional support from the safeguarding team and there are regular opportunities for team based supervision. Evidence of supervision was found in health visitor and school nurse files reviewed as part of this inspection and there are mechanisms in place to review the quality of supervision as part of an ongoing qualitative audit.

58. The designated nurse for looked after children runs regular training courses for health visitors and school nurses on working with looked after children to ensure that they are up to date on information around what constitutes a quality health review, updates on legislation and any changes to practice, for example working with SDQs.

59. A recommendation from a serious case review in North Yorkshire was that for staff who are treating and case managing looked after children/young people have specialist supervision 3 monthly. This is now included in the Tees, Esk & Wear Valley NHS Foundation Trust's supervision policy and where there are concerns about safeguarding issues the Trust's safeguarding children team are contacted for supervision/advice.

60. The further development of the role of the link professional for safeguarding children has involved the Clinical Nurse Specialists in the Child and Adolescent Mental Health Service (CAMHS) having specialist safeguarding children supervision training. They are to undertake some safeguarding supervision as part of their role being supported by the safeguarding children team. Compliance with trust policy is to be audited through scrutiny of supervision records. Early indications are that there is significant uptake within the Crisis Team and Liaison Psychiatry.

Outcome 16 Audit and monitoring

61. The NHS Tees obtain good board assurance on safeguarding practice across Redcar and Cleveland through appropriate and well established clinical governance arrangements. The clinical quality monitoring meetings effectively identify concerns in performance and combined with good use of performance targets and key performance indicators NHS Tees works with its partners to promote well the improvement agenda.

62. The NHS Tees executive lead for safeguarding children and the designated professionals for safeguarding children are highly visible and together ensure that learning from serious case reviews and other serious incidents is implemented across NHS providers.

63. Board Assurance within the South Tees Hospitals NHS Foundation Trust is based on appropriate governance structures within the organisation. The safeguarding children governance group has good representation and reports to the trust board through the risk and assurance committee. However, the recent fall in safeguarding training at Level 2 did not appear on the trust's corporate risk register and it was therefore difficult to establish how the trust board would receive assurance that an appropriate recovery plan was in place to achieve compliance. This was identified and addressed during the inspection.

Recommendations

Within 3 months (from report)

NHS Tees, police and children's social care ensure that public health nurses are informed of any domestic violence incidents where children have been present. (Ofsted, July 2012)

NHS Tees, South Tees Hospitals NHS Foundation Trust to review the role of the ASGARD worker with DISC and Integrated Youth Support to consider including young people under 16.

NHS Tees, South Tees Hospitals NHS Foundation Trust and Tees, Esk & Wear Valley NHS Foundation Trust to review the care pathway for children aged 16 to 18 years who attend A&E following an incident of self harm to ensure it complies with NICE guidance.

NHS Tees and South Tees Hospitals NHS Foundation Trust to provide assurance that health reviews are informed by completed SDQs and that appropriate discussions are taking place on sexual health and substance misuse.

Tees, Esk and Wear Valley NHS Foundation Trust should record details of all children of service users as part of the risk assessment to ensure that this information is readily available in the event of an urgent escalation in potential risk to children and young people in the family.

Within 6 months

NHS Tees should recruit to the post of named GP for Redcar and Cleveland to ensure that primary care are represented at the RCSCB. (Ofsted, July 2012)

NHS Tees and South Tees Hospitals NHS Foundation Trust to review the capacity and line management for the designated nurse for looked after children to ensure that these are commensurate with national guidance. (Ofsted, July 2012)

NHS Tees and South Tees Hospitals NHS Foundation Trust to review the capacity and responsibilities of the lead clinician for looked after children as they are not compliant with current guidance. (Ofsted, July 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.