

Governing Body

26th July 2017

Details	Part 1	✓	Part 2		Agenda Item No.	6b
Title of Paper:	Quarterly Safeguarding Dashboard Q4 2016/17					
Board Member:	Dr Cathy Fines, Executive Lead for Safeguarding					
Author:	Maxine Lomax, Head of Safeguarding					
Presenter:	Maxine Lomax, Head of Safeguarding					
Please indicate:	For Decision		For Information	✓	For Discussion	
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 respect of assurance of providers and assurance of NHS Bury CCG .</p> <p>The dashboard was considered at the Quality and Performance Committee on the 14th June 2017 prior to presentation to the Governing Body.</p> <p>The CCG is currently showing as Amber due to a number of staff requiring completing 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. At the end of Q4 64% of staff had completed both the mandatory training around the safeguarding adults and children. By the 7th June the figure was 92% for staff completion of children’s safeguarding training and 88% for adult safeguarding training, against a target of 80%.</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 an annual summary of performance is included alongside the Q4 performance. There has been an improving trend over the four quarters. The final slide includes a narrative in respect of success and challenges over the last 12 months.</p>					
Risk	High		Medium	✓	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> <ul 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		✓	
To deliver service re-design in priority areas through innovation			
To develop primary care to become excellent and high performing commissioners		✓	
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	✓

NHS Bury CCG Safeguarding Assurance Dashboard using the standardised tools agreed across Greater Manchester Q4 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 one is on GREEN with the exception of policy update for whistle blowing (due to be ratified June The training figures stood at 64% at the end of Q4 but by 7/06/2017 the figures are 92% children and 88% for adult s.</p> <p>The LAC NHS England benchmarking tool has been refreshed and there are 5 outstanding action marked as AMBER</p> <p>The tools are attached as appendices and include actions.</p> <p>The CCG has completed a statement on Modern Slavery and this is now on the website and is attached http://www.buryccg.nhs.uk/Library/Your_local_nhs/CCGPlanspoliciesandreports/Corporate_Policies/Slavery%20&%20Human%20Trafficking..pdf</p> <p>A SEND CQC/Ofsted inspection commences on the 12/06/2017</p>		<p>NHS Bury CCG lead on the assurance process for PAT and all standards are on GREEN with the exception of 3 which relate to staff understanding of the Mental Capacity Act and implementation of documentation in A&E to record patients caring responsibilities The CCG has been approached by PAT to support the implementation of MCA and a meeting date has been agreed for June 2017</p> <p>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</p> <p>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 Q4 PCFT were compliant Training figures for Bury borough are now on target and are now above 90% in all areas</p> <p>LAC children performance varies over the quarter but is outlined on slide 2</p>	
Nursing Homes	RAG	Cygnat	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 polices</p>		<p>A visit has been completed and evidence against the standards has been submitted to NHS Bury CCG, Evaluation of the evidence against the standards have indentified2 standards on Amber, the whistle blowing policy and the safe recruitment policies are being updated centrally by Cygnat group</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 was June but has slipped to July 2017 due to the availability of practices. Twenty practices have been visited to date (7/06/2017)</p>		<p>A programme of assurance on small contracts will commence once the GP assurance round is completed. This will compliment the work competed by finance on ensuring contracts are in place and will be against the GM standards</p>	

Looked After Children Performance

Month (2017) Quarter 4	Initial health assessments (IHA) completed in timescales	Review health assessments (RHA) in U5's in area, completed in timescales	RHA over 5's in area, completed in timescales	RHA under 5's out of area, completed in timescales	RHA over 5's out of area, completed in timescales	Paperwork distributed within 48hours of return to PCFT
January	0/4 (0%) (all consents from social care were delayed)	3/3 (100%)	14/15 (93%)	1/2 (50%)	9/10 (90%)	Not captured
February	21/22 (95%) (one child was an inpatient at Royal Bolton)	1/1 (100%)	10/12 (83%) (children missing from spreadsheet)	0/2 (0%)	0/8 (0%) (2 children missed as not on spreadsheet, others paperwork not returned by outside provider)	100%
March	17/17 (100%)	4/4 (100%)	4/6 (67%) one child missed from spreadsheet	1/1 (100%)	3/7 (28%) three children missed off spreadsheet, on delay in returning paperwork from external provider	37%
April (Q1 2017-18)	19/19 (100%)	11/12 (92%) carer failed to bring X2, social care informed	12/12 (100%)	3/4 (75%) Paperwork not returned from external provider, followed up by team	5/6 (83%) Paperwork not returned from external provider, followed up by team	100%

Looked after Children Performance Q1-Q4 2016-2017 (summary)

Quarter	Initial health assessments	Review Health assessments under 5, resident in Bury	Review Health assessments over 5, resident in Bury	Review Health assessments under 5, not resident in Bury	Review Health assessments over 5, not resident in Bury
Quarter 1	30% (10/34)	72% (8/11)	76% (23/30)	60% (3/5)	35% (7/20)
Quarter 2	62% (17/27)	100% (16/16)	82% (19/23)	54% (6/11)	90% (9/10)
Quarter 3	42% (9/21)	86% (20/23)	81% (13/16)	86% (25/29)	88% (14/17)
Quarter 4	88% (38/43)	100% (8/8)	84% (28/33)	40% (2/5)	48% (12/25)
Average for the year	59% (74/125)	89% (52/58)	81% (83/102)	80% (36/45)	58% (42/72)

Looked after Children narrative

- The data shows an improving picture across the year for the completion of IHA. This is partially due to having new looked after children staff in place, (The Designated Doctor, the Specialist and Named Nurses, and, the placing of the Designated Nurse for LAC post into the CCG, which has increased scrutiny.)
- A number of processes have been amended. If a child is not brought or refuses the IHA on two occasions, the doctors reviews the records as a paper exercise and the specialist nurse follows up with a home visit.
- If consent is delayed, this is followed up to ensure appointments can go ahead as planned
- Additional sessions have been provided, as required, over the last 6 months
- The existing clinic for medicals for children being placed for adoption is being utilised, giving extra capacity
- The Designated Doctor is beginning to see all children under the age of two years, releasing additional appointments in the routine clinics
- The number of unaccompanied asylum seeking children has been less than expected
- Review health assessments for children living in the borough have maintained high levels of completion within timescales, however for children out of the borough, over the age of five, performance is poor. The local provider, PCFT, have minimal control over completion as it is external providers. Some external providers are not commissioned to complete the assessments and the CCG is invoiced This creates some delay as they are not completed until agreement to pay is sent. If RHA are delayed, the provider escalate to the Designated Nurse in the CCG and the receiving CCG is contacted as asked to support completion
- Some of the delays have been as a result of incorrect inputting into the data spreadsheet, remediation plans are in place and a countercheck is being performed, monthly, against data from the Local Authority
- In March 2017, there was considerable delay, against the KPI, in distributing the completed paperwork following an IHA, this was due to the admin. Support being unaware of the KPI. This was rectified and in April the performance was 100%
- There was an expectation of qualitative data around health needs and the voice of the child for Q4, but the data was not available, however, a plan has been provided, and it is expected it will be provided at the end of Q1 2017-18