

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

<b>Date of the meeting</b>	20/11/2015
<b>Author</b>	V Cooper – Adult Safeguarding Nurse Specialist
<b>Sponsoring Clinician</b>	Dr P Blick – Locality Chair for Central Bournemouth
<b>Purpose of Report</b>	This report highlights the safeguarding adult activity across Dorset, Bournemouth and Poole for the first two quarter of the financial year 2015/16.
<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 executive lead for adult safeguarding (Director of Quality) is a statutory member of the adult safeguarding board;</li> <li>• 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;</li> <li>• The DASM role includes monthly engagement meetings with all NHS provider safeguarding leads, three local authority safeguarding teams and the Police;</li> <li>• The DASM role engages with General Practice and Primary Care;</li> <li>• Elements of public engagement have being undertaken through the wider pan Dorset, Bournemouth and Poole Adult Safeguarding Boards.</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	✓		✓
Legal/Regulatory	✓		✓

# 9.9

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. Introduction

- 1.1 The Lead Executive and representative on both Dorset and Bournemouth and Poole Safeguarding Adults Boards is Sally Shead, Director of Nursing and Quality.
- 1.2 This report provides an overview of the safeguarding activity over the first two quarters of the financial year 2015/16.
- 1.3 The lead agencies for Adult Safeguarding across Dorset, Bournemouth and Poole are the three Local Authorities.
- 1.4 The Care Act (2014) has been in force since 1st April 2015, and provides 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.

## 2. Report

### Safeguarding Adults Process

- 2.1 The Adult Safeguarding Nurse Specialist continues to provide specialised health advice and support to all providers of NHS services, Local Authorities and Police locally.
- 2.2 The Adult Safeguarding Nurse Specialist participates in enquiry meetings if required by the statutory agencies. Information gathered at the enquiry planning meetings determines the terms of reference if the enquiry proceeds as a statutory 42 enquiry. During the enquiry planning stage, any wider risks are identified and a protection plan should be developed to protect the individual, minimise any larger organisational risks and identify any immediate poor practice.
- 2.3 The monthly meeting between the CCG and NHS provider safeguarding leads continue. All safeguarding concerns and enquiries that are alleged against a provider are reviewed at this meeting to allow 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.
- 2.4 Training around adult safeguarding and the principles of the Mental Capacity Act continued to be offered to General Practice staff throughout the last six months.
- 2.5 There have been some changes within the Adult Safeguarding Lead GPs, in October the CCG returned to having two dedicated sessions for adult safeguarding per week.
- 2.6 Consideration has been given to workload to ensure each all areas of work including MCA, PREVENT and Domestic Abuse are covered. One of the safeguarding lead GPs focuses on training and carer's needs and both offer

clinical support and expertise to safeguarding activity and safeguarding adult reviews.

- 2.7 The Adult Safeguarding Nurse Specialist continues to attend the regular NHS England Safeguarding Forum with the purpose of gaining and disseminating national safeguarding information.
- 2.8 Work led by the Local Authorities continues to improve ways of engaging with service users in the safeguarding process.
- 2.9 The three Local Authorities continue to ensure the principles of safeguarding Empowerment, Prevention, Protection, Accountability, Partnership and Proportionality are embedded into practice.
- 2.10 The Training, development and workforce subgroup continue working through their work plan, with emphasis being placed on reviewing current training programmes in line with the Care Act.
- 2.11 The Quality Assurance sub-group continues to review the cross county differences in the interpretation of the policy and procedures and aims to ensure there is consistency in the management of safeguarding enquiries. An initial audit programme has commenced 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.
- 2.12 The CCG continues to work with the Local Authorities to capture relevant information around safeguarding enquires which is 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.
- 2.13 The Adult Safeguarding Nurse Specialist 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.

### **3. Safeguarding Adults 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 requested to complete mandatory adult safeguarding training. 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.

Nov 2015		
	Level A	Level B
Corporate office	5	
Total number of staff	5 (100%)	
Quality Directorate	43	19
Total number of staff	46 (94%)	24 (79%)
CHC / FNC	72	25
Total number of staff	80 (90%)	35 (71%)
Service Delivery (West)	39	
Total number of staff	39 (100%)	
Service Delivery East	34	
Total number of staff	35 (97%)	
Finance	47	
Total number of staff	47 (100%)	
Engagement and Development	24	
Total number of staff	25 (96%)	
Design and Transformation	28	
Total Number of Staff	29 (96%)	
Organisation Totals	292	44
Total number of staff	306 (95%)	59 (75%)

- 3.2 Line managers are required to ensure that all staff have completed the training through their supervision and annual appraisals. There is now a focus on improving Level B training rates.
- 3.3 The Adult Safeguarding lead GP and Adult Safeguarding Nurse Specialist continue to deliver training to GPs in conjunction with the Local Medical Committee. This training has included an update on the Care Act and PREVENT.
- 4. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)**
- 4.1 The NHS standard Contract requires all NHS Providers to have adequate training provision in place to meet the requirements of the MCA and DoLS. This is being monitored through contract monitoring.
- 4.2 The six month secondment into the MCA quality improvement facilitator's role has been completed, and a report with recommendations has been shared across the CCG.
- 4.3 An initial pilot has been undertaken within CHC to consider individuals who lack capacity and are living within supported living or are under constant supervision in the community, and may need to be considered for a Court of Protection authorisation.

4.4 NHS England granted the CCG some additional funding for MCA application; the CCG invited all NHS providers to submit bids to support them in this. All main providers submitted the bids, and each were awarded £10K, action plans are being monitored by the CCG.

### Domestic Abuse (DA)

4.5 Work has continued throughout the last six months to scope the requirements and address the issues of the DA agenda across the local community.

### Self Neglect

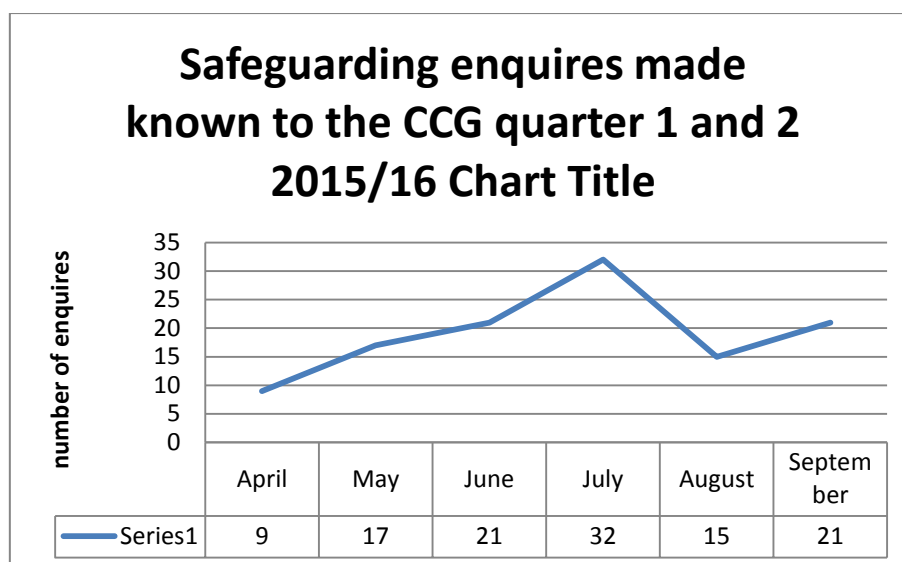
4.6 This piece of work is initially being led by the LAs and continues to be developed through the adult safeguarding subgroups. There is potential this will increase the demand of the primary care services which will need to be monitored on an ongoing basis.

### PREVENT

4.7 There has been no new activity for PREVENT within the last six months.

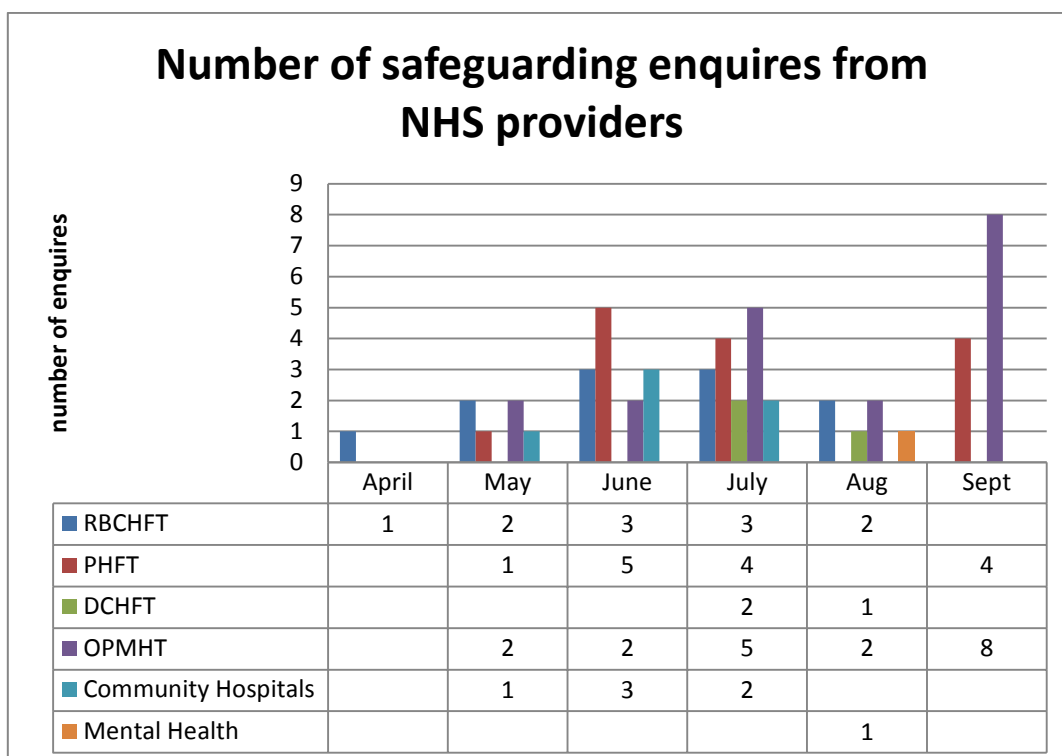
## 5. Safeguarding Adults within Provider Organisations

5.1 Throughout the last six months 115 safeguarding enquires of individuals being cared for by NHS providers or CHC were made known to the CCG. The number of enquires has decreased from 2014 /15 and the 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.

## NHS providers



- 5.3 Concerns had been raised at the end of the last financial year 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 training figures have improved and continue to do so. Poole Hospital Foundation trust have undertaken some targeted training particularly to junior Doctors and portering staff, and we are expecting an increase in their training figures in quarter three.
- 5.4 The relatively larger number of alerts from the older peoples mental health care units are predominately closed after the information gathering stage, as they tend to be relating to low level patient on patient assault. However additional information is gathered to ensure that appropriate risk management strategies have been adopted.

## 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 to the Board's priorities. The outcomes from these meetings are fed back into the Board.

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

- 7.1 There have been a number of care homes across the county that continue to have safeguarding activity. These are managed through enquiry planning meetings, and service improvement activity.

- 7.2 Across Dorset there have been four whole home enquires for Poole Borough, two for Bournemouth Borough and two for Dorset Local Authority.
- 7.3 Sharing of information around large scale safeguarding enquires is improving, however some variations continue across the three LAs, this is being addressed through the SABs.
- 7.4 The action plans in place following previous Serious Case Reviews (SCR) and Serious Case Audits 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.
- 7.5 Plans are in place to undertake two safeguarding adult reviews, around a) an individual with learning disabilities that was murdered, and b) a whole care home enquiry.

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

- 8.1 Dorset Health care University Foundation Trust was subject to a CQC investigation in the summer this year. Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust received their CQC in October 2015, and Poole Hospital Foundation Trust will be receiving theirs in January.

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

- 9.1 The remainder of 2015/16 will be focused on the embedding 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 CCG safeguarding team will be working to develop the triangulation of information in collaboration with the CCG risk management team and complaints to ensure appropriate information is shared with NHS England and others.
- 9.3 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.



## 10. Conclusion

- 10.1 The CCG continues to maintain its obligations and focus on safeguarding adults in Dorset's healthcare system.

**Author's name and Title : Verena Cooper Adult Safeguarding Nurse Specialist**  
**Date : 21 October 2015**  
**Telephone Number : 01305 213515**