SAFEGUARDING CHILDREN ANNUAL REPORT 2015-2016

1.0 Executive Introduction

The purpose of this report is to update and inform the Board of Directors with regards to the corporate safeguarding children processes and activity within the organisation during the past year.

For clarification a "child" is defined as anyone who has not yet reached their 18th birthday and safeguarding responsibilities also extend to unborn children.

Safeguarding children is the action we take to promote the welfare of children and to protect them from harm and is the responsibility of everyone who comes into contact with children and their families. Children's needs are paramount and safeguarding children is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcome (Working Together to Safeguard Children HM Government 2015)

The majority of cases that are dealt with are from West Cheshire; however, the number of cases from Flintshire that the CoCH Safeguarding Childrens Team deal with is on the increase.

2.0 Cheshire West and Chester Local Safeguarding Children Board (LSCB)

The LSCB is the key statutory mechanism (CA 2004, S13) for agreeing how the relevant organisations in each local area will cooperate (CA 2004, S11) to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do. The aim of the LSCB is to work together with all local organisations so that children can be safe from abuse or harm at home and within the community. The LSCB strategic priorities are reflected in the work of the CoCH Safeguarding Strategy Board. The LSCB require a CoCH representative to be on the LSCB Board and on key LSCB subgroups:

LSCB Board: Director of Nursing
LSCB Subgroups:

- Child Death Overview Panel: Designated Dr
- Operational Managers: Named Midwife/Professional & Named Dr
- Performance Management and Quality Assurance: Named Midwife/Professional
- Serious Case Reviews: Designated Dr
- Learning and Development: Specialist Safeguarding Children Practitioner
- Child Sexual Exploitation Operational Managers Group: Named Midwife/Professional

The LSCB is responsible for publishing a "Thresholds Document" setting out the levels of needs for children and access to Children's Social Care. The needs of children in Cheshire West and Chester are currently assessed using the Continuum of Need and Response model shown below. The model requires CoCH staff to assess where the level of need is for children (including unborn children) and to ensure that if required, the correct level of support is appropriately initiated in a timely way. On-going CoCH staff involvement with the processes/support in place to support the child/family will continue until the child/family no longer need a service from the CoCH.

2.1 Cheshire West & Chester (CWAC) Continuum of Need and Response Model

Important Note:

- Following the "Wood Review" (2016) of LSCB's the government response is as below:
- A new statutory framework will be introduced, which will set out clear requirements, but give local partners the freedom to decide how they operate to improve outcomes for children. The 3 key partners (local authorities, the police and the health service) will be required to make and publish plans showing how they will work together to safeguard and promote the welfare of children in the local area. These should include: the area or region which is covered by the plan how other local agencies with a key role in protecting children will be involved how the arrangements will be resourced and how independent scrutiny will be ensured. All local organizations involved in the protection of children will be expected to cooperate with the multi-agency arrangements. They must help the key partners to understand how agencies

are performing across the local area, and make evidence-based decisions so that the key partners have the flexibility to respond to existing and emerging needs, the requirement for LSCBs to have set memberships will be removed. However if they see the current arrangements as the most effective form of joint working they will be able to continue them. Legislation and statutory guidance will be published to underpin the new framework. Arrangements for inspection and review will be established. In the event that the 3 key agencies cannot reach an agreement on how they will work together, or where arrangements are seriously inadequate, the Secretary of State will have power to intervene

3.0 CoCH Safeguarding Children Policies and Processes

The Trust has a statutory responsibility (CA 2004 Section 11) to have safeguarding children policy and practice as a key area of priority led by the Executive Nurse. The Trust is also required to have a Named Midwife/Nurse and a Named Doctor for Safeguarding Children. In addition there must also be Trust engagement in the local multi-agency early intervention and prevention processes. The Trust must also have a robust policy and response that helps to reduce risk to adult victims and also addresses the safeguarding children issues for adults, children and young people living with domestic abuse. All of the above are in place.

The Trust safeguarding children processes are scrutinized and closely monitored by:

Care Quality Commission 3 yearly Inspection
NHS Northwest
NHS West Cheshire Clinical Commissioning Group
CWAC Local Safeguarding Children Board (S11 CA 2004)

The following professionals undertake the Trust responsibilities with regard to Safeguarding Children, Domestic Violence/Abuse and Early Intervention and Prevention.

Executive Lead: Director of Nursing: **Alison Kelly**
Named Midwife/Professional & Lead for Domestic Abuse/Lead CSE: **Karen Milne**
Named Dr: **Howie Isaac**
Specialist Safeguarding Children Practitioner/ Early Intervention & Prevention: **Paula Lewis**
AED Nurse Safeguarding Children/ Link Domestic Abuse Nurse: **Vivien Beswick**
CoCH Independent Domestic Violence Advisor (IDVA): **Sara Taylor**
(Initial 12 month secondment from CWAC LA, this secondment has been extended and is now secured until April 2017)

A second secondment for a 0.5 WTE IDVA has also been secured and this role will commence in June 2016

Policies in place:
Safeguarding & Promoting the Welfare of Children Policy
Domestic Abuse Policy
Safeguarding Children Clinical Supervision Policy

Linked Policies

Paediatric Discharge Policy
Paediatric DNA Policy

Safeguarding Adult Policy

HR Policies:
Safe Recruitment
Whistle Blowing
Managing Allegations

The Trust Domestic Abuse policy includes a section regarding CoCH staff who may be victims or perpetrators.

4.0 Early Support Access Team (ESAT) part of the CWAC Integrated Early Support (IES) process & the Team Around the Family (TAF) process

The ESAT is in place to receive referrals for complex level 3 cases: see the Continuum of Need Model at **2.1**. The CoCH Safeguarding Children Team has a role in ensuring that children at risk of significant harm are identified and referred to Children's Social Care, and that lower level additional needs are identified and where appropriate referrals to the ESAT team are made. This in turn leads to the ESAT team completing what is known as a 360 degree assessment to determine the correct multi agency response. An information sharing agreement is in place, reviewed by CoCH Information Governance, in relation to this process. This enables the CoCH safeguarding children team to share information as appropriate when requests come in from the ESAT as they conduct a 360 degree assessment. The CoCH must also ensure that referrals to the ESAT are made by CoCH staff where appropriate. This is in accordance with the evidence that early support and intervention for children and families will reduce the incidence of low level additional concerns escalating to situations where children become at risk of significant harm requiring intervention from Children's Social Care. The CoCH Specialist Safeguarding Children Practitioner has a lead role in ensuring that CoCH staff are engaging appropriately in terms of IES for families and ensures where possible CoCH staff consider referrals to the ESAT team and that support via the TAF process is initiated and led by CoCH staff where appropriate. The CoCH team ensure that CoCH practitioners working with families who are supported via TAF processes have access to regular safeguarding children clinical supervision.

5.0 Reporting Mechanisms

Assurance is provided on the implementation of the Safeguarding Children's agenda through the following processes/forums:

Monthly: Safeguarding Assurance Framework report to the CCG.
Quarterly: Updates to the CoCH Safeguarding Strategy Board
Annual: CoCH Board Report
Annual: CoCH Report to Cheshire West & Chester Local Safeguarding Children Board

6.0 Domestic Abuse UK Government Definition

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

Psychological

Physical

Sexual

Financial

Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim
This definition includes so called "honour" based violence, female genital mutilation and forced marriage, and is clear that victims are not confined to one gender or ethnic group

6.1

The Trust lead for domestic abuse has worked closely with the Local Authority, the LSCB and the Police in writing a multi- agency domestic abuse policy with regard to the actions/assessments that need to take place in cases where children are being exposed to domestic abuse. This policy has been in place since November 2004 with the appropriate updates undertaken as time and practice has moved on. The CoCH Executive Lead for Safeguarding (Director of Nursing & Quality) chairs the West Cheshire Domestic Abuse Strategic Partnership Group (a subgroup of the Local Safeguarding Children's Board).

6.2 Independent Domestic Violence Advisor (IDVA)

The CoCH DA Lead worked with CWAC to secure an IDVA 12 month secondment to the CoCH. The secondment commenced in February 2014 and is proving extremely beneficial to CoCH services users and staff alike who are experiencing domestic abuse. This secondment has been extended and is secure until April 2017 and in addition a second IDVA working 18.5 hours a week commenced with us on the 6th of June.

6.3 Local Area Designated Officer (LADO)

The role of the LADO is set out in Working Together to Safeguard Children (2015) and is governed by the Authorities duties under section 11 of the Children Act 2004 and MKSCB Inter-Agency Policy and Procedures (Ch 2.8). This guidance outlines procedures for managing allegations against people who work with children who are paid, unpaid, volunteers, casual, agency or anyone self - employed. The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has: behaved in a way that has harmed, or may have harmed a child; possibly committed a criminal offence against or related to a child; or behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

There may be up to three strands in the consideration of an allegation: a police investigation of a possible criminal offence; enquiries and assessment by children's social care about whether a child is in need of protection or in need of services; consideration by an employer of disciplinary action in respect of the individual.

In this reporting period the CoCH has been involved in 2 cases where the LADO has been notified about an incident involving a member of CoCH staff.

In all cases of such notifications the Director of Nursing and the Medical Director will be informed as a matter of urgency and an internal Strategy Meeting will be held to share information, appropriate liaison with the LADO will take place and decisions will be made on an individual case by case basis with regards to CoCH next steps.

6.4 Multi Agency Risk Assessment Conference (MARAC)

The CoCH is represented at both CWAC and Flintshire MARAC each month, MARAC is a home office initiative led by the Police where all victims of Domestic Abuse assessed as at "High Risk" (at risk of serious or fatal injury) are reviewed in multiagency meeting chaired by the Police. The outcome from MARAC is the risk should be reduced by multiagency action planning. All high risk victims of DA who have an account at the CoCH who are reviewed at MARAC will have a MARAC alert placed on their records. This remains in situ for twelve months post last MARAC.

A separate annual report (covering Domestic Abuse) is written by the CoCH IDVA and is available to the Board if required.

Full engagement in DA processes is essential if the CoCH is to work on a multi-agency level to reduce the risk of Domestic Abuse Homicides.

7.0 Child Sexual Exploitation (CSE)

CSE is an increasingly worrying issue on both a national and local level. The CoCH is in contact with victims of Child Sexual Exploitation and we have dealt with some particularly harrowing cases in our maternity services. The CoCH is represented on the CSE operational group that meets monthly at Winsford Police HQ. We have a CSE alert process and any child or young person who has an account at the CoCH who is identified as at risk from CSE will have an alert placed on their records until they are no longer at risk.

7.1 Sex Offenders

We have seen an increase in those who are registered as posing a risk of sexual harm to children needing access to the hospital for example the father of an unborn baby. In all case's robust working with Children's Social Care will be a fundamental part of our practice. With regard to people with this status being permitted access to the CoCH each case is dealt with on an individual basis in conjunction with the allocated Social Worker, the Police and our own legal team led by our Director of Corporate & Legal Service.

7.2 The Goddard Enquiry

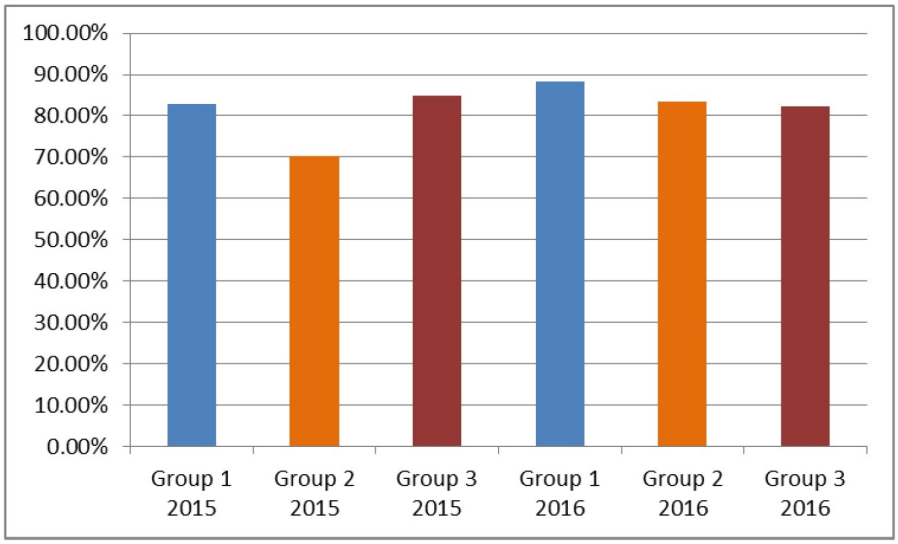
The Hon. Dame Lowell Goddard Team will be investigating the extent to which institutions have failed to protect children from sexual abuse. The Independent Inquiry into Child Sexual Abuse will investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales. The CoCH is taking the necessary actions to support this enquiry if requested to do so. We are confident that our current safeguarding processes already reflect that expected by Goddard. Our health records retention going forward is being aligned with that expected by the enquiry.

8.0 Safeguarding Children Training

The CoCH has a safeguarding children training programme in place. This reflects the Intercollegiate document "Safeguarding Children & Young people: Roles and Competencies for Health Care Staff" (2014). In the main CoCH staff are defined into groups 1, 2, & 3 in accordance with their role within the organization. The CoCH must maintain at least 80% compliance with SGC training. Safeguarding children training compliance is reported to the CCG on a quarterly basis. We currently have compliance with all groups. The training includes Domestic Abuse training. Training compliance was a key area of focus during the CQC formal inspection that was undertaken in February 2016.

8.1

The table below depicts the training data for groups 1, 2 and 3 at March report 2015 and March report 2016.



As can be seen by the table, compliance with group 2 training is now over 80% this has been a significant achievement by the safeguarding children team and CoCH managers and in ensuring that an action planning moved the Trust back into compliance.

Training must also be completed by "Board Level Executive Officers, Trust and Health Board Executive and Non - Executive Directors/ Members. This training was completed in 2014 and recorded with HR.

8.2 Domestic Abuse Training

All current safeguarding children training includes domestic abuse training.

8.3 Multi agency Safeguarding Children/Domestic abuse training:

Some members of staff from group 3 should also attend external multi agency training provided by the LSCB, The Local Authority Children's Social Care and the Domestic Abuse Partnership (this is an LSCB and CQC requirement).

We are currently focusing on this to ensuring we try to get as many group 3 staff as possible to complete multi agency training which will enhance their annual CoCH single agency training

8.4 Regular LSCB Bulletins are sent out to all CoCH staff. This helps to increase staff awareness of the role of the LSCB and of the responsibilities we all have to safeguard children. These bulletins are placed on staff notice boards along with a copy of the 'What to do if you're worried a child is being abused' flowchart with photographs and contact details of the CoCH safeguarding children team.

8.5 Safeguarding Children Training Needs Analysis and Domestic Abuse Training Needs Analysis

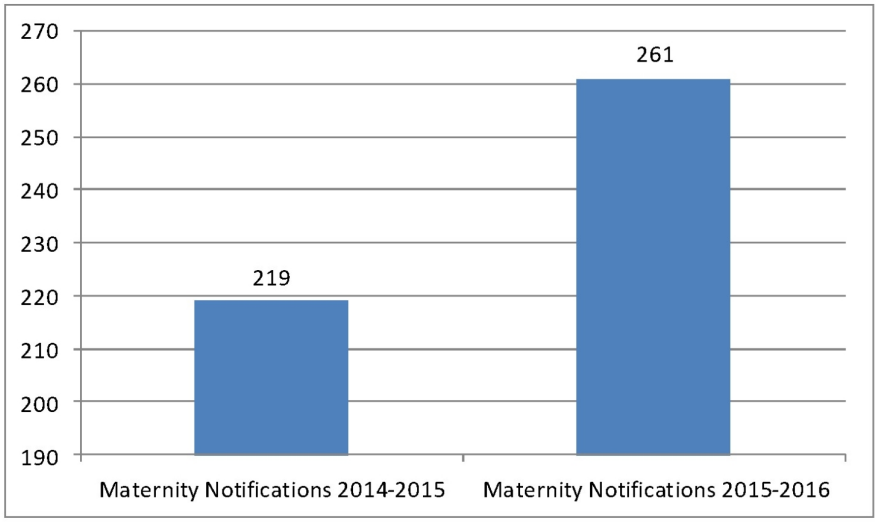
A Training Needs Analysis has been developed to incorporate all of the related training already in place and additional training that is required in relation to NICE PH50 which highlights additional Domestic Abuse training requirements for a wider group of CoCH staff and in relation to additional training needed about Female Genital Mutilation (FGM) and Child Sexual Exploitation (CSE).

9.0 CoCH Safeguarding Children Activity

9.1 Maternity Services

Newborn children are the most vulnerable children there are and are most at risk because they depend totally on their carers for safe and effective care. Serious Case Reviews repeatedly evidence that it is babies and young children who are most at risk of serious and fatal injury from abuse and neglect. The need to ensure all is done to reduce risk to a new born child must not be underestimated and this aspect of our work is one of the most important areas of our practice not least for the child and family but also on behalf of the CoCH maternity services.
CoCH Midwives will contact the CoCH safeguarding children team at the earliest opportunity when they have concerns that a family may have additional needs or that an unborn baby could be placed at risk of significant harm when born.

Notifications to the CoCH Safeguarding Children team by CoCH Midwives: 2015-2016: Cheshire West and Chester **199,** out of area **62** total **261**
The comparisons between the data from 2014-2015 and 2015-2016 can be seen in the table below which depicts a significant increase in the number of maternity safeguarding children cases dealt with by the team in this reporting period.



9.2 Safeguarding Children Clinical Supervision

Safeguarding Children Clinical Supervision is an essential component of effective safeguarding children practice this is widely written in research and practice literature. **The CQC, LSCB and the CCG have a fundamental focus on our processes around this aspect of our work**. This is because the support provided by Safeguarding Children experts to individual staff members which enables a focus on each individual child in each case is proven to reduce the risk of significant harm to children and young people. Supervision is evidenced to reduce drift, ensure the appropriate level of a multi- agency response as well as adherence to national and local legislative procedures.

The supervision processes at the CoCH are listed below:

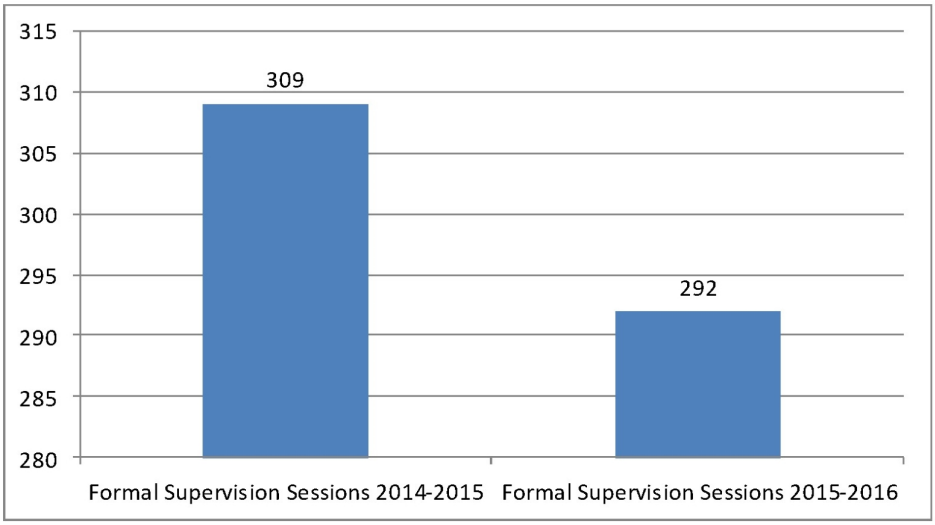
Named Midwife/Professional SGC supervised by the Designated Nurse CCG
Named Doctor SGC supervised by the Designated Doctor CCG
Specialist Safeguarding Practitioner supervised by the Named Midwife/Professional
CoCH IDVA Supervised by the Named Midwife Professional
The Named Doctor leads on ensuring 4 annual Paediatric Safeguarding Children Peer Review sessions for Pediatricians, Paediatric Nursing staff, and AED staff.

Formal Safeguarding Children Clinical Supervision (face to face sessions to review individual cases)

All Community staff who are or are likely to carry a case load where a child may be subject to safeguarding procedures sign a supervision agreement that is reviewed every 3 years. Staff are allocated to an NSPCC accredited trained supervisor from the CoCH safeguarding children team. Staff will include Community Paediatric nursing and therapy staff and community midwives. Once a case has been added to the safeguarding children team case load, the staff member will meet with their allocated supervisor regularly in accordance with the case until the service user is discharged from CoCH services care. This ensures that the concerns are being managed appropriately and that the CoCH staff involved are engaging appropriately and working together with other agencies to address the needs and reduce any risk to the child/ unborn baby/baby when born and to any other children in the family.

All safeguarding children supervision is recorded for future reference if required. When an unborn baby is born that has been on the CoCH safeguarding children case load a multi-agency discharge planning meeting will take place before the baby is transferred from hospital to community care to ensure there is a clear focus on the case until discharge from CoCH services completely.

Total number of **formal (sit down face to face meeting to review an individual case load)** Safeguarding children clinical supervision sessions provided to CoCH staff by the CoCH safeguarding children team **292.** This is slightly less than the previous year and the decrease is as a result of a concerted effort to free up time to spend on other important tasks. However, the figures depict **at least 730 hours** spent with individual staff members to review individual cases. In addition safeguarding children clinical supervision is available to all CoCH staff whenever they need advice. Advice/Support given outside of the formal supervision pathway is termed **one off safeguarding children clinical supervision;** this is also recorded in case of need for future reference. The Safeguarding Children Team will always welcome requests for advice and support no matter how minor the issue may appear to the staff member.



In some cases in Maternity services the concerns of risk of significant harm to the baby is so serious that Children's Social Care will apply to the family courts once the baby is born for an Interim Care Order (ICO) to remove the baby from the mothers care. If an ICO is granted the Local Authority gain Parental Responsibility over the child and share this with the birth mother. The baby is then discharged to foster care (often with the birth mother/father having supervised contact with their baby). The safeguarding children team work closely with Children's Social Care to ensure that these high risk sensitive cases are handled appropriately, that the Trust has in partnership working acted completely appropriately and can-not be brought into disrepute in relation to these processes that are widely in the public interest and that the mother/father and CoCH staff are appropriately supported at what is a very difficult time. There has been an increase in the number of newborn babies being discharged to foster care on an ICO in this reporting period.

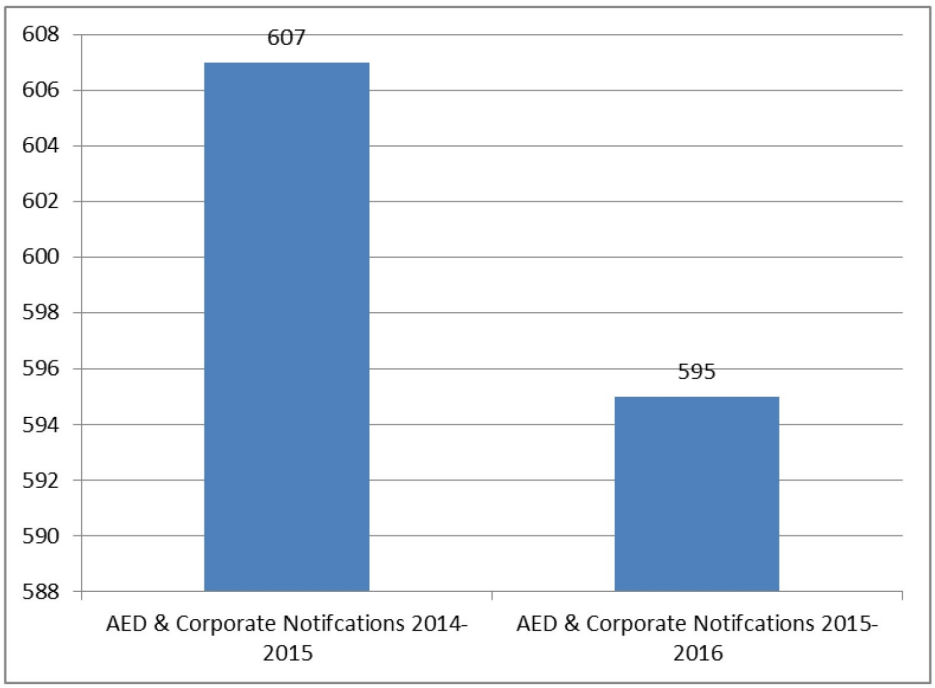
9.3 Accident & Emergency Department (AED) and corporate notifications

A member of the CoCH Safeguarding Children team attends the AED daily to collect the safeguarding notifications from the previous 24 hours. This process ensures all AED notifications are reviewed and followed up to ensure the appropriate actions and onward referrals have taken place. In the case of a referral having been made by AED staff to Children's Social Care (CSC), the Safeguarding Children's Team will contact CSC to ensure the referral has been received and is being managed appropriately from the CoCH safeguarding children team perspective. On a Daily basis AED staff and staff across the hospital may contact the team for advice /support regarding an individual situation.

Corporate (mainly AED)
Notifications to the Safeguarding children team 595

Comparisons between the data for 2014-2015 and this reporting period can be seen in the table below. There has been a slight decrease in this reporting period but it should be noted that we have seen a noteworthy change in the complexities of cases

from the AED and corporate areas and the slight decrease in notifications from these areas has not resulted in freeing up any more time in the team.



9.4 Northwest Ambulance Service (NWAS)

Previous Serious Case Reviews have identified lack of multi-agency working between ambulance services and AEDs where there have been safeguarding children concerns. For this reason the formal communication NWAS to the CoCH Safeguarding Children Team has been put in place. NWAS notify the CoCH Safeguarding Children Team of any referrals by their staff to Children's Social Care when they have brought the Adult/child to CoCH AED. This is so the CoCH Safeguarding Children Team can ensure that the NWAS staff concerns have also been acted upon as appropriate by CoCH staff. **NWAS notifications to CoCH: 41, this is a slight increase on the previous year** and evidences continued progress in this area of multi-agency safeguarding practice.

9.5 CoCH SGCT **initial contacts** to Children's Social Care (to see if a child is or has been known this information helps to decide on CoCH SGCT next steps). This figure does not include the contacts CoCH staff members may have made before completing a notification to the SGCT and **does not include ongoing contacts as the case progresses.**

Contacts **478 (slight decrease)** resulting in a referral to CSC for an assessment of a child at potential risk of significant harm in **225 cases (slight increase)**

Note: where a contact / referral to CSC has not taken place in response to a CoCH notification to the CoCH Safeguarding Children Team, other safeguarding actions have been implemented **in accordance with the Continuum of Need Model** seen in 2.1.

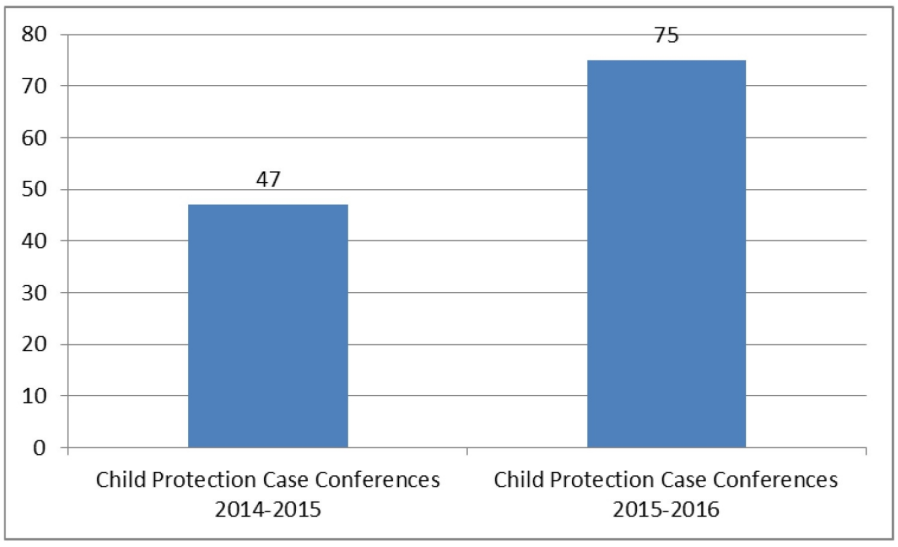
9.6 Child Protection Medicals

If a child is thought to have been abused a child protection medical will be required. Medicals will be requested by Children's Social Care requested and are completed by CoCH Peadiatrician's. Number completed in this reporting period is **61 a slight decrease** on the previous year. A written report from the Peadiatrician in each case has to be submitted within set timescales **as per LSCB Child Protection Standards.** CoCH Peadiatrician's do not complete sexual abuse medicals. This is a commissioned service from the Sexual Abuse Referral Centre (SARC) at St Mary's in Manchester.

9.7 Children made subject to a Child Protection Plan

When a single assessment or pre-birth risk assessment has identified a potential "risk of significant harm" the case will proceed to an Initial Child Protection Case Conference (ICPCC).This is an extremely serious situation for the child/family. If involved the CoCH staff member will have to submit a chronology of CoCH involvement and an analysis of their view of risk to the child. The report has to be shared by the CoCH staff member with the family before the conference and submitted to the Child Protection Case Conference Chair before conference **as per LSCB Child Protection Standards.** It is essential that staff access support in all of these processes via the safeguarding children clinical supervision processes highlighted in **8.2**

The number of Initial Child Protection Case Conferences attended by CoCH staff is **75** this included the writing and submission of **75** reports for conference representing a significant increase on the previous reporting period. The biggest increase is in relation to unborn children. The majority of ICPCC's attended are for children in Cheshire West and Chester, but these figures do also include some ICPCC in Flintshire.



When a child or unborn is reviewed at an Initial Child Protection Case Conference a decision is made regarding "risk of significant harm". If there is a unanimous decision that this threshold is met the child will be made subject to a Child Protection Plan (CPP) under one of 4 categories of abuse, Emotional, Physical, Sexual or Neglect. This means that the child remains in the care of the parents but a "core group" of

professionals will meet regularly with the family to ensure that the recommendations from the CPP are being met and that the concerns are reducing. In this situation if the child/unborn child is made subject to a Child Protection Plan the CoCH staff member working with the family has to become a member of the Core Group **as per LSCB Child Protection Standards.** The Child protection plan process has to be robust with multi-agency commitment as in this this situation the child remains in the care of the parents and the "risk" has to be managed and reduced via the CPP. Serious Case reviews have taken place where children subject to a CPP have been seriously or fatally injured an example of this is baby **I&S** (baby I&S which reinforces the importance of our responsibilities in these cases.

The CoCH Safeguarding Children Team will be notified by Children's Social Care of all children in CWAC who are made subject to a Child Protection Plan. This follows the death of baby **I&S** in Haringey who died whilst subject to a CPP. **I&S** had been seen with injuries by health professionals who were not aware that he was subject to a CPP and was already known to be at risk of significant harm. A Medi-tech alert is placed on the CoCH records of all children in CWAC who are made subject to a CPP. This ensures that CoCH would know if a child they are in contact with e.g. in the AED is subject to CPP. The alert advises staff of what they must do.

Alerts are removed when the LA advises the CoCH safeguarding children team that CPP has ended. This will either be because the concerns have decreased and the case is being managed as a section 17 of the 1989 CA "Child In Need" or because the child has been taken in to care and is now cared for by the Local Authority.

9.8 Planning Meetings

70 Planning meetings (Pre-birth and Discharge Planning meetings) have been undertaken attended by CoCH staff member involved in cases and a member of the CoCH Safeguarding Children Team as well as multi agency safeguarding colleagues e.g. Social Worker/support worker. This is an integral aspect of safe discharging process for the CoCH.

9.9 Clinical Incidents

There have been **11** clinical incidents relating to safeguarding children or domestic abuse issues in this reporting period. All have been actioned and responded to and notified as required to the CCG as part of the monthly Safeguarding Assurance Framework reporting to the CCG. This is a decrease on last year of 10; this may be as a result of under reporting by CoCH colleagues. This demonstrates the importance of continuous training and staff awareness to ensure staff recognise and escalate concerns.

The CoCH single agency safeguarding children annual audit plan, participation in LSCB multi agency Audit and the presentation of our single agency audits to the LSCB Audit and Case Review subgroup can help to provide evidence to the LSCB of our safeguarding arrangements. The detail in this report regarding our safeguarding activities can also help to evidence the effectiveness of our processes.

10.0 Audit: CoCH Safeguarding Children Audit Plan/Domestic Abuse Audit Plan 2014-2015

The CoCH annual audit of compliance with the Safeguarding & Promoting the Welfare of Children Policy in the 2 key areas, AED and in Maternity services 2014-2015 has been completed and evidenced very good compliance in all areas.

The CoCH annual audit of compliance with the Domestic Abuse Policy in the 3 key areas, AED and Maternity services 2014-2015 has been completed and has evidenced very good compliance.

10.1 Quarterly LSCB multi agency case audit process

The CoCH is represented at and takes part in this audit process. The need to complete the audits is a requirement of the **LSCB Performance Management and Quality Assurance (PM&QA) subgroup.** The aim is to ensure quality multi- agency practice around safeguarding children cases and to identify how practice should improve. Each audit will produce a multi -agency action plan. CoCH have submitted audit reports for some children and young people discussed in all of the quarterly audits in 2015-2016
Update from Paula Lewis who represents the CoCH in this process:

Q1 Audit – "Children with additional needs". No specific recommendations for CoCH.

Q2 Audit – "Children with unexplained injuries". A recommendation is that a secure electronic process be agreed for CoCH sending Child Protection medical reports to Social Workers. This process is actually already in place, but the problem arises when the SW who attends the medical is unable to give a "secure" email address.

Q3 audit – "Children with parents with mental health or drug and alcohol issues". The recommendations are not available yet.

Q4 Audit – "Audit of compliance with joint protocol between Housing Solutions, Children's Social Care and Youth Offending Service regarding young people who are homeless or threatened with homelessness". The recommendations are not yet available, but unlikely to impact on CoCH practices anyway.

The process for monitoring agency action plans re recommendations form these audits is under review to evidence individual agency implementation of any learning.

10.2 Single Agency Audit outcomes

The CoCH single agency audit outcomes will be presented to the LSCB audit and case review subgroup on the 28th June 2016

10.3 LSCB Practice Learning Review (PLR) Process

This is a process that will be initiated by the LSCB Board when potential concerns have arisen about the way in which a safeguarding children case has been managed (but the case does not reach the criterion for a Serious Case Review (SCR). The PLR is a multi- agency process. All agencies involved complete a chronology and management review. A multi -agency action plan will evolve from this process if there are recommendations to improve practice. There are no open PLR's at present.

11.0 Other Business

11.1 Liaison Health Visitor work with CoCH

The Liaison Health Visitor (LHV) (Community Care Western Cheshire) attends the CoCH AED, Children Unit and Neonatal Unit daily. In addition she meets daily with the CoCH safeguarding children team. The LHV is the CoCH close link to the Health

Visiting and School Health Service in terms of information sharing and we work very closely from a safeguarding children perspective.

11.2 LSCB Operational Managers subgroup is no longer in existence.

11.3 LSCB Performance Management & Quality Assurance PM&QA) sub group meeting bi-monthly (CoCH representation from K Milne)

On a quarterly basis the CoCH submits data to this subgroup pertaining to the child self – harm attendance to the CoCH. The quarter four data included 11 children who were already inpatient due to mental health issues at either Bowmere Hospital or Pine Lodge. This information was highlighted as a significant concern at the PM&QA meeting on the 12th of May 2016. Whilst it was recognised that very sadly children and YP in the frame of mind of wishing to self - harm will use any means at their disposal to do so. From the CoCH perspective it is important to clarify to the board that not all child self- harm is notified to the CoCH safeguarding children team. We are only notified if there are additional concerns of a specific safeguarding children nature, for example if the child were to disclose or staff were concerned that the self-harm is as a result of abuse or for example a Child Sexual Exploitation concern. However, in future in the case of a child who is already an inpatient in a mental health unit the CoCH safeguarding Children Team will be notified. This is to ensure a CoCH Safeguarding to CWP Safeguarding notification can take place in each case to ensure a review of each case by CWP. A Datix will also be completed by the CoCH in each case and this will be reported within the monthly CoCH Safeguarding Assurance Framework (SAF) to the CCG.

11.4 Children in Care (CIC)

The Designated Dr (CoCH Consultant Paediatrician, Community) for CIC works closely with the CIC nurses from Community Care Western Cheshire and with the CIC team from Children's Social Care. This ensures that when children are taken into care by the Local Authority their Initial Health Assessments (IHA) are completed in a timely way. This is closely monitored as CIC are already at their most vulnerable and all must be done to ensure their health and development is not further impaired. All late IHA requests are escalated & there is a clear process in place to address delays in health assessments. There is regular monthly monitoring of performance on the SAF & all out of area placements are included to ensure they have the same timeliness & quality of care. There is a quality assurance process to ensure children's health plans are reflective of their complex needs. Feedback from the child/young person is sought (Rate My Health Assessment) so the voice of the child is central and a health data form completed to monitor service provision locally for this vulnerable group.

11.5 Child Death Overview panel (CDOP)

The CoCH is represented on the Child Death Overview Panel by the Designated Dr for Safeguarding Children who is informed about all child deaths at the CoCH and all child deaths will be reviewed by the CDOP. Following the "Wood Review 2016", and as only 4% of child deaths relate to safeguarding, the Government has agreed to the transfer of national oversight of CDOPs from the Department for Education to the Department of Health, whilst maintaining the focus on learning in relation to safeguarding children issues if the arise in any child death. There are no open actions in relation to CDOP reviews at the CoCH at present.

11.6 Vulnerable Person Assessment (VPA) work with Cheshire Police

Cheshire Police will copy all VPAs involving a pregnant woman to the CoCH Safeguarding Children team. This involves Police attendance at, for example, a domestic abuse or an adult mental health/substance misuse incident that involves a pregnant woman or they become aware that there is a pregnant woman in the home. In all such cases the VPA will be forward to our secure email address so that the necessary multi-agency safeguarding actions can take place to reduce risk to the newborn.

12.0 Children & Young People

The CoCH Lead Nurse for Children continues her work to champion the needs of children and young people across the Trust. Her work this year has included producing a quarterly report for the CWAC LSCB in relation to the numbers of children attending the CoCH with Self Harm issues and Mental Health issues. This data feeds into the work being undertaken by the LSCB in relation to this vulnerable group. The Lead nurse for children works to try to ensure that CoCH process's ensure the wishes and feelings of children are sort and that this can be evidenced in our health records and process's. the children and young people mental health services inclusion group led by CAMHS is a group pf young service users some of whom spoke at a recent training event organised by Cheshire Police. The CoCH lead Nurse is going to lead on inviting some of these young people to key meetings and staff events at the CoCH to deliver a short talk from their perspective regarding how they would like to be supported when in contact with the CoCH. The intention is that practice can be improved in this area as a result of feedback.

12.1 Gaining feedback from Children & Young People

The CoCH must be able to continue to evidence that it seeks the wishes and feelings of children and young people and that the impact of any changes at the Trust (e.g. environmental, policy) takes place with regard to considering the impact on children and young people. To this end the use of the LSCB Child Impact Assessment Tool (CIA) must continue be championed across the Trust. This group of children and issues relating to young people are discussed in the Safeguarding Strategy Board.

13.0 Challenges for the Safeguarding Team

All of our work is high risk, the smallest concern can lead to a massively serious issue. It is vital to try to get out initial response in each case right as getting it wrong at the start can be a catalyst for getting it wrong in the longer term in each case and can lead to a child or adult not being protected from harm. CoCH has a small team dealing with sensitive and distressing issues on a daily basis.

The workload continues to be the greatest challenge with increasing strategic and operational pressures. However, the team remains committed to ensuring that we always respond with integrity in a timely way to all safeguarding children issues and domestic abuse issues primarily to reduce risk to those who are most vulnerable but also to ensure that good reputation and values of the CoCH are always upheld. The service is recognised internally as a very supportive service to our Teams (see Appendix 1). Our operational work, day to day is our absolute priority whilst also always ensuring our work with partner agencies does not put the Trust at risk and

does not bring the Trust into disrepute in an area of practice that is massively in the public interest.

14.0 Recommendations

The Board of Directors is asked to note the contents of this detailed report and to acknowledge the significant amount achieved during 2015/16, positive feedback was provided verbally on the service at the February 2016 CQC inspection. The Team have been shortlisted in the National Patient Safety Awards (June 2016).

Going forward we need to ensure we are ready for our next Safeguarding Children Inspection which is officially due in 2017 this will be undertaken within the new Ofsted, CQC, HMIC, and HM Inspectorate of Probation Joint Targeted Safeguarding Children Inspection Framework.

Karen Milne, RM/ Dip HE / BA Hons
Named Midwife/Professional Safeguarding Children/ Lead Domestic Abuse
June 2016

Appendix 1

Comments from CoCH Staff

18/5/16
Dear Karen
I would just like to express that as the recently appointed Temporary Ward Manager of our mixed ante/postnatal ward the Safeguarding service you provide is invaluable to us, the input you provide if faultless and the support you give to myself and my staff is always professional and detailed . The team are very flexible and always very easy to access for any help or advice.
Many Thanks
Becky Fryer

24/5/16
Dear Karen
There has been a long standing health partner relationship between CART (now i-ART) and CoCH SGCT. This has been built on professional respect and understanding of respective roles and expertise. There is a healthy culture of professional challenge between the two teams. There is extremely frequent exchange of information between the two teams which is completed in a professional and efficient manner.
Dave Spender
CWAC
Integrated Access and Referral Team Manager
Wyvern House

20/5/16
Hi Karen
The profile for both child and adult safeguarding is a key priority for the Trust with relevant teams meeting to discuss the main issues related to safeguarding all our patients and putting in the necessary guidance, support & advice. The safeguarding team posters are circulated to all teams across the Trust and staff can pick up a phone and ask for advice at any time. I feel we link into national issues such as honour violence, female genital mutilation, grooming and serous issues that relate to organisations screening and protecting our patients from a sexual predators. The addition of domestic abuse advisor to the DA team has been beneficial for not only patients but our staff who require this support.
Carmel Healey
Head of Nursing Planned Care

20/5/16
Dear Karen
Although I was 'scarred' after attending your meeting, I could not believe the amount of work you and your team do! From a staff perspective, in relation to domestic abuse support, you and your team are fantastic. One of the nurses I am responsible for has required such support and cannot believe what a difference this support has made to her life.
A big thank you from me.
Kind Regards
Karen Rees
Head of Nursing Urgent Care

20/5/16
Hi Karen
Midwifery Services would not be able to deliver the high quality service it provides without its seamless interaction with the Safeguarding Children's Team. Year on year the maternity services is experiencing both an increase in safeguarding numbers and the spectrum of issues that the service requires from the ongoing support and advice from the SGCT. All health professional are aware of their responsibility thanks to the excellent face to face training provided. The annual compliance of safeguarding children strategy audit released in February 2016, which involved the need to have a good understanding of wider safeguarding children practice and the standards set out in the Trust policy concluded that a high standard of safeguarding practice was taking place within midwifery services. The audit evidences that the learning from mandatory SGC training knowledge was embedded in practice. The team have a visible presence within Midwifery and the addition of Sarah Taylor IDVA has only added to the quality of the service provided and level of support available to both staff and women alike. Midwives who are receiving clinical supervision always provide positive feedback as to the quality of that provision.
Julie Fogarty
Head of Midwifery

"The SGC team are always on hand to provide valuable support and advice around safeguarding issues, particularly in complex and unclear cases. They have continued to raise awareness of and provide training in safeguarding across the whole Trust and not just in the children's department"
Ravi Jayaram
Consultant Paediatrician and Lead Clinician for Children's Services

Hi Karen
In Paediatric Therapy we feel that the SGCT are always available for prompt support, advice and supervision – particularly in those 'grey areas' where sometimes things just don't seem right, and we need clear advice as to what to do in the situation. The SGCT encourage and support us in attending audits / case reviews around safeguarding cases that we have been involved with. These have been powerful learning situations - identifying what has worked well, and also reflecting on what could have been done better, to influence our practice in the future.
Julie Huxley
Paediatric Therapy Team Leader
Therapy Services