

| <b>Meeting: Governing Body</b> |  |                     |         |
|--------------------------------|--|---------------------|---------|
| <b>Meeting Date</b>            | 23 March 2022  | <b>Action</b>       | Receive |
| <b>Item No.</b>                | 9.4  | <b>Confidential</b> | No      |
| <b>Title</b>                   | Safeguarding Dashboard Quarter 4 2021-2022             |                     |         |
| <b>Presented By</b>            | Dr Cathy Fines, CCG Chair                              |                     |         |
| <b>Author</b>                  | Vanessa Woodall, Designated Nurse for Child Protection |                     |         |
| <b>Clinical Lead</b>           |  |                     |         |

| <b>Executive Summary</b>   |
|--|
| <p>The Quarter 4 Safeguarding Dashboard is attached which provides an update on the following:-</p> <ul style="list-style-type: none"> <li>• Serious Case Reviews/Serious Adult Reviews and Domestic Homicide Reviews</li> <li>• Complex Safeguarding Multi Agency Arrangements</li> <li>• MAPPA (Multi Agency Public Protection Arrangements)</li> <li>• Assurance Activity</li> <li>• System Concerns</li> <li>• Training</li> </ul> |
| <b>Recommendations</b>   |
| <p>That the Governing Body note the information and provide any comments and feedback as required.</p>   |

| <b>Links to CCG Strategic Objectives</b>   |                                     |
|--|-------------------------------------|
| <b>SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.</b>  | <input type="checkbox"/>            |
| <b>SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.</b>   | <input checked="" type="checkbox"/> |
| <b>SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.</b> | <input checked="" type="checkbox"/> |
| <b>SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.</b>  | <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 | 09/03/2022 | Reviewed. |
|                                   |            |           |

# **Safeguarding Dashboard Quarter 4 2021-2022**

**Author**

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**Designated Nurse for Child Protection**

*Healthy lives strong communities*

## Serious Case Reviews/Serious Adult Reviews and Domestic Homicide Reviews

During Q4 2021/22 the team with BISP Partners have reviewed **2 cases** submitted for SAR screening. These add to the 6 cases that have already met threshold for a SAR. There are currently **2 DHRs** in progress, **1** remains currently stalled due to criminal proceedings and **1** is ongoing. There is a further DHR referral being considered that is highly likely to meet threshold for full review. There have been 2 further Rapid Review Referrals, both of which are being considered. 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 (3) | 6   | 6     | 2            | SAR x 2                |

The action plans for all reviews belong to the BISP (Bury Integrated Safeguarding Partnership) and 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 1<sup>st</sup> July 2021. A peer audit of the CST was completed in January 22 and the initial feedback around the new nursing role is very positive. The audit demonstrates clear evidence of the specialist nurse building positive relationships with colleagues and taking every opportunity to advocate for the young people in her care.

## **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 Q4 October – March 2022 the team have achieved 100% attendance and been involved in: MAPPA Level 3 x 3**

## 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 February 2022 of CCG staff who had completed online Level 1 Safeguarding training were

**87.63%** for children's safeguarding and

**89.69** for adult safeguarding

This is an improvement on last quarter's figures and brings both training figures above the required compliance rate of 80%

### General Practice

Bury CCG Safeguarding Team have continued to deliver training to Primary Care via Microsoft Teams. 2 in-person bespoke sessions have also been delivered, meeting an identified training need in 2 specific practices.

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 January with progress noted on some standards although there remains 2 standards on Red and 7 on Amber (2 amber converted to green in January 2022). 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 Nazareth House** care home is continuing to strive for improvement following a CQC rating of **inadequate**. Unfortunately, Nazareth care received notification from CQC of their intention to give notice to withdraw regulated activities. Nazareth care are in the process of appeal and the Home Manager continues to work with with the Regional and Quality managers to provide evidence of improvement. The offer of support from Local Authority and CG is continuing. A new Deputy Manager has been recruited, who is a Registered Nurse and has extensive care home experience. The Home Manager remains optimistic they can achieve a rating of **Requires Improvement** pending appeal. Meetings are continuing between the regional management at Nazareth care and the LA and CCG strategic lead and safeguarding representatives.

## Assurance activity

**Burrswood** CQC inspection was undertaken in November 2021. Unfortunately, a rating of inadequate was given. An extensive action plan has been devised between the Home Manager, Advinia regional team, CCG and the Local Authority, which the LA are facilitating. This action plan is supporting the staff at Burrswood to continue to identify areas of concern and continue on a programme of improvement. Early indications are showing progress is being made. The Home Manager has vast experience as Regional and Home Manager within large Private Providers, and also within the NHS. 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). The change in stance against mandatory vaccination of staff may ease some of the predicted shortages but staff availability is still a concern. The LCO are working with NHSP to support the issue.
- 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. On-going work across GM is considering longer term solutions to this growing problem.

## 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

#### 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 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.

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. 51% of Bury young people have had a routine check-up with a dentist.

## Assurance activity

### Prevent

The new Prevent Training and Competency Framework is now in operation. This has been developed to encourage a consistent approach to training and competency development in respect of Prevent and to ensure that NHS Trusts and Foundation Trusts meet their legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children, young people and adults in relation to Prevent.

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. A Bury Prevent handbook for education and a Bury Prevent handbook for communities is in draft. It is hoped they will be finalised & circulated in early 2022. They are not intended to replace training but to be used alongside it. All education establishments will be encouraged to give the handbook to new members of staff.

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 **2021/22 Q3 92.2%**

Prevent training figures submission for PCFT **2021/22 Q3 89.7%**