

# **SAFEGUARDING CHILDREN ANNUAL REPORT 2014-15**



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**Abbreviations used in this report:**

<b>BAAF</b>	British Association for Adoption and Fostering
<b>CCG</b>	Clinical Commissioning Group
<b>CDOP</b>	Child Death Overview Panel
<b>CDDFT</b>	County Durham and Darlington NHS Foundation Trust
<b>CLAS</b>	Children Looked After and Safeguarding
<b>CSC</b>	Children's Social Care
<b>CSE</b>	Child Sexual Exploitation
<b>CQC</b>	Care Quality Commission
<b>CYC</b>	City of York Council
<b>CYSCB</b>	City of York Safeguarding Children Board
<b>FGM</b>	Female Genital Mutilation
<b>HaRD CCG</b>	Harrogate and Rural District Clinical Commissioning Group
<b>HRW CCG</b>	Hambleton, Richmondshire and Whitby Clinical Commissioning Group
<b>HDFT</b>	Harrogate and District Foundation Trust
<b>IHA</b>	Initial Health Assessment
<b>IMR</b>	Individual Management Review
<b>LAC</b>	Looked After Children
<b>LAC SNT</b>	Looked After Children Specialist Nursing Team
<b>LSCB</b>	Local Safeguarding Children Board
<b>LYPFT</b>	Leeds and York Partnership Foundation Trust
<b>NSPCC</b>	National Society for the Prevention of Cruelty to Children
<b>NYAS</b>	North Yorkshire Audit Service
<b>NYCC</b>	North Yorkshire County Council
<b>NYSCB</b>	North Yorkshire Safeguarding Children Board
<b>PCU</b>	Partnership Commissioning Unit
<b>RHA</b>	Review Health Assessment
<b>SARC</b>	Sexual Abuse Referral Centre
<b>SCR</b>	Serious Case Review
<b>SR CCG</b>	Scarborough and Ryedale Clinical Commissioning Group
<b>STHFT</b>	South Tees Hospitals NHS Foundation Trust
<b>SUDI</b>	Sudden Unexpected Death in Infancy
<b>TEWV</b>	Tees, Esk and Wear Valley NHS Foundation Trust
<b>VoY CCG</b>	Vale of York Clinical Commissioning Group
<b>YTHFT</b>	York Teaching Hospitals NHS Foundation Trust

## 1. Introduction

- 1.1 The Safeguarding Children Annual Report 2013-14 described significant progress against the Designated Professionals Strategic Plan and set out some additional goals for the year 2014-15.
- 1.2 This third report will describe some of the key achievements from the past year across the spectrum of safeguarding activity in the CCGs. In particular, the report will highlight the changes to services for Looked After Children which have mitigated previous commissioning risks.
- 1.3 Finally, the report will describe the challenges and opportunities for 2015-16 as well as the refreshed Strategic Plan which reflects local priorities and key local drivers.

## 2. National Context

- 2.1 This section of the report will set out brief details of five of the most important national drivers for safeguarding children published in 2014-15. Such key documents set priorities for all partner agencies and have been highlighted to the CCGs via regular reports and presentations to quality committees.
- 2.2 **Child Sexual Abuse in Rotherham**
  - 2.2.1 In August, 2014, the independent inquiry into child sexual exploitation in Rotherham authored by Professor Alexis Jay was published. The inquiry covered the period 2007–2013, and reviewed how cases of child sexual exploitation had been managed by children’s services in Rotherham. This harrowing report found evidence that at least 1,400 children had been victims of this particular form of abuse during those sixteen years and was clear that *“failures of political and officer leadership were blatant.”* Subsequent to publication of the Jay Report, Louise Casey CB was appointed to undertake an inspection of Rotherham council in relation to *“the exercise of its functions on governance, children and young people and taxi and private hire licensing.”* This report was published in February 2015 and highlighted widespread failings across the council’s culture and services.
  - 2.2.2 Unsurprisingly, both of these reports attracted significant media attention and public condemnation of the council’s failure to protect vulnerable children. Local Safeguarding Children Boards across the country were required to develop strategic plans and effective working practices around child sexual exploitation, and this also became a focus for key inspection processes by Ofsted and the CQC.

**2.3 Lampard Reports** - in October 2012, the Secretary of State for Health commissioned Kate Lampard (QC) to provide independent oversight of investigations into the allegations that Savile had sexually abused both adults and children in NHS settings. This report was published in June 2014 and included investigations from provider organisations operating in North Yorkshire and York. However, the nature and enormity of Savile's activities continued to become apparent, with more than 42 separate NHS investigations being undertaken. Subsequently, the Secretary of State commissioned Kate Lampard to provide a separate report identifying key themes and lessons learnt for the health services. This report was published in February 2015 and acknowledges the historical cultures and circumstances in existence at the time the abuse took place in order to fully inform the lessons relevant to today's NHS. A number of important recommendations were made to minimise any possibility of abuse on such a significant scale being repeated. On behalf of the CCGs, the Designated Professionals have requested assurance from provider organisations that relevant measures have been or are being put in place to address the Lampard recommendations. The outcome of this assurance process will be reported via the CCG Quality Committees in due course.

**2.4 “Working Together to Safeguard Children” (HM Government, 2015)**

2.4.1 Revised national guidance to working together under the Children Acts (1989 and 2004) was published in March 2015. The new architecture of the NHS is more accurately described in this guidance and the responsibilities of CCGs and Designated Professionals are clearly set out:

*“Clinical commissioning groups (CCGs) are the major commissioners of local health services and are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSCB area, and CCGs may consider ‘lead’ or ‘hosting’ arrangements for their designated professional team, or a clinical network arrangement. Designated professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England, the local authority and the LSCB, and of advice and support to other health professionals; and...to all providers of NHS funded health services.”*

2.4.2 The revised guidance makes a number of specific changes to practice, particularly in relation to safeguarding incidents which are notifiable to Ofsted, the criteria for undertaking Serious Case Reviews, and arrangements for managing allegations against people who work with children. The LSCBs are currently working to incorporate new requirements into multi-agency procedures and terms of reference for relevant sub-groups. The CCG Safeguarding Children and Allegations Against Professionals Policies are also being updated to bring them into line with this guidance.

**2.5 “Promoting the health and wellbeing of looked after children” (HM Government 2015)** - in addition to new guidance regarding children’s safeguarding, in March 2015 the Government also launched its revision of statutory guidance in relation to children and young people who are Looked After. This guidance is specifically aimed at *“local authorities, clinical commissioning groups (CCGs) and NHS England and applies to England only...under Sections 10 and 11 of the Children Act 2004.”* Work is underway in both North Yorkshire and York to ‘benchmark’ against this updated guidance, the outcome of which and subsequent action plan will be shared via the relevant CCG Quality Committees.

**2.6 Draft Accountability and Assurance Framework** – the first iteration of “Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework” was published by the NHS Commissioning Board in 2013. The document set out safeguarding roles and responsibilities for all NHS organisations. A draft revision was circulated in March 2015 following further re-structuring of NHS England and the transfer of commissioning responsibilities in whole or part to CCGs. The Designated Professionals have submitted comments in response to the consultation, and final publication of the refreshed framework is due in 2015.

**2.7 Inspection frameworks** – the past year has seen a mixture of inspection frameworks across children’s safeguarding. CQC have continued their planned single agency CLAS (Children Looked After and Safeguarding) Reviews, and Ofsted have also pursued their programme of inspections of local authority services for children in need of help and protection, children looked after and care leavers – these inspections also included a review of the effectiveness of local safeguarding children boards. At the same time, pilot integrated inspections by Ofsted, CQC, Her Majesty’s Inspectorate of Probation (HMI Probation) and Her Majesty’s Inspectorate of Prisons (HMI Prisons) were undertaken. The consultation and evaluation of these pilots has concluded that the methodology did not *“add enough inspection value to enable a proper multi-agency evaluation of services”*. (Ofsted, 2014) Hence, a new programme of targeted practice inspections is now being developed by the inspectorates and will be piloted in six areas over the next twelve months. Safeguarding practice, of course, focuses on the needs of vulnerable children and their families, and the demanding criteria set out by inspection frameworks helps organisations to review their own services and address areas where gaps may be highlighted. CLAS inspections will continue pending the implementation of the revised targeted integrated inspection framework.

### 3. Statistical Information

**3.1 Children subject to Child Protection Plans** – data produced by the NSPCC and Department for Education notes that there were 56,231 children subject to Child Protection Plans in the UK as of 31 March 2014 (or 31 July 2014 in Scotland). For England, the total of 48,300 represents an increase of 12.1%

from March 2013 and an increase of 23.5% from March 2010. (It must be noted that these figures are not an absolute indicator of the incidence or prevalence of child abuse and neglect since they only refer to children who are known to agencies). The majority of children (94.6%) had their plans reviewed within statutory timescales and Plans were of slightly shorter durations. (DfE, 2014)

**3.2 Child in Need** – the figures for England for March 2014 represent an increase of 5% from the previous year. Almost half (47.2%) of these children have abuse or neglect identified as their primary need, followed by family dysfunction (18.6%). These figures do not show a significant difference from the previous year. More episodes of need started and ended than the previous year and the length of episodes was slightly higher. (DfE, 2014)

**3.3 Children Looked After** – the number of children looked after in England has continued to rise. Figures as of 31 March 2014 showed a 1% increase compared to the same period last year, and an increase of 7% compared to 31 March 2010. The number of adoptions has increased by 26% from the previous year and is at the highest point since the start of data collection in 1992. (DfE, 2014)

**3.4 Care Leavers** – The number of Care Leavers in England was approximated at 10,000 in 2013. However, the statistical return for this cohort has now been changed to encompass young people aged 20 and 21 so direct comparison is not possible. The new return identifies 27,220 former care leavers. (DfE, 2014)

**Table 1:** Summary of National and Local Statistical Information table

Category	England as 31.03.2015 (as of 31.03.14)	North Yorkshire as 31.03.2015 (as of 31.03.14)	City of York as 31.03.2015 (as of 31.03.14)
Total number of children and young people	No data (15,098,000)	130,000 (120,136)	36,331 (36,067)
Number of children subject to Child Protection Plans	48,300 (43,140)	410 (377)	124 (131)
Prevalence of children with child protection plans/10,000 child population (2013-14)	31.9	31.5	34.2
Children in receipt of Child in Need services	397,630 (378,600)	2015 (3,044)	829 (474)
Prevalence of children receiving child in need/10,000 child population (2013-14)	263.4	155.0*	228.2*
Looked After Children	68,840 (68,110)	448 (465)	197 (220)

Prevalence Looked After Children/ 10,000 child population (2013-14)	60	34.5	55
Care Leavers	27,220	186 (181)	80 (90)

\*= significant difference at  $p < 0.1$

Key points of note:

- Proportion of children subject to child protection plans is not different from England as a whole;
- In both North Yorkshire and York, proportionately fewer children are in receipt of Child in Need services;
- North Yorkshire has a significantly lower prevalence of looked after children than England as a whole;

#### 4. Child Protection

- 4.1** This section of the report will detail some of the key practice issues in relation to safeguarding children which have been a focus for single and multi-agency activity over the past year.
- 4.2** **Child Sexual Exploitation (CSE)** – as highlighted above, the Jay and Casey Reports served to maintain high public and professional activity in respect of CSE. The Designated Professionals team have worked with the LSCBs around multi-agency strategic plans to tackle CSE: this includes a proposal to develop a new multiagency system to allow for early identification and response to indicators that young people may be vulnerable to CSE. The progress of this initiative will be reported via the CCG Quality Committees. Designated Professionals have also been involved in working with front-line professionals, offering training, support and case management advice.
- 4.3** **Female Genital Mutilation (FGM)** – this has become an increasingly important area of practice, with the publication of a number of significant reports and the creation of a national working group at NHS England. In September, the then Information Standards Board for Health and Social Care established the FGM Prevalence Dataset and required that NHS organisations should “*record and collect information about the prevalence of FGM within the patient population treated by the NHS in England*” via a monthly return from acute hospital trusts. For the period September 2014 – March 2015, the dataset has recorded 3,963 newly identified cases of FGM, of which 60 were under the age of 18. Briefings have been sent out from the Designated Professionals to all GP practices in respect of FGM, and in preparation for the mandatory notification of cases by GPs to commence in October, 2015. However, indications from the current mandatory notification system and expected prevalence (given the population



demographic in North Yorkshire and York), suggest that the number of actual cases is still relatively small across the area.

#### **4.4 Paediatric Sexual Abuse Assessments**

4.4.1 The provision of specialist medical examinations for children who have or may have been sexually abused has been a longstanding problem across North Yorkshire and York. With the retirement of two previous Designated Doctors and one Named Doctor – all of whom had participated in this work, the problem became more acute.

4.4.2 As a specialist service, sexual abuse assessments for children are commissioned by NHS England. Debi Hemingway, Health and Justice Commissioning Manager, worked with Designated Doctors across Yorkshire and Humber to develop a service specification for the commissioning of the service. The resultant specification is child-centred, emphasises children's safeguarding and welfare needs and recognises the national directive for children less than 16 years of age to be seen within paediatric services. The specification defines the children who can access the specialist service, as follows: "*a child has made an allegation of sexual abuse; or sexual abuse has been witnessed or when a referring agency strongly suspects abuse has occurred.*" Children for whom sexual abuse is a possible diagnosis are not included with the specialist service specification. Instead they require local paediatric evaluation.

4.4.3 Following finalisation of the Child Sexual Abuse Assessment Specification, the commissioner then led discussions with NHS providers across Yorkshire and Humber. Following these discussions and agreement about interim funding, YTHFT agreed to undertake the child sexual abuse assessments 'in hours' for children across North Yorkshire and York.

4.4.4 To support children and young people's immediate health needs being met if they presented to Emergency Departments following sexual assault/abuse, training was developed by one of the Designated Doctors and delivered to the Named Doctors for Child Protection in all Trusts with acute paediatric services across North Yorkshire and York. Named doctors were then asked to tailor the training to meet their own organisation's pathway and deliver to colleagues within their own Trust as appropriate. Further training is planned to support general paediatricians to assess children for whom child sexual abuse is a possibility.

4.4.5 The Designated Doctor and a senior trainee completed an audit of children seen for Child Sexual Abuse assessments. It was observed that fewer than expected children were being seen outside the window for collection of forensic swabs. This suggests that children making allegations about historical abuse were not being referred to the service, the impact of this being that the health needs of these children may not be assessed or met, and forensic evidence not gathered. The audit was shared with Heads of Safeguarding in North Yorkshire and York Children's Services and with Police. It has been agreed that Children's Services and Police will involve the York Child Sexual Abuse Assessment service to discuss the timing of health evaluation on a case by

case basis. The Designated Doctor has reviewed the fourth quarter of 2014-2015 for children seen by the service and has identified that there have been changes in referral patterns with more children with historical abuse being seen.

**4.5 Support for practice development** – the Designated Professionals team have been active in supporting practice development for front-line staff. Some examples are:

4.5.1 Training - following a formal research evaluation, the simulation approach to child protection teaching (initially introduced by the Designated Nurse for pre-registration nursing students at the University of York) has been further developed. The approach is now used with qualified nursing staff, and a new course for qualified midwives has been introduced – both at YTHFT. Initial evaluation of these courses suggests that the teaching delivery method is highly effective. A summary of findings has been presented to the regional safeguarding forum of NHS England.

4.5.2 The Designated Nurses have facilitated the introduction of new assessment tools for use by Emergency Department staff at YTHFT with the aim of improving recognition and response to safeguarding children concerns. The “ACHILD” mnemonic provides prompts to professionals to consider all aspects of a child’s presentation with injuries, and the “ABCD” Tool provides a framework for assessment of adults who attend with issues/behaviours known to increase the risks to children ( i.e. substance misuse, domestic abuse and mental health issues). These tools were originally developed on Teesside as a result of local Serious Case Reviews and have been successfully evaluated in that locality. Other provider trusts are now also considering implementing these tools.

4.5.3 Supervision – all provider organisations across North Yorkshire and York now use the same model for reflective supervision. Support for this has been via bespoke training packages delivered by the Designated Nurses. A detailed evaluation of the impact of supervision is planned for the forthcoming year.

4.5.4 The Safeguarding Children App – use of the app is increasing in primary care across North Yorkshire and York, supported by the introduction of a desktop version. The app was also showcased at a national conference of safeguarding professionals in 2014.

4.5.5 One of the Designated Doctors presented “Evaluating a safeguarding peer review and reflective supervision intervention: exploring paediatricians’ participation and learning” as a poster at an annual scientific meeting in Birmingham. A further cycle of action research is planned to support named doctors to embed peer review and supervision in practice.

4.5.6 The Designated Doctors have successfully supported the Paediatricians in HDFT to undertake regular Child Protection Peer Review. This has already led to improvements in practice.

- 4.5.7 The “Challenge in Safeguarding Practice” training developed by the Designated Nurses has now been delivered to safeguarding teams across neighbouring CCGs. Further development of an aide memoir to support effective practice is now underway.
- 4.5.8 As qualified instructors and course directors, the Designated Professionals contribute to local “Response and Recognition in Child Protection” training, which is a standardised national course for junior doctors.
- 4.5.9 The Designated Nurses continue to be members of TEWV, STHFT, LYPFT and YTHFT Safeguarding Governance Groups providing expert advice and support into the Trusts Safeguarding Children Arrangements.

## 5. Looked After Children

### 5.1 Timeliness of Initial Health Assessments

- 5.1.1 Two audits have now been carried out looking at the timeliness of Initial Health Assessments (IHAs) for North Yorkshire children – data collection for the third audit is now in progress. The data collection for the initial audit was 1 January 2013 to 31 May 2013 and for the re-audit 1 January 2014 to 31 May 2014. In the 2013 audit period, North Yorkshire Children’s Social Care (CSC) made 23 requests for children to have IHAs. For the 2014 period, this had more than doubled to 52 requests. “Promoting the Health of Looked After Children\* (HM Government, 2015) states that children and young people should have an IHA within 20 working days of becoming looked after. In 2013 this was achieved in 0% of cases, but by 2014 this had increased to 22%. In 2013 the two greatest barriers for achieving this were (i) timeliness of CSC informing the Looked After Children’s Specialist Nursing Team (LAC SNT) that a child had become looked after; and (ii) the time taken for the LAC SNT to request a paediatrician to undertake the IHA. An action plan to address these issues was developed between the Designated Professionals, NYCC and the LAC SNT with significant results: between 2013 and 2014, the number of requests sent by CSC within 5 working days of a child becoming looked after had increased from 0% to 60%; and LAC SNT identifying which Paediatrician should be asked to carry out the initial health assessment and forwarding the request within 3 working days had increased from 26% to 80% of requests.
- 5.1.2 A further audit is being carried out to look at the barriers that delay IHAs being carried out from the time of receipt of the request by the relevant paediatrician.
- 5.1.3 Audits continue to be completed for children and young people who are looked after by City of York. Children who became looked after between 02.10.14 and 02.12.14 were reviewed on 18.02.15 to determine if they had had an IHA, and if this had been completed within the required 20 working days. The results showed that there were 8 new care entrants; 1 was on remand and had not been looked after before her remand and did not require an IHA; 2 were infants and the pathway for City of York babies is to have a summary report with the full IHA being deferred until 3-4 months so a more detailed developmental

assessment can be completed. All the remaining children and young people (aged 4 to 14 years) had been seen within 20 working days. The coverage was significantly improved from the previous audit in March 2014.

5.1.4 The Designated Doctors in conjunction with North Yorkshire Children's Social Care piloted a new pathway for the management of IHAs for babies who become looked after before they are 6 weeks of age. A similar pathway has been running well for some years in City of York. The North Yorkshire pathway involved writing an IHA for these babies based on their new-born examination, and then updating this when the child was approximately 3 months old when a more detailed developmental assessment could be performed. The pilot showed that problems implementing the system outweighed the benefits, and therefore it has not been continued or rolled out across the county. Follow-on work will be carried out focusing on the babies who have a pre-birth plan to explore the feasibility of the paediatrician carrying out the full IHA assessment doing this in conjunction with the new-born baby examination.

## 5.2 Improving the quality of Initial Health Assessments

5.2.1 The Designated Doctors have provided training for those paediatricians who carry out IHAs. This was a half day clinical training session focussed on identifying and managing the specific health needs of children who are looked after. Evaluations suggested this training had been extremely valuable.

5.3.2 The Designated Doctors also provided training to the LAC Managers in North Yorkshire Children's Social Care. This training focussed on the benefits to children and young people of having health assessments. The aim of the training was to support Social Care practitioners in recognising the need to make appropriate referrals for health assessments and in supporting children who are looked after to access their assessments.

5.3.3 The Designated Doctors have led a piece of work developing a Complex Needs Pathway. This pathway should ensure that children with complex needs have appropriate health assessments by their usual paediatrician, supported by paediatricians with specialist knowledge around the additional needs of Looked After Children. The LAC SNT has supported the rollout of this pathway.

*"The assessment was good because you got to know about your own health."*

*"It was good, it was discreet and if you were overweight they would tell you, but discreetly"*

*"I want to see the school nurse at playtime in school, not in lessons because it was 'embarrassing' being taken out of class and 'disturbing' being seen at home."*

*"I was very angry when I came into care so refused everything."*

*"Too personal – don't like people asking about my health 'private'"*

*"Understanding that you might not feel good/happy... Judging you... Too long... Patronising... Annoying... Telling you what to do rather than advising/helping."*

*"When I first started having health assessments I thought it was just about having my height and weight measured and couldn't see any point in them, but as time has gone on I felt I could discuss other things."*

**Young People from North Yorkshire and York who are looked after**

#### **5.4 Spot Purchase of Review Health Assessments for 16-18 year olds**

Statutory guidance requires that Looked After young people over the age of 5 years are offered an annual Review Health Assessment (RHA). However, the four CCGs inherited a historical commissioning gap whereby RHAs for 16-19 Year olds were only commissioned for children in state secondary schools or those in local authority residential care. A short-term spot purchase arrangement was agreed between the four North Yorkshire and York CCGs, Public Health commissioners and two key providers as a temporary measure to address this gap. Unfortunately, very few of the eligible Looked After young people took up this offer of an RHA, and work continues with professionals and user groups to maximise engagement with this valuable opportunity.

#### **5.5 Re-commissioning of universal health services for children**

5.5.1 The 5-19 Service in North Yorkshire has been re commissioned by Public Health within NYCC and the contract awarded to HDFT. The Designated Professionals worked in conjunction with commissioners in Public Health to ensure that the new service specification appropriately reflected the need for robust arrangements for safeguarding children and for children who are looked after. The new service is now available to all children and young people aged 5-19 years who are resident in North Yorkshire; this includes the provision of RHAs to all looked after children in this age group. Hence the historical commissioning gap for older children in the care system (5.4) has now been addressed via the provision of universal services.

5.5.2 Public Health within City of York have commenced work on a revised service specification for a 0-19 service, and the Designated Professionals will again seek to ensure that arrangements for safeguarding and looked after children are reflected appropriately.

#### **5.6 The “No Wrong Door” project in North Yorkshire**

NYCC have developed an award-winning project to deliver a fully integrated service for the most complex and troubled young people either in care or on the edge of care. The four NYY CCGs have pledged to support this project through the LAC SNT, and agreement has been reached about how this support will be realised. A representative from the Partnership Commissioning Unit is part of the steering group for this project and the Designated Professionals along with the LAC team will contribute to the operational delivery group. The impact of the project on health outcomes for LAC is a key element in the formal evaluation to be undertaken by a team from Loughborough University, and cooperation with this evaluation will be provided by the Designated Professionals and the LAC SNT.

*"We have received exceptional support from colleagues in health in designing services which are truly collaborative and innovative. Including the No Wrong Door programme in the specification for LAC nursing, getting significant support and buy-in to a new innovative approach to psychological support through a life coach and innovative approaches to using speech and language therapists, have all played a critical part in making this project a national lead in innovation for the hardest to reach, engage and place young people... This programme has secured interest from government ministers, the DfE, other Local Authorities nationally and academics. It has also been cited in a number of key national guidance documents and discussed within the House of Lords. It's a shining example of exceptional collaboration in North Yorkshire."*

**Martin Kelly (Head of Children and Young Peoples Resources, NYCC)**

## **5.7 Involvement with LAC Members Groups**

5.7.1 As corporate parents, council members from both North Yorkshire and City of York meet regularly to review arrangements for children who are looked after and to assure themselves that the needs of these children and young people are being met as for any child living within their birth families. Regular reports are provided by the Designated Professionals to these groups in respect of the health of children looked after, and progress made against relevant elements of the multi-agency Strategic Plans for Looked After Children.

5.7.2 CoY commenced a review of the LAC Strategy in March 2015, part of which includes a review of the LAC Multiagency Strategic Groups. The Designated Professionals have contributed towards this review, the outcome of which will be shared via VoY CCG Quality and Finance Committee when available.

## **5.8 Care Leavers**

A six-month pilot scheme for delivering "health passports" to young people leaving care was carried out in the Scarborough area. Results from this were disappointing and a formal review of the pilot in conjunction with colleagues from the local authority has resulted in an alternative approach using resources developed by BAAF. Whilst some details are yet to be finalised, it is expected that this revised process will commence in August 2015 in North Yorkshire. Work is underway to introduce a similar process in City of York. Additionally, some support for the Leaving Care Teams with regard to health advice is being incorporated into the revised service specification for the LAC SNT.

## **5.9 Improved Data Reporting Processes**

The Partnership Commissioning Unit (PCU) in conjunction with the LAC SNT has been working towards more robust data collection and reporting systems around health assessments for children who are looked after. Data is now grouped according to CCG and includes additional detail where performance appears to have dropped. Quarterly reporting of data is now being included in reports to CCG Quality Committees.

## 6. Safeguarding Children Boards

### 6.1 Local Safeguarding Children Boards (LSCBs)

Statutory guidance (HM Government, 2015) requires the establishment of Local Safeguarding Children Boards in each local authority area. The LSCBs have a range of roles and functions, including “developing local safeguarding policy and procedures and scrutinising local arrangements.”

### 6.2 North Yorkshire Local Safeguarding Children Board (NYSCB)

6.2.1 NYSCB has continued to function effectively over the last year. Meetings of both the full Board and the Executive have been held regularly and attendance from partner agencies has been good. All Subgroups, Task Groups and locality safeguarding groups have individual terms of reference and work plans which are aligned to the NYSCB Business Plan. Progress against the Business Plan is strong and is monitored and reported to the Board on a regular basis. Quarterly briefings regarding the work of the Board are produced and widely disseminated across health organisations to keep front-line practitioners aware of the work undertaken at a strategic level. To support effective practice, the LSCB has a suite of policies, procedures and practice guidance which are constantly updated in line with emerging research and national guidance.

6.2.2 The CCGs are represented on NYSCB by the Executive Nurse from SR CCG, the Designated Doctor and Designated Nurse. The latter is also Vice-Chair of the Board.

6.2.3 The North Yorkshire Ofsted inspection in 2014 concluded that the overall effectiveness of the LSCB was “Good”.

6.2.4 The Annual Report for NYSCB can be accessed via the LSCB website ([www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk))

*“This has been a busy and challenging year for the NYSCB: throughout this year we have been fully supported by our colleagues from the health services. As can be seen in this report our health colleagues have been in the forefront of developing services for the children and young people in North Yorkshire. We look forward to developing this successful partnership over the forthcoming year.”*

**Prof Nick Frost, Independent Chair, NYSCB**

### 6.3 City of York Safeguarding Children Board (CYSCB)

6.3.1 CYSCB has continued work across its priority areas. Building on the co-hosted Child Sexual Exploitation conference, a task and finish group (the Child Sexual Abuse and Exploitation Sub-Committee) was established. This group planned

a year-long campaign launched in May 2015. Working in conjunction with the NSPCC both locally and nationally, the campaign aims to raise awareness of parents, children, the general public and professionals around sexual abuse and exploitation.

- 6.3.2 Multi-agency work has continued around Early Help and a task and finish group established to develop a collective response to the issue of “early neglect.”
- 6.3.2 Work relating to the voice of the child has been completed by the Children’s Trust Board. This work has looked at how the voice of the child is represented in individual assessments, but also at developing processes including on-line systems to capture the collective voice of children in York to inform the work of the LSCB.
- 6.3.3 CYSB has undertaken a significant review of the Board and Sub Group structures, and final draft plans were approved at the April 2015 Board Meeting.
- 6.3.4 Vale of York CCG has been represented on CYSCB by the Chief Nurse. The Designated Professionals are advisors to the Board.
- 6.3.5 The Annual Report for CYSCB is due to be published in September 2015 and will be accessible via the LSCB website: [www.saferchildrenyork.org.uk](http://www.saferchildrenyork.org.uk)

*“This has been a year of review and change building on solid foundations to improve partnership working and information sharing between the CYSCB and the health community. I welcome the commitment from the CCG in continuing to provide strong leadership for safeguarding and continuing to support the work of CYSCB. The strategic plan will help shape health’s contribution towards CYSCB 2015-16 priorities.”*

**Simon Westwood, Independent Chair, CYSCB**

## 6.4 Case Reviews

- 6.4.1 As part of the Learning and Development Framework set out by each LSCB, there is a requirement to undertake reviews in respect of cases which meet the criteria for Serious Case Reviews (SCRs) and of other cases which “*can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children.*” (HM Government, 2015). Over the last year no cases have been identified in North Yorkshire or York that meet the criteria to carry out an SCR, hence no SCRs have been initiated or completed. The CCGs are kept informed via the Quality Structures about cases considered by case review processes within both LSCBs.
- 6.4.2 NYSCB – a learning review into the death of a child who was Looked After was completed. This has highlighted issues around e-safety, management of contact with birth families via social media, and the dangers of experimenting with ligatures. The action plan in relation to this case is being developed by the



Case Review Group and will be monitored via the Quality and Performance Sub-Group of the LSCB.

- 6.4.3 CYSCB – a young person from the York area may have taken their own life (final verdict from the coroner is still awaited). Consideration was given by the Serious Cases Sub-Committee to undertaking a Learning Lessons Review, but it was decided that this was not required. However, two health provider organisations were asked to share their internal reviews with the Sub-Committee – this has now been completed.

## 7. Child Death Overview Panel

- 7.1 The Designated Professionals contribute to the work of the Child Death Overview Panel for North Yorkshire and York (CDOP). CDOP reviews all child deaths in North Yorkshire and York. The Panel determines whether there were any modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent similar deaths in the future. The Panel makes recommendations to the LSCB or other relevant bodies promptly so that action can be taken if necessary. It aims to identify patterns or trends in local data and report these to the LSCB, regionally and nationally. The responsibility for determining the cause of death rests with the coroner or the doctor who signs the medical certificate of the cause of death and, therefore, lies outside the remit of CDOP.
- 7.2 In the 2014-15 period, CDOP were notified of 36 deaths (CoY 9 and NYCC 27) and 35 cases were discussed by CDOP. All cases are discussed at CDOP - the difference between these two figures being due to the time lag between being notified of a case and having sufficient information for the CDOP discussion. The Designated Doctor for Child Deaths leads the discussion about each child who has died and has a particular responsibility to ensure that CDOP understands the medical aspects of the information that is provided. A Designated Doctor for Safeguarding attends these meetings to provide further clinical advice. This year it has been agreed that the Designated Doctor for Safeguarding will formally represent the CCGs at CDOP and report back key information via the Designated Professionals' reports to the CCG Quality Committees.
- 7.3 In 2014-15, the CDOP data suggests there is an increase in the number of young people who are dying as a result of their own deliberate actions (suspected suicide). This has resulted in a Summary Report of Child Suicide Rates in North Yorkshire and York which was presented to the LSCBs. It identified 15 cases over the past 5 years and demonstrated that 93% of the cases have been male, 80% used hanging, 13% used jumping/lying in front of a train and 7% self-poisoning. In 46% self-harming had been present prior to the suspected suicide. In 33% of cases, substance misuse was identified. This report was taken to the county-wide Suicide Prevention Task Group to inform a wider suicide prevention strategy. CDOP have been informed that The National

Confidential Enquiry into Suicide and Homicide by People with Mental Illness (NCISH) based at the University of Manchester has been commissioned by the Healthcare Quality Improvement Partnership to establish a national investigation into suicide by children and young people. They will be drawing on information from general mortality data from the Office of National Statistics and reports from coroners. They have asked to have access the North Yorkshire and York CDOP files to support this work. Their aim is to extract information on the antecedents of suicide, to identify trends and to make recommendations on prevention. CDOP have agreed to share North Yorkshire and York data with this enquiry.

- 7.4 A second audit was carried out examining if CDOP processes had been followed. Three cases were identified where a child died in the community and was taken straight to the mortuary rather than the accident and emergency department. CDOP training was delivered to address this.
- 7.5 CDOP prepare a detailed annual report which can be accessed at: [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk)

## 8. Inspections

- 8.1 Ofsted Inspection of North Yorkshire** – in April, 2014, an inspection of arrangements for safeguarding and looked after children was conducted by Ofsted in North Yorkshire. The outcome of this rigorous inspection process was that services were deemed to be “Good”. The report recognised the progress made by health organisations in respect of looked after children: *“Children’s health needs are adequately addressed through a coordinated approach across a range of health providers. The vast majority of children and young people are registered with a local GP and have good access to a dedicated looked after children paediatrician who provides additional advice and guidance.”* (Ofsted, 2014) However, it also made recommendations in respect of the known gaps in provision for children aged 16-18 and care leavers, which were already being addressed through strengthened commissioning and practice arrangements.
- 8.2 CQC Inspections** – all North Yorkshire and York NHS provider organisations have undergone generic CQC inspections over the past year. Whilst the outcomes from two recent inspections (YTHFT and STHFT) are still not available, the other inspections did not identify any major shortfalls in safeguarding children practice.
- 8.3 CQC Children Looked After and Safeguarding (CLAS) Reviews:** There have been no CQC CLAS Reviews in North Yorkshire and York during 2014-15. However, the Review undertaken in County Durham and Darlington NHS Foundation Trust (CDDFT) did have relevance for children and families from the HRW CCG area, who increasingly access services in Darlington following re-configuration of local paediatric services in Northallerton. The Designated Nurse

has worked closely with colleagues in Darlington to track progress against the Review action plan and to ensure that the needs of children from North Yorkshire are considered. The Designated Professionals also continue to seek out learning from local and national CLAS Reviews in order to continue to develop systems to enhance preparedness.

- 8.4 CQC Inspection of GP Practices** – a large number of GP practices have been subject to scrutiny by the CQC. Where issues around safeguarding children were identified, support has been offered to practices by the Designated Nurses to ensure that the appropriate arrangements are in place to effectively safeguard vulnerable children and their families in Primary Care.

## 9. The CCGs Designated Professionals Team

- 9.1 Internal Audit** – in 2014, North Yorkshire Audit Service (NYAS) conducted an internal audit to provide assurance that NYY CCGs were fulfilling their statutory duties in relation to children’s safeguarding. Evidence was supplied by the Designated Professionals, and the report concluded that: *“Child Safeguarding (including Looked After Children) services are continually developing and responding to legislation, changes to health management systems, national reports on systematic abuse and the impact of financial constraints on health and local government services. No significant gaps were identified in compliance by the Clinical Commissioning Groups in this review; however there is room to strengthen the integrity of the assurance received from providers on the quality of commissioned child safeguarding services.”* The opinion of the auditor was that CCGs should receive significant assurance. Work by the Designated Professionals has been ongoing to deliver against the recommendations of the audit and an interim update report provided.
- 9.2 Team membership** - the past year has seen several key changes in the Designated Professionals team. Firstly, Karen Hedgley (an experienced Designated Nurse from Teesside) succeeded Sue Roughton as Designated Nurse. Secondly, Jacqui Hourigan (an experienced Named Nurse) was appointed as the new Nurse Consultant for Safeguarding (Children and Adults) in Primary Care. This innovative new post will be funded for the first year by NHS England, after which the funding will pass to the CCGs. At a time when the commissioning groups have assumed delegated responsibility or co-commissioning of primary care, this post will be critical in supporting effective safeguarding practice.
- 9.3 Named GP** – VoY CCG have appointed a Named GP for Safeguarding Children. Dr Nigel Wells will work in conjunction with the Designated Professionals team and particularly with the Nurse Consultant for Primary Care to support practice through training, professional development and contribution to case reviews commissioned by the LSCBs. Over the forthcoming year, Dr Wells will be joined by Named GPs from the other CCGs, some of whom have

already been identified. Funding for these roles has also come from NHS England in the first year.

## 10. The Voice of Children and Young People

- 10.1** There is growing awareness of the importance of seeking out and translating the views of children and young people into positive action around service planning and delivery. Indeed, this issue forms a key element in Ofsted and CQC inspection requirements. Whilst not completely embedded in business processes, there have been some excellent examples of the past year of consultation in action:
- Several direct consultations with children and young people around their Initial Health Assessments – some of the wishes expressed have now been incorporated into revised service specifications;
  - Development of associated pledges by the Specialist Nursing Team for LAC to reflect how the service is responding to views of children and young people;
  - Consultation with children and families undertaken by HRW CCG as part of the bigger consultation exercise around the re-commissioning of services in Whitby;
  - Consultation with and involvement of care leavers in North Yorkshire and York around development of the Health Passport.
- 10.2** Both Designated Nurses are part of user groups in both local authorities to ensure that the voice of children and young people is heard and responded to by provider and commissioning organisations in health.

## 11. Challenges and opportunities for the forthcoming year

- 11.1 Provider Safeguarding Children Local Quality Requirements** – a key priority for the forthcoming year is the development of more robust assurance processes. The Designated Professionals are involved in the development of, and reporting against, Local Quality Requirements (LQRs). This presents both challenges and opportunities: the complex provider landscape and contract monitoring processes require the Designated Professionals to work closely with relevant colleagues in the Partnership Commissioning Unit and CCGs to map existing LQRs and reporting mechanisms. However once complete this will allow the Designated Professionals to use their expertise to support providers to achieve compliance and challenge where necessary.
- 11.2 Accountability and Assurance Framework:** Once published the revised Assurance and Accountability Framework (Safeguarding Vulnerable People in

the NHS) will require careful review and the development of a shared understanding between key stakeholders regarding roles and responsibilities.

### **11.3 Establishing the Named GP Role and Nurse Consultant for Primary Care**

11.3.1 The recent appointments of the Nurse Consultant for Primary Care, and the Named GP recruitment plans presents both opportunities and challenges at a time when three of the four CCGs have assumed delegated or co-commissioning responsibility for primary care. The Nurse Consultant will work closely with the CCGs in the recruitment and appointment of further Named GPs, thereby enabling the formation of a team which creates a crucial link between the Designated Professionals for Child and Adult Safeguarding and Primary Care services. The development of the roles of the Nurse Consultant, Named GPs and Safeguarding Leads within Practices over the coming year will enhance the current provision of expert professional and clinical advice and support across Primary Care services.

11.3.2 One of the key challenges for 2015-16 will to complete of a comprehensive training needs analysis and mapping of current training provision for primary care. Once established there will be an opportunity to develop a robust innovative educational programme, enhancing training capacity, accessibility and ensuring quality of the provision.

11.3.3 Following the publication of the revised Accountability and Assurance Framework, the Nurse Consultant will map current processes in Primary Care with the revised requirements and highlight and address risks identified as necessary.

11.3.4 In the coming year, the use of Safeguarding Children self-assessment practice assurance tool, consistent with that outlined within RCGP Safeguarding Children Toolkit for use in General Practice, will be explored. This will enable practices to audit their own practice systems and processes relating to safeguarding to determine whether practices are up to date with statutory requirements and standards for good practice. Where areas for development are identified within practices, support will be offered by the Nurse Consultant and Named GPs to ensure that risks are appropriately addressed and arrangements in place to effectively safeguard vulnerable children and their families.

## 12. Designated Professionals Strategic Plan 2015 - 16

### Strategic Priority 1:

To develop robust assurance processes in relation to safeguarding children arrangements in CCGs and provider organisations

Objective	Associated Delivery Plan	Progress Update
<p>1.1 NYY CCGs will have assurance that provider organisations are delivering services which safeguard the welfare of children and young people in line with statutory national and local requirements.</p>	<ul style="list-style-type: none"> <li>• To map current Safeguarding Children Local Quality Requirements in provider organisation contracts;</li> <li>• To review and strengthen reporting arrangements to NYY CCGs;</li> <li>• To provide expert advice and support to CCGs in relation to compliance reporting in respect of quality requirements;</li> <li>• To provide expert input into development of new service specifications as relevant;</li> <li>• Where non-compliance with specific Quality Requirements is identified, to offer expert support to relevant provider organisations and review and monitor associated action plans.</li> </ul>	
<p>1.2 NYY CCGs will have safeguarding children policies commensurate with current national statutory and best practice guidance.</p>	<ul style="list-style-type: none"> <li>• Safeguarding Children Policy to be reviewed in line with Working Together to Safeguard Children (2015), NHS Accountability and Assurance Framework (expected Spring 2015) and NY and CoY LSCB multi-agency procedures.</li> <li>• Allegations Against People Who Work With Children Policy to be reviewed in line with Working Together to Safeguard Children (2015) and NYSCB and CYSCB multi-agency procedures.</li> <li>• Once policies ratified by each CCG, to be placed on public-facing websites (in line with recommendations from CCG Internal Audit, 2014).</li> </ul>	

<p><b>1.3</b> NYY CCGs will be supported to understand their responsibilities in respect of safeguarding children and children who are Looked After as new national guidance emerges.</p>	<ul style="list-style-type: none"> <li>• New national guidance is included as part of regular safeguarding children reports presented by the Designated Professionals to Quality structures within the CCGs;</li> <li>• Regular meetings between Des Nurses and Lead Nurses within each CCG to review any new or emerging guidance and implications for CCGs;</li> <li>• Develop any required action plans to address new CCG responsibilities.</li> </ul>	
<p><b>Strategic Priority 2: To support and continue to develop strong multi-agency partnerships across North Yorkshire and the City of York</b></p>		
<p><b>Objective</b></p>	<p><b>Associated Delivery Plan</b></p>	<p><b>Progress Update</b></p>
<p><b>2.1</b> The CYSCB re-structure will be supported and influenced by Designated Professionals in order to achieve a robust collaborative arrangement to safeguard and promote the welfare of children in York.</p>	<ul style="list-style-type: none"> <li>• Expert advice and support will be provided to the Head of Nursing and the Chief Officer of VoY CCG in line with national recommendations (RCPCH, 2014 and Working Together to Safeguard Children, 2015);</li> <li>• To actively engage with the further development of the revised structure of CYSCB, particularly in relation to proposed sub-groups reconfiguration.</li> </ul>	
<p><b>2.2</b> The statutory functions of CYSCB and NYSCB will be supported by the Designated Professionals team.</p>	<ul style="list-style-type: none"> <li>• Designated Nurse (EW) to continue to support NYSCB in capacity as vice-chair and to continue to develop this role as agreed in Personal Development Plan;</li> <li>• Designated professionals will attend and take an active part in the LSCBs in their role of clinical experts and strategic leaders;</li> <li>• Designated Nurse (KH) to chair Case Review Sub-Group of CYSCB and to develop processes for reviewing cases in line with revised statutory guidance; supporting formal case review</li> </ul>	



	<p>processes (SCRs and LLRs); monitoring agreed action plans arising from formal case reviews; and reporting to the LSCB;</p> <ul style="list-style-type: none"> <li>• Designated Doctor (NL) to offer to chair Case Review Group of NYSCB as described above;</li> <li>• Designated Nurse (KH) to lead on the development of processes around CSE in North Yorkshire and to chair the CSE Sub-Group of NYSCB;</li> <li>• The Designated Professionals to provide health expertise to any other sub-groups of both boards as necessary;</li> <li>• To secure appropriate representation into sub-groups/task and finish groups of both LSCBs from provider organisations;</li> <li>• To explore and strengthen the connectivity between the LSCBs, HWBs and Children’s Trust to support and influence collaborative work and strategic planning.</li> </ul>	
<p><b>Strategic Priority 3: LAC</b></p>		
Objective	Associated Delivery Plan	Progress Update
<p><b>3.1</b> The CCGs will be assured that their responsibilities towards children who are Looked After are fulfilled in line with revised national statutory guidance.</p>	<ul style="list-style-type: none"> <li>• Benchmarking against revised statutory guidance and associated action plan;</li> <li>• Input into CYC Commissioning for 0-19 service to ensure that appropriate arrangements for LAC health assessments and support are reflected in service specification;</li> <li>• Continue to work with PCU around re-specification for Specialist Nursing Team for LAC;</li> <li>• Collaborating with NYCC and Loughborough University to support and monitor impact of the No Wrong Door project;</li> <li>• Respond to Ofsted recommendations around implementation of the Health Passport across NYCC and CYC;</li> <li>• Finalisation of the Complex Needs Pathway;</li> <li>• Continued consultation with service users to ensure services take into account wishes and feelings;</li> </ul>	



	<ul style="list-style-type: none"> <li>• Work with LAC SNT to develop and implement info leaflets for children and carers to support improved compliance with IHAs;</li> <li>• Further audits around IHA timescales compliance.</li> </ul>	
<b>Strategic Aim 4: Supporting practice</b>		
<b>Objective</b>	<b>Associated Delivery Plan</b>	<b>Progress Update</b>
4.1 To continue to provide expert support in order to develop safeguarding children practice across the health economy in NYY.	<ul style="list-style-type: none"> <li>• Continue to update and develop safeguarding children app particularly in respect of access through all devices, and promotion of app across health economy;</li> <li>• In partnership with provider trusts, develop aide memoir around specific situations that require professionals to offer constructive challenge;</li> <li>• Continue to develop simulation as a tool for supporting training for front-line practitioners in conjunction with both the University of York and YTHFT;</li> <li>• Work with partner agencies via the LSCBs and Named GPs to develop revised practice guidance around the management of injuries to non-independently mobile children;</li> <li>• Facilitate professional development of specialist safeguarding practitioners (Levels 4 and above) via structured educational opportunities;</li> <li>• Support robust practice via supervision of specialist safeguarding practitioners in provider organisations and via Peer Review/ Supervision for paediatricians;</li> <li>• Continue to support supervisory practice in provider organisations through provision of supervisor training and updates;</li> <li>• As accredited trainers for the ALSG Recognition and Response Course for medical practitioners, to continue supporting courses which are accessed by clinicians from NYY.</li> </ul>	

<p><b>4.2</b> To continue to support arrangements for Child Sexual Abuse Assessments.</p>	<ul style="list-style-type: none"> <li>• To work with providers and specialist commissioners to secure robust provision for Child Sexual Abuse Arrangements for children in NYY – both in and out of hours;</li> <li>• To offer support/training to providers of acute paediatric services who assess children presenting with signs or symptoms for which child sexual abuse may be within the differential diagnosis.</li> </ul>	
<p><b>Strategic Priority 5: Development of CCGs Safeguarding Children Team and establishing roles and responsibilities</b></p>		
Objective	Associated Delivery Plan	Progress Update
<p><b>5.1</b> To support the newly-appointed Nurse Consultant for Primary Care to develop role within the team and establish new roles and responsibilities.</p>	<ul style="list-style-type: none"> <li>• Nurse Consultant to be integral member of Designated Professionals Group;</li> <li>• Membership of other relevant governance and development groups as appropriate;</li> <li>• Active support through initial induction period;</li> <li>• Support for primary care training via training needs analysis, mapping of current training provision (including qualitative assessment), and devising subsequent action plan to address training needs in primary care.</li> </ul>	
<p><b>5.2</b> To develop any required safeguarding children assurance processes around primary care in conjunction with the Nurse Consultant for Primary Care.</p>	<ul style="list-style-type: none"> <li>• Map current processes against new Accountability and Assurance Framework following publication of revised guidance;</li> <li>• Development of any necessary local quality requirements for new primary care services;</li> <li>• Explore options for introducing self-assessment/assurance tool for use in primary care, consistent with the RCGP Safeguarding Children Toolkit.</li> </ul>	

<p><b>5.3</b> To establish the role of Named GP in all four CCGs across NYY.</p>	<ul style="list-style-type: none"> <li>• Support CCGs with recruitment processes for Named GPs;</li> <li>• Establish development programmes for newly appointed Named GPs;</li> <li>• Support Named GPs with local practice safeguarding leads networks.</li> </ul>	
<p><b>5.4</b> To ensure continuity of team regarding further changes to personnel (Designated Doctor for SR CCG and VoY CCG).</p>	<ul style="list-style-type: none"> <li>• Support SR CCG with recruitment process for new Designated Doctor;</li> <li>• Develop induction plan for new appointee;</li> <li>• Develop work plan for new appointee to ensure that continuity of current work plan is maintained.</li> </ul>	
<p><b>Strategic Priority 6: CDOP</b></p>		
Objective	Associated Delivery Plan	Progress Update
<p><b>6.1</b> Continue to develop processes for disseminating learning from NYY Child Death Overview Process.</p>	<ul style="list-style-type: none"> <li>• Continue to provide training on multi-agency basis across NYY as required.</li> </ul>	
<p><b>6.2</b> To monitor implementation of CDOP processes.</p>	<ul style="list-style-type: none"> <li>• Audit of unexpected child death processes, particularly rapid response processes;</li> <li>• Ongoing monitoring of individual cases and addressing issues as they arise.</li> </ul>	
<p><b>6.3</b> Implementation of use of SUDI box in Emergency Departments across NYY.</p>	<ul style="list-style-type: none"> <li>• Development of SUDI box;</li> <li>• Introduction to Emergency Departments across NYY (starting with YTFT);</li> <li>• Delivery of training to practitioners involved with managing SUDIs.</li> </ul>	

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**APPENDIX ii: Structure of CCG Safeguarding Children Team (hosted by SR CCG)**

