

## Council

### Safeguarding Board Quarterly Board Report Q1/Q2

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|--|--|--|--|---|
| <b>Action requested:</b>   | <b>For discussion</b><br><p>The Safeguarding Board commenced in June 2024 – with agreement for a quarterly report via Executive Board to Council. Since June, the Safeguarding Board has held four subsequent meetings including an extraordinary meeting in August following publication of the Independent Culture Review.</p>   |  |  |   |
| <b>Key background and decision trail:</b>  | <p>Members of the Safeguarding Board were nominated by members of the Executive Board to ensure there was senior representation from all areas across the NMC. Terms of reference were agreed at the June meeting and a safeguarding project plan was presented and agreed as an initial framework to use for improving the safeguarding function across the organisation.</p> <p>The project plan was divided into subcategories that enabled the discussions and decisions on priority of work that the Safeguarding Board have been overseeing in Q1 and Q2</p> |  |  |   |
| <b>Key questions:</b>  | <ul style="list-style-type: none"> <li>Is there assurance that the Safeguarding Board has oversight of a workplan to deliver the reduction of the risks currently detailed on the corporate risk register?</li> </ul>  |  |  |   |
| <b>Further information:</b>  | <p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="386 1592 1396 1695"> <tr> <td data-bbox="386 1592 858 1695">           Author: Nicky Burns-Muir<br/> <a href="mailto:Nicola.Burns-Muir@nmc-uk.org">Nicola.Burns-Muir@nmc-uk.org</a> </td> <td data-bbox="865 1592 1396 1695">           Executive Director: Sam Donohue<br/> <a href="mailto:Sam.Donahue@nmc-uk.org">Sam.Donahue@nmc-uk.org</a> </td> </tr> </table>       |  | Author: Nicky Burns-Muir<br><a href="mailto:Nicola.Burns-Muir@nmc-uk.org">Nicola.Burns-Muir@nmc-uk.org</a> | Executive Director: Sam Donohue<br><a href="mailto:Sam.Donahue@nmc-uk.org">Sam.Donahue@nmc-uk.org</a> |
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# Safeguarding Board Quarterly Board Report Q1/Q2

## Discussion

### Safeguarding Board Quarterly Board Report Q1/Q2

- 1 The Safeguarding Board commenced in June 2024, and has had four subsequent meetings, including an extraordinary meeting in August following publication of the Independent Culture Review.
- 2 Members of the Safeguarding Board were nominated by the Executive Board to ensure there was senior representation from all areas across the NMC. Terms of Reference were agreed at the June meeting and a safeguarding project plan was presented and agreed as an initial framework to use for improving the safeguarding function across the organisation.
- 3 The project plan was divided into subcategories that enabled the discussions and decisions on priority of work that the Safeguarding Board have been overseeing in Q1 and Q2.

### GOVERNANCE AND RISK

#### Risk Register

- 4 There is a strategic risk for safeguarding that is updated and reviewed at each Safeguarding Board to ensure it reflects the current level of risk and planned actions are robust and will mitigate and reduce the risk as far as is possible.
- 5 A strategic risk at the NMC is defined as: 'threaten an organisation's ability to deliver expected outcomes, which can harm the organisation's ability to grow and prosper. Such risks can arise from things such as technological change, an evolving external landscape, poor management, or changes in customer/stakeholder demands. These would be monitored and reviewed at Executive and Council level to ensure effective controls and oversight are in place.'
- 6 Safeguarding is covered by strategic risk REG24/01: *We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment.* This risk currently is scored at 25 with a plan to reduce the risk to 12 with mitigation and commencement of additional resources for the safeguarding team. This score is also dependent on the planned diagnostics across the Fitness to Practise (FtP) process and any findings that either increase or reduce the risk.

#### Safeguarding Working Group

- 7 The safeguarding working group reports directly to the Safeguarding Board and is responsible for ensuring the delivery of agreed initiatives and workstreams that strengthen the safeguarding function. The working group draws on expertise from

teams across the NMC and each member of the group is expected to facilitate the meaningful embedding of safeguarding practice and standards that meet our Charity Commission responsibilities.

- 8 The purpose of the working group is to champion safeguarding and facilitate NMC colleagues to feel empowered to recognise and respond to safeguarding risk appropriately by providing tools, education and training and infrastructure that develops a safeguarding culture.
- 9 The group will regularly update the Safeguarding Board on progress against safeguarding projects and escalate any identified emerging risks and potential barriers to the completion of initiatives against the safeguarding improvement plan. The group will also support organisational priorities as determined by the Safeguarding Board, ensuring an agile approach in our response to safeguarding concerns. This will better protect anyone who comes into contact with the NMC from potential and actual harm by making appropriate interventions based on current best practise with both evidence and sound judgement.
- 10 The group will develop a quality assurance framework that demonstrates evidence-based decision making and continual improvement through planning, controls, assurance and strategies for quality enhancement.

#### Safeguarding Policy

- 11 There is a current safeguarding policy, which was approved in November 2018 and subsequently updated in January 2020, January 2022 and September 2023. We are aiming to complete a further review by September 2025. The immediate focus is getting clarity on how the safeguarding policy aligns with (in particular) our FtP policy principles and guidance, so we can translate the policy into practice through refreshed Standard Operating Procedures (SOPs) and guidance. Work is underway on this, and the review of SOPs and guidance in the safeguarding and FtP arena, and we propose to wait for this work to be completed before a new safeguarding policy is produced that reflects the safeguarding responsibilities and function for the organisation with an associated operational roll plan out for all areas.
- 12 Wellbeing is currently integrated into the safeguarding policy, and it is the view of the Safeguarding Board that it would be more sensible to have a specific wellbeing policy that has a direct link to safeguarding so that staff are clear which policy and SOP (Standard Operating Procedure) they need to follow for specific cases.
- 13 We also need to ensure the safeguarding policy reflects the devolved Nations safeguarding processes and practices.

#### Charity Commission

- 14 The Charity Commission requires the NMC to report to them if we identify *'incidents that have resulted in or risk significant harm to beneficiaries and other*

*people who come into contact with the charity through its work.'* The Safeguarding Board recognised the current process needed to be strengthened

- 15 A process for referrals to the Charity Commission has been developed and presented several times at the Safeguarding Board. The process has been trialled and agreed with the introduction of both an After Action Review (AAR) tool and a 'roundtable' approach to facilitate discussion and decision making on whether an incident reaches the threshold for submission to the Charity Commission. This includes agreeing learning points to address safeguarding concerns and these will be tracked as action plans through the Safeguarding Board.
- 16 Approval for the escalation and review process was completed in September 2024. As we further test and develop the work we are doing to improve our safeguarding practices, we will keep our approach to how and what issues we report or communicate to the Charity Commission.

#### DBS (Disclosure and Barring Service)

- 17 In July 2023 the Executive Board approved recommendations to increase the number of DBS checks from 39 to any role that engaged regularly with the public, or that had access to highly sensitive data and potentially those roles that could be more susceptible to bribery and fraud. In practice, this meant an additional 900 checks were required.
- 18 The Disciplinary policy was updated to reflect the changes with communications and engagement promoting awareness and encouraging colleagues to proactively declare arrests, criminal charges or convictions. A risk assessment for positive DBS results was developed with an escalation route where Amber or Red rated disclosures can be reviewed at a panel. Panels are convened where there are Amber or Red risk assessments resulting from disclosure of an arrest, criminal charge or criminal conviction and/ or a positive DBS result and significant issues related to HR, employee relations and legal position.
- 19 The new guidance was approved at the July 2024 Safeguarding Board.
- 20 Compliance against the trajectory for DBS checks is monitored at each Safeguarding Board. At the October Safeguarding Board, it was identified that panel members historically have not been required to have a DBS completed. This is a safeguarding risk due to the nature of their role and access to sensitive data and documentation. An action was taken by the Executive Director of People and Organisational Effectiveness to action the requirement for panel members to be DBS checked, and proposals have been developed for a phased approach with completion by the end of next year. This approach is subject to agreement in the context of wider decisions as part of Business Planning.

#### Sensitive Data Storage

- 21 The NMC holds a significant amount of highly sensitive data pertaining to individuals as this information is used as evidence in our fitness to practise

procedures, including distressing images and videos. This can potentially cause harm to the individuals accessing this data or to other staff if the data is inappropriately shared.

22 We have a multi-layered approach to IT security based on training, policy and technical controls. The sensitive content collected as part of our casework is stored on our case management system (CMS) unless they are large files, where they are stored separately.

23 Recognising the need to review and improve these existing processes, we are further developing our procedures for storage of sensitive data, including tightening role-based access control and are currently implementing these improvements.

24 The Council will also be aware that we are in the early stages of implementing a new CMS, which in time will supersede the existing and proposed processes and controls.

## **SAFEGUARDING FUNCTION**

### **Safeguarding Hub**

25 The safeguarding hub commenced on the 1 September 2024 with the safeguarding team in the first instance to enable a process of improvement methodology to be used to refine the safeguarding hub process and function. The safeguarding hub is a multiprofessional forum where all new NMC referrals that have been identified as having a potential safeguarding or wellbeing component are reviewed. Each referral has a safeguarding risk assessment applied to determine overall risk and inform the guidance and support required for teams in decision making processes and safeguarding practices including the sharing of information with safeguarding statutory partners.

26 An update on the safeguarding hub was presented at Executive board with data related to cases and risk assessment. A review of the safeguarding hub will be undertaken at the end of quarter three with a paper going to Safeguarding Board and Executive Board.

27 Key members of staff across the FtP process have been invited to observe the running of the hub to understand how their area may want to contribute. From December 2024 we are inviting colleagues from in Professional Regulation, Employer Link Service (ELS) and clinical advisors to be involved. Each area has been asked to consider who would be best placed to sit in the safeguarding hub and how this can be facilitated.

28 Since commencing the safeguarding hub, we have now developed a safeguarding hub referral form where all data will be collated and stored in CMS. This will enable analytics related to safeguarding cases and demonstrate outcomes and the benefits of undertaking the safeguarding hub function.

29 There has been considerable positive feedback from staff within Screening around the information, support, advice and guidance that the safeguarding team are offering via the safeguarding hub each week.

30 The team of two are currently supporting 150 cases which is not sustainable long term and will be more manageable once the new roles commence in post over the next few months.

#### Risk Assessment

31 All referrals that are streamed into the safeguarding hub have a safeguarding risk assessment applied using an approved risk assessment tool which outlines which category of safeguarding concern the case relates to and is Red Amber Green (RAG) rated as low, medium or high risk by the wellbeing lead. We have recently shared the safeguarding risk assessment with the Quality Decision Making (QDM) team who are working in close collaboration with safeguarding and plan to add this to their checklist used when consideration of opening a previous case with a safeguarding concern.

#### Safeguarding Hub and Referral Form

32 The safeguarding hub and safeguarding referral forms have been developed and currently the safeguarding analyst is in the process of working alongside the CMS, and management information team from Professional Regulation to embed this within CMS. The purpose of making these forms available on CMS is to improve access to safeguarding resources and streamline the referral process in the long term and enable the safeguarding team to respond promptly to safeguarding concerns. Part of testing will include gathering feedback from the user test.

33 Due to be completed in November 2024.

#### Safeguarding Alert

34 We are in the process of developing and implementing a safeguarding alert system on CMS by placing a flag on cases that have an identified safeguarding risk. Then when that case is accessed it will highlight that the safeguarding team is involved and documentation about the safeguarding risk will be within CMS to review.

35 Due to be completed in January 2025.

#### Safeguarding Log

36 The safeguarding team is in the process of transitioning across the responsibility for logging all safeguarding concerns from the intelligence team in order for the safeguarding analyst to provide detailed analysis of all the safeguarding activity. The safeguarding analyst will continue to work with the intelligence team on data sharing and thematic reviews.

37 The safeguarding log data will be thematically reviewed and presented at the safeguarding working group to ensure that all projects and initiatives are underpinned by identified themes and safeguarding intelligence. The data will also be triangulated alongside other relevant sources so that key themes relating to safeguarding and complexity can be understood and ensure that this appropriately informs our safeguarding priorities.

38 Due for completion in December 2024.

### Safeguarding Recruitment Update

39 Following approval of the additional resources all posts have now been recruited into. Post holders will commence in their roles over the next few months and further updates on progress will be within Q3 report.

## **EDUCATION AND TRAINING**

### Training Development Needs Analysis

40 A basic Training Development Needs Analysis (TDNA) has been completed and it was agreed at Safeguarding Board to mandate all NMC staff to undertake Level 1 safeguarding training as an initial foundation. This training is an e-Learning package, and compliance is monitored through the Safeguarding Board with the latest October board figures being 85 percent compliant.

41 When the safeguarding educator commences in post there will be a comprehensive TDNA completed, and a programme of education and training will be presented at the Safeguarding Board for approval and overseen by the working group, including evaluation of the impact of training for colleagues. Compliance will be reported to the Safeguarding Board.

### Executive Board and Council Training

42 The Social Care Institute for Excellence (SCIE) has been procured to deliver a programme of safeguarding training for the Executive board and Council members. The programme is designed to develop knowledge and confidence in understanding the expectations set out in relevant safeguarding legislation across the United Kingdom alongside expectations of the Charity Commission related to the NMC regulatory role. It will also provide clarity on what assurance is required to demonstrate that the NMC is effectively discharging its duties related to safeguarding and its leadership role in promoting a positive safeguarding culture in the organisation

## **LEARNING**

### After Action Review

43 The safeguarding team is undertaking AAR (After Action Review) for significant safeguarding incidents. This is a tool to determine what happened and associated

identified learning. This then feeds into the Serious Event Review (SER) process and in the future the log and learn system. This was agreed as a process with the continuous improvement manager due to the SER process becoming overwhelmed with the number of safeguarding incidents being raised.

44 The AAR is used within the Charity Commission roundtables and has been positively received. Learning from this tool will be thematically reviewed and will be shared in the working group to inform safeguarding projects.

45 The September Safeguarding Board received the recommendations from workstream 1.5 related to the audit of cases involving abuse of children and adults at risk related to safeguarding risks from SER's. 72 cases were reviewed, and 12 recommendations were approved related to:

- Policy / Process / Oversight/ People

### **COMMUNICATION PLAN**

46 At the October Safeguarding Board, a comprehensive communication plan for safeguarding was presented and is in the final stages of development prior to approval.

47 It is a key priority for the safeguarding improvement plans to ensure we are communicating effectively with all NMC colleagues to engage and embed the understanding of our safeguarding responsibilities.

### **Next Steps**

48 The timeline for delivery has been detailed in this paper. Work will continue as described and will be reported on a basis.



## Implications

The following were considered when preparing this paper:

| <b>Implication:</b>  |     | <b>Location if in paper:</b>   | <b>Content if not in paper:</b> |
|--|-----|--|---------------------------------|
| Public protection/impact for people.   | Yes | Throughout paper   |                                 |
| Safeguarding considerations  | Yes | Throughout paper   |                                 |
| The four country factors and considerations.   | Yes | Noted 4 country approach required  |                                 |
| Resource implications including information on the actual and expected costs involved. | Yes | Noted that additional resource has been approved and recruited to  |                                 |
| Risk implications associated with the work and the controls proposed/ in place.        | Yes | Safeguarding on corporate risk register and controls in place – additional resource will reduce risk – to be reassessed 6/52 |                                 |
| Legal considerations.  | Yes | The NMC continues work to ensure it meets its safeguarding obligations   |                                 |
| Midwives and/or nursing associates.  | Yes | Applicable to all registrants  |                                 |

|   |                    |  |  |
|---|--------------------|--|--|
| Equality, diversity, and inclusion and Welsh Language impact.     | Yes                |  |  |
| Stakeholder implications and any external stakeholders consulted. | Yes                | External stakeholders briefed as part of FTP improvement |  |
| Regulatory Reform.  | Yes/Not Applicable | Awaiting guidance  |  |