



CEREDIGION

CYSUR LOCAL OPERATIONAL GROUP

Performance Management Report

Quarter: 3

1.10.22 – 31.12.22

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SECTION 1: INTRODUCTION:

This is the multi-agency management report in relation to safeguarding children in Ceredigion during the period 1st October to 31st December 2022. It provides performance management information on action taken to safeguard children.

It includes reports from partner agencies relating to safeguarding and promoting the wellbeing of children in Ceredigion.

The indicators and measures used are defined and reported on locally, regionally and nationally.

This management information is regularly discussed by members of the CYSUR Ceredigion Local Operations Group in order to monitor and evaluate the effectiveness of safeguarding children arrangements in Ceredigion and the outcomes achieved.

Any comments or queries regarding the report should be addressed to:

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SECTION 2: Headline and Comparative Data

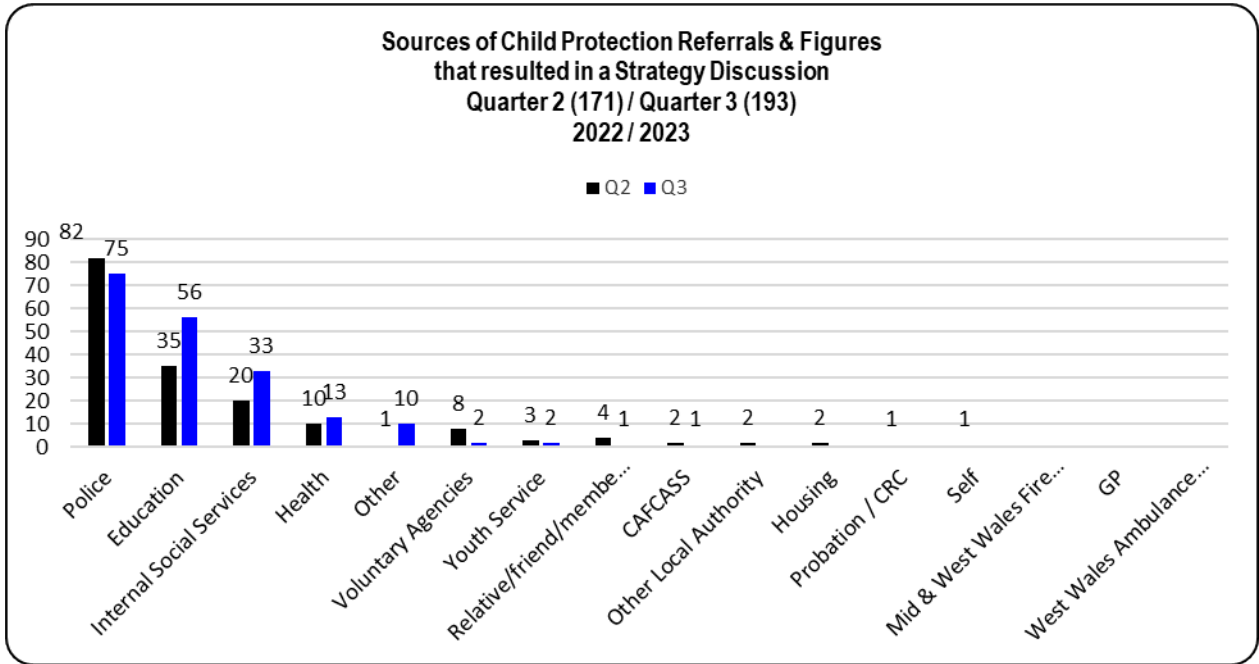
Referral Outcomes	Oct-Dec 2022	July-Sept 2022	April-June 2022	Jan-Mar 2022	Oct-Dec 2021
Reports/Referrals leading to Child Protection Strategy Discussions / Meetings	193	171	221	154	122
Initial CP Conferences					
Number of Initial CP Conferences (excluding transfer and pre-birth conferences)	16	7	5	8	4
Number of Initial Pre-Birth CP Conferences	1	2	4	2	-
Number of Transfer CP Conferences	1	1	-	-	-
Pre-Birth Transfer CP Conference	-	-	-	-	-
Total number of Initial CP Conferences (including transfer and pre-birth Conferences)	18	10	9	10	4
Total number of children subject to Initial/Pre-birth/Transfer Conferences	35	21	13	21	8
CP Register					
Number of children's names placed on the CP Register (excluding pre-birth and transfer conferences)	30	14	8	19	6
Number of children's names to be placed on the CP Register at birth	1	2	4	2	-
Number of children's names placed on the CP Register after transfer from other Local Authorities	-	-	-	-	-
No. of children's names to be placed on the CP Register at birth after transfer from other Local Authorities	-	-	-	-	-
Total number of children's names placed on the CP Register following Initial Conferences	31	16	12	21	6
Total number of children's names not placed on the CP Register	4	5	1	-	2
Review CP Conferences					
Number of Review CP Conferences	17	16	19	13	13
Number of Review Pre-Birth CP Conferences	-	-	-	-	-
Total Number of Review CP Conferences (inc Pre-Birth)	17	16	19	13	13
Number of children subject to Review CP Conferences	39	26	43	23	34
Number of children's names to be placed on the CP Register at birth	-	-	-	-	-
Total number of children subject to Review/Pre-birth Conferences	39	26	43	23	34
Total number of children remaining on CP Register	11	13	29	11	19
Total number of children removed from the CP Register	28	13	14	12	15

Analysis:

There was an increase in the number of referrals that lead to action taken under Wales Safeguarding Procedures during this quarter.

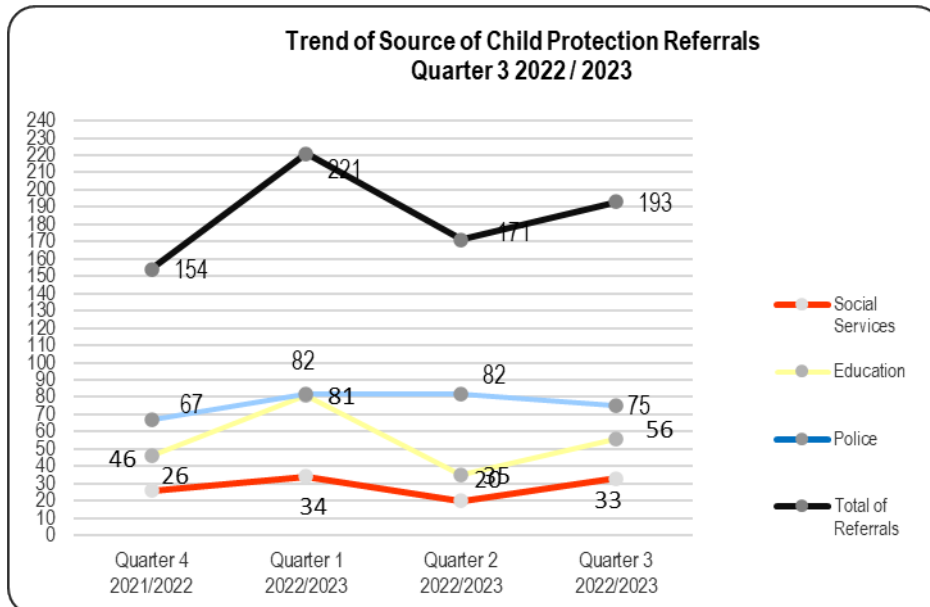
The percentage of children discussed at review conferences and who were deregistered was 74%.

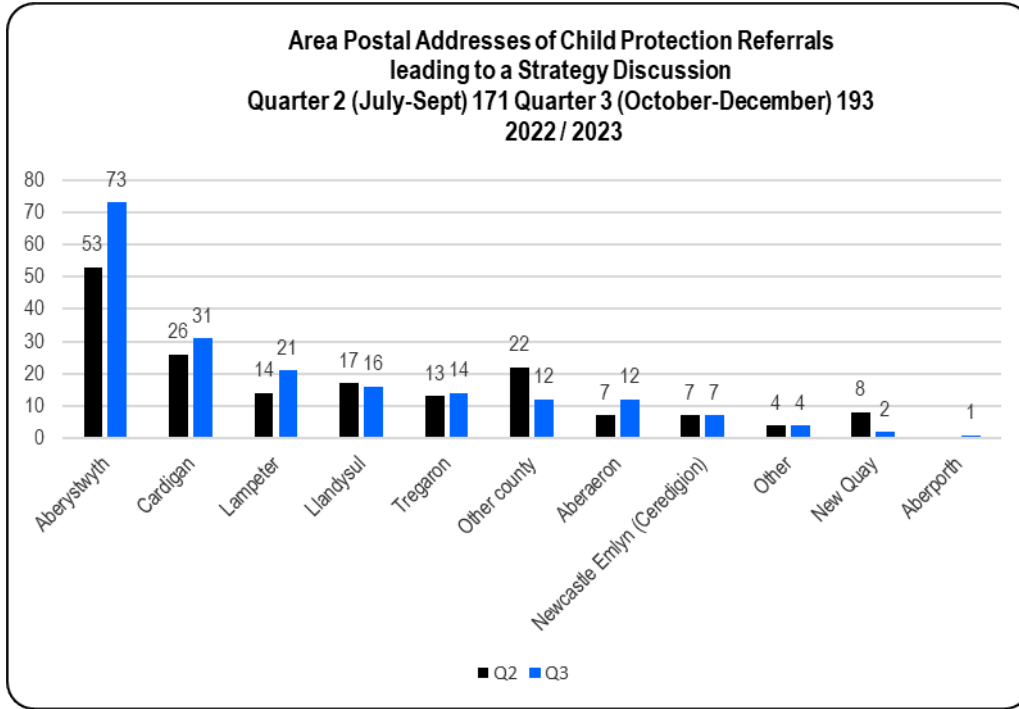
SECTION 3: Child Protection Reports and Referrals:



Analysis:

The Police remained as the largest source of referrals during the quarter; the schools' rate has continued to increase.





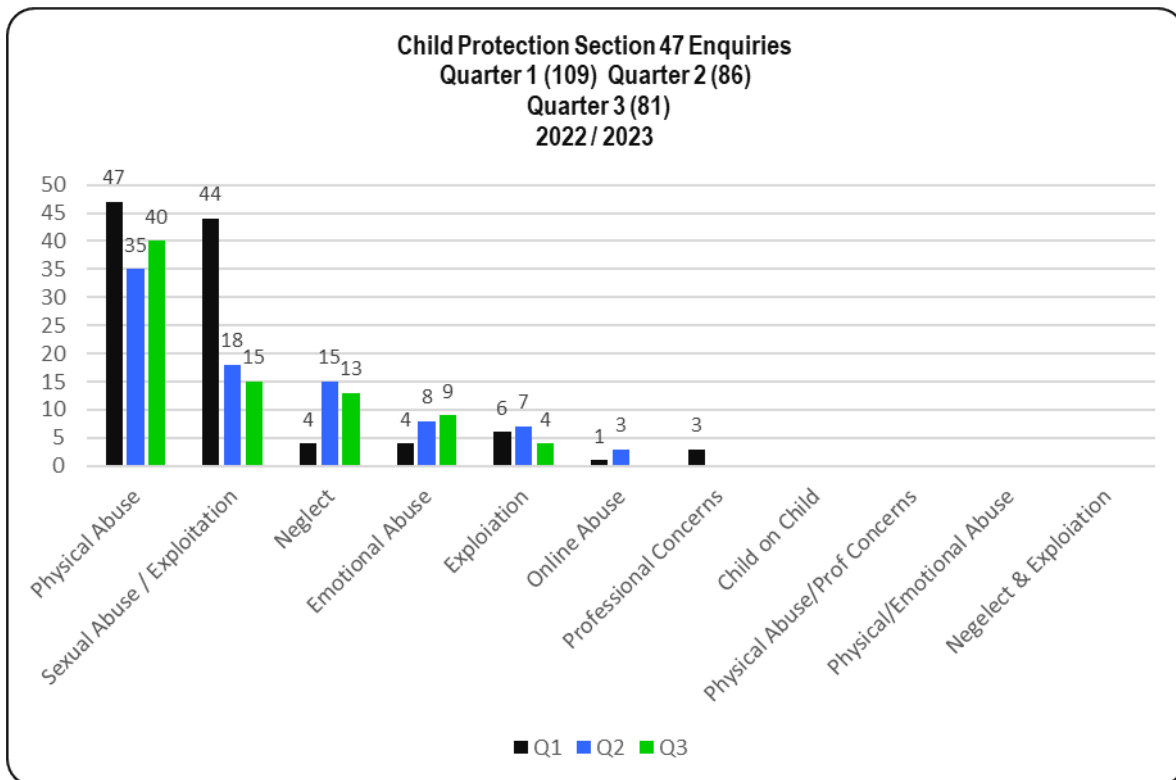
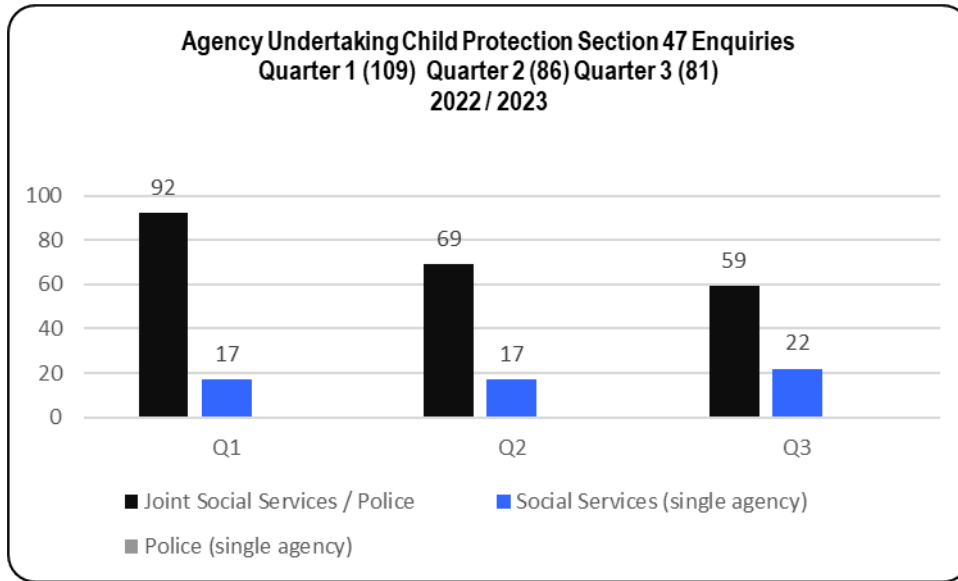
Analysis:

Aberystwyth is consistently the area of the greatest number of referrals

% Breakdown of Safeguarding Activity Quarter 3 2022 / 2023 (1 October – 31 December)			
Number of all Initial Contacts re Children information.			
Contact/Referrals 1112	Strategy Discussions 17.3%	Section 47 Enquiries 7.3%	Initial Child Protection Conferences 1.6%

In Quarter 2, there were 1030 contacts/referrals, of those, 16.7% went to a Strategy Discussion, 8.3% went to a Section 47 Enquiry, and 0.97% went on to an Initial Child Protection Conference.

SECTION 4: Child Protection Section 47 Enquiries



Analysis:

The main concerns that led to completing child protection enquiries in quarter 3 were allegations of physical abuse and sexual abuse/exploitation.

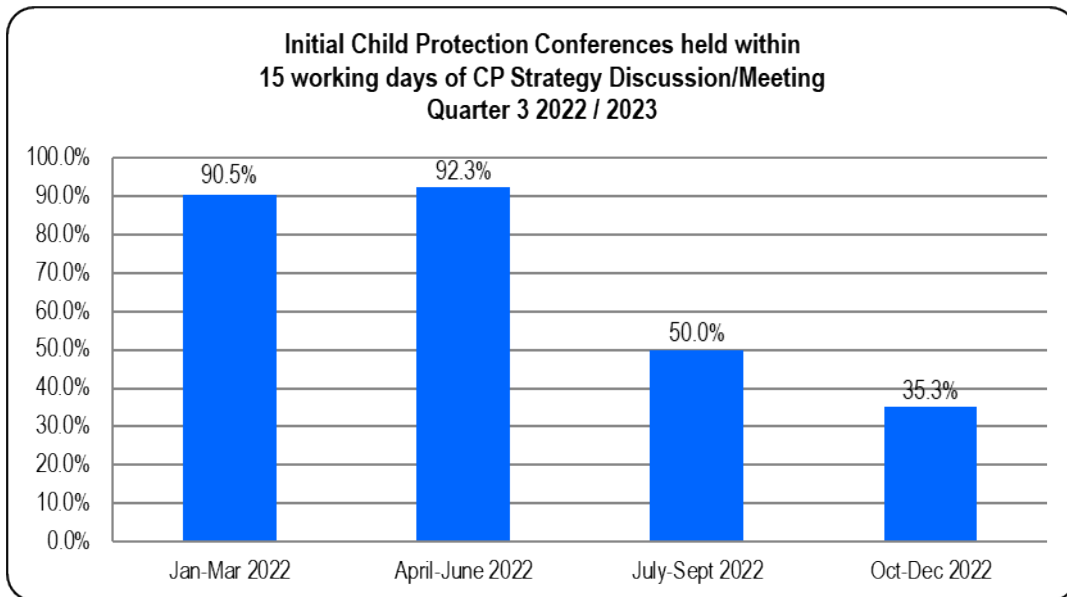
The majority of enquiries were carried out jointly by Police and Children Services.

SECTION 5: Child Protection Conferences

This table contains breakdown figures in relation to Outcomes of Initial Child Protection Conferences					
Total Number of Initial CPCs	No. of children	No. of unborn	No. of families	Number of children placed on CPR incl. unborn and transferred	No. of children with Child in Need of Care and Support Plan if not registered
18	34	1	18	31	2

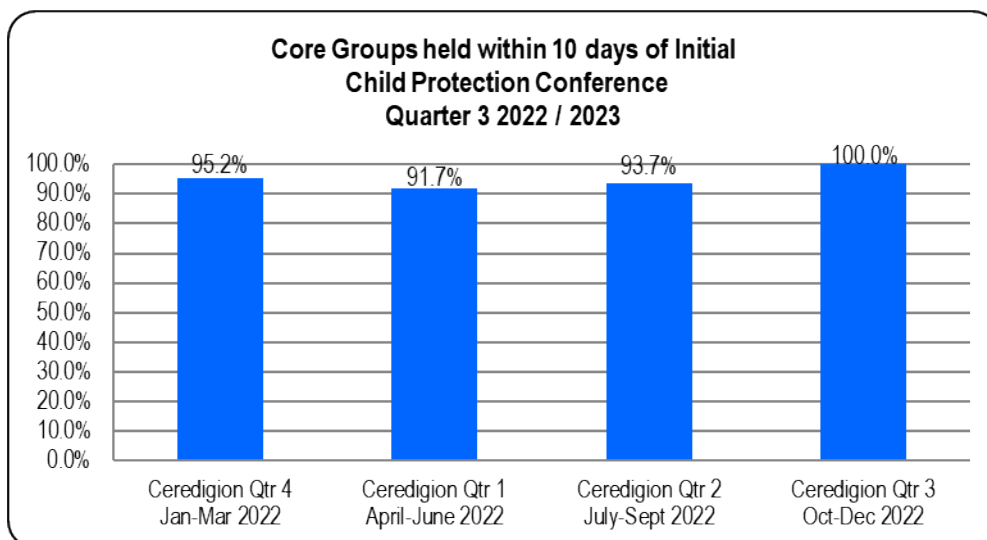
Initial Child Protection Conferences in timescale

35.3% of Initial Child Protection Conferences were recorded to have taken place within 15 working days of the Strategy Discussion/Meeting. The low percentage completed in time was due to the unavailability of staff for 7 families consisting of 19 children, for another family of 2 siblings it was due to the fact that a disclosure needed to be shared with a parent and for the other family with 1 child it was due to dad’s availability. It is important to note that in most cases, initial and Review Case Conferences are being held virtually via Microsoft Teams. Both parents and children have been able to participate in the meetings.



Child Protection Core Group Meetings in timescale:

100.0% of Child Protection Core Group Meetings were recorded to have taken place within 10 working days of the Initial CP Conference.



This table contains breakdown figures in relation to the outcomes of Review Child Protection Conferences:

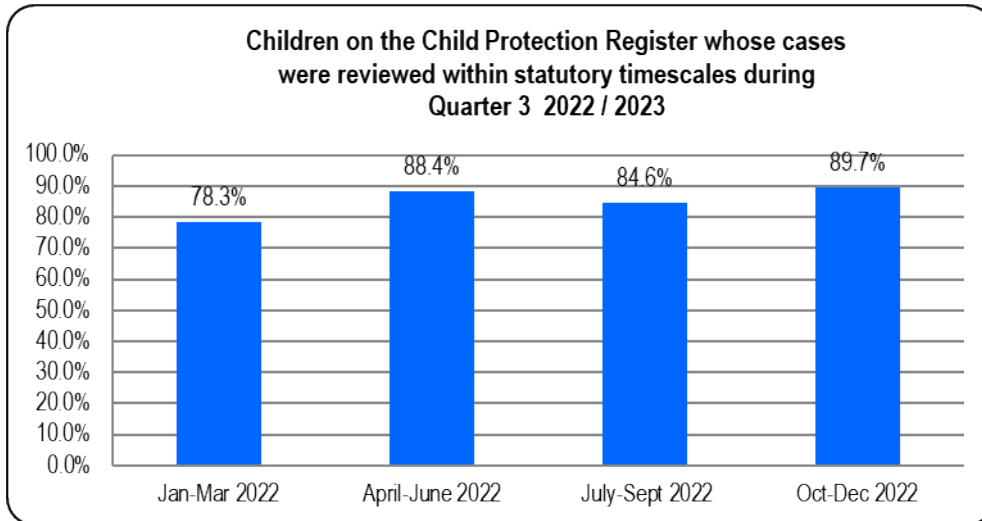
Total No. of Review CPCs	No. of children	No. of Unborn	No. of families	No. of names of children remaining on CP Register	No. of names of children removed from CP Register	No. of children with Child in Need of Care and Support Plan following de-registration
17	39	-	16	11	28	14

Outcomes of Reviews:

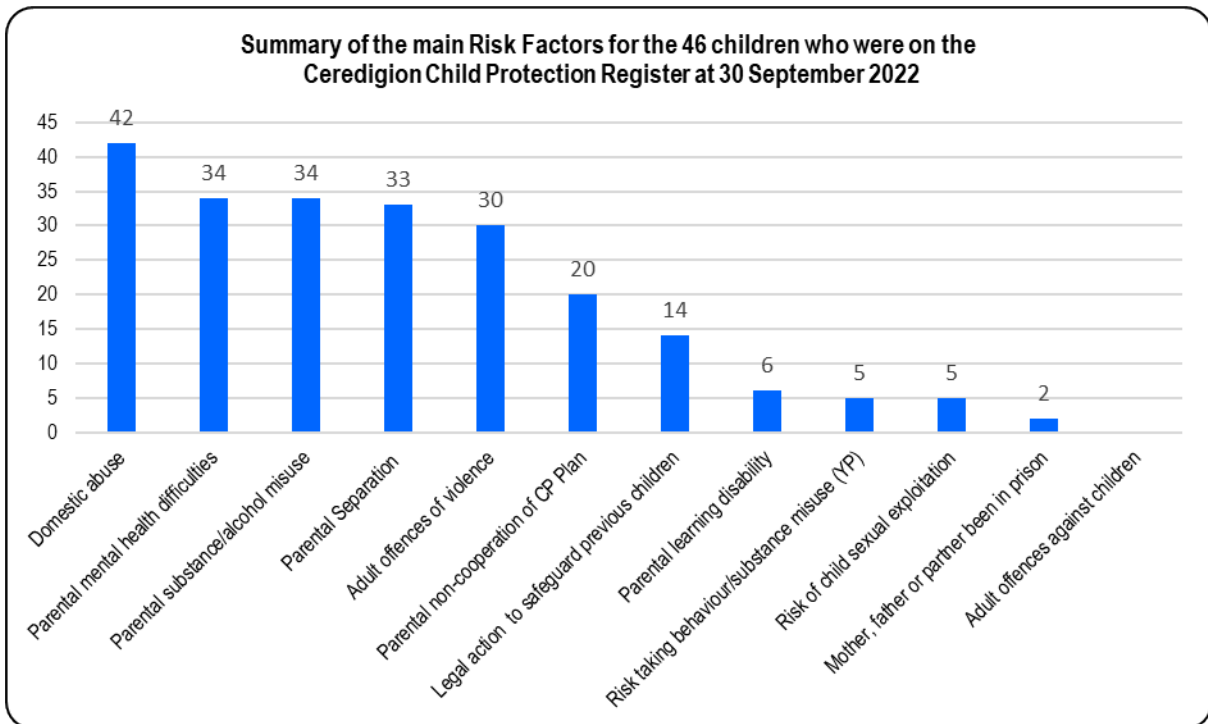
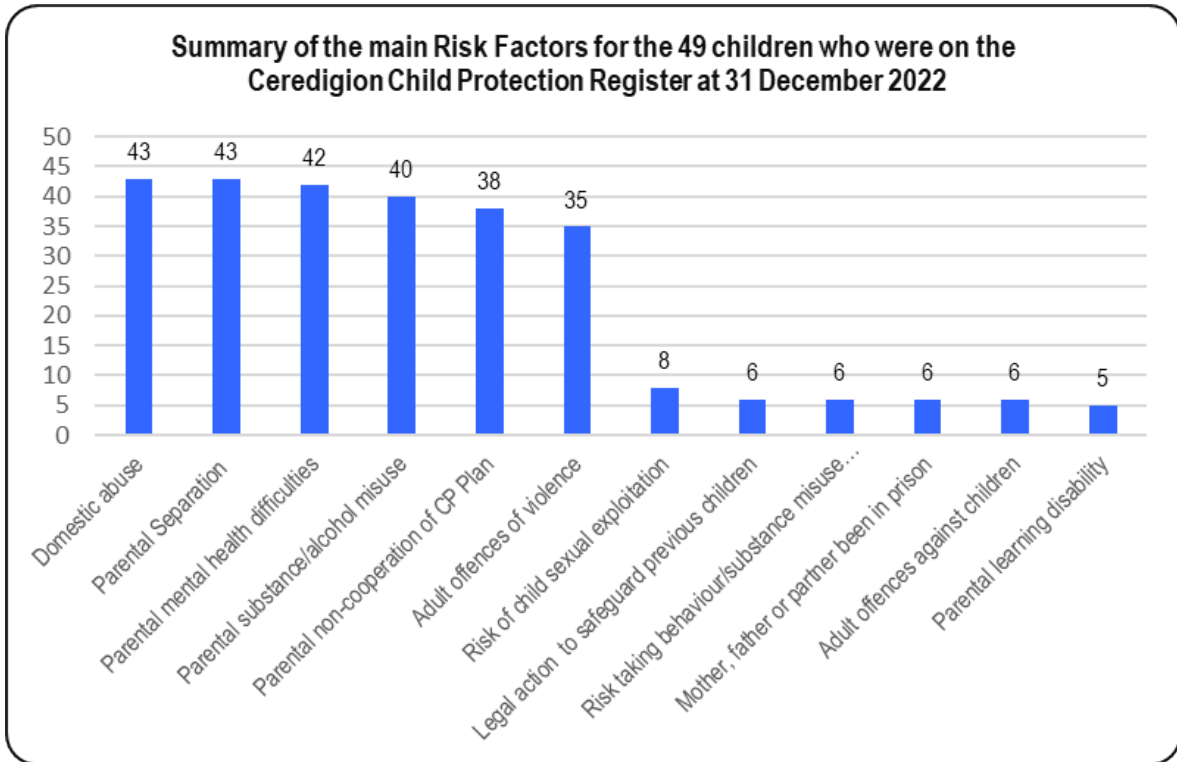
Of the 28 children who were de-registered, 14 were in receipt of further intervention on a Child in Need of Care and Support Plan with the other 14 children becoming Looked After Children.

Review Child Protection Conferences in Timescales:

89.7% of Review Child Protection Conferences were recorded to have taken place within timescales. The reason for the delays in holding conferences in time for 1 family of 2 siblings was due to staff availability and for a further family of 2 siblings the conference was delayed due to the availability of the parent.



Participation of parents and children in Child Protection Conferences						
*Comparative data for Quarter 2 in brackets						
*Social Worker report to parents 24 hours before CPC	*CP Chair met with family before CPC	*CP Chair met with child before CPC	*Family member present at CPC	*Children's views represented at CPC who did not attend (5 -18 yrs.)	*Children attendance at CPC (Over 11 yrs.)	*Children Who have allocated Advocate / Tros Gynnal.
100% (100%)	85% (79%)	100%(100%)	84% (91%)	89% (93%)	4% (14%)	22% (33%)

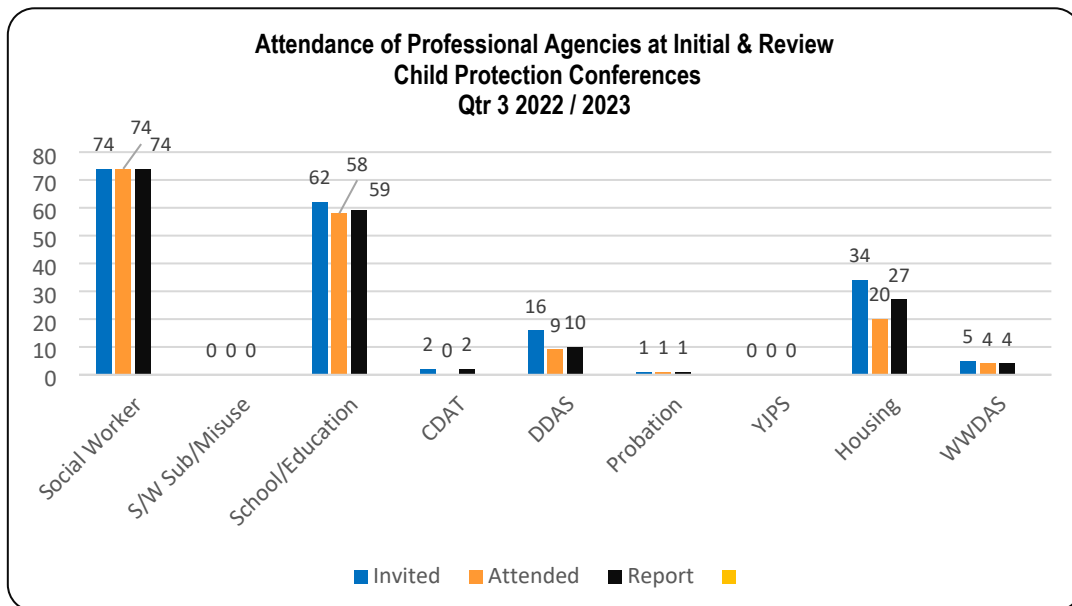


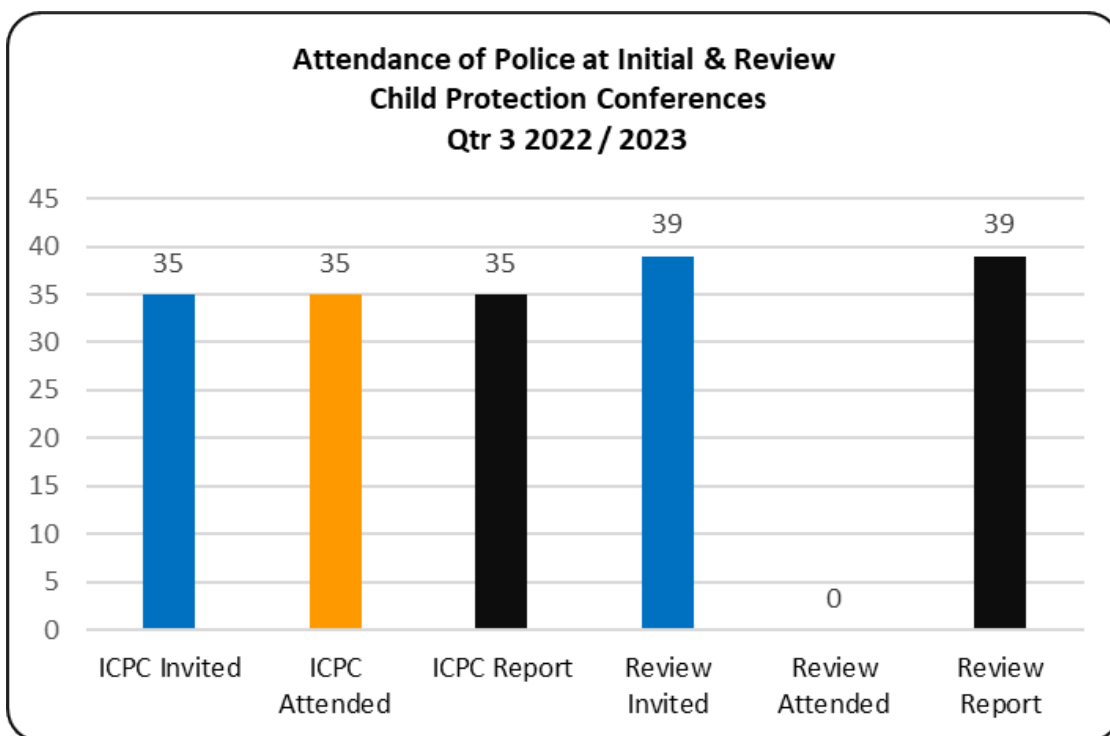
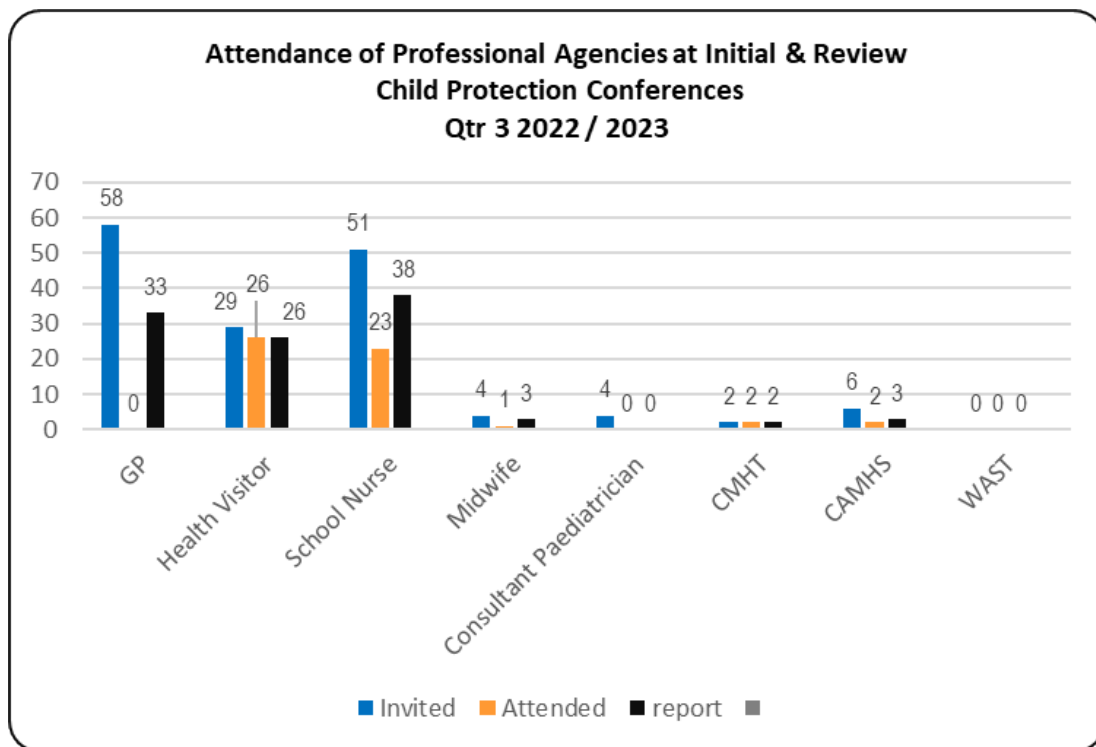
The Toxic Three Risk Factors for the 49 children who were on the Ceredigion Child Protection Register at 31 December 2022		
Number of children subject to a Care and Support Protection Plan where all of the Three Toxic Risk Factors feature (Domestic Abuse, Parental Substance Misuse and Parental Mental Health)	35	71.4%
Number of children subject to a Care and Support Protection Plan where Parental Separation <i>or / and</i> Incarceration feature (ACE)	44	89.8%
Number of children subject to a Care and Support Protection Plan where all five ACE (Domestic Abuse, Parental Substance Misuse, Parental Mental Health, Parental Separation and Incarceration)	5	10.2%

Analysis:

The main risk factors recorded were domestic abuse, parental separation, parental mental health difficulties and parental substance/alcohol misuse.

Agency Attendance at Conferences:





The attendance of agencies at CPCs is illustrated in the charts above. An average of 6 agencies' staff members were invited to each CPC and an average of 3 attended. There was an average of 5 written reports available at each CPC.

1 (1%) Child's CPC recommended that a Family Group meeting be convened.

70 (95%) Children's registration decisions were unanimous; with 4 (5%) children's registration a majority decision.

1 (1%) Children's CPCs reported that there was dissent regarding the safety of the CP Plan for safeguarding the welfare of a child on the CP Register.

9 (12%) Children were identified as a young carer.

It was identified for 12 (17%) Children that there was a shortfall in information regarding the mother's partner.

A moderate/severe learning disability was identified for 7 (9%) young persons; with 3 (4%) young persons reported as having an Individual Development Plan.

0 (0%) Children were reported to have a physical/sensory disability, with behaviour problems identified for 12 (16%) young persons.

3 (4%) Children were recognised as having speech/language difficulties; with 5 (8%) Young persons reported to have been excluded from school.

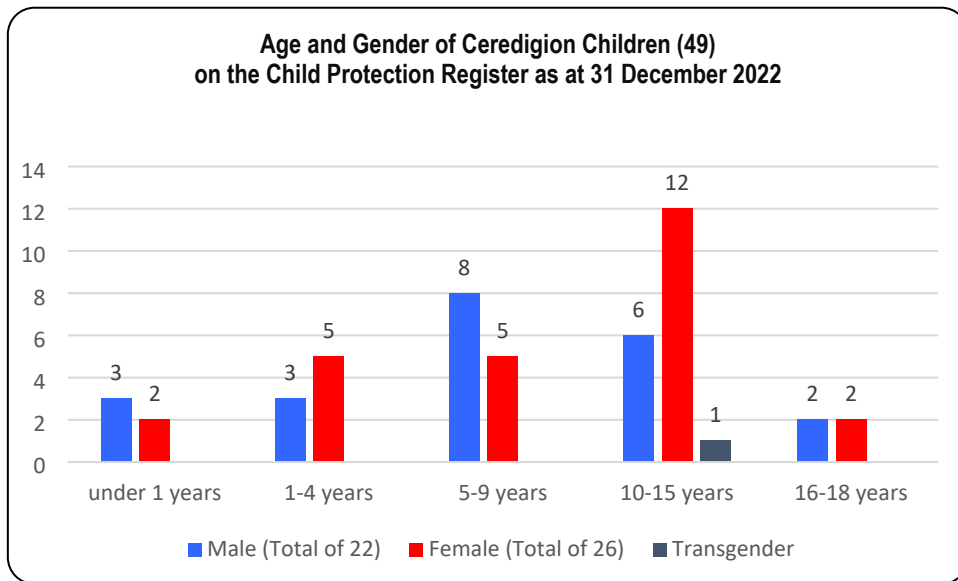
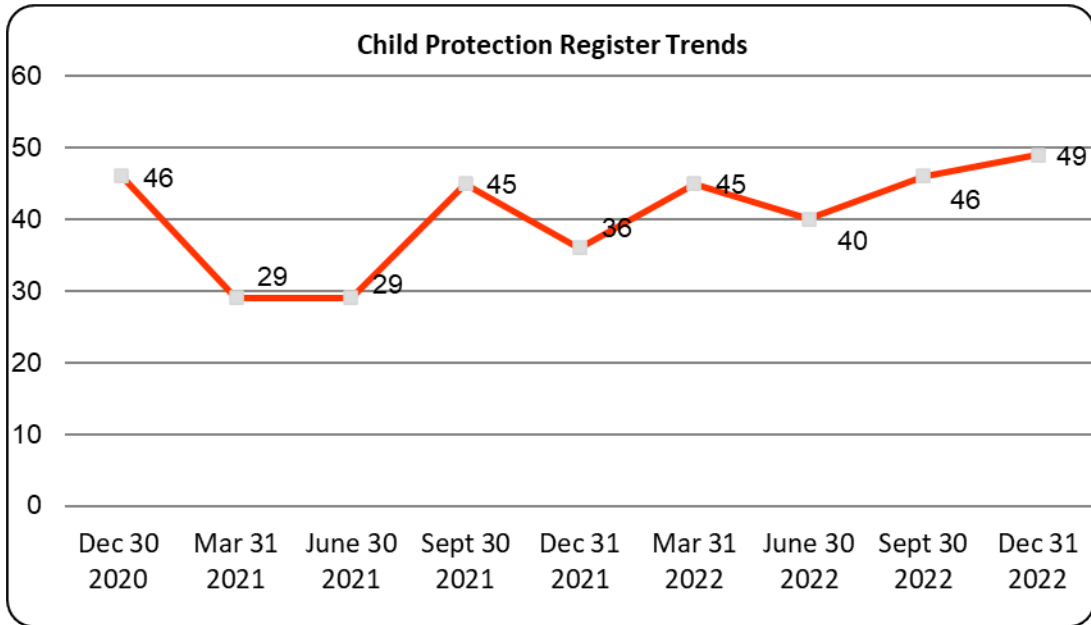
CHILD AND FAMILY FEEDBACK

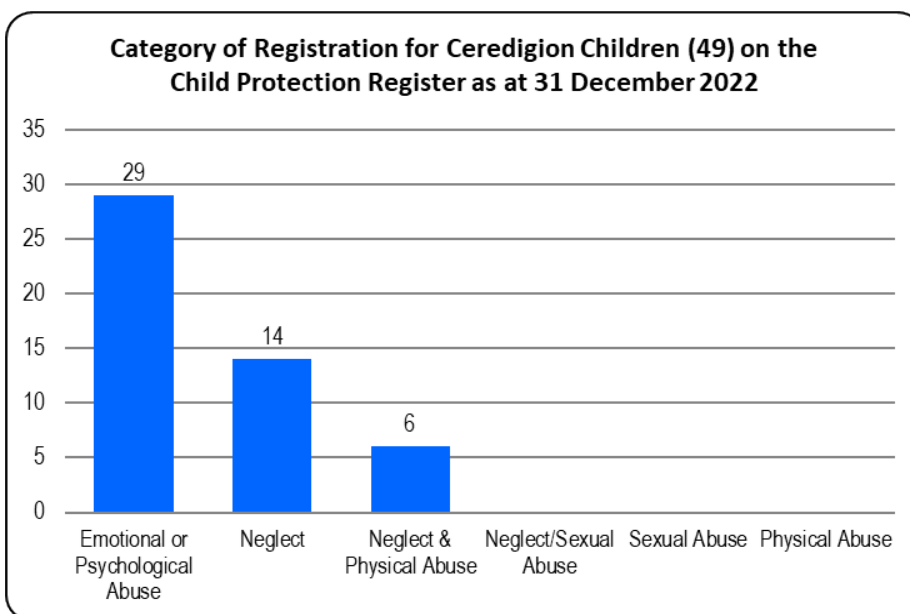
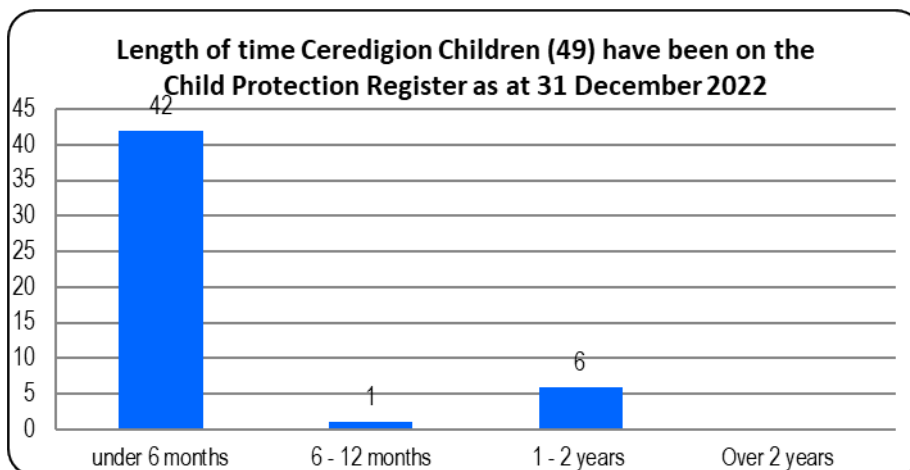
The previous system for attaining Child and Family feedback following their attendance at a Child Protection Conference has not been possible since the start of the Pandemic in March 2020 due to the fact that most Conferences are held virtually. However, since the beginning of April 2022, Evaluation Questionnaires have been sent to families following their attendance at a Child Protection Conference to gain their views and feedback.

CHILD AND FAMILY FEEDBACK						
Evaluation questionnaires were provided to children/young people (of appropriate age/level of understanding), parents and carers who attended CP Conferences during the quarter. A total of 46 questionnaires were circulated and 3 (6.5%) were completed. The following table provides a summary of the responses.						
Was the venue and time of the Conference				Did you feel prepared to attend the Conference?		
	Very suitable	OK	Not suitable	Yes	Not sure	Not at all
Children	0	0	1	1	0	0
Parents	1	0	1	2	0	0
Carers	0	0	0	0	0	0
Family Members	0	0	0	0	0	0
Were you able to say what you wanted				Did you feel your views were taken into account		
	Yes	Not enough	No	Yes	Some	Not at all
Children	0	0	1	0	0	1
Parents	1	0	1	1	0	1
Carers	0	0	0	0	0	0
/Family Members	0	0	0	0	0	0
Is there anything that you would like to say that might help us to improve the process?				Action taken by Quality Assurance & Independent Service to address any concerns		
Child	<ul style="list-style-type: none"> I would like to speak on my behalf 					
Parents	<ul style="list-style-type: none"> Our child wasn't allowed to attend and we were discouraged from having support. No I believe everything went smoothly & I would like to thank everyone who has been involved. 					
Carers	<ul style="list-style-type: none"> 					
Extended Family	<ul style="list-style-type: none"> 					

This process will continue until such time that Child Protection Conferences take place on a face-to-face basis.

SECTION 6: Child Protection Register





WG Measure 28 - The average length of time for all children who were on the Child Protection Register:		
This Measure asks for the average length of time in calendar days on the register for all children who were de-registered during the quarter	Oct-Dec	230.7

WG Measure 27 – The number of re-registrations of children on Local Authority Child Protection Registers within the year								
Initial Conferences	Oct-Dec 2022	July-Sept 2022	April-June 2022	Jan-Mar 2022	Oct-Dec 2021	July-Sept 2021	April-June 2021	Jan-Mar 2021
Number of Children previously on the register and deregistered within last 12 months	5	0	0	0	0	9	0	0

ADRAN SECTION 7: Cyfarfodydd Strategaeth Amddiffyn Plant Ganllawiau Amddiffyn Plant Cymru Gyfan / Child Protection Strategy Meetings of the All Wales Child Protection Procedures

Category of Child Protection Strategy Meeting	Total number of cases	Total number of meetings
Risk of child exploitation	16	26
Concerns regarding neglect	7	11
Concerns regarding sexual abuse	4	5
Concerns regarding physical abuse	3	9
Concerns regarding sexually harmful behaviour	2	2
Concerns regarding a young person going missing	6	9
Concerns regarding possible fabricated illness	1	2
Concerns regarding possible non accidental injury	1	1
Concerns regarding a person in contact with children through their work	10	10
Total number of meetings		75
Total number of cases discussed in this quarter	50	

ADRAN/SECTION 8: Ecsbloetio Rhywiol Plant Cyfarfodydd Rheoli Aml Asiantaethol / Multi Agency Child Exploitation Management Meetings

New Case / Review	Exit / Remain in MACE	Male / Female	Age	At home / in care	CPR	Date of meeting	Agency Attendance
Review	Remain	F	16	H	Yes	24.10.22 15.11.22 21.12.22	Safeguarding, Police, Education, Planned Care, YJS, Health, PCC, CAFCASS, IFSS
Review	Remain	F	14	H	Yes	13.10.22 08.11.22	Safeguarding, Police, Education, Planned Care, Health, PCC, CAMHS
Review	Remain	M	10	H	Yes	05.10.22 27.10.22	Safeguarding, Police, Education, PCC, YJS
Review	Remain	M	17	H	No	05.10.22 19.10.22 01.11.22	Safeguarding, Police, Education, YJS, CAMHS, Substance Misuse
New	Remain	M	15	H	No	06.12.22	Safeguarding, Police, Education, Planned Care, YJS, Health, PCC, Barod
New	Remain	M	17	H	No	06.12.22	Safeguarding, Police, Education, Planned Care, YJS, PCC
Review	Exit	F	14	H	Yes	24.10.22 15.11.22 21.11.22	Safeguarding, Police, Education, Planned Care, YJS, Health, PCC, CAFCASS, IFSS
Review	Exit	F	13	H	No	04.10.22	Safeguarding, Police, Education, Planned Care, YJS, TAF, PCC

SECTION 9: : Police Marac Report

Monthly Data Returns October 2022

Overall number of cases met MARAC criteria	295
Number of cases reviewed and resulted at MRE (MARAC Repeat/Escalation) review stage.	173 reviewed 114 resulted
Overall number of cases dealt with at Daily Discussion.	179 discussed 173 resulted
Cases through to MARAC	7
Percentage of cases	38.64% resulted at MRE 58.64% resulted at DD 2.37% resulted at MARAC
Divisional breakdown of case numbers	Carmarthenshire – 121 Ceredigion – 38 Pembrokeshire – 85 Powys - 51
No of children in the household	Carmarthenshire – 108 Ceredigion – 25 Pembrokeshire – 125 Powys – 36 kids

	Resulted at MRE	Resulted at DD	MARAC	Time Saved going to MARAC (*average 10min a case)	
Carmarthenshire	46	71	4		
Pembrokeshire	14	23	1		
Ceredigion	35	48	2		
Powys	19	31	0		

Monthly Data Returns November

Overall number of cases met MARAC criteria	317
Number of cases reviewed and resulted at MRE (MARAC Repeat/Escalation) review stage.	163 reviewed 108 resulted
Overall number of cases dealt with at Daily Discussion.	209 discussed 198 resulted
Cases through to MARAC	11
Percentage of cases	34.06% resulted at MRE 62.46% resulted at DD 3.47% resulted at MARAC
Divisional breakdown of case numbers	Carms – 134 Cered - 35 Pembs – 83 Powys - 65
No of children in the household	Carms – 147 Cered – 28 Pembs – 83 Powys - 67

	Resulted at MRE	Resulted at DD	MARAC	Time Saved going to MARAC (*average 10min a case)	
Carmarthenshire	46	82	6		
Pembrokeshire	35	48	0		
Ceredigion	8	26	1		
Powys	18	43	4		

Monthly Data Returns DECEMBER 2022

Overall number of cases met MARAC criteria	260
Number of cases reviewed and resulted at MRE (MARAC Repeat/Escalation) review stage.	142 discussed 100 resulted
Overall number of cases dealt with at Daily Discussion.	184 discussed 167 resulted
Cases through to MARAC	16
Percentage of cases	38.46% resulted at MRE 64.23% resulted at DD 6.15% resulted at MARAC
Divisional breakdown of case numbers	Carms – 93 Cered – 45 Pembs – 60 Powys -65
No of children in the household	Carms – 115 Cered – 44 Pembs – 65 Powys - 43

	Resulted at MRE	Resulted at DD	MARAC	Time Saved going to MARAC (*average 10min a case)
Carmarthenshire	38	47	8	
Pembrokeshire	27	31	2	
Ceredigion	12	31	2	
Powys	23	37	5	

SECTION 10: Learning Services

ADRODDIAD LOG GWASANAETHAU YSGOLION

HYFFORDDIANT / TRAINING

Mae hyfforddiant Diogelu ac Amddiffyn Plant lefel 1 ar rhaglen e-ddysgu yn unig, dyma'r nifer o staff sydd wedi cwblhau yr hyfforddiant hyn drwy cyfnod chwarter 3. Yn ogystal, mae'r niferoedd o staff sydd wedi cwblhau lefel 2 Amddiffyn Plant yn rhithiol hefyd wedi ei ychwanegu yn ystod y cyfnod hwn.

Level 1 Safeguarding and Child Protection training is only available as an e-learning programme, below is the number of staff who have completed the training during the quarter 3 period. In addition, the number of staff who have completed the level 2 Child Protection training virtually during this period, is also noted below.

Lefel 1 / Level 1	219 mewnol / internal 61 allanol / external
Lefel 2 / Level 2	43 mewnol / internal 19 allanol / external

VAWDASV

Mae yna 377 o staff mewnol a 30 o staff allanol wedi cwblhau hyfforddiant VAWDASV ar-lein yng nghyfnod chwarter 3.

377 internal staff and 30 external staff have completed the online VAWDASV training during the quarter 2 period.

ADDYSG DDEWISOL GARTREF / ELECTIVE HOME EDUCATION

Nifer o blant yr ydych yn ymwybodol ohonynt sydd yn cael eu haddysgu'n ddewisol gartref / <i>Number of children that you are aware of that are Electively Home Educated (EHE)</i>	Nifer o blant EHE sy'n hysbys i'r Awdurdod Lleol sydd wedi cael cynnig ymweliad blynyddol yn ystod y 12 mis diwethaf / <i>Number of EHE children known to the Local Authority that have been offered an annual visit in the last 12 months</i>	Canlyniad / <i>Outcome</i>
229	262	Declined – 27 DNA'd – 14 Child seen – 78 Child not seen – 7 School Attendance Order Letter sent - 1

The number of visits offered, is higher than the number of children Electively Home Educated, this is due to the year 11 pupils leaving at the end of June 2022.

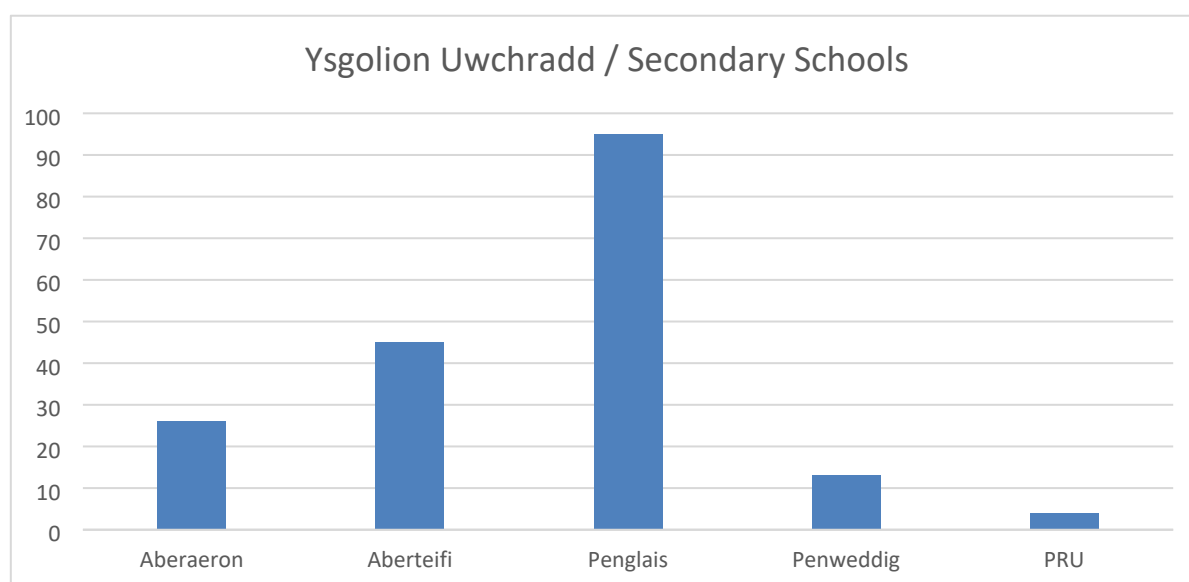
PLANT MEWN GOFAL / LOOKED AFTER CHILDREN

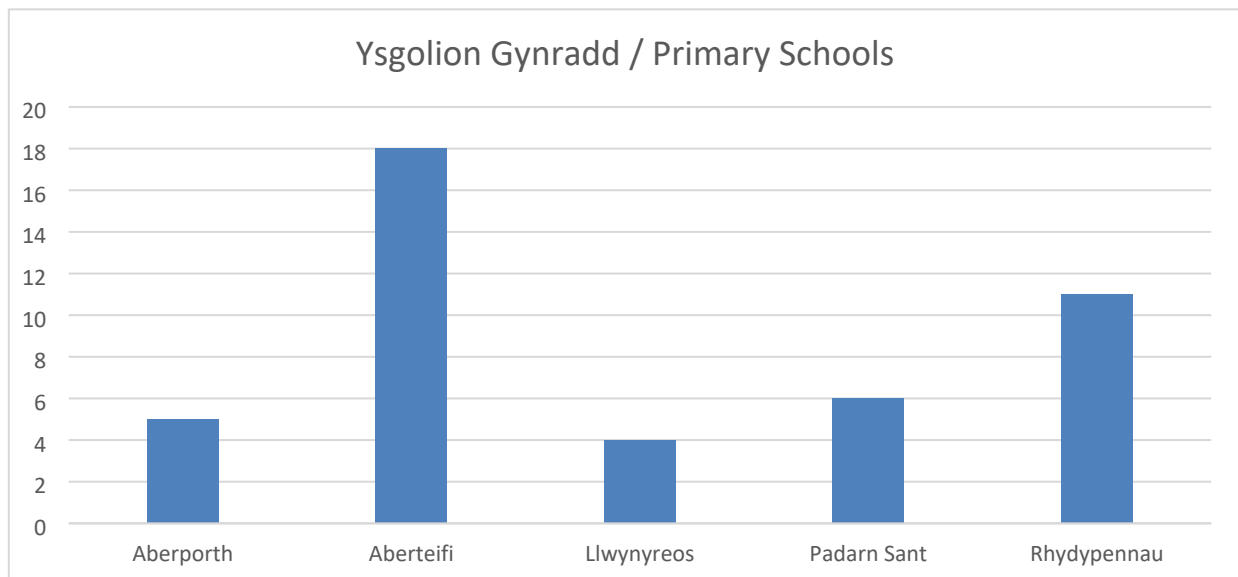
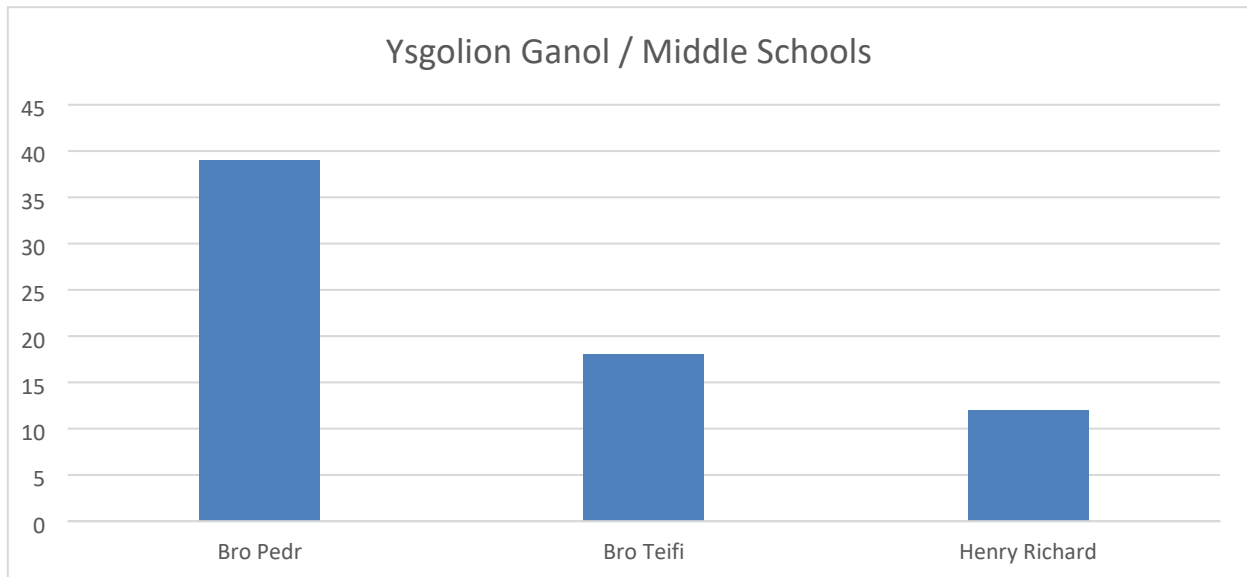
Plant mewn gofal yng Ngheredigion o oedran ysgol statudol / Looked after children in Ceredigion of statutory school age	Hydref/October: 46(2 moved out of county during the month) Tachwedd/ November: 49 (1 returned to Ceredigion) Rhagfyr/December: 49
Plant mewn gofal allan o'r Sir o oedran ysgol statudol / Looked after children placed out of County of statutory school age	Hydref/October: 35 (2 left during the month from Ceredigion) Tachwedd/ November: 35(1 returned to Ceredigion during the month) Rhagfyr/December:34
Plant mewn gofal o Siroedd eraill o oedran ysgol statudol / Looked after children from other Local Authorities of statutory school age	Hydref/October: 26 Tachwedd/November: 26 Rhagfyr/ December: 25

CYSWLLT YSGOLION / SCHOOL CONTACTS

Gweler isod, y rhifau a natur y cyswllt a dderbyniwyd o ysgolion / sefydliadau dysgu yn ystod chwarter 3.

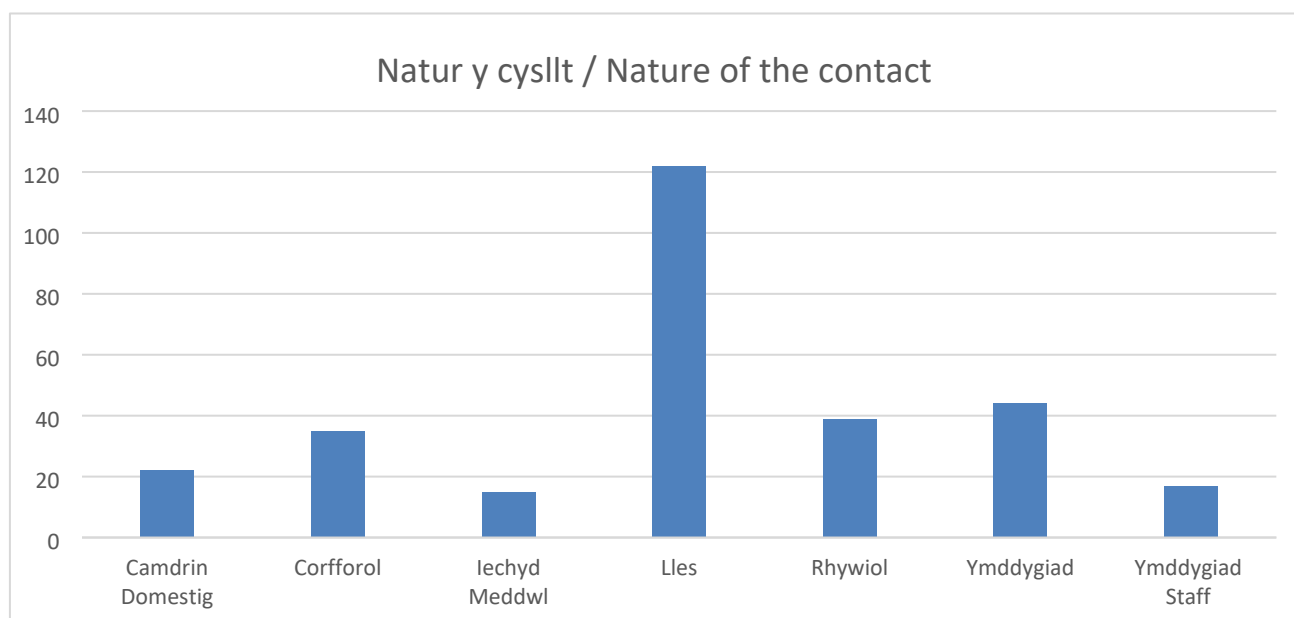
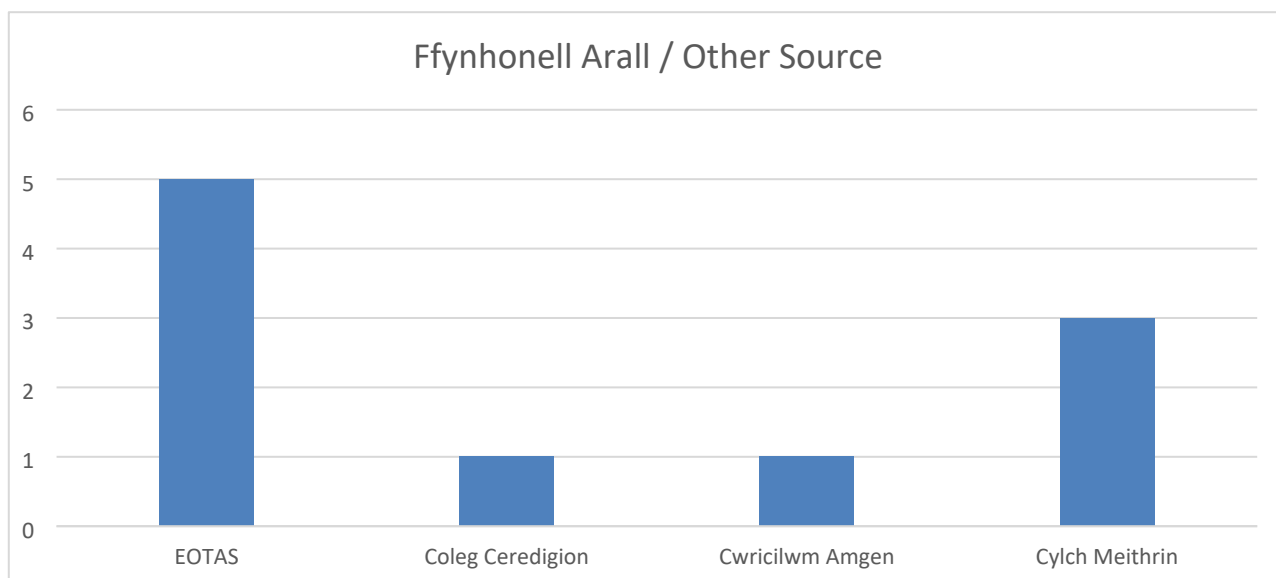
Please see below the number of contacts received from schools/learning establishments and their nature, during the period of quarter 3.





I nodi, fe wnaeth 22 o'r Ysgolion Cynradd gwneud cyswllt yn ystod chwarter 3. Oherwydd y rhif uchel hyn, nid oedd modd cynnwys pob Ysgol ar y dabl, felly wedi cynnwys yn yr uchod, y rhai wnaeth gysylltu pedwar gwaith neu mwy drwy gydol y cyfnod.

To note, 22 Primary Schools made contact during quarter 3. Due to this large figure, it wasn't possible to capture all on one table. Therefore the above only highlights the Schools who made contact on four or more occasions during the period.



Oherwydd fod niferoedd fawr o rhesymau cyswllt, maen't wedi crynhoi mewn l'r grwpiau isod, er mwyn medru darllen yn fwy glir ar y siart. Yn yr adroddiad yma, dwi wedi ffocysu ar y prif pryderon, er mwyn medru ei cymharu efo'r chwarter un blwyddyn diwethaf.

Due to the large amount of reasons given for contact, some have been grouped together as noted below, in order for the information to be presented more clearly on the chart. In this particular report, I have highlighted the main concerns raised, in order to compare with quarter 1 from last year.

Lles / Wellbeing	Gan gynnwys plant ar goll, presenoldeb, tor perthynas, galar, gofalwyr ifanc, cyswllt cyfnod clo, materion cyswllt rhwng rhieni / <i>Which also includes missings, attendance, relationship breakdown, young carers, contact difficulties during lockdown, contact issues between parents.</i>
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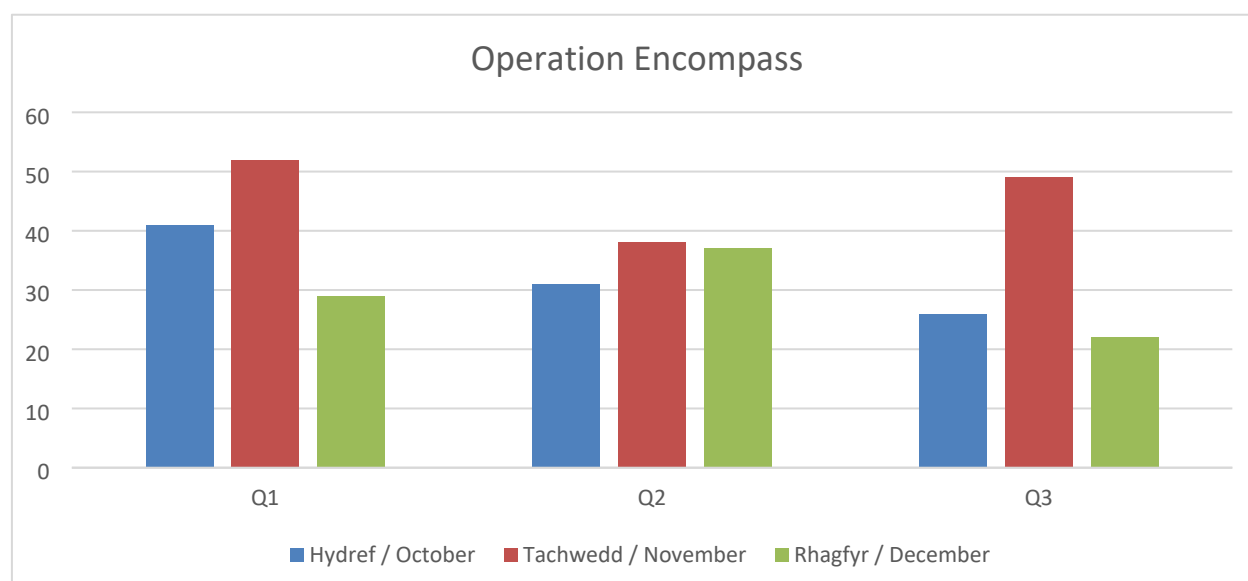
Rhywiol / <i>Sexual</i>	Gan gynnwys perthnasau amhriodol ag egsbloetio plant yn rhywiol / <i>Which also includes inappropriate relationships and Child Sexual Exploitation.</i>
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I nodi, gafodd 59 o ddisgyblion ei gwahardd o ysgolion uwchradd Ceredigion yn ystod chwarter 3, a hynny o gyfanswm 173.5 diwrnod. (Y rhif yma yn cynyddu o chwarter 2, ble gafodd 39 plentyn ei gwahardd am 82 diwrnod). Y rhesymau sydd wedi cofnodi am y gwaharddiadau yma, fel y ganlyn; Ymddygiad Heriol, Bwllian, Difrod, Sylweddau a Chyffuriau, Ymosodiad Corfforol ar Disgybl ag yn erbyn Oedolyn, Ymddygiad Hilliol, Ymddygiad Bygythiol, ag arall.

Yn ogystal a hyn, fe dderbyniwyd 119 o gyfeiriadau ar gyfer cefnogaeth ataliol drwy Porth Cymorth Cynnar yn ystod y chwarter (nid yw'r ffigur yma yn cynnwys cyfeiriadau TAF).

To note, a total of 59 pupils were excluded from Ceredigion Secondary Schools during quarter 3, for a total of 173.5 days. (These figures being significantly higher than quarter 2, whereby 39 pupils were excluded for a total of 82 days). The reasons noted for exclusions have been recorded as: Persistent Disruptive Behaviour, Bullying, Damage, Substance and Alcohol Related, Physical Assaults against Pupils and Adults, Racist Abuse, Verbal Abuse, Other.

In addition to this, Porth Cymorth Cynnar received 119 referrals for Support and Prevention during this time not including TAF referrals.



SECTION 11: HEALTH



Hywel Dda University Health Board Safeguarding Report to the Local Operational Groups

Qtr 3 2022/23

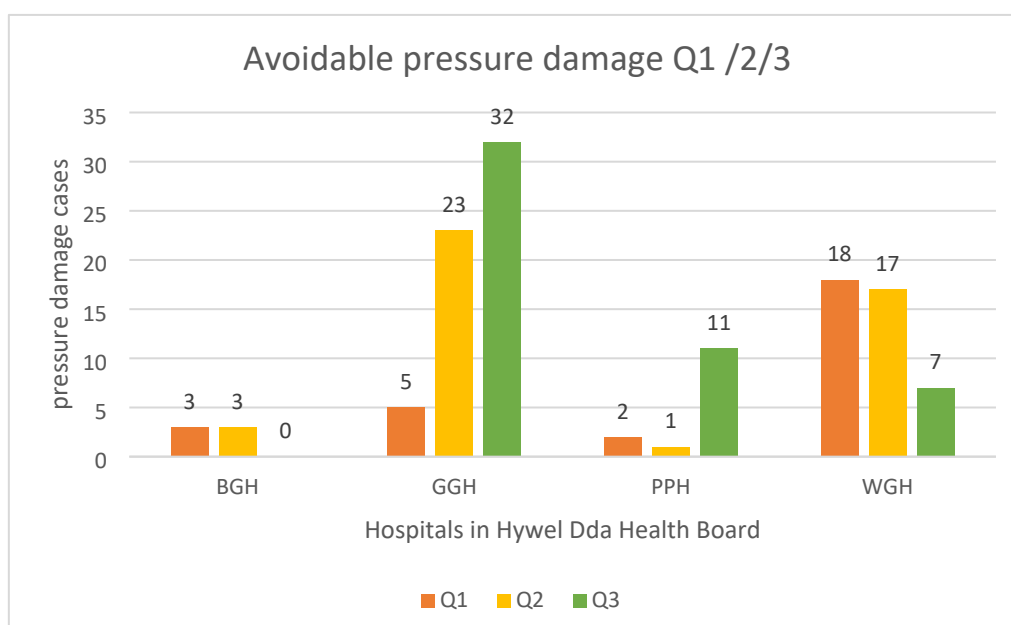
This report informs the Local Operational Groups of updates on safeguarding developments in Hywel Dda University Health Board during quarter 2 2022/23

Adult Safeguarding

As part of the Once for Wales Management System, quarter two saw the database go live in pilot format, with all Adult Safeguarding Reports raised against Health or its commissioned services uploaded, including the retrospective uploading of records from Quarter one. In Quarter three, the Adult Safeguarding Team have worked with the Health Board Datix Team to identify and assign access to safeguarding reports to the relevant services, followed by the roll out of training to all the Service Leads and Heads of Service. This enables senior managers within all patient facing services to be able to review and contribute to relevant records, to see compliance with the 7 day enquiry process and extract data and themes to inform future practice where appropriate.

An additional post has been created for a Safeguarding Adults Support Practitioner within the team, it is hoped that the successful candidate will commence in post at the beginning of April.

Quarter 3 2022/23 Acute Hospital Avoidable Pressure Damage Data



There was a total number of 50 avoidable cases of pressure damage incidents across all four acute hospital sites in Q3. Of these, 33 reported cases were grade 1 or 2 (which would not have been

reported to safeguarding prior to the SSWBWA); 11 were recorded as Suspected Deep Tissue Injury (SDTI). It is not uncommon for pressure damage to be reported as SDTI, but within a few days, it becomes apparent that it is a grade 1 or 2. Incident reporting captures the pressure damage at its most significant grading. Three were reported as grade 3; there was a single reported as grade 4, and two unstageable cases.

It is of note that the numbers reflect when the scrutiny meetings took place, rather than when the pressure damage occurred; in this report 34 (68%) cases occurred in the preceding quarters. Cases sometimes require deferring if further information or investigation is required, and in other instances cases are carried over if meetings are postponed and re-scheduled.

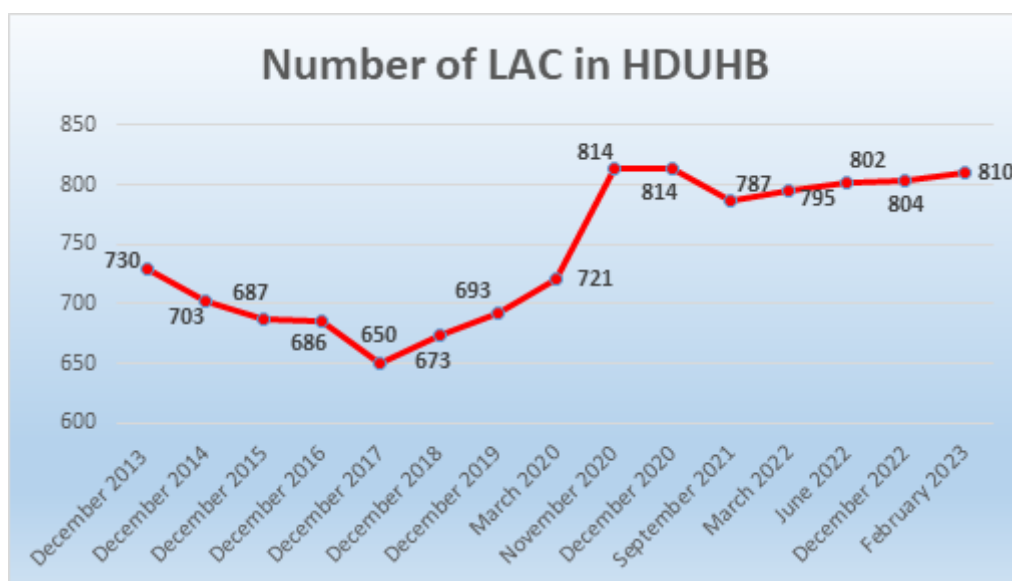
Glangwilli hospital (GGH)- once more there is a higher number of cases discussed at scrutiny in GGH compared to other sites, and an increase upon the last quarter. This is attributable to additional meetings being held to catch up with DATIX reports submitted; 10 cases (31%) of cases are from Quarter 1 2022/23 and Quarter 4 of previous year. When the data has been examined for when the pressure damage actually occurred, Q1 and Q2 were comparable (22 and 23 cases respectively).

Withybush hospital (WGH)- It is known that WGH held less meetings than in previous quarters which would account for a comparative reduction in cases.

Prince Philip Hospital (PPH) - There is a notable increase in cases for PPH; on further examination of data these were predominantly in AMAU. Feedback has been received attributing this to continuous surge within the department, high acuity, and staffing issues with deficits not covered and large proportion of agency staff who may not be familiar with processes and documentation. A booklet to guide agency staff on documentation is being devised to be presented to Senior Nurse Management Team for approval.

Assurance is given that with regard to the cases of reported pressure damage yet to be discussed at scrutiny, appropriate actions will have been implemented to safely manage the individuals' pressure damage at the time of identification.

Looked After Children



As the linear data shows below there has been a significant increase since December 2019 and this accelerating during the pandemic. The number of LAC is still significantly higher than it was approximately 5 to 6 years ago.

We have appointed a permanent LAC post 30 hours from the temporary post that covered a career break. This is to help mitigate the risk of the increased workload within the team.

The team have developed a poster to be used within Children Residential Homes 'Your Health Matters' the poster includes QR codes which link to health promotion topics and support information.

- Risks

The risk continues for the service due to cost pressure to the Looked After Children (LAC) service budget to meet the needs of unaccompanied asylum seeking children placed under the National Transfer Scheme. Currently of the 30 placed only one is living within the Hywel Dda Footprint. The service are incurring costs due to commissioning health assessments in the areas where the UASC have been placed.

Safeguarding Children

CSE / CSA

Further Stop it Now Training sessions have been commissioned for the UHB for 2023-24.

Child Safeguarding Audit Activity

- Repeat Audit 'Was Not Brought' (WNB) 2022

The team presented a repeat audit of compliance with children who are not brought to appointments to Service Safeguarding Delivery Groups. Despite a procedure being in place this Performance Management Report 1/10/22 – 31/12/22

audit has identified that WNB is still not being consistently used as the term for children who do not attend appointments.

Recommendations for improvement in Ophthalmology and Audiology services were agreed and the audit will be repeated in 2023-24.

- Compliance with the Risk Assessment for Patients under 18 yrs placed in adult inpatient wards

A risk assessment process was agreed and implemented across the NHS Wales Safeguarding Network in 2016. Anecdotally, there were gaps in assurance that risk assessments were being undertaken.

The purpose of the audit to assess the compliance with the risk assessment for young people under the age of 18 year of age nursed in adult inpatient wards.

The conclusion of the audit was that there was not good evidence of compliance with the risk assessment process and recommendations have been agreed in the Acute Service Safeguarding Delivery Group to improve compliance. The corporate safeguarding team will repeat and implement a Standard Operation Procedure to support practice and will repeat the audit in early 2023-24.

Update

The Named Nurse and Lead Safeguarding Children post is still vacant and going back out to advert. Interim arrangements are in place. We have appointed a 6 month secondment of a Support Practitioner to manage capacity in the interim.

VAWDASV

The UHB has commissioned Welsh Women's Aid to deliver Group 6 training to strategic leaders over the next 10 months.

- Audit of the Effectiveness of Group 2 Ask and Act training

A recent NHS Wales evaluation of Ask and Act identified that there was no consistent process across NHS Wales to evaluate how Ask and Act training is improving the effectiveness of responses within health settings for those that are experiencing VAWDASV. Further to this, a recent Domestic Homicide Review involving persons who have received care within HDdUHB, acknowledged within its recommendations the need to evaluate how training equips practitioners to respond effectively to VAWDASV.

An audit of those who attended Group 2 training was undertaken to evidence the following.

- Evidence of understanding of how to refer to MARAC
- Offering victims referral to other appropriate organisations such as SARC, third sector specialist domestic abuse organisations
- Consideration of wider safeguarding issues being addressed including the safeguarding of children and 'adults at risk'

- Listening to clients and offering support, encouraging the victim to be involved in decision making
- Consideration of identifying risk and the importance of safety planning to support those effected by VAWDASV

The quantity of responses to the survey does limit drawing conclusions of the effectiveness of training. There is a gap in assurance that patients who attend ED and MIUs across the UHB are asked about VAWDASV. The development of the planned DVA role in Bronglais Emergency department and IRIS project in Primary Care are likely to improve responses to VAWDASV and provide further assurance of effective responses in health settings

Learning from Domestic Homicide Reviews

The UHB is currently contributing to 5 Domestic Homicides Reviews (DHR).

The actions for the UHB have already been completed or in progress, these include;-

- Providing reflective sessions held with practitioners involved in the care of those identified within the DHR, exploring professional curiosity.
- Improving links with Primary Care, including presenting from case reviews to GP practices and Out of Hours Practitioners, and promoting their engagement with third sector specialist providers.
- Promotion of the Regional thematic training on DHR, and the VAWDASV Regional Pathway to Support.
- Monitoring of Ask and Act training compliance, including the development of pathways to improve any areas of poor compliance.
- Embedding of DHR learning within the Ask and Act training, including addressing the specific needs of older persons experiences of VAWDASV.

Risks

We have risk on the service risk register for to the fragility of the resource in the UHB to manage DINs and MARAC meetings This is caused by an increase in activity as a result of the pandemic and gaps in sustainable capacity in the corporate safeguarding practitioner resource and safeguarding administration team to manage domestic incident notifications via the Criminal Justice System (CJSM) and share that information and flag UHB systems in high risk cases.

Update

The Domestic Abuse Support Officer leaves her post on 17th March due to promotion. We are advertising for a replacement.

Professional Curiosity Training

The UHB has commissioned bespoke training for Health Visiting and three generic sessions to be delivered by Paula McCreary.

Once for Wales Management System

The national team are still seeking to resolve some outstanding issues which are impacting on commencement of the pilot of the NHS Wales report form. We are still waiting for an anticipated Performance Management Report 1/10/22 – 31/12/22

timescale for a solution. However, the UHB has let the pilot of the safeguarding management function which will be presented to the NHS Wales Safeguarding Network in May 2023.

Mandy Nichols-Davies
Head of Safeguarding

SECTION 12: S-CAMHS:

S-CAMHS Update Report for CYSUR

In line with the Welsh Government document “Admission Guidance”, HDUHB has in place a robust Admission Policy/Pathway outlining the process for admitting any young person into an Adult Mental Health Ward. The Guidance stipulates that the Health Board must have a designated Unit and within HDUHB this is Morlais Ward on the Glangwili Hospital campus.

A new Protocol has been approved to meet this statutory requirement which will ensure compliance against Welsh Government expectations.

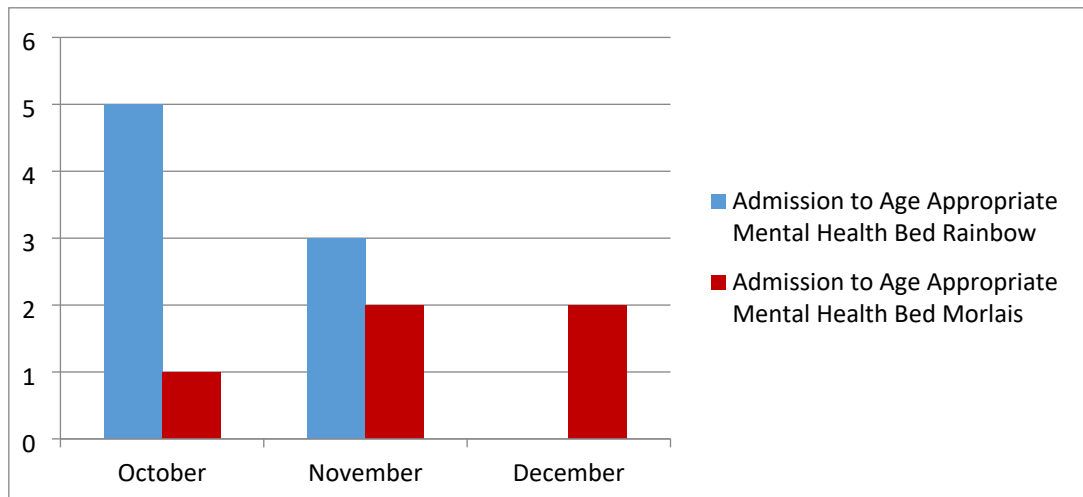
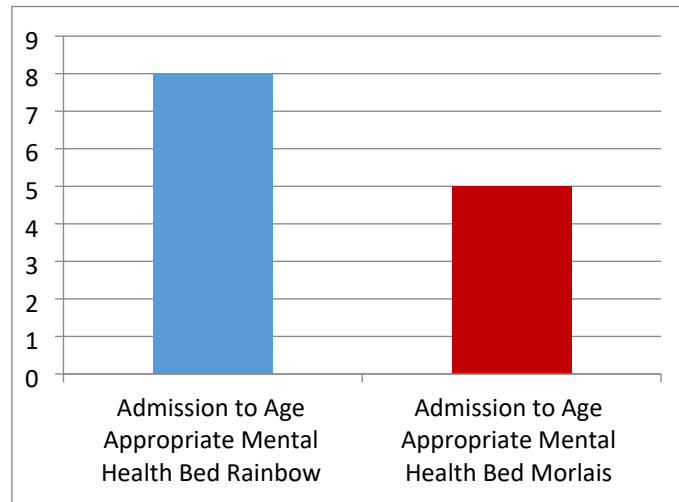
Admission to an adult mental health ward can be a frightening experience and every attempt is made to consider the least restrictive alternative for admission. In the majority of cases a young person is admitted to the designated unit on Cilgerran Ward supported by staff from the mental health unit.

In line with the guidance, the staff have received additional training in safeguarding young people and in addition the staff on Morlais ward have all undertaken the following:

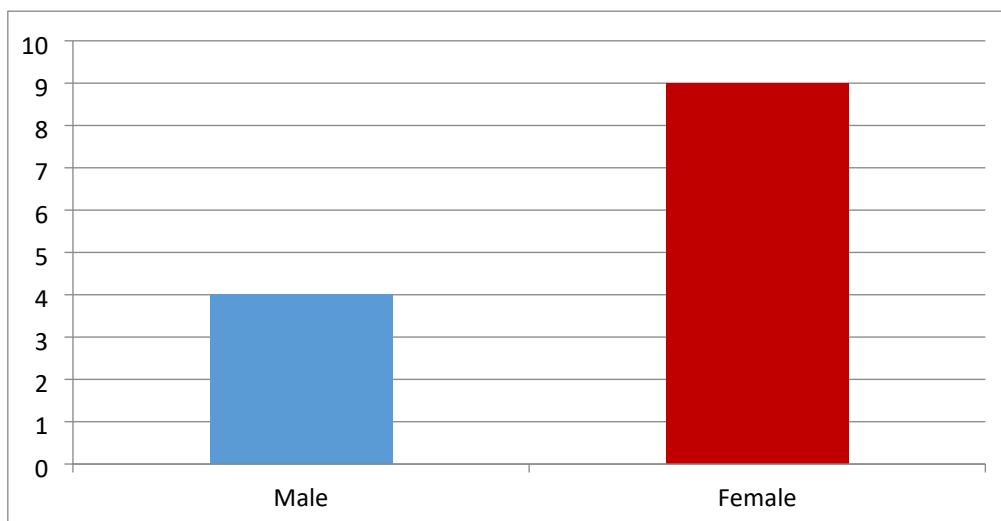
- Safeguarding Children Level 3 Training
- Have a valid Enhanced DBS in place
- Undertaken specific training on the emotional and mental health needs of children and young people
- Training on the Mental Health Act and Social Services and Wellbeing (Wales) Act 2014

All admissions to the mental health bed must be reported, initially internally as a DATIX, and followed by a Serious Untoward Incident report to the Delivery Unit in line with the Welsh Government’s Admission Guidance Document.

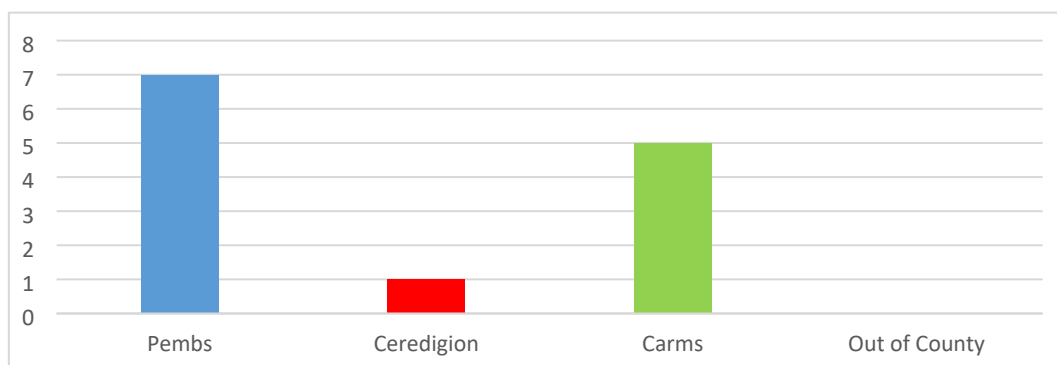
Q3 Admissions to the age appropriate bed on the Rainbow bed and Morlais Adult Mental Health Ward Glangwili Hospital site:



Q3 Admission to Age Appropriate Mental Health Bed Rainbow / Morlais Bed by gender:



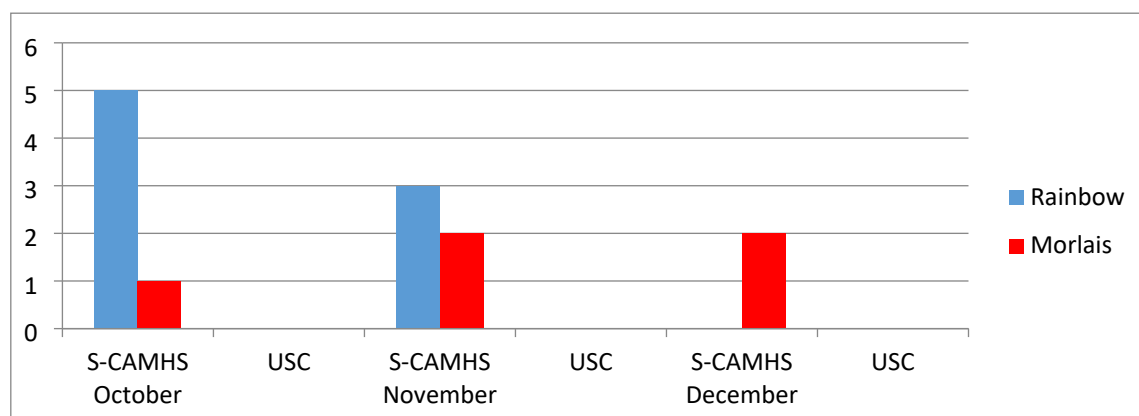
Q3 Admissions to Rainbow / Morlais Bed according to Locality:



Admissions to Paediatric Age Appropriate Bed (Rainbow Unit, Non reportable)

Specialist CAMHS records for Quarter 3 are outlined above with 13 Admissions in total, with 8 Admissions to the Paediatric bed and 5 Admissions to the Adult Mental Health Ward (Morlais). In October, one YP was admitted to the Paediatric Bed and then transferred to the Adult Mental Health Ward (Morlais). During November and December, two YP were admitted twice within the same month.

Q3 Admissions to Rainbow / Morlais split by admitting team:



Mental Health Act Status

There was an unusually high level of MHA activity during this period.

1 x S136 - One YP detained by the Police and transferred to Hywel Dda subject to a Community Treatment Order.

Admission Outcomes

	Discharged Home	Onward Admission	Remains on Ward
Rainbow	7	1 (YP transferred from Rainbow to Morlais)	0
Morlais	4	1 (YP transferred to Ty Lidiard)	0

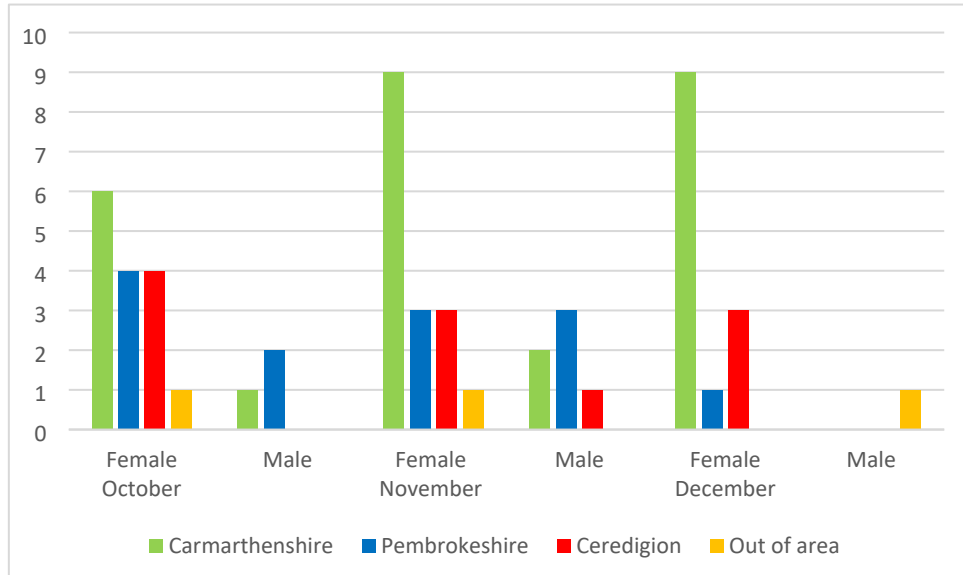
Admissions relating to Self-Harm

Within HDUHB there are robust systems in place for S-CAMHS to provide a mental health assessment, following referral from the Paediatric ward where any young person is admitted following an episode of self harm. The reason for admission is generally following an overdose but, on occasions, it can be following deliberate cutting or an attempted hanging.

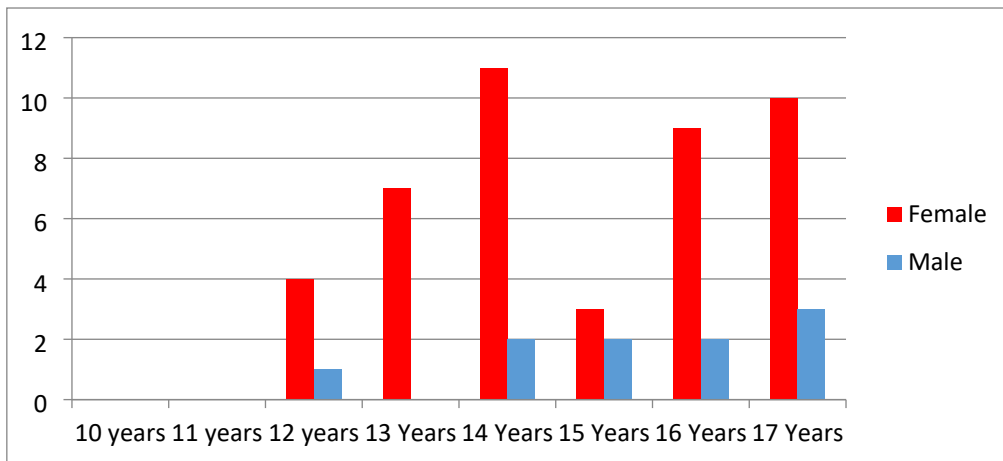
All overdose/self harm admissions receive a follow up appointment within three working days to monitor risk and provide support. There is a robust Pathway in place along with Guidance for admission of all young people who present following self harm in order that a comprehensive mental health assessment and risk management plan can be agreed. Where appropriate, referral to the Safeguarding team and/or Social Services may be considered.

The following table details the numbers of admissions following Deliberate Self Harm (DSH) Quarter 3 2022/2023 for the 3 Local Authority Areas:

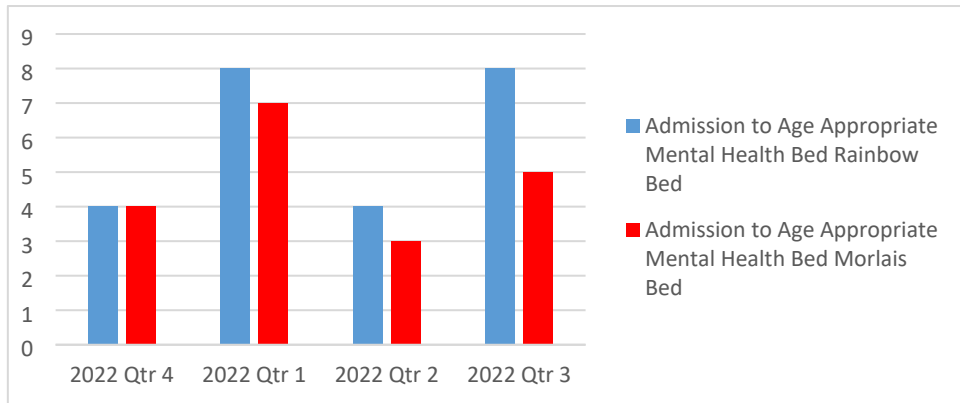
Q3 Self-harm / Overdose Admission Statistics split by gender and locality:



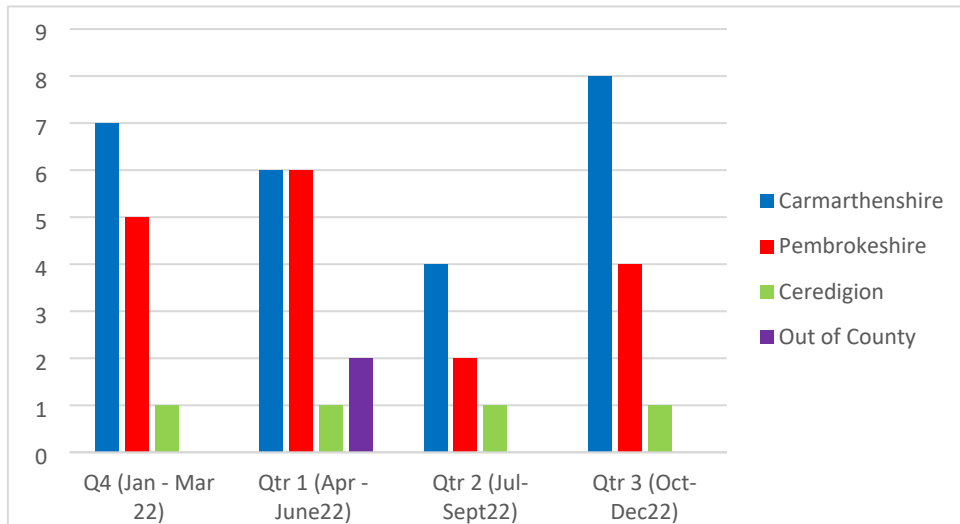
Q3 Self-harm / Overdose Admission Statistics split by gender and age profile:



Comparison Data (last 12 months) - Age Appropriate Bed

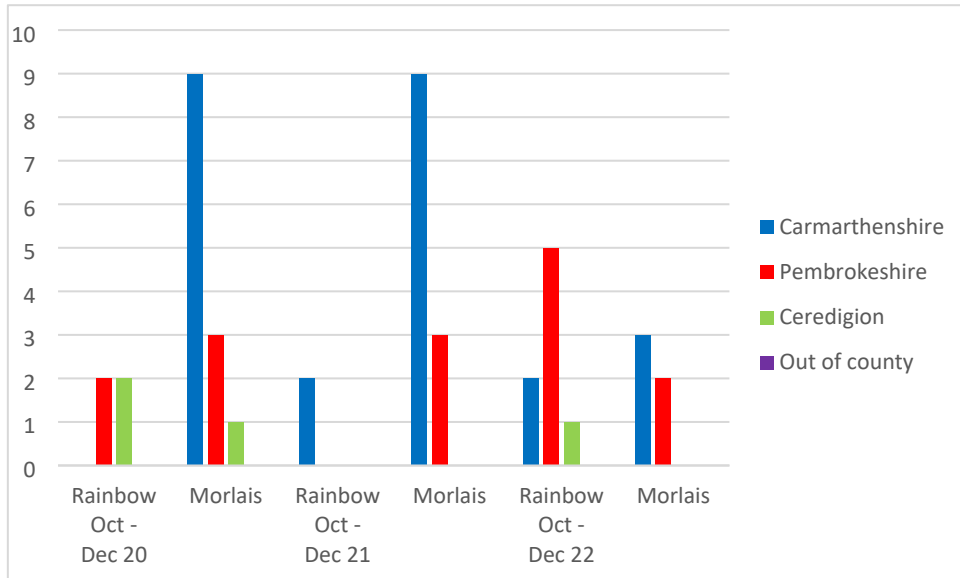


Admission Trend comparison by locality (last 12 months)



Annual Admission Comparison by locality

The following graph compares the numbers of admissions for Quarter 3 2022/2023 against the number of admissions for the same quarter of 2021/2022 and 2021/2020, further defined by locality.



Advocacy

In line with the Mental Health (Wales) Measure 2012, Health Boards are expected to ensure that access to Advocacy Services is in place, as per Part 4 of the Measure, for any individual admitted into hospital. All young people admitted to Morlais Ward are asked on admission if they would like access to an Independent Mental Health Advocate. The expected performance target is that 100% of clients are offered this and this information is recorded and reported via our Information Analyst.

On Cilgerran Ward, information is provided to young people on admission on the availability of access to the Advocacy Service. However, the above performance standard is not applicable therefore data is not routinely collated.

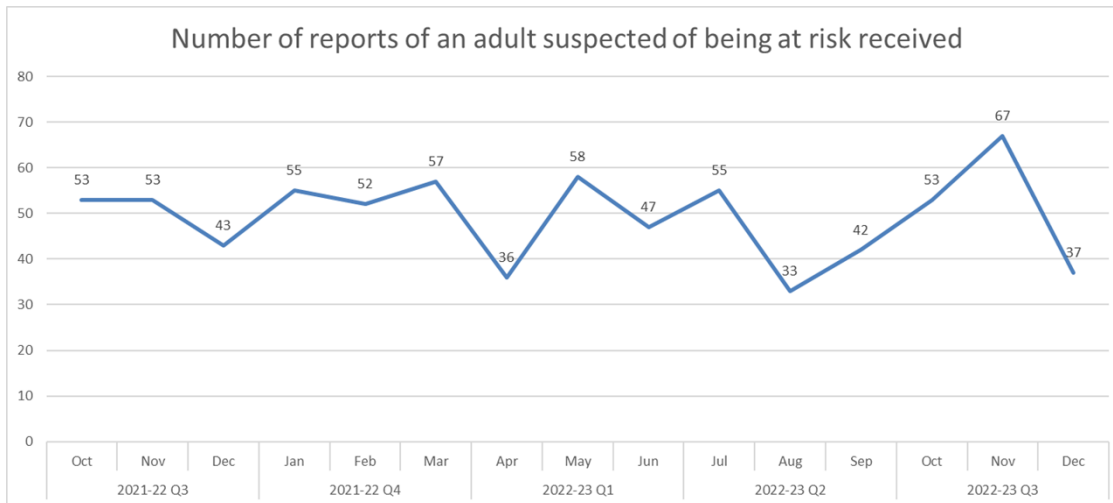
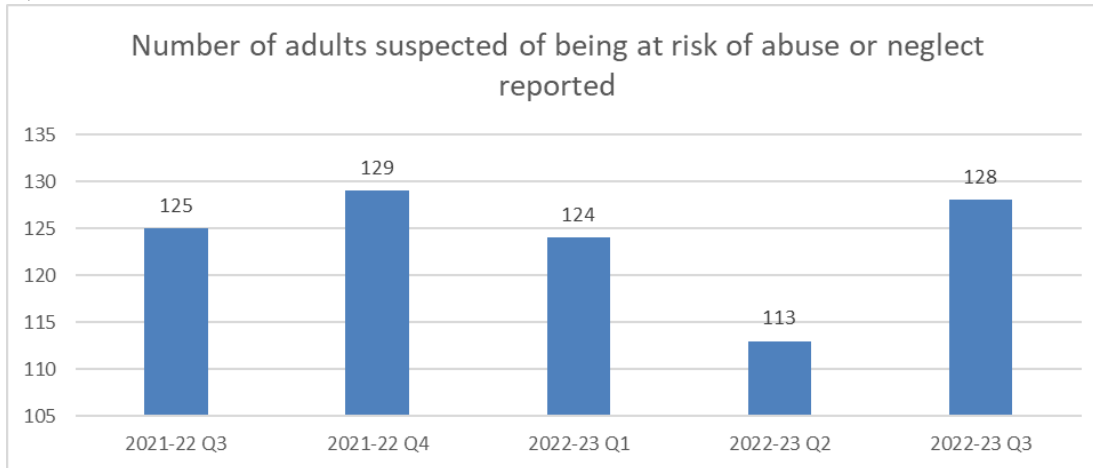
CEREDIGION
CWMPAS LOCAL OPERATIONAL GROUP

Performance Management Report – Safeguarding Adults

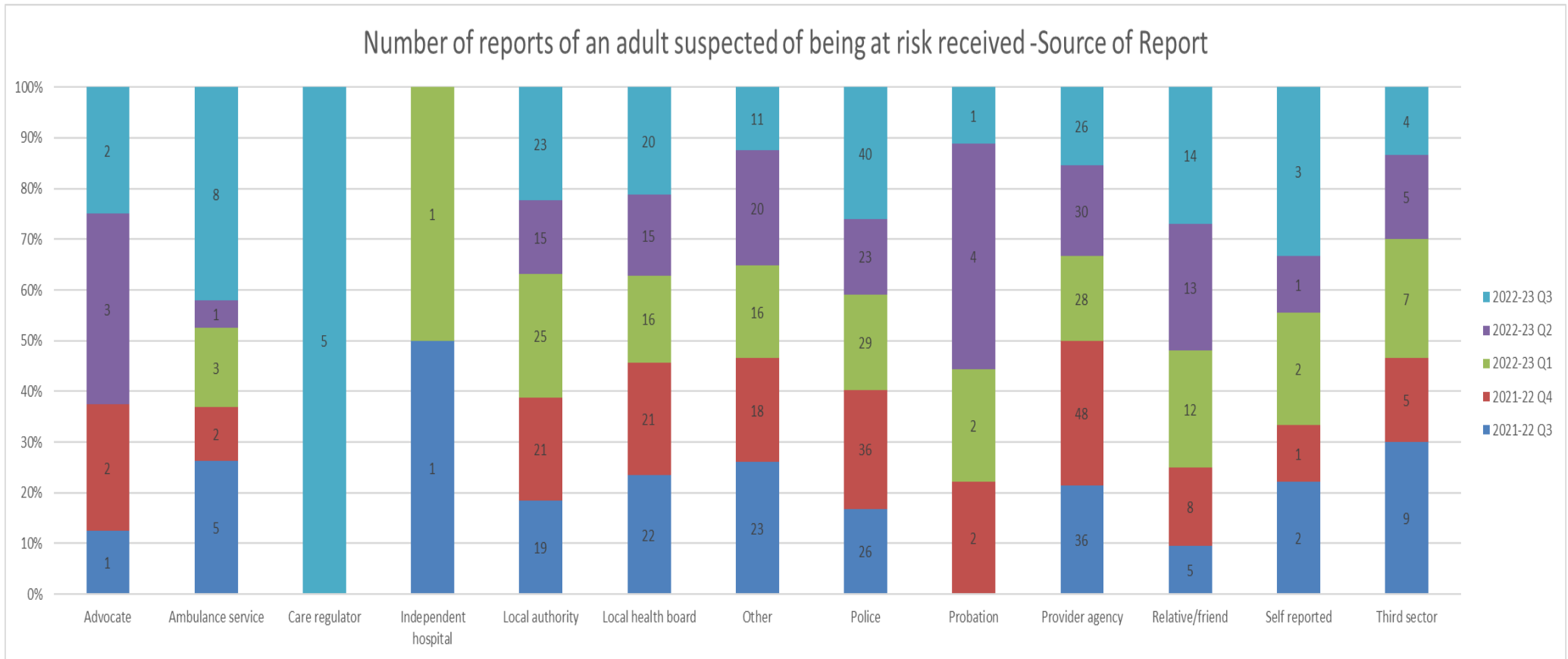
Quarter: 3

1/10/22 – 31/12/22

Quarter 3 Overview



Row Labels	Count of Assessment Id
2021-22 Q3	149
Oct	53
Nov	53
Dec	43
2021-22 Q4	164
Jan	55
Feb	52
Mar	57
2022-23 Q1	141
Apr	36
May	58
Jun	47
2022-23 Q2	130
Jul	55
Aug	33
Sep	42
2022-23 Q3	157
Oct	53
Nov	67
Dec	37
Grand Total	741



Count of Assessment Id	Column Labels					
	2021-22 Q3	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Grand Total
Advocate	1	2		3	2	8
Ambulance service	5	2	3	1	8	19
Care regulator					5	5
Independent hospital	1		1			2
Local authority	19	21	25	15	23	103
Local health board	22	21	16	15	20	94
Other	23	18	16	20	11	88
Police	26	36	29	23	40	154
Probation		2	2	4	1	9
Provider agency	36	48	28	30	26	168
Relative/friend	5	8	12	13	14	52
Self reported	2	1	2	1	3	9
Third sector	9	5	7	5	4	30
Grand Total	149	164	141	130	157	741

