

Governing Body

22 March 2017

Details	Part 1	X	Part 2		Agenda Item No.	10
Title of Paper:	Quarterly Safeguarding Dashboard Q3 2016/17					
Board Member:	Dr Cathy Fines, Executive Lead for Safeguarding					
Author:	Mrs Maxine Lomax, Head of Safeguarding					
Presenter:	Mrs Maxine Lomax, Head of Safeguarding					
Please indicate:	For Decision		For Information	X	For Discussion	X

Executive Summary

Summary	<p>The attached dashboard is the quarterly update on Safeguarding, including information on the current performance around assessing the health of Looked After Children and the work carried out by the team in nursing homes in Bury.</p> <p>The dashboard was considered at the Quality and Performance Committee on the 8th March 2017 prior to presentation to the Governing Body.</p> <p>Highlights include a high level of assurance that safeguarding systems are robust within nursing homes in Bury, within Pennine Care Foundation Trust and GP Federation.</p> <p>The CCG is currently showing as Amber due to a number of staff requiring to complete Level 1 mandatory safeguarding training. There have been a number of new staff to the organisation that have not yet accessed the e learning modules but all staff have been reminded.</p> <p>Pennine Acute Trust is currently working on their action plan and has two sections on Amber.</p> <p>In respect of Looked after Children performance, a new service specification is now in place and the performance of completion of Initial Health Assessments against the KPI has been 100% in December 2016 and January 2017. However, there is a delay in receiving the consent to assess from the Local Authority. The Head of Safeguarding for the CCG is liaising with the Assistant Director for Children's Social Care to consider solutions.</p>					
Risk	High		Medium	X	Low	
	If the CCG does not continue to meet its statutory obligations to safeguard its residents as part of the commissioning of health services, there is a risk that the most vulnerable residents of the borough will come to significant harm					
Recommendations	<p>The Governing Body is asked to:</p> <ol style="list-style-type: none"> Note the content of the dashboard 					

Strategic themes

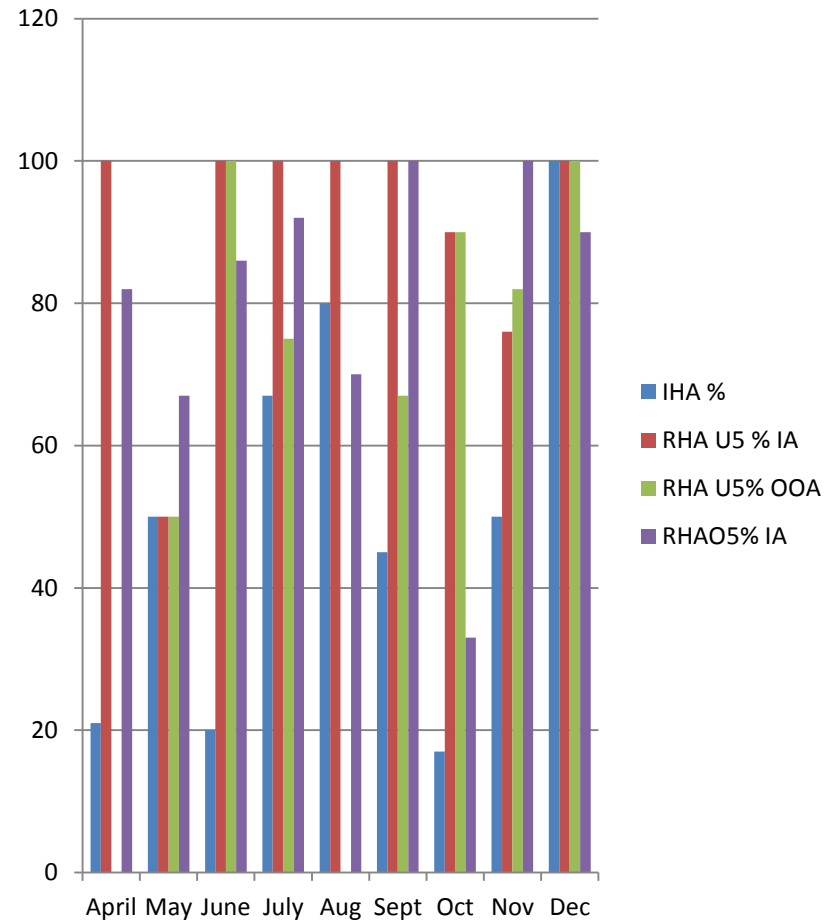
To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies		X
To deliver service re-design in priority areas through innovation		
To develop primary care to become excellent and high performing commissioners		X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners		
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning		
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system		
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)		
Equality Analysis Assessed?		Supports NHS Bury CCG Governance arrangements
		X

NHS Bury CCG Safeguarding Assurance Dashboard using the standardised tools agreed across Greater Manchester Q3 2016-17

NHS Bury CCG Safeguarding and Looked after Children	RAG	Pennine Acute Trust	RAG
<p>The NHS England benchmarking tool for safeguarding has been updated and all areas but two are on GREEN with the exception of policy updates for whistle blowing and complaints, and the CCG training figures which currently stand at 64% Staff have been reminded to complete the modules</p> <p>The LAC NHS England benchmarking tool has been refreshed and there are 5 outstanding action marked as AMBER</p>		<p>NHS Bury CCG lead on the assurance process for PAT and all standards are on GREEN with the exception of 2 which relate to staff understanding of the Mental Capacity Act Training figures are improving with L2 children at 92% and L3 children at 76%, L2 adults at 93% and L3 adults at 70% against a target of 90%. Action plans in place and reported to the CCG quarterly</p>	
GP Federation	RAG	Pennine Care Foundation Trust	RAG
<p>Two visits were completed with the Chief Officer of the GP Federation and the GM standards template was completed with evidence provided of how they met the standards NHS Bury CCG confirmed on the 20th October 2016 that they are assured Bury GP Federation is complying with Safeguarding policy and standards</p>		<p>The assurance process for PCFT is led by NHS HMR CCG. At the end of Q3 PCFT were compliant with all exception of a robust process for information sharing when children attend urgent care settings the training figures for Bury borough are now on target and are now above 90% in all areas</p>	
Nursing Homes	RAG	Cygnet	RAG
<p>All nursing homes in Bury have been reviewed against the GM safeguarding standards and the CCG is fully assured that they all have systems and processes in place including levels of training and appropriate policies</p>		<p>A visit has been completed and evidence against the standards has been submitted to NHS Bury CCG, however, the evaluation and negotiation has not yet been completed and will be reported in Q4 The evidence suggest most standards are on green with a small number on amber</p>	
General practice	RAG	Small contracts	RAG
<p>As part of the assurance into safeguarding required by NHS England and as part of the CCG's responsibilities under co-commissioning the safeguarding team have commenced visits to all practices. Expected date of completion is June 2017</p>		<p>A programme of assurance on small contracts will commence once the GP assurance round is completed. This will compliment the work completed by finance on ensuring contracts are in place and will be against the GM standards</p>	

Looked After Children

Month 2016	Initial health assessments (IHA)	Review health assessments (RHA) in U5's in area	RHA over 5's in area	RHA under 5's out of area	RHA over 5's out of area
April	3/14 21%	2/2 100%	9/11 82%	0/1 0%	2/5 40%
May	4/8 50%	3/6 50%	8/12 67%	1/2 50%	0/9 0%
June	3/12 20%	3/3 100%	6/7 86%	2/2 100%	5/6 88%
July	4/6 67%	7/7 100%	11/12 92%	3/4 75%	1/1 100%
August	8/10 80%	4/4 100%	7/10 70%	0/4 0%	1/1 100%
September	5/11 45%	5/5 100%	1/1 100%	3/3 67%	7/8 88%
October	2/12 17%	9/10 90%	1/3 33%	9/10 90%	8/9 89%
November	2/4 50%	5/7 76%	2/2 100%	14/17 82%	0/2 0%
December	5/5 100%	6/6 100%	10/11 90%	2/2 100%	5/6 83%



Looked after Children Initial Health Assessments (IHA)

The performance remains variable however, the main cause of delay for IHA (Initial health Assessments) is receiving consent, which is the responsibility of the Local Authority. The following are examples of types of delay the health providers experience and their actions to remediate

October 2016

Case 1

Sibling group, the IHA was due by the 02/10/2016. Consent form chased with social worker on the 8th, 15th and 22nd September 2016. Found consent on Protocol system on 06/10/2016. Appointment booked in on the first available appointment 24/10/2016 but the children were not brought. Re arranged for 31/10/2016 and completed. **29 days overdue.**

Case 2

One child, the IHA was due on 06/10/2016. Parent refused to sign consent form. Case was discussed with social worker and manager. PCFT awaited further instruction from social care.

Consent received and appointment booked in for 07/11/2016. **32 days overdue.**

November 2016

Case 1

IHA was due on the 03/11/2016. LAC notification was not received until 03/11/2016. Consent form chased with social worker 03/11/2016 and received 11/11/2016.

Booked in on first available appointment and attended on 18/11/2016. **15 days overdue.**

Case 2

IHA was due on the 10/11/2016. Parent lacked capacity to sign consent form. Case has been discussed with social worker and manager. Consent received 23/11/2016. Booked in for first available

In December the KPI's were changed to reflect the element of the pathway that health could control and in December 100% of children received their IHA within 15 days of notification by the LA to PCFT.

In November and January 2017 the Corporate Parenting Board were informed of the performance, barriers and difficulties since April, along with the actions taken to remediate the difficulties. There has been a change in process which were implemented in July 2016 and modified in December 2016. Initial discussions have taken place with newly appointed Assistant Director of Children's Social Care and the Designated Nurse to look for further solutions to the delays in receiving/obtaining consents

Looked After Children Review Health Assessments

- Review health Assessments (RHA) do not rely on the process being triggered by the Local Authority and is initiated by the Looked After Children team at Pennine Care Foundation Trust, Bury Borough.
- Children under five require 2 reviews per year and over five the review is annually.
- For children living within the borough, the review is undertaken by PCFT staff, either the health visitor or the school nurse.
- For children living outside the borough, a request is made to the provider in the area the child is living.
- There can be difficulties in obtaining assessments where children live out of the borough and NHS Bury CCG pay directly to some areas for completion.
- Other than following up with out of area providers, PCFT, have little control over the timing of assessments.
- For children living in borough, the assessment performance remains fairly stable with a range of 33% to 100% with an mean performance of 85% for Q1,2 and 3.
- PCFT provide an exception report each month to the CCG on the reasons for delays in assessments if known , or the action take to follow up.
- PCFT also provide the number of days each assessment is overdue.
- For children living out the borough, the range of completion is from 0% to 100% with a mean of 64%.

Nursing Home Quality and Safeguarding Dashboard - Bury CCG

Safeguarding Investigations

Type	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Neglect		1	4	5	1	1	2	1	2				17
Physical	2			1		2	3						8
Sexual		1											1
Psychological							1						1
Financial						1							1
Organsational													0
Total	2	2	4	6	1	4	6	1	2				28

Nursing Home Forum Attendance

Home	2016/17						2017/18					
	Apr	Jun	Aug	Oct	Dec	Feb	Apr	Jun	Aug	Oct	Dec	Feb
Ainsworth	Y	Y	Y	Y	Y							
Bank House		Y	Y	Y	Y	Y						
Burrswood House			Y	Y	Y							
Cameron House	Y			Y								
Gorsey Clough		Y	Y	Y	Y	Y						
Healthlands	Y	Y	Y	Y	Y	Y						
Nazareth House		Y		Y		Y						
Oak Lodge	Y	Y			Y	Y						
Regency Care						Y						
Rose Court				Y		Y						
The Elton Unit	Y	Y	Y	Y								
Bury Hospice			Y	Y								

Clinical Supervision Attendance

Home	2016/17			2017/18			2018/19		
	Sept	Jan	May	Sept	Jan	May	Sept	Jan	
Ainsworth	Y								
Bank House	Y	Y							
Burrswood House	Y								
Cameron House									
Gorsey Clough	Y	Y							
Healthlands	Y								
Nazareth House	Y								
Oak Lodge									
Regency Care									
Rose Court	Y								
Elton Unit/Priory		Y							
Beenstock (OOA)		Y							

Most Recent CQC Inspections

Home	Date	Outcome	Comments
Ainsworth	06/12/2016	Requires Improvement	
Bank House	25/11/2016	Good	
Burrswood House	07/04/2016	Good	
Cameron House	20/04/2015	Good	
Gorsey Clough	06/12/2016	Good	
Healthlands	24/03/2016	Good	
Nazareth House	29/11/2016	Good	
Oak Lodge	16/07/2016	Good	
Regency Care	08/06/2016	Good	
Rose Court	27/08/2015	Good	
The Elton Unit	15/06/2015	Good	

Most Recent Local Authority/CCG Assurance Visits

Home	Date	Outcome	Comments
Ainsworth	22/06/2016	Partially Assured	visited 25/10/2016 planned visit 02/03/2017
Bank House	16/06/2016	Fully Assured	
Burrswood House	05/07/2016	Fully Assured	
Cameron House	04/05/2016	Fully Assured	
Gorsey Clough	18/07/2016	Fully Assured	
Healthlands	18/05/2016	Fully Assured	
Nazareth House	15/08/2016	Fully Assured	
Oak Lodge	05/09/2016	Fully Assured	
Regency Care	12/07/2016	Fully Assured	
Rose Court	19/07/2016	Fully Assured	
The Elton Unit	04/07/2016	Fully assured	

Most Recent Infection Control Audit

Home	Date	Outcome	Comments
Ainsworth	Dec-15	96%	
Bank House	Aug-15	97%	
Burrswood House	Mar-16	84%	
Cameron House	Sep-16	93%	
Gorsey Clough	Feb-16	85%	
Healthlands	Oct-15	93%	
Nazareth House	Aug-16	87%	
Oak Lodge	Nov-15	95%	
Regency Care	Mar-16	95%	
Rose Court	Oct-16	88%	
The Elton Unit	May-16		compliant 2016. Awaiting audit for 2017