

NHS Greater Glasgow & Clyde



NHS Board Meeting

Dr Margaret McGuire  
Nurse Director

21<sup>st</sup> August 2018

Paper No: 18/39

**Report on the outcomes of both Child Protection and Adult Support and Protection Reviews**

**Recommendations:**

The Board are asked to:

- Note the plan to combine the existing governance arrangements for both Child Protection and Adult Support and Protection into one NHSGGC Public Protection Forum.
- Note the establishment of an NHSGGC Adult Support and Protection Operational Group to mirror functions of NHSGGC Child Protection (Acute & Partnerships) Operational Groups.
- Note that this will include strategic representation from MAPPA, GBV and ADP within NHSGGC Public Protection Forum.

**Purpose of Paper:-**

To review governance and assurance arrangements for NHSGGC Child Protection and Adult Support and Protection in respect of Board responsibilities as detailed in National Guidance.

**Key Issues to be considered:-**

This review has identified an opportunity to combine governance and assurance aspects of both groups into one Public Protection Forum thus improving efficiency and effectiveness whilst maintaining executive oversight and strategic function and is in keeping with governance processes in other NHS Boards. The establishment of a single Public Protection Forum for NHSGGC has been agreed by Chief Officers and Acute Directors, it provides the opportunity to improve governance as well as including other key areas for Public Protection.

**Any Patient Safety /Patient Experience Issues:-**

No

**Any Financial Implications from this Paper:-**

No

BOARD OFFICIAL

**Any Staffing Implications from this Paper:-**

No

**Any Equality Implications from this Paper:-**

No

**Any Health Inequalities Implications from this Paper:-**

No

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-**

No

**Highlight the Corporate Plan priorities to which your paper relates:-**

**Author – W. Mitchell/Dr M McGuire  
Tel No – 0141 201 4407  
Date – 10/08/18**

# BOARD OFFICIAL

## 1.0 Introduction

The Board Nurse Director commissioned an internal review of both the Child Protection Service (CPS) and the Adult Support and Protection (ASP) governance and reporting arrangements within NHSGGC. This report details the findings of the review and concludes with a summary and recommendations.

Review aims:

- Review organisational and corporate governance arrangements within NHS Greater Glasgow (NHSGGC) for both Child Protection and Adult Support and Protection, taking into account national guidance and legislation.
- Review NHSGGC assurance mechanisms, ensuring effective and competent discharge of organisational responsibilities for protecting children, young people and vulnerable adults.
- Consider efficiency and effectiveness of the individual Child Protection and Adult protection governance arrangements and explore the feasibility and benefits of combining these arrangements.

## 2.0 Legislation and Policy Drivers

NHS staff provide universal health services and may be the first to become aware that an individual may require additional support or indeed be at risk of harm and as such have a pivotal role in public protection.

Key legislation and statutory guidance for protecting children, young people and adults in Scotland are:

- Children and Young People (Scotland) Act 2014)
- National Guidance for Child Protection in Scotland 2014
- Child Protection Guidance for Health Professionals 2013
- Adult Support and Protection Scotland Act 2007
- Adults with Incapacity Scotland Act 2000
- Mental Health Care and Treatment Scotland Act 2003
- Equally Safe – A Delivery Plan for Scotland’s Strategy to Prevent Violence against Women and Girls 2017
- Scotland’s National Action Plan to Prevent and Eradicate Female Genital Mutilation
- Forced Marriage etc. (Protection and Jurisdiction (Scotland) Act 2011
- National Action Plan to prevent and tackle Child Sexual Exploitation, Scottish Government 2018

### 3.0 NHSGGC responsibilities

NHSGGC have specific responsibilities and will work with partners to report progress and ensure evidence of continuous improvement for both Child Protection and Adult Support and Protection. As such, NHSGGC must ensure we provide the following in order to secure high quality, safe and effective protection services:

- A governance, accountability and reporting framework that promotes good practice in public protection across the whole lifespan.
- A quality assurance framework which improves outcomes for children, young people and vulnerable adults. This should include regular self-evaluation and audits in relation to Child Protection and Adult Support and Protection and vulnerable families.
- Sufficient prioritisation of resources allocated to ensure the Board meets its responsibilities in the protection of children, young people and vulnerable adults.
- Services which include preventative strategies using the GIRFEC approach which supports prevention and early intervention to reduce the number of children and young people within the Child Protection system.
- Commissioned services for the provision of therapy, counselling and support for children and young people and families where abuse has occurred or where continuing support is required.
- Services are in place so the health needs of all Looked After Children are assessed and their needs met, in line with Corporate Parenting responsibilities.
- Robust information sharing systems that support the identification of vulnerable children, young people and adults.
- A learning culture to ensure gaps in protection services and systems which may have an adverse impact on the outcomes for children, young people and vulnerable adults are identified and addressed.
- A learning and development strategy and delivery programmer for all healthcare staff including independent contractors (GPs) and their staff.
- Robust systems to ensure that NHS staff contribute to the Child Protection and Adult Support and Protection interagency training programmes such as the HSCP, police and voluntary services to ensure that all healthcare staff are trained to the level appropriate to their role and responsibility.
- Child Protection and Adult Support and Protection information, guidance, protocols and procedures which are evidence based and are in line with local, interagency and national policy and are accessible to all staff.
- Safe and robust recruitment processes within current legislation and policies.

#### Community Protection Chief Officer Groups (COG)

Chief Constables, Chief Executives of Health Boards, Local Authorities and Health and Social Care Partnerships are the Chief Officers responsible for ensuring that their agencies/bodies individually and collectively, work to protect individuals who may be at risk of harm and or abuse. Each Local Authority Area has a Chief Officer Group, which meets quarterly. The Nurse Director represents the Chief Executive on each COG.

## **4.0 Child Protection Governance Arrangements**

### Child Protection Committees

The Child Protection Committee reports directly to the relevant Community Protection Chief Officer Group and is responsible for strategically developing, implementing and evaluating Child Protection policy and practice in the locality. Chief Officers will ensure that all members of their Child Protection Committee have the relevant delegated responsibility level and capacity to make decisions on behalf of the service or agency they represent.

### NHS Boards

Health Boards must seek and provide assurance that no act or omission on its part or that of its staff inadvertently puts a child or young person at risk. Health Boards must ensure there is access to expert professional nursing and medical leadership and advice for health staff, services and other agencies. Health professional leads will advise the Health Board executive staff on Child Protection matters, contribute to the development of strategic planning arrangements, standards and guidelines.

NHSGG&C are required to have a robust governance and accountability reporting framework to assure the Board that their staff are competent and able to discharge their Child Protection responsibilities (Appendix 1).

The Chief Executive of NHSGGC has delegated responsibility to the Board Nurse Director as the Executive Lead for Child Protection, which is in accordance with the Scottish Government Child Protection Guidance for Health Professionals (2013).

The Board Nurse Director is NHSGGC representative on each of the six Chief Officer Groups. In addition, senior members of the Child Protection Service represent NHSGGC on each of the six Child Protection Committees.

Whilst a number of health services have been devolved to six Health and Social Care Partnerships (HSCP), NHSGGC remains the employer of these staff. The Public Bodies (Joint Working) (Scotland) Act 2014 does not change the professional regulatory framework in relation to professional accountability and the relevant reporting mechanisms.

### Child Protection Forum

The Child Protection Forum is chaired by the Board Nurse Director to ensure executive oversight and assurance of NHSGGC Child Protection responsibilities, the minutes and accompanying reports from the Forum are provided to NHSGGC Board Clinical Governance Forum and there is a reporting structure to the Clinical and Care Governance Committee. The Chair of the Child Protection Forum will directly advise the Board Clinical Governance Forum and the Clinical and Care Governance Committee on any major risks arising from performance of its role.

## BOARD OFFICIAL

### Child Protection Operational Groups

There are two Child Protection Operational Groups (acute and partnerships) that report to the Child Protection Forum. The Acute Child Protection Operational Group has recently revised its membership role and function in order to report on governance and provide assurance that staff in and acute services are competently discharging their Child Protection responsibilities. The Chief Officer for East Dunbartonshire has taken over as Chair of the Partnership Child Protection Operational group and is currently exploring how best to progress this group and will bring this to a conclusion by the end of September.

Both the Chief Nurse (Head of Child Protection Service) and the Lead Paediatrician provide clinical and specialist advice, direction and support to those in professional leadership and management roles across NHSGGC, who have responsibility for staff and ensuring they competently discharge their responsibilities for Child Protection. The CPS consists of a number of designated professionals including Child Protection Advisors (CPA's) who are senior nursing staff with additional MSc level Child Protection qualifications.

### **5.0 Child Protection Review**

The Scottish Government has stated its response to the National Child Protection System Review (2017) within the published Child Protection Improvement Programme (CPIP 2017). NHSGGC are actively engaged, influencing Scottish Government CPIP actions particularly in relation to the unique position of health to intervene early in protecting children. With this in mind NHSGGC CPS must remain an adaptive and responsive service.

### NHSGGC Child Protection Service

In recognition of the vital role of all health staff in the protection of children and young people the Scottish Government detailed strategic and corporate responsibilities for all Health Boards (Scottish Government 2013). The CPS supports NHSGGC in the discharging of strategic and corporate Child Protection responsibilities, these include:-

- Support delivery, quality assurance and ensure governance of corporate Child Protection \*key functions (see below), whilst maintaining standards of professional governing bodies such as Nursing and Midwifery Council and the General Medical Council.
- Work in partnership with statutory agencies in the immediate response to CP Concerns, including Initial Referral Discussions (IRD). Collaborate with Police Scotland in large scale inquiries into organised crime including Child Sexual Exploitation and Trafficking. Cooperate with the Scottish Children's Reporters Administration as required.

## BOARD OFFICIAL

- Deliver responsive and accessible specialist clinical services in respect of medical examinations and assessments along with the provision of professional expert advice and support.
- Provide clinical support and Child Protection management of cross Health Board Child Protection cases.

### \*Key functions

- Provision of professional and clinical advice and support in respect of Child Protection matters to all staff and other agencies where appropriate.
- Provision of professional and clinical support with complex Child Protection cases.
- Provision of Child Protection education and training.
- Provision of professional Child Protection supervision.
- Collaboration with key agencies including Crown Office & Procurator Fiscal Service, Police Scotland, Scottish Children's Reporters Administration and Social Work to ensure timely and proportionate sharing of information compliant with Data Protection Act (1998) and NHSGGC information sharing governance.

### CPS Improvements

Since November 2016 there has been considerable service remodelling, change and improvement within the CPS, notably the alignment of the former CPU and Specialist Child Protection Medical Service.

The key aim for 2016/17 was to establish robust infrastructures of systems and processes to direct and support NHSGGC and staff therein to discharge responsibilities for protecting children and young people. Key service aims for 2018 are to measure the impact of the Child Protection Service in order to support continued improvement and quality assurance.

In 2015, an internal review of the Child Protection Unit (CPU) raised concerns about leadership, management and governance; this also identified Board, operational and local management difficulties. From November 2016, revised management arrangements have strengthened professional expertise, leadership and governance, however improvements to support succession planning and develop staff competency within a high risk and specialist area require continued support and a longer term to secure.

### **6.0 Key considerations for Child Protection**

It is important to recognise that despite controls to mitigate risk, abuse or significant harm to children is rarely predictable and as such may still occur. Whilst considerable improvements have been achieved with an emphasis on patient safety, we recognise this has and will continue to impact on other parts of the whole Child Protection system. For example the shift to a more responsive service has resulted in a considerable increase in demand,

## BOARD OFFICIAL

particularly from clinical staff in acute settings. Another example being the CPS continues to raise awareness across the Board of staff responsibilities for protecting children; this again has resulted in an increased demand on the CPS for professional guidance and clinical support.

It is critical to acknowledge that the CPS operates within a series of complex adaptive systems, many of which continue to experience changes as a result of both reform and increasing risks in respect of societal change. With this in mind, this review has identified four key areas which require further improvement and consideration in relation to NHS GGC safely discharging their corporate responsibilities for Child Protection.

### Workforce planning

Service remodelling and improvements have resulted in increased service delivery and uptake. In addition, changes in legislation and national guidance have led to a considerable increase in service demand. Workforce planning activity is currently underway and expected to conclude autumn 2018 to ensure safe and effective service delivery aligned with both local and national policy, this will report via the Child Protection Forum.

### Training

NHS GGC requires its workforce to be competent, knowledgeable and have the required skills to actively recognise and act to protect children. In order to develop a competent and confident workforce all NHS GGC staff must have access to appropriate Child Protection training, learning opportunities and support, to enable staff to execute their roles and responsibilities.

On-line training is available for staff via Learn-Pro, supplemented by face to face training particularly for staff that require increased knowledge and competence in Child Protection as identified by NHS Education for Scotland (2012) and the Royal Colleges Intercollegiate Guidance (2014).

Recent Child Protection reviews have specifically identified the need to evaluate and understand the learning and competency requirements of clinical staff working in an acute setting, this is particularly important given the flow of children through the RHC. This includes contributing to assessment, planning, intervening and working within a multi-agency context to protect children. An analysis of training/educational requirements is currently being explored in collaboration with the University of Glasgow, progress and recommendations will be progressed via the Child Protection Forum.

### Regional Child Protection activity

The CPS provides Child Protection case management and is responsible for collaborating with statutory agencies for children and young people from other Board areas receiving tertiary services from the Royal Hospital for Children. The unpredictability of Child Protection cases from areas outside the Board has increased workload for our CPS staff.

## BOARD OFFICIAL

The Chief Nurse is leading work in collaboration with the Director for Regional Planning who has responsibility for the Child Protection MCNs to determine the volume and impact of regional activity. Progress from this will report via the Child Protection Forum.

### Active learning and sustaining improvement

There is national recognition (CPIP) that considerable improvement is required across Scotland in relation to learning from Child Protection Reviews. This is multifaceted and will require change in the approach for undertaking reviews to ensure a safe environment conducive for learning is established. Partnership and acute colleagues are working closely to achieve this aim. A Child Protection Significant Clinical Incident (SCI) protocol was developed to compliment the NHSGGC SCI policy. There are currently a number of CP SCI reviews underway which will enable learning specific to Health and Child Protection.

## **7.0 Adult Support & Protection**

### **Introduction and Background**

The Adult Support and Protection arrangements within partnerships are well established with governance reporting and assurance via Adult Support and Protection Committees who report to the six Community Protection Chief Officers Groups. In addition the HSCPs report via relevant HSCP Clinical Governance Committees. In acute the reporting and governance is via local clinical governance committees to the Acute Clinical Governance Forum. The Adult Support and Protection (ASP) Liaison group has a remit to bring together key stakeholders from across HSCPs and Acute Services to promote collaboration around shared responsibilities within the ASP agenda, this includes appropriate and proportionate information sharing, promoting best practice and providing opportunities for learning to optimize the role of health staff within ASP.

### **Priority Areas of Work for ASP Liaison group.**

In May 2016, the following priority areas were identified by the ASP Liaison Group and acute Chief Nurses and progressed via a strategic training plan for 2017/18:

- Development and delivery of ASP Training for acute staff – both online and face-to face.
- More focused, bespoke training for staff working in high risk areas such as A&E departments, Older People's Care, Mental Health, Learning Disabilities and Addictions.
- Real-time information available on the content of Adult Protection 1 (AP1) referrals made by acute staff and how these concerns are being addressed by Social Work.
- Greater collaboration between acute and HSCP ASP leads to ensure consistency of approach in the management of ASP concerns, training and reporting.
- Updating of all current ASP resources and the ASP web pages.
- Development of a more robust and consistent approach to ASP governance across the Board area.

## **Key Considerations for Adult Support and protection**

Similar to Child Protection services changes in legislation and national guidance has also led to a considerable increase in service demand which is being addressed locally. NHSGGC must ensure the systems and processes are in place to deliver its responsibilities in the protection of vulnerable adults.

### Training

As with Child Protection, NHSGGC requires its workforce to be competent, knowledgeable and have the required skills to actively recognise and act to protect vulnerable adults. In order to develop a competent and confident workforce all NHSGGC staff must have access to appropriate training, learning opportunities and support, to enable staff to execute their roles and responsibilities.

On-line training is available for staff via Learn-Pro, however this should be supplemented by face to face training particularly for staff with specific roles such as those staff working in Acute services who require increased knowledge and competence in ASP. A number of advanced level 1 and 2 sessions were delivered across hospital sites, followed up with a series of update sessions for all grades of staff. There are three online modules available for staff to access: ASP Level 1 Awareness Raising; ASP Advanced and ASP in A&E Departments. Two further modules on learning from SCRs and recognition and response to harm are being developed.

### Active learning and sustaining improvement

Learning from Adult Protection Reviews is key to service improvement and protecting vulnerable adults, As with Child Protection these significant case reviews are being strengthened and will complement the NHSGGC SCI policy with learning shared throughout NHSGGC and wider if relevant.

## **Management and reporting of Adult Protection (AP1) referrals recorded on Datix**

All AP1 referrals are recorded on the Board's Datix system. A quarterly update report on all AP1s recorded on Datix, which details the follow-up actions taken, is presented at each quarterly meeting of the ASP Liaison Group. The total number of AP1s submitted from NHSGGC acute hospitals in the 21 months from June 2016 – March 2018 was 190.

The majority of the referrals submitted during this period were from the three large acute hospital sites: Glasgow Royal Infirmary (North Sector, n=69), Queen Elizabeth University Hospital (South Sector, n=50) and the Royal Alexandra Hospital (Clyde Sector, n=24).

The quarterly report now includes data for HSCPs, Mental Health Services, LD and addictions. An automated email alert is triggered when an AP1 is logged for their area. A report covering HSCPs and Acute is now produced quarterly.

### **8.0 Conclusion**

There is recognition that there has been considerable improvement and development by both the CPS and ASP working with Acute and Partnerships within NHSGGC, accepting both have identified areas for further improvement and the need to build on and embed change already underway.

National guidance in Scotland identifies 5 key areas for Public Protection in Scotland these are Child Protection, Adult Support and Protection, Multi-agency Public Protection Arrangements (MAPPA), Gender Based Violence (GBV), and Alcohol and Drug Partnership (ADP).

Whilst partner agencies have statutory responsibilities within the various areas of public protection, NHSGGC is accountable and responsible for the provision of a high quality, safe, effective and person centred health service. As such NHSGGC needs robust governance arrangements ensuring competent discharge of services and professional duties within the various public protection agendas. Central to this is a cohesive approach to public protection reporting and governance arrangements.

Board wide multi-agency governance arrangements for the various Public Protection agendas are well established in the form of Community Chief Officer Groups and Child and Adult Protection Committees. Similarly, NHSGGC has well established governance arrangements for both Child Protection and Adult Support and Protection which also report via the Board Clinical and Care Governance route. The Board Nurse Director chairs both the Child Protection Forum and ASP Liaison group providing executive oversight.

This review has identified an opportunity to combine governance and assurance aspects of both groups into one Public Protection Forum thus improving efficiency and effectiveness whilst maintaining executive oversight and strategic function. In addition the establishment of a single Public Protection Forum for NHSGGC provides the opportunity to strengthen and improve governance and include the other key areas for Public Protection that is MAPPA, GBV and ADP.

Combined governance arrangements within the Board will mirror multi-agency Public Protection arrangements which are being recognised for improving protection of vulnerable people. In addition combined governance will contribute to supporting continuous improvement and maximising NHSGGC contribution to the cross cutting agendas of Public Protection.

### **9.0 Recommendations**

Combine the existing governance arrangements for both Child Protection and Adult Support and Protection into one NHSGGC Public Protection Forum (Appendix 1).

Establish an NHSGGC Adult Support and Protection Operational Group to mirror functions of NHSGGC Child Protection (Acute & Partnerships) Operational Groups.

Include strategic representation from MAPPA, GBV and ADP within NHSGGC Public Protection Forum.

BOARD OFFICIAL

BOARD OFFICIAL

**Appendix 1**

**NHSGGC Child Protection and Adult Support and Protection Governance Structure**

