

Safeguarding Services

**Sussex Community Dermatology Service
Medical Clinics Ltd
Worthing Skin Clinic Ltd
R&F Emerson LLP**

December 2015

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1. Executive Summary

The organisation prides itself in delivering safe and effective services for patients at all levels with high standards in clinical governance. Safeguarding patients is a key part of this process and is considered a multi-disciplinary process shared with other organisations in the area.

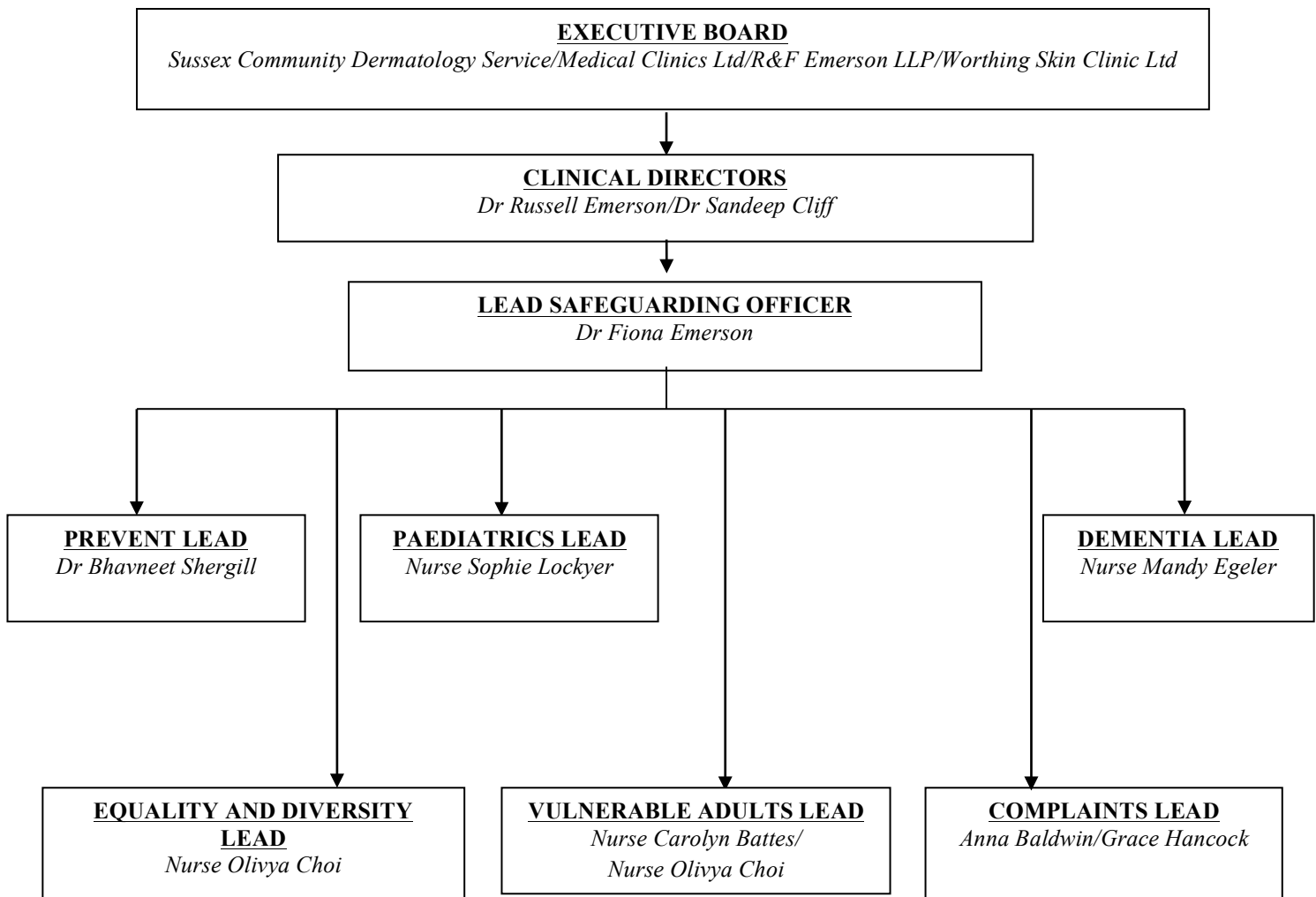
Safeguarding is overseen by a company management team working with the Safeguarding Lead and other safeguarding officers. We have the same safeguarding structure across all of the organisations we operate and the same policies and procedures.

The organisation works closely with many key stakeholders across NHS and private sectors learning from shared good practice and dissemination of information.

Services provided are generally considered to be extremely low-risk as extended primary care services but nevertheless high standards of care are provided to ensure that they are as safe as possible. Safeguarding has a key role to play with this.

In accordance with recommendations, we link into existing local services provided geographically across Sussex and use local contacts based on policies and procedures locally.

2. Safeguarding Service Structure



As an extended primary care service, we benefit from employment of a wide-range of primary care staff and consultant specialists. All staff have worked and trained providing clinical care to a wide-range of age groups, ethnic groups, and disabilities across primary care, community and hospital locations. The same team members have underpinned safeguarding for many years and have local knowledge of policies and procedures. We take training in safeguarding very seriously across the organisation.

All staff are trained in safeguarding issues to the following levels:

Administration Staff – Level I
Nursing Staff – Level II
Senior Nursing Staff – Level III
Medical Staff - Level III

We have nominated 'Safeguarding Leads' in all key areas. All staff have undergone external training to support their roles and keep updated. The team meets each quarter to discuss any policy and procedure changes as an ongoing commitment to change management and risk management.

3. Scope of Clinical Services

We provide care to patients in all age-groups as an 'Extended Primary Care Provider'. We have held CQC registration for 'whole population services' for in excess of 10-years supported by robust clinical governance and safeguarding policies and procedures. Services have extended across the full age range including children. All staff members have many years experience of dealing with children, parents, carers, disadvantaged groups, dementia patients, and those with disabilities.

Children's Safeguarding

Children's outpatient care for dermatology referrals is provided by a team of local General Practitioners supervised by Consultant Dermatologists, all of whom have received sub-specialist training in paediatric dermatology. Three of the Consultant team have sub-specialist interests in Paediatric Dermatology that have included clinics held in local and distant NHS acute trusts. We only provide Level 3A Community Paediatric Services. Care is provided around recommended minimum standards proposed by the British Association of Dermatologists Working Party in 2012.

The same experienced team of Consultants and local GP's provide both private and NHS consultation services as a part of Sussex Community Dermatology Service Ltd and R&F Emerson LLP, based in Hove. We have 10-years experience in delivering these services safely to all age-groups. To put this in context about 4% of new patient private referrals (80-90 patients per annum) and 8% of NHS referrals (1600 of 20,000 new patient referrals) are for children aged under 18-years of age. These are all seen in primary care and appropriate locations by a team with a proven track record in delivering safe services. Care is delivered according to age, as this differs for younger children compared to adolescents. As we provide a full spectrum of services, we are able to manage the transition from one service to another seamlessly as required.

This care is supported by NHS commissioned contracts, safeguarding policies and procedures, and pathway links into other services. We have a Children's Safeguarding Lead, who is also a Registered Paediatric Nurse and has worked with the same clinical team for the past 10-years. We hold dedicated paediatric clinics at different times to adult clinics and these are all held in CQC registered premises. Typical presenting clinical problems to NHS and private services are those of undiagnosed skin rashes, childhood eczema, childhood psoriasis, skin infections, rare dermatoses, skin lesions, and birthmarks. The same specialist team works across the full spectrum of primary care, community care, and acute trusts with established links into local NHS trusts and specialist care at many levels. Local GP's receive education about paediatric children's skin disease and lesions as a part of training programmes we run across Sussex and Surrey (South East Education for Dermatology Services).

All supporting administration, reception, healthcare assistants, nurses, medical staff and management staff are trained in child safeguarding so that we recognise any potential issues that need reporting. The local healthcare

population is dependent on such services as dermatology constitutes 10% of all referrals into community/intermediate services. There is inadequate provision for such services in either the acute trust or private sector as few organisations comply with safeguarding standards.

In the past 10-years, we have identified less than 5 potential safeguarding issues in children, all of which were reported using correct local policies and procedures. The Safeguarding Lead is Dr Fiona Emerson who has many years experience working as a GP with responsibilities for safeguarding for in excess of 16-years and experience of case conference attendance. Dr Emerson attends all local workshop meetings and has established a network of contacts across the area should any issues arise. The services also benefit from local GP's all of whom are Level III trained and experienced in carer provision for children as busy GP's.

Clinics for children are either held in primary care CQC registered premises or at the new clinic at Worthing. We have purpose designed the upstairs waiting room to be child friendly and to accommodate clinics that run at separate times to other adult clinics. This includes a small soft play area with child friendly 'wipe-down' toys, posters and dedicated children's information. The Worthing clinic also has full disabled access with a lift to all floors, baby-change mats, and meets disability requirements. We have specific 'Paediatric Dermatology' policy and procedures for ensuring that we comply with minimum standards.

Dementia Safeguarding

Staff have received training in dementia care and we have a nominated Dementia Lead (Mandy Egler). Mandy is trained to disseminate good practice for patients and promote awareness amongst staff and other locations that clinical teams work from. We have a local NHS CQUINN's initiative to equip the building with dementia friendly signs and equipment.

Female Genital Mutilation

We have a FGM Lead and staff are trained to identify potential issues with respect to this in patients that we see. This is important as many referrals in dermatology are for vulval and perianal skin disease. These patients would typically be seen by a female member of the clinical team and Dr Susana Sidhu is our recognised vulval dermatologist for highly specialised problems.

Prevent Lead

Dr Bav Shergill is the first appointed Prevent Lead in Sussex and has responsibilities for detecting radicalisation within the organisation and possible threats. He has undergone training for this role in workshops held in Mid-Sussex in December 2015.

Equality and Diversity

The organisation takes equality and diversity very seriously and all policies and procedures have been assessed for racial discrimination and equality. We have completed 'Equality Impact Assessments' and employ a diverse group of staff from many different backgrounds.

Vulnerable Adults

All staff members are trained to recognise vulnerable adults and promote high standards of care to patients. Once identified, at risk individuals are notified into local authority multi-agency teams as recommended by the Care Act in 2014. As an organisation we have a duty to work with multi-agencies to prevent abuse and neglect and stop it quickly when it happens.


4. Safeguarding Data Capture and Recording Alerts

All safeguarding reports are discussed with a Clinical Director and the appropriate Safeguarding Lead. This can be done through instant messaging, email or telephone. All of the Clinical Directors and Safeguarding Leads communicate on a daily basis. The Responsible Managers would also be informed in all cases and documentation is made at management meetings that are held each week and included in clinical governance reports.


All communications between staff and safeguarding health professionals externally are captured on the electronic patient record system or scanned into documentation that is specific to the patient. Each Safeguarding incident is reviewed by the team.

Any recorded safeguarding alerts are recorded on the electronic database systems for NHS and private patients. These both automatically highlight to staff that there is an alert in place when the medical record is reviewed. Clinical entries can be made to be 'Safeguarding Relevant' through coding. Only clinicians and senior medical staff can delete or amend these alerts and there is an electronic paper trail that can be accessed to track any changes made. All safeguarding alerts are considered highly confidential.

Safeguarding Child Patient Status Alerts

Users with the appropriate access rights will be alerted when they retrieve the record of a patient who is on a child protection plan by the patient status alert icon  at the foot of the Patient Demographics Box. If you hover the mouse over the icon, brief details are given in the form of a tooltip.

Note: The alert will appear faded if the child is no longer on a protection plan but still has active child safeguarding entries in their patient record.

If child safeguarding entries have been recorded, but the patient has never been added to a protection plan, the patient status alert icon  will be displayed.

Viewing Safeguarding Child Information

A node called 'Safeguarding Child Information' is available from the Clinical or Administrative tree. Any information recorded via this node is visible to users with suitable access rights at any organisation caring for the patient, regardless of the patient's sharing preferences.

Entries marked as safeguarding child relevant do follow sharing rules, for example if a patient has dissented to share out, the information recorded is not visible to users at any other caring organisations, regardless of the users' access rights. See [Marking Journal Entries as Safeguarding Child Relevant](#) for further details.

If another organisation has selected not to share out or has ceased to share out, the entry in the New Journal/Tabbed Journal will state: "*** Patient dissented to their record at another organisation being shared. Information recorded at the other organisation may previously have been visible ***". This indicates that there is more information on the patient record but that it is not visible to the user.

Safeguarding Child Access Rights

The 'View Safeguarding Child Register' access right, allows you to:

- see the icons in the Patient Demographics Box that indicate that a patient:
 - is on a child protection plan, and/or
 - has previously been on a child protection plan, or
 - has safeguarding information recorded but has never been on a child protection plan
- record safeguarding child information
- record that a patient is on/has been taken off a child protection plan
- view Safeguarding Child entries in the patient record via the 'Safeguarding Child Information' node in the Clinical or Administrative tree
- use the 'Safeguarding Child Information' node in the Clinical or Administrative tree to add or remove Safeguarding Child entries

The 'Can view Safeguarding Child Relevant events' access right allows you to see Safeguarding Child events in patient records, subject to the patient's sharing preferences.


Note 1: If you want to be able to remove safeguarding child entries made by other users, you must have been granted the 'Delete Safeguarding Child Register' access right.

Note 2: When creating a clinical report, if the information you are reporting on has been marked as Safeguarding Child Relevant, the corresponding patient will not be returned in the report, irrespective of whether you have been granted the relevant safeguarding access right(s).

Recording Safeguarding Information

Note: Information recorded in this way is visible to users with the appropriate access rights at any organisation caring for the patient, regardless of the patient's sharing preferences. For instructions on how to record entries that are subject to sharing preferences, see [Marking Journal Entries as Safeguarding Child Relevant](#).

To record safeguarding information:

1. Select the **Administrative** tab above the Clinical tree.
2. Select the 'Safeguarding Child Information' node.
3. Do one of the following:
 - right-click and select **Record Safeguarding Child Information**, or
 - click  at the top of the Safeguarding Child Information view.
4. Change the date and time if required.
5. Do one of the following:
 - select **Child is currently on child protection plan** to add the patient to a protection plan, or
 - deselect **Child is currently on child protection plan** to remove the patient from a protection plan, or
 - ensure that **Child is currently on child protection plan** is deselected if you want to record safeguarding information without adding the patient to a protection plan
6. Complete the fields in the 'Source' section, if required. The information in these fields makes it easier to contact the organisation that has placed a child on a protection plan.

5. Multi-Professional Agency Linkage

Clinical services we provide link into the Pan Sussex Safeguarding Services. Dr Fiona Emerson, as Safeguarding Lead, receives regular updates from the service and is registered with them for this purpose.

The main website is: <http://sussexchildprotection.procedures.org.uk/>

Our main websites have links to this website and we have printed contact details displayed in clinic locations so that staff are aware who to contact should this need to be done.

Policies and procedures are reviewed every 12-months or as the need arises.

6. Safeguarding Operational Policy and Procedures

- All four organisations operate the same clinical governance structure at an operational level. In preparation for a new clinical building and third registered location, teams have been working towards a single seamless structure for the past 12-months.
- Management meetings are held each week and each meeting includes a review of any clinical governance issues, incidents, complaints, safeguarding issues, medicines management problems, infection control issues and audits that are documented and actioned if considered necessary.
- Urgent action on issues that arise through discussion amongst clinical leads and management leads are acted on immediately in the interests of patient and staff safety
- Staff receive induction and mandatory training and education in safeguarding
- Policies and procedures are regularly reviewed to ensure that they are up-to-date and relevant to services provided
- The organisation is registered with a number of NHS regulatory and independent bodies. Such registration usually involves compliance with policies and procedures.

7. Independent External Monitoring of Safeguarding

- The organisations have relationship with many acute stakeholders that include other private providers, private hospitals, community service providers, acute NHS trusts, and the voluntary sectors. We share information about quality with other stakeholders and discuss ways of improving good medical care and improving on 'best practice'.
- All NHS contracting and service provision is underpinned by independent assessment of policies and procedures, clinical pathways, service models, monthly 'Key Performance Indicator' assessment and incident reporting

- Formal independent reviews of policies and procedures have been undertaken on several occasions by NHS commissioning teams as a part of comprehensive detailed assessments made before the award of AQP (Any Qualified Provider) contracts that are held with five separate Clinical Commissioning Groups:
 - **NHS Coastal West Sussex Clinical Commissioning Group**
 - **Horsham & Mid-Sussex Clinical Commissioning Group**
 - **Crawley Clinical Commissioning Group**
 - **Guildford and Waverley Clinical Commissioning Group**
 - **Surrey Heath Clinical Commissioning Group**
- Safeguarding policies and procedures are all scrutinised on a monthly basis both internally and externally through formal legal contracting mechanisms required with external stakeholders

8. Adult and Child Safeguarding Report 2015

Classification of Safeguarding Event	2015	2014	2013
Child Safeguarding Issues	2	0	1
Adult Safeguarding Issues	0	0	0
Female Genital Mutilation	0	0	0
Prevent/Other Safeguarding issues	0	0	0

We had two minor safeguarding reports initiated by patients and their relatives in 2015. All of these were reported and discussed amongst the teams as per local procedures. None related to staff issues or child protection issues associated with care provided by the service. They involved parents/carers who were raising concerns about the home environment. All such cases were discussed with the Safeguarding Lead and acted according to policies and procedures with local safeguarding teams. In both cases, the children were listed on the Child Protection Register. The previous report in 2013 was raised by a nurse who was concerned about a child's welfare and again the child was on the Protection Register.

Total Referrals 12-Months Data	Sussex CDS NHS Community Clinics	Hove 13 New Church Road	Brighton 56A Marine Parade (Children Not Seen)
0-12 years	698	136	0
13-18 years	729	207	0
Total <18 Years	<u>1427</u>	<u>343</u>	0

Sussex Community Dermatology Service 5-Year Referral Volumes		
	12-Months	5-Years
Children New 0-12 Years	698	1980
Children New 13-17 Years	729	1417
Total New Children	<u>1427</u>	<u>3397</u>
Follow-Up 0-12 Years	637	
Follow-Up 13-18 Years	660	
Total Follow-Up	1297	
New:Follow Up Ratio	0.9	

SAFEGUARDING CHILDREN

NOMINATED LEAD:

Dr Fiona Emerson

Mobile: 07446 847975

Mrs Sophie Lockyer (Children's Lead)

Main Pan Sussex Website

<https://sussexchildprotection.procedures.org.uk>

Need to REFER a child urgently?

To refer suspected child abuse non-accidental injury, sexual abuse neglect or emotional abuse	Social Care: Duty & Assessment Team	Weekdays:	9am – 5pm	Out-of-Hours
		East Sussex (West of County)	01323 747373	01273 335905
		East Sussex (East of County)	01424 724144	01273 335906
		West Sussex	01403 229900	0330 222 6664
		Brighton & Hove	01273 290400	01273 335905/6
		<i>During office hours you may need to leave a message but your call will be returned in 15 minutes. If it is not returned, phone again.</i>		
		Out of Hours: 01273 335905/6		

NOTE: Once a referral by telephone has been made this **must** be followed by an email/letter from the referrer within **24 hours**.

Reporting forms are listed on the main Pan Sussex Safeguarding Website and contact details for East Sussex, West Sussex and Brighton & Hove.

Need to get ADVICE on a suspected case?

In the first instance, speak with Dr Fiona Emerson as Safeguarding Lead or Mrs Sophie Lockyer as Children's Lead or a Clinical Director

NOTE: Once advice has been given the responsibility for action remains with you

To CHECK if a child has a Child Protection Plan?

24 hour information 01273 295999

