One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Safeguarding Annual Report
2024 - 25

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Part of the One Gloucestershire Integrated Care System (ICS)

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1. Introduction

Welcome to the Annual Safeguarding Adult and Children report for NHS Gloucestershire Integrated Care Board (GICB) which covers the period from 1st April 2024 to the end of March 2025. The report aims to provide a national and local context to safeguarding developments during this period and outlines how GICB is meeting its statutory safeguarding responsibilities.

GICB is asked to note the contents of this report and accept this report as assurance that as an organisation we are meeting the minimum statutory requirements for safeguarding children and adults.

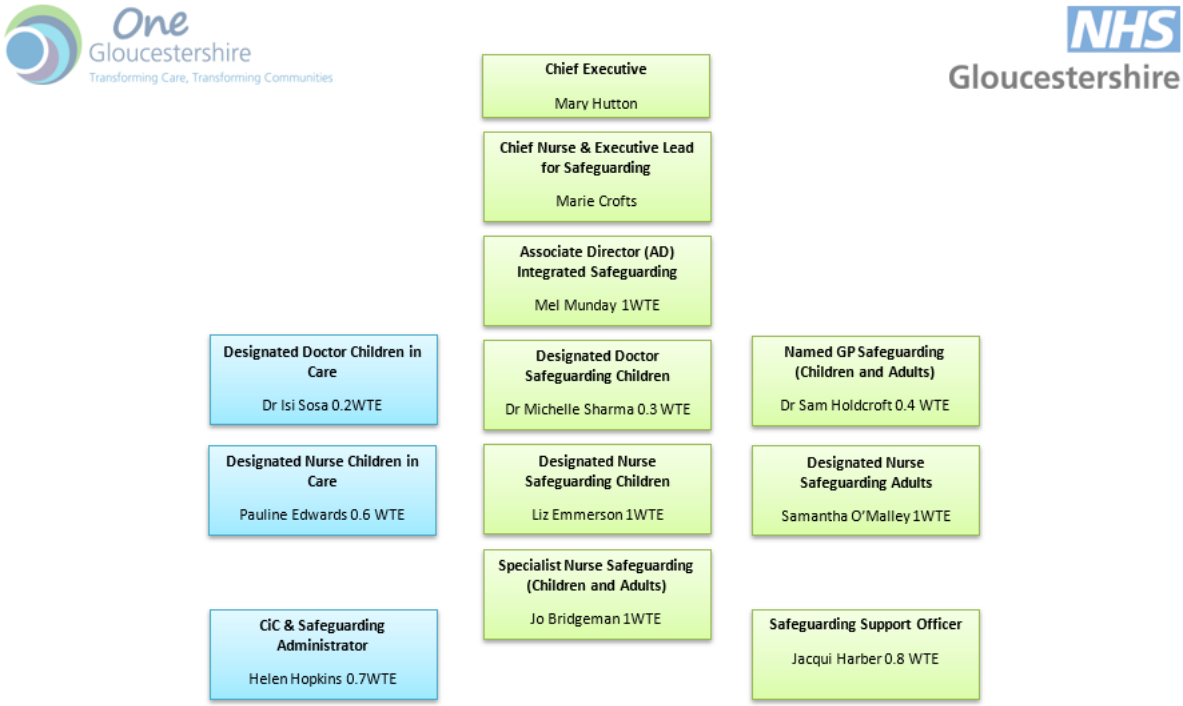
2. Statutory Requirements

ICBs have a statutory duty to put in place appropriate arrangements to safeguard children and adults at risk. This includes:

- ensuring that GICB's internal safeguarding arrangements are sufficient, and that safeguarding is embedded in practice.
- being assured that the safeguarding arrangements of all commissioned services are appropriate.
- co-operating with local safeguarding arrangements.
- securing the expertise of statutory Designated and Named Professionals on behalf of the local health system.

3. ICB Safeguarding Governance Arrangements

<u>ICB Safeguarding & Children in Care Team Structure (including WTE)</u>
<u>Overview of Gloucestershire ICB Compliance</u>



As per the "Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework" (SAAF) revised August 2022, ICBs are responsible in law for the safeguarding elements of the services they commission.

The table below illustrates our compliance against the SAAF Framework as submitted to NHSE in September 2024 and updated quarterly to reflect any changes.

NHSE Safeguarding children, young people and adults at risk in the NHS - Safeguarding accountability and assurance framework

AREA	STANDARD	RAG RATING
Leadership and Organisational Accountability	**A clear line of accountability for safeguarding, reflected in the ICB governance arrangements, i.e., a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements. In addition, a team made up of Designated Professionals for safeguarding children, looked after children, care leavers and safeguarding adults.** Roles in place but Named and Designated capacity is not in line with Intercollegiate guidance for WTE per population – on ICB risk register and business cases completed but not yet able to progress due to financial restraints.	
Training	**Training all ICB staff to recognise and report safeguarding issues supported by a training strategy and compliance percentage in line with Intercollegiate Documents and national guidance for Prevent.** We have developed a mandatory safeguarding training reporting system and completed a training needs analysis (updated during 24/25) (see training section). Amber as we are not yet assured compliance rates are consistently achieved (joint responsibility with HR) *Prevent mandatory training via eLearning now in place for all ICB staff and a lunch and learn planned for Q1 25/26	
Safer Recruitment	**Clear policies describing the commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults, as appropriate.** Human Resources are responsible for ensuring the safe recruitment of staff at the ICB, including undertaking DBS and identification checks. All pre-employment checks are undertaken in accordance with NHS Employment Check Standards.	

	The ICB support staff to follow the GCSB Escalation Policy and Allegations Against Staff Policy as appropriate (as outlined in our internal safeguarding children and adults policies). This is explicit in safeguarding training and both formal and informal supervision.	
Inter-agency working	**Effective inter-agency working; GICB, Local Authority, Police and key partners, including within the operation of Gloucestershire Safeguarding Children Partnership and Gloucestershire Adult Safeguarding Board** The Section 11 audit for GSCP is completed each year and there was evidence of improved interagency working. The GSAB Self- Assessment is completed yearly to evaluate our ICB safeguarding compliance. GICB is a key equal partner of our Safeguarding Children Partnership and Adult Board; health leadership is undertaken by the ICB Executive Nurse, Associate Director Safeguarding and Designated Professionals. We endeavour to attend all sub-groups, often as Chair alongside our provider health safeguarding colleagues as appropriate. GICB Safeguarding team are ongoing strategic health members of the Domestic Abuse Strategic Board, Sexual Violence Partnership Board and Safer Gloucestershire. We have contributed to the development of the updated multiagency domestic abuse strategy and the sexual violence strategy during 24/25 During 24-25 we have led the ICB statutory responsibilities for the new Serious Violence Duty as a specified authority. We have worked with partners to develop a needs profile and the subsequent Gloucestershire Serious Violence 5-year Strategy. Further funding is expected for the coming year and our leadership in this area continues.	
Implementation	**Appropriately engaged with all safeguarding investigations, multi-agency case reviews or safeguarding practice reviews and that the evidence of learning has been embedded into practice.** As the strategic health partner of GSCP and GSAB we are engaged in all statutory Children Safeguarding Practice Reviews (CSPR) and Safeguarding Adult Reviews (SAR) (including non-statutory learning reviews) and Domestic Homicide Reviews (DHR's) and lead the health coordination, oversight and response.	

	We have improved our oversight of embedding learning across our large and complex multiple health organisations by creating combined review health action plans, led by the Designated Nurses. These action plans are monitored to ensure learning is embedded across providers as efficiently and effectively as possible. Where actions apply to the wider ICB we work closely with the relevant teams to support implementation, i.e. commissioners. This report provides a detailed section on learning from statutory safeguarding reviews.	
Patient Engagement	**Ensures appropriate and accessible information is provided for its population in relation to how it discharges its duties for safeguarding.** The ICB safeguarding team do not work directly with patients as a commissioning organisation. Our Safeguarding annual report is published on the ICB website (public facing) which outlines how we discharge our duties alongside information and helpful links. As partners of the GSCP, GSAB and Safer Gloucestershire, the publicly available information for our population is jointly owned by the ICB and work with our partners to engage patients in safeguarding reviews and ongoing improvements.	
Supervision	**Safeguarding supervision is available to staff in line with Intercollegiate Guidance** Virtual Safeguarding Supervision is provided regularly (as capacity allows) to Gloucestershire GPs by the ICB Named GP for Safeguarding Adults and Children. This is a popular means of accessing support and guidance and GP's (and internal staff and commissioned other providers) can contact the safeguarding team at other times to obtain ad hoc advice if required. This year our Specialist Safeguarding Nurse has implemented safeguarding supervision for GP Practice Nurses, and we are looking at how we support Primary Care Networks and their wider clinical staff groups in 25-26. ICB Safeguarding supervision is well established for the Continuing Health Care team, the Dynamic Keyworker team by the Designated Nurses and Safeguarding Specialist Nurse, (who is also a Professional Nurse Advocate (PNA) and Freedom to Speak Up Guardian). Safeguarding supervision and is available to all staff on an ad hoc basis. The Designated Nurses provide supervision to the Named Nurses/Professionals and Named Midwife for Safeguarding Children and the Designated Dr Safeguarding Children	

	provides supervision to the Named Doctors for Safeguarding Children in both Trusts. The Associate Director Safeguarding provides 1-1 support to the GHC Head of Safeguarding.	
Assurance	**As a commissioner of local health services, the ICB must be assured that there are effective safeguarding arrangements in place in the services and gain assurance throughout the year to ensure continuous improvement.** The ICB led Health Strategic Safeguarding Group provides governance and assurance for health system safeguarding practice in Gloucestershire. GICB safeguarding team during 24/25 have continued a rolling programme of supportive safeguarding assurance visits to GP practices requiring support with safeguarding practice. This is benchmarked against the annual safeguarding self-assessment audit element within the local Primary Care Offer that is required to be completed by all practices. We are also planning visits to our 2 large provider trusts during 2025 using a similar format. We are working with our commissioners to review how we seek assurance from smaller contracted providers that safeguarding is embedded, including a manageable and proportionate mechanism for review is in place. This is a challenge due to the large number of ICB contracts but is progressing.	

During 24-25 we have contributed to the development of new NHSE ICB Safeguarding Assurance Protocols. The protocols supplement the Safeguarding Accountability and Assurance Framework (SAAF) which remains in place as the contractual mandate. Like the SAAF, the protocols have been developed in partnership with healthcare partners and professional bodies to reflect changes in policy and legislation and seek to clarify the roles and responsibilities in relation to system working.
The protocols outline the responsibilities and process for the national NHS England Safeguarding team, NHS England regional safeguarding teams and ICBs in relation to:

- Modern Slavery and Human Trafficking
- Child Death Review
- Prevent
- Child Protection Information Sharing System (CP-IS)
- Female Genital Mutilation
- Domestic Abuse and Sexual Violence

We submit a quarterly ICB activity report to NHSE Southwest Regional Safeguarding team that feeds into the NHSE National Safeguarding Steering Group (NSSG).

Summary of quarterly activity submitted in 24/25:

Q1: Key achievements/ celebrations

1. Commenced GP practice safeguarding assurance support visits which have been well received, following completion of annual safeguarding self-assessment audits.
2. Weekly ICB Patient Safety Huddle and PSIF Implementation Group membership- ensures safeguarding incidents are discussed and linked to our developing work in this area.
3. Delivery of various ICB lunch and learn safeguarding and children in care focused sessions, well received.

Key risks/ areas of concerns

1. Resource for statutory designated posts – business case in development for Designated Dr Safeguarding Children and Designated Nurse Children in care additional capacity.
2. System wide health resource required for increasing MARAC health information sharing requires urgent review.

Q2 Key achievements/ celebrations

1. Safeguarding annual report and new comprehensive quarterly reports shared with ICB System Quality Committee outlining achievements, risks and progress. Reporting structures are now formalised.
2. Team worked with the training department to implement reporting of Prevent training for all staff at appropriate levels commensurate to roles and advised on the Prevent training and competencies framework as best practice. Updated ICB Safeguarding training needs analysis.
3. ICB Project support offered for MARAC health information sharing project to reduce duplication across the health system. Commencing Oct 24

Key risks/ areas of concerns

1. Upcoming retirement of Named GP for both adult and children safeguarding in Dec 24- loss of experience and long-term local knowledge in team.
2. Capacity of ICB statutory roles– ICB financial deficit impacting on acceptance of business cases for Des Dr and Des Nurse CiC additional capacity.
   Child protection medical assessments agreed and undertaken by GHFT pediatricians for all types of abuse remain an area of concern. However, an independent review by a national expert has been commissioned by the ICB and GHFT. Locum pediatrician recruitment in place funded by ICB to undertake CPMA's not undertaken by GHFT

Q3 Key achievements/ celebrations

1. MARAC health info sharing project is underway and is engaging all relevant stakeholders.
2. Designated Nurse Safeguarding adults has progressed PIPOT work and now has better oversight of provider concerns.

3. Worked with ICB People Directorate to support the roll out Sexual Safety/Sexual Misconduct mandatory training for all staff.

Key risks/ areas of concerns

1. Retirement of Named GP in Dec 24- gap in recruitment process therefore we don't have this role currently (on risk register). Interviews Jan 25.
2. Child protection medical assessments agreed and undertaken by GHFT paediatricians for all types of abuse remains an area of concern however an independent review by a national expert has been commissioned by the ICB and GHFT. Locum paediatrician in place to undertake CPMA's not undertaken by GHFT as temporary mitigation.
3. Capacity of wider safeguarding and CiC roles – risk register and reported throughout 24, business cases declined due to financial constraints.

Q4 Key achievements/ celebrations

1. Our safeguarding supervision offer has expanded across both adults and children services and is mutually beneficial and well received.
2. Improved links with our ICB commissioners in understanding safeguarding responsibilities within contracts (also see Q2 response on next page) .
3. MARAC health information project progressing – aim to streamline process across health provider including GPs.

Key risks/ areas of concerns

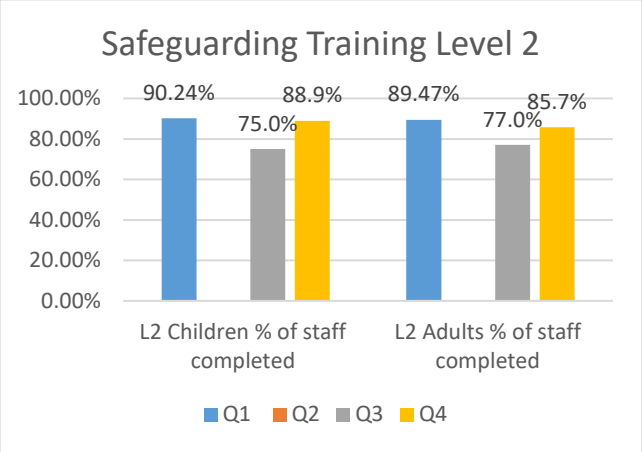
1. Unknown future of ICB following announcement of reduction in running costs and the impact on the safeguarding and CiC team statutory roles and responsibilities - recruitment freeze and impact on retirement of Designated Nurse CiC June 25 and succession planning. WTE replacement declined by ICB vacancy panel prior to government announcements (currently 0.6 WTE)
2. Capacity of ICB safeguarding team- No Named GP for Safeguarding Children and Adults in place this quarter (commenced 25/3/25 0.4 WTE).
3. The issue previously reported re timely access to child protection medical assessments in certain circumstances continues. Independent expert report completed, and recommendations being translated into an action plan to be monitored by the ICB and the GSCP Executive. NHSE Safeguarding lead has advised and supports us with the report's recommendations.

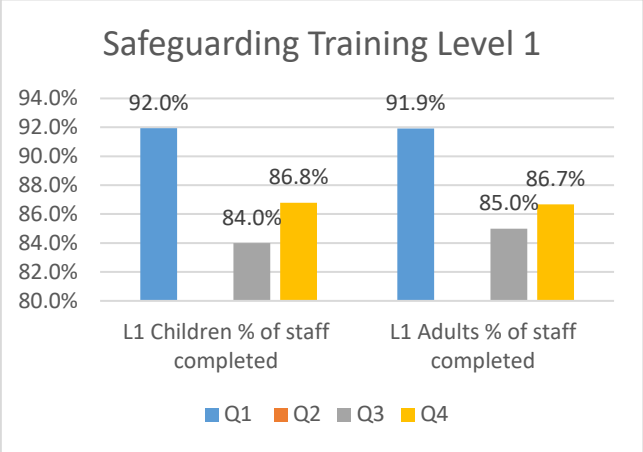
<u>ICB Safeguarding Training Compliance</u>

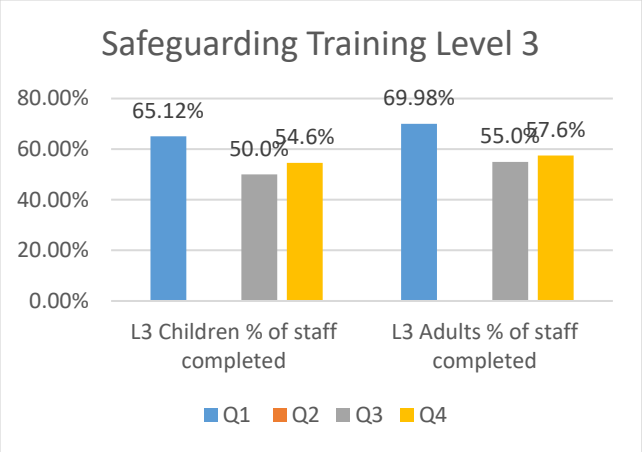
ICB Safeguarding training compliancy level 1-5 recording and reporting was in place on Consult OD following an extensive training needs analysis. In June 2024 the ICB moved the recording of mandatory training to the Electronic Staff Record (ESR) and recorded compliancy above level 1 was unfortunately lost therefore data for Q2 was unobtainable. A further training needs analysis has been completed and in December 2024 ESR was updated to reflect individuals correct training levels. The team are now working with the wider ICB on raising competency levels following the expected fall during this period of time (June 24- Dec 24) by targeting individuals who are not compliant with specific instructions of how to book onto the training.

In June 2024 Prevent Level 1 was added to ESR for all staff and is mandatory, at the end of Q4 77.5% of staff have completed this.

Additionally in June 2024, we introduced an hour long face-to-face mandatory safeguarding induction for all new staff which includes safeguarding children, children in care, safeguarding adults, learning from statutory safeguarding reviews, how to make a referral and training requirements.







4. Safeguarding Assurance for services we commission

Safeguarding Assurance of Providers

Our main NHS Trust health providers across Gloucestershire are:

NHS Gloucestershire Health and Care NHS Foundation Trust

NHS Gloucestershire Hospitals NHS Foundation Trust

Strategic leadership and partnership working are key elements to proactively support the effectiveness of Gloucestershire's Safeguarding System. We work with health providers and partners to ensure the ICB and our commissioned services comply with the NHSE

Safeguarding Assurance and Accountability Framework and have regard for our duty to protect and safeguard against abuse.

GICB as commissioners of these services have sought assurance in the following ways:

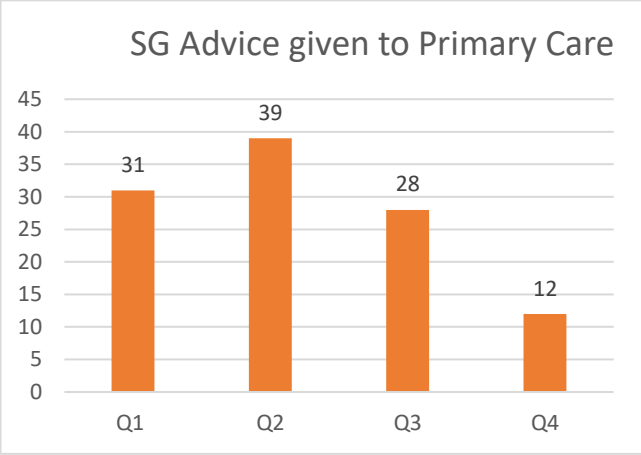
- Associate Director attends Trust Safeguarding Governance Committee/Group and receives quarterly assurance reports via this membership.
- Updates provided at the GICB Health Strategic Safeguarding Groups led by the ICB Safeguarding Team
- Supervision and support to Named Professionals in each Trust by GICB team.
- Regular Named and Designated Drop-in support session offered by GICB.
- Safeguarding Quality Support visits – to be re commenced in 2025-2026 when team capacity allows using a standardised audit template.

5. Supporting Safeguarding in Primary Care – GP

GICB facilitates virtual GP Safeguarding Lead Forums that are well attended throughout the year and contrubute towards level 3 safeguarding compliance. These forums are recorded and uploaded to G-Care within the education section for future access and learning Safeguarding | Education & Training | G-care. This provides an opportunity to disseminate learning, sharing good practice and facilitating discussion on pertinent safeguarding issues with guest speakers. We have also continued with safeguarding forums for Practice Managers and have delivered 'lunch and learn' safeguarding and children in care update sessions for the wider ICB.

Additional support activity as required includes:

- Monthly Safeguarding supervision "drop in" virtual sessions for GPs.
- Signposting to free Safeguarding level 3 multiagency training opportunities
- Multi-agency adult and children safeguarding training is accessible through accredited GSCP and GSAB platforms and trainers.
- Providing Primary Care practitioners with case-based supervision and safeguarding expertise for complex safeguarding cases (number shown in table below).



Our Named GP is an active member of the Regional SW Named GP Network, with connections to Named GPs across the country, ensuring that safeguarding GP related information is shared both regionally and locally.

The Primary Care Offer is a block contract which is in place with all GP surgeries and includes All safeguarding information sharing requirements, quality assurance visits, completion of an annual safeguarding assurance audit, attendance at safeguarding adult and children training and other safeguarding statutory duties.

The ICB continues to explore additional responsibilities set out in NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England (2023) **including** safeguarding for Pharmacy, Dental and Optometry (POD) services with the NHS Central Commissioning Hub (CCH) following delegation in April 2023. The Associate Director meets regularly with the NHSE Regional CCH POD Quality and Safeguarding lead to evolve this area of practice and further understand our safeguarding support and oversight responsibilities.

We recognise that Primary Care is evolving, and we are keen to explore the growing roles of PCNs to ensure compliance with safeguarding requirements. We also plan to re-evaluate our training offer with consideration of providing more training for the wider General Practice team recognising the additional roles now provided in Primary Care.

6. Safeguarding Children

Safeguarding Children

GICB has a duty to ensure that all statutory requirements as defined in the Safeguarding Children, Young People and Adults at Risk in the NHS; Accountability and Assurance Framework (2024), Working Together to Safeguard Children (2023) and Children's Act (2004) are in place. This section provides a brief overview of activity throughout the reporting period.

1. Assurance

Children Act 2004 Annual Section 11 Audit 2024/5 - Led by the Gloucestershire Safeguarding Children Partnership (GSCP). This audit is designed to quality assure compliance with the Section 11 standards. Each year the KLOE (listed below) are slightly adjusted to overlap with key recommendations arising from Rapid Reviews and Local Children's Safeguarding Practice Reviews.

1. Leadership and Accountability
2. Safe recruitment, induction, training and development
3. Safeguarding Policies and Procedures
4. Understanding and communication with and for Children

The 2024/5 Section 11 Audit shone a spotlight on commissioning organisations. Commissioners were specifically asked for evidence/assurance of frameworks and systems

in place to assure themselves that service providers comply with their Section 11 duties. Within the ICB good practice was identified, however this continues to be an area for on-going development in 2025/26 for the GICB Safeguarding, Children's Commissioning, Contacts, and Procurement Teams.

The GICB submission was completed in February 2025. We continue to await the Independent Scrutineers overall report which is expected in June 2025.

2. Multi-agency working & the Gloucestershire Safeguarding Children Partnership (GSCP)

Gloucestershire local partnership safeguarding arrangements are Working Together to Safeguard Children 2023 compliant (DfE).

The Designated Professionals represent the ICB at the following GSCP subgroups:

- Quality & improvement in Practice (QIIP)- Designated Nurse is Chair
- Multiagency Safeguarding Hub
- Child Exploitation & Missing (CEM)
- Education
- Policies and Procedures
- Child Death Overview Panel (CDOP)
- Management Group
- GSCP Exec (attended by Associated Director Safeguarding and Chief Nurse)
- Serious Incident Notification Group - statutory review decision making group

SIN/Rapid Reviews – During the reporting period the Partnership considered 5 SINs, undertaking three Rapid Reviews. Rapid Reviews undertaken in the period represented 3 children in total. Themes of the reviews included medical neglect, child criminal exploitation, and fatal non accidental injury. No Rapid Reviews progressed to LCSPRs.

Local Child Safeguarding Practice Reviews – No LCSPRs were commissioned during the reporting period. The GSCP/GICB are involved in a cross border LCSPR with the Royal Borough Windsor and Maidenhead. The joint review is considering the circumstances and partnership learning following the tragic suicide of a 17-year-old child. Emerging learning themes include: the point that mental ill-health becomes a child safeguarding risk, consent and confidentially with 16–18-year-olds, the role of Children's Services when there are mental health concerns for a child, cross-border mental health crisis referrals, and support for health practitioners following suicide. Publication is expected in the summer of 2025.

3. Policy/Service Development

Throughout the reporting period the Designate Professionals have been involved in the revision and development of several multi-agency policies, procedures, and process reviews. The Designate Dr has led on many of these. These include:

Policy Development:

- Multi-Agency Neglect Strategy, Quality of Care Tool and training (update)
- Bruising and Suspected Injury in Non-Mobile Child Policy (update)
- Perplexing Presentations and Fabricated and Induced Illness (update)
- Harmful Sexual Behaviour Professional Guidance (new)
- Safeguarding Duties for Commissioning & Procurement (new)

- Multi-Agency Missing Child Protocol (update)
- Gloucestershire Levels of Intervention (update)
- CIC Discharge from Hospital Checklist

Multi-agency Service Development:

- Multi-agency Harm Outside of the Home Review
- GSCP Safeguarding Process Review Day
- GCC Ambitions Board/Steering Group Membership
- Proportionate Intervention Training

4. Safeguarding Children Supervision

It is now 12 months since the ICB Safeguarding Children Supervision offer was launched. Safeguarding children's supervision, advice and support is available to all GICB staff upon request. Monthly or bi-monthly formal safeguarding supervision is offered to:

- Named Professionals in GHC, GFHT and SWAST
- Band 7/8 Safeguarding Specialist Professionals in provider Trusts (SWAST, midwives, nurses, allied health professionals)
- ICB Dynamic Keyworker Service
- ICB Children's Continuing Healthcare Team

Staff attendance and engagement in Safeguarding Supervision Sessions has been excellent across all 4 quarters and anecdotal feedback demonstrates that colleagues find supervision sessions valuable, informative, restorative, child focused, supportive and valuable in identifying actions and risk.

7. Safeguarding Adults

Gloucestershire Safeguarding Adult Board (GSAB) and Partnership Working

Gloucestershire Safeguarding Adult Board (GSAB) is a partnership of statutory and non-statutory organisations.

The aim of the Board is to "safeguard and promote the welfare of adults at risk to enable them to retain independence, wellbeing and choice and choice to access their human right to live a life that is free from abuse and harm".

The Care Act 2014 Statutory Guidance confirms that "the main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area" who meet the safeguarding criteria. Under the Care Act (2014) a Safeguarding Adult Board is required to;

- Publish and Annual Report
- Publish a Strategic Plan.
- Commission Safeguarding Adult Reviews
- Hold partner agencies accountable for how they work together to protect adults from abuse and neglect.

GSAB must lead adult safeguarding arrangements across the locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.
SABs have three overarching priorities.

- Increase awareness and understanding of Adult Safeguarding amongst professionals and the public in Gloucestershire.
- Prevention and responding to reports of abuse and neglect.
- Learning and continuous Improvement

The GSAB main priorities are:

- Transitions (child to adult)
- Severe and multiple disadvantages/complex needs
- Hearing the voice of individuals who have been safeguarded (to better understand what difference it made and how to improve for the future)

GSAB sub-groups

The ICB is predominantly represented by the Designated Nurse for Safeguarding Adults, facilitating good participation and contribution to the subgroups.
The sub-groups are:

- SAR (Safeguarding Adults Review)
- Audit
- Policy and Procedures (Designated Nurse Chairs)
- Workforce Development
- Comms and Engagement
- Fire Safety Development

The GSAB Board is supported in fulfilling its responsibilities through the work undertaken by multi-agency sub-groups. All the work of the sub-groups informs the strategic direction of the GSAB Board and enables priorities to be identified and to have multi-agency oversight.

Adult Safeguarding Meetings;

In addition to the Sub-group's the Designated Safeguarding Adult Nurse and team represent the ICB at;

- Prevent Partnership Meeting
- Contest Board
- Channel Panel
- Gloucestershire Anti-Slavery Partnership Strategic Meeting.
- MEAM- Making Every Adult Matter
- Anti-Social Behavior (ASB) pathway meetings
- Serious Violence Duty partnership meetings
- Sexual Violence Partnership Board Strategic & Full meeting
- Domestic Abuse Local Partnership Board Strategic Group
- Serious Organised Crime (SOCEX) Partnership Briefing

The GSAB Strategic Plan 2022-25/6

The current GSAB Strategic plan has been extended by a year as there is to be a change in GSAB chair. After 11years in the role Paul Yeatman has stepped down and following successful recruitment David Hanley is due to start as new chair on 01/06/25. Extending the Strategic Plan time frame by a year will enable David to understand the needs of Safeguarding Adults in Gloucestershire and adopt a Strategic Plan accordingly.

The Strategic Plan priorities continue to be;

- To increase awareness and understanding of Adult Safeguarding among professionals and the public in Gloucestershire
- Prevention and responding to reports of abuse and neglect.
- Learning and continuous improvement.
- Transitions (child to adult)
- Complex Needs/Multiple Disadvantage
- Hearing the voice of individuals who have been safeguarded (to better understand what difference it made and how to improve for the future)
- Ensuring a robust and sustainable quality assurance regime (including multi-agency data)
- Working more closely with the voluntary, community and social enterprise sector within Gloucestershire

Safeguarding Adult reviews (SAR)

During the reporting period, there have been 4 SAR's, all are ongoing with ICB input as panel members with none published this year.

WH (due to be published May 25)

WH was tragically murdered, however there was also evidence of self-neglect. She had learning difficulties, Cerebral Palsy and Mental Health issues; she was aged 40 when she died. WH was known to the Police both as a perpetrator and a victim of crime. WH was not open to Mental Health Services at the time of her death. The SAR was conducted by Kate Spreadbury. The report has been shared with panel members, family, and the GSAB SAR subgroup and went to the GSAB Extraordinary Meeting on 4th December where minor amendments were requested. The Report has now been finalised and will be published May 2025.

'F' Care Leaver death – ongoing.

F was a child in care in Gloucestershire from 2007, her family and current GP were based in Wiltshire. She had a mild learning difficulty, complex emotional needs, and kidney failure which she sadly died as a result of. She was supported as a care leaver from her 18th birthday and was closed to the service at the age of 21 as she was residing with her family in Trowbridge.
It was agreed to conduct a SAR, as she had care and support needs and there were issues with how agencies worked together. It was felt that the key issues of being a care leaver, accommodation, and funding, having an out-of-county GP and physical health issues needed to be explored in more detail in the review.

An Initial Panel Meeting has been held, Individual Management Reports produced, and Practitioner and Manager Events held. The draft report is currently being produced.

‘J’; Neglect Rapid Review – ongoing led by ICB

J was 95 years old, lived with her son, had some private care, and was assessed to have mental capacity. She had been known to GCC Adult Social Care since 2020 and there was significant involvement in 2023 and 2024. She had health needs and pressure ulcers, reported not wanting professionals involved with her care and refused District Nurse visits. A referral to the Police has been made around concerns of neglect regarding J’s son. There was a lack of escalation by agencies and challenges in engaging with J and her son. A Rapid Review is being conducted on 21st May, chaired by Mel Munday and Sam O’Malley from the ICB.

Paddy and Arlo Joint Homelessness Death Review- report in draft

A Rapid Review has been conducted for two people who were at the time of their deaths both homeless and rough sleeping. This is being co-chaired by Neil Coles, Housing Innovation Manager in Gloucester and Sarah Jasper, Head of Safeguarding Adults GCC. A learning event was held on 10th December, and the draft report is being produced. A meeting with Paddy’s family was held at the end of March, which provided valuable information, which will be included in the report.

Learning from SAR’s

The learning from these SAR’s/ Rapid Reviews, is yet to be published, although the following are some identified themes;

- **Escalation**; Agencies having awareness of the GSAB escalation policy and recommendations. Escalating concerns within organisations and having healthy challenge and escalating concerns to partner organisations.
- Clear understanding of **MCA** and when Best Interests assessments and Court of Protection can be involved.
- **Multi-agency working**; awareness that any agency can request multi-agency meetings. Additionally, multi-agency meetings offer opportunities to seek ‘creative solutions’ and jointly agree plans in a timely way. Having an awareness of Multi-agency Risk Meetings (MARM) and the Making Every Adult Matter (MEAM) process – a resource for working with individuals that have experienced trauma and multiple disadvantage, is also integral.
- **Transition plans**; improved and early collaboration between children’s and adult services is recommended. This includes exploration into executive functioning. Advocacy is to be considered in these cases, especially where neurological conditions are noted.
- Capturing **the voice** of the individual at risk and having process within organisations where ‘service user’s voice is captured.

Domestic Homicide Reviews (DHR) (also now known as Domestic Abuse Related Death Reviews (DARDR)

- During the reporting period there have been 6 new DHR's with 10 brought forward from the previous year, this has placed a significant demand on the ICB safeguarding team as health system lead for all statutory reviews.
- There were 4 DHR's published within the reporting period (Ms. A, Kelly, Daisy, Magda).
- GICB have developed an action log capturing all health actions from DHRs and SARs and meet bi-annually to review and seek assurance that actions have been completed or in progress. There are currently no outstanding actions for health across the Gloucestershire system.
- 3 Rapid Reviews to be completed in May 25 for 3 historic cases (deaths by suicide during the COVID pandemic). This is a new process that has been agreed by the Home Office and may be a template for future reviews as learning can be gained and implemented in rapid time unlike the current process.

Highlights of some recommended learning for Health (including ICB) from DHR's/ DARDRs

- Training and awareness regarding Domestic abuse for health staff, to be regular, mandated and to offer refresher sessions.
- Health practitioners to make it routine practice, at visits and appointments to ask patients/ clients about domestic abuse, being mindful to ask when safe to do so (routine enquiry).
- Services to utilise translators if there is any doubt that a service user has difficulty with understanding due to a language barrier. In addition, consideration about an individual's literacy and written abilities to be made.

DARDR Expert Panel

As part of the statutory guidance for the conduct of Domestic Abuse Related Death Reviews (DARDRs), there is a requirement to consider cases for review where the death may be either considered a suspected suicide or related to neglect, where there is an indication of prior domestic abuse. In order to support the process of determining cases that require review, the Gloucestershire DARDR expert panel has been established.

The overall purpose of the expert panel is to support the decision making of the Community Safety Partnerships (CSPs) as to whether a case meets the criteria for a DARDR to be commissioned. This is a new process for Gloucestershire during this reporting period 24/25.

The expert panel will:

- Share relevant and proportionate information on the cases raised to the panel to determine the nature and prevalence of domestic abuse experienced or known.
- Discuss cases against the criteria outlined in the statutory guidance and local supplementary criteria.

- Make a recommendation to the CSP as to whether a case meets the criteria for a review.
- Provide the CSP with minutes from the meeting and written confirmation of the recommendation made by the panel.
- Issue actions to panel members to gather additional information in circumstances where the panel is unable to reach a recommendation due to limited information known at the time of the meeting. Cases in these circumstances will be deferred to the next meeting for further discussion.

The decision regarding whether a case will proceed to a DARDR is that of the CSP. The expert panel's role is to provide a recommendation to the CSP that supports its decision making and ensures that conclusions are fully informed by information known about the case. The expert panel is not required to come to a unanimous decision with regards its recommendation, but this is preferred in order to fully support the CSP. Where a unanimous decision cannot be made, the CSP will be informed of this and will be required to decide as to the conduct of a DARDR without the recommendation from the expert panel.

Anti-Social Case (ASB) Reviews;

The Anti-social Behaviour, Crime and Policing Act 2014 introduced specific measures designed to give victims and communities a say in the way that complaints of antisocial behavior are dealt with.

This includes the anti-social behavior case review, which gives victims of persistent antisocial behavior the right to request a multi-agency case review where a local threshold is met.

Agencies, including local authorities, the police, local health teams and registered providers of social housing have a duty to carry out a case review when someone requests one and their case meets a locally defined threshold.

During the reporting period GICB Safeguarding team have been involved with 13 ASB cases which have required health information sharing. 6 of these cases did not progress to full ASB meetings and were resolved. 5 cases have been closed following ASB intervention meetings and 2 remain open requiring ongoing support and monitoring. The majority of cases have involved a complexity of enduring mental health conditions where treatment has not been concordant and neuro diversity/ learning needs have complicated the ability of services to use legal routes to address anti-social behavior in the community.

In January 2025 the OPCC ASB coordinator left the organisation, and it remains unclear how the service is going to progress and involve multi agency professional to address and manage ASB concerns in Gloucestershire. As a consequence, the ICB has received only minimal referrals since the coordinator left.

Self-Assurance Assessment (Feb 25).

This Self-Assessment was completed before any changes to the ICB were announced.

- During this year, the team have worked hard in promoting the safeguarding team's responsibilities and being visual in the organisation through disseminating the expertise, advice, and knowledge of Safeguarding Adults to ICB teams, Primary Care and Commissioning and through planned lunch and learn sessions on specific safeguarding topics.
- The Designated Nurse for Safeguarding Adults is continuing to bring a focus on safeguarding considerations when children transition to adult's services and trauma informed practice.
- The ICS System Quality Committee now receive a quarterly safeguarding and children in care report delivered by the Associate Director who is a of this Committee. Previously the team only presented the Safeguarding annual report, so this is an improvement in ICB assurance.
- The Designated Safeguarding Adults Nurse continues as the strategic ICB lead as for Serious Violence Duty, Anti-social Behaviour panels, and Domestic Abuse. These responsibilities ensure that Safeguarding Adults is considered within the ICB and organisations that the ICB work closely with.
- The Safeguarding team are in the process of improving compliance of safeguarding training at the ICB. Extensive work has been completed to update processes and procedures to ensure all staff are aware of what level of training they should be undertaking. Compliance data is being collected, and additional mandatory training has been added for Prevent and Sexual Safety/Misconduct following the ICB signing up to the NHSE Sexual Safety Charter in Sept 2024.

Policy development

During this reporting period the Safeguarding team have been involved and developed internal and multi-agency policy and procedures;

- The PREVENT policy has been updated.
- Positions of Trust (allegations management) Framework- this work is ongoing.
- Adult Safeguarding Policy is due for renewal during 2025.

8. Domestic Abuse and Sexual Violence (DA/SV)

The Domestic Abuse Act (2021) widened the legal definition beyond physical violence to include emotional, coercive, and controlling behavior and economic abuse. The Act now recognises children witnessing domestic abuse or living within the home with domestic abuse as victims. The DA Act also helpfully builds upon the legal statute to share health information.

GICB recognises domestic abuse as a safeguarding priority, alongside the detrimental impact on health and wellbeing for all ages. The safeguarding team are members of the Gloucestershire Domestic Abuse Local Partnership Board and Sexual Violence Strategic Board and are signed up to the overarching Domestic Abuse Delivery Plan and Strategy. The Gloucestershire Sexual Violence Strategy 2022-2025 (soon to be updated) works to support a reduction in sexual violence and harassment and increase support for those who experience it, this continues to be a priority within Gloucestershire.

During 24/25 GICB has signed up to the NHSE Sexual Safety Charter, ‘a commitment to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviors within the workplace’. The Associate Director Safeguarding has worked with the People Team and corporate governance colleagues on addressing how GICB meets the standards. We have developed a Sexual Safety and Misconduct policy and delivered a session at a senior manager away day.

National and local domestic abuse data suggests an increase in health staff seeking support for domestic abuse, as employers we need to be aware of and have a duty to support those who are victims and perpetrators of domestic abuse in seeking the appropriate support and guidance.
A GICB Domestic Abuse Policy is in place that outlines how to support and manage staff disclosures in the workplace, and this has been promoted.

GICB recognise the increase in requests for MARAC (multi agency domestic abuse risk assessment conference) information and the impact that this is having on system partners to meet these deadlines. During 24/25 a priority has been for GICB Safeguarding team to lead a project looking to address this concern for our system and alternative ways that MARAC information can be obtained, to enable the system to focus on other safeguarding priorities, whilst maintaining high standards of MARAC information sharing.

Serious Violence Duty

The Serious Violence Duty places a duty on specified authorities to work together to prevent and reduce serious violence (set out in the Police, Crime, Sentencing and Courts Act 2022 and accompanying statutory guidance Serious Violence Duty - GOV.UK (www.gov.uk)). ICBs are one of the specified authorities. The definition of ‘serious violence’ now includes domestic abuse and sexual offences.

The Duty requires the specified authorities; Police, Local authority, **ICB**, Criminal Justice system and Fire and Rescue Services to work collaboratively together to develop a Strategic Needs Plan which will inform the locality delivery of the SVD “Duty” and to work together to share information, analyse the situation locally and come up with solutions, to prevent and reduce serious violence on a local basis.

The ICB has considered the Serious Violence Duty and Domestic Abuse within its Joint Forward Plan 2024

9. Learning from Statutory Safeguarding Reviews 24/25– ICB actions (*all names are pseudonyms)*

Domestic Homicide Review (DHR)	
Ms A - Executive Summary **Daisy -** Executive Summary **Magda-** Executive Summary **Kelly -** Executive Summary	
Practices will consider the vulnerabilities of patients with mental health issues when receiving a letter from the mental health teams and flag a patient as vulnerable when necessary.	Named GP raised this with GP leads at the Safeguarding Adult GP forum
GP practices to ensure that mental health and other vulnerability issues are considered as part of their DNA policy and appropriate contact made and support offered if necessary, with the patient.	Named GP raised this with GP leads at the Safeguarding Adult GP forum
When a patient with vulnerabilities is to be discussed at a practice vulnerable adult/safeguarding meeting the mental health practitioner working with that patient should be invited to attend.	Named GP raised this with GP leads at the Safeguarding Adult GP forum
Request that letters coming from secondary care (including mental health teams) clearly note concerns arising and any increase in risk assessment levels in BOLD and in the summary include GP actions.	Raised at the Safeguarding Strategic Health Group meeting for GHC team to take back to GHC teams for action This was already taken forward as an action by the panel member from GHT on 9/6/21. Unaware if GHC also took steps re this.
Ensure mechanism by which urgent concerns can be shared between Primary Care and Mental Health teams	ICB SG team have obtained GP practice backdoor numbers for professional use only and shared with GHT, GHC, GCC SG Teams.
To ensure professional curiosity and asking direct questions about domestic abuse when indicators of domestic abuse are present	Production of policy and procedure shared with DHR review panel.

National Recommendations All NHS Integrated Care Boards to provide a solution for how domestic abuse risks presented to and by a patient are documented within clinical records, so that NHS staff do not inadvertently increase their patient's risk of harm from or to others NHS Gloucestershire Safeguarding teams to look to a solution for how risks relating to domestic abuse are consistently recorded across health partners. Make efforts to ensure continuity of care with a "usual GP" for patients who are known to be vulnerable.	SG Adult GP Forum held covering DA, DA Policies and learning from DHRs. The Forest of Dean wide Protected Learning Event for all GP practice staff on DA 'Recognising and responding to DA' was held by Gloucestershire Domestic Abuse Support Service (GDASS). Unable to progress without national steer. DHR author to take this issue to Home Office for action. This is dependent on digital system development and national guidance beyond local control, it has been raised at South West Named GP forum and others are having similar issues – this is being taken to the National Network of Named GPs. From a GP/Primary Care point of view, we have recommended that GPs try to ensure continuity of care with one "usual" GP for each vulnerable person and families, however we cannot make this a SMART recommendation as it cannot be contractual, nor audited under the current Primary Care GP contract. Patients should also have the opportunity to see different GPs according to accessibility and convenience. Requires national steer.

Rapid Reviews
0124AB Rapid Review Report 0124 _ Sharing Versic **0224JM** 0224JM Rapid Review Report Final_s

Rapid Review Report
0125JK 0125JK_Sharing Versi

10. Focused safeguarding priorities for 2024/25

The safeguarding team have developed a refreshed combined work plan/quarterly report to the **ICB System Quality Committee** to reflect our local, regional, and national safeguarding priorities and how we have sustained and enhanced partnership working and strengthened safeguarding collaboration across the health system.
This includes our continued work with primary care (including delegated services within Pharmacy, Optometry and Dentistry and are working with ICB colleagues regarding additional responsibilities alongside the NHSE Central Commissioning Hub Quality and Safeguarding lead).

We have contributed to the **ICB Joint Forward Plan** and highlighted our areas of focus:

- The ICB Safeguarding team are committed to supporting people who use health services to live in safety. Through our work with partners, we are helping to prevent people from experiencing harm due to abuse and neglect. This includes continued strategic health safeguarding leadership alongside our partners in the Gloucestershire Safeguarding Children Partnership, Safeguarding Adult Board and Safer Gloucestershire Board. The ICB CNO and Associate Director Safeguarding continue in their leadership roles for the health system at the GSCP Executive.

- undertaking a review of the health system safeguarding children dataset to ensure it is focused, not onerous and meets our collective needs to ensure we collect information to inform our work going forwards across all health services. The aim is to incorporate both health safeguarding children and adults' data.

- effective succession planning to ensure the ICB meets the statutory requirements for key safeguarding and children in care roles in the future and expand the safeguarding and children in care team to meet statutory Designated and Named Nurse and Doctor resource requirements for our increasing population need.

- embedding learning from statutory safeguarding reviews where we provide health safeguarding leadership as panel members, to support prevention of further harm in the future. ICB Designated Professionals have developed a combined health action plan to track progress of all health actions resulting from safeguarding reviews. We have regular progress meetings, with monitoring via our bimonthly ICB led health safeguarding strategic group. Learning from local reviews is explored in more detail within our safeguarding annual report and disseminated via 7-minute briefings, training and updates, quarterly GP safeguarding forums etc.

- Health safeguarding leadership in the development of a multi-agency local process for health input and information sharing for Anti-Social Behaviour Case panels to ensure the ICB can comply with their statutory duties in relation to anti-social behavior. This includes obtaining GP information. An ICB safeguarding led project is underway to explore streamlining health information sharing requests for Multiagency Risk Assessment Conference (MARAC) (high-risk domestic abuse) as the demand has increased putting pressure on provider safeguarding teams and GP's.

- Designated Doctor and Nurse Safeguarding Children have led on Gloucestershire Safeguarding Children Partnership multiagency protocols and practice guidance and continue to chair and lead on the work within its subgroups.

- Designated Nurse and Doctor for Children in Care have continued to lead on various workstreams and priorities for Children In Care (CiC) and Care Leavers, as set out in our ICB Children In Care annual report *(24-25 version due for approval shortly)* and our workplan. Gloucestershire's experienced population (young people who are in or have been in care) continues to grow year on year, therefore increasing demand on the specialist CiC health services.

- Supporting GP practices in complying with the safeguarding element of the Primary Care Offer including forums, supervision drop ins and practice support visits and the development and analysis of the annual safeguarding assurance audit. Our statutory Named GP Safeguarding Adults and Children is key to this ongoing work.

- Further understand how the safeguarding team can support the ICB commissioning and contracting arrangements and how to seek robust assurance for safeguarding elements for all services we commission. Embed the new GSCP *Safeguarding Standards for Commissioning and Procurement Document* in our wider ICB commissioning work.

- Serious Violence (SV) duty, where specified authorities, including the ICB, must work together to prevent and reduce serious violence (set out in the Police, Crime, Sentencing and Courts Act 2022 and accompanying statutory guidance). The definition of 'serious violence' includes domestic abuse and sexual offences. The ICB's Designated Nurse Safeguarding Adults is our lead for the SV Partnership strategy and associated health development work alongside the Associate Director Safeguarding.

- FGM- we are seeing an increase in FGM reported cases via maternity services in Gloucestershire. The ICB Designated Nurses are leading a task and finish group across the health system to develop a shared NHS FGM safeguarding policy which will support staff in managing frontline practice and in complying with NHSE mandatory reporting.

11. Conclusion

Commissioners of health services have a duty to ensure that all NHS Providers recognise the importance of having robust and effective arrangements in place to safeguard adults and children and to provide assurance that they are fulfilling their statutory responsibilities for Safeguarding.

During 2024-25 the ICB Safeguarding Team have continued to deliver our statutory duties and developed as a team despite an increased demand on safeguarding services and an increase in wider statutory responsibilities described in this report. This annual report outlines how we have sustained, and enhanced partnership working and strengthened safeguarding collaboration within health.