

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

Date of the meeting	18/05/2016
Author	V Cooper – Designated Adult Safeguarding Manager
Sponsoring Clinician	Dr Peter Blick, Locality Chair Bournemouth and Named GP for Safeguarding
Purpose of Report	This report highlights the safeguarding adult activity across Dorset, Bournemouth and Poole the financial year 2015/16.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	<ul style="list-style-type: none"> • The executive lead for adult safeguarding (Director of Quality) is a statutory member of the adult safeguarding board; • The Designated Adult Safeguarding Manager (DSAM) is a member of a number of the Adult Safeguarding Board's subgroups, including Quality Assurance, Policy and Procedures, Education and Workforce Group; Safeguarding Leads Group. • The DASM role includes monthly engagement meetings with all NHS provider safeguarding leads, three local authority safeguarding teams and the Police; • The DASM role in collaboration with the lead safeguarding GP's engages with General Practice and Primary Care; • Elements of public engagement have been undertaken through the wider pan Dorset, Bournemouth and Poole Adult Safeguarding Boards.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

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

9.9

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

Initials : VC

1. Introduction

- 1.1 The purpose of this annual report is to ensure that the Dorset Clinical Commissioning Group (CCG) Governing Body is informed of the progress and developments, both locally and nationally on issues over the financial year 2015/16 related to the safeguarding adults agenda.
- 1.2 The lead responsible agencies for Adult Safeguarding across Dorset, Bournemouth and Poole are the three Local Authorities.
- 1.3 This is the first full year that the Care Act (2014) has been in force which has provided a statutory framework for adult safeguarding. This framework stipulates how partner agencies should work together to keep adults at risk of harm, safe from abuse and the governance underpinning adult safeguarding .
- 1.4 Safeguarding Vulnerable People in the Reformed NHS Accountability & Assurance Framework (2013) provides further guidance on accountabilities for safeguarding children in the NHS.
- 1.5 The role of the Designated Adult Safeguarding Manager (DASM) encompasses supporting safeguarding enquiries with an in depth understanding of services delivered and the development of commissioned services to ensure health services offer robust and safe care. The need to have a DASM has been removed in the updated Care Act statutory guidance (March 2016), as it proved to be confusing and contradictory and there is a drive to concentrate on roles and functions rather than job titles.

2. CCG Safeguarding Assurance

- 2.1 Dorset CCG is compliant with its statutory requirement for safeguarding professionals.

These roles consist of:

- Chief Officer, who has the responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of adults is discharged effectively across the whole local health economy through the CCG's commissioning arrangements;
- Director of Quality and Nursing is the Executive Lead for Adult Safeguarding;
- Designated Adult Safeguarding Manager (DASM);
- Named GPs for Safeguarding Adults.

- 2.2 The CCG Governing Body received their statutory safeguarding adult training in October 2015, delivered by the DASM.

- 2.3 The CCG were able to recruit to the vacant session for the named GP and Dr Isi Sosa has taken on an additional session for adults to work in collaboration with Dr Peter Blick. This allows the two dedicated sessions per week for adult safeguarding.

Safeguarding Adults Process

- 2.4 The DASM continues to provide specialised health advice and support to all providers of NHS services, Local Authorities and Police locally.
- 2.5 The DASM reviews all safeguarding enquires that the CCG is made aware of and participates in safeguarding enquiry meetings if there is a high level of concern or if required by the statutory agencies. The information gathered at the enquiry planning meetings determines the terms of reference if the enquiry proceeds as a statutory 42 enquiry. It is also during the enquiry planning stage, which identifies any wider risks, that an initial protection plan is developed to protect individuals, minimise any larger organisational risks and identify any immediate poor practice.
- 2.6 The monthly meetings between the CCG and NHS provider safeguarding leads continue. This allows a forum for all safeguarding concerns and enquiries that are alleged against a provider to be reviewed, and to give an oversight of the safeguarding activity in the provider organisation. It provides the CCG with assurance that appropriate reporting of serious incidents (SIRIs) is undertaken.
- 2.7 Training and peer supervision around the principles of adult safeguarding practice and the principles of the Mental Capacity Act continued to be offered to General Practice staff throughout the year.
- 2.8 During the year there has been some changes within the Adult Safeguarding Lead GPs, with Dr Peter Blick and Dr Isi Sosa undertaking one dedicated session each for adult safeguarding per week.
- 2.9 The lead GPs have reviewed their work plans, to ensure each all areas of work including MCA, PREVENT, Modern Day Slavery, Human trafficking and Domestic Abuse have been covered. One of the safeguarding lead GPs also focuses on the training requirements and carer's needs, whilst both offer clinical support, advice and expertise to safeguarding enquires and safeguarding adult reviews.
- 2.10 The DASM continues to attend the regular tri-monthly safeguarding Forum held by NHS England Wessex, with the purpose of gaining and disseminating national and local safeguarding information.
- 2.11 The DASM continues to support the work led by the Local Authorities to improve ways of engaging with service users in the safeguarding process.
- 2.12 The DASM also works with the three Local Authorities and the Police to continue to ensure the principles of safeguarding Empowerment, Prevention, Protection, Accountability, Partnership and Proportionality are embedded into practice.

- 2.13 The Training, development and workforce subgroup of the Safeguarding Adults Board has continued working through their work plan, with emphasis being placed on reviewing current training programmes in line with the Care Act.
- 2.14 The Quality Assurance sub-group has continued to review the cross county differences in the interpretation of the policy and procedures, with the aim of ensuring there is consistency in the approach, thresholds and management of all safeguarding enquiries. An audit programme has been undertaken to review how *'making safeguarding personal'* has been embedded and the results of this have been discussed at the QA group, with relevant changes made and action plans developed to embrace change.
- 2.15 The CCG continues to work with the Local Authorities to ensure the CCG is informed of all Section 42 safeguarding enquires that occur within either CHC funded or NHS funded services. This information is captured and inputted onto the Ulysses risk management system. This allows the CCG to gather intelligence around service providers, themes and lessons learnt and for triangulation of data with risk management and complaints.
- 2.16 The DASM continues work closely with the Continuing Healthcare (CHC) team, to identify individuals funded by CHC who are subject to the safeguarding process. This has highlighted some CHC individuals whose care does not actually meet the threshold for safeguarding, but will require ongoing support through complex case coordination and management, which is supported by the use of the multi-agency risk sharing protocol.
- 2.17 The DASM has developed, in collaboration with the contract lead for each NHS provider, a revised quality schedule for 2016/17.

3. Safeguarding Adult Training within the CCG

- 3.1 Adult safeguarding training is included in the three year mandatory training programme across the CCG. All staff across the CCG are required to complete mandatory adult safeguarding training. Staff that 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.
- 3.2 NHS England released the safeguarding adults: *Roles and competence for health care staff* – intercollegiate document in Feb 2016 with the purpose of giving detail to the competence and roles of staff within adult safeguarding. It has been cross referenced to the Dorset, Bournemouth and Poole Adult Safeguarding Essential standards.
- 3.3 The figures below indicate the training levels within the CCG, in 2015 /16 the completion figure is 96%.

	Nov 2015		March 2016	
	Level A	Level B		
Corporate office	5		3	
Total number of staff	100%		(3) 100%	
Quality Directorate	43	19	48	20
Total number of staff	46 (94%)	24 (79%)	(48) 100%	21 (95%)
CHC / FNC	72	25	75	42
Total number of staff	80 (90%)	35 (71%)	84 (89%)	44 (96%)
Service Delivery (West)	39		33	
Total number of staff	39 (100%)		34	
Service Delivery East	34		36	
Total number of staff	35 (97%)		37	
Finance	47		48	
Total number of staff	47 (100%)		48 (100%)	
Engagement and Development	24		24	
Total number of staff	25 (96%)		25	
Design and Transformation	28		33	
Total Number of Staff	29 (96%)		34	
Organisation Totals	292	44	300	62
Total number of staff	306 (95%)	59 (75%)	313 (96%)	65 (96%)

- 3.4 Line managers are required to ensure that all staff have completed the training through their supervision and annual appraisals.
- 3.5 The DASM and the Adult Safeguarding lead GP continue to deliver training to GPs in conjunction with the Local Medical Committee. This training has included an update on the Care Act, Domestic Abuse and PREVENT. Modern Day Slavery needs to be included within further training.

4. CCG Key Developments 2015/16

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

- 4.1 The 2016/17 NHS standard Contract will require all NHS Providers to have adequate training provision in place to meet the requirements of the MCA and DoLS and this will be monitored through contract monitoring.
- 4.2 The recommendations from the six-month MCA quality improvement secondment have commenced being put into place across the CCG and provider organisations.
- 4.3 CHC are proceeding with the element of work to look at individuals who lack capacity and are currently living within supported living, under constant supervision and not free to leave, to consider if a community DoLS is required or in the case of disputes, whether Court of Protection authorisation will be required.

- 4.4 The monies granted by NHS England to the CCG has been used to undertake training around the Court of Protection, the use of the multi-agency risk management meeting, applying MCA to all individuals aged 16+ who will be in transition and the commissioning of a theatre group to open the MCA conference. The Theatre group was extremely well received as a valuable learning opportunity, as well as all other training being extremely well evaluated.
- 4.5 NHS England delivered two days of training in December, which had 25 members of staff attending. Those who attended had the responsibility of working with their organisations to ensure that all frontline practitioners are given supervision to ensure the *MCA* voice is heard with equality in regard to the *safeguarding* voice.
- 4.6 All main providers submitted bids to the CCG, and each were awarded £10K with an action plan for implementation; the action plans are being monitored by the CCG.

Domestic Abuse (DA)

- 4.7 Work has continued throughout the last year to scope the requirements and address the issues of the DA agenda across the local community. Stronger links with the police and the domestic abuse providers across the three local authorities have allowed for a greater understanding of the demand of Domestic Abuse in the community to be gained. The police are looking at how effective multi agency risk management can be adopted into practice.
- 4.8 The DASM has also been monitoring information gathered from the outcomes of the IRIS (identification, and referral to improve safety) project in Poole Bay Locality.
- 4.9 A new offence of coercive and controlling behaviour in intimate and familial relationship was introduced into the Serious Crime Act 2015. The offence can impose a minimum of five years imprisonment, a fine or both.
- 4.10 There have been changes to the crime recording standards in April 2015, and Dorset Police commissioned a new crime reporting system which will enable more sophisticated recording of DA. Data collected shows a decrease in DA incidents at the start of the 2015/16, reversing a rising trend. However, DV crime (Assault, Sexual Assault and Harassment) data indicates a rise across the county, with the biggest rise in Dorset, and lowest rise in Poole. These figures possibly may be imprecise due to the change in the recording methods.

Self-Neglect

- 4.11 A Task and Finish Group has been established to develop this work as there is still a lack of clarity around the interpretation and inclusion of self-neglect under adult safeguarding.

- 4.12 The potential risk to individuals at risk has been raised with the chair of the adult safeguarding board, and this is now being addressed through the policy and procedures sub-group.
- 4.13 There is potential that this work will increase the demand of the primary and community health care services which will need to be monitored on an ongoing basis.
- 4.14 Clarification will be needed around the application of a Section 42 enquiry for self-neglect, as Section 42s are primarily aimed at those suffering abuse from a third party.

PREVENT

- 4.15 The CCG has offered additional training sessions to Primary Care around PREVENT as it is anticipated the PREVENT duty will be amended to include GPs.
- 4.16 There has been one CHANNEL cases this year which is ongoing.

Lead GP Peer Supervision Sessions

- 4.17 In September 2015 the CCG Safeguarding Team held the first evening session of Peer support and Supervision for the Leads in Primary care. This was well attended and evaluated. These sessions will be held quarterly around the county and aim to support GPs in their safeguarding practice.

Safeguarding Webpage for Primary Care

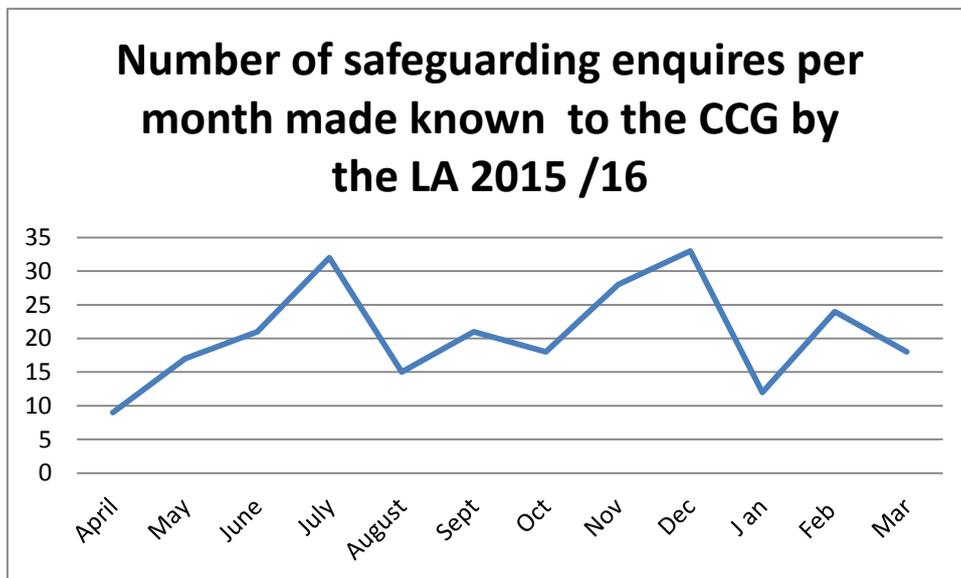
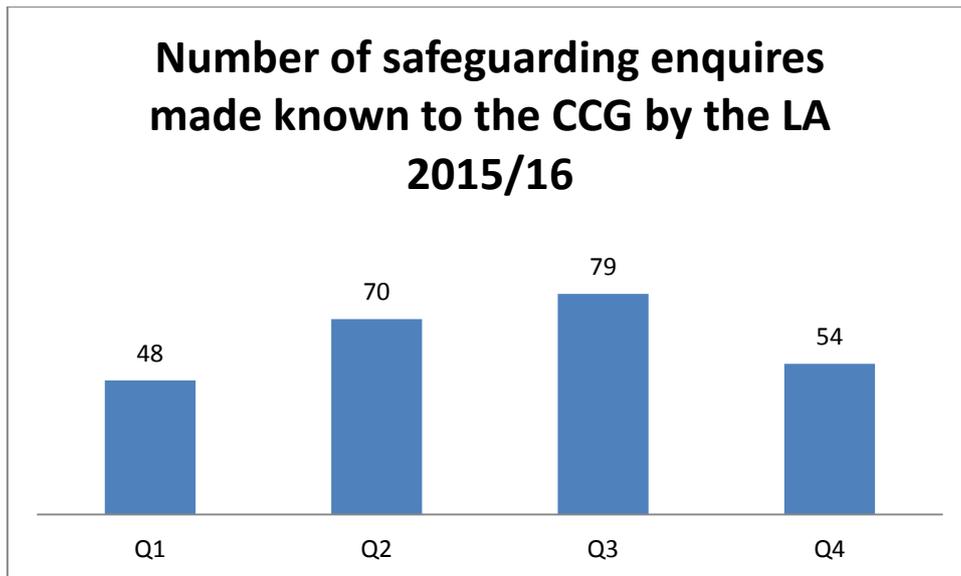
- 4.18 To assist GPs with their safeguarding responsibilities the DASM and the Named GPs have developed an intranet safeguarding webpage to sit within GP's Electronic Recording Systems.

Modern Day Slavery

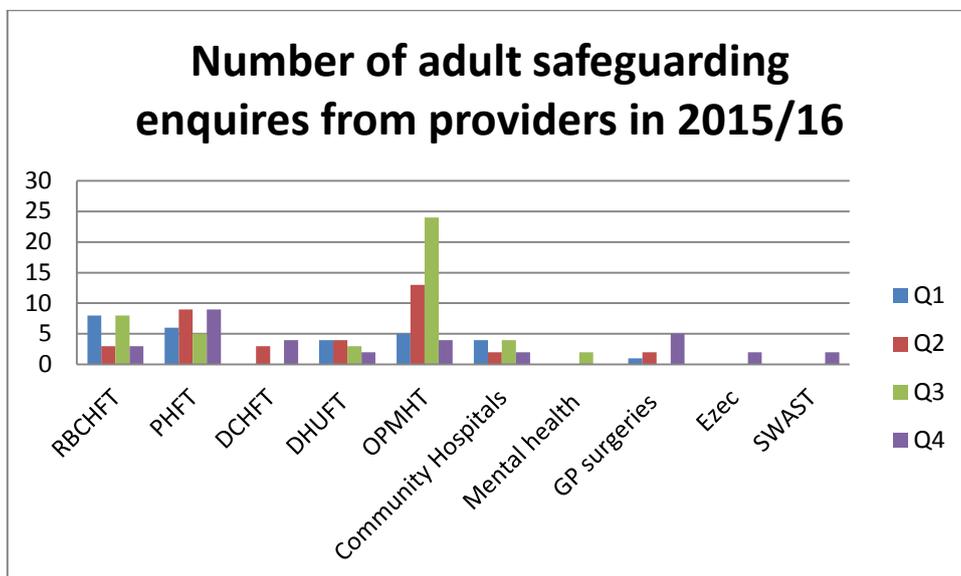
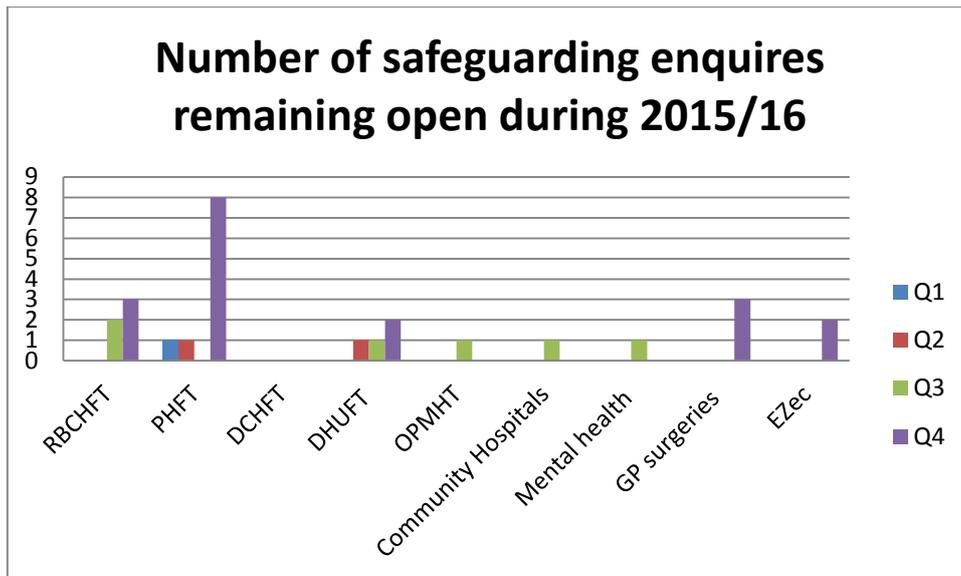
- 4.19 Dorset County Council hosted a session on the subject and further discussions are taking place across multi-agency services as to how to proceed with this issue.

5. Safeguarding Adults within the Provider Organisations

- 5.1 Throughout the last year 251 safeguarding enquires of individuals being cared for by NHS providers or CHC were made known to the CCG. The number of enquiries has decreased from 406 in 2014 /15 and the possible rationale for this is due to the greater clarity on the sifting and capturing data for individuals in receipt of NHS funded care and possibly due to the Making Safeguarding Personal (MSP) agenda of the Care Act.



5.2 The number of enquires remaining open continues to decrease in comparison with last year. This is attributed to MSP and the ongoing continual engagement with the Local Authorities.



5.3 The issues raised last financial year around the training delivered at both Dorset County and Poole Hospital have been addressed this financial year and significant improvements have been made.

5.4 There continues to be a trend of safeguarding enquires relating to older peoples mental health care units. These are predominatly closed after the information gathering stage, as they tend to be relating to low level patient on patient assult and appropriate risk management is in place.

6. Safeguarding Adults Board

6.1 The sub-groups of the Board continue to work on their designated work plans which are developed in response the Board’s business plan priorities. The outcomes from these meetings are fed back into safeguarding adults chairs group and then to the Board.

7. Serious Case Reviews/Case Audits/Whole Service Reviews

- 7.1 There have been a number of care homes across the county that continue to have safeguarding enquires made, either for an individual resident or on a whole service. These are managed through the use of the nominated enquirer, enquiry planning and review meetings, and service improvement / development activity.
- 7.2 One of the whole home enquiries has led to a Safeguarding Adult Review, which is due to be concluded in June/July 2016.
- 7.3 The action plans in place following previous Serious Case Reviews (SCR) and Safeguarding Adult Reviews are progressing and are monitored by the safeguarding business manager through the SCR sub-group.
- 7.4 The Safeguarding adults / Domestic Homicide review for an individual with learning disabilities who sadly was murdered is progressing.

8. External Inspections and Reports

- 8.1 All NHS providers have been subjected to CQC investigation throughout the year, and reports have been or are planned to be published. Outcomes of the reports will be addressed with the provider and actions taken to rectify any issues raised.

9. Objectives for 2016/17

- 9.1 2016/17 will be focused on the impact of the Care Act practice both strategically and operationally to continue close collaborative work for the main statutory and partner agencies.
- 9.2 The CCG safeguarding team will be working to develop the triangulation of information and intelligence gained in collaboration with the CCG risk management team and complaints to ensure appropriate information is used to safeguard vulnerable people and is shared with NHS England and reported to the Governing Body.
- 9.3 Collaborative work will continue to determine the demand of individuals who self-neglect to ensure that policy and procedures are in place to manage this in practice.
- 9.4 Consideration around the demands of Domestic Abuse, Modern Day Slavery and Human Trafficking, Adult Sexual Exploitation and Sexual Violence under adult safeguarding will need to be reviewed in collaboration with the community safety partnership and references included within the multi-agency policy and procedures.
- 9.5 The links with the Continuing Health Care team will continue to be developed and strengthened, with the safeguarding team offering training and support and to ensure timely and appropriate information is shared.

- 9.6 The role of the “Nominated Enquirer” will require greater analysis this forthcoming year, to ensure organisations are meeting this statutory obligations.
- 9.7 Progress needs to continue in the forthcoming year to ensure that all adult safeguarding work will be unpinned by the six adult safeguarding principles:
- empowerment;
 - prevention;
 - protection;
 - proportionality;
 - partnership;
 - accountability.
- 9.8 The adult safeguarding boards will need to establish and agree a framework and process for how allegations against people working with adults with care and support needs should be notified and responded to. Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults and children at risk and the rationale for decision making should always be recorded.

10. Conclusion

- 10.1 The CCG continues to maintain its statutory obligations and focus on safeguarding adults in Dorset’s healthcare system.
- 10.2 The NHS Wessex Forum has provided a governance pathway to take forward the national safeguarding agenda and has provided useful direction and collaboration with others in the Wessex area.

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