

Safeguarding Activity Quarter 3 Report

Governing Body meeting

N

9 January 2014

Author(s)/Presenter and title	Rachel Welton, Designated Professional Safeguarding Adults Sue Mace, Designated Nurse Safeguarding Children
Sponsor	Kevin Clifford, Chief Nurse
Key messages	
<ul style="list-style-type: none"> The report provides a summary of the number of Adult's and Children's Serious Case Reviews and Case Reviews and Domestic Homicide Reviews that SCCG is involved in. There are details of how the CCG gains assurance that providers are delivering safe and effective safeguarding services. Details of safeguarding activity currently undertaken with GPs is provided. 	
Assurance Framework (AF)	
<p>Assurance Framework Number: 2.1</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? The paper provides detail on activity to mitigate the risk of 'Providers delivering poor quality care and not meeting quality targets'</p> <p>Is this an existing or additional control: Existing</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? NO</p> <p>Which of the 9 Protected Characteristics does it have an impact on? None</p>	
Public and Patient Engagement	
Please list PPE activity: None	
Recommendations	
The Governing Body is asked to endorse the above report and note the progress made against action plans.	

Safeguarding Activity Quarter 3 Report

Governing Body meeting

9 January 2014

1. Introduction

This paper provides an updated position on the current safeguarding activity within SCCG which is monitored via the SCCG's Commissioning Safeguarding Children's Group (CSCG) and Commissioning Safeguarding Adults Group (CSAG). These groups have the remit to monitor all aspects of safeguarding children and adult's activity, and ongoing activity against the organisations Serious Case Review (SCR) action plans.

Joint Safeguarding Adults and Children activity

2. Joint CCG work

The recently published "NHS Operating Framework" 'Everyone Counts: Planning for Patients 2014/15 to 2018/19', has been published.

Within the quality section, safeguarding is specifically mentioned:

'The safeguarding of all those who are vulnerable is an enormous obligation for all of us who work in the NHS and partner agencies. There is still much to do to ensure this happens. In March 2013, NHS England published the Safeguarding Vulnerable People in the Reformed NHS; Accountability and Assurance Framework 13. The Framework provides a clear set of principles and guidance to ensure the new system delivers improved outcomes for children and vulnerable adults. A strategic national steering group has been established to ensure the framework is embedded, and it provides a national forum to enable safeguarding leaders in NHS England to implement cross governmental policy. A number of key priorities are emerging which include policies to prevent child sexual exploitation, female genital mutilation, sexual violence and domestic abuse, and which will ensure effective implementation of national legislation and policies relating to vulnerable children and adults'.

'Demonstrating how safeguarding duties will be discharged needs to be reflected in all local plans and NHS England will seek continuous assurance on this important issue'.

It then details three key features to be demonstrated in CCGs' plans:

'how your plans will meet the requirements of the accountability and assurance framework for protecting vulnerable people'

'the support for quality improvement in application of the Mental Capacity Act'

'how you will measure the requirements set out in your plans in order to meet the standards in the prevent agenda'

The Designated Nurse for safeguarding children and Designated Professional for safeguarding adults will ensure SCCG includes within its plans detail of how the above will be achieved. They will also include the above within the relevant safeguarding adults and children's CCG safeguarding strategies.

2. Audit of SCCG staff safeguarding knowledge

The above audit has been undertaken and shared with staff and managers. As a result of the audit the safeguarding teams will be developing training for CCG staff on their safeguarding responsibilities, as commissioners.

3. Area Team Safeguarding Forum

Activity being undertaken includes:

- The development of Safeguarding Adults and Children Key Performance Indicators (KPIs) to be achieved by SCCGs commissioned providers, to demonstrate their meeting the minimum safeguarding standards that are expected of providers.

The agreed children's KPI's are now in the pilot phase in the three main provider Trusts. It is likely minor amendments will be made following the pilot.

Adult KPIs have been drafted and it was agreed with the two main provider Trusts Chief Nurses in December 2013 to pilot them in respect of considering how the KPIs will be implemented and how to collect the data.

Both the adults and children's KPIs were presented to the respective safeguarding boards in November and December 2013.

- Mapping the roles and responsibilities of Designated professionals and nurses within CCGs, including those for Looked After Children, to ensure consistency and equity across South Yorkshire and Bassetlaw has been completed
- A training day at Level 4 was held on 29 November with 50+ Named Professionals for Safeguarding Children in attendance. Evaluation of the day has been excellent and plans are being made to hold a similar event in 2014.
- The Designated Nurses are working together to prepare for the new Safeguarding and Looked after Children Reviews by the CQC.
- The CCGs Designated Professionals for safeguarding adults are undertaking a thematic review of safeguarding cases across the region.

Safeguarding Adults

4. Summary of Sheffield Adult's Cases

SCCG has had involvement either as a corporate body or previous contractor of General Practice and action plans remain on-going or are pending in two open cases. All cases are being closely monitored and the CCG has received regular assurance from providers through 1:1 meetings and attendance at Trust safeguarding meetings that their action plan status and progress of implementation of recommendations is on target.

5. Providers Assurance

SCCG is obtaining assurance re its providers safeguarding adult's activity via the joint Sheffield Adult's Safeguarding Partnership (SASP) and Sheffield Safeguarding Children Board (SSCB) Section 11 audit (The Children Act 2004). Providers have undertaken a self-assessment against the standards and an event to review the evidence provided by organisations will take place in April 2014.

6. GPs and Safeguarding Adults

Following on from training provided earlier this year for lead GPs for safeguarding adults, identified from each practice, further training is offered in the new year. The topics covered will be: Mental Capacity Act, Vulnerable Adults Risk Management Model and Domestic Abuse.

Safeguarding Children

7. Summary of Sheffield Children's Cases

SCCG has had involvement either as a corporate body or previous contractor of General Practice and action plans remain on-going or are pending in five open cases, two of which were following requests for contributions to reviews that are taking place out of area. All cases are being closely monitored and the CCG has received regular assurance from providers through 1:1 meetings, supervision and attendance at Trust safeguarding meetings that their action plan status and progress of implementation of recommendations is on target. One case has been completed since the last report.

8. Provider Assurance

All of the three provider Trusts have submitted their annual declaration to support assurance that they have met their statutory requirements in relation to safeguarding children.

The Local Authority requested further assurance through the Section 11 Audit in July 2013, which was completed jointly with Safeguarding Adults. The CCG, the three main provider Trusts and independent providers all submitted assurance and an evidence day is planned for March.

9. Sheffield's Ofsted Inspection of Safeguarding and Looked after Children

Sheffield Local Authority was submitted to an OFSTED inspection in November/December. The final report is expected in February but the preliminary feedback suggests a positive outcome.

10. GPs and Safeguarding Children

The Safeguarding Children GP Protected Learning Initiative was held on 3 December. Over 300 delegates attended including more than 180 GPs with demand far exceeding capacity.

The presentation on bruising in children completed a recommendation from the current Serious Case Review. Delegates also had instructive workshops on Legal Highs, Child Sexual Exploitation, Looked after Children, SSCB Thematic Review, Prevention and Assessment and Engaging Fathers.

11. Designated Doctor

A new Designated Doctor was appointed in October and is expected to commence in employment in February.

Domestic Homicide Reviews

12. Domestic Homicide Reviews (DHRs)

SCCG has had involvement either as a corporate body or previous contractor of General Practice and action plans remain ongoing or are pending in six open cases. All cases are being closely monitored and the CCG has received regular assurance from providers through 1:1 meetings and attendance at Trust safeguarding meetings that their action plan status and progress of implementation of recommendations is on target.

Action plans from all DHRs are also monitored by the Sheffield Safer and Sustainable Communities Partnership.

13. Domestic Homicide Reviews Common Themes Identified as Lessons to be Learned

The above report was published by the Home Office in November 2013. Following all reports undertaken nationally, being quality assured by the Home Office Quality Assurance Panel the report set out the most common themes that were identified as lessons to be learned.

Some of the themes are detailed below *in italics* along with a brief summary as to what SCCG is doing in respect of the themes.

- *Awareness raising and communication:*

There appears to be gaps in awareness and understanding of what constitutes domestic violence and abuse. A key misunderstanding is that domestic violence only means physical violence.

- *Awareness and training for healthcare professionals:*

A number of reports identified the need for improved training and awareness on domestic violence and abuse for GPs and healthcare professionals. There have been cases where victims had made disclosures but they had not been followed up or referred on to the appropriate agencies. In some cases, the review has stated that the healthcare professional had not known what to do when a patient disclosed domestic violence.

Significant awareness raising has taken place around domestic abuse, particularly with GPs. The topic was covered at the safeguarding adults PLI in July 2013, and

as detailed above further training is being delivered in the new year for lead GPs for safeguarding adults.

Additionally, following the completion of each DHR in the city, a summary of the case, lessons learned and actions recommended to be undertaken is sent to all practices. This provides a further opportunity to raise awareness and inform GPs and their staff of new developments in respect of domestic abuse. We have shared the local pathway for accessing support in respect of domestic abuse as well as provided links to other domestic abuse training.

- *Risk Assessment:*

The importance of a consistent approach to risk identification, assessment and management for all professionals was identified in a number of reports.

- *Information sharing and multi-agency working:*

In some cases information sharing was identified as inadequate where individual agencies had some knowledge of the victim and or perpetrator but this was not shared, even where it was lawful to do so, to give a full picture of the situation and ultimately a full understanding of the potential risks. In some cases referrals between agencies or to the MARAC were not made when it would have been appropriate to do so.

Within Sheffield regular Multi-Agency Risk Assessment Conferences (MARAC) are held to risk assess and proactively plan in cases where severe domestic abuse is known. SCCGs three main acute providers attend these conference and we are currently undertaking work to better enable GPs to contribute to these conferences.

- *Complex needs:*

In a number of cases the victim and/or the perpetrator had complex needs which could include domestic violence and abuse, sexual abuse, alcohol, substance misuse and mental health illness. In some cases the domestic violence and abuse was not always identified because agencies were focusing on addressing, for example, the mental health or substance misuse. In these cases there was often more silo working which meant an appropriate multi-agency intervention was not considered. There appeared to be a need to raise awareness and understanding of how best to engage and work with those with complex needs.

Within Sheffield we have undertaken significant work on raising awareness of the 'toxic trio': Domestic abuse, mental ill health and substance/alcohol abuse. We have included this is training and communications to practices following DHRs to ensure the issues are considered collectively and not managed individually.

14. Recommendations

The Governing Body is requested to endorse the above report.

Paper prepared by: Rachel Welton, Designated Professional, Safeguarding Adults and
Sue Mace, Designated Nurse, Safeguarding Children

On behalf of: Kevin Clifford, Chief Nurse

24 December 2013