



20 March 2024

PUBLIC PROTECTION ANNUAL REPORT

Report by **Rachel Pulman- Nurse Consultant Public Protection**

1. PURPOSE AND SUMMARY

- 1.1 The report is being brought to the IJB for awareness.
- 1.2 ***‘Everybody in the Scottish Borders has the right to live safe from abuse, harm and neglect’ (Public Protection Committee Vision statement)***
- 1.3 NHS Borders and the NHS Borders Public Protection team continue to promote the key principle that Child and Adult Support and Protection is ‘Everyone’s Responsibility’.
- 1.4 Public Protection (PP) practice continues to be emotive, complex and challenging particularly against the backdrop of the economic climate and resource demand versus staffing capacity. This challenges services to ensure that collaborative partnership working continues to be a critical factor in protecting those at risk of harm, abuse or neglect.
- 1.5 NHS Borders (NHSB) have specific responsibilities and work along with the Scottish Borders Partnership to report progress and ensure evidence of continuous improvement for both Child Protection and Adult Support and Protection.
- 1.6 The NHS Borders Public Protection (PP) team continue to provide specialist and expert public protection advice, support, supervision (key staff) and training to staff across the organisation to support them to fulfil their responsibilities and duties in respect to a wide range of public protection issues across the life span.
- 1.7 The NHSB PP team is committed to ensure that all Public Protection process, particularly in relation to child and adult support and protection are robust and effective and that we are responsive to emerging local and national needs and initiatives. Most importantly we aim to ensure that the person at risk of harm remains at the centre and that their voice is heard and a culture of learning is promoted.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
 - a) Note the report. The Underpinning message is that Child and Adult Support and Protection is everyone’s business irrespective of role or position in NHS borders.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
X		X		X	

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
X	X	X	X	X	

4. INTEGRATION JOINT BOARD DIRECTION

4.1 A Direction is not required.

5. BACKGROUND

5.1 There are several key pieces of legislation, policy and guidance that outline duties and responsibilities and support the delivery of Public Protection Services including;

[Children and Young People \(Scotland\) Act 2014](#)

[Getting it right for every child \(GIRFEC\)](#)

[National guidance for child protection in Scotland](#)

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Adults with Incapacity \(Scotland\) Act 2000](#)

[Mental Health \(Care and Treatment\) Scotland Act 2003](#)

[Equally Safe Strategy 2018](#)

[Multi-Agency Public Protection Arrangements \(MAPPA\): National Guidance 2022](#)

[PREVENT Guidance 2021](#)

[Adult Support and Protection \(Scotland\) Act 2007 - Code of Practice](#)

[National guidance for child protection committees undertaking learning reviews](#)

[Guidance for Adult Protection Committees to use when considering or undertaking learning reviews.](#)

6. Scottish Borders Joint Inspections

Joint Inspection Adult Support and Protection

6.1 A significant focus over the last year has been in relation to inspection activity.

6.2 Following the positive inspection report for Adult Support and Protection the Scottish Minister for Social Care, Mental Wellbeing and Sport, Maree Todd visited the Scottish Borders Public Protection Unit and met with members of the Chief Officer Group; senior managers; frontline managers

and staff, and service users. Following the visit The Minister expressed her thanks and commented that;

6.3 *'The Scottish Borders Adult Support and Protection Inspection report found that the partnership had major strengths in strategic leadership and ASP processes, which in turn facilitated positive experiences and outcomes for adults at risk of harm. I was interested to hear about the work the partnership has done to merge Child Protection and Adult Support and Protection into a Public Protection partnership approach which, through multi-agency working and co-location, enables a positive culture between senior leaders and staff. As we know, Adult Support and Protection is a vital part of supporting the vision as we work together to improve the lives of people in Scotland. Adults at risk of harm must be at the heart of decisions, and their voices heard when shaping services. In this aspect, Scottish Borders partnership is a shining example of excellent practice.'*

6.4 [The Joint Inspection of Adult Support and Protection Overview report \(Aug 2023\)](#) only one Partnership Area, Scottish Borders, out of all 25 inspected since the start of the pandemic, were measured as 'Very effective in operational Key Processes' and 'Very effective in Strategic Leadership'. There are several comments in the report directly attributable to Scottish Borders, and we are now cited in national conversations as a best practice example for Scotland by the Inspectorate.

[Scottish Borders joint inspection children at risk of harm.pdf \(careinspectorate.com\)](#)

6.5 The aim of the Joint inspection was to provide assurance on the extent to which services in Scottish Borders were working together, to demonstrate that:

1. Children and young people are safer because risks have been identified early and responded to effectively.
2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
3. They influence service planning, delivery and improvement.
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery

6.6 The inspectors found 'important strengths that had significant positive impacts on children and young people's experiences' and evaluated 'impact on children and young people' as good.

6.7 Strengths highlighted in the report include:

- Children, young people and families benefited from supportive and trusting relationships with staff across services.
- The recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe.
- Pregnant women and very young babies received help and support at an early stage as a result of timely referrals from pre-birth services
- Well-established collaborative working across services ensured children and young people benefited from timely responses to identification of risks.
- Nurturing and trauma informed services provided a range of supports to help children and young people recover from abuse, neglect and trauma. Some of these services were not consistently available when children and young people needed them.
- Children, young people and parents and carers were supported to meaningfully contribute to decisions about their lives by compassionate staff.
- Evidence of strong partnership working, and staff and leaders demonstrating commitment to improving outcomes for children, young people and families.

- 6.8 The report also highlighted areas for improvement which include;
- Strengthening quality of chronologies and children’s plans.
 - Ensuring that the voice of children and families are routinely and meaningfully influenced service planning and improvement.
 - Strengthening the partnership’s approach to improvement and change to ensure a shared and systematic approach to quality assurance and self-evaluation.
- 6.9 Scottish Borders Partnership have developed an Improvement plan (submitted to Care Inspectorate 04/07/23) that details how the key areas identified will be prioritised to evidence continued improvement. The care inspectorate will offer support for improvement and monitor progress through our linking arrangements.
- 6.10 Work is already underway in relation to the opportunities for improvement including the transition into a new structure with the aim of streamlining strategic groups and to improve connections within the planning structures for Children Services and development of joint quality assurance and self evaluation processes to maximise the impact of services on children and young people.
- 6.11 The positive findings highlighted within both inspection report’s reflect the hard work, knowledge and skills and commitment of staff within NHS Borders and across the partnership.

7. ASSESSMENT

7.1 Governance, accountability, quality assurance and reporting arrangements for protecting children and adults are in place across the organisation.

- The Governance, accountability and reporting arrangements for Public Protection in Scottish Borders are in place.
- Chief Executives of Health Boards are the Chief Officers responsible for ensuring that their organisation works individually and in partnership, to protect individuals who may be at risk of harm.
- The Chief Executive has delegated responsibility for Public Protection to the Nurse Director; the Nurse Consultant PP is responsible for leadership, co-ordination and management of PP services.
- Nurse Consultant PP advises and escalates any risks regarding Child and Adult Support and Protection matters to the Director of Nursing and/or Associate Director of Nursing for the relevant clinical board area.
- There are named professionals who have specific roles and responsibilities for Public Protection work; these roles are fulfilled and in place.
- Quarterly ASP and CP performance reports are shared with Critical Services Oversight Group (CSOG) and PPC who provide oversight and scrutiny to key performance indicators. The report considers 5 performance indicators;
 - Involved: Considers the volume of cases involved in the ASP/CP processes. Demonstrates services demand
 - Other services: What Input is provided by different partners
 - Characteristics: Vulnerabilities; the who/where/why. Builds a picture of what is happening within the services.
 - Assessing: Local responses and process effectiveness. Are local and statutory obligations being met.
 - Impact: Measure of impact of the intervention.
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- IRD review group: Nurse Consultant PP, Group Manager CP, Inspector Police Scotland and Lead Officer PP review all IRDs to ensure satisfied decision making has been robust and actions completed; also identifies areas for improvement/practice development.
- In response to the publication of the [NHS Public Protection Accountability and Assurance Framework 2022](#) the Lead Nurse's for Child and Adult Support and Protection convened a Short Life Working Group(SLWG) to develop and agree a standardised self-evaluation toolkit to support effective measurements of the public protection arrangements of NHS Boards in respect of Child Protection, Adult Support and Protection and Multi-Agency Public Protection Arrangements. NHSB is involved in a test of change for this project.

8. PREVENT

- 8.1 Prevent is part of the government counter terrorism strategy- Contest and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.
- 8.2 In Scotland, PREVENT delivery is overseen and supported by the Safeguarding and Vulnerability Team (SVT) at the Scottish Government. This team is the point of contact with the UK Government regarding delivery in Scotland and also administers the governance arrangements of PREVENT in Scotland.
- 8.3 Under the Prevent duty, NHS Borders is required to ensure that healthcare workers are able to identify early signs of an individual being drawn into radicalisation (*Process by which a person adopts extremist views or practices to the point of legitimising the use of violence*) and be able to respond and refer appropriately.
- 8.4 Healthcare staff will meet and treat people who may be vulnerable to being drawn into terrorism and as such it is a public protection issue that they must be aware of.
- 8.5 SVT have developed a Prevent annual assurance process and NHS Borders will now be expected to complete an annual return and RAG rate organisational compliance.

9. Current position of NHS Borders

- 9.1 There is work that needs to be progressed to ensure we are fully compliant with the Prevent duties. NHS Borders submitted first annual return July 2023 (see appendices);
- The Executive Lead for Prevent is Director of HR, OD,OH&S (added to portfolio June 2023) and the Single Point of Contact (SPOC) is the Nurse Consultant for Public Protection.
 - NHS Borders PP team provides advice and support for NHS Borders staff who have concerns that somebody is at risk of radicalisation.
 - NHS Borders has representation at East Region CONTEST meeting and Prevent SPOC network.
 - An NHS Borders Prevent policy is being developed for use across NHS Borders.
 - Prevent Multi agency information agreements in place, for reporting concerns and information sharing in line with Child and Adult Support and Protection.
 - Currently all NHSB staff complete a Public Protection e-learning module which includes information about PREVENT and links to UK Home Office training.
 - There is information available to staff on the intranet Prevent and ASP/CP pages.
 - Key staff have attended Prevent Multi-agency Panel Training and Multi-agency links are in place.
 - There is a need to revisit staff awareness/knowledge of roles and responsibilities.
 - The current training arrangement does not allow NHSB to capture how many staff complete the UK Home Office training. Going forward assurance is required that staff members are receiving the appropriate level of PREVENT training and are confident in identifying suspected signs of radicalisation.

- Proposal to be presented to NHSB Training & Education Board, for UK Home Office training module to be added to internal e-learning platform. This will facilitate tracking of staff completing the training. As well as ensuring that all NHSB staff have access to relevant PREVENT awareness training commensurate to their role and responsibility.

10. National Referral Mechanism

10.1 The National Referral Mechanism is a national framework that focuses on improving the identification of victims of human trafficking and exploitation and the support available to help them to safety and recovery.

10.2 The National Referral Mechanism (NRM) Toolkit for First Responders in Scotland was commissioned to improve the formal identification of victims through the National Referral Mechanism in Scotland and ensure that both frontline staff and potential victims are clear on the process and possible outcomes of this national pathway to identification and protection.

10.3 The Scottish Borders Partnership, including NHSB, has been involved in a NRM implementation pilot to evaluate the structured implementation of the toolkit for First Responder agencies in Scottish Borders by providing a framework linking strategic leadership to frontline practice and protocol development. Outputs include:

- A structured action plan detailing key steps in the implementation of the NRM Toolkit including key communication and engagement with stakeholders.
- Identification of a First Responder team within the Public Protection Unit.
- Development of locally agreed Human Trafficking Protocol including NRM process/flowchart.
- Tiered training including First Responder training on the use of the NRM process to support effective referrals.
- Wider workforce awareness sessions on Human Trafficking and locally agreed protocols.
- Suite of guidance documents to support and effective response to human trafficking in Scottish Borders to include interagency guidance/quick guides and briefings.

10.4 There have been three Human Trafficking Awareness sessions delivered, to support staff to recognise, respond and report concerns; 45 key staff across NHSB have attended.

- **NHS Borders is committed to identifying and responding to concerns about children and young people and Adults and has systems in place that direct staff to the actions they need to.**
- Child Protection and ASP policies, protocols and guidance are up to date and accessible to all staff, on NHSB Borders Intranet, to support them in the responsibilities they have for protecting children and adults.
- There is clear information about how to make a child and/or ASP referral on the intranet and how to seek advice/consultation.
- There are processes in place to enable Specialist Medicals and Health Assessments for Children and YP.
- The Lead paediatrician for Child Protection, who is responsible for Child Sexual Abuse Examinations(CSE), is on extended leave and during this period cover in relation to these duties is being provided via NHS Lothian.
- **There are strategic and operational arrangements in place between NHS Borders and multiagency partners to improve joint working and communication regarding children and young people and adults across agencies; think family.**

- The NHS Borders PP team continue to contribute to the operational and strategic functioning of the Multi-Agency Public protection Unit.
- There is a Public Protection Communication Delivery group that ensures a coordinated approach to the dissemination of key information to ensure a consistent approach to messaging.
- Staff from the Health and Social Care Partnership, including staff from public protection services, attended a workshop in May to discuss the development of a Capacity Pathway. This followed work undertaken to review and update the partnership's existing Capacity Assessment Tool (CAT). The aim of the workshop was to develop a Capacity Pathway across NHS and SBC and to jointly agree a flowchart and improved system of progressing Capacity-related situations in hospital, at home and in situations which require intervention under formal Adult Support & Protection. NHSB is progressing a parallel piece of work to develop a pathway of referral once it has been assessed that a Medical Assessment of Capacity is indicated.
- A Multi-Agency Short Life Working Group(SLWG) has been established to progress work in relation to strengthening chronologies, analysis and professional curiosity with Child and Adult Support and Protection Processes as per CP and ASP Improvement plans.
- NHSB are represented on a number of Multi-Agency strategic and operational groups in relation to Public Protection Practice.
- A Multi-Agency SLWG has been established to review current data collection processes and establish a consistent approach to reporting, Joint self-evaluation and practice development.
- A multi-agency group of staff from the Public Protection Unit have been reviewing the revised National Child Protection Guidance along side our current Scottish Borders CP Procedures to identify what changes are required to ensure we align with the updated guidance and are now progressing to writing the new version of the Scottish Borders Child Protection Procedures and creating an implementation plan. The main areas for change are in relations to:
 - Use of terminology
 - Changes to timescales for some meetings and associated reports
 - Improvements to the role of core group

10.5 As we progress with writing the content, we will be talking to front line practitioners from across all agencies about specific aspects, to make sure we get it right.

NB: The current CP procedures remain fully operational.

- **NHS Borders PP team ensure the establishment and maintenance of robust information sharing processes and procedures with regards to child and adult protection;**

10.6 There are established information sharing processes in place to share information in relation to Public Protection.

- A new alert process has been introduced on EMIS and Trac to flag to staff when an Adult or Child is subject to a CP or ASP investigation.
- Processes are in place to ensure that appropriate, relevant and proportionate information is shared in relation to MAPPA nominals.

10.7 NB: The number of different patient management systems in place across NHS Borders presents a challenge in ensuring relevant and proportionate information is shared/documentated across all these systems.

- **NHS Borders has arrangements in place that provide support and supervision to staff working with vulnerable children, young people and families.**
- NHSB Public protection team continue to provide consultation for staff on Child and Adult Support and Protection matters.

- Child Protection Supervision is available and accessed as per child protection supervision policy.
- Child Protection Supervisor training (x2 Day/March 2023) was commissioned and delivered by an external trainer to **16** staff across health visiting/school nursing and Midwifery Service. This has supported us to develop skilled supervisors and enables us to continue to develop a consistent approach and understanding of what constitutes effective child protection supervision and its relationship to safe practice and positive outcomes for children and adults.
- **NHS Borders will ensure that Training and Development opportunities are available and accessible to support staff to fulfil roles and responsibilities for Public Protection.**
- NHSB is committed to promoting a learning culture that ensures that gaps in protection services and systems, which may adversely impact on the outcomes for children, YP and adults are identified and addressed.
- Systems are in place to deliver single and multi-agency training on Public Protection across NHSB.
- Mandatory Public Protection e-learning module August 2023 **80.8%** compliance for completion.
- NHS Borders staff across a broad spectrum of disciplines attended Multi-Agency Public Protection Training.

11. Developments from audit and practice reviews

- 11.1 A Case review in 2022 identified that there was a need to strengthening early recognition and response to vulnerability and risk pre-birth across midwifery services.

12. Actions

- Learning from review was shared with midwifery staff and training was delivered to Midwives specifically about identifying and responding to risk in ante-natal period.
- Attendance by PP team at team meeting liaison with Associate Director of Nursing for MW.
- A pre-birth section for the keeping children safe and well tool was developed and introduced to support assessment of risk (This tool is guidance to support all agencies to gauge appropriate levels of support and protection using 'stages' that correspond to the 4 Staged Model of Support); evaluated well by midwifery staff.
- SOP developed for Health Visiting and Midwifery service when non-engagement or unseen; particularly in relation to home visit (linked to HV pathway visit). This ensures that HV and/or MW will see and assess home environment in antenatal period.
- NHS Borders Unseen Child Policy updated to include unborn child.
- Pre-Birth Multi-Agency oversight group (includes Midwifery, CP/PP Nurse, Family Nurse, Duty SW team leader)- has oversight of all referrals made to Children and Families Duty Team and ensure that referrals have progressed and/or that appropriate assessments and plans are in place also ensure timescales are being met. Recently introduced review at 24 and 32 weeks.

13. Impact:

- Increase in timely referrals from midwifery service in respect to concerns pre-birth. When initial referral is made a date/invite is also provided for an initial pre-birth MAC. This increases opportunity to gather information, make assessment of risk and inform planning with women and families.
- **Referrals made by midwives 2019 -16 2020-34 2021-45 2022-46.**
- Improvement in documentation and referral information on Badgernet.
- Increased use of Child Protection consultation by midwifery service.

13.1 There is still work ongoing to continue to strengthen pre-birth assessment and planning processes across multi-agency partners to ensure that assessment and planning commence as early as possible, this includes the development of 'Multi-Agency Pre-Birth Guidance'

14. Learning from other Board Areas

14.1 We have used learning from a Significant Case Review in another area of Scotland for an infant who died from traumatic brain injury to review our own internal processes. This included;

- Reflective learning session with Health visitors and midwives and paediatric nursing teams. Consultant Paediatrician also gave a learning session to Doctors.
- Feedback from staff was that the reflective session made them consider their own practice and assessments. Particularly re how fathers are included.
- Development of SOP for measurement of OFC and management of colic
- Messaging to parents re management of crying baby

15. Learning Reviews and Large Scale Inquires

15.1 A Multi-Agency Learning Review Delivery Group (sub-group of PPC) has been established to ensure that there is robust governance in respect to the commissioning and embedding from Learning Reviews.

15.2 There has been two Multi-Agency Learning Reviews, in respect to Adult Support and Protection cases, requested and approved by the Public Protection Committee. An external reviewer has been commissioned to undertake one and the other will be undertaken by a reviewer within SBC.

15.3 There has been one Large Scale Investigation commenced in Jul 2023.

16. IMPACTS

Community Health and Wellbeing Outcomes

16.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	x
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
5	Health and social care services contribute to reducing health inequalities.	x
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
7	People who use health and social care services are safe from harm.	x
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care	

	and treatment they provide.	
9	Resources are used effectively and efficiently in the provision of health and social care services.	

Financial impacts

- 17.1 There is no additional budget other than allocated to PP posts.
- 17.2 The current team continues to work at capacity which impacts on the ability to respond to aspects of work such as quality assurance, training and practice development versus the need to meet operational demand. There are also wider influences on the multi-agency response to Child and Adult Support and Protection in relation to the service demands and recruitment challenges our social work colleagues are facing.
- 17.3 The work of public protection is emotive and at times upsetting and disturbing as such it is important that, as a team, we take time to reflect and acknowledge this in our day to day and are mindful of each other's wellbeing as a team.

Equality, Human Rights and Fairer Scotland Duty

- 18.1 N/A.

Legislative considerations

- 19.1 Assurance that structures and processes are in accordance with national legislation, procedures and guidance.
- 19.2 PP operates within a series of complex adaptive systems, many of which continue to experience change as a result of changes in legislation and national guidance and the impact of societal changes.

Climate Change and Sustainability

- 20.1 N/A.

Risk and Mitigations

- 21.1 The economic climate and changes in the way we deliver PP services have resulted in increased demand on current workforce. Workforce discussions are on-going with DoN to ensure we continue to deliver safe and effective service responses to PP.

22. CONSULTATION

Communities consulted

- 22.1 N/A.

Integration Joint Board Officers consulted

IJB Chief Officer.

Approved by:

Sarah Horan- Director of Nursing, Midwifery and AHPs

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Background Papers:

Previous Minute Reference: N/A.

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