

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING**

**SAFEGUARDING ADULTS AND CHILDREN'S ANNUAL REPORT UPDATE**

<b>Date of the meeting</b>	14/11/18
<b>Author</b>	V Cooper - Designated Adult Safeguarding Manager W Thorogood - Designated Nurse Consultant for Children
<b>Sponsoring Board member</b>	B Sharland - GP Locality Chair for Central Bournemouth
<b>Purpose of Report</b>	This annual safeguarding report aims to inform the governing body of the safeguarding activity for Children and Adults at Risk
<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 CCG Executive Lead for safeguarding (Director of Quality and Nursing) is a statutory member of both the Adult and Children Safeguarding boards.</li> <li>• The CCG Safeguarding Leads engage with NHS Providers, General Practice and Primary Care.</li> <li>• The CCG safeguarding Leads engage with the Local Authority and Police.</li> <li>• Elements of public engagement are undertaken through the Adult and Children Safeguarding Boards.</li> </ul>
<b>Previous GB / Committee/s, Dates</b>	May 2018

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Objectives</b>	<ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<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	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓

# 9.6

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 / WT

## **1. Introduction**

- 1.1 This six monthly joint Children and Adult Safeguarding report provides an overview of the safeguarding activity across NHS provided and funded services. The purpose of the report is to assure the Governing Body that it is meeting its statutory functions.
- 1.2 The lead agency responsible for Children and Adult Safeguarding is the Local Authorities (LA) who work with the statutory partners, the Police, and the CCG.
- 1.3 NHS Dorset CCG has a statutory duty under the Children's Act 2004 and the Care Act 2014 to provide assurance that all Health Care Services commissioned, contracted and provided have robust processes in place to protect both adults and children from abuse, harm and neglect.
- 1.4 The duties of the CCG are to seek assurance that safeguarding is integral to service development, clinical governance and risk management arrangements across the organisation and provider services, whilst working with partner agencies.
- 1.5 To meet this duty the CCG safeguarding team work in close collaboration with all health providers, the local authorities and the police to provide strategic leadership and offer health advice, support and guidance all areas of safeguarding.
- 1.6 The Local Government Review (LGR) remains a major focus for the Local Authorities, there is considerable work being undertaken to assure the focus of safeguarding is a priority.
- 1.7 The NHSE National Safeguarding Lead is planning to visit Dorset in quarter three.

## **2. CCG Safeguarding Assurance**

- 2.1 Dorset CCG remains compliant with its statutory requirement for children and adult safeguarding across the organisation.
- 2.2 NHSE National Safeguarding Lead visited Dorset to offer an inspiring talk around NHSE vision for Children and Adult Safeguarding. It is planned to invite him to attend in six months to show case developments and changes made.
- 2.3 The Governing Body received its annual safeguarding update training in February 2018.
- 2.4 All high risk safeguarding concerns for both children and adults are escalated by the LA, Police or NHS provider to the CCG safeguarding team, so assurance can be gained that wider risks are identified and mitigated. Key developments include a secure IT email in each GP practice to aid secure transfer of information.

- 2.5 A peer review of Poole maternity services has been completed, plans are in place for to peer review Dorset County Hospital in the forthcoming quarter. Full reports will be disseminated when completed.
- 2.6 The Designated Nurse Consultant for children has undertaken a peer review in Bexley which had an outstanding Ofsted for early help. Plans are in place to share learning across Dorset, Bournemouth and Poole.

## 3. Adult Safeguarding

- 3.1 A Section 42 adult safeguarding enquiry is undertaken when an individual aged 18 or over and:
- Has needs for care and support (whether or not the Local Authority is meeting any of these needs);  
**and**
  - Is experiencing, or at risk of, abuse or neglect;  
**and**
  - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 3.2 The main theme of the Section 42 adult safeguarding enquiries raised against NHS providers continue to be regarding the hospital discharge process. This is part of a wider piece of hospital to home workstream.
- 3.3 The main themes from all the adult safeguarding Section 42 enquiries triangulate with intelligence around risk, complaints and inspection outcomes to allow contractual discussions to be undertaken.
- 3.4 Dorset Police has progressed a workstream with the GP's in Weymouth and the Designated Adult Safeguarding Manager (DASM) to scope the current pathways for managing vulnerable adults at risk who do not meet the adult safeguarding Section 42. This preventative measure is a requirement of the Care Act 2014.
- 3.5 The NHS providers submit quarterly safeguarding data to the CCG which the DASM analyses and has worked with business intelligence to develop a dashboard (Appendix 1). A quarterly report is then submitted to the Safeguarding Adults Board (SAB) quality assurance group as a measure to monitor the adult safeguarding activity across the whole health landscape.
- 3.6 A cycle of quality assurance visits has been commenced to all NHS acute providers, the community health provider will be included within the next six months.

## 4. Children Safeguarding

- 4.1 Children become subject to a Child Protection Plan following a Section 47 (Children Act 1989) investigation. This is undertaken when a child, under the age of 18 is identified or suspected of being at significant risk of harm.

- 4.2 To meet the identified gap regarding health's involvement in the development of protective plans and attendance at core groups and initial conferences recruitment has been successful in recruiting one nurse to attend core groups. A second post is currently out to advert.
- 4.3 Where a child does not require protection but is still considered 'in need' Children's Social Care should provide planned care under Section 17 (Children Act 89). The area of early help which sit before the threshold of a Section 17 remains an area of development to ensure that front line practitioners can undertake robust assessments of need.
- 4.4 Neglect remains the main category of abuse where children are made subject to a plan in all three local authority areas. There is however, an identified rise in interfamilial sexual abuse across the whole of Dorset.
- 4.5 Dorset had a case relating to a current trend called "freebirth" where the parents deliberately choose not to receive medical intervention. This particular case identified a number of safeguarding concerns. A discussion paper has been submitted to the national safeguarding team to support a roundtable event to understand more about this phenomenon.

## 5. Safeguarding Training

- 5.1 There has been a number of varied safeguarding training packages offered across Primary Care and NHS providers. The focus of the training continues to be domestic abuse, learning from SCRs, SARs and DHRs and the multi-agency risk management (MARM) principles. Further information around training provided is included in the appendix of this report.
- 5.2 The Royal College of Nursing have been commissioned by NHSE to produce the "**Adult Safeguarding: Roles and Competencies for Health Care Staff**" which was released in August 2018. This has not been endorsed by NHSE, so therefore is guidance only. Providers have been requested to consider the impact of this within service delivery and requirements.

## 6. Commissioned Services

### Multi-Agency Safeguarding Hub (MASH)

- 6.1 Dorset CCG with the support of IT are implementing a new system within the mash to ensure systems across providers can share information securely, mainly focusing on social care and police to general practice, however this will include other partners being able to use this system once completed.

### Child Sexual Exploitation (CSE)/ Missing Children Service

- 6.2 Dorset had a Joint Targeted Area Inspection (JTAI) this quarter which has resulted in a detailed improvement plan.

### Sexual Assault Referral Centre (SARC)

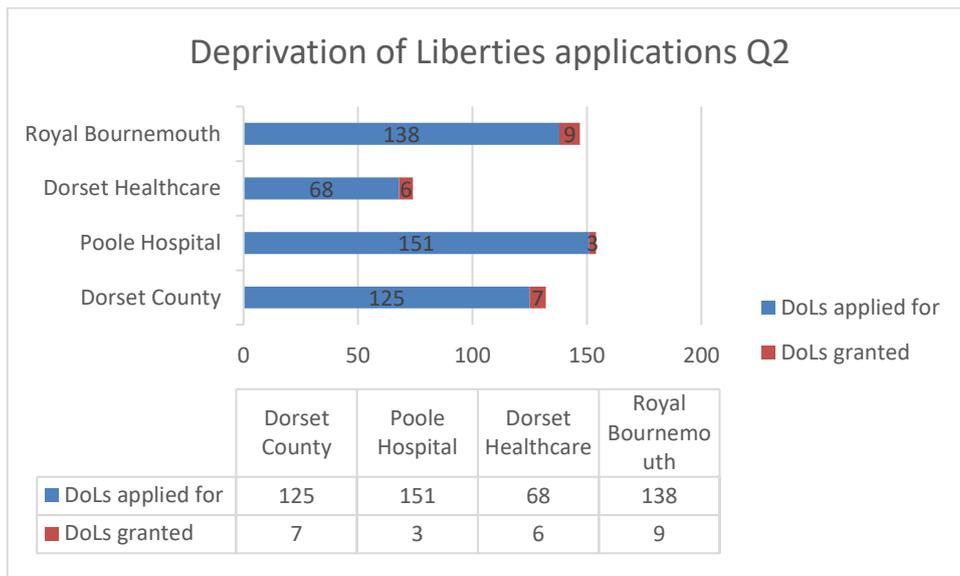
- 6.3 No new updates for this report.

## Safeguarding Children and Young People in Health Group (SCYPIH)

- 6.4 The group continues to provide a forum to share best practice whilst building a cohesive view of children’s safeguarding across Dorset, and acts as a strong link to learning and development from all providers. This allows for a pan-Dorset approach, linking the acute hospitals and community healthcare.

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

- 6.5 The Mental Capacity Act (MCA) Bill is expected to pass through parliament in January 2019. This is likely to have major an impact (workforce, resources) on acute hospital providers and care homes as they will become the responsible body for the authorisation of the new deprivation of liberty safeguards. In collaboration with the MCA team the DASM have set up a task and finish group to scope the requirements for training, workforce development and statutory duties to understand any potential financial and reputational risks.
- 6.6 The following graph indicates the number of DoLS applications and numbers granted in quarter two.



## Domestic Abuse (DA)

- 6.7 Two of the Domestic Homicide reviews reports have been released this quarter. There are several recommendations for primary care which will start to be implemented.
- 6.8 The new Multi-Agency Risk Assessment Conference (MARAC) business manager is reviewing the requirements for primary care input. The GP’s do not have a duty to cooperate but under the duty of care are requested to supply proportionate and relative information to minimise the risk of Domestic Homicides.

## **Whole Family Approach**

- 6.9 Following on from the whole family approach conference in February the safeguarding adult board and local children's safeguarding boards held a listening event in quarter two. A paper will be developed to be presented to both boards around future progress of this workstream.

## **PREVENT**

- 6.10 PREVENT remains a high priority for the country. All NHS providers submit quarterly PREVENT data to the Home Office, which includes their training figures.

## **Modern Day Slavery and Human Trafficking**

- 6.11 There have been no reported cases made known to health of children or adults risk being trafficked across Dorset.

## **Female Genital Mutilation (FGM)**

- 6.12 There have been no reported cases of children being subjected to FGM during last six months.

## **Child Protection Information System (C-PIS)**

- 6.13 The C-PIS project will link the IT systems used across health and social care to better share information securely to protect vulnerable children. This has been fully implemented for all key NHS providers.
- 6.14 Borough of Poole LA has agreed they will implement in quarter three, Borough of Bournemouth LA remain unable to implement at this time which creates a risk in the delay of identifying local children who may be at continued risk.

## **7. Named Safeguarding Lead GPs**

- 7.1 The quality assurance visits continue to all GP practices to review their safeguarding arrangements. This aligns with the requirements of the Section 11 compliance for children safeguarding and the outcomes from the CQC reports and inspections. Over 66% of all practices have been visited to date.
- 7.2 A large majority of GP surgeries now have a secure safeguarding email pathway.
- 7.3 Bi-monthly GP peer supervision sessions continued to allow local GPs to update their safeguarding skills to level 3.

- 7.4 The named GPs and designated nurses have been requested to support the implementation of the section 11 across Southwest South. This will be supported by the CCG communications team, and will include adults and children's safeguarding requirements.

## **8. Safeguarding Adult Boards (SAB)**

- 8.1 A multi-agency audit was undertaken around the interpretation of the section 42 Safeguarding Adult enquiry which has recommendations for the LA to undertake to improve consistency across the whole county.
- 8.2 Focus continues to align of the work of the SAB, with the Community Safety Partnerships (CSP) and the Local Safeguarding Children Boards (LSCB) to consider cross cutting themes, whilst enhancing awareness of the six principles of adult safeguarding and MSP.

## **9. Local Safeguarding Children Boards (LSCB)**

- 9.1 The CCG is represented at both LSCBs and sub-groups.
- 9.2 The new "working together" places Health, Police and Social Care as equal safeguarding partners. Proposals for the new safeguarding partnerships is progressing well, with final proposal being presented to the next Governing Body meeting.

## **10. Safeguarding Adult Reviews (SAR)/Serious Case Reviews (SCR) Case Audits/Whole Service Reviews**

- 10.1 Due to the confidential nature of these reviews a separate report is presented to part two of the Governing Body regarding the progress of DHRs, SARs and SCRs activity across the whole of Dorset.

## **11. Serious Incident Investigations/ Managing Allegations**

- 11.1 All serious incident investigations are triangulated with any safeguarding requirements. All health providers continue to take their own responsibility for managing allegations of staff, whilst the CCG report any allegations from Primary Care into NHS England for review in line with the performers requirements.
- 11.2 Poole Hospital raised a serious incident that was jointly investigated by the police, relating an incident on the maternity unit.

## **12. External Inspections and Reports**

- 12.1 Dorset LA received a JTAI inspection in quarter two. A full improvement plan has been put in place.
- 12.2 Bournemouth Children's services had an internal Ofsted inspection where leadership was found to be inadequate. The full report is available for circulation if required.

12.3 A CQC CLAS (children looked after and safeguarding) inspection was conducted in late October, covering the Bournemouth local authority area. This is a health focusses inspection. A written report is awaited.

## 13. NHS England South West South Safeguarding

13.1 NHS Dorset CCG have migrated across the NHSE South West South from NHS England Wessex.

## 14. Objectives for the next six months

14.1 During the next six months, the safeguarding team will continue to strengthen and embed the principles of safeguarding as core business, aligning the safeguarding requirements with the Integrated Care Systems.

14.2 Work will continue to align the children and adult safeguarding agendas with a focus on:

- **Early Intervention and Prevention;**
- **Making Safeguarding Personal;**
- **Domestic Abuse** – to ensure the implementation of the recommendations from the DHR's are commenced across primary care and NHS providers;
- **Sexual Violence;**
- **Adult and Child Sexual Exploitation;**
- **Modern Day Slavery and Human Trafficking;**
- **PREVENT;**
- **Interfamilial sexual abuse;**
- **Identification and management of adolescents with violent and disruptive behaviour;**
- **Child Protection Information Sharing (Phase 2);**
- **Transition (Child to Adult health services).**

## 16. Conclusion

16.1 The CCG continues to maintain its statutory obligations and focus on safeguarding across Dorset's healthcare system.

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