NHS England South (Wessex) Safeguarding Programme 2016 - 2018

A focus on safeguarding priorities

Report by NHS England South (Wessex)

Patient Experience & Safeguarding Team

Nursing Directorate

June 2018

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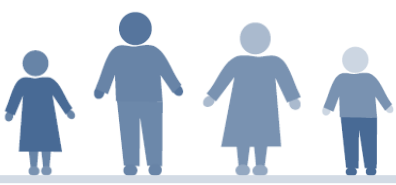
Overview

Key workstreams



NHS England South (Wessex) Safeguarding Programme Summary 2016-2018

In Spring 2016, NHS England South (Wessex) was allocated funding to progress the national safeguarding priorities at a local level.

- **The aim of this programme** is to support practitioner confidence in using their skills to identify and intervene to help those at risk.
- Partner agencies, safeguarding boards, NHS safeguarding leads and frontline staff were invited to identify local safeguarding priorities to inform the focus of the programme
- Case audits, surveys, mapping exercises and independent reviews were undertaken to develop a baseline safeguarding profile of the local area.

Shared priorities

Looked after children

A sample audit of initial health assessments showed that

- **35%** of Wessex IHAs evidence that the child / YP was offered the opportunity to be seen alone
- **89%** of assessments were completed by a Nurse, Paediatrician or GP
- **43%** of Wessex IHAs were completed within statutory 20 working days of being taken into care

Learning from reviews

(SCRs. SARs and DHRs 2014 – 2016)

Analysis identified a number of recurring recommendations for the health system. These are:

Supervision, Training, Risk assessment, Transition, Professional Accountability, Support to Primary Care

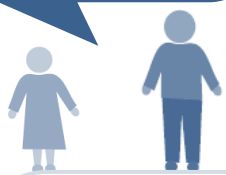
50,000 safeguarding information and guidance leaflets based on this key learning have been distributed to frontline staff as part of the programme

Sharing early risk is a constant theme emerging from serious case reviews.

We are promoting a 'dare to share' culture across organisations and developing pathways to support GPs to share information more easily in areas such as domestic violence and abuse

"Despite information sharing protocols being in place, there is still confusion and a lack of confidence amongst frontline staff about when to share information"

Practitioner perspective, 2017



Workforce & Leadership Development

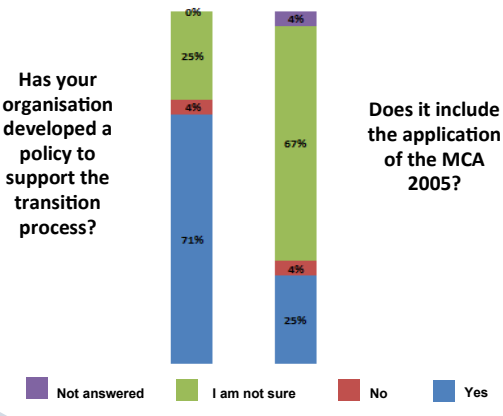
Over 80 safeguarding leaders attended the two day executive leadership course.

"I feel more empowered to have honest conversations"

Leadership course attendee, 2018

Transition

Transition is a priority area identified by all safeguarding leads and partner agencies, in particular how vulnerable children and young people are prepared for significant changes in their care as they approach adulthood. We asked NHS organisations to complete a survey based on *Transition from children's and adult services for young people using health or social care services* (NICE guidance 2016)



Child Sexual Exploitation

A mapping exercise highlighted that of the NHS organisations who responded:

- ☑ 93% have a named CSE lead
- ☑ 80% have used the Sexual Exploitation Risk Assessment Framework (SERAF) tool
- ☑ 40% have adopted CSE best standards and practice guidance

NHS England South (Wessex) Safeguarding Programme Summary 2016-2018

Prevent is a safeguarding priority for the NHS. We were keen to know how well this is being embedded in practice.

100% of NHS organisations have identified a Prevent Lead

94% of NHS organisations included Prevent in their Safeguarding training programme

Post abuse therapeutic pathways for people who are experiencing or have experienced CSE/CSA

We commissioned an independent review and the following recommendations were made and shared at a multiagency workshop with partner agencies including the local Safeguarding Boards and Sexual Assault Referral Centre (SARC) Partnership Boards:

- Services need to be commissioned that allow service users to opt in when they have a need
- Staff should receive training to increase confidence in listening, believing and respecting victims and survivors

Female Genital Mutilation

National data has indicated that Wessex is a low reporting area. Training workshops have been held to raise awareness of this issue and to support NHS Trusts to register with NHS Digital to submit quarterly data. Through 2017 reporting has increased with a decrease noted in the last quarter.

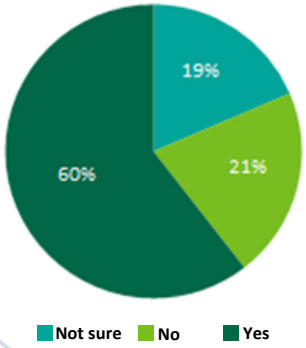
FGM total of newly recorded attendances by quarter Jan 17—Dec 17

FGM total attendances by quarter Jan 17—Dec 17

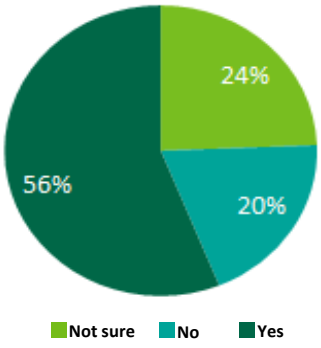
Mental Capacity Act

Over 125 NHS organisations completed a survey to identify; MCA leads and levels of training taking place.

Do you have an MCA lead in your organisation?



Did the training equip you to use the MCA in a variety of settings such as End of Life care or advanced decision making?



What do the findings tell us?

The programme highlighted the widespread commitment of staff across all organisations and at all levels; however, recurring themes and recommendations made to health & partner agencies suggest that key learning is not always being implemented effectively at a system-wide level. Through workforce leadership programmes we have supported staff to influence the health system to embed safeguarding as core business. It is important to measure the impact of our work through ongoing improvement activities.

What next?

The following key areas could be considered by individual organisations going forwards to ensure safeguarding is core business:

⇒ **Empower staff to be competent and confident to take safeguarding action**

- Ensure accessible scenario based training that can be applied in practice
- Provide clear guidance, referral pathways, and supervision for all staff
- Promote a positive working environment that celebrates effective safeguarding process

⇒ **Embed best practice guidance in all service delivery planning**

- Regular update of organisational policy and training programmes
- Audit against quality standards to measure progress

⇒ **Include the perspective of the public / service user to inform protocol and service developments**

⇒ **Measure the impact of our work by audit, data collection and user feedback**

- Continue to develop a local safeguarding profile through quality assurance frameworks
- Monitor through safeguarding schedules as part of NHS quality contracts

Key workstreams

NHS England South (Wessex) Safeguarding Programme 2016-2018

Child Sexual Exploitation (CSE)

Lead: Tina Scarborough, Deputy Director, Quality and Safeguarding, Portsmouth City CCG

Context

Child Sexual Exploitation (CSE) is recognised as a major public health issue, and therefore prevention, recognition and early response by staff is a priority for NHS England. The impact of CSE on victims and their families is significant, causing serious harm to individuals' physical, sexual and mental health and wellbeing. Nationally, the annual overview of child protection statistics provided by the NSPCC, notes that in 2014/15 the police recorded the highest number of sexual offences against children in a decade.

Locally, scoping exercises have been undertaken to identify NHS health services' response to the prevention of CSE. This work has resulted in a range of early outputs to embed this agenda in practice. These are:

- the development of standards for a best practice CSE policy,
- a repository of best practice guidance,
- practical assessment tools to support practitioners in identifying and referring cases of this nature.

Audit results

Evidence from the audit suggests that the majority of organisations have incorporated aspects of the CSE best practice guidance into their Safeguarding Policies including:

- ☑ A clear definition of CSE and cross referenced other internal policies
- ☑ Promote and cross-reference LSCB policy, protocols on practitioner guidance & risk assessment tools

The below are areas for further consideration:

- ☐ 0 of the policies were developed with input from children & young people
- ☐ 9 of the policies showed no evidence of promoting and cross-referencing national bespoke guidance for health care professionals (e.g. NHS England Pocket Book, Brook / DH guidance
- ☐ Only 5 of the policies provide a robust definition of terms, including a clear definition of 'child' (under 18 years of age) and links between CSE & missing / trafficked children

Action taken

In 2017 13 policies were audited from a range of NHS organisations including CCGs, Hospital Trusts, GPs and Care Providers using the Quality Framework Benchmarking Audit Tool.

A mapping exercise in Wessex was undertaken showing that, of the health organisations who responded….

80% had used the SERAF Risk Assessment Tool

93% had a Named CSE Lead confirmed

40% had Best Practice Guidance for Model CSE Policy in place

Next steps

- identify CSE leads with providers in each organisation,
- clarify the role of the CSE lead in provider organisations in line with best practice guidance,
- monitor the increased use of risk assessments to support identification of those at risk of CSE,
- audit provider policies against the best practice guidance to ensure consistent use of quality standards,
- consider how to gain input from children and young people for future policy developments.

Resources for Child Sexual Exploitation (CSE)

☑ **'Preventing Child Sexual Exploitation: taking action across Wessex',** September 2016, Report by Dr Catherine Powell, Safeguarding Children Consultant

- **'Strategic direction for sexual assault and abuse services, Lifelong care for victims and survivors: 2018 - 2023'**, April 2018, NHS England. Access at https://www.england.nhs.uk/publication/strategic-direction-for-sexual-assault-and-abuse-services/

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

Additional resources

Implementation

NHS England South (Wessex) Safeguarding Programme 2016-2018

Female Genital Mutilation (FGM)

Lead: Cynthia Condliffe, Designated Nurse for Safeguarding Children, and Dr Sharon Kefford, Named GP, Hampshire CCGs

Context

FGM is a form of violence against women and girls and is a violation of human rights. 137,000 women in the UK are affected by FGM. National NHS Digital reporting figures (2016) indicate that Wessex is a low reporting area. This could be due to local demographics or some providers not registering on the NHS Digital database. Low figures could also indicate that FGM is not being recognised by practitioners.

Action taken

- Reviewed local training provision with safeguarding leads.
- Mapped current services against population where FGM cases would be expected.
- Ensure all providers are registered on the NHS Digital database.
- Devised a leaflet highlighting the responsibilities for primary care clinical staff.
- A multiagency FGM workshop was held on the 2nd May 2017. The purpose of the workshop was to raise awareness of statutory roles and responsibilities and map current service provision across the area.
- Disseminated FGM mandatory reporting guidance to safeguarding leads to share best practice and map current service provision.
- Developed a repository of service provision.
- Suggested KPI: increase mandatory reporting in Wessex by Q4.

Levels of reporting for FGM

Jan 17– Dec 17

Training workshops have been held to raise awareness of low reporting in Wessex and to support NHS Trusts to register with NHS Digital to submit quarterly data. Through 2017 reporting has increased with a decrease noted in the last quarter.

FGM total of newly recorded attendances by quarter Jan 17—Dec 17

FGM total attendances by quarter Jan 17—Dec 17

The named GP leaflet 'FGM—Responsibilities of Primary Care Clinicians' lists 5 things for clinicians to be aware of regarding patients who have experienced FGM as below:

Health needs
e.g. specialist gynaecological services

Mental health needs
E.g. depression or PTSD

Safeguarding assessment—is there risk to the patient or other females in family unit. If risk, immediately dial 999

Mandatory reporting Health care staff must report all new cases of FGM in under 18's to police within 30 days of disclosure

Enhanced dataset requirement
Since Oct 2015 GP's required to record all FGM data regardless of patient age

Next Steps

- Ensure relevant services are registered on the clinical platform to monitor reporting.
- Target training in low reporting areas.
- Formalise a local healthcare pathway for those who have or may experience FGM – following on from the mapping done at the workshop.

Resources for FGM

- ☑ **'FGM—Responsibilites of Primary Care Clinicians',** January 2017, Guidance by Dr Sharon Kefford, Named GP
- ☑ **'Repository of Organisations, Services, links, contacts and potential partners'**, May 2017, compiled by Tracey Davies, Patient Experience Lead, NHS England South (Wessex)

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

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NHS England South (Wessex) Safeguarding Programme 2016-2018

Information sharing

Awareness & identification of early risk in relation to domestic violence & abuse

Lead: Dr Lindsay Voss, Independent Safeguarding Consultant

Context

Improving effective information sharing is a constant theme emerging from serious case reviews, particularly in relation to the sharing of early risk. Domestic violence and abuse (DVA) is a complex issue for health services to tackle effectively and requires a multi – agency response. The Department of Health document 'Responding to Domestic Abuse: A Resource for Health Professionals' (March 2017) highlights the importance of partnership working and integrated commissioning in order to tackle DVA effectively. DVA is linked to a wide range of symptoms impacting on long term physical and mental health and is estimated to cost an annual £16 billion in both human and economic terms.

Action taken

A report was commissioned to understand the current challenges in health around information sharing in relation to domestic violence & abuse.

A workshop took place with representatives from CCGs, NHS providers and local authorities to review:

- a number of information sharing protocols across Wessex,
- guidance available which clarifies general practice responsibilities in relation to DVA,
- current support available to GPs to identify and support people who experience DVA,
- the effectiveness of information sharing both in and out of the multi-agency safeguarding hubs (MASH), MARAC and MAPPA across Wessex.

Key messages

- MASH needs sufficient health representation to ensure all referrals involving DVA and other safeguarding risks are adequately assessed based on all relevant information.
- Multi agency workshops to consider using DVA case scenarios to promote greater understanding of relevant information sharing.
- Promote DH guidance on information sharing responsibilities for NHS employers (2017) (see resources).

Good progress...

Named GPs are working with multi-agency partners to develop risk assessment tools and clinical templates to support GPs in identifying and responding to cases of DVA

Report findings

- Frontline staff have commented that guidance and multi-agency agreements for information sharing are often **not relevant or supportive to daily practice.**
- The variety of Information and technology recoding systems present challenges.
- There is **variation in the degree of DVA training, education and support** that is available to health service provider organisations.

There are significant variations in how each MASH (Multi Agency Safeguarding Hub) operates including:

- The role and capacity of health professionals involved in MASH.
- Limited access to data can hinder the safeguarding assessment and decision making process.

"Despite information sharing protocols being in place, there is still confusion and a lack of confidence amongst frontline staff about when to share information"

Practitioner perspective, 2017

80% of women in a violent relationship seek help from health services, usually general practice (IRIS 2014)

DVA is often described by GPs as 'family problems'

(NSPCC 2014)

Next steps

- **Develop a flow chart with clear guidance on MASH / MARAC information sharing guidance to be available to practitioners and managers.**
- **Promote a 'dare to share' culture across organisations encouraging the sharing of early risk when identified.**
- **Review training in primary care to ensure best practice guidance, using scenario based information sharing, is embedded in training and education programmes.**
- **Seek robust assurance that general practice is meeting the requirements of RCGP and NICE standards via audit programmes.**

Resources for Information Sharing

☑ **'Information Sharing Pathways in relation to Domestic Violence and Abuse'** January 2018, Report by Dr Lindsay Voss, Independent Safeguarding Consultant

- **'Responding to Domestic Abuse: A Resource for Health Professionals',** March 2017, Department of Health. Access at https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

Additional resources

Implementation

NHS England South (Wessex) Safeguarding Programme 2016-2018

Learning from case reviews and sharing best practice

Lead: Trish Dennison, Safeguarding Programme Lead, (NHS England South—Wessex)

Context

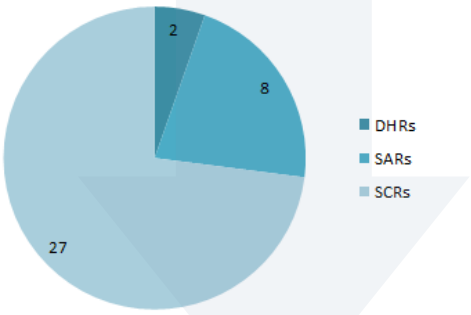
National and local serious case reviews continue to identify a number of repeated recommendations for health organisations suggesting difficulties in implementing system wide changes to practice. Opportunities are needed to share and embed learning and good practice across our organisations and particularly for frontline services.

Action taken

To gain an understanding of key issues arising from serious case reviews, a thematic analysis of health recommendations was undertaken from child and adult case reviews completed across Hampshire and Dorset in 2014-16. The aim is to:

- highlight merging themes
- enable strategic oversight
- Take action to address systemic issues impacting on practice.

Breakdown of reviews.



A review of health recommendations from national reviews was also undertaken including:

- Triennial Analysis of Serious Case reviews (2015)
- Domestic Homicide Reviews (2016)
- NHS England national audit of recommendations relating to NHSE commissioned services (2016).

High level themes identified:

- communication
- primary care
- transition / care pathways
- risk assessments
- supervision
- professional practice
- training.

Sharing the learning—feedback received

A number of workshops have taken place attended by over 200 hundred health professionals to consider:

What can we do differently to embed and sustain learning in practice.

Practitioner feedback– what is working well?

- ☑ There is a real willingness to learn more about the safeguarding agenda
- ☑ Lots of expertise and knowledge across the field
- ☑ Named GPs cited as invaluable resource supporting primary care colleagues
- ☑ Safeguarding boards are very pro-active with training & offer a wide range of courses covering the safeguarding agenda

Practitioner feedback– what could be improved?

Training

- Focus on the basics—build confidence
- Use real scenarios that can be applied in practice
- Measure effectiveness of training to ensure competence

Referral pathways

- Clarity and confidence to use risk assessments and threshold guidance enabling explicit referral that identify level of risk and make referrals

Communication

- Clear mechanisms of feedback to referrers
- Pathways to support information sharing

Professional practice

- Consistent access to supervision for all NHS staff is essential
- Role modelling individual/ organisational responsibility and accountability for safeguarding practice to ensure it is core business

Next steps

- **Safeguarding leads & safeguarding boards to consider how the above practice issues can be incorporated into training & audit programmes, development of protocol, guidance & business plans**

Resources for learning from case reviews

☑ **Learning from Reviews 2014-2016, Key Themes',** March 2017, Presentation by Trish Dennison, Safeguarding Programme Lead, NHS England South (Wessex)

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

Additional resources

Implementation

Looked After Children (LAC)

Lead: Penny Earney, Designated Nurse LAC (Dorset CCG), Naomi Black, Designated Nurse for Children in Care (West Hampshire CCG), Sarah Shore, Associate Designated Nurse (Portsmouth City CCG)

Context

Timely access to quality health assessments and healthcare for children placed across Local Authority boundaries is a key priority area for the national sub group.

Different models are in place across Wessex and nationally to undertake initial health assessments (IHAs), resulting in a variation in quality to our most vulnerable cohort of children and young people.

Discussion with the designated leads has highlighted that this is also an issue with children placed out of area, where it is more difficult to gain assurance of quality assessments that are undertaken.

Our aim

- Increase the number of health assessments completed within statutory timescales
- Ensure the quality of IHAs for all looked after children is of a consistent standard

Action taken

- An in depth **audit was** completed using a **small number of initial health assessments from each CCG**. The audit aimed to benchmark current practice against the quality standards : Annex H health assessments for LAC checklist tool (see 'Resources' overleaf)
- Advised CCG LAC leads of the audit findings and together agreed priority areas and shared learning at the safeguarding forum
- Shared best practice guidance for UASC health pathways

Next steps

Based on individual conversations with designated leads for LAC we have extracted key data that you have advised is most useful to inform your organisations' and partner agencies of key areas of challenge to practice, including out of area assessments

Going forward priority should be given to:

- Reviewing IHA referral pathways with the local authority to improve the timeliness of health assessments
- Reviewing the current model in place to undertake health assessments – do these meet best practice guidance?
- Gaining assurance that children and young people have the opportunity to be seen alone during assessments
- Undertaking a further audit in (2018) to benchmark progress in these areas

July 2017 key audit findings

35% of Wessex IHAs evidence that the child / YP was offered the opportunity to be seen alone

89% of assessments were completed by a Nurse, Paediatrician or GP

43% of Wessex IHAs were completed within statutory 20 working days of being taken into care

Resources for LAC

- **'Payment by results Guidance for 2013-14' Annex H health assessments for LAC checklist tool,** March 2013, Department of Health
  Access at https://www.gov.uk/government/publications/payment-by-results-pbr-operational-guidance-and-tariffs

☑ **Wessex Audit of Initial Health Assessments** (individual CCG only data available upon request)

- **Health Resources and Guidance (online) , East Kent Children's Commissioning Support Team**
  Access at http://www.uaschealth.org/

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

Additional resources

Implementation

Mental Capacity Act (MCA)

Lead: Anne Dalby, Independent Consultant

Context

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over. (NHS Choices, 2015) At a national and local level, the application of MCA in practice has been variable. A number of recent case reviews have highlighted a generic lack of confidence in applying the MCA in day to day health practice. This is resulting in poor quality assessments that do not consider the best interests of individuals and ensure vulnerable people are at the centre of decision making,

Action taken

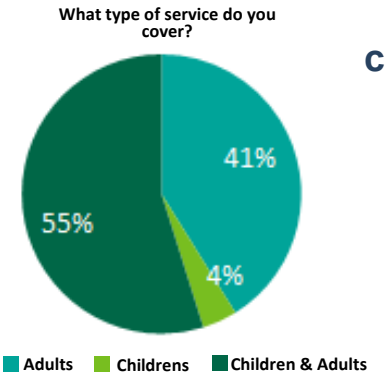
NHS organisations completed a survey to identify which NHS organisations across Hampshire and Dorset have an MCA lead, the level of training staff had received, and awareness of topic specific training in the local area.

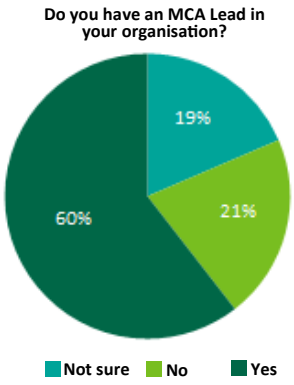
The survey highlighted examples of best practice being applied in practice such as discussions with palliative care patients regarding end of life care, poor social circumstances and dementia. Several requests were made for future training to include the use of practical scenarios, real life hands on training and appropriate supervision and support in practice.

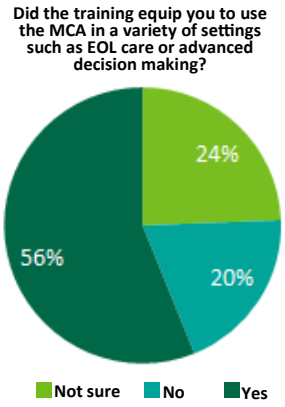
A task and finish group was established to review on: national and local best practice guidance :

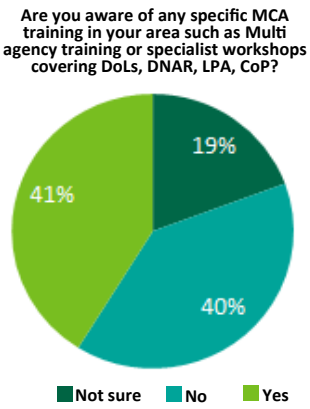
- training and quality standards,
- the role of organisational MCA leads / champions
- identifying toolkits that can support organisations to fulfil statutory requirements

Survey results—current MCA picture from responses received

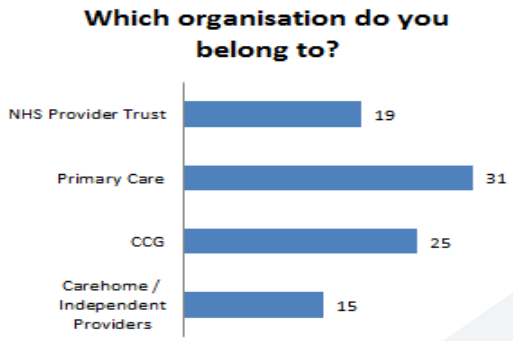


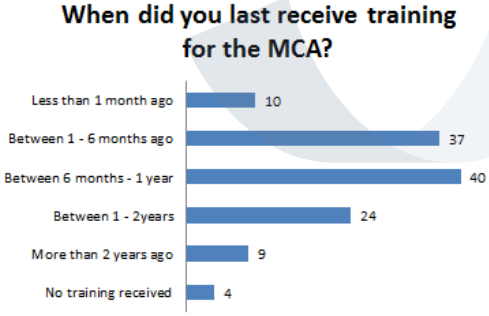






Who responded to the





"Although targeted areas have received intensive training, the challenge will be embedding MCA across wider acute and community settings so it becomes business as usual"

- Safeguarding Lead, CCG

Next steps

- Promote and embed the use of MCA best practice guidance and toolkits amongst provider organisations
- Explicitly define the role of the organisational lead / MCA champion in NHS organisations
- Based on the learning from this review update training programmes to incorporate national and local best practice guidance, including the use of practice base scenarios.

Resources for MCA

☑ **'Mental Capacity 2005; Everyone, Every Day'** January 2018, Anne Dalby, Independent Consultant

- For useful **MCA toolkits** please access your local safeguarding board website

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

Additional resources

Implementation

NHS England South (Wessex) Safeguarding Programme 2016-2018

Post abuse therapeutic pathways

Led by: Dr Lindsay Voss, Independent Safeguarding Consultant

Context

Nationally, the annual overview of child protection statistics provided by the NSPCC, notes that in 2014/2015 the police recorded the highest number of sexual offences against children in a decade. The NSPCC (2016) also highlights the dearth of therapeutic services for victims of CSE; a finding that is reflected by the majority of stakeholders across Wessex.

The NHSE national safeguarding sub group is focusing on the impact of CSE and Child CSA at different stages in individual's lives, such as early adult and parenthood to ascertain whether the right support is available at these key points of transition. This priority also focuses on the post abuse services available to support the individuals.

The impact of sexual abuse can be life-long. Studies have shown that a history of childhood sexual abuse is linked to higher rates of physical health issues in adulthood, such as gastroenterology disorders, irritable bowel syndrome, headaches and musculoskeletal pain. Sexual abuse is linked to higher rates of mental ill health, including anxiety, depression and post-traumatic stress disorder.

Defining Therapeutic pathways

'Therapeutic pathways' for victims- survivors of sexual abuse or exploitation include services that provide emotional and psychological support. They range from a frontline worker or a helpline that offers a **'listening ear'** to peer group support, formal psychological therapy or specialist mental health provision. Victims may not disclose their abuse at the time that it occurs, but may choose to tell someone, weeks, months or years after the event/s. There is therefore **no single pathway** that can be defined to enable appropriate support to be provided. Rather, victims require a continuum of intervention to meet their wide range of diverse needs.

"What I was struck by was, particularly with regard to non-reporting of abuse, is the fact that very often the survivor feels the only person who is showing them any care in the first place is the person who is abusing them."

Participant, criminal justice system seminar

Quote from the IICSA 'Interim Report' published April 18

Action taken

A report was commissioned to understand the current service provision across Wessex and obtain service users perspectives to influence the commissioning and delivery of future services.

A multiagency workshop ' Therapeutic Pathways following sexual assault' was held with NHSE South Health and Justice Commissioners in November 2017, to share key messages and recommendations from the commissioned report: *Review of therapeutic pathways for children and adults following sexual abuse, assault or exploitation in the NHSE Wessex Area (2017)* and provide an opportunity to hear feedback from a range of professionals regarding the following recommendations of the report.

Key messages

Multi agency partnerships should ensure oversight of comprehensive and accessible support services for victims.

A holistic service should be provided which allows service users to opt in when they have a need. Services need to be commissioned that can be accessed by service users at points of need. It should not be perceived as a failure if users do not fully engage, it takes time to build confidence.

- The role of sexual assault referral centres (SARCs) should be promoted and publicised within the community to assist in breaking down perceived barriers to disclosing sexual abuse.
- The SARC as a centre of excellence, should provide outreach support to other services (GPs, mental health services, drug and alcohol teams)
- Frontline health staff should receive training to increase confidence in listening, believing and respecting victims and survivors
- Signposting information to be readily available to frontline staff.

Next steps

- Safeguarding boards to seek assurance regarding the effectiveness of a comprehensive therapeutic service to the local population
- SARC partnership board incorporate recommendations and staff feedback into future commissioning arrangements to ensure NHS service provision fulfils NHSE Service Specification Section 30 requirements
- Clear guidance to be developed and cascaded to frontline staff
- Pan Hampshire NHS service provision needs to be reviewed to ensure it is compliant with NHSE (2016) service specification 30 requirement

Resources for Post abuse therapeutic pathways

☑ **'Review of therapeutic pathways for children and adults following sexual abuse, assault or exploitation in the NHSE Wessex Area',** August 2017**,** Report by Dr Lindsay Voss, Independent Safeguarding Consultant

- **'Interim Report of the Independent Inquiry into Child Sexual Abuse',** April 2018, Independent Inquiry into Child Sexual Abuse (IICSA) accessed online 22/05/18 at https://www.iicsa.org.uk/interim-report/nature-effects-child-sexual-abuse/what-is-child-sexual-abuse

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

Additional resources

Implementation

Prevent

Lead: Cathy Mead Associate Designated Nurse Safeguarding Adults (Portsmouth City CCG)

Context

Prevent forms part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity. (https://www.england.nhs.uk/ourwork/safeguarding/our-work/prevent/ accessed May 2018) Prevent is a safeguarding priority for NHS England and is responsible for overseeing this agenda across the health sector to ensure it is embedded in practice.

Action taken

A task and finish group was established across Wessex to:

- Develop a dataset of PREVENT leads across Wessex
- Develop a dataset of NHS Wessex CCG representation for Chanel Panel
- Identify training compliance across Wessex
- Support NHS organisations' to complete a self-assessment framework to demonstrate compliance to the PREVENT duty across NHS Wessex

Good progress...

- ☑ Dataset developed of Prevent named professionals & deputies across Wessex
- ☑ 33 health & associate health professionals attended the 'Train the Trainer' health WRAP session
- ☑ The Prevent data collection system UNIFY2 went live for priority areas on 15th September 2017 and was successfully rolled out

"During 2017 / 2018 the PREVENT specialist coordinator for Portsmouth delivered PREVENT training to a number of GPs and key professionals across Primary Care in Portsmouth."

- Prevent Lead

Information gathering— results from CCGs, Acute & Community Trusts:

October 2017

"During 2017 Portsmouth Primary Care have had two incidents relating to PREVENT. In both incidents the GP practices involved took all relevant steps to maintain safety and share information appropriately."

-Prevent Lead

99% of NHS organisations in Wessex responded to the info request

100% of NHS organisations have identified a Prevent Lead

100% of NHS organisations' Safeguarding Policies include Prevent

94% of NHS organisations included Prevent in their Safeguarding training programme

94% of identified Prevent leads had completed WRAP training

WRAP = Workshop raising awareness of Prevent.

BPAT = Basic Prevent awareness training

Next steps

- Explore Electronic Staff Record barriers and solutions with Prevent Co-ordinator (London & The South East)
- Request information via NHS organisations' for confirmation of PREVENT leads.
- Identify the lead health professional attending Local Authority Channel Panel across NHS E Wessex.
- Encourage continued engagement with GP Services across NHSE Wessex.
- Review progress of the Prevent self - assessment tool to gain a comprehensive picture of how well this agenda has been embedded in CCGs and Primary care in 2018/19
- Request a written assurance statement, or provide an intention statement, that NHS provider Trusts will meet the PREVENT target for 85% of staff trained within the PREVENT agenda

Resources for Prevent

- **NHS England Prevent, Training and Competencies Framework', October 2017, NHS England.** Access at https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/

☑ **'Resources for Prevent'**, March 2018, collated by Cathy Mead, Associate Designated Nurse Safeguarding Adults (Portsmouth City CCG)

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

Additional resources

Implementation

NHS England South (Wessex) Safeguarding Programme 2016-2018

Transition

Lead: Tracey Whale, Named Nurse Safeguarding Adults, (West Hampshire CCG) Dr Jaki Metcalfe, Consultant Nurse Safeguarding Adults (West Hampshire CCG)

Context

The transition period for vulnerable children and adults is a priority area identified by all stakeholders; an issue raised by partners is how vulnerable children are involved and prepared for significant changes in their care as they approach adulthood

Why is this so important? Below are young people's perspectives of transition:

"CAMHs was like a friend and parent...I was really scared when I was told I could no longer use CAMHs . I already had enough to worry about being in care...It felt like falling down a cliff with rocky bits—I felt lost to the system"

- **Looked after child**, engaged with CAMHS after suffering depression and anxiety

"I was confused, it was a challenge to be accepted...I felt like I was not worth helping, which reinforced my eating disorder voice...Adult services are scary and frightening, inside I still felt like a child...I know what works - **please ask my opinion**"

- **Young man with eating disorder**

Thematic learning from reviews has identified that:

- Transition procedures need clear guidance to ensure the interface and responsibilities of each Trust are defined
- If there are long term changes of placement, full engagement of the service expected to meet complex needs is required (AMH, residential settings, commissioners)
- There needs to be timely use of transition processes to ensure advance planning
- Full integration of services is required where patients have a dual diagnosis (mental health and substance misuse) to avoid silo working
- Achieving a balance between respecting autonomy whilst recognising vulnerabilities is a challenge for professionals to achieve

Action taken

We asked NHS organisations to complete a **survey** on Transition *from children's and adult services for young people using health or social care services. (NICE guidance Feb 2016) with a focus on:*

How the Mental Capacity Act (2005) is used throughout the transition process to empower young people and their families

Best practice examples of staff enabling people to co-design their care plan during the transition process

Seeking to understand the wishes of the young person using appropriate communication technology

It is expected that all young people will co-produce their transition plan and will be provided with additional support from staff, advocacy or IMHA services.

Assumption of capacity from age 16 and exploration of decision making ability below this. Best interests discussions with young people

Good Progress...

☑ **Best practice guidance has been developed by members of the Safeguarding Programme Transition Task and Finish group** to reiterate the Overarching principles for good Transition as per NICE guidelines 'Transition from children's to adults' services for young people using health or social care services' (NG43, Feb 2016)

accessed at https://www.nice.org.uk/guidance/ng43/chapter/Recommendations#overarching-principles).

Survey results

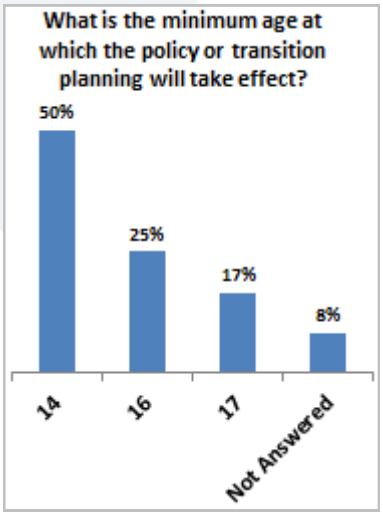
Has your organisation developed a policy to support the transition process?
Yes 71% No 4% Not sure 25%

Does it include application of the MCA 2005? **Yes 25% No 4% Not sure 67% Not answered 4%**

Where a young person may lack capacity regarding specific decisions, is there a clear pathway for ensuring that best interest processes are followed?
Yes 50% No 8% Not sure 42%

Have you undertaken specific training in the application of the MCA 2005?

Yes 63% No 29% Not sure 8%



Next steps

- Consider developing an exemplar best practice policy with input from service user / patients
- Re-audit transition policies against best practice guidance

Resources for Transition

- **'Transition from children's to adults' services for young people using health or social care services'**, February 2016, NICE Guideline (NG43) Access at: https://www.nice.org.uk/guidance/ng43/chapter/Recommendations#overarching-principles

☑ **Amended Overarching principles for good Transition as per NICE guidelines—For Transition from children's to adults' services for young people using health or social care services (NG43, Feb 2016),** January 2018, Safeguarding Programme Transition Task and Finish group led by Dr Jaki Metcalfe

☑ **Electronic copies of the above are available on request from the Patient Experience and Safeguarding Team, Nursing Directorate, NHS England South (Wessex). Email: england.wessexsafeguarding@nhs.net**

Useful contacts

Additional resources

Implementation

Workforce & Leadership Development

Lead: Kim Jones, Designated Nurse Safeguarding Children (Hampshire CCGs) and Wendy Thorogood, Designated Nurse Consultant for Children (Dorset CCG)

Context

Safeguarding leads (Named and Designated professionals, Named GPs) requested specific training to support them in their system leadership roles to influence safeguarding practice and policy and make a positive and sustained impact on frontline practice to improve the identification of and outcomes for vulnerable people.

Action taken

A programme of training events was developed in line with national guidance such as the Royal College of Paediatrics and Child Health (RCPCH) Intercollegiate documents for safeguarding children and adults at levels 4 and 5 for named and designated professionals.

The training has been delivered predominantly through the NHS England South (Wessex) Safeguarding Forum to ensure that all training has a national, regional and local perspective. This collaborative approach has allowed both designated and named professionals to explore more complex issues impacting on the safeguarding agenda together.

A two day leadership programme was developed, focusing on influencing, negotiation and change management skills.

Outcomes

- Opportunities for providers and commissioners to consider key issues from a whole-system perspective
- Supported the development of peer review for named and designated doctors
- Wessex safeguarding values have been developed by NHS leads from both CCGs and provider organisations across the area. These values support professionals to challenge each other and have honest conversations to achieve the best possible outcome for vulnerable people. **The values are courage, creative, personal values, collaboration, commitment and challenge.**
- Increased attendance at the Wessex Safeguarding Forum by extending the membership to now include named professionals from providers

Through workforce leadership programmes we have trained over 80 safeguarding leads across Hampshire and Dorset. This has empowered staff to influence and support the health system to embed safeguarding as core business. It will be important to measure the impact of our work through on-going improvement activities.

Feedback from Leadership Course attendees:

"As a result of the course we are doing things differently in the surgery"

"I now see myself as a Safeguarding leader"

"I feel empowered to hold honest conversations to get the right outcome for vulnerable people"

Next steps

- Embed the concept of honest conversations in training programmes to empower staff
- Consider the workforce requirements and succession planning of safeguarding leads to maintain expertise within the health system.
- Safeguarding leaders to influence NHS agendas (such as STPs) to make safeguarding core business in all strategies

Resources for Workforce & Leadership Development

Useful contacts

Additional resources

Implementation

For the future

Providing the best services for children and adults at risk of abuse requires on-going learning and improvement. The programme has provided the opportunity for safeguarding leads across the system to focus on national and local safeguarding priorities to develop a better understanding of the local safeguarding profile identifying many areas of best practice and progress across the area.

The programme has highlighted the widespread commitment of staff across all organisations who are committed to delivering the best quality of care possible for patients. However, recurring themes and recommendations made to health & partner agencies suggest that key learning is not always being implemented effectively at a system-wide level. Through programme leadership developments we have supported staff to influence the health system to embed safeguarding as core business. It will be important to measure the impact of our work through on-going improvement activities.

Learning and best practice identified through workstream activity has been shared widely with local safeguarding boards, partner agencies and strategic partnerships to inform business planning and direction going forward. The programme outputs have contributed towards the NHSE South Region Safeguarding Annual Report to inform practice at a regional level and national level.

Next steps for 2018 / 2019

☑ **NHS England** will continue to support the local system; NHS organisations and partner agencies to build on the progress we have made and to embed the messages in core safeguarding business. The following key areas should be considered by all individual organisations going forward to ensure safeguarding is core business in strategic planning and day to day practice,

☑ **Empower staff to be competent and confident to take safeguarding action**

- Ensure accessible scenario based training that can be applied in practice
- Provide clear guidance, referral pathways, and supervision for all staff
- Promote a positive working environment that celebrates effective safeguarding process

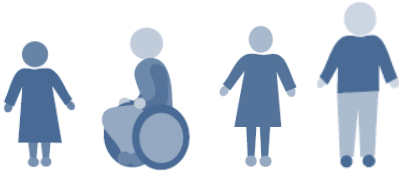
☑ **Embed best practice guidance in all service delivery planning**

- Regular update of organisational policy and training programmes
- Audit against quality standards to measure progress

☑ **Include the perspective of the public / service user to inform protocol and service developments**

☑ **Measure the impact of our work by audit, data collection and user feedback**

- Continue to develop a local safeguarding profile through quality assurance frameworks
- Monitor through safeguarding schedules as part of NHS quality contract



Action plan