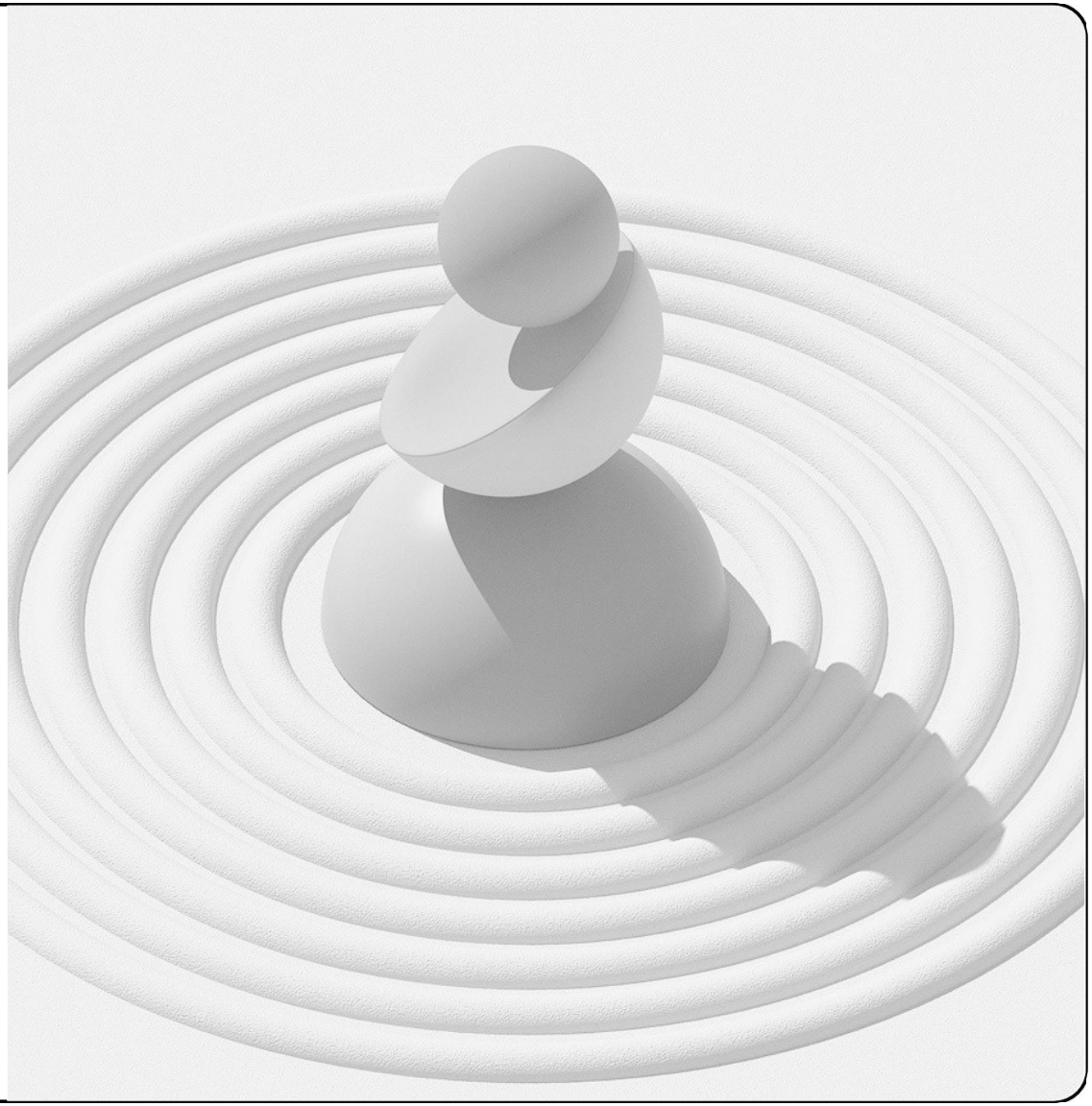
LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

GP PRACTICE SAFEGUARDING ADMINISTRATORS SESSION 3

WELCOME

Welcome to those who have been before and those new additions

- LMC facilitated so a little about them
- Aims of the forum and building this up
- Recap on previous sessions
- Feedback:
  - Coding
  - Training
  - Practice challenges
  - Sharing records
- More interactive learning and Q&A's



WHO WE ARE:

LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

The Leicester, Leicestershire and Rutland Local Medical Committee (LLR LMC) is a completely independent body recognised by statute.

We are a democratic organisation with a governing body of representatives, elected by our members.

Our members consist of all NHS General Practitioners and their team in Leicester, Leicestershire, and Rutland who can access our services in advising, supporting and representing General Practice.

LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

WHAT WE DO?

1. We Understand
2. We Advice
3. We Support
4. We Represent

WHAT DOES THIS ACTUALLY MEAN IN REALITY?

Support GP practices with the NHS GMS, PMS contracts

Support individual GPs

- Individual contract disputes
- At NHS England performers team,
- Emotional wellbeing

Practices with CQC compliance

Local Media statements representing GPs

Collective Action

Safeguarding

Bluestream training

Support Practice Managers Academy

Mediation

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RECAP FROM PREVIOUS SESSIONS

SESSION 1 (AUGUST 25)

- Quiz:
- the different types of abuse in children and adults.
- Who are the external partners we deal with regularly
- How to refer to freeva
- Sharing of records.
- Abbreviations commonly used
- Round table discussions

SESSION 2 (MARCH 26)

- Safeguarding referral process- The how to identify abuse, when to refer, who to and which forms etc.
- PRISM and resources on prism
- Cases conferences
- Updated Case conference report.
- Case discussions on tables

SAFEGUARDING ADMINISTRATORS PURPOSE OF THE ROLE

To support the delivery of safe, effective safeguarding processes by providing comprehensive administrative and organisational support to the practice's Safeguarding Team.

To ensure that all safeguarding-related communication, documentation, and meetings are managed in a timely, confidential, and efficient manner.

KEY ROLES AND RESPONSIBILITIES

Record Management

- Maintain accurate safeguarding records (paper and digital) in line with GDPR and practice policies.
- Code safeguarding alerts and status correctly in patient records (e.g. CP, CIN, MARAC).
- Ensure safeguarding information is correctly transferred when patients register/deregister.

Communication and Liaison

- Monitor the safeguarding inbox or designated channels for incoming correspondence.
- Ensure timely triage and escalation of safeguarding letters or enquiries to the appropriate clinicians.
- Communicate effectively with external safeguarding agencies and internal staff.

Meeting Administration

- Schedule safeguarding-related internal and external meetings.
- Prepare meeting packs or chronologies as requested by the Safeguarding Lead or GPs.
- Take confidential minutes at safeguarding meetings where appropriate.

KEY ROLES AND RESPONSIBILITIES

Information Requests

- Coordinate responses to safeguarding information requests (e.g. child protection conference reports, FGM dataset).
- Maintain a tracker for incoming/outgoing safeguarding documents to ensure deadlines are met.

Training and Policy Support

- Maintain safeguarding training records for all staff.
- Send reminders and coordinate booking of safeguarding training.
- Assist with updates and dissemination of safeguarding policies and procedures, contact sheets

Audit and Reporting

- Support safeguarding audits by compiling required data (e.g. number of concerns raised, types of cases).
- Assist in preparing safeguarding evidence for inspections (e.g. CQC, ICB).

SKILLS NEEDED

- Understanding of safeguarding principles, signs and terminology eg CPP, MARAC, FGM, CIN
- Demonstrate awareness of confidentiality and GDPR and handling sensitive safeguarding data
- Resilience at dealing with complex, challenging and emotional cases
- Meeting administration eg minutes from MDT meetings
- Time management eg prioritising tasks and deadlines eg Case conference reports.
- IT systems and coding of eGPRs.
- Communicating with teams: Clinical teams, childrens and adult social care, allied health professionals eg HV's SN's DN's

SUPPORT OPTIONS

Safeguarding Leads

Line managers/Practice Managers

ICB safeguarding team

Training (level 2/level 3)

Supervision?

LMC

SAFEGUARDING CODING

SG CODING

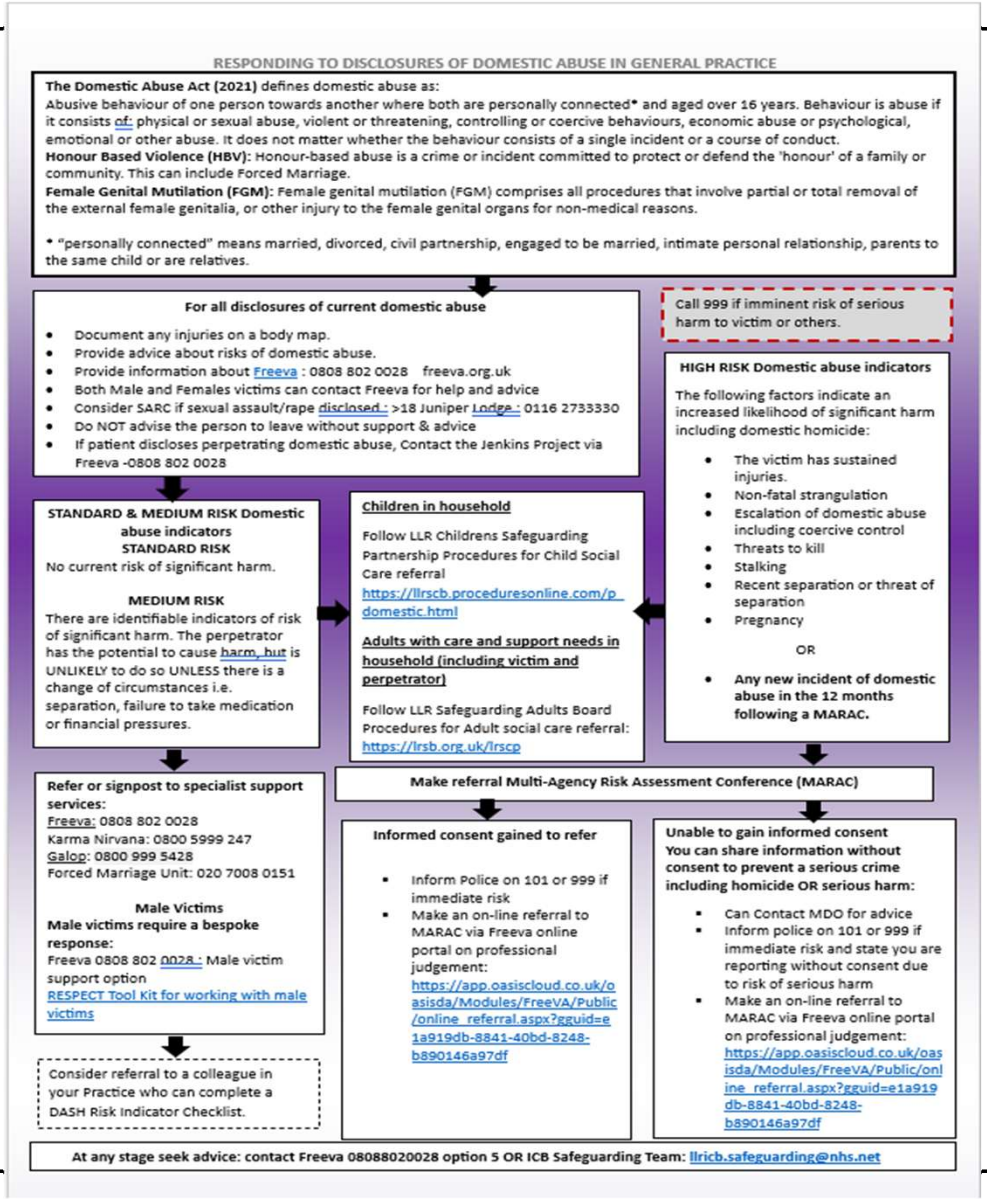
1. Why code?
2. Difference between S1 and EMIS
3. Flagging records
4. Difference between S1 units
5. NNNGP coding list and templates.

TABLE DISCUSSION

CHALLENGES

- MARAC
- MAPPA
- FGM
- Online Access to records.

Responding to Domestic Abuse



RESPONDING TO DISCLOSURES OF DOMESTIC ABUSE IN GENERAL PRACTICE

The Domestic Abuse Act (2021) defines domestic abuse as:
Abusive behaviour of one person towards another where both are personally connected* and aged over 16 years. Behaviour is abuse if it consists of: physical or sexual abuse, violent or threatening, controlling or coercive behaviours, economic abuse or psychological, emotional or other abuse. It does not matter whether the behaviour consists of a single incident or a course of conduct.
Honour Based Violence (HBV): Honour-based abuse is a crime or incident committed to protect or defend the 'honour' of a family or community. This can include Forced Marriage.
Female Genital Mutilation (FGM): Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

* "personally connected" means married, divorced, civil partnership, engaged to be married, intimate personal relationship, parents to the same child or are relatives.

For all disclosures of current domestic abuse

- Document any injuries on a body map.
- Provide advice about risks of domestic abuse.
- Provide information about Freeva : 0808 802 0028 freeva.org.uk
- Both Male and Females victims can contact Freeva for help and advice
- Consider SARC if sexual assault/rape disclosed : >18 Juniper Lodge : 0116 2733330
- Do NOT advise the person to leave without support & advice
- If patient discloses perpetrating domestic abuse, Contact the Jenkins Project via Freeva -0808 802 0028

Call 999 if imminent risk of serious harm to victim or others.

STANDARD & MEDIUM RISK Domestic abuse indicators
STANDARD RISK
No current risk of significant harm.

MEDIUM RISK
There are identifiable indicators of risk of significant harm. The perpetrator has the potential to cause harm, but is UNLIKELY to do so UNLESS there is a change of circumstances i.e. separation, failure to take medication or financial pressures.

Children in household

Follow LLR Childrens Safeguarding Partnership Procedures for Child Social Care referral
https://llrscb.proceduresonline.com/p_domestic.html

Adults with care and support needs in household (including victim and perpetrator)

Follow LLR Safeguarding Adults Board Procedures for Adult social care referral:
https://lrsb.org.uk/lrscp

HIGH RISK Domestic abuse indicators

The following factors indicate an increased likelihood of significant harm including domestic homicide:

- The victim has sustained injuries.
- Non-fatal strangulation
- Escalation of domestic abuse including coercive control
- Threats to kill
- Stalking
- Recent separation or threat of separation
- Pregnancy

OR

- **Any new incident of domestic abuse in the 12 months following a MARAC.**

Refer or signpost to specialist support services:
Freeva: 0808 802 0028
Karma Nirvana: 0800 5999 247
Galop: 0800 999 5428
Forced Marriage Unit: 020 7008 0151

Male Victims
Male victims require a bespoke response:
Freeva 0808 802 0028 : Male victim support option
RESPECT Tool Kit for working with male victims

Consider referral to a colleague in your Practice who can complete a DASH Risk Indicator Checklist.

Make referral Multi-Agency Risk Assessment Conference (MARAC)

Informed consent gained to refer

- Inform Police on 101 or 999 if immediate risk
- Make an on-line referral to MARAC via Freeva online portal on professional judgement:
https://app.oasiscloud.co.uk/oasisda/Modules/FreeVA/Public/online_referral.aspx?gguid=e1a919db-8841-40bd-8248-b890146a97df

Unable to gain informed consent
You can share information without consent to prevent a serious crime including homicide OR serious harm:

- Can Contact MDO for advice
- Inform police on 101 or 999 if immediate risk and state you are reporting without consent due to risk of serious harm
- Make an on-line referral to MARAC via Freeva online portal on professional judgement:
https://app.oasiscloud.co.uk/oasisda/Modules/FreeVA/Public/online_referral.aspx?gguid=e1a919db-8841-40bd-8248-b890146a97df

At any stage seek advice: contact Freeva 08088020028 option 5 OR ICB Safeguarding Team: llricb.safeguarding@nhs.net

MAPPA- MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS

MAPPA CATEGORIES

- MAPPA offenders are grouped into three main categories based on the type of offence and risk they present:
- Category 1 – Offenders subject to notification requirements: These are individuals convicted of specified sexual offences who must notify the police of their personal details and any changes, under Part 2 of the Sexual Offences Act 2003. They are often referred to as registered sex offenders and represent the largest group of MAPPA offenders .
- Category 2 – Violent offenders: This category includes offenders convicted of specified violent offences and sentenced to at least 12 months in custody or detained under a hospital order. It also includes a small number of sexual offenders who do not meet Category 1 notification requirements .
- Category 3 – Other dangerous offenders: These are offenders who do not fall under Category 1 or 2 but have been assessed as posing a serious risk of harm to the public. They require active multi-agency management due to the link between their past offences and the risk they currently pose
- A fourth category for terrorism-related offenders has been introduced under the Police, Crime, Sentencing and Courts Act 2022, but it is not yet fully integrated into all MAPPA reports

MAPPA LEVELS

- The levels of MAPPA management reflect the intensity of multi-agency cooperation required to manage an offender's risk:
- Level 1 – Ordinary agency management: The offender can be managed by the lead agency (police, probation, or prison service) with routine consultation with other agencies. This is the standard level for most offenders www.gov.uk+1.
- Level 2 – Active multi-agency management: Used when the offender poses a higher risk of serious harm, requiring coordinated intervention from multiple agencies to implement the risk management plan effectively www.gov.uk+1.
- Level 3 – Multi-agency senior management involvement: Reserved for the most complex cases, where senior managers from involved agencies actively coordinate management due to the high risk of serious harm. This level often involves strategic oversight and enhanced resources

FEMALE GENITAL MUTILATION (FGM) RECORDING

Health professionals and NHS organisations - NHS England Digital

How FGM data is collected

Data is collected via the NHS England Clinical Audit Platform or CAP, which is an easy to use, intuitive, data submission tool that needs no specific training. Although CAP is being used to collect the data the FGM enhanced dataset is in fact not an audit and this system is simply being used to collect the data.

Data is collected from NHS organisations every quarter.

How to submit FGM data using CAP

NHS organisations and new users must register to access CAP by completing the FGM Enhanced Dataset CAP user registration form. This form contains important guidance about the dataset for Caldicott Guardians and CCGs and general practices.

Once registered, users can access CAP online.

You can submit data directly into CAP or upload a CSV file. National data collection templates have also been developed and are available in many GP systems. The FGM Enhanced Dataset CAP Operational Guidance [Archive Content] and the GP Approach to submitting data to FGM Enhanced dataset provide information and guidance on the process for submitting data.

NHS organisations have one month to submit their data after the end of each quarter before the data extraction for the report takes place. The dataset reports are published as an official statistics every quarter.

SHARING RECORDS

- Why share?
- Who is the information for?
- How to share?

Tabletop discussion

PARENTAL RESPONSIBILITY AND DISPUTES

SMALL GROUP CASE SCENARIO DISCUSSION

1. Call from reception from father wanting access to 6-year-old child's records
2. Mother and father separated 1 year ago but only mum and child registered at your practice.
3. Father says he has court agreement to see his child at the weekends, but saying mother is not allowing this as often as says she is unwell.
4. You have reviewed the records and can see mother does brings her in with frequent URTI's and suspected UTI's
5. On calling father, he wants to know if daughter has an underlying condition or if mum is restricting access on purpose.
6. He also asks the practice to inform him when daughter brought in and the outcome.
7. Discuss.....

Q & A

Panel discussion session