

Meeting: Governing Body			
Meeting Date	26 January 2022	Action	Receive
Item No.	11.4	Confidential	No
Title	Safeguarding Dashboard Quarter 3 2021-2022		
Presented By	Dr Cathy Fines, CCG Chair		
Author	Clare Holder, Head of Safeguarding and Designated Nurse for Adult Safeguarding		
Clinical Lead			

Executive Summary
<p>The Quarter 3 Safeguarding Dashboard is attached which provides an update on the following:-</p> <ul style="list-style-type: none"> • Serious Case Reviews/Serious Adult Reviews and Domestic Homicide Reviews • Complex Safeguarding Multi Agency Arrangements • MAPPA (Multi Agency Public Protection Arrangements) • Assurance Activity • System Concerns • Training
Recommendations
<p>That Governing Body;</p> <ul style="list-style-type: none"> • Receive the Quarter 3 Dashboard and provide any comments/feedback accordingly.

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input checked="" type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Quality and Performance Committee	12/01/2022	Received and noted.

Safeguarding Dashboard

Quarter 3 2021-2022

Author

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Head of Safeguarding & Designated Nurse for Adult Safeguarding

Healthy lives strong communities

Serious Case Reviews/Serious Adult Reviews and Domestic Homicide Reviews

During Q3 2021/22 the team with BISP Partners have reviewed **10 cases** submitted for SAR screening, 6 have met SAR threshold for progression to full review, **3** were inappropriate referrals and **1** remains within the screening process. There are currently **2** DHRs in progress, **1** remains currently stalled due to criminal proceedings and **1** is ongoing. There have been 2 further Rapid Review Referrals, 1 of which will progress to a full LCSPR, taking the current total of LCSPR to 6. The number of reviews, coupled with staff sickness and vacancies within the BISP, has placed significant strain on all partners.

DHR	SAR	LCSPR	Rapid review	Currently in screening
2	6	6	2	SAR x 1

The action plans for all reviews belong to the BISP (Bury Integrated Safeguarding Partnership) are reviewed bi-monthly by the Case Review Group and the Business Groups of the BISP. The single agency action plans for health providers are reviewed via Bury CCG Safeguarding Assurance and Governance meeting, chaired by the CCG Executive lead. All published reviews can be accessed via:

<https://burysafeguardingpartnership.bury.gov.uk/>

Complex Safeguarding Multi-Agency Arrangements

The Complex Safeguarding Nurse commenced her new role on 1st July 2021. The role sits within the Northern Care Alliance and is based at Bury Police Station with the Complex Safeguarding Team . A peer audit of the CST is to be completed in January 22.

MAPPA (Multi Agency Public Protection Arrangements)

Is the process through which various agencies such as the Police and Probation work together to protect the public by managing the risks posed by violent and sexual offenders living in the community. Bury CCG have a duty to cooperate with these arrangements and as such attendance is mandatory and recorded and reported annually to MAPPA SMB and Safeguarding Board for GM. There are 3 categories of MAPPA offender and 3 levels of risk management with Cat/Level 3 being the most violent/dangerous offenders where active senior oversight is required. Bury CCG have attendance at all Level 2 and 3 MAPPA meetings. Although the numbers of offenders managed in Bury is small the risk is high.

**During Q3 October – December 2021 the team have achieved 100% attendance and been involved in:
MAPPA Level 3 x 2**

Assurance activity

NHS Bury CCG

The CCG has in place a safeguarding policy, assurance framework and a training strategy and they are available on the CCG website alongside a Safeguarding Information pack for member practices.

The training figures at the end of November 2021 of staff who had completed online Level 1 Safeguarding training were

78.4% for children's safeguarding and

79% for adult safeguarding

which falls just below the required standard of **80%**. **A reminder will be sent out via communications to all staff highlighting the importance of prioritising this mandatory training**

General Practice

Bury CCG Safeguarding Team have continued to deliver training to Primary Care via Microsoft Teams. In November and December 2021, two training sessions were delivered. Prevent was co-delivered to GPs with Counter Terrorism Police and Domestic Abuse was co-delivered with Safe Net to all colleagues across Primary Care.

The GP Safeguarding Assurance process is currently ongoing with the safeguarding team meeting with all practices across Bury to review progress against the GM Safeguarding standards. The aim is to complete this process by the end of Q4.

Assurance activity

NCA (Pennine Acute Hospital Trust)

NHS Bury CCG leads the safeguarding assurance process on behalf of Oldham, Heywood, Middleton and Rochdale CCG's. The GM Safeguarding standards are within all contracts and are reviewed annually by the Designated Nurses for Safeguarding across GM, and locally, by the Quality and Performance committee. The CCG safeguarding team meet at least quarterly with PAT to review the standards and any action plan that is required.

The updated 2021/22 standards were reviewed in November with progress noted on some standards although there remains 2 standards on Red and 9 on Amber. The standards are now on each Care Organisation Safeguarding Meeting agenda and those on red are on the Care Organisations Risk Registers in order to give focus and aid progression.

The Designated Doctor for Child Protection retired in October 21. The Named Dr for LAC is absent long term and the Designated Dr for LAC has left for another post. NCA are reviewing this position as a matter of urgency to ensure that these statutory posts are in place.

Assurance activity

Cygnnet

The joint LA and CCG safeguarding review panel for Cygnnet Hospital continues to meet with representatives from Cygnnet Hospital. The new safeguarding lead at Cygnnet has commenced safeguarding training and supports the team during the regular meetings. The safeguarding lead is currently reviewing processes to support staff to identify quality concerns versus safeguarding concerns so that appropriate safeguarding referrals are forwarded to the Local Authority.

Nursing Homes

Nazareth House care home is continuing to strive for improvement following a CQC rating of **inadequate**. A new Home Manager is in post, transferred from a sister home, and is working with the Regional and Quality managers to provide evidence of improvement pending CQC's return. The Home Manager feels, realistically, they can achieve a rating of **Requires Improvement** at the next inspection. Unfortunately, the newly appointed Clinical Lead has resigned and some of the newly appointed qualified nurses left after completing only one shift. This reflects the difficulties faced by care homes when recruiting through agencies and has proved frustrating for the team at Nazareth care, who are continuing with the recruitment drive. Meetings are continuing between the regional management at Nazareth care and the LA and CCG strategic lead and safeguarding representatives; and an ongoing action plan is updated accordingly. LA and CCG commissioners are continuing re-assessments of residents who are in receipt of funded care and no concerns regarding quality of care have been raised.

Assurance activity

Cameron House approached the Local Authority to discuss dissolving the use of nursing beds within the home. The reasons given were the difficulties in recruitment of registered nurses, and the increasing cost and unpredictability of attendance of agency staff. However, following discussions with LA commissioning team, an agreement of financial support was reached, and the nursing beds will remain in place. This, however, highlighted difficulties care homes are facing regarding recruitment and retention of staff, and the subsequent reliance on temporary staffing.

Bank House The owners have formally commenced notice of change of registration from Nursing to Residential only. The reason cited is due to extreme difficulties in recruitment of registered nurses and the subsequent difficulty in reliability of agency nurses undertaking the required shifts once booked. The owners do not want safety to be compromised and are working with the LA and CCG in safely identifying and reviewing residents who are funded by the CCG as a priority. The target for completion is the end of December 2021.

Burrswood CQC inspection was undertaken in November 2021. The report released 29th December records a rating of **inadequate**. A new Home Manager has been appointed and commenced post just prior to the inspection. The Home Manager has vast experience as Regional and Home Manager within large Private Providers, and also within the NHS. She is leading an action plan of improvement, meeting regularly with representatives from the LA and CCG and is being supported by Advinia Regional Directors. The two nursing units now have Unit Managers in post, and a new team of Registered nurses have been employed. The Home Manager states the team are embedding well and work is ongoing to ensure improvements are made.

System Concerns

- There is an increasing level of Registered Nurse vacancies in Nursing Homes within the borough. The nursing homes are reporting difficulties in recruitment along with unreliable agency RN bookings (agencies cancelling shifts at the last minute). This will potentially worsen with the impact of the Government stance on mandatory vaccinations for care home staff. One home has cited these difficulties in their decision to de-register as a nursing home with CQC resulting in a reduction in nursing beds. Whilst appreciating this is the case across the whole health economy, the concern is that the level of vacancies potentially may impact on flow of people entering the health care system in the coming months.
- Access to Tier 4 beds for children in Mental Health crisis has been problematic, resulting in distressed children waiting significant periods of time for appropriate care. There has also been an increase in Looked After Children who do not meet threshold for Tier 4 intervention but whose placements have broken down, resulting in inappropriate hospital stays on paediatric, adult admission and ED wards.

PIPOT

A business case paper has been submitted for an Allegations Manager for Bury to mirror the LADO role in Children's Services. This officer will represent the One Commissioning Organisation which also includes the CCG. The proposal has been ratified and recruitment has commenced to the new post so the role and its function will need to be launched along with the PIPOT strategy. The current PIPOT function sits within the portfolio of Principal Social Worker whilst Head of Adult Safeguarding Bury Council position remains vacant.

Assurance Activity

Looked after Children

The Looked after Children's health assessments processes continues to be offered via face to face appointments. The use of virtual appointments for young people who are difficult to engage has significantly reduced but continues as part of the agreed process as this flexibility has shown a positive impact on the engagement of young people.

Bury CCG Safeguarding Team and the Specialist Looked After Children's Nurse have commenced an audit looking at the health outcomes and actions taken in both Initial and Review Health Assessments.

Bury CCG have completed the development of an agreed process for the offer of free prescriptions for care leavers and have delivered training with Local Authority Staff to support the implementation of this process. The uptake of free prescriptions has been poor and the Health of LAC Steering Group are trying to identify ways to improve this.

Bury CCG continue to lead on the review and evaluation of dental access for Looked after Children and Care Leavers across Greater Manchester (GM). An agreed referral process has been implemented with Local Authorities across GM to facilitate access to dental treatment when usual routes have been unsuccessful. The uptake of referrals to Dentists has been positive however, there are on-going discussions around communication pathways from Dental Practices and Carers.

Assurance activity

Prevent

The new Prevent Training and Competency Framework has now been signed off. The Safeguarding Team met with Bury CCG Governance and Assurance Team to ensure that the training offer is aligned to the new framework.

Within the locality there has been a low uptake for WRAP training offered by the Local Authority. The Prevent Steering Group is establishing a task and finish group to look at what the training offer entails and how to promote the training. The CCG are a member of the Steering Group. The Counter Terrorism Police Team has been working with BISP to decide how further Prevent training sessions can be delivered virtually since a lot of the content of current training packages are interactive & include the streaming of videos. Microsoft Teams is a platform to offer training which is currently being explored. E-Learning for Health has national approval and the Prevent Training is available for staff to access. The training compliance figures link in directly with NHSE.

Bury CCG includes Basic Prevent Awareness Training (BPAT) in all safeguarding training packages for staff. The safeguarding team include BPAT when delivering safeguarding L3 training to Primary Care.

Prevent training figures submission for Pennine Acute Trust/NCA **Q2 91.9%**

Prevent training figures submission for PCFT **Q2 91%**