

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
SAFEGUARDING ADULTS ANNUAL REPORT**

<b>Date of the meeting</b>	20/05/2015
<b>Author</b>	V Cooper – Adult Safeguarding Nurse Specialist
<b>Sponsoring Clinician</b>	Dr P French – Locality Chair for East Bournemouth
<b>Purpose of Report</b>	This report highlights the level of safeguarding adult activity across Dorset, Bournemouth and Poole for the 2014/15 financial year. It also makes reference to the Care Act (2014) and the counter Terrorism Act (2015).
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	<ul style="list-style-type: none"> <li>• The Adult Safeguarding Nurse Specialist is a member of a number of the adult safeguarding board's subgroups, including Quality Assurance, Policy and Procedures, Education and Workforce Group.</li> <li>• The role has also included monthly engagement meetings with all NHS provider safeguarding leads, three local authority safeguarding teams, police Fire and Rescue and Housing.</li> <li>• The role has engaged and developed a working relationship with General Practice and Primary Care</li> <li>• The role has embraced engagement with the Wessex Local Area team safeguarding forum</li> <li>• Elements of public engagement have being undertaken through the wider pan Dorset, Bournemouth and Poole Adult Safeguarding Boards.</li> <li>• Engagement with communication team in the CCG</li> </ul>
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓] <i>Copy &amp; paste tick</i>	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓

# 9.9

Legal/Regulatory	✓		✓
People/Staff	✓	✓	
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : VC

## 1. Quality (Safety, Quality, Patient Experience)

### Introduction and Executive Summary

- 1.1 The Lead Executive and representative on both Dorset and Bournemouth and Poole Safeguarding Adults Boards is Sally Shead, Director of Quality.
- 1.2 This report provides an overview of the safeguarding activity over the 2014/15 financial year and highlights the implications of the Care Act that came into effect on the 1 April 2015.
- 1.3 The lead agencies for Adult Safeguarding across Dorset, Bournemouth and Poole are the Local Authorities.

## 2. General Safeguarding Information

- 2.1 The Care Act became statute on the 1 April 2015, which replaces the previous “No Secrets” (2000) guidance for adult safeguarding and provides a statutory framework. This framework stipulates how partner agencies should work together to keep adults at risk of harm, safe from abuse.
- 2.2 The Care Act clarifies that the aims of safeguarding are to:
  - prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
  - safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives;
  - promote an outcomes approach in safeguarding that works for people resulting in the best experience possible;
  - raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.
- 2.3 The Care Act is directing safeguarding adults away from a process driven response to a personalised response where the adult at risk of harm is central to the response and enquiries that are undertaken.
- 2.4 The implications of the Care Act include the Local Authorities having a duty to make enquiries if it is believed that an adult is at risk of abuse or harm”.
- 2.5 There is a need for the Adult Safeguarding Board to become a statutory requirement under the Care Act.
- 2.6 Local Authorities will be required to appoint an independent advocate for an adult involved in a safeguarding enquiry, who is likely to experience difficulty in being involved in the process and does not have anyone to represent them.

- 2.7 The Safeguarding Adults Boards will be required to conduct Safeguarding Adult Reviews (SAR's) when "an adult in its area dies as a result of abuse or neglect, or has experienced significant abuse, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult".
- 2.8 Further discussion needs to be undertaken at the Safeguarding Board around the role of the Designated Adult Safeguarding Manager (DASM) who will maintain an oversight of all of the safeguarding cases within an organisation and ensure that each case is progressed in a timely manner.
- 2.9 Partner agencies of the Safeguarding Adults Boards will be required to share information as part of safeguarding enquires and SAR's. Currently a Personal Information Sharing Agreement is being developed through the adult safeguarding policy and procedures sub group.
- 2.10 The categories of abuse have been widened under the Care Act to include Domestic Abuse (Domestic Violence, Human Trafficking, Sexual violence, Female Genital Mutilation, Honour Based violence and Self- Neglect).
- 2.11 The Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015 will become statute on 1 July 2015. The act will place a duty on the CCG in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". Healthcare professionals will meet and treat people who may be vulnerable to being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.
- 2.12 The Counter-terrorism strategy has several strands:
- **Pursue** - to disrupt terrorist activity and stop attacks;
  - **Prevent** - to stop people becoming or supporting violent extremists and build safer and stronger communities;
  - **Protect** - strengthening the UK's infrastructure to stop or increase resilience to any possible attack;
  - **Prepare** - should an attack occur then ensure prompt response and lessen the impact of the attack.
- 2.13 PREVENT is the main strand of concern to local authorities and NHS staff and it is required that all frontline staff have an awareness of PREVENT and how it will affect their service area. NHS England have developed a training framework to meet the requirements of PREVENT, and whilst the CCG does not have specific training responsibilities, there is a requirement for all staff to receive awareness training and for clinical staff to receive level 2 or level 3 WRAP (Workshop to raise awareness of PREVENT) training. Discussion has been undertaken with the workforce team to determine how this can be achieved across the CCG, and provider obligations have been included within the quality schedules of the contracts.

### 3. Main Report

#### Safeguarding Adults Process

- 3.1 The Adult Safeguarding Nurse Specialist provides specialised health advice and support to all providers of NHS services, Local Authorities and Police for all safeguarding enquires with serious safeguarding concerns / implications for health services, or for a multiple number of alerts from one provider, or for issues around serious misconduct of NHS staff.
- 3.2 The decision for the Adult Safeguarding Nurse Specialist to attend a strategy or case conference meeting is determined by following the principles outlined in Dorset Clinical Commissioning Group (CCG) Safeguarding Adult Policy, these being:
- Seriousness of allegation and harm;
  - Scope of the allegation; multiple alerts;
  - Allegations against Primary Care Independent Contractors.
- 3.3 Information gathered at the strategy meetings determines the terms of reference if the alert is to proceed to investigation, to ensure all relevant elements of the alert are investigated to contribute to the outcomes of care. During the strategy process, wider risks are identified and a protection plan is developed to minimise any larger institutional risk and identify poor practice.
- 3.4 A monthly meeting is undertaken between the CCG and NHS provider safeguarding leads, to promote good communication and partnership working. All alerts and referrals that have been instigated by or that are alleged against the provider are reviewed to allow an oversight of the safeguarding activity in the provider organisation. It also gives the CCG the assurance that appropriate reporting of serious incidents (SIRIs) is undertaken. All NHS providers are responsible to ensure that all SIRIs are reported to the Strategic Executive Information System (STEIS) which reports to the Department of Health managed by NHS England. This also ensures a consistent approach to data collection.
- 3.5 The Adult Safeguarding Nurse offers health support and advice to the Local Authorities' safeguarding teams, as well as Primary Care whilst continuing to raise the profile of adult safeguarding within the CCG.
- 3.6 Training around adult safeguarding and the Mental Capacity Act continued to be offered to General Practice staff throughout the year to support Practices in meeting their requirements for the Care Quality Commission.
- 3.7 The role of the two Adult Safeguarding Lead GP's work has been developed to give each one work streams, one is concentrating on MCA, PREVENT and Domestic Abuse, whilst the other is focusing on Training and Carers needs. Both GPs continue to offer clinical support and expertise to safeguarding activity and Serious Case Reviews.

- 3.8 The Adult Safeguarding Lead Nurse has continued to engage with the NHS England Safeguarding Forum and continues in the chair of Adult Safeguarding sub group. The purpose of this group is to ensure that Adult Safeguarding remains on the agenda of the wider safeguarding forum alongside Children's safeguarding.
- 3.9 In collaboration with the Local Authorities, ongoing work continues to consider ways to engage with service users in the safeguarding process. This is to gain views of individual's experiences both during and following safeguarding investigations. Fact sheets explaining the safeguarding process for individuals have been developed as part of the Policy and Procedures group.
- 3.10 The three Local Authorities are working with the principles of 'Making Safeguarding Personal' which include Empowerment, Prevention, Protection, Accountability, Partnership and Proportionality.
- 3.11 Throughout the year the Policy and Procedures subgroup have also worked together to review and update the Adult Safeguarding Policy and Procedures in line with the care act.
- 3.12 The Education and Workforce subgroup have continued to work on their designated work plan, with emphasis on reviewing current training programmes in line with the Care Act. This has included reviewing the training requirement of the multi-agency adult safeguarding risk management procedures.
- 3.13 The CCG Director of Quality Chairs the Pan Dorset Quality Assurance subgroup of the Boards. The Quality Assurance subgroup continues to review the cross county differences in the interpretation of the policy, and are working to ensure there is consistency in the threshold of alerts. A proposed audit programme has been developed and is being presented to the Quality Assurance subgroup for approval for 2015/16.
- 3.14 The CCG continues to capture the information it receives from the Local Authorities around safeguarding alerts on the Ulysses risk management system. This allows the CCG to gather intelligence around service providers, themes and lessons learnt to be gathered. The Adult Safeguarding Nurse Specialist works with the providers to monitor the outcomes of the lessons learnt from the safeguarding activity.
- 3.15 Information sharing from the three Local Authorities remains variable around safeguarding within care homes, sometimes with delays in the CCG being made aware if the process proceeds to a large scale investigation. This is being addressed through continual engagement between the CCG and the Local Authorities. Once information around safeguarding activity within care homes is received, it is shared with the quality assurance care home team.
- 3.16 The Lead Nurse has built relationships with Continuing Healthcare (CHC), to identify individuals funded by CHC who are subject to the safeguarding process.

This has highlighted some individuals whose care does not actually meet the threshold for safeguarding, but the team require ongoing support with management of complex care through the multi-agency risk sharing protocol.

#### 4. Safeguarding Adults within the CCG

- 4.1 Adult safeguarding training is included in the three year mandatory training programme across the CCG. All staff across the CCG are requested to complete mandatory adult safeguarding training. There are 66 clinical staff working within the CCG in both the Quality Directorate and Continuing Health Care. Staff who have a Clinical perspective within their role are required to undertake level A and B Adult Safeguarding Training, the table below indicates the percentage of current training figures.

Feb 2015		
	Level A	Level B
Corporate office	89%	
Total number of staff	8	
Quality Directorate	80%	68%
Total number of staff	44	19
Service Delivery (West)	93%	
Total number of staff	27	
Service Delivery (Mid)	77%	
Total number of staff	43	
Service Delivery East	84%	
Total number of staff	19	
CHC / FNC	57%	55%
Total number of staff	96	47
Finance	83%	
Total number of staff	63	
Engagement and Development	100%	
Total number of staff	31	
Organisation Totals	77%	59%
Total number of staff	332	66

- 4.2 Line managers have been tasked with ensuring all staff have completed the training by the end of the financial year.
- 4.3 The Adult Safeguarding lead GP and Adult Safeguarding Nurse specialist delivered training to GPs via the Local Medical Committee in January. This training included adult safeguarding, Mental Capacity and PREVENT. Additional training is being offered to surgeries as requested, following safeguarding alerts being raised with possible implications for that surgery.
- 4.4 Discussion has begun with the workforce team to ensure that PREVENT training is considered across the CCG, looking at the delivery of an e-learning package.

- 4.5 The CCG have appointed a six month secondment post to increase awareness of the Mental Capacity Act (MCA) following a sum of money being made available from NHS England. This role will undertake a gap analysis around current MCA training and provision, with a particular reference on primary care. Further monies have been made available to the CCG to support the increased awareness of MCA across the NHS providers who have been asked to submit business cases as to how they would maximise the benefits of the funds.

#### **Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)**

- 4.6 The NHS standard Contract is now requiring all NHS Providers to have adequate training provision in place to meet the requirements of the MCA. Following the Supreme Court judgement (Cheshire / West) the interpretation of the Deprivation of Liberty has altered, meaning more individuals within hospitals or care homes will need to have their detention authorised, either through DoLS or by the courts. This has been considered and the implication discussed at executive level. Individuals, who lack capacity and are living within supported living or are under constant supervision in the community, will need to be considered for a Court of Protection authorisation. This will create additional implications for individuals in receipt of Continuing Health Care, and CHC have been requested to scope the level of potential demand and the associated risks.

#### **Domestic Abuse (DA)**

- 4.7 A piece of work has started to scope the requirements of the DA agenda across the health economy, and a local health forum (commissioners and providers) has been developed. The newly formed pan Dorset DA group is planning their first meeting in April 2015 which is multi agency; they will be reviewing the county wide strategy.

#### **Self Neglect**

- 4.8 This piece of work will be led by the adult safeguarding subgroups, to understand how this will be approached and managed.

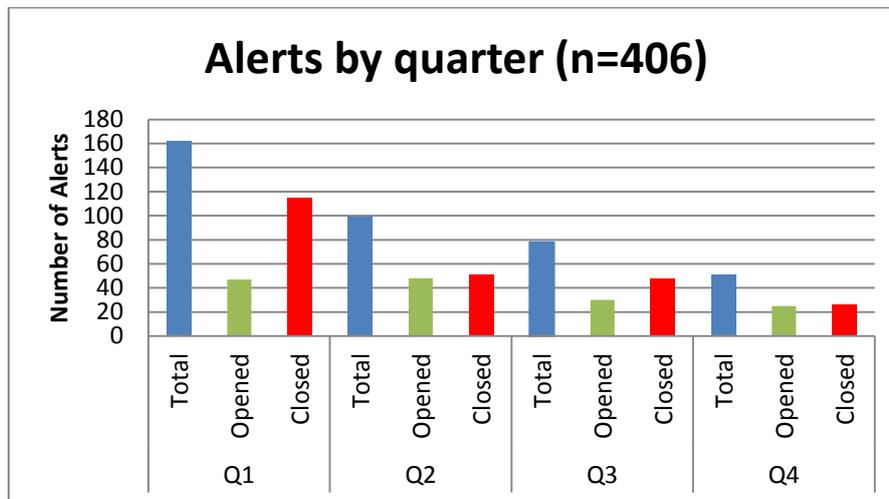
#### **PREVENT**

- 4.9 One case has been reviewed under the multi-agency 'Channel' process. The purpose of the panel is to share information across agencies and identify ways, where necessary, to 'channel' the individual away from potential sources of radicalisation. The case has now been closed with no further actions required.

## 5. Safeguarding Adults within Provider Organisations

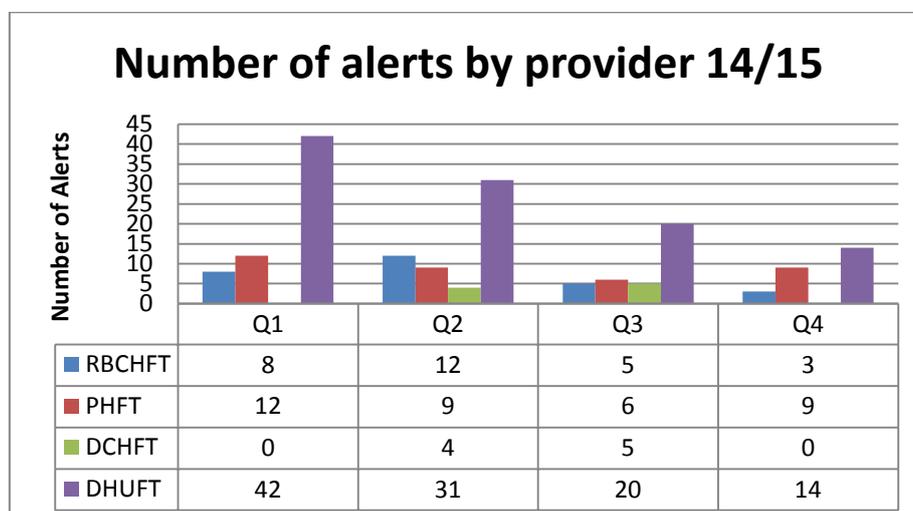
### Safeguarding Alerts

- 5.1 Throughout the year 406 alerts were made known to the CCG. This equates to an average of 102 alerts per quarter although the number of alerts were higher in the first quarter than the remaining three. The rationale for this is due to the greater clarity on the capturing of appropriate data of individual within NHS funded or provided services and due to the Making Safeguarding Personal agenda of the Care Act.
- 5.2 Of the alerts received, 240 have been closed to the safeguarding process which equals 59.1%.



- 5.3 The number of alerts remaining open continues to decrease in comparison with last year. This is attributed to the continual engagement with the Local Authorities to gain information around the outcome of cases. The alerts open will not all be overseen by the Adult Safeguarding Nurse specialist, but may be overseen via CHC engagement or the Quality Assurance Care Home Team, this is determined by the severity of the threshold of the alert.

### NHS providers



- 5.4 The Quality Assurance subgroup on behalf of the Adult Safeguarding Board was tasked to review the discrepancies in the number of safeguarding alerts being reported from each acute NHS Trust. The findings from this indicate that the process of reporting and recording safeguarding across all three local authorities is interpreted and managed differently.
- 5.5 However, assurance has been received and reviewed that all trusts are identifying and reporting safeguarding issues as they arise.
- 5.6 Concerns had been raised through the past six months around the training levels of adult safeguarding and Mental Capacity at both Dorset County and Poole Hospital as it was below threshold. Dorset County Hospital has responded to this by informing managers within their trust of the staff who have not attended, so they can ensure they attend. An action plan is being developed for improvement. Discussion with Poole, indicate there is a discrepancy between what is being delivered and what is being reported, it is planned this will be addressed once the Associate Director of Nursing commences their role.

### **Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust**

- 5.7 During the reporting period there have been a total of 28 alerts raised against the Trust. Of these 79% were investigated under the multi-agency safeguarding investigation process.
- 5.8 High level themes were around communication, Mental Capacity Act, pressure area care, documentation, recording and dignity. Lessons have been learnt from these cases and are shared through the Directors at the Governance meeting and disseminated to Trust Sisters/Charge Nurses for actions to be taken where required.
- 5.9 RBCHFT Adult Safeguarding Lead meets monthly with Social Services and the CCG to review cases and follow up on any outstanding actions following case conferences and considering how we can ensure this is fed back to staff appropriately in order to learn from this.

### **Poole Hospital NHS Foundation Trust**

- 5.10 During the reporting period there have been a total of 36 alerts raised against the Trust. 86% proceeded through the multi-agency safeguarding process.
- 5.11 The lessons learnt from the safeguarding activity are discussed at an internal Trust Complaints, Claims Incidents and PALS review meeting. Action plans are then developed and disseminated to the relevant professional groups.
- 5.12 High level themes have been around discharge process, medicines management, communication both internal and external, application of the MCA and venflon' s being left inserted in an individual after their discharge.

- 5.13 PHFT have been reviewing their internal governance structures around adult safeguarding and are aiming to have a new structure in place by April 2015.

### **Dorset County Hospital NHS Foundation Trust**

- 5.14 During the reporting period there have been a total of nine alerts raised against the Trust.
- 5.15 High level themes from the safeguarding activity are regarding response to call bells or call bells not being in the individuals reach, pressure area care and nutritional needs.
- 5.16 The Trust has undertaken a number of internal audits, around restrictive intervention times, Learning Disabilities, DoLs and MCA. Outcomes from the audits are fed back to the Matrons to implement relevant action plans to improve any areas of concern. Plans are being put in place to undertake a real-time audit around MCA to ensure that immediate actions can be taken.

### **Dorset HealthCare University NHS Foundation Trust**

- 5.17 During the reporting period there have been a total of 107 alerts raised against the Trust. Within the Trust there are a number of different services, which include community care services, mental health services, older people mental health services and community hospitals. Each has allegations of gaps in the service being provided by DHUFT.
- 5.18 The large number of alerts from the older peoples mental health care units are predominatly closed after the information gathering stage, as they are low level patient on patient assault. The wards have responded with appropriate risk management strategies and observation.
- 5.19 The high level themes from the mental health inpatient units are around staff attitude and this is being reviewed internally via human resources in collaboration with the safeguarding investigation.
- 5.20 High level themes around community services have been around poor co-ordination of care, lack of robust communciation between services, and pressure area care.
- 5.21 Themes from the safeguarding activity within a community hospital were underpinned by a whistle blower, who had raised concerns around institutional practice and attitudes of staff. This was investigated throughly through the safeguarding process, and found not to align to the issues raised, however relevant staff were suspended during the investigation and an internal HR process was followed.

### **Learning Disabilities**

- 5.22 Considerable work has been undertaken with the Learning Disability providers to review the quality of care being provided to the service users. The quality care home team have been allocated to work with contracts from the LA's around LD providers, which has supported the safeguarding process.

- 5.23 There has been one Pathway 4 investigation in the north of the county which was followed up with a service improvement plan. There were a number of CHC funded individuals in receipt of care from the particular provider, so the CCG had activity involvement in both programmes of work.
- 5.24 Concern have remained around the sharing of information from CHC and the safeguarding team for all learning disability alerts; processes have been put in place to address this both with CHC and the LAs direct.

## **6. Safeguarding Adults Board (including Domestic Violence)**

- 6.1 The sub-groups of the Board are all working to their designated work plans which are developed in response the Board's priorities. The outcomes from these meetings are fed back into the Board.
- 6.2 There remain a small number of actions that the Adult Safeguarding Boards and agencies need to undertake to become Care Act compliant, around the Board's function, membership and governance, revisiting information sharing agreements, the role of the Designated Adult Safeguarding Managers, arrangements for advocacy and agreeing a process for carrying out Safeguarding Adults Reviews, which will result in a review of the current policy and procedures.
- 6.3 Discussions have been commenced on the role of the Designated Adult Safeguarding Manager in the CCG, which is likely to be a statutory role.
- 6.4 NHS England released a revised safeguarding assurance framework, which the CCG consulted on and responded to.

## **7. Serious Case Reviews/Case Audits/Pathway Fours**

- 7.1 There have been a number of Pathway 4/service improvement safeguarding investigations through the last year. One has led to a large scale criminal investigation into a care home and remains ongoing at present.
- 7.2 A number of action plans are now in place following previous SCRs and Serious Case Audits, and are monitored by the safeguarding business manager through the SCR subgroup. The actions from these reviews are in respect of:
- a) Reviewing the quality and content of the Mental Capacity Act training with a view to increasing widely the understanding and awareness of the Mental Capacity Act
  - b) Raising awareness of the recognition of End of Life care arrangements and communication within and across community health teams, including mental health.

- 7.3 Sharing of information around large scale investigations is improving, however variation continue across the three LAs, this is being addressed through the SAB.
- 7.4 There is a domestic homicide review commencing imminently.
- 7.5 There are plans in place for the lessons learnt from adult safeguarding across Dorset, Bournemouth and Poole to be shared in the first Newsletter from the Safeguarding Adults Board.

## **8. External Inspections and Reviews**

- 8.1 The Pan Dorset multi-agency Safeguarding Audit and Peer Challenge has been held in quarter 4 which provided an excellent environment for challenge to be made for existing arrangements for Safeguarding and promoting the wellbeing of Adults at Risk.

## **9. Plan for 2015/16**

- 9.1 The focus of the first half of 2015/16 will be to start to embed the implications of the Care Act into practice both strategically and operationally to ensure there is closer collaborative work for the main statutory and partner agencies.
- 9.2 The three monthly Safeguarding Health and Social Care Leads meeting will expand to enhance interagency working and networking. These meetings provide an excellent forum to allow all the safeguarding leads to meet regularly, share information around national and local policy, share good practice, and to offer supervision, with an emphasis on education and peer support.
- 9.3 The focus on the requirements of PREVENT and Domestic Abuse will be scoped and plan to meet need will be developed.
- 9.4 The safeguarding team will be working with the CCG risk management team to review the Significant Incident Reporting Framework, to ensure that safeguarding data is triangulated with risk management information and complaints known to the CCG and appropriate information is shared with NHS England.
- 9.5 The relationship across the CCG, Local Authorities and providers will continue to be strengthened, which allows for improved communication and information sharing addressing the safety and needs of vulnerable adults, whilst ensuring the CCG is engaged within a timely manner.
- 9.6 Links with the Continuing Health Care team will be developed further, with the safeguarding team offering training and support and to ensure timely and appropriate information is shared.
- 9.7 Robust links will continue between the Dorset CCG and the Wessex Local Area Team, which allows for any safeguarding concerns within primary care to be highlighted and discussed appropriately.

## 10. Conclusion

- 10.1 The CCG continues to maintain its obligations and focus on safeguarding adults in Dorset's healthcare system.
- 10.2 The CCG is prepared to take on its statutory roles in 2015/16 which will be required as a result of the Care Act becoming statute

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