

NHS Dorset Clinical Commissioning Group
Governing Body Meeting
Adult Safeguarding Report

Date of the meeting	18/09/2013
Author	V Cooper, Adult Safeguarding Nurse Specialist
Sponsoring GB member	T Goodson, Chief Officer Presented by: S Rastrick, Director of Quality
Purpose of report	To inform the Governing Body of the scope of Adult Safeguarding across the CCG
Recommendation	The Governing Body is asked to Note the report.
Resource implications	Budgeted
Link to strategic principles	<ul style="list-style-type: none"> • Services designed around patients • Preventing ill health and inequalities • Sustainable healthcare services • Care closer to home
Risk assurance Impact on high level risks	There is impact risk for Adult Safeguarding, as the CCG is not being made aware of all the alerts that the local authority receives, that have a health implication. This could increase the level risk for the CCG as the health and wellbeing of individuals at risk, are being discussed without necessary health knowledge to influence the investigations and decisions taken at conference.
Privacy impact assessment	PIA assessment has been submitted to the information Governance Department for consideration
Outcome of equality impact assessment process	EIA assessment has been completed, there are no required actions.
Actions to address impact	N/A
Legal implications	None
Freedom of information	Restricted
Stakeholder Engagement	Elements of public engagement have being undertaken through the wider pan Dorset Adult Safeguarding Boards. Discussion with the communication team in the CCG have commenced as to how this needs to be addressed.
Reason for inclusion in Part 2	N/A
Previous Committees/Governing Body	This is the first presentation of the Annual report, it has not been presented at any other committees

1. Introduction

- 1.1 The Adult Safeguarding Nurse Specialist has been in post since April 2013. The purpose of the role is to support engagement across the Local Authorities and health care providers and to raise the profile of adult safeguarding across the CCG area.
- 1.2 The Lead Executive for adult safeguarding is Suzanne Rastrick, Director of Quality, and the representative for both Dorset and Bournemouth & Poole Safeguarding Adults Boards is Sally Shead, Deputy Director of Quality.
- 1.3 The Acute providers and Dorset Health Care UFT have Safeguarding Adult leads within their organisation and have internal governance structures to support the reporting of safeguarding activity. There is a variation across providers in these governance arrangements.

2. Safeguarding Alerts Process

- 2.1 All Safeguarding alerts within the Acute Hospitals and Community Health providers, are accompanied by an AIRS (Adverse Incidence Reporting System) report and SIRI (Serious incident requiring investigation) if deemed necessary. These providers are also responsible to ensure all SIRI are reported to the Strategic Executive Information System (STEIS) which reports to the Department of Health managed by the NHS England.
- 2.2 All providers are requested to inform the CCG if a patient is admitted with a safeguarding issue from a care home (Nursing and Residential) via an AIRS form.
- 2.3 The Adult Safeguarding Nurse Specialist works in close collaboration with the Patient Safety Team in the quality directorate to ensure that there is no duplication of alerts or incidents and that relevant investigations are managed in conjunction with the Pan Dorset Safeguarding Process.

3. Safeguarding Adult Nurse Specialist Role

- 3.1 The Adult Safeguarding Nurse Specialist role provides:
 - Specialised assistance and support when the safeguarding case involves serious safeguarding concerns, multiple alerts and serious misconduct; The decision to attend a strategy or case conference meeting is determined by following the principles outlined in DCCG Safeguarding Adult Policy, these being:
 - seriousness of allegation and harm;
 - scope of the allegation; multiple alerts;
 - allegations against Primary Care Independent Contractors.

- Lead and co-ordinate on behalf of the DCCG, reviews of health services in relation to Serious Case Reviews;
- Provide Quality reports from data analysis any areas of concern, repeated issues or significant failures in care;
- Support the quality monitoring of contracts across health providers in relation to their Adult Safeguarding responsibilities;
- Training and awareness to CCG staff;
- Ensure the CCG meets its obligations and responsibilities in relation to local policy, feeding into the local area team and nationally driven reports, documentation & legislation;
- To ensure the outcomes of care meet the requirements of the NHS Outcomes Framework with particular emphasis on domain 4 (Ensuring that people have a positive experience of care) and domain 5 (treating and caring for people in a safe environment and protecting them from avoidable harm).

- 3.2 There is engagement with all the NHS providers, to support the roles of safeguarding leads within the trusts, and to ensure there is a consistent approach to Data Collection.
- 3.3 The Adult safeguarding Nurse is a member of the following safeguarding adults subgroups: quality assurance, education and workforce, policy and procedures.
- 3.4 There is continued work being undertaken to work with the Local Authorities to refresh the Pan Dorset Safeguarding Adult policy.
- 3.5 The Adult safeguarding Nurse Specialist has engaged with the Wessex Area Team, and is a member of the safeguarding forum, and is engaged within the work programme.
- 3.6 It has been recognised that Adult safeguarding training needs to be included within the mandatory training programme, and this has been achieved.
- 3.7 Data collection for the CCG is being inputted on to the Ulysses system, which will provide ongoing robust information

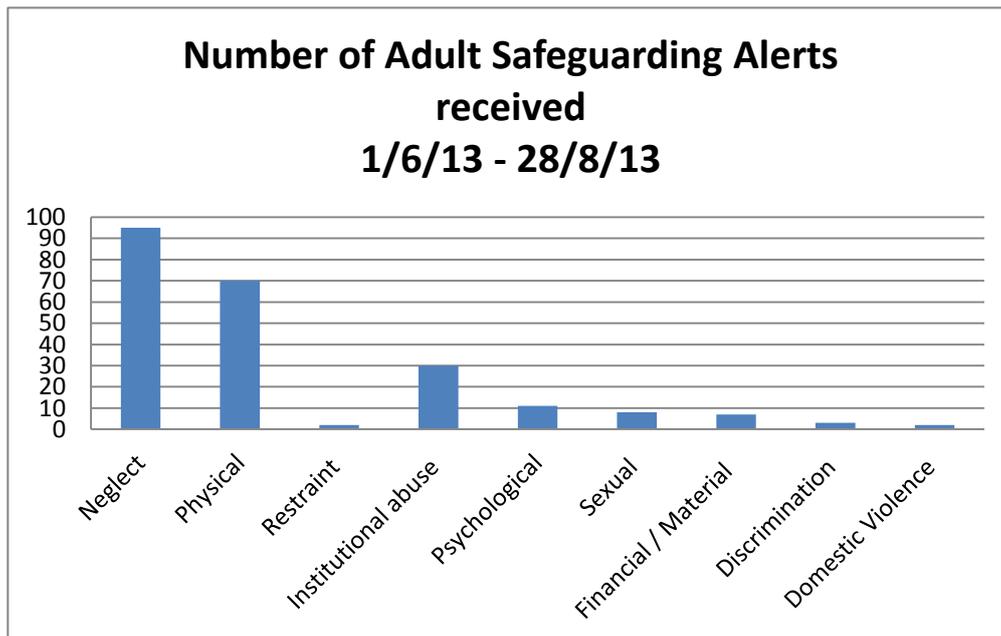
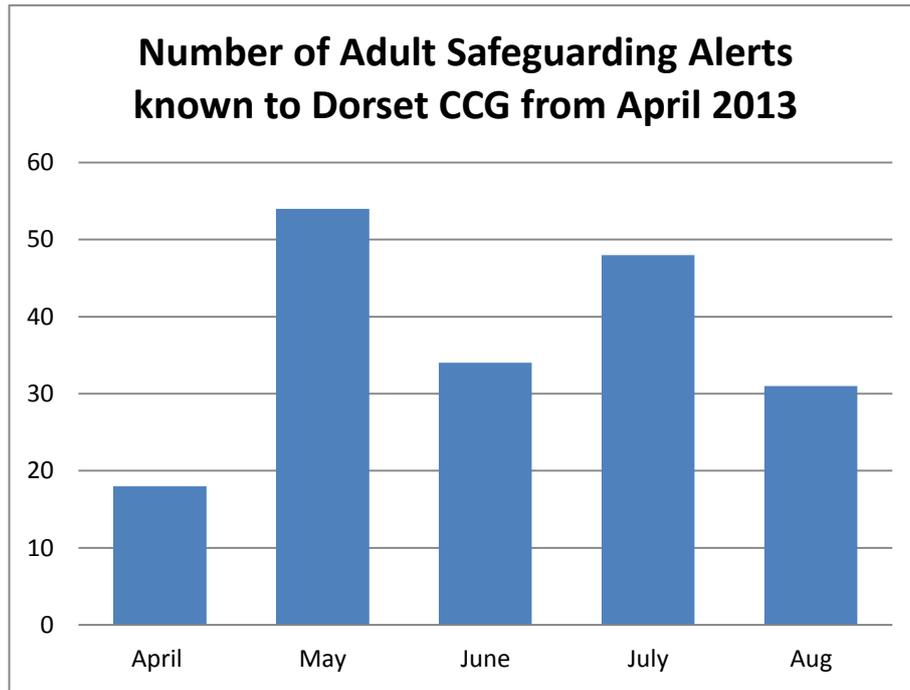
4. Engagement with Local Authorities

- 4.1 During the last three months, considerable work has been undertaken to develop further the working relationships with the Local Authority Safeguarding Teams. This has included a review of the current communication routes and developing methods of increasing the number of alerts with an implication for health that the CCG are made aware of.

- 4.2 There is a historic gap in the reporting to CCG from the local authorities, and there remains concern around level of reporting from Learning Disabilities, Acute Trusts and Mental Health.
- 4.3 There has been a particular challenge in receiving information from both Bournemouth and Poole Borough Council. This has been compounded by organisational challenges and changes, within local authorities structures. To address this issue the adult safeguarding nurse has been working with the relevant Local Authority teams, spending time to look at alerts, and to improve the appropriateness of alerts and those referrals that proceed to investigation. This has been received well with some teams, whilst there remains some challenge to gain active engagement with others.
- 4.4 Information around the safeguarding within the care homes is variable, and the CCG has not always made aware in a timely way when a care home alerts have proceed to a pathway 4 (large scale investigation). This therefore creates challenges in chasing up outcomes of meetings and investigations.
- 4.5 Following deeper probing of some of the alerts from the Acute Trusts, it appears there is a variation within the internal reporting mechanisms. All safeguarding alerts should accompany an AIRS and SIRI form for internal reporting. It appears this has not always been followed, which has sometimes led to poor and complex internal reporting. Since this has been indentified, the Adult Safeguarding Nurse Specialist is engaging with the safeguarding leads to ensure there is consistency in internal reporting across the County.
- 4.6 The Adult Safeguarding Nurse specialist has worked with the Local Authorities and the safeguarding leads in the hospitals to determine the quality data fields required for the Safeguarding Quality Assurance Group to ensure there is consistency in data reporting across the county.
- 4.7 The process for raising alerts within the Acute Trusts has several steps which has the potential to lead to delays in communication. This process is being reviewed.

5. Safeguarding Alerts received

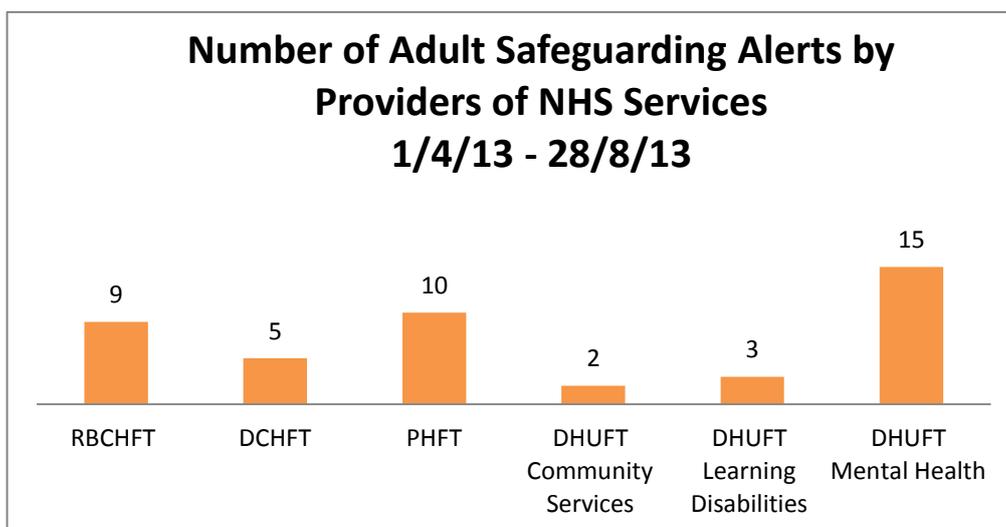
- 5.1 Within the last three months (1/5/13 – 28/8/13) there have been a total of 189 alerts notified to the CCG. Of these cases 129 remain open and 60 alerts have been closed.



6. Provider Safeguarding Activity for the period 1/4/13 – 28/8/13

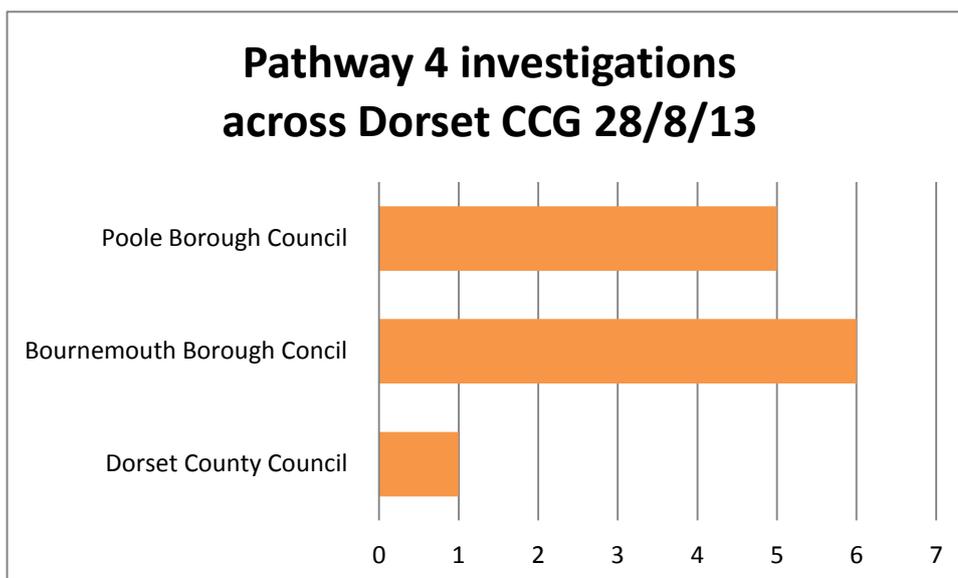
6.1 The Adult safeguarding lead for the CCG has not always been made aware of all the alerts for the Acute Trusts. Since this has been identified processes have been put in place to improve this. This includes closer working with the patient safety team to cross reference AIRS and SIRI alerts, and working with the Local Authorities to improve overall communication.

- 6.2 Some excellent multi-agency working has taken place following a number of referrals, resulting in positive changes and outcomes for patients.



7. Safeguarding Policy - Pathway Four Investigations

- 7.1 Information regarding alerts is not always supplied from LA's as highlighted earlier in this reporting a timely manner, and in addition the CCG has not automatically been informed when a Pathway 4 investigation is instigated.
- 7.2 There is discrepancy between the interpretation of pathway 4's across Dorset, Bournemouth and Poole Local Authorities. This has been alerted to the Dorset Adult Safeguarding Board, and through the policy and procedure group to review.
- 7.3 There is ongoing work to ensure that communication streams between the LA, Care Home, CCG Safeguarding and Continuing Health Care Teams are robust. This allows for intelligence to be shared and themes identified, to aid the proactive engagement with care homes, and allows alerts to be monitored and followed up appropriately.



8. Conclusion

- 8.1 There has been considerable work undertaken to shape the adult safeguarding service for the CCG. This needs to continue to ensure that communication and information sharing is appropriate to the needs of the commissioners.
- 8.2 There remains concern around the number of alerts and referrals the CCG are made aware of, as this potentially creates a risk to the individual patients and to the CCG as a commissioning organisation.
- 8.3 Work is being undertaken to ensure consistency around the interpretation and implementation of the pan Dorset Adult Safeguarding policy, as there are discrepancies around the process across the county, which challenges the benchmarking and quality of data submitted and care provided. This in particular relates to the safeguarding pathway decisions made, the safeguarding thresholds and the communication process.
- 8.4 There remains a concern around the alerts from the Acute Hospitals, which need to be reported within internal reporting mechanisms and ensuring that LA's feedback the outcomes to the alerter and the CCG. The Adult Safeguarding Nurse Specialist will continue to work with the acute providers Adult Safeguarding Leads, to better understand their reporting mechanisms and build a working relationship.
- 8.5 The Adult Safeguarding Nurse Specialist needs to progress work with the Continuing Health Care team, to gain timely information that they can be cross reference to the information received from the Local Authorities.
- 8.6 There remains a query around the limited number of alerts from Learning disabilities and mental health, particularly from Bournemouth and Poole, and this needs to continue to be investigated.

9.6

- 8.7 The work that has commenced with the Pan Dorset Safeguarding Board will continue to influence the direction of service delivery across the county.
- 8.8 There will be continued work with the patient safety team in the quality directorate to cross reference the incidents and safeguarding alerts, to ensure appropriate information is shared with NHS England.
- 8.9 Good working relationships have been established and some very positive multi-agency work has been undertaken which has led to improved outcomes for patients.

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