



*Corby Clinical Commissioning Group*



*Nene Clinical Commissioning Group*

# **Safeguarding Children and Adults in Northamptonshire**

**Annual Report 2015 – 2016**

**May 2016**

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## **1. Introduction**

This report reviews the work undertaken by NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) safeguarding team during 2015-2016.

## **2. Purpose**

The purpose of the report is to provide assurance to NHS Nene and NHS Corby Clinical Commissioning Group governing bodies that the CCGs have discharged their statutory responsibility to safeguard the welfare of children and adults.

The report also identifies progress against the recommendations from the 2014/15 annual report and other key areas of activity. Planned areas for development during 2016/17 are outlined. The report will be shared with the Northamptonshire Safeguarding Children Board (NSCB) and the Northamptonshire Safeguarding Adults Board (NSAB).

## **3. Statutory Frameworks and National Policy Drivers**

### **3.1 NHS Accountability Framework: Safeguarding Vulnerable People in the NHS: Accountability and Assurance (NHS England)**

The reviewed guidance was published in June 2015 and replaces 'Safeguarding Vulnerable People in the Reformed NHS' (2013). It sets out safeguarding roles, duties and responsibilities of all organisations commissioning health and social care and recognises new responsibilities that came into force with the Care Act 2014.

The framework clarifies how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults at risk of abuse or neglect. It sets out the legal framework for safeguarding as it relates to NHS organisations to safeguard children and adults. In addition it promotes empowerment and autonomy for adults, including those who lack capacity and outlines principles, expectations and ways of working that recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances is at the forefront of NHS core business.

### **3.2 Managing Safeguarding Allegations Against Staff (published by NHS England)**

This report was initially published in 2014 and updated in June 2015 and provides a framework for managing cases where allegations are made about NHS staff that indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. The report also endorses that concerns may also be raised if a staff member is behaving in a way which demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity. The allegation or issue may relate to either the employee's/professionals work or private life.

### **3.3 Working Together to Safeguard Children 2015**

There has been a minor update to include child sexual exploitation (CSE) and female genital mutilation (FGM) within the guidance.

### **3.4 Mandatory reporting of Female Genital Mutilation**

A new mandatory reporting duty for FGM was introduced by the Home Office and the Department of Education via the Serious Crime Act 2015 on 31<sup>st</sup> October 2015. The duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police.

### **3.5 The Care Act 2014**

The Care Act 2014 sets out a clear legal framework for how local authorities and partners should work together to protect adults at risk of abuse or neglect. The Act became effective from April 2015.

It consolidates good practice into statute and also brings in new reforms. It embeds and extends personalisation as well as having an increased focus on wellbeing and prevention.

The Act provides the first statutory framework for adult safeguarding, and sets out key responsibilities of local authorities and partners:

- Safeguarding Adults Boards must be created in every area.
- Each local authority has a duty to carry out enquiries where it suspects that an adult is at risk of abuse or neglect.
- Each Safeguarding Adults Board must include the local authority, NHS, CCGs and the police to coordinate activity to protect adults from abuse and neglect.
- A duty is placed on the organisations making up the SAB to co-operate with one another and if they are unable to do so they must explain why in writing.
- SABs must carry out safeguarding reviews into cases where someone dies and there is a concern about how authorities acted, to ensure that lessons are learnt.

Care Act statutory guidance is in place to support partner agencies in their implementation of the Act. This guidance has already been reviewed by the Government and changes were made in March 2016 which take into account regulatory changes and feedback from stakeholders, service users and carers. Changes include a new definition of domestic violence, the removal of the need to have a Designated Adult Safeguarding Manager, additional information about financial abuse to reflect internet, postal and doorstep scams.

### **3.6 The Courts and Criminal Justice Act 2015 – ill treatment and willful neglect (from April 2015).**

The provisions of the Courts and Criminal Justice Act 2015 providing for care worker/care provider offences of ill-treatment or willful neglect will come into effect to cover offences committed on or after 13 April 2015.

Under this Act it is an offence (s.20) for an individual who has the care of another individual by virtue of being a care worker to ill-treat or willfully to neglect that individual. A “care worker” is an individual who, as paid work, provides health care for an adult or a child (with certain exceptions), or social care for an adult. Significantly, a care worker also includes those with managerial responsibility and directors (of equivalents) of organisations providing such care.

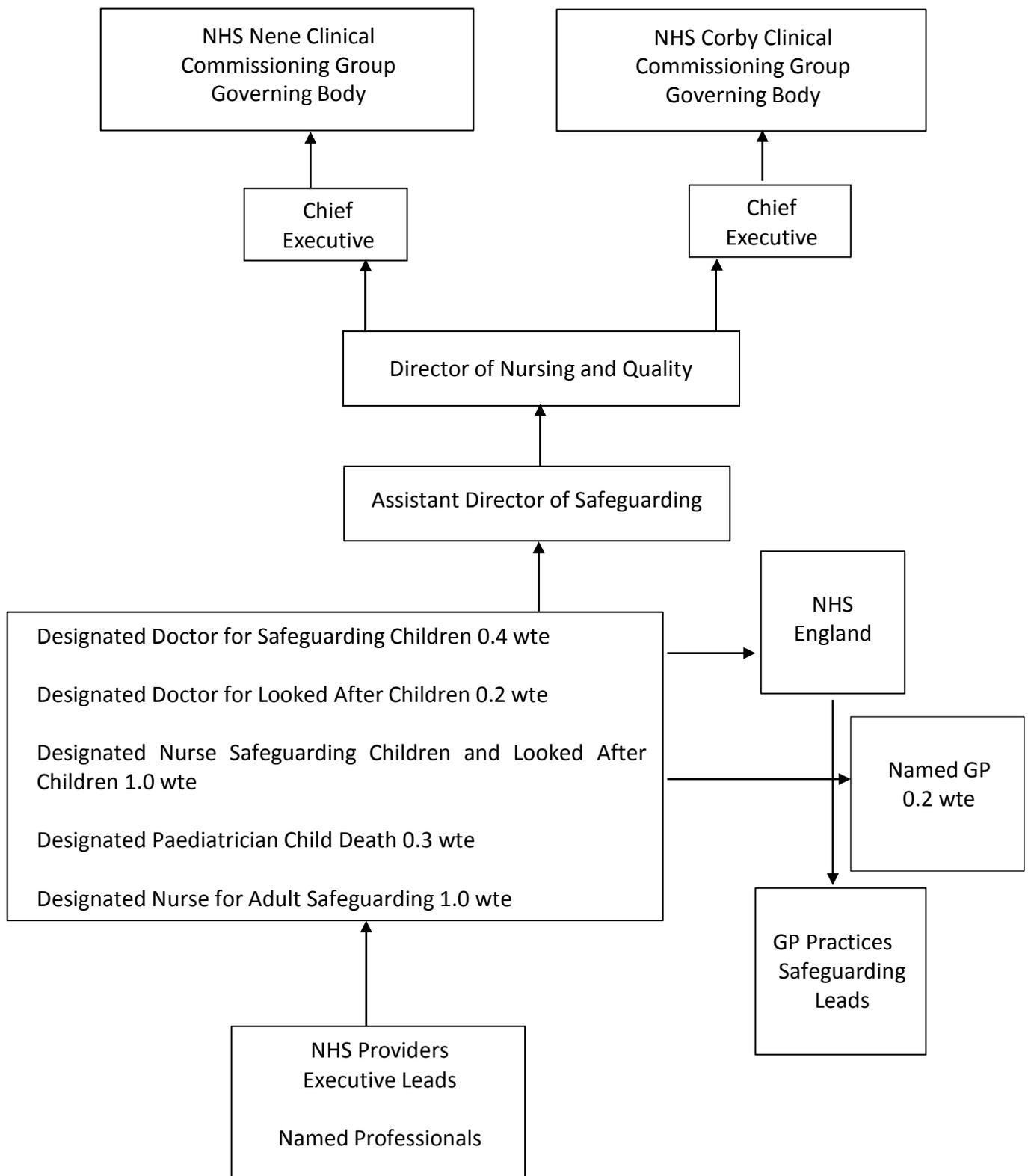
There is also a separate offence (under s.21) relating to care providers. A care provider will commit this offence where:

- an individual who has the care of another individual by virtue of being part of the care provider's arrangements ill-treats or willfully neglects that individual,
- the care provider's activities are managed or organised in a way which amounts to a gross breach of a relevant duty of care owed by the care provider to the individual who is ill-treated or neglected, and
- in the absence of the breach, the ill-treatment or willful neglect would not have occurred or would have been less likely to occur.

The offences under s.44 MCA 2005 remains of importance to cover instances of ill-treatment or willful neglect by family members or others falling outside the category of paid care workers.

#### **4. NHS Governance Arrangements for Safeguarding at NHS Nene and NHS Corby CCGs**

The CCG's recognise that they have a duty to ensure all statutory requirements as outlined in the 'Safeguarding Vulnerable People in the NHS: Accountability and Assurance' (2015) and 'Working Together to Safeguard Children' (2015) are in place. This includes all NHS commissioned services having Named Professionals in place with dedicated time to fulfill their roles and responsibilities as detailed in the 'Safeguarding Children and Young People: Roles and Responsibilities: Intercollegiate Document' (2014). All statutory safeguarding roles are currently in place across the health economy in Northamptonshire.



The Director of Nursing and Quality is the CCG's executive lead for safeguarding and is responsible for ensuring that safeguarding is firmly embedded within the whole health economy. This is delivered through local commissioning arrangements. The Director of Nursing and Quality ensures that the monitoring of safeguarding takes place through the CCG's Quality Committee and the Northamptonshire Safeguarding Children and Adult Boards.

In addition, commissioners of health care have a duty to ensure that appropriate recognition is made to protect children and adults at risk of abuse and that processes are in place to support practitioners to respond to concerns. Safeguarding is particularly relevant to the domains within the NHS Outcomes Framework 2015/2016 and is a fundamental requirement for registration and compliance with the Care Quality Commission.

## **5. Partnership Working and Assurance**

### **5.1 Safeguarding strategy and associated action plan**

The CCGs in recognising its role to ensure the health economy works together agreed a new safeguarding strategy with providers and this was endorsed by the CCG Quality Committee in November 2014 and updated in January 2016. The strategy identifies key adult and child safeguarding priorities upon which the NHS safeguarding action plan was developed. Good progress has been made in completing the actions of the NHS safeguarding action plan with the majority of actions closed and the few remaining actions are now being monitored via exception reporting.

### **5.2 Accountability**

The following framework of meetings demonstrates the CCG accountability and provider arrangements for monitoring safeguarding and partnership working.

#### **5.2.1 NHS Nene and NHS Corby CCG's Quality Committee**

The CCG Governing Bodies have agreed a quality assurance framework for identifying concerns, monitoring and challenging quality, including safeguarding, in the organisations the CCG's commission from. Assurance about the quality of safeguarding provision of local providers is monitored through the joint Quality Committee (a sub-committee of both Governing Bodies). A bi-monthly quality and performance report is prepared which includes safeguarding assurance, progress against the action plan and Adult and Children's Safeguarding Board /Improvement Board actions.

#### **5.2.2 Health Strategic Safeguarding Forum**

The strategic and operational planning, delivery and monitoring of all NHS safeguarding activity is managed through the Health Strategic Safeguarding Forum which meets monthly. Membership comprises of executive level leads from commissioned services that are accountable for safeguarding within their own organisations. This approach ensures all providers have ownership and commitment to drive forward the safeguarding priorities at a strategic level. Monitoring of the progress against the NHS safeguarding action is a standing agenda item. This forum is chaired by the CCG Director of Nursing and Quality and reports to the Quality Committee.

### **5.2.3 Northamptonshire Safeguarding Children's Board (NSCB)**

All provider organisations have a duty to co-operate with the NSCB through active participation in all NSCB committee activity. The CCG monitors attendance and engagement by health providers at NSCB and the sub committees of the Board.

The 'Your Health and Well Being' sub group of the Corporate Parenting Board meets monthly to ensure that the health contribution to positive outcomes for looked after children are achieved. The Assistant Director facilitates this group and attends the Corporate Parenting Board.

### **5.2.4 Executive Safeguarding Group (ESG)**

The ESG monitors progress across the partnership for child safeguarding and agrees additional necessary actions as identified. The CCG Director of Nursing and Quality and the Assistant Director of Safeguarding represents NHS services on this group.

### **5.2.5 The Northamptonshire Safeguarding Adults Board (NSAB)**

The NSAB, in order to ensure the most appropriate framework for taking forward the implications of the Care Act, has now an operational group which includes the Designated Nurse and health providers, and a separate more strategic Board which is attended by the CCG Director of Nursing and Quality and the Assistant Director of Safeguarding.

### **5.2.6 Named/Designated professionals forums**

Northamptonshire's Named and Designated safeguarding professionals from across the NHS meet regularly to agree and operationalise the action plans associated with the NHS safeguarding priority action plan. These meetings are utilised to share learning and good practice across the health economy

### **5.2.7 Provider safeguarding committees**

The main provider trusts have safeguarding governance arrangements in place which enable the individual trusts to monitor and secure improvement in safeguarding activity and performance. Safeguarding meetings are held monthly and chaired by the Director of Nursing of each organisation. All aspects of safeguarding activity within the organisations are discussed and organisational safeguarding action plans are monitored as part of their contribution to the actions agreed in the NHS safeguarding action plan. The CCG Designated Nurses attends these committees providing opportunity for external scrutiny of progress and a conduit for information sharing.

## **6. NHS England Area Team**

The close working relationship with the NHS England Area Team has continued to help ensure safeguarding remains a priority in primary care. This has continued with the appointment of two NHS England primary care safeguarding nurses who work collaboratively with the Named GP and designated professionals through joint attendance at GP forums and attendance at CCG led safeguarding meetings. The safeguarding team within the CCG has supported the GP safeguarding forums by regularly attending their locality meetings.

From 1<sup>st</sup> April 2016, GP safeguarding responsibilities will transfer from NHS England to the CCG's. The Named GP, a safeguarding nurse and a safeguarding administrator will complement the existing CCG safeguarding team to undertake this role.

## **7. Care Quality Commission(CQC) Inspection**

The Care Quality Commission (CQC) conducted a 5 day review commencing on Monday 16th March 2015. The written report was received in September 2015. Actions were commenced following the verbal report and the majority completed by the time the written report was received.

A peer review was carried out across the health economy, including executive leads, designated and named professionals, in February 2016 to assess the progress that had been made against the CQC recommendations. The outcome was positive and highlighted that recommendations had been implemented and embedded into practice.

## **8. Monitoring**

NHS Nene and NHS Corby Clinical Commissioning Groups gain assurance from commissioned services using a variety of methods. Contracts are monitored against quality standards. The safeguarding elements of the contract/ schedules were reviewed in this reporting period and have been enhanced for 2016/ 2017 contracts. Safeguarding and quality concerns are raised and addressed through the Clinical Quality Review Meetings which provide assurance. The CCGs will become involved in safeguarding interagency processes where it is felt that there is an increased need for oversight in relation to specific healthcare issues. All providers confirm their compliance with safeguarding standards set through contractual arrangements.

## **9. Children's Safeguarding**

### **9.1 Section 11 Audit**

A "deep dive" audit was carried out by representatives from all partners with selected schools to assess the quality of safeguarding. Therefore there has not been a children's safeguarding board section 11 audit this year. The CCG have sent out section 11 audits to private hospitals.

### **9.2 Multi-Agency Safeguarding Hub (MASH)**

The Designated Doctor and Nurse for safeguarding children continue to support the MASH strategic management group. The CCG have in response to an audit increased the staffing levels to respond to the referrals which need a response within 24 hours. This will be continue to be monitored with a proposal of a multi-agency partnership review in 2016.

### **9.3 Northamptonshire Improvement Board**

The Northamptonshire Improvement Board has continued to meet monthly throughout 2015/16. The independently appointed chair has provided regular progress reports to the Secretary of State for Education. Each report has identified incremental

improvements in children's safeguarding across the Northamptonshire Safeguarding Children's Board partnership. There has been consistent executive level attendance and participation from all health providers. Ofsted carried out an inspection between 8<sup>th</sup> February and 10<sup>th</sup> March 2016 and found that services had improved from inadequate to requiring improvement. An improvement plan will be developed by the local authority with partners and then agreed with Ofsted and the department for education. The direction notice is then anticipated to be lifted and the Improvement Board will change to a Transitional Board to ensure strategic oversight of the transfer of children's services to a Trust.

#### **9.4 Child sexual exploitation conference tool kit launch**

In May 2015 a conference was held to raise the awareness of child sexual exploitation and launch a tool kit to aid the identification of child sexual exploitation which was attended by 600 professionals from across all partners in Northamptonshire.

This conference was recorded and made available on the Northamptonshire safeguarding children board website for any professional who was unable to attend on the day.

#### **9.5 Making children safer events**

A series of multiagency workshops were held throughout the county to promote the use of the thresholds and pathways document. The assistant director of safeguarding facilitated these workshops at the request of the improvement board

#### **9.6 Safer sleeping campaign**

In response to learning from serious case reviews and child death reviews the CCG lead on the production of a safer sleeping leaflet for parents to highlight the dangers of co sleeping. This was launched in conjunction with a very successful media campaign to raise awareness amongst the general public.

### **10. Adult Safeguarding**

#### **10.1 Safeguarding adult self-assessment and assurance framework (SAAF)**

The SAAF is incorporated into Quality Schedules and the main NHS provider organisations are required to complete the self-assessment.

Organisations are required to make a judgement as to how well each area of question is being achieved. The areas covered are: leadership, strategy and governance; workforce, organisational culture and learning; safeguarding and promoting the well-being of adults at risk; effective multi-agency working to safeguard and promote the well-being of adults at risk; Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS); people who use the services are informed about safeguarding adults and empowered within the organisation's responses to it.

The SAAF has been completed by the main providers during 2015 -16 and returns included an initial action plan for areas rated at red or amber. These actions are progressed through each organisations safeguarding meetings.

## **10.2 Dashboard**

The adult safeguarding dashboard forms part of the Quality Schedule and there is an expectation that key issues are reported monthly. The dashboard captures reporting of safeguarding referrals, (including those that are complaints or Serious Incidents), themes and outcomes of safeguarding investigations, DoLS, Prevent, SAAF actions and training compliance.

## **10.3 Monitoring Visits**

Safeguarding monitoring site visits have taken place across the NHS providers. These provide an insight into how staff at operational level are embracing and embedding safeguarding, Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) into their everyday practice. These visits have highlighted that additional focus on MCA is needed by providers. In addition the Designated Nurses have been involved in announced and unannounced Quality Monitoring Visits as part of the wider quality agenda. The Designated Nurses and Assistant Director of Safeguarding work closely with the CCG Quality Team to help prevent, identify and secure action for potential safeguarding concerns.

## **11. Serious Case Review's (SCR's) and Safeguarding Adult Review's (SAR's)**

There has been one child serious case review commissioned by the NSCB between April 2015 and March 2016. However there are three outstanding unpublished reviews during the reporting period due to concerns about the potential impact on survivors of abuse, cross boundary working or judicial processes. Delays within SCR timescales has been identified by Ofsted as an area of improvement.

Some of the key recommendations for health services from the published SCR included:

- Concealed pregnancies
- Issues of co-sleeping.
- Maternal mental health
- Recognition and assessment of neglect

Towards the end of this reporting period one Safeguarding Adult Review has been commissioned. This is a complex investigation and will review levels of intervention, care and support provided to a lady with complex mental health problems.

## **12. Domestic Homicide Review (DHR)**

A domestic homicide is defined as 'a review of the circumstances in which the death of a person 16 years or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related, or a person with whom there was or had been an intimate personal relationship, or a member of the same household.' There is Multi-agency Statutory Guidance for the Conduct of Domestic Homicide. This statutory guidance requires Community Safety Partnerships to consider the circumstances of every domestic homicide within the Local Authority area and determine whether to undertake a full review to identify if there are lessons to be learned. The serious case review model

has been adopted to undertake DHRs.

Three DHRs have been commissioned in this reporting period. Two by the Northampton Community Safety Partnership and the third by East Northamptonshire Community Safety Partnership. All have had involvement of health services. One of these DHRs has been completed and the independent author has submitted the investigation report to the Home Office for final approval.

### **13. Prevent**

Prevent is the preventative strand of the Government counter terrorism strategy and recognises that some vulnerable groups may be susceptible to exploitation. Prevent aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.

The Counter-Terrorism and Security Act 2015 has created a general duty on a range of organisations to prevent people being drawn into terrorism. Prevent Duty Guidance was issued by the Government in March 2015. The duty requires certain bodies, including NHS Trusts, to have due regard to the need to prevent people from being drawn into terrorism when exercising their functions. It is fundamental to our 'duty to care' and falls within statutory safeguarding responsibilities.

The health sector has no enforcement or surveillance role, but one of embedding Prevent in safeguarding activity to protect children and adults at risk of radicalisation. Where healthcare workers identify signs of radicalisation it is important they have the confidence to refer the individual for support before any crimes are committed. Referrals are made to the Channel group. The CCGs and health providers work closely with Northamptonshire Police and the local authority to ensure that vulnerable individuals identified have a multi-agency strategy discussion and that protective mechanisms are in place to support the individual. Executive and operational leads are in place within all main health providers from which the CCGs commission services. Prevent awareness is included in safeguarding training and the more in depth 'WRAP' training has been delivered..

Prevent is included in the NHS National contract. Northamptonshire has been classified as a non-priority area and, as such, the CCGs are responsible for monitoring provider performance and compliance against the terms of the Contract.

### **14. Mental Capacity Act and Deprivation of Liberty Safeguards**

Legal judgments on the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) have had a significant impact on our services. These cases have placed additional responsibilities on social care and care providers to conduct mental capacity assessments and ensure that appropriate safeguards are in place.

#### **14.1 Mental Capacity Act 2005 (MCA)**

Monitoring and assurance of MCA compliance is included in commissioning contracts with the larger health providers through the SAAF, Monitoring Visits etc. The monitoring processes have highlighted that practice is improving but more needs to be done to ensure

awareness is increased and for a sustained improvement in practice. A CCG coordinated programme of training has taken place across providers to help improve knowledge, awareness and practice with regard to the MCA.

#### **14.2 The Deprivation of Liberty Safeguards 2009 (DoLS)**

The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act and provide a statutory framework for the deprivation of liberty of people in hospitals and care homes. The CCGs are continuing to monitor the activity of DoLS across the health providers as part of the SAAF and quality monitoring visits.

The number of DoLS urgent authorisations and standard authorisation requests has dramatically increased in light of the changes following Supreme Court rulings in 2014. The increased activity has produced significant pressure on the local authority DoLS Team. There are significant delays in providers obtaining assessments for DoLS standard authorisations.

Northamptonshire Deprivation of Liberty activity - breakdown of authorisation requests by provider									
	KGH			NGH			NHfT		
	2013/ 2014	2014/ 2015	2015/ 2016	2013/ 2014	2014/ 2015	2015/ 2016	2013/ 2014	2014/ 2015	2015/ 2016
Q1	8	44	72	2	6	51	0	31	24
Q2	8	20	63	0	21	41	0	26	18
Q3	3	49	91	0	9	77	0	30	14
Q4	8	68	102	0	25	62	0	18	21

Select Committees of both Houses of Parliament have criticised the Deprivation of Liberty Safeguards (DoLS) and called for the system to be reviewed. In addition, the Supreme Court's judgment in the case of Cheshire West has led to a significant increase in DoLS applications. As a result, the Department of Health funded a Law Commission review of the DoLS legislation – of both the DoLS scheme (covering care homes and hospitals) and the Court of Protection process for authorising deprivation of liberty in community placements such as supported living. A four month national consultation on a replacement scheme took place during this reporting period. The CCGs submitted a detailed response to the consultation on behalf of health providers in Northamptonshire. The Department of Health made a response to the consultation in December 2015. The provisional report of the outcomes of the consultation process is expected in 2016.

#### **14.3 Mental Capacity Act Funds**

NHS Nene and NHS Corby CCGs successfully bid for a portion of national funds made available for embedding MCA. A programme of externally facilitated training has taken place focusing on various aspects of the Mental Capacity Act. These sessions

have been targeted to specific staff groups / specialisms, rather than on generic training. Staff across the county have attended these training events and have included staff in care homes, domiciliary care, GPs, mental health, staff working in services for older people and Continuing Health Care.

MCA/ DoLS posters and books have been purchased and distributed to providers. The books and posters are displayed and available in clinical areas for frontline staff.

The CCGs commissioned four short training films to further help raise MCA awareness and improve practice in assessing a person's mental capacity. These have been circulated to providers.

The CCGs hosted a MCA conference in November 2015. This was attended by practitioners across the county – from primary care, acute and mental health services, care homes and domiciliary care providers, local authority, users and carers, advocacy services, and the Safeguarding Adult Board.

The Designated Nurse has worked with the local authority and Bournemouth University to run a Best Interest Assessor course in Northamptonshire. six registered nurses, from three organisations, undertook the DoLS Best Interest Assessor training. Service level agreements are being arranged that will allow these staff to be released to carry out assessments on behalf of the local authority. Once agreed this will become effective during 2016.

## **15. Key Achievements 2015/2016**

The achievements for 2014/2015 include:

- Continued engagement and development of the MASH with increased funding for additional staff to increase capacity to address 'amber cases' requiring a 24 hour response.
- Employment of specialist CSE nurse, CSE conference and launch of the tool kit
- Safeguarding peer review across the health economy
- Safer sleeping campaign
- Strong attendance and participation at the Improvement Board, NSCB and subgroups; NSAB Board and sub- groups by the Director of Nursing and Quality, Assistant Director of Safeguarding and the Designated Professionals.
- Increased information sharing and intelligence within the broader CCGsQuality Team and safeguarding professionals to triangulate information to identify emerging safeguarding issues.
- CCG Safeguarding Policy reviewed.
- CCG Safeguarding Strategy developed.
- MCA and DoLS training programme.

## **16. Areas for Development for 2016/2017**

- S11 audit to be undertaken with out of hours service, private hospitals by the Designated Nurse
- To review the general MASH arrangements across multi-agency partners
- Continue to strengthen contracting and commissioning arrangements to morerobustly include child and adult safeguarding, MCA and DoLS ensuring that individual rights are strengthened.
- Continuing work on improving practice and embedding MCA / DoLS.
- Alignment of Adult Safeguarding and Serious Incident investigation.
- Through the work of the Safeguarding Adult Board develop outcome focused, person- centred safeguarding practice - 'Making Safeguarding Personal'.
- Develop a robust CCG safeguarding team to ensure GP practices play a full role in safeguarding
- Ensure all CCG staff undertake the appropriate level of safeguarding training.
- Respond to the findings of the Ofsted inspection.
- Continue to support the work of the Improvement Board/Transitional Board
- Develop and host the first Northamptonshire safeguarding week
- Strengthen awareness of domestic abuse across the health economy
- Continue to work with the CSU to ensure that CHC community patients have the correct legislation in place (DoLS)

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