

Child Protection – Information Sharing Newsletter



Child Protection Information Sharing



During this unprecedented time, we are seeing an increase in children becoming known to social services, an increase in safeguarding referrals and sadly an increase in child suicide. It is more important than ever that front-line professionals have the full picture. CP-IS immediately alerts health workers that a child is on a plan and provides contact details for social care. This saves valuable time and prevents children falling between the cracks. CP-IS also alerts social workers that the children have attended unscheduled care which saves them valuable time and allows them to make appropriate safeguarding decisions. We have a number of case studies which evidence the value of CP-IS [here](#).

What's New?

- Following the Covid-19 pandemic and the increased need for access to vital safeguarding information on the front line we are expanding this scope to include all unscheduled health care areas. If you are providing unscheduled health care and have not already implemented CP-IS then please contact cpis2@nhs.net so we can discuss implementation options. We are actively engaging with pilot sites for unscheduled mental health, unscheduled sexual health and unscheduled dental.
- We will be engaging with GP's to assess options for CP-IS rollout. We expect to have more details in November on how we make the technology link and data flows work for GP's. We are working with GPIT Futures and system suppliers to plan how to do this.
- We are engaging with users to understand how the Access to Service Notifications (ASNs) are used and any current issues/areas for improvement.
- We are engaging with safeguarding colleagues across various scheduled and unscheduled care settings to understand their processes and to create a backlog of requirements for future work.
- We are engaging with Social Care colleagues in Local Authorities to ensure we understand their side of the CP-IS services and information flows

What's Next?

When an ambulance crew attends a household, it is vitally important that they know whether there is a protected child living in the property and how to get hold of social care if necessary. There are a large number of calls which do not result in a transfer to hospital and could provide an opportunity for perpetrators to mask their activity. Four Ambulance Trusts are implementing CP-IS ahead of Christmas with the remainder in England implementing by April 2021 which will provide a vital layer of protection for vulnerable children.

The future of CP-IS

There is an NHS Long Term Plan commitment to implement CP-IS in all healthcare settings by 2022/23. CP-IS is widely live within unscheduled care and we are beginning to build solutions for scheduled care. All health care professionals with a safeguarding responsibility should engage the user groups for their suppliers to ask them what their plans are to include CP-IS information. This way they can be involved in the process and shorten the time before a product is available to use.

We are also looking for other new unscheduled healthcare settings to extend the visibility and cover that CP-IS provides to children. If you know of care settings that do not have visibility of CP-IS then please contact cpis2@nhs.net.

How can you help?

We have heard that there is a need for CP-IS information within scheduled care. Currently CP-IS provides a flag to denote that a child is on a plan, phone numbers for social care and the last 25 presentations to unscheduled care. It also alerts social care that a presentation has taken place. We need to know whether this information would be useful within scheduled care. If you have a safeguarding role within scheduled care and can discuss your needs, then please contact cpis2@nhs.net.

Do you know who commissions your IT services that provide you with CP-IS information? Are you part of your system supplier's user group? As part of our engagement with users, we want to bring together users of the same systems to drive the priority of improvements to those systems by your suppliers. Having all users coordinating their priorities with suppliers drives urgent functional requirement delivery. Please do let us know if you are interested in being a part of one of these groups at cpis2@nhs.net.

We are working hard to deliver all of this work and provide CP-IS information to as many front-line professionals as possible. As with any national rollout we need to prioritise user groups by complexity and need. If you have any examples of safeguarding issues or case studies from your area that you could share to help with this prioritisation then please contact cpis2@nhs.net so we can gather this information.

If you would like to know more or get involved in our work, please email us at cpis2@nhs.net

Meet the Team

Rosie Newiss, Service Manager – Live Service, Child Protection – Information Sharing Programme, NHS Digital



“I live in Leeds with my husband, daughter and our new Labrador puppy Sonny. I spent a lot of time retrieving chewed shoes at the moment! I have worked in a Service Management background for over 20 years, across a number of very different organisations, and recently joined NHS Digital. I am excited to lead the CP-IS Operations team, focusing on delivering a strong operational service, essential to enable frontline staff working with vulnerable and at-risk children make informed assessments.”

Andy Thompson, Higher Business Analyst, Child Protection – Information Sharing Programme, NHS Digital



“I am a Business Analyst working on the CP-IS Programme. My role involves speaking to stakeholders, producing detailed use cases, documenting business processes, producing detailed data models and creating detailed requirements using various tools and elicitation techniques. I am currently working on a piece of work which is looking at building on the successful establishment of the CP-IS platform, to expand to other healthcare settings, groups of children and the information shared. I am also looking at how CP-IS is currently being used across unscheduled health and social care services to understand how it supports existing safeguarding processes and looking at potential areas of improvement.”

Jordan Higgins, User Researcher, Child Protection – Information Sharing Programme, NHS Digital



“I joined NHS Digital on the Digital Service Delivery graduate scheme in 2017 after previously working in Higher Education. I started as a User Researcher on the CP-IS programme at the end of 2019, and have since engaged with a wide range of professionals to find out more about how safeguarding information is shared on the front line, what is working well, and what challenges people face that our team might be able to support with. I spent my first few months on the programme working on a cross-government project looking more broadly at improving multi-agency information sharing within Child Safeguarding. I now look forward to speaking to existing users of CP-IS to discover more about their experiences, including the benefits they have seen first-hand and how we can work together to improve the live service to best meet their needs. It is also an exciting opportunity to engage with new groups to learn about what they do, and how having access to CP-IS could help them better safeguard vulnerable children and young people.”

Improving decisions about clinical care



West Hertfordshire Hospitals NHS Trust

West Hertfordshire Hospitals NHS Trust provides acute healthcare services to a population of approximately half a million people. The trust went live with CP-IS in March 2015.

Case Study

Michelle Mulvaney, the trust's Named Nurse for Safeguarding Children, is already seeing the difference that CP-IS makes to vulnerable children presenting for care at Watford General Hospital:

"A young child was brought to the emergency department by ambulance and was showing unusual behaviours, such as drowsiness and slurred speech. On admission the child's demographics, including the NHS number, were checked and a CP-IS childcare alert was visible.

This alerted us that the child was on a child protection plan (CPP) so their social worker was contacted immediately.

The social worker's knowledge of the family gave us additional information to help us with our clinical decision-making. The possibility of a drug related presentation was considered, leading to an immediate urine toxicology test. This proved positive for cannabis.

The result of the test was shared with the social worker and a child protection investigation (Section 47) was initiated.

The outcome of the child protection investigation was that the child was removed from the family and placed with a foster family.

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**Michelle Mulvaney,
Named Nurse for Safeguarding Children,
West Hertfordshire Hospitals NHS Trust**

**For more information, please go to
www.digital.nhs.uk/cpis**