

Service	Safeguarding Reports Local Enhanced Service
Commissioner Lead	Rachael Harrold, Primary Care Commissioning Manager, Nottingham & Nottinghamshire CCG
Provider Lead	GP Practices of Nottingham & Nottinghamshire CCG
Period	1 May 2021 – 31 March 2023
Date of Next Review	December 2021

1. Population Needs

1.1 National/local context and evidence base

Local authorities and NHS organisations have overarching responsibilities for safeguarding and promoting the welfare of all children and vulnerable adults. They have a number of statutory functions under the 1989 and 2004 Children Acts which are summarized in the “Working Together to Safeguard Children 2018” statutory guidance.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

The statutory functions outlined in section 42 – 46 of the Care Act 2014 places a responsibility on the local authority & partners to report & respond to abuse & neglect, safeguarding enquires and information sharing. All professionals have a duty to adhere to the Mental Capacity Act 2005 (DoL Safeguards, 2009) in order to protect the rights of individuals that are unable to make decision about their care & support needs due to impairment of mind or brain.

Whilst local authorities play a lead role, safeguarding and protecting people from harm is everyone’s responsibility. Everyone who comes into contact with children, vulnerable adults and their families has a role to play.

Under section 10 of the Children Act, agencies are required to co-operate with local authorities to promote the well-being of children in each local authority area. This co-operation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

Safeguarding is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.
- Protecting Vulnerable Care Act eligible adults from abuse neglect and acts of omission.

Domestic abuse is a serious public health issue, and a multi-agency response is required to ensure victims are safeguarded and perpetrators are held to account. Multi agency risk assessment conferences (MARACs) are multi agency forums that share information to protect individuals at the highest level of risk, to ensure protection plans are in place. GPs and primary care staff are ideally situated to identify victims of domestic abuse and signpost or offer direct support in response to disclosures and to contribute when requested to share

relevant information to inform MARAC conferences.

Safer Lives Resources for GPs <https://safelives.org.uk/gp>

Royal College of General Practitioners, MARAC Guide for GPs
<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits//-/media/Files/CIRC/Toolkits-2017/Safeguarding-adults-at-risk-Toolkit/Marac-Guide-for-GPs-Final-130617.ashx>

Professionals working in agencies with these duties are responsible for ensuring that they fulfill their role and responsibilities in a manner consistent with the statutory duties of their employer.

The NHS England Safeguarding Accountability & Assurance Framework 2019 states that, Information sharing specific to adults should be shared to help protect an adult who may be subject to or potentially at risk of harm or abuse, or to prevent or detect a crime. In addition, there are some specific statutory provisions for sharing information in relation to the operation of the local Safeguarding Adult Board (SAB).

The Care Quality Commission's primary safeguarding responsibilities include ensuring providers have the right systems and processes in place to make sure children and adults are protected from abuse and neglect. It relates to key line of enquiry 'Is it safe?' S1: how do systems, processes and practices keep people safe and safeguard from abuse?.

The Local Picture

- As part of the duty to co-operate with Local Authorities, professionals are requested to share information to inform risk assessments for vulnerable children. Child Protection Case Conferences and Reviews are multi agency forums which make decisions around risks and protection plans for children and young people.
https://nottinghamshirescb.proceduresonline.com/p_ch_protection_conf.html
- Nottingham and Nottinghamshire reflect a national picture, whereby there are significant issues in relation to GPs providing reports for Child Protection Conferences. Requests for reports are increasing in number and are of a higher complexity as a result of increasing focus on child and adult criminal and sexual abuse and exploitation etc.
- Currently compliance for GPs submitting reports is less than 30% overall in Nottingham and Nottinghamshire
- There is evidence nationally that where CCGs have implemented enhanced payment for reports, there have been significant improvements in reporting rates as it enables GPs to prioritise the work needed whilst still maintaining patient contact
- Work has been completed with City & County LAs to establish secure e-mail communication processes to improve timely communication and invitations to CPCs, but audits still identify challenges both for LAs to make prompt requests to GPs for information and for GPs to respond to these requests in a timely manner
- Work continues with both Nottingham City and Nottinghamshire LAs to improve systems to ensure prompt requests are submitted to correct GPs

This Enhanced Service is to enable Practices to develop their safeguarding infrastructure and processes in order to support practices to provide all relevant information from the GP Practice to the following groups:

- Child Protection Case Conferences and special circumstances meetings
- Multi Agency Risk Assessment Conferences (MARACs) for high risk domestic abuse
- Court of Protection (CoP) 3 / 9 reports in relation to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)

In 2019/20, Nottingham & Nottinghamshire GP practices received:

- Approximately 3,000 requests for reports for child protection conferences and special circumstances meetings (strategy meetings, serious child safeguarding incidents)
- Approximately 1,600 requests for information in relation to Multi Agency Risk Assessment Conferences (MARACs) for high risk domestic abuse
- Approximately 55 Requests for Court of Protection (CoP) 3/9 reports in relation to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	Y
Domain 2	Enhancing quality of life for people with long-term conditions	Y
Domain 3	Helping people to recover from episodes of ill-health or following injury	Y
Domain 4	Ensuring people have a positive experience of care	Y
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Y

2.2 Local defined outcomes

To ensure that GP's engage with their safeguarding responsibilities:

1. The Working Together to Safeguard Children document sets out how individuals and organisations should work together to safeguard and promote the welfare of children
2. Local multi agency safeguarding adult and children procedures offer guidance on individual professional responsibilities in recognising and responding to abuse and neglect and contributing to multi agency protection plans

Children: - <https://nottinghamshirescb.proceduresonline.com/contents.html#core>

Adults: - <https://nsab.nottinghamshire.gov.uk/procedures/>

3. The NHS England Safeguarding Accountability & Assurance Framework 2019 & The Care act 2014 sets out how organisations should work together to safeguard & promote the welfare of Vulnerable adults
4. The guidance is addressed to all practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children & vulnerable adults
5. Clear effective communication and compliance with the above procedures is a professional responsibility of all disciplines.

This Enhanced Service reflects the additional work that the Practice will need to do in order to set up this communication.

3. Scope

3.1 Aims and objectives of service

To support Practices to develop their safeguarding infrastructure and processes in order that all relevant information is submitted by GPs in a timely manner to Child Protection Case Conferences, special circumstances meetings and Multi Agency Risk Assessment Conferences (MARACs) in the form of a report or summary. In addition, Court of Protection (CoP) 3 / 9 reports in relation to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)

Service Description / Pathway

The Provider shall:

- Respond to requests for information in accordance with national and local procedures and guidance (2.2 above) and statutory timescales for case conference or Best Interest Meeting; this Enhanced Service is designed to support the Practice achieve this requirement
- Identify a 'named lead' for the provision of this service
- Ensure the named Safeguarding Lead or Deputy attends as required CCG GP Safeguarding Leads Network meetings held quarterly (minimum attendance two per year), and cascades learning to the wider practice team
- Work in line with guidance to produce good quality, comprehensive reports within the statutory timescales

Outcomes of multi-agency safeguarding audits and feedback received from meeting Chairs will inform the CCG Safeguarding Team of those practices that would benefit from additional support and training

https://nottinghamshirescb.proceduresonline.com/local_resources.html#templates

Practices are directed to use 'Agency Report to Initial / Review Child Protection Conferences (Nottinghamshire)'

- Ensure good communication links and timely responses to local statutory services and agencies
- Facilitate access to the practice for Local Authority, secondary & community care professionals involved in a child/adult safeguarding case. This may be through providing details of the practice's direct access 'phone line', secure email, or sending a 'task' through the clinical IT system.
- Develop a protocol for the provision of this service. This should include a description of the process in place to respond to requests and must be reviewed annually.
- Ensure an appropriate record of activity is developed and maintained for audit and payment purposes.
- Numbers of all case conferences for which information has been requested must be entered onto the quarterly return, even if no information was submitted by the Practice to the case conference. An explanation of why no information was submitted must be noted.
- Information submitted may be audited by Nottingham & Nottinghamshire CCG on quality assurance visits.
- Provide all premises, staffing, equipment and consumables required to carry out the service
- Ensure that there are adequate back up / contingency plans in place for key staff absence
- Deal with any complaints received about the service, and reporting the complaint and the response to Nottingham & Nottinghamshire CCG. Complaints will be dealt with

according to timescales.

- Provide Nottingham & Nottinghamshire CCG with such information as it may reasonably request for the purpose of monitoring performance of the providers obligations

In Addition:

- Provide assurance via the completed Primary Care Quality Dashboard Quarterly Return as requested by the Primary Care Quality Team in relation to the Safeguarding Domains
 - Named Lead and Deputy for Safeguarding Adults
 - Named Lead and Deputy for Safeguarding Adults: Safeguarding training up to date
 - Named Lead and Deputy for Safeguarding Children
 - Named Lead and Deputy for Safeguarding Children: Safeguarding training up to date
 - Safeguarding Policy in date and reviewed annually, includes adults and children
 - Annual review of Mini Safeguarding Self-Assessment Framework (SSAF)

Report & Summary Guidance

One “Report” per conference for the family to be completed in accordance with the following guidance:

- The wording on the “Report” must be in a form that can be understood by non-medical professionals and the parents.
- Include information about any medical problems or other information that are relevant for safeguarding for each parent or child named in the conference who is registered at the surgery. (Children with identified health needs are more vulnerable and parents ability to recognise and respond to their health condition is important)
- Please include a brief explanation of why these problems are relevant for safeguarding (e.g. parental mental illness may affect the adults ability to focus on the needs of the child).
- Non-attendance for routine appointments or uptake of childhood immunisations is likely to be relevant and should be included
- A description of how well each of the medical problems is managed with an explanation as to why this is. The wording of this explanation must be in a form that can be understood by non-medical professionals and the parents
- Information from the parents or adults in the household’s records that is not relevant for safeguarding should not be sent as per the Data Protection Act (Principle 3).
- The parents / adults will need to be informed that their medical information will be shared with the case conference, even if they don’t agree or consent, as per national guidance “Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers”.
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- Wherever possible the parents should be contacted, and an offer made for them to read through the case conference report and child safeguarding summaries in advance of the conference.

Pathway

Each practice should have a clear pathway to ensure requests for information are prioritised

and responded to in a timely manner and reports are shared through secure routes.

Timescales

Initial Child Protection Case Conferences:

https://nottinghamshirescb.proceduresonline.com/p_ch_protection_conf.html

Tight timescales apply to ensure children at risk are safeguarded. Therefore Initial Child Protection notifications give limited time to submit and share reports. Whilst attendance or phoning in is desirable, it remains optional and does not form part of the payment.

Five days after the initial child protection conference, the minutes will be sent to the GP surgery (ideally via their secure safeguarding email address) and the minutes will state whether a child has been made subject to a child protection plan and if so when the review case conference will be held. This will enable the practice to log the date for the next meeting and ensure an updated report is submitted where appropriate. All information must be submitted at least one working day in advance of the case conference.

Multi Agency Risk Assessment Conference (MARAC) reports or summary and Court of Protection (CoP) 3 / 9 reports in relation to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) should be completed and submitted in line with the timescales set by the requester.

There may be occasions when the urgency of the case does not allow time for the full notice period for the completion of a report or summary to be given to the registered GP practice. The practice should endeavor to provide information as requested within the timescale set

3.3 Population covered

Children (under 18 years of age) and adults registered with a Nottingham or Nottinghamshire GP practice

3.4 Any acceptance and exclusion criteria and thresholds

Any request for information from Nottinghamshire County or Nottingham City Council or neighbouring authorities for a case conference or Best Interest Meeting in relation to a registered patient.

The GP surgery received no notice of the meeting, did not receive the minutes and did not receive a request for a case conference report with at least 5 working days' notice to complete it.

There may be occasions when the urgency of the case does not allow time for the full notice period for the completion of a report or summary to be given to the registered GP practice. The practice should endeavor to provide information as requested within the timescale set

3.5 Interdependence with other services/providers

It is best practice for the GP who has written the report to liaise with the chair of the case conference to discuss the report in advance of the conference, unless they will be attending the conference; however this will not form part of the payment.

The service is expected to work closely with other healthcare professionals, including:

- Nottingham City & Nottinghamshire County Social Services
- 0 – 19yrs Family Health Services
- Continuing Health Care Teams
- Mental Health & Acute Trusts
- Any specialist services involved with children or families
- ICS/CCG Safeguarding Team

3.6 Reporting accompanying information

Practices to make a quarterly statement via the Primary Care Quality Dashboard self-return confirming:

- The names of their Safeguarding Lead and Deputy Lead for children and adults
The Safeguarding Lead must be a GP. The Deputy Safeguarding Lead must be a senior clinician with professional registration
- All staff have the correct level of safeguarding training, as per 'Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document. 3rd Edition and "Adult Safeguarding: Roles and Competencies for Health Care Staff".

<https://fflm.ac.uk/publications/safeguarding-children-and-young-people-roles-and-competences-for-health-care-staffintercollegiate-document-3rd-edition/>

<https://www.rcn.org.uk/professional-development/publications/pub-007069>

The Care Quality Commission (England) advised in 2009 that "GPs and all staff working within a Practice, including administrative and reception staff, should be familiar with the principles of child protection and with their own role in safeguarding children. Each Practice should have a nominated lead and deputy lead to promote this work". Working Together to Safeguard Children 2018 states that GP's should have a lead and deputy lead for Safeguarding. The Deputy Lead must be a clinician trained to level 3.

- Safeguarding Policy in date and reviewed annually, includes adults and children
- Annual review of Mini Safeguarding Self-Assessment Framework (SSAF)

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The provider must ensure they are aware of, compliant with and provide evidence if required to demonstrate compliance with any relevant standards.

4.3 Applicable local standards

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed and the essential 16 standards achieved. Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all Serious Incidents that relate to primary care services to the appropriate CCG, in line with NHS England's Serious Incident Framework, March 2015 (new Patient Safety Incident Response Framework (PSIRF) in development, anticipated roll out Autumn 2022). If it is not clear whether or not an incident fulfils the definition of a serious incident, providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the

CCG on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA) <http://www.mhra.gov.uk/#page=DynamicListMedicines>
- Central Alerting System (CAS) <https://www.cas.mhra.gov.uk/Home.aspx>
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the CCG within the designated timescale.

4.3.1 Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection
- Provide adequate isolation facilities
- Secure adequate access to laboratory support
- Have and adhere to infection prevention and control policies that are based on national and local guidance
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks

Safeguarding

All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance: -

Children: <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

Looked After children

https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf

Adults: <https://www.rcn.org.uk/professional-development/publications/pub-007069>

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links: -

Safeguarding Children Procedures City & County:
<https://nottinghamshirescb.proceduresonline.com/>

Safeguarding Adult Procedures Nottinghamshire : -
<https://nsab.nottinghamshire.gov.uk/procedures/>

Safeguarding Adult Procedures Nottingham City: -
<https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding>

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

To be agreed by commissioner

6. Location of Provider Premises

The Provider's Premises are located at:

The Service will be provided within the boundaries of Nottingham & Nottinghamshire CCG. Providers must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery

The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of operation

As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core contract opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

7. Contract

The contract will run from 1 April 2021 to 31 March 2023 subject to review at nine months (December 2021) at which time the CCGs' commissioning intentions for this service for the remainder of the contract will be confirmed.

The notice period is three months for termination under General Condition 17.2.

Remuneration and Outcome Measures

Payment

The payment is:

- £35 per completed report or summary
 - £20 for 'Nothing to Add' response to report or summary
- A 'Nothing to Add' response is appropriate for families where there has been no

health involvement since the last conference and the report is provided to ensure the meeting Chair is aware that the GP has no concerns

Payment will be made in arrears on production of the completed claim form in relation to this service

Only where a report or summary has been completed in full or 'Nothing to Add' as appropriate and submitted to the relevant department will a payment be made.

Claims

Practices should claim using the LES claim form on a quarterly basis. A claim can be made for each case conference or Best Interest Meeting where all the relevant information was submitted to the case conference within the timescales set out by the requester.

All case conferences or Best Interest Meetings for which information has been requested must be entered onto the quarterly return. If no information was submitted by the Practice this must be noted on the quarterly return with a brief explanation of why no information was submitted, for example 'patient not registered at this practice', set out in the Annual Report due with the Q4 return.

Quality Requirements for Quarterly Reporting

- Primary Care Quality Dashboard self-return to provide assurance and demonstrate compliance with staff training and effective safeguarding systems and processes in place

The Primary Care Commissioning Team will liaise with the Primary Care Quality Team to access this information.

Information Requirements Reported Annually (Q4)

- Number of reports or summaries requested broken down by type:
 - Child Protection Conferences and special circumstances meetings (strategy meetings, serious child safeguarding incidents)
 - Multi Agency Risk Assessment Conferences (MARACs) for high risk domestic abuse
 - Court of Protection (CoP) 3 / 9 reports in relation to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs).
- Number of reports or summaries completed & submitted within statutory timescales broken down by type:
 - Child Protection Conferences and special circumstances meetings (strategy meetings, serious child safeguarding incidents)
 - Multi Agency Risk Assessment Conferences (MARACs) for high risk domestic abuse
 - Court of Protection (CoP) 3 / 9 reports in relation to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs).
- Where no information was submitted by the Practice to the case conference or Best Interest Meetings a brief explanation of why no information was submitted must be noted, for example 'patient not registered at this practice'.

Providers will be required to:

- Comply with requests from Nottingham & Nottinghamshire CCG to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service.
- Participate in an audit relating to this service as requested by Nottingham & Nottinghamshire CCG, if required.