

Paper: 8c

Date 20th November 2018

Title of paper **Safeguarding Children and Adults Assurance - GP at Hand**

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| Responsible Director | Diane Jones – Chief Nurse/ Director of Quality Approved report No <input type="checkbox"/> | | | | |
| Clinical Lead | Vanessa Andreae, Vice Chair | | | | |
| Confidential | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input checked="" type="checkbox"/> | <input type="checkbox"/> | Items are only confidential if it is in the public interest for them to be so |
| Assurance Level Agreed by Responsible Director | Good <input type="checkbox"/> | Adequate <input checked="" type="checkbox"/> | Limited <input type="checkbox"/> | Unsatisfactory <input type="checkbox"/> | |

The Committee is asked to:

Note the assurances provided by GP at Hand and the recommendations made by the safeguarding designated professionals to strengthen the safeguarding arrangements for both Adult and Children.

Summary of purpose and scope of report

This paper was first presented and discussed at the PCC on the 8th October 2018. The Committee requested further assurances in respect of the GP at Hand are safeguarding processes. This paper provides the committee with an overview of the additional work that has taken place.

Where gaps have been identified in the safeguarding arrangements, recommendations are made on how these gaps and any associated risks could be mitigated by the provider.

Finance, resources and QIPP

None identified

Equality / Human Rights / Privacy impact analysis

Safeguarding practice supports the rights of children and adults
(Human Rights Act – Article 3)

| Risk | Mitigating actions |
|--|---|
| Potential risk of children and adults not being safeguarded. | Designated professionals are working with GP at Hand to strengthen their safeguarding arrangements. |

Supporting documents

N/A

Governance and reporting

(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

| Committee name | Date discussed | Outcome |
|------------------------|----------------|---|
| Primary Care Committee | 08/10/18 | Further paper to be presented at the next committee meeting |
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Introduction

GP at Hand is an NHS GP practice, providing full General Medical Services to all registered patients. It operates a "digital first" model of general practice in London across zones 1, 2 and 3 where patients that work within these zones are able to register and thereafter access a clinician 24 hours a day, 7 days a week with no more than a few hours waiting time. The service is provided via a digital consultation on the patient's mobile device or computer. For those patients who need to be seen face to face, this can be arranged at any of their clinical locations (of which there are 5) around London on the same or next day.

In August 2018, NHSE London Region asked the CCG to confirm the practice and CCG were assured of the safeguarding arrangements in place. As a result of this query the designated professionals were requested to provide the CCG with assurance that GP at Hand had robust safeguarding processes / arrangements in place.

On the 8th October 2018, the Designated Safeguarding Adult Professional presented an assurance paper to the Primary Care Committee. Following consideration of this report, the committee sought further assurance. This report provides an overview of the further work that has taken place to strengthen the arrangements that GP at Hand have in place in relation to safeguarding children and adults. Where gaps have been identified in the safeguarding arrangements, recommendations are made on how the gaps and any associated risks could be mitigated by the provider.

1. Safeguarding Assurance

A number of meetings have taken place with the provider and the designated professionals since the initial report was presented to the committee on the 8th October 2018. The meetings have sought further clarification and evidence in relation to their safeguarding arrangements / processes.

Safeguarding assurances were sought via a number of different mechanisms, namely meetings with the practice safeguarding leads; reviewing safeguarding policies; the section 11 safeguarding audit; and via a series of targeted questions (detailed in the tables 1 and 2 below).

The above mechanisms provided the designated professionals with an overview of checks and balances that GP at Hand has put in place to ensure that patients are safeguarded, such as:

- Evidence of good safeguarding leadership with clear lines of accountability
- Good engagement with the local safeguarding partnership across the Tri Borough
- Engagement by the safeguarding lead with the designated professionals (will be attending provider network meetings)
- Appropriate employment of a safeguarding consultant for advice and guidance (as and when required)
- Separate safeguarding children and adults policies

- Safer recruitment policies
- Whistle Blowing policy
- Mental Capacity policy
- Compliant with safeguarding training requirements
- Evidence of governance arrangements, clear audit processes in place (see audits completed below)
- Assurance via Hammersmith and Fulham Local Authority that they have received appropriate referrals from the GP at Hand Service
- No concerns have been raised / fed back to the children designated nurse by the local safeguarding children board (LSCB) in terms of GP at Hand's referrals to children's services
- A Section 11(Children Act 2004) audit has been completed. This is a requirement from the LSCB and gives assurance that their safeguarding systems / processes meet the required standards.

Based upon the above and the information shared by the provider with the designated professionals, the committee can be assured that GP at Hand has the necessary safeguarding leadership in place with good lines of accountability and that policies, systems and processes are in place to safeguard children and adults. The responsibility for the operationalisation of these policies, systems and processes lies with the provider.

2. Further work to be done by GP at Hand

Due to the nature of the service delivery and the potential for the service to continue growing, there are potential safeguarding concerns which the provider needs to take account of. From the work that has been done to date these include:

- How the policies, systems and processes that the provider has in place are translated into practice.
- GP at Hand's wider engagement with the local authorities in which their registered patients live.
- Likewise the provider's engagement with named GPs and designated professionals.
- A further review of the quality and level of training provided to ensure that it has taken account of the feedback provided.
- Further works in relation to the management of mental capacity assessment tool to ensure assessments are robust.

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- 16 year old children can register without an adult this could potentially increase the risk of children who are being exploited or trafficked and their perpetrators registering with the practice. See quarterly safeguarding audits below.

Audits

Areas for the quarterly safeguarding audits are listed below:

- Review of all children on the Safeguarding register to ensure that their notes are up to date and coding is correct.
- Review of all adults on the Safeguarding register to ensure that their notes are up to date and coding is correct.
- Review of all 16 and 17- year-olds registered with the Practice without a responsible adult which will also explore if there are any Safeguarding concerns that should be addressed
- Review all active clinicians to ensure their Safeguarding training is up to date

Table 1. Targeted Safeguarding Children questions posed to GP at Hand

| Question | Response provided | Assurance level |
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| 1. Do you have a whistle blowing policy/process, if not can this be included in the safeguarding children policy? | Yes, we have a whistleblowing policy and will ensure this is referenced within the Safeguarding policy | Assured – suggested changes incorporated into the policy |
| 2. How do you ensure all staff employed have had a DBS and how do you ensure there is compliance with the process? | We have strict recruitment compliance checks, including DBS checks where appropriate. No member of staff is allowed to commence work until these checks are complete. The compliance spread sheet is reviewed monthly by the Partners. | Assured based on information given |
| 3. Can children register with the practice without an adult? If yes how does the practice ensure the adult had PR for the child? | In line with NHS guidelines, under 16s are not allowed to register independently with the Practice. The only exception to this would be where a child with Fraser competence specifically requests this. Competence in this situation would be assessed by a senior clinician. In terms of assuring ourselves of parental responsibility, we ask for the birth certificate of the child | Assured based on information given |

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| | <p>in line with current NHS guidance.</p> <p>Those aged 17 and 18 can register independently, again in line with guidance. A regular audit is carried out to identify these patients and review any potential safeguarding concerns. GP at Hand have been asked to share the latest audit with designated professionals. Designated professionals will validate the audit tool to ensure that it incorporates the potential for safeguarding concerns.</p> | |
| 4. Are children's records linked with the adult's records? | Yes, via SystmOne. It is mandatory to record relationship status for all under 16s during the registration process. | Assured based on information given |
| 5. How are you linked in with the Local Authorities to ensure vulnerable children identified and coded on the system, and do you have a mechanism to ensure the code is removed when the child is no longer vulnerable? | Our policy explains the coding process, and the process of removing codes when the child is no longer vulnerable. We review our Safeguarding list monthly. | Assured - suggested changes incorporated into the policy |
| 6. One of your GPs attends the Hammersmith and Fulham Safeguarding Leads meetings, is this replicated in other CCGs? | We attend the local Leads meetings, and are actively working to secure invitations to as many London locality leads meetings as we can. | <p>Assured that GP at Hand attends H&F meetings.</p> <p>Necessary links made with NHSE Safeguarding colleagues to facilitate GP at Hands attendance at London wide network</p> |
| 7. How is the practice informed of changes in other Local Authorities? | We have reached out to all London LAs and asked to be put onto their mailing list for changes and updates, along with requesting invitations to their leads | Assured based on information given |

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| | meetings. Designated Professionals – will seek confirmation from the provider that they have been put on the mailing list and that they are being invited to meetings. | |
| 8. Do you have non-clinicians employed by the practice, if so how do they access safeguarding children training? | Support and reception staff are trained to Level 1 in line with current guidance. This is done via online training at induction, and also regular clinical update meetings delivered in the practice. | Assured based on information given |
| 9. Where do your safeguarding leads access safeguarding supervision and level 4 training? | This is accessed via our Safeguarding Advisor, specifically employed for this process | Assured based on information given |
| 10. What is your current training compliance? | All our clinical staff are fully compliant with Safeguarding training. They are removed from working if their training expires. This is monitored closely by our compliance team | Assured based on information given |
| 11. Could you also please include LADO (Local Area Designated Officer) responsibilities in the allegations of abuse section and include the LADO contact numbers for all the local authorities you work under? | Policy updated to reflect this | Assured - suggested changes incorporated into the policy |

Table 2. Targeted Safeguarding Adults questions posed to GP at Hand

| Question | Response provided | Assurance level |
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| 1. Does the practice have the appropriate training as skill to assess mental capacity? And where is it recorded? | GP at Hand safeguarding policy makes reference to the Mental Capacity Act and there is a clear process to support GPs with applying the MCA in practice. Further work has been suggested in relation to the use of a Mental Capacity Assessment tool. | Assured To be followed through by designated Safeguarding Lead for adults |
| 2. Is the safeguarding adult's policy clear relating to the safeguarding referral process? | Within the policy there is a clear referral process to support GPs to make safeguarding referrals where appropriate. GP at Hand will refer patients to the relevant Local Authority | Assured |
| 3. Does GP at Hand have access to all local authorities that they provide services to? | GP at Hand is currently maintaining a list of the leads in the areas where they have patients, and liaise with them as needed. This will continue until the NHSE App is updated. | Assured based on information provided. |
| 4. Is there a clear training package in place that supports GPs with safeguarding adults and mental capacity? | <p>Safeguarding training covers MCA and the application of MCA in practise which is in line with the five principals of the Mental Capacity Act. GPs are trained to use the MCA definition and guidance of how to assess a patient's capacity.</p> <p>GP at Hand also uses reflective practise approach after a safeguarding incident has been resolved which is invaluable to help you develop best practice.</p> <p>All clinicians are trained in Adult and Level 3 Child Safeguarding using a nationally-recognised programme (BlueStream Learning). Clinicians are required to renew their training every three years as a minimum. Their compliance is monitored closely,</p> | <p>Assured - based on information provided.</p> <p>Designate professionals have asked to attend a one off training session.</p> <p>Feedback provided re some updates required to BlueStream Learning training</p> |

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| | with reminders sent in advance of training being carried out. They have a contractual requirement to keep their training up to date and should their training expire, they are not allowed to work until training is in date. | package. |
| 5. How does the practice engage with the wider safeguarding community? | <p>GP at Hand engages with all the local authorities in zones 1, 2 and 3, named GPs and designated safeguarding professionals in which they provide services.</p> <p>GP at Hand have previously sent communications out to explain who they are, their policies and how to contact their Safeguarding Lead.</p> | <p>Assured based on information given.</p> <p>Necessary links made with NHSE Safeguarding colleagues to facilitate GP at Hands attendance at London wide network</p> |
| 6. Is the practice aware of the intercollege guidance regarding the six principals which underpin safeguarding adults? | GP at Hand's safeguarding policy does reflect the intercollege guidance and how to apply this in practice. | Assured |
| 7. Does GP at Hand have robust and safe recruitment procedures and practices in place? | GP at Hand has strict recruitment compliance checks, including DBS checks where appropriate, and no member of staff is allowed to commence work until these checks are complete. The compliance spread sheet is reviewed monthly by the Partners | Assured based on information given |
| 8. Does GP at Hand support individuals to access their right to an independent advocate where an adult has substantial difficulty in being involved in the safeguarding process and they have no suitable representation or support? | GP at Hand work with Local Authorities to access advocacy services where appropriate. | Assured based on information given. |

Recommendations

Actions to mitigate gaps in assurance:

1. To ensure that the links that have been made with NHSE London Safeguarding Leads are utilised.
2. As outlined, there is an increased risk of children who are being exploited or trafficked and their perpetrators registering with GP at Hand. Therefore in order to minimise this risk, the provider should look into the possibilities of using the Child Protection Information System (CP-IS). This system currently links Local Authorities pan London and nationally with health systems in unscheduled care setting to identify children who are on child protection plans, Looked After Children and the unborn subject to Child Protection Plans. It is acknowledged that there are limitations to CP-IS in that vulnerable children who are not subject to Child Protection Plans or Looked After are not identified.
3. A further meeting with the provider is planned for the 15th November to follow up suggestion made in relation to the mental capacity assessment tool and the training package for adults.
4. Whilst we have assurance that GP at Hand has engaged with the Hammersmith and Fulham CCG's designated professionals, this is a new service delivery model which will bring about different safeguarding children / adult concerns / issues as it continues to grow, some of which may not be predictable. GP at Hand will need to work collaboratively with the safeguarding partnerships across Health and Social Care to support and strengthen their work on safeguarding for both children and adults.