

Agenda

Quality and Performance Committee

Date: 1 October 2025
Time: 13:30pm – 15:30pm
Venue: Microsoft Teams

Part A (Public)

Item No.	Time	Duration	Subject	Paper/ Verbal	Approval/ Assurance/ Discussion/ Information	By whom
1.	13:30	5 mins	Welcome, Introductions and Apologies received –	Verbal	Noting	Dame Sue Bailey <i>Chair</i>
2.			Quorum, Attendance Matrix & Forward Plan	Paper	Noting	
3.			Declarations of Interest	Verbal	Noting	
			Minutes, matters arising and actions from previous meeting held on 3 September 2025	Papers	Approval	
Committee Effectiveness						
4.	13:35	10 mins	Dermatology Report	Paper	Assurance	Jennie Gammack <i>Programme Director – Sustainable Services</i>
5.	13:45	15 mins	Overview of maternity Services, Risks & Progress	Paper	Assurance	Sarah Owen <i>Associate Director of Maternity Assurance (ICB/LMNS)</i>
Executive Portfolio Update						
6.	14:00	10 mins	Risk Report	Paper	Assurance	Ed Dyson <i>Director of Performance, Improvement and Assurance</i>
7.	14:10	15 mins	Chief Officers Report: a. CNO b. CMO c. Performance Report	Paper	Assurance	Mandy Philbin <i>Chief Nursing Officer</i> Manisha Kumar <i>Chief Medical Officer</i> Ed Dyson <i>Director of Performance, Improvement and Assurance</i>
8.	14:25	10 mins	Safeguarding Children Partnership Annual Report 2024/25	Paper	Approval	Andrea Patel <i>Associate Director Nursing for Safeguarding</i>
9.	14:35	15 mins	Antimicrobial Resistance Workstream: 2025/26 Priorities and Progress	Paper	Assurance	Claire Lake <i>Deputy Chief Medical Officer</i>
Deep Dive						
10.	14:50	30 mins	Inequalities Focus	Paper	Assurance	Jackie Driver <i>Strategic Lead: Equality and Inclusion</i>
Well Led Review						
11.	15:20	10 mins	Any other business	Verbal	Discussion	All
			Board Paper Escalations			
			Meeting Reflection			
			Date and time of next meeting Wednesday 5 November 2025			

Terms of Reference on a page

Purpose	Key duties	Membership
The purpose of the Quality Committee ('the Committee') is to obtain assurance, on behalf of the Board, that the ICS has the right quality <u>strategy</u> and approach which is delivering its quality and <u>oversight</u> functions in a way that secures continuous improvement.	Quality strategy and planning - Apply constructive challenge to the quality strategy (including system clinical governance, patient safety and continuous improvement arrangements), make recommendations to the Board and monitor their implementation. - Apply constructive challenge regarding the effectiveness of the arrangements in place to support quality planning, control and improvement across the system. System oversight - Obtain assurance that effective mechanisms (including System Oversight Framework mechanisms) are in place to review and monitor the quality of care delivered by providers and localities and are working effectively. This is mainly done by applying constructive challenge to the Integrated Performance Report. Continuous improvement - Apply constructive challenge to learning from patient safety, clinical effectiveness and patient experience activity. Strategic risks - Monitor BAF risks assigned to the committee. Other duties - Apply constructive challenge to the delivery of the ICB key statutory and policy requirements, including complaints, mortality and learning from deaths, safeguarding adults and children, infection prevention and control, equality and diversity in relation to service delivery, patient safety incident response, medicines optimisation and safety and citizen involvement. - Apply constructive challenge to the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained. - Apply constructive challenge to the oversight of EPRR arrangements.	The membership of the committee shall comprise of the following members: • Non-executive director (Chair) • Non-executive director (Deputy Chair) • NHS GM Chief Nursing Officer or their appointed deputy who is a clinician • NHS GM Chief Medical Officer or their appointed deputy who is a clinician • NHS GM Deputy Chief Executive • NHS GM Primary Care Representative • NHS GM Secondary Care Representative • NHS GM VCSE Partner as nominated lead • NHS GM Partner Member Only members of the Committee have the right to attend Committee meetings.

NHS GM: Quality & Performance Committee - Register of Interests August 2025

[illegible]

Minutes

Quality and Performance Committee – Part A

Date: 3 September 2025

Time: 13:30pm - 15:30pm

Venue: Microsoft Teams

Part A (Public)

Present	Apologies
Members: Dame Sue Bailey (SB) – Non-Executive Director (Chair) Leigh Vallance (LV) – VCSE Partner Member Mandy Philbin (MP) – Chief Nursing Officer Prof. Manisha Kumar (MK) – Chief Medical Officer Colin Scales (CS) – Deputy Chief Executive Officer In attendance: Ed Dyson (ED) – Director of Performance, Improvement and Assurance Jackie Driver (JD) – Strategic Lead: Equality and Inclusion Luvjit Kandula (LK) – Primary Care Representative Kate Provan (KP) – Associate Director Clinical Effectiveness and Improvement Heather Etheridge (HE) – Patient Representative (Healthwatch Tameside) - deputising for Danielle Ruane Dr Claire Lake (CL) – Deputy Chief Medical Officer Claire Connor (CC) – Director Communications and Engagement Gill Gibson (GG) – Deputy Chief Nurse for Quality Transformation Waseem Khan (WK) – Head of Quality Oversight and Governance Mark Palmeira (MPa) - Assistant Director for Patient Services (item 6) Stephanie Sloan (SS) - Deputy Place Lead NHS Greater Manchester (Tameside) (item 8) Rachel Farn (RF) - Head of Mental Health Clinical Effectiveness (item 9) Gary Flanagan (GF) - Assistant Director of Mental Health Strategic Commissioning (item 9) Sarah Rickard (SR) - Greater Manchester Neurorehabilitation & Integrated Stroke Delivery Network (item 10) Professor Sandeep Ranote (SR) - Clinical Director Mental Health - NHS GM Integrated Care Melissa Maguinness (MM) - Programme Director – Commissioning Development Jim Ritchie (JR) - Deputy Chief Medical Director Alison McGovern (AMc) - Assistant Director, GM Local Maternity & Neonatal System (LMNS) Faye Vaughan (FV) – Governance Advisor (Minutes)	Anita Rolfe (AR) – Deputy Chief Nursing Officer Danielle Ruane (DR) – Patient Representative (Healthwatch Tameside) Claire Smith (CSm) – Associate Director Nursing & Quality Assurance Charlotte Bailey (CB) – Chief People Officer Sharon Hubber (SH) – Director of Childrens Services, Rochdale Council Alison Mckenzie-Folan (AMf) – Wigan Place Lead Alison Chilton (AC) – Deputy Director of Operations, CQC Nicola Firth (NF) – Secondary Care Representative Richard Paver (RP) – Non-Executive Director and Chair of Audit Committee (Vice-Chair) Andrea Patel (AP) – Associate Director for Safeguarding

Item No.	Topic	Action
1.	Welcome, Introductions and Apologies SB welcomed everyone to the meeting, introductions were made, and the above apologies were noted. The meeting was quorate.	
2.	Declarations of Interest SB reminded board members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the NHS Greater Manchester. No interests were declared.	
3.	Minutes, Actions and Matters Arising from previous meeting The minutes were accepted as a true record of the previous meeting held on 6 August 2025. <u>Actions</u> The action log was updated.	
4.	Risk Report The report provided a monthly update on risks – including the BAF (Board Assurance Framework) risks and the committee risks. It was explained that the risk reduction relating to patient services based upon progress made was set out in the paper. The committee were reminded of the discussions held the at the previous meeting regarding the definitions of risk appetite and risk tolerance which were now included in the papers. <i>SR2 – There is a risk that key health and care services become unsafe and unstable due to growing and changing demand, pressures faced by other sectors and workforce, estates and technology gaps.</i> ED informed the committee that they would carry out further work on the risk to ensure a more definitive rate for the tolerance. The committee were made aware of the new additional risk SR9 – <i>There is a risk that the ICS system is significantly disrupted due to an emergency e.g. pandemic, major incident, etc. this could result in health services becoming overwhelmed.</i> Comp1 – <i>Failure to deliver statutory duties for complaints</i> risk score had been reduced to 12 from 16. JD raised that they would need to get the risks succinct and questioned how the risks could be articulated to reducing inequalities / not advancing equality as a recognised risk on the risk agenda. ACTION: ED/JD to meet to review the risk register to ensure an overall view to reduce health inequalities is included in the risk register.	ED/JD

	A discussion took place regarding the two risks on Clinical Leadership (CCPL9A & CCPL9B). It was questioned whether there was assurance that it would not lead to reduction in voice or influence of evidence based clinical leadership. It was identified that there was no assurance in place at present, however, there were a number of mitigations in progress. MK explained that the delay in transformation provided more time to get the clinical model right, particularly with the provider buy in. It was further explained that a smaller strategic model would need to rely on the resilience of providers, and influencing national contracts and job planning to make sure clinical leadership would be embedded in roles with provider trusts and the new GP contract. MK reported that they were looking at a model based on clinical governance framework and would be embedding both in parallel. The capacity ask from the team to make sure the leadership in place would be supported to the best it could be was highlighted. MK explained that although the numbers may be reduced, they were hopeful that they would have the skill and nonclinical support around them in the new clinical delivery unit that allowed them to maximise effectiveness of the clinical voice. It was confirmed that they would ensure mitigations were all detailed on the wider risk register. MP explained that for maternity, there was a significant buy in at LMNs, with a significant amount of work taking place to pull forward to reduce mitigations and risk. MP confirmed that they were well staffed and that they would be looking at maternity in the next round of POMs to make sure that staff reductions of a role in provider would not be impacting maternity specifically. A discussion took place regarding the risk around Clinical Networks. It was reported that the strategic clinical networks and national direction were only on GM ICBs radar so remained embedded. The committee were made aware that they had not received anything from either national or regional team, so it remained a risk. A question was raised whether there was a way of capturing if they were to lose clinical networks. It was explained that it was different risk to SENs as NHSE staff were employed by NHS region. A suggestion was raised to include the potential capacity risk under the reform process. JD suggested including a section on each risk to identify where the risk was in relation to or where it would have impact. CS highlighted the number of risks emerging and heightened around the reform programme and confirmed that they would need to articulate it in respect to many of the risks. In relation to VCSE related risk and engagement, it was explained that there was a strong commitment as to how ICB needed to engage with transparency and parity with the sector and run to incorporating the perspectives and relative risks associated with the VCSE in some of the core sections. It was confirmed that engagement had taken place routinely with all partners, however, a suggestion was raised for a specific engagement session with the sector in respect to reform and some of the issues emerging with a group of representatives through LV to provide clear updates on what was taking place and what the expected approach to managing the risks, providing further confidence into the sector around engagement and contribution. LV highlighted the need to identify the different roles and routes to co-produce, engage, involve & influence to ensure no expert involvement was lost and would be improved. ACTION: CS/LV to meet to identify where best to place the risk around Clinical Networks / VCSE under the reform process.	CS/LV

	The Committee: - Agreed contents of paper together with relevant mitigation is in place and to report to board any exceptions. - Reviewed and approved the updated BAF risks for SR2.	
5.	Chief Officers Report: a. CNO The report provided an update to the committee on the relevant statutory duties. MP provided the key summary areas in the paper of the highest risks and associated mitigations which sat with the following areas: - Greater Manchester Mental Health – It was explained that a lot of work was underway however, an alert remained, which had stemmed from the Shanley Review. The committee were made aware that NHS England were in soft form measures, with improvements being monitored and some exit criteria being worked towards. - Stockport Audiology Service Delivery and associated risk and backlog - MP explained that there were conversations due to take place that day around Audiology. It was reported to still be a high-level risk; however, independent sector support had been secured. The committee were made aware that it would remain on red alert until further improvements. - Wigan, Wroughtington & Leigh Urgent & Emergency Care 12-hour waits. MP informed the committee that there was no deterioration in maternity. It was reported that three areas were in enhanced surveillance with work taking place with NHS England. MP further reported that Stockport and Tameside remained under scrutiny, however, improvements had been made to staffing. The committee were made aware of the positive news on MFT opening their community home birth service. GG explained that CHC still maintained good on the quality standards, meeting the 28 days consistently. It was reported that previous unassessed periods of care had remained relatively stable with 110 patients from March 2025 – present. MK informed the committee of the meeting that had taken place the previous week regarding the SIB process for GMMH. It was explained that they would automatically go into segment five of the new tiering under RSP and had been officially informed. MK explained that the October meeting would have a single agenda item, as they were hopeful to come out of RSP due to the significant progress made. It was confirmed that the review had dealt with the concerns from the initial report. JD requested including maternity equity plans in future reports. ACTION: Maternity Equity Plans to be included in future CNO reports. ACTION: Future reports to present mitigations more clearly and specifically, noting that positive updates should be reflected accurately in the documentation. The committee noted the contents of the report. b. CMO This report provided an update to the committee, in relation to the statutory duties	CSm/WK CSm/WK

	and responsibilities aligned to the Medical Directorate. The report focused on key updates in relation to the National Patient Safety Alert issued by the Department of Health and Social Care on 29th July 2025 relating to an ongoing shortage of Antimicrobial Agents used in Tuberculosis (TB) treatment. ACTION: MK to provide data on accurate latent TB prevalence once data is received by UKHSA. MK confirmed that latent TB was being managed, with a regional and national task force looking into it. It was confirmed that Trusts had it on their risk register and that the committee would remain updated. JD questioned whether work was taking place with community representatives to target communities with unsettled lives. ACTION: MK to share data with the committee on the work taking place with community representatives. MK informed the committee of an overlap with reform due to all public health consultants no longer being with the ICB in future. MK explained that they would have to pick up TB within the staff already in place. If escalated, it was suggested that they would need to ensure the right capacity was in place. The Committee noted: • The alert within the paper in relation to the National Patient Safety Alert issued by the Department of Health and Social Care on 29th July 2025 relating to an ongoing shortage of Antimicrobial Agents used in Tuberculosis (TB) treatment. Further updates on this area will be provided as the work progresses. c. Performance Report The report provided an update on Greater Manchester's progress towards NHS operational planning objectives, introducing the new NHS Performance Framework (NOF), summarising key risks faced by providers, and outlining main themes from Locality Assurance (LAMS) and Provider Oversight Sub-Committee meetings (POSMs). ED reminded the committee of the discussions held at the previous meeting regarding the new oversight framework. The committee were made aware that they had not yet been published for public or external use. The committee were also made aware of the paper on medium term planning and operational planning process which had been published with a forward deadline brought forward to the end of December 2025. ED highlighted two areas to the committee: 1. Amber rated risk around 52 weeks wait for elective. It was confirmed that work was being undertaken with a change in financial arrangements, presenting a bigger challenge. 2. 62-day cancer target. The committee were made aware that it had been moved to advise. Confirmation was received that MFT and WWL had action plans in place that would be reviewed in the following weeks. The three greatest areas of concern were highlighted to the committee:	MK MK

	1. Urgent and Emergency Care (UEC) – A&E % of patients managed within 4 hours (GM Providers). ED provided a positive update on the 4-hour performance in July 2025 which had been the best since June 2021. It was confirmed that they had consistently improved each month against the previous years position, with a trend of continued improvement at a reasonable rate, however, it was not on plan. ED highlighted the arrangements of tiering UEC which had become Trust specific rather than GM as a system. The reasonable performance on a number of other UEC metrics, 12 hours on plan and an improvement in ambulance handovers were noted. 2. Mental Health - Average Length of Stay in Adult Acute Mental Health Beds. 3. LD - Inpatient care for Autistic Adults. ACTION: Understanding complex Autism demand in ICB to be brought to November 2025 meeting. CS reflected on the positive news on all standards set out on the performance report and explained that the financial costs of delivery were beginning to grow beyond the financial plans that providers had submitted. CS gave the committee forewarning that the ICB Leadership team were due to meet with all NHS Provider Chief Executives on 26 September 2025 to fully appraise of the options of continuing to deliver against financial standards and of all the indicators set out in the performance report, with a particular focus on some of the elective standards. CS confirmed that if anything emerged that suggested a deterioration in performance, it would be brought back to the committee to make sure the appropriate QIA and EQIA processes were followed. The committee acknowledged the operational priorities and risks for 2025/26 and the updates on themes arising from POSMs and LAMs. Partial assurance was provided from the performance. The improvement was noted.	ED
6.	Complaints Annual Report & Patient Services This report described how complaints had been managed at NHS Greater Manchester (NHS GM) between 1st April 2024 to 31st March 2025 in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009). The section on learning examples in the report was highlighted to the committee: • Primary Care complaints recovery – MPa reported the progress on backlog cases with 64 cases that remained. It was confirmed that a lot of close work would take place with Primary Care colleagues. • Healthwatch pain to complain section which outlined some of the responses requested by Healthwatch. MPa noted the impact of reform on patient services and complaints management. It was explained that the update on the proposed model focused on complaints only. The committee were made aware of the work that would take place to reframe and refocus how to manage informal inquiries. The need to bolster up and improve signposting roles both as a team and through the website was highlighted. The potential increase in complaints numbers overall was also raised. JD suggested including evidence of the disaggregation by protected characteristics in future reports. MPa confirmed that they would do further work	

	through the use of Datix as a system. JD also highlighted the significant increased use of AI in campaigning complaints. It was questioned whether they had a handle on it and how they expected to manage it going forward. ACTION: MPa/JD/Healthwatch to meet to look into an equality summit. Update to be provided to the committee. MK commented on complaints generated by AI and questioned whether it was an opportunity for using AI to simplify the responses. MPa confirmed automation could help through the use of the new version of Datix that was due to become available in January 2026 which had the ability for complaints to go directly into the system. The Committee: • Noted the contents of the report, the themes & trends identified, the examples of learning from complaints and the plan for 25/26 to support future improvement of services.	MPa/JD
7.	NHS GM Safeguarding Children Partnerships Annual Reports 2024/25 The committee were made aware that the report was brought to the meeting as a holding statement, the full set of reports would be provided at October 2025 meeting.	
8.	Published copy of final Area SEND inspection letter for Tameside Local Area Partnership SS informed the committee that the priority action plan had been submitted to the Department of Education and CQC for sign off the following week. An overview of the position which related to the strategic risks three and five and the Chief Nursing Officers report in the area of SEND was highlighted to the committee: • It was reported that Tameside had been subject to a written statement of action for a number of years. It was explained that an inspection had taken place during 12th May – 16th May 2025 by Ofsted and CQC as part of a local area SEND inspection. The committee were made aware of the systemic failures across the partnership outcome. SS confirmed that there were a number of areas of good practice identified, with recognition on some areas of improvement. However, it was reported that there were still three priority action plan areas needed to respond to and four areas for improvement. The committee were made aware of the three area priority actions: • Local area need to work together to strengthen the governance, the joint commissioning arrangements and to finalise and publish its strategies and commissioning documents together. Recognition was received that there had been a lot of work on that, however, a lot of documents were in draft format and had not been published. • Local area working together to share information across the partnership, in order to have greater oversight and greater ability to monitor improvements of outcomes for children and young people. • Addressing delays and gaps in the neurodiversity pathway for children and young people with SEND.	

	It was reported that Tameside had as part of the former written statement of action in place, an improvement notice. The Department of Education had aligned the improvement notice actions with the areas of the more recent inspection. SS further explained that there was a government appointed commissioner who would be supporting the local authority improving their childrens social care services. The remit of the commissioner had been expanded to provide some oversight and some support into the area of SEND to work cohesively. Areas of good practice identified through the inspection: - Well established dynamic support register for children and young people. Strong oversight of those children and management of their care needs. - Considerable improvement in therapy services, including speech and language services, OT and paediatrics. - Effective pathways for children with communication needs, speech and language therapy. - Improving confidence of the families in the leadership teams. It was reported that there was a substantive leadership team in place in the local area, with a new independent Chair and a reestablished SEND Local Area Improvement Board also in place which were due to meet the following week to sign the priority action plan off. SS explained that Tameside had significant waits and demand for ND pathways for autism and ADHD assessment. As well as the priority action plan, it was confirmed that they had secured some additional support. ACTION: Detailed improvement plan on Adults and Children neurodiversity to be brought to a future meeting. MM highlighted the re-design of neurodevelopmental pathway for both adults and children which would also be looking at the longest waits. The committee were made aware of the workshop due to take place the following day to work with colleagues across the system to ensure all understood their roles in the transformation. MM highlighted it was a national issue, and confirmed work would take place with other ICBS, however, informed the committee that GM ICB were leading the way to find a positive solution to meet the needs of children and young people.	SS
9.	Mental Health 12 Hour waits in Emergency Departments (ED) The paper provided an update on mental health long waits in Greater Manchester Emergency Departments, following the September 2024 review. The work that sat within the NHS 10-Year Plan and the Urgent and Emergency Care Plan 2025/26, which focused on reducing long waits, improving patient flow, and strengthening alternatives to A&E. SR explained that nationally and regionally it was an operational plan priority. It was reported that 82% of patients attending A&E in totality would have to be seen within 4 hours, including MH. SR informed the committee that they were reaching a parity with physical health in terms of data, with the ability to have accurate data sets, but also reporting huge progress. The committee were further informed that GM was the only region in England to have developed a set of safety siren quality metrics for MH and to have developed a dedicated MH clinical case escalation process with SCC and	

	NHS England which had helped to tackle long waits in A&E for MH cases. It was also reported that the Level three system with themes emerging at system level could provide quality improvement and track progress. RF presented some of the key findings to the committee: • Current position for England and Northwest from NHSE data, in July 2025, the Northwest had a lower percentage of MH attendances in ED at 3.01% against the National average of 3.06%. • Current position – the proportion of A&E attendances for Mental Health reasons with a wait of 12 hours or more, by Northwest ICB January 2025 – July 2025, in GM was significantly lower than England average and the other Northwest ICBs. • Mental Health Safety Siren – Adult data of six safety sirens monitored on a regular basis, to understand the impact of the system. The findings and quality improvement updates in line with those of the September 2024 deep dive analysis were shared, as well as findings from regular monitoring of the safety siren and monitoring of the wider MH crisis and community performance. GF outlined the Crisis Care Transformation work. The committee were made aware of the Crisis Programme for 25/26 which was designed to improve access to professional MH crisis response at every stage of the UEC pathway, reducing attendances for MH reasons in ED, to avoid unnecessary admissions and support people to stay safe in the community. SR noted the significant issues with CYP complex cases in A&E department. It was explained that the safety siren enabled them to track trends and analyse those significantly reduced within standard deviation. The importance of VCSE in the whole pathway was raised and the committee were made aware of the navigator pilot taking place in MFT with voluntary community sector to support triage. SB questioned how aware the NCD Leads in both Child and Adult were of what was taking place and highlighted the opportunity to scale it up. Confirmation was received that they were working with region. CS highlighted the benefit and use of the data and the engagement across the pathway with clear processes including escalation and strong clinical leadership coming together to drive those changes. CS questioned the Trusts; Tameside, Stockport and Bolton identified as the problem areas and informed the committee of the recent walk round with GMMH at Bolton Hospital campus. The committee were further made aware of Bolton Trust redesigning the estate in ED, including the creation of a Mental Health area as an approach to addressing these risks and challenges. GF explained that it related to some of the national discussions around MH EDs and crisis assessment centres. The committee were made aware of the workshop planned between MH and Acute Trusts in Bolton to set out the understanding. MK highlighted the importance to not lose the joined up working during the organisational changes. MK further highlighted the importance of looking at the context of other targets and	

	the people, taking stories as well as the data to ensure a complete the picture. The committee: • Noted the initiatives and assurances in place. • Supported ongoing focus on data, oversight, and quality improvements. • Recognised that this approach will help meet the goals of the NHS ten-year plan.	
10.	Transformation of Long-Term Conditions – Stroke and Neurorehabilitation The presentation provided an overview of the current metrics from the Greater Manchester Neurorehabilitation and Integrated Stroke Delivery Network, a provider funded collaborative that oversees and facilitates service improvement in the region's stroke and community neurorehabilitation services. It was explained that part of its role was to support performance management of services, with a data led approach to quality improvement. SR shared the quality standards and key performance indicators. The committee were made aware of the available data sets such as SSNAP (Sentinel Stroke National Audit Programme) which provided a regular clinical, organisation and mortality audits. It was explained that there had been a recalibration of performance indicators and scoring to reset the national ambition for further quality improvement. SR reported that work had taken place with two specific areas that were impacting on patient outcomes and experience: • Wythenshawe Stroke Pathway – The committee were made aware that their stroke unit had closed in 2021 and moved their services to Trafford General stroke unit (no A&E). It was explained that the NNAS > 48 hours' time of onset pathway never closed, resulting in stroke staff outreach to Wythenshawe and recording patients on SSNAP. SR explained that this continued to have a high number of direct admissions resulting in patients with no/late access to stroke ward (>130 patients/year). • WWL Stroke Pathway – It was reported that the stroke service at Royal Albert Edward Infirmary did not re-organise to meet the specification for a District Stroke Centre in 2015. SR explained that they were unable to provide sufficient inpatient rehabilitation due to too few stroke beds and specialised staff, also impacting ability to accept repatriations on time from Salford Royal Hyper Acute Stroke Unit. A discussion took place regarding Wythenshawe Stroke Pathway and WWL Stroke Pathway and what could be done further. MK suggested it was an opportunity to work differently with patients to put in the best practice at each stage. A further suggestion was raised to test Trusts understanding of the new framework with some improvement approaches. JD highlighted black and minority ethnic communities were more likely to get strokes and women were more likely to die from strokes. It was questioned whether the evidence of the disparities between communities could be shared in the future. SR confirmed that a lot of work had taken place to understand patients moving into community services. Confirmation was received that they would continue to try and make services as accessible as possible. The Committee:	

	• Noted that there has been a recalibration of performance indicators and scoring to reset the national ambition for further quality improvement and to help avoid a ceiling effect and this reset has resulted in significant downshift in all team scores nationally. • Noted that the concerns and recommendations highlighted by the network regarding stroke pathways at Wythenshawe Hospital and Royal Albert Edward Infirmary will be raised with the relevant Trust at their next Provider Oversight Meeting. • Noted the lack of compliance with staffing levels for community stroke and neurorehabilitation services.	
11.	Update on Letter from Jim Mackey and Duncan Burton on maternity and neonatal investigation/taskforce Letter provided to the committee for information. A further progress update to be provided at October 2025 meeting.	
	Date and time of next meeting: Wednesday 1 October 2025	

Actions Log: Quality & Performance Committee

No	Date	Section	Details of the issue	Details of action agreed	Action Lead	Completion Date	Status	Further Detail
2024/67	29/07/2025	4. Delivery against inpatient standards for people with a learning disability and/or autism	New action in relation to 2024/63 - SBe to return to QPC next quarter with proposals to strengthen the wider system responsiveness to reducing disparities for people with learning disabilities, autism and /poor mental ill health.		SBe	November/October 2025	In progress	
2024/64	02/07/2025	5. Committee priority 24/25 - Urgent and Emergency Care Quality and Performance	GB to add more compassionate interactions into the next UEC Report.		GB	03/12/2025	In progress	16/07: Confirmation received that compassionate interactions will be included in the next UEC Report in December 2025.
2024/73	06/08/2025	6. Healthwatch Quarterly Report	FV to support DR to identify the nominated individuals to provide the written response to Healthwatch.		DR	26/09/2025	In progress	15/08: Email sent to DR to offer support. Meeting held Mark Palmeria/DR re a response to both the asks in the report, concerns and recommendations. 03/09: Follow up meeting due to take place 18/09. Mtg 18/09 between MP and DR. MP to coordinate response to 6 qns in Healthwatch in Greater Manchester Insight and Activity Report and share back to QPC November 25.
2024/74	03/09/2025	4. Risk Report	ED/JD to meet to review the risk register to ensure an overall view to reduce health inequalities is included in the risk register.		ED/JD	TBC	In progress	
2024/75	03/09/2025	4. Risk Report	CS/LV to meet to identify where best to place the risk around Clinical Networks / VCSE under the reform process.		CS/LV	TBC	In progress	
2024/78	03/09/2025	5. Chief Officers Report - CMO	MK to provide data on accurate latent TB prevalence once data is received by UKHSA.		MK	07/01/2026	In progress	17/09: Full update to be added on the forward plan for January/February 2026 session.
2024/79	03/09/2025	5. Chief Officers Report - CMO	MK to share data with the committee on the work taking place with community representatives regarding TB treatment.		MK	30/09/2025	In progress	17/09: KP to pick up with JD.
2024/80	03/09/2025	5. Chief Officers Report - Performance Report	Understanding complex Autism demand in ICB to be brought to November 2025 meeting.		ED	05/11/2025	In progress	
2024/81	03/09/2025	6. Complaints Annual Report & Patient Services	MPa/JD/Healthwatch to meet to look into an equality summit. Update to be provided to the committee.		MPa/JD		In progress	15/09: JD & MPa following up action. 17/09: Meeting with Jackie and Majid to take place to discuss the Equality issues raised at QPC and agree a plan. 17/09 - equality mtg btwn MP, JD and MH - equality issues raised through Healthwatch to QPC and directly with Patient Services and through A Pain to Complain report as well as discussed at QPC to be landed through the Health Literacy workstream to enable expert guidance, direction and the opportunity of wider, shared learning and service development. MP linked in with the workstream and to meet Elaine Mills wk comm 22/09 to agree work plan.
2024/82	03/09/2025	8. Published copy of final Area SEND inspection letter for Tameside Local Area Partnership	Detailed improvement plan on Adults and Children neurodiversity to be brought to a future meeting.		SS	03/12/2025	In progress	15/09: The improvement plan will be published in October 2025 on the Tameside Metropolitan Borough Council website following approval of the Priority Action Plan by the Department for Education on 10th September.
Completed at Previous Meeting (Audit Trail)								
2024/76	03/09/2025	5. Chief Officers Report - CNO	Maternity Equity Plans to be included in future CNO reports.		CSm/WK	01/10/2025	Complete	15/09: Maternity Equalities Plan to be included in Octobers Overview of Maternity Services, Risks & Progress update.
2024/77	03/09/2025	5. Chief Officers Report - CNO	Future reports to present mitigations more clearly and specifically, noting that positive updates should be reflected accurately in the documentation.		CSm/WK	01/10/2025	Complete	15/09: Request to all contributors to the CNO report to include in future updates.
2024/65	02/07/2025	6. Risk Report	Paper on Dermatology, setting out the mitigations in place to be brought to Octobers meeting.		Jennie Gammack and/or Katherine Sheerin	01/10/2025	Complete	16/07: JG confirmed a paper will be provided at Octobers meeting. Forward Plan has been updated. Paper provided for Octobers meeting.

GM Dermatology Transformation Programme Update 2025-2026

GM Quality & Performance Committee

1 October 2025

Required information.	Details.
Title of report.	GM Dermatology Transformation Programme Update
Author.	Jennifer Gammack, Programme Director, GM Sustainable Services Programme Elaine Hodgkinson, Programme Director, GM Dermatology Transformation Programme
Presented by.	Jennifer Gammack, Programme Director, GM Sustainable Services Programme Elaine Hodgkinson, Programme Director, GM Dermatology Transformation Programme
Contact for further information.	Jennifer Gammack, Programme Director, GM Sustainable Services Programme Elaine Hodgkinson, Programme Director, GM Dermatology Transformation Programme

Executive summary.	The Greater Manchester (GM) Dermatology Transformation Programme is a system-wide response to long-standing service sustainability challenges. Its ambition is to deliver equitable, high-performing, and financially sustainable dermatology services across GM, underpinned by a co-designed model of care developed with clinicians, providers, and system leaders. The programme represents a critical intervention to secure service resilience, rebalance demand and capacity, and enable innovation such as AI-enabled teler dermatology. Without transformation, demand trajectories threaten the viability of services, workforce stability, and patient outcomes. Strategic Context Dermatology demand continues to outstrip capacity. Rising GP referrals and increasing use of cancer pathways, often inappropriately due to general dermatology backlogs are creating inefficiencies and inequity of access. This diverts resource from patients with severe inflammatory conditions and fuels an unsustainable cycle of delay and escalation. In 2024, a “do nothing” forecast predicted waiting lists could reach 35,000 by 2026/27. Through targeted provider action and programme-led initiatives, waiting lists have instead reduced by 5,500 (to c.21,000) over the past 15 months, halving 52-week waits and improving cancer standards compliance. Sustained progress, however, depends on full implementation of the model of care to deliver genuine system shift. Current Resilience Position Service fragility remains a system-wide risk. Capacity gaps, provider market exits, and workforce constraints have forced reliance on short-term, premium-cost solutions. Geographical inequities persist, and without

	structural change, financial and operational pressures will continue to mount. Programme Progress – Phase 3 Implementation Aim 1 – Model Testing: Complete Pilot confirms that community-based care can safely manage the majority of general dermatology demand. Secondary care should be reserved for complex and cancer-suspected cases, validating the left-shift model. Aim 2 – Single Point of Access (SPoA): Mixed Progress Twelve pathways operational, uptake variable (1–48% across localities; 100% in Manchester). Success hinges on pan-GM adoption and alignment with wider Care Navigation strategy. System decision now required on future SPoA model and timeline. Aim 3 – Community Dermatology Procurement: High-Risk Competitive process underway under the Provider Selection Regime. Delays due to bidder representations have extended standstill period. Bridging arrangements in place to 30 Nov 2025, though gaps remain for one provider footprint. Legal resolution and governance intervention urgently required. Aim 4 – AI Teledermatology: Emerging but Unfunded NHSE-funded pilots operational until March

	2026, with promising clinical outcomes. Cost of mandatory second reads poses a financial challenge. Ambition for >50% cancer referrals via teledermatology not yet achieved. GM-wide model and sustainable funding source required from Apr 2026. Aim 5 – Lead/Collaborative Provider Model: Mobilisation Phase Northern Care Alliance NHS FT confirmed as system lead provider. Transitional funding secured; planning underway for clinical leadership handover and secondary care redesign. Strategic Risks Community Procurement: Any failure to implement a new provider model on time will destabilise service continuity and undermine transformation. SPoA Adoption: Without consistent system-wide uptake, referral optimisation and equitable access will remain unachievable. AI Teledermatology Funding: Absence of a clear financial model risks discontinuity of an innovation central to future service resilience. Critical Next Actions Governance & Legal: Resolve procurement challenge and secure continuity of community services. System Decision-Making: Secure Chief Officer agreement on SPoA future state and timeline. Financial Planning: Develop a sustainable funding plan for AI second reads and the GM teledermatology model beyond March 2026.

The benefits that the population of Greater Manchester will experience.	There is inequity of access to dermatology services for patients and referrers across GM. The implementation of the model of care is expected to deliver the following key benefits: • Patients being referred and managed on the most appropriate pathway and in the most appropriate setting for their condition. • Timely access to assessment and treatment for those patients with skin conditions who can be managed in the community with fewer patients waiting to be seen. • Workforce is trained and supported sufficiently to deliver a quality service, including a supported primary care workforce. • Patient experience of the service will be very good. • Community service is delivered in a safe manner and adheres to all quality standards. • Patients requiring secondary care intervention gain equitable access to provision.

How health inequalities will be reduced in Greater Manchester's communities.	Some patient groups face significant barriers in accessing and receiving appropriate treatments. Diagnostic challenges – Many skin conditions appear differently on darker skin tones as medical training has traditionally centred on lighter skin. Recognition of this in the educational resources, including via the Single Point of Access clinically developed pathways will raise awareness. Research & data – Development of high quality, diverse datasets for training AI algorithms to reduce performance disparities across skin tones. Local involvement in teledermatology AI pilots. Improved access – standardised and equitable access to care for patients delivered locally where possible. Ensuring patients are referred on the most appropriate pathways in the right clinical setting, allowing primary, community, and secondary care resources to be optimised. Barriers to access – Local provision: a presence in all 10 GM Localities with choice around location, if required, will support patients with a lack of transport and will minimise travel costs.

The decision to be made and/or input sought.	The NHS GM Quality and Performance Committee is asked to: • Receive and review this update on the GM Dermatology Transformation Programme, noting both the significant progress achieved to date and the critical risks that now require urgent system-level resolution. • Acknowledge the strategic importance of securing resilience in dermatology services, particularly in relation to: ➤ The successful and timely implementation of the Community Dermatology Service procurement. ➤ The adoption and optimisation of the Single Point of Access model across GM. ➤ The future funding and commissioning model for AI-enabled teledermatology. • Provide feedback and recommendations on how best to strengthen delivery, governance, and clinical quality assurance, particularly in areas where risks to service continuity and equity of access remain high.

How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks.	1) Access & waiting-time risk (long waits / RTT / 2-week cancer targets) What the programme does: referral-optimisation, new models of care (community Tier 3), teledermatology and pathway redesign to triage faster and treat in the most appropriate setting. How that reduces the BAF risk: reduces demand on secondary care, shortens time to first specialist assessment, prioritises urgent cancer-suspect cases and improves 2-week waits performance. 2) Quality & patient-safety risk What the programme does: embeds clinical advisory groups, skin-pathway governance (GM Cancer / Skin Pathway Board links), clinical standards and adoption guidance for teledermatology/AI alongside outcome monitoring. How that reduces the BAF risk: formal governance and clinical oversight control variation, ensure safe referral triage, and allow measurement of outcomes to detect emerging safety issues. 3) Workforce & capability risk What the programme does: workforce strand (training & education subgroup), upskilling for community/primary care clinicians, and workflow changes to make best use of specialist time. How that reduces the BAF risk: builds capacity, reduces dependency on scarce consultant clinic time, and makes the system more resilient to staffing pressures. 4) Financial risk (cost pressures / sustainability) What the programme does: standardises pathways (reducing duplication), shifts appropriate activity to community tiers, and explores commercial/technology solutions that free specialist capacity. Procurement of

	networked community dermatology services is underway. How that reduces the BAF risk: better demand/capacity matching and pathway standardisation reduces avoidable spend in acute settings and improves value for money. However, note there are financial implementation risks during transition that committees (finance) are monitoring. 5) Inequalities & system resilience risk What the programme does: system-wide (GM) approach and community service models aim to reduce variation between localities and improve equitable access. Digital options are combined with locality capability assessments to avoid widening the digital divide. How that reduces the BAF risk: a Greater Manchester model of care with locality gap analysis targets hotspots of poor access and reduces unwarranted variation across the conurbation.

Key milestones.	GM Transformation Programme Phase 3 ‘Implementation’ 5 Key Aims: Aim 1 – Test & Refine modelling assumptions (small-scale test of change). Completed Aim 2 – Procure/Implement Single Point of Access (SPoA). Deployed in all 10 GM Localities. Evaluation planned Q3. Progressing with Challenges Aim 3 – GM Community Dermatology Procurement. Intention to award made. Currently in extended standstill period in line with Provider Selection Regime regulations. Original go-live August 2025. Delayed with Risk Aim 4 – Implementation of Teledermatology provision. On track. NHSE pilots in place across most localities until 31.03.25. GM model from April 26 to be agreed. Progressing with Challenges Aim 5 – Lead/Collaborative provider model. Planned. Time limited transformation funding identified for Northern Care Alliance Foundation Trust. Awaiting Mobilisation
Leadership and governance arrangements.	GM Dermatology Transformation Programme is part of the Sustainable Services Programme and reports to the GM Health & Care Service Review Programme Board.
Engagement* to date. *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	GM-wide engagement has taken place throughout the duration of the Programme (Appendix 1 provides further detail).
Financial or Legal Implications	N/A

Table 1: Information needed about the document and its purpose.

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of interest	Report accessibility
Yes (via Healthwatch)	Yes	Yes	Yes	Yes	Yes	Yes

Table 2: Assurance needed about the document.

1.0 Introduction

This paper provides a strategic update on the GM Dermatology Transformation Programme. It outlines progress against the agreed model of care, the current status of Phase 3 implementation, and the critical risks that require system-level resolution to secure resilience and equity of access.

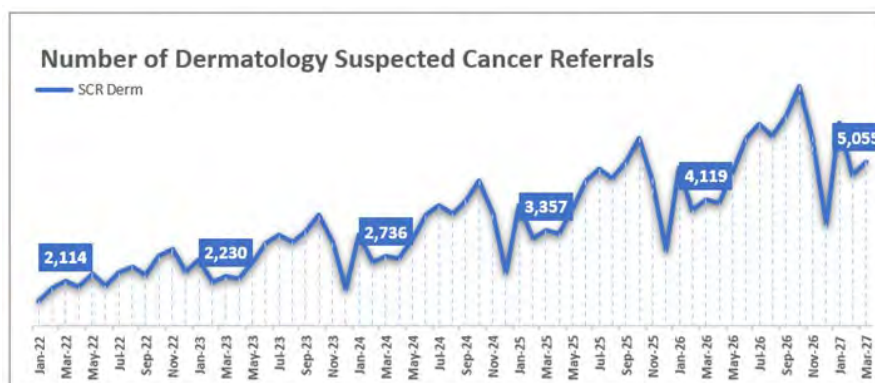
1.1 Background

Dermatology services in GM remain under sustained pressure. Demand continues to rise, with referrals from primary care increasing sharply and a disproportionate number routed through suspected cancer pathways. This has created a cycle of inefficiency: patients with benign conditions enter cancer pathways, while those with serious inflammatory skin diseases face delays to treatment.

Workforce shortages compound these pressures, leaving many providers reliant on premium-cost, unsustainable solutions. Service fragility is evident: one NHS provider closed in 2023, another Independent Sector provider ceased new referrals in 2025, and mutual aid between NHS providers has not been achievable. Variation in service models, access, and tariffs across GM has led to inequities for patients and complexity for referrers.

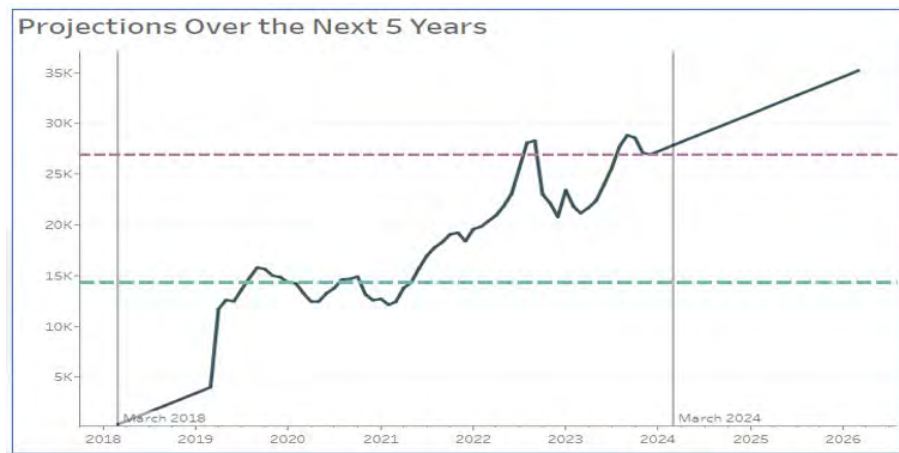
A “do nothing” scenario forecast in 2024 projected RTT waits escalating to 35,000 patients by 2026. Urgent system action has been required, and the GM Dermatology Programme was established as a priority by Provider Collaborative Chief Executives and endorsed by the NHS GM Executive.

Dermatology Trend Data



Between Jan-Dec 23, 22.7% more patients were seen following a derm SCR than in Jan-Dec 22.

Chart shows trend if a 22.7% year-on-year increase were to be seen.



GM Curator modelling suggests the Dermatology RTT waiting list which stood at 26,997 in Dec 23, could reach 35,170 by March 2026.

1.2 GM Dermatology Programme

Since August 2022, the Programme has been developing and implementing a co-designed model of care, aligned with national direction and supported by the GIRFT National Clinical Lead.

Agreed Model of Care incorporates the following core principles:

- Optimal management of patients in Primary Care
- Centralised referral triage with specialist advice & guidance (including teledermatology where clinically indicated)
- Triage to stream the patient into the most appropriate care setting for their disease severity (community / secondary (Tertiary – out of scope)
- Strengthen the current community offer where there is a gap in service

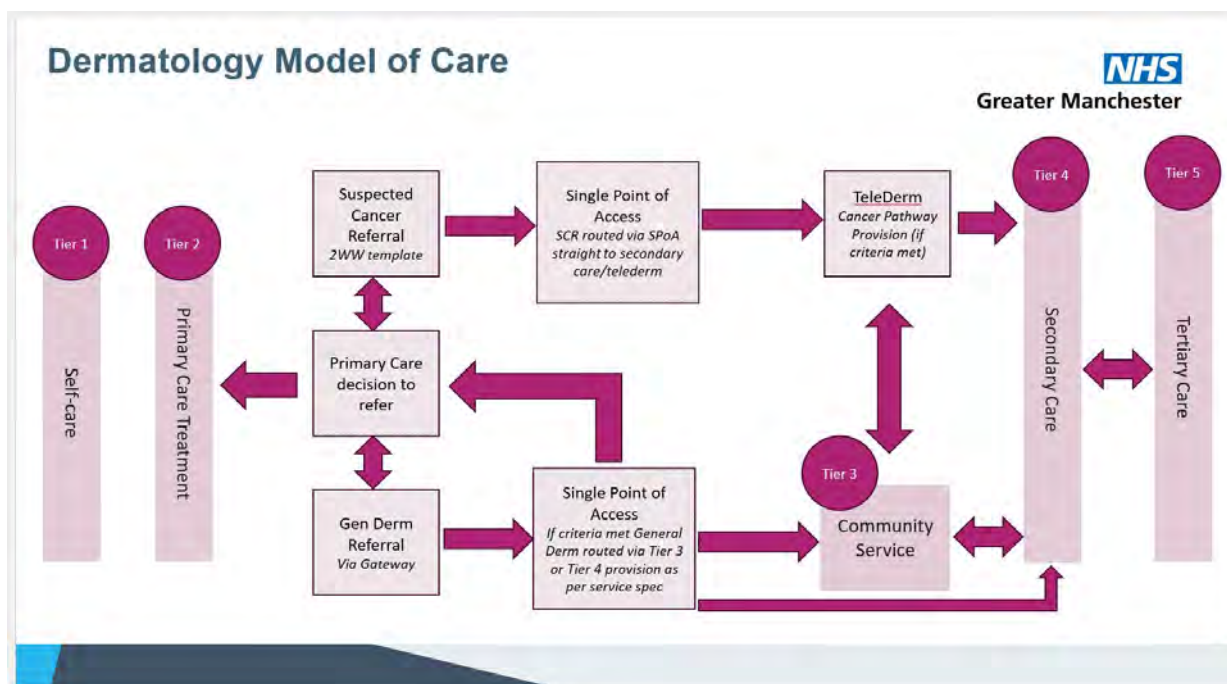
The vision is to deliver equitable, sustainable, high-performing dermatology services across GM, with a focus on:

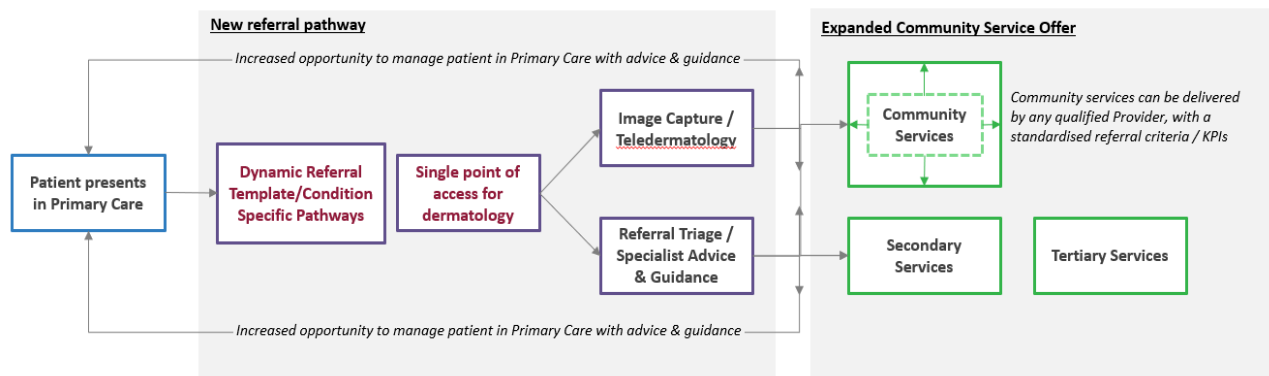
- Equity of access through standardised pathways.
- Left shift to community care wherever clinically safe.
- Innovation through digital referral optimisation and AI-enabled teledermatology.
- System resilience through a lead provider model and consistent commissioning approach.

Activity and financial modelling have been undertaken over a three-year period, but it is recognised that this is an evolving model which is based on several clinically informed assumptions which need to be tested and refined. There is a high level of confidence that improvements will be realised and demand management and changes to the front-end of the pathway will help stabilise the situation, but consideration also needs to be given to the significant waiting list backlog clearance that is required.

Interim measures have been taken where possible via the securement of funding via GM bids, or as part of national pilots. Examples of this are the securement of NHSE AI in Diagnostics Fund monies to participate in the AI teledermatology pilot which is in place across GM (excluding Oldham Locality) until 31 March 2026, the development of interactive clinical referral pathways and the delivery of educational events. Many elements of the proposed model of care are in keeping with the national steer and British Association of Dermatologists. The GIRFT Dermatology National Clinical Lead is supportive of the aims of the programme and has provided input when required.

Following GM executive and system support the programme is in Phase 3 'Implementation' and has started to transact the agreed future model of care focused on standardisation and equity of access for patients across GM. The emphasis of the transformation programme has been on the front-end of the pathway (left shift) and the clinical setting in which the patient is best managed.





The multiple challenges outlined previously have not changed, but the actions taken over the last year by providers and as part of the transformation programme workstreams have started to change the course of travel, with a reduction in the number of very long waiters, the overall number of patients on an RTT pathway and some improvement in performance against cancer standards. Examples of this are a 5.5k reduction in RTT waiting list from Apr-24 to Jun-25 (latest available data); 52% reduction in >52 week waits from Apr-24 to Jun-25 (down from 1,640 to 782), 3% improvement in FDS between Apr-24 and Jun-25, 8% improvement in 62 day cancer treatment times between Apr-24 to Jun-25.

Current Dermatology service provision across GM remains inequitable, both in terms of access times and service provision, but the implementation of the model of care will, over time, further improve this. The specialty remains under significant pressure and is under review as part of the National Tier 1 meetings. The GM overall RTT waiting list on 31st August 2025 was 21,147 (unvalidated data). 50.1% of patients have been waiting over 18 weeks, 3.2% over 52 weeks and less than 5 patients waiting over 65 weeks (zero >78 weeks).

Cancer Standards performance (latest published data July 2025) shows that 85.9% of GM patients received a skin cancer diagnosis or had cancer ruled out within 28 days. This shows sustained improvement with the standard having been achieved in each month since November 2024. 87.8% of GM patients commenced treatment within 62 days of referral in July, again reflecting improved performance over recent months and shows achievement against the 85% target. The use of the cancer pathway by referrers remains very high, this is thought to be driven by clinical concerns in relation to waiting times for general dermatology pathways, when the referring clinician is unable to confidently diagnose benign lesions. A series of twelve successful educational events were delivered for primary care referrers on skin lesions, funded via a successful bid to GM Cancer Alliance, although this non-recurrent funding has ended and there is currently no identified alternative source.

A plan for the waiting list backlog clearance has not been agreed, the original plan being that NHS Providers were commissioned in 2025/26 at 2024/25 outturns to allow for some backlog clearance as elements of the model of care started to take effect. A further plan for any remaining backlogs would then be agreed. Due to the delays incurred in implementing the model of care the level of backlog clearance in this financial year is expected to be minimal. Backlog clearance did not feature in the procurement.

The graph below illustrates the original 'do nothing' forecast (35,000), the gradual reduction in the RTT waiting list in the past 12 months (22,000) and the potential of the model of care based on

the clinically and operationally informed assumptions. Many of these are yet to be fully tested and there are several interdependencies, but the potential scale of opportunity is high. It is too early to confirm the most likely outcome, but the position will continue to improve, the extent to which and over what time period will be impacted by the uptake of SPoA and left shift, and implementation/phasing of the GM Community Dermatology Service provision. Section 1.3 provides a status update against the key aims of the implementation phase.

GM Dermatology Elective Recovery: next 18 months

The rate at which Secondary Care dermatology waiting list will recover to pre-pandemic levels will be affected by uptake of model of care + availability of non-recurrent resources to tackle existing backlogs.

Fig1: Greater Manchester Dermatology RTT waiting list size (secondary care only); Forecast outcomes for secondary care waiting list size over next 18 months



Interdependencies

The rate of reduction in Secondary Care Dermatology waiting list over the next 18 months will depend on several factors:

Model of care uptake:

- Embedding and maximising SPOA opportunity
- Ability to efficiently stream referrals to most appropriate care setting

Community dermatology:

- Rate of implementation and reaching full capacity

Left shift of resources:

- The level of rebalancing resources across Secondary and Community required to stay within financial envelope

Availability of backlog clearance resources:

- Availability of non-recurrent resources to expedite secondary care backlog clearance

Despite these gains, service provision across GM remains inequitable, and significant risks to resilience remain.

1.3 Phase 3 Implementation – Status of Key Aims

➤ Aim 1: Model of Care Testing – COMPLETE

Small-scale test confirmed that most dermatology demand can be safely managed in the community, with secondary care focused on complex and cancer cases.

➤ Aim 2: Single Point of Access (SPoA) – PROGRESSING WITH CHALLENGES

Twelve clinical pathways implemented with digital referral optimisation.

Uptake varies widely (1–48%), reflecting concerns in primary care and lack of mandate.

Without higher adoption, system-wide benefits of referral optimisation will not be realised.

➤ Aim 3: Community Dermatology Service Procurement – DELAYED WITH RISK

Procurement recommended a single IS provider across five sector-based Lots.

Bidder representations extended the standstill period, creating uncertainty and continuity risks in some localities.

Bridging arrangements in place until Nov 2025.

➤ **Aim 4: AI Teledermatology – PROGRESSING WITH CHALLENGES**

GM pilots funded to 2026, using the UK's only UKCA-approved AI device for skin cancer triage.

NICE recognises clinical promise, but sustainability is uncertain without future funding and resolution of “second read” costs.

Contribution to GM system strategy and equity yet to be confirmed.

➤ **Aim 5: Lead/Collaborative Provider Model – AWAITING MOBILISATION**

Northern Care Alliance identified as system lead with transitional funding secured.

Mobilisation and handover planning now underway to embed resilience and clinical leadership.

2.0 Programme Risks

The Programme currently holds 14 risks, five rated as red (see Appendix 2). The most critical is the potential gap in community dermatology provision from Nov 2025 due to procurement delays. While mitigations are in place, continuity cannot be fully guaranteed until the standstill period is resolved. Other high-rated risks include SPoA uptake and the financial sustainability of teledermatology.

3.0 Recommendations

The NHS GM Quality and Performance Committee is asked to:

Receive and review this strategic update, noting progress, challenges, and key risks.

Recognise the critical dependencies on:

- Community service procurement.
- System-wide adoption of SPoA.
- Future funding and commissioning of teledermatology.

Provide feedback and recommendations on strengthening delivery, governance, and clinical assurance.

Advise on support the Committee can provide to unblock risks and enable timely system decision.

Appendix 1 - Engagement* to date

***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.**

GM-wide engagement has taken place throughout the duration of the Programme, to include the following:

TPC Chief Operating Officers,	GM Dermatology Transformation Board,
TPC Executive Medical Directors,	Locality Professionals and Groups,
TPC Directors of Strategy,	GM Comms and Engagement Team,
GM Cancer Board,	GM Sustainability Team,
GM CA Skin Pathway Board,	GM Finance Team,
GM Integrated Care Board,	GM EIA Rigor Panel,
Deputy Place Based Leads,	Provider Trusts,
Association of GM Local Medical Committees,	Independent Sector incumbent providers,
Healthwatch,	GM Information Governance Team,
GM Primary Care System Board,	Clinicians (primary and secondary care),
GM Clinical Effectiveness Committee,	GM Procurement Clinics,
GM Primary Care Collaboration Board,	GIRFT Dermatology Clinical Lead,
GM Finance Committee,	British Association of Dermatologists,
Primary Care Blueprint Implementation Group,	GP Data Controller Group (planned).
GM Clinical Policy Audit & Standards Group,	
GM Medicines Management Group,	
GM Health & Care Service Review Programme Board,	
GM Elective Care Board,	
GM Dermatology Clinical Advisory Group,	

Appendix 2 Risk Register – GM Dermatology Transformation Programme

Appendix 2 – Risk Register - GM Dermatology Transformation Programme

Risk Description	Inherent Risk Score	Current Risk Score	Actions	Progress Against Actions	Completion Date for actions
Risk: There is a risk that there will be insufficient funds available to support the required transformational work programme, including testing new models. Cause: Money is currently held within block contracts and it will take some time before the model allows this to be moved around the system. Impact: Patients would continue to wait an excessive amount of time for treatment and this would likely also impact on clinical outcomes.	12	8	* Evaluate and develop a business case for the SPoA software post pilot.	* Planning for the evaluation has commenced. Dev of a BC needs to link into the work being undertaken by Elective Programme in relation to potential ref gateway across all specialties for which discussions are underway.	31/12/2025
Risk: There is a risk that there will be insufficient estates available across GM from which community dermatology services can be delivered. Cause: Some estate is available at significant cost and competition for estate is higher as more services are moved into the community. Impact: Community dermatology services may not be delivered in each locality and this may impact on travel time to venues thus leading to inequity of access.	8	8	* Assess the spread of community locations during the service mobilisation.	* Bidders have identified proposed community dermatology sites. Will be further addressed through mobilisation with successful bidder(s).	31/12/2025
Risk : There is a risk that public support to implement the agreed Model of Care will be lacking. Cause: Lack of engagement with communities. Impact: Patients less likely to 'buy in' to the new Model of Care.	6	3	* Obtain comms & engagement input when designing patient communication.	* Links being reestablished in relation to comms for the new community services with links to SPoA.	Ongoing

Risk: There is a risk that the programme potential will not be maximised without the use of technology solutions. Cause: Lack of readiness or appetite to drive innovative technological solutions forward and staggered start and end dates for teledermatology and Artificial Intelligence (AI) solutions. AI end dates range from May 25 - Jan 26. Impact: Waiting lists would remain longer than necessary thus impacting on patient outcomes. Staggered end dates will result in inconsistent service delivery across GM.	9	12	* Support Cancer Alliance in roll out of Teledermatology for suspected cancer pathways. * Support Cancer Alliance and NHSE re implementing Artificial Intelligence solutions. * Review options to align end dates for telederm / AI implementations and/or early evaluation to determine future state. * Maximise the use of the SPoA software. Uptake in many GM Localities following deployment is poor. * Investigate whether SPoA can be the only mechanism to raise derm referrals. * Engage with Elective Team re wider GM Care Navigation Centre Strategy. * Consider the impact of the national drive for pre-referral A&G on the derm MoC. * AI 2nd read funding ends Sept 2025. Note: SA have advised workforce for 2nd reads likely to end from Apr 26. * AI Tameside funding ended, but provision remains in place. Additional costs to extend could be mitigated by plans Lead Provider arrangements. * AI HMR pre-referral pilot. Funding source via Health Innovation monies and comes to an end 26/10/2025. * <u>NCA AI audit results on first 1200 AI cases being discussed across Providers. GM CEG Leads. GIRFT</u>	* Ongoing. * Ongoing. * KP is leading on discussion with colleagues around aligning dates. * Pathways continue to be further developed to ensure optimum level of guidance is provided to referrers to enable appropriate cases to remain in primary care. Weekly pan-GM webinars continue (good uptake) and additional support offered through BeCCoR scheme. * Raised at HCSRPB in July & Sept. Discussions continue though there are barriers to achieving this. MDSAS, used for A&G requests in Stockport, has recently been decommissioned (end of contract). There has been some resistance to this which is mitigated via eRS A&G and the Elective-led A&G scheme across all specialities. The SPoA will provide further mitigation if increased usage can be realised to support the further development of the condition specific pathways. * Engagement with Elective Team taking place. View awaited from GM Chief Officers. * Engaged with the Elective programme & options will be reviewed. * Transacting the agreement re the repurposing of NHSE pilot funding (Oldham) to support extension of 2nd reads * GM IG reviewing and will advise. * No current funding source available via GM to extend. GMCA advising the HMR Locality Lead. * Skin Analytics have confirmed they have no objections to GM/NCA presenting the findings for publication to a scientific journal. The audit findings have national relevance/interest. Note the findings support the GM decision to retain the 2nd read.	Ongoing Ongoing 30/09/2025 31/12/2025 31/12/2025 30/09/2025 31/03/2026 30/09/2025 30/09/2025 17/09/2025 30/09/2025
Risk: There is a risk that the transformation programme will not be delivered if the right mix of professional and skills is not available. Cause: There is a national shortage of Consultant Dermatologists. Impact: Waiting lists continue to increase and patient outcomes are negatively impacted.	16	12	* Utilise autoroute capability of SPOA software to reduce need for staff to route referrals. * Evaluation of Skin Lesion Recognition sessions to be undertaken. * Re-start the GM Skin Club.	* Autoroute is part of the SPoA implementation and will be enhanced further as new community services go live. * Evaluation has completed, led by Dr M Singh, and a presentation is expected to Derm CAG soon. * NCA has an offer of funding to cover the admin support and intends to restart the GM Skin Club.	31/12/2025 31/10/2025 31/10/2025
Risk : There is a risk that there will be insufficient engagement at CAG and Board from clinicians to ensure sound decision making and to manage risks. Cause: Competing demands on time can results in clinicians not always able to be present at meetings or engaged in transformation work. Impact: Slows the rate of progress and can mean insufficient buy-in from clinicians.	12	9	* Engage with GM groups throughout the programme duration. This includes LMC etc. * Ensure clinical input into the SPOA referral pathways.	* Ongoing. Engagement takes place regularly with various groups. Escalation has taken place as required where a lack of engagement is evident. * Ongoing. Primary and secondary care clinicians co-designing SPoA clinical pathways. These are reviewed more widely and ultimately approved by CAG.	Ongoing 30/06/2025

Risk : There is a risk that the programme may be unable to develop transformational pathways that reduce the reliance on high-cost workforce solutions. Cause: Inability to move activity and finances to the correct part of the system that allows sufficient capacity to be created. Impact: Capacity constraints would continue and this in turn is likely to continue to impact on the delivery of Cancer and RTT standards.	16	16	* Secure a long term solution to ensure that referrals can be automatically directed to most appropriate service (SPoA funded for 12 months). * Evaluate and agree a teledermatology GM pathway/model post NHSE pilot funding - development of a business case.	* Evaluation to be undertaken and business case developed, subject to ICB direction re potential GM-wide gateway. * Evaluation to be undertaken, future model agreed and business case developed.	31/12/2025 30/11/2025
Risk : There is a risk that GM dermatology providers will become overwhelmed and destabilised following the closure to new referrals at Tameside and Glossop Integrated Care FT (TGICFT). Cause: TGICFT had delivered general dermatology and suspected cancer services to Tameside & Glossop patients and suspected cancer to HMR but closed to new dermatology referrals on 16/10/2023. Impact: Patient safety will be impacted, waiting times will extend further and other GM providers will become destabilised due to being overwhelmed by new referrals.	20	16	* Work with TGICFT to return to accepting referrals. * Develop a Sustainability Partner model between NCA/TGICFT. * Develop a GM dermatology strategy. *GM Chief Officers support for Single/Lead Provider Transformation resources.	* TGICFT now accepting 40 pathways per week from NCA but unable to increase this number currently. * NCA is working through the process to be a Single Provider for the TGICFT derm secondary care service. Due diligence underway and estates being sought. Financial ask of NHS GM to progress this has been supported. * A strategic proposal was presented to HCSRPB in July. The proposal has since been supported by DoS and will be taken to COOs in Oct 25. NCA-led business cases related to the single provider model will feed from the strategic proposal. * STAR application submitted July 2025 and supported. Lead Provider to progress business case governance as outlined in the Strategic Direction Proposal presented to H&CSRPB July 2025.	Ongoing 30/06/2025 31/10/2025 31/07/2025
Risk: There is a risk that funded dedicated operational and clinical lead support for the dermatology programme will cease in August 2024. Cause: Operational and clinical programme resource is funded until August 2024. Impact: The programme will not progress at the required pace and the defined benefits of the programme may not be realised.	12	8	* Request funding to extend the operational and clinical leadership roles beyond the end of August 2024.	* Complete. Roles remain in place until 31/03/2025.	31/08/2024
Risk: There is a risk of reduced clinical engagement in the context of Industrial Action (IA) or Collective Action (CA) taking place. Cause: Staff groups taking IA or CA. This could, for example, relate to reduced engagement with the SPOA software in terms of using it to generate referrals and accessing guidance. Impact: Implementation of the agreed Model of Care could be delayed and this in turn would see continued increases in both waiting lists and waiting times.	16	12	* Engage clinicians in the development of the SPOA to ensure usability and that it adds value to referral management. * Engage with localities to ensure support for SPOA implementation.	* Ongoing. Clinicians engaged in development of the SCR template and in non-cancer pathways. * Meetings took place with each locality prior to go-live with escalation as required. Further targeted engagement underway to drive up usage.	31/12/2025 31/12/2025

Risk: There is a risk that there will be reduced or no community dermatology provision in GM beyond the 31/03/2025. Cause: Contracts for existing IS providers expire on 31/03/2025 with no further option to extend. Notice has been served to NCA re the community element of the acute contract with effect from 31/03/2025. Timeline for procurement of new community dermatology services currently has an expected service commencement date of July 2025. Impact: This would leave a period of time where there is reduced or no community dermatology provision, causing waiting lists and waiting times to increase significantly.	16	16	* Ensure contracts are put in place for 25/26 (till 30/09/2025) for IS providers. * Establish Exit Planning group.	* PSR DMR forms for About Health, DMC & Manor House are approved & contracts issued. DMR for HCRG remains with Procurement for Exec sign-off. These are all Direct Award C. * Internal Exit Planning group meeting weekly. Exit plans received from all incumbent providers and initial exit mtgs being set up, initially for IS providers.	30/09/2025 31/07/2025
Risk: There is a risk that there will be no provision to meet suspected dermatology cancer demand for Oldham patients beyond 31/03/2025. Cause: The HCRG contract (IS provider delivering Oldham dermatology service) expires on 31/03/2025. Impact: Waiting times on the cancer pathway would extend and this would lead to quality and safety issues. Increased sustainability issues for other GM NHS acute providers, especially NCA, if cancer activity is directed there. Routine waiting lists and times would also increase.	15	15	* Arrange STAR and PSR applications if HCRG agree to a bridging agreement. * Agree Oldham Cancer and Secondary-Care Provision (for new referrals) for an interim period until existing secondary care providers can accept referrals from this Locality - expected 12-18 months. * Agree Oldham Community Provision (for new referrals) for an interim period until the GM Community Dermatology Service tender is mobilised in line with bridging arrangements - until 30/09/2025. * Progress via GM Governance with input from GM Cancer Alliance and Oldham Locality. * Weekly meetings established with Health Harmonie and comprehensive project plan agreed. * Weekly/Contract Monitoring meetings in place with HCRG re continuity of service provision for existing patients, oversight of backlog management/exit planning. * Exit Planning for the secondary-care/Suspected Cancer pathway cohort of patients to commence, ahead of community dermatology exit planning.	* Confirmed STAR not required. PSR process to commence. * Urgent direct award procurement of Cancer pathway & secondary care provision underway from Health Harmonie. * Urgent procurement of Community provision underway from Health Harmonie. * GM Chief Officer approval to progress. Oversight and input from GM Procurement, GM Contracting, GM Finance, GM Cancer Alliance, Locality. STAR application submitted & deferred for more information (provided). DMR to follow. * Service provision mobilised from 18/04/2025. Project plan on track to mobilise at pace. Draft Service Specification shared with Health Harmonie and GM governance progressing via GM CPEG (supported 22/04) and GM Clinical Effectiveness Committee (supported 22/05). * NHS GM formal response to HCRG Board. HCRG have provided information on backlogs. HCRG continue to experience access issues due to cyber attack. Frequency of contract monitoring increased and clinical input being identified to provide oversight and validate patient level information. * Complete. Regular meetings in place and first backlog patients now also seen (1982 initial backlog cohort).	Complete Complete 31/03/2025

Risk: There is a risk that there will no programme leadership and reduced programme support beyond the 31/03/2025. Cause: The dermatology transformation programme is due to end on 31/03/2025 at which point the secondment of the Programme Director will come to an end. The status of the primary and secondary care clinical leads is unknown at this stage. Impact: Reduced leadership and support to the programme may result in reduced progress in implementing the Model of Care.	12	12	* Confirm status of role of current Programme Director. * Confirm status of Clinical Lead roles. * Identify a Programme Director to ensure continued implementation of the Model of Care. * Develop options for future management of the programme, eg via the Lead Provider arrangement.	* Programme Director remains in post at the time of this update. * Clinical Leads remain in post at the time of this update. * Existing arrangements temporarily extended and under review. * Incorporated into Strategic Direction Proposal and awaiting STAR outcome. STAR approved August 2025. * Strategic Direction Proposal to outline future plans. Supported by HCSRPB July 2025. Progressing via GM Boards, eg DoS, COOs, etc (outcomes awaited). Continued support confirmed by GM DoS. To be considered by COOs October 2025.	30/09/2025 30/09/2025 30/09/2025 30/10/25
Risk : There is a risk that there will be a gap in community dermatology service provision in HMR (includes Tier 4), Oldham, Manchester, Tameside and Trafford after 30th September 2025. Cause: Contracts for IS community dermatology providers expire on 30/09/2025 and ICB is not yet in a position to award a contract following the competitive procurement. Impact: Patients on existing pathways will not be seen and some high risk patients, eg those on Isotretinoin treatment, will not be monitored. New patients will wait longer for an initial appointment.	20	20	* Seek approval from ICB Chief Officers to explore options to bridge the gap between 30/09/2025 and new provider coming on line. * Engage with About Health (Mcr/Trf/Tside), DMC Derm (HMR), HCRG (Oldham), HealthHarmonie (Oldham), Manor House (Tside) re appetite to extend Tier 3 beyond 30/09/2025. * Engage with providers re capacity/appetite to provide Tier 4 beyond 30/09/2025 to HMR. * Complete STAR and PSR governance for any identified provider opportunities. * Award Contract for new GM Community Dermatology services.	* 09/09: JG has emailed Izhar Chaudhary re options and to seek approval to progress. Outcome awaited. * 09/09: Discussion with DMC confirmed they don't wish to continue. Weekly mtgs will continue to discuss exit arrangements. Outcome of JG/IC required to progress further. * 09/09: NCA have confirmed they can't take the HMR Tier 4 activity at this time and DMC have confirmed they don't wish to continue. Discussions with HealthHarmonie have commenced. * Not yet started. * Intention to Award Notice published 12/08 with standstill scheduled to end on 26/08. Two representations received and standstill extended to 04/09 and has subsequently been further extended with no specified end date	15/09/2025 22/09/2025 22/09/2025 TBC TBC

Greater Manchester Quality & Performance Committee Maternity Oversight Update

October 2025

GM Quality & Performance Committee Performance Update

October 2025

Required information.	Details.
Title of report.	Greater Manchester (GM) Local Maternity & Neonatal System (LMNS) – Maternity Oversight
Author.	Karen Clough, LMNS Safety Lead Midwife Sarah Owen, Associate Director of Maternity Assurance
Presented by.	Sarah Owen, Associate Director of Maternity Assurance
Contact for further information.	Sarah.owen61@nhs.net
Executive summary.	This review was completed at the request of the Chief Nursing Officer (CNO) to provide an update on 3 key areas: - Never Events within Maternity - Assurance, Actions and Impact for GM against National Comparison - Impact: Saving Babies' Lives (SBL) and the GM Maternity Equity and Equality (E&E) Plan
The benefits that the population of Greater Manchester will experience.	Overview and analysis allow for identification of themes to focus upcoming work and improve outcomes in the future.

How health inequalities will be reduced in Greater Manchester's communities.	The ability to review incidents alongside equality data will lead to focussed improvement work and a subsequent improvement in perinatal mortality & morbidity KPI's within maternity
The decision to be made and/or input sought.	The Board / Committee is asked to: 1. Note the information provided
How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks.	SR4 – Widening Health Inequalities SR5 – Statutory Duties Compliance
Key milestones.	-
Leadership and governance arrangements.	Local Maternity & Neonatal System
Engagement* to date. *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	The Equity & Equality Action Plan was designed in collaboration with service user representatives. The Maternity & Neonatal Voice Partners are actively involved in all areas of maternity oversight and assurance
Financial or Legal Implications	-

Table 1: Information needed about the document and its purpose.

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of interest	Report accessibility
No	Yes	No	No	No	No	No

Table 2: Assurance needed about the document.

Introduction

Request received from the Chief Nursing Officer to provide a high-level overview of three maternity areas with the Local Maternity and Neonatal System (LMNS) on behalf of the Greater Manchester (GM) Integrated Care Board (ICB):

1. Never Events within Maternity
2. Assurance and Actions being taken that is impacting where GM are nationally.
3. Impact: Saving Babies' Lives (SBL) and the GM Maternity Equity and Equality (E&E) Plan

1. Never Events within Maternity

NHS England defines a never event as a serious incident that is wholly preventable because strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Reassuringly never events in Maternity are minimal, the LMNS has reviewed the number of Never Events reported between 1 January 2024 and 8 September 2025 and can report there have been four.

- The four cases occurred in four different providers.
- All four relate to retained tampons following perineal suturing.
- StEIS reports were received by the LMNS for all cases.
- All providers completed full reviews and completed actions to prevent reoccurrence.
- All providers have guidance for perineal suturing in place.

The LMNS is currently undertaking a scoping exercise to understand maternity specific compliance with the National Safety Standards for Invasive Procedures (NatSSIPs).

2. Assurance, Actions and Impact for GM against National Comparison

The latest analysis published by MBRRACE (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) reviewed data from 2023.

Table 1: Perinatal Mortality Rates by Provider (MBRRACE 2023)

Perinatal Mortality Rates by Provider (MBRRACE 2023)																			
ICB	Organisation	Comparator Group Name	Total Births	Group Average Stillbirth Rate	Total Stillbirths	Crude Stillbirth Rate	Stabilised Stillbirth Rate	Stabilised Stillbirth CI	Total Live Births	Group Average Neonatal Death Rate	Total Neonatal Deaths	Crude Neonatal Death Rate	Stabilised Neonatal Death Rate	Stabilised Neonatal CI	Group Average Perinatal Death Rate	Total Perinatal Deaths	Crude Perinatal Death Rate	Stabilised Perinatal Death Rate	Stabilised Perinatal Death CI
GM	Bolton	Level 3 NICU	5136	3.6	23	4.48	3.66	2.99 to 4.26	5113	1.84	3	0.59	1.39	0.85 to 2.25	5.44	26	5.06	5.03	4.28 to 6.28
GM	MFT	Level 3 NICU & neonatal surgery	16092	3.42	67	4.16	3.5	3.00 to 4.26	16025	2.6	34	2.12	2.31	1.67 to 3.19	6.01	101	6.28	5.81	5.11 to 7.19
GM	NCA	Level 3 NICU	4694	3.6	16	3.63	3.57	2.89 to 4.29	4676	1.84	11	2.35	1.64	1.30 to 2.72	5.44	28	6.16	5.41	4.71 to 6.81
GM	Stockport	2,000-3,999 births	2898	2.91	5	1.72	2.86	2.30 to 3.42	2884	0.99	3	1.04	1	0.59 to 1.56	3.9	8	2.76	3.66	3.25 to 4.84
GM	Tameside	2,000-3,999 births	2107	2.91	-1	-1	2.82	2.14 to 3.46	2106	0.99	-1	-1	0.9	0.53 to 1.47	3.9	-1	-1	3.7	3.07 to 4.75
GM	WWL	2,000-3,999 births	2450	2.81	8	-1	2.94	2.48 to 3.66	2441	0.99	-1	-1	0.96	0.59 to 1.59	3.9	11	4.49	3.9	3.37 to 5.01

Rates calculated per 1000 births

■ Over 5% higher than the group average
■ Within 5% of group average
■ 5 to 15% lower than group average
■ Over 15% lower than group average

Comparing GM ICB to other ICB's within the North West Region (Appendix 1) places GM in a strong position, with three out of six providers reporting a position which is better than their comparable group position.

Utilising the MBRRACE 2023 data to compare GM ICB to the National position:

- GM ICB has the 6th highest rate for Stillbirth (Appendix 2)
- GM ICB has the 16th highest rate for Neonatal death (Appendix 3)

GM ICB has demonstrated some improvements on MBRRACE 2022 data (Appendix 4) specifically for Neonatal Death Rates and Perinatal Death Rates with zero providers currently flagging red when compared to their comparable group National average.

GM ICB's stillbirth rates showed a small improvement from 2023 (4.851/1000births) to 2024 (4.350/1000births) therefore it is anticipated that MBRRACE 2024 data will evidence an improving picture once published.

LMNS Safety Special Interest Group (SIG): Safety SIG works across both provider and professional boundaries to bring all maternity providers together as a multi-disciplinary focus group. All providers share the learning from Patient Safety events rated moderate or above from the previous month facilitating a proactive and transparent response to patient safety.

Learning from Patient Safety Events, (LFPSE): The LMNS is working with the GM ICB Quality Leads for Patient Safety to further analyse data from the LFPSE system. The LMNS currently receive maternity patient safety incidents that are rated as 'serious' for physical harm. This new system provides a rich source of information to which themes can be established,

enabling the identification of further quality improvement work.

Further work is planned with the ICB to incorporate psychological harm and moderate incidents reported through the LFPSE system. Utilising the LFPSE system will improve oversight of patient safety events across the system.

The LMNS facilitates the sharing of learning throughout the system via a range of organised events. The LMNS Annual Safety Event is scheduled for Spring 2026, and several additional events are outlined below, each shaped by key themes identified during patient safety events:

- **27 January 2025** – *Perinatal Mortality Reporting Tool*
- **22 May 2025** – *LMNS Annual Safety Conference* where quality improvement work from Obstetrics, Neonates and Maternity was shared across the system.
- **14 July 2025** – *Patient Safety Incident Reporting Framework (PSIRF)*. Providers came together to discuss their implementation journey and share good practice and challenges around the implementation of PSIRF.
- **8 September 2025** – *Board & Governance Reporting including GM Scorecard Review and the development of action planning*. Facilitated in collaboration with NHS Resolution
- **10 September 2025** – *Supporting staff after a serious event*, where providers come together to share their processes around how their service supports staff after a patient safety event.
- **15 October 2025** – *Hypertension in pregnancy*. The lead Obstetrician in hypertension from MFT is hosting a workshop in collaboration with the LMNS to address themes from Safety SIG around the Hypertension in Pregnancy Guidance.
- **20 October 2025** – *GM scorecard & themes from NHS R*
- **4 November 2025** – *PPH Sharing Learning from Practice*

Triage - Maternity Triage has become the new Emergency Department for maternity care with increasing numbers of women attending each maternity unit for urgent issues and concerns. It requires dedicated staffing, training and estates to ensure a safe and effective care experience for the woman and her family.

Following on from Maternity Safety Assurance visits completed by the GM Integrated Care Board (ICB), Local Maternity Neonatal System (LMNS) and the Care Quality Commission (CQC) in 2023/24 it was highlighted that many Maternity units across the region had variations in triage pathways of care and were undertaking further quality improvement work to develop the service given to women attending Maternity Triage departments. Furthermore, triage was noted in several safety patient events across the system.

In July 2024 an innovative approach was adopted with a new programme of work for Maternity Triage commenced in the GM Local Maternity & Neonatal System (LMNS) led by two Clinical Advisors. Their key focus was to agree a standardised model of Triage for GM in line with new Royal College of Obstetrics & Gynaecology (RCOG) recommendations and support maternity providers in achieving this.

In September 2024 the GM Key Principles of Maternity Triage was introduced and adopted by all GM maternity units with the aim to create a standard level of maternity triage care across all 6 providers in GM using the RCOG Good Practice Paper. One of the key performance metrics

to support a safer service is a move from the National Institute of Clinical Excellence (NICE) recommendation that all women should be seen within 30 minutes of attendance at Maternity Triage to the new recommendation that all women should be seen within 15 minutes of attendance.

Table 2: Provider performance against Triage metric

Provider	Percentage of women seen within 15 minutes (Nov 2024)	Percentage of women seen within 15 minutes (June 2025)
Bolton	99%	95%
MFT	63%	79%
NCA	78%	78%
Stockport	80%	93%
Tameside	71%	67%
Wigan	No Data	90%

All of the above programmes of work, combined with the **Annual GM LMNS Assurance Visits** and the GM System support and assurance applied to the **Clinical Negligence Scheme for Trusts (CNST)** Maternity Incentive Scheme and **Three Year Maternity & Neonatal Delivery Plan** support the LMNS to maintain close oversight and assurance of maternity services within GM ICB.

3. Impact: Saving Babies' Lives (SBL) and the GM Maternity Equity and Equality (E&E) Plan

The NHS has worked hard towards meeting the [national maternity safety ambition](#), to halve rates of perinatal mortality from 2010 to 2025 and The Saving Babies' Lives Care Bundle (SBLCB) provides evidence-based best practice for maternity providers across England to reduce perinatal mortality.

The national maternity safety ambition of a 25% reduction in stillbirths in 2020 was achieved in GM, but against the same baseline GM saw a rise in 2021-2023 during and immediately following the COVID-19 pandemic. In more recent years GM has returned to a downward trajectory and hope to return to the pre-pandemic level by the end of 2025 and continue to work towards a 50% reduction in rates.

The trajectory to meet the national maternity safety ambition was unlikely to be a simple linear progression, particularly as the factors that lead to avoidable perinatal mortality are many and varied. If GM is to meet the national ambition for a 50% reduction in the stillbirth and neonatal mortality rates by 2025, it is imperative that longstanding inequitable outcomes associated with ethnicity and levels of deprivation are addressed.

All GM providers participate in the quarterly SBL assurance process. Following the first quarterly review for 2025/6 in June 2025, providers were issued with an overall compliance percentage and an assurance rating, all GM providers achieved 99% compliance.

The one area outstanding across all providers is related to the care and management of women

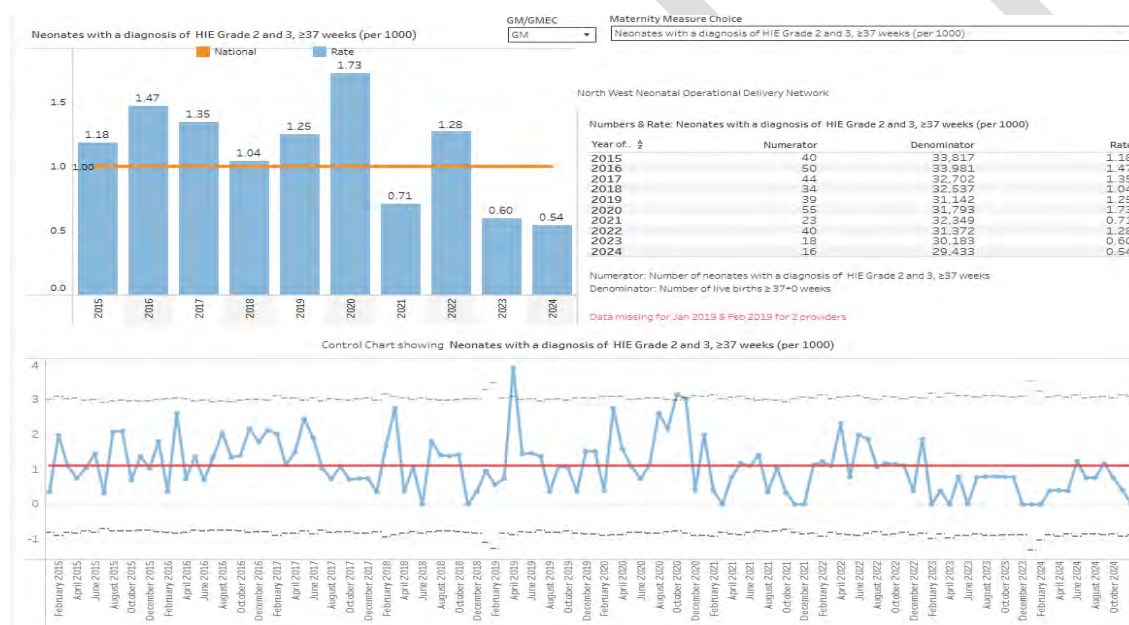
and people with existing diabetes in pregnancy as outlined below, and all providers are working to adopt and implement the Maternal Medicine Network guidance, which will take time and resources.

It is important to note that the LMNS has also revised its targets and increased thresholds for each intervention, to achieve better service improvement. These have been agreed at local level and the LMNS will continue to oversee, support and challenge local delivery and identify key areas for targeted improvement.

GM has introduced standardised guidance relating to all elements of the SBL care bundle and secures the same standard of care for every woman regardless of which unit she attends. The guidelines have also influenced other guidance at regional and national level.

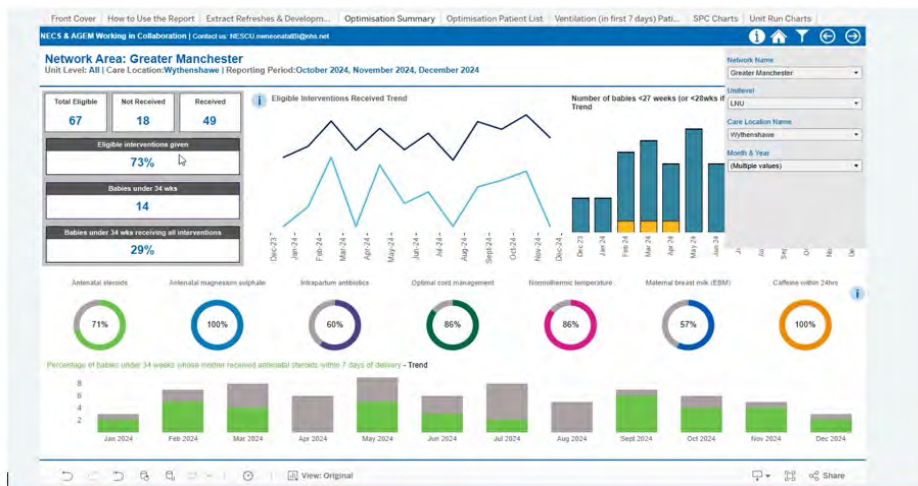
Other areas of improvement since the SBL care bundle was introduced into GM include a reduction in rates of serious brain injury:

Table 3 GM Brain Injury 2015-2024



GM has seen improvement in neonatal optimisation measures that maximise the environment for a newborn to thrive, with GM having been seen as achieving the biggest improvement nationally in 2024 for the offer of neonatal optimisation measures.

Table 4 GM Optimisation measures Oct 2024



The perinatal mortality rates for pregnant women and people with Type 1 and Type 2 diabetes have remained very high for the last 5 years. Pre-existing diabetes is one of the most significant modifiable risk factors for poor pregnancy outcomes, with the background rate of stillbirth in women with Diabetes at three times higher than those without Diabetes. Through the SBL care bundle workstream, each GM maternity provider is now standardising their service offer. We are ensuring that standard pathways of care for Multidisciplinary management of women with pre-existing diabetes throughout pregnancy, with increased access to expert and 'joined-up' support for their complex needs. 'One-Stop' clinics are being introduced with longer appointment times for women and weekly contact either in person or via telephone as required. These will take time to establish as resources, workforce and pathways are amended.

We are also improving management of glucose control during pregnancy by focusing support on high-risk women who are not achieving safe pregnancy glycaemic targets and by ensuring consistent and high levels of uptake of digital glucose monitoring technology.

The SBL care bundle is another important step on the journey to safer pregnancy and birth. We know that when all maternity units follow these actions, fewer families will face the heartbreak and devastation of pregnancy complications and loss, yet while it is clear that some solutions lie beyond the control of the health sector, our maternity services are working hard to do everything possible to mitigate against the wider social determinants of health relating to SBL in order to continue to drive down the perinatal mortality rate.

Progress with the GM LMNS Equity and Equality (E&E) plan underpins the work of SBL and all GM providers are asked to report on their progress against the plan as part of the SBL and E&E workstreams.

Equity & Equality Action Plan

All actions with an end date up to 2025 have been reviewed and rag rated, and priority actions identified. Additional work streams were commenced, and significant efforts were made to increase the representation of our communities and different groups within the E&E implementation group and secure regular maternity provider attendance.

As of June 2025, 86% of all actions with an end date up to December 2025 are either complete or in progress, with a further review due in October 2025. Areas that were rag rated red include data and digital actions at system and provider level and a number of workforce actions relating to recruitment and disciplinary procedures. Provider units have submitted their benchmarking against provider-level actions up to 2025 and these are being analysed and additional amendments made to the rag rating. A full breakdown of action totals and percentages by year up to June 2025 are shown in the table below:

Table 5 GM E&E Action Plan Compliance

Year	Action Totals (LMNS and provider-level)	Green (complete)	Amber (in progress)	Red (not started)
2023	47	40	7	0
2024	90	51	29	10
2025	78	17	41	20
Overall Totals & Percentages	215 / 100%	108 / 50%	77 / 36%	30 / 14%

The LMNS has commissioned local communities, VCSE and other partner organisations to lead on the work. To date, 13 projects have either been completed or are on track for completion. The following are examples of completed projects and the impact they have had across the region:

ASAP Campaign: The LMNS and ICB Comms launched the ASAP maternity website to encourage early booking, improving timely access to care across diverse communities.

Translation of Key Materials: Key maternity resources were simplified and translated into local languages, enhancing understanding and access for women with lower literacy or limited English.

Maternity Action Employment Support: Over 5,000 support interactions have helped women understand workplace rights, with translated materials improving access for non-English speakers.

Maternity Action Refugee Support: Originally aimed at 100 women, the service has supported over 1,500 pregnant asylum seekers and refugees, improving access to healthcare, employment, and social support.

Personalised Care and Support Plans (PCSP): The PCSP pilot improved antenatal engagement and outcomes for marginalised women, with scalable models like Pregnancy Circles reducing costs and non-attendance.

GM Cultural Competency Training Package: A new training package is set to roll out across

GM providers, aiming to reduce disparities by addressing systemic bias and promoting culturally safe maternity care.

Induction of Labour: Improving Choice and Experiences

Led by service User leads, the work has tapped into many different communities and voices in order to learn more about the impact of induction of labour on women and families. The aim is to hold an event in the winter bringing the findings of the project to the GM Maternity services and together identify gaps and actions to take forward.

The committee is asked to review and acknowledge the detail within this report.

DRAFT

Appendix 1 North West Regional Perinatal Mortality Rates by Provider (MBRRACE 2023)																			
ICB	Organisation	Comparator Group Name	Total Births	Group Average Stillbirth Rate	Total Stillbirths	Crude Still Birth Rate	Stabilised Stillbirth Rate	Stabilised Stillbirth CI	Total Live Births	Group Average Neonatal Death Rate	Total Neonatal Deaths	Crude Neonatal Death Rate	Stabilised Neonatal Death Rate	Stabilised Neonatal CI	Group Average Perinatal Death Rate	Total Perinatal deaths	Crude Perinatal Death Rate	Stabilised Perinatal Death Rate	Stabilised Perinatal Death CI
GM	Bolton	Level 3 NICU	5136	3.6	23	4.48	3.66	2.99 to 4.28	5113	1.84	3	0.59	1.39	0.85 to 2.25	5.44	26	5.06	5.03	4.28 to 6.28
GM	MFT	Level 3 NICU &neonatal surgery	16092	3.42	67	4.16	3.5	3.00 to 4.26	16025	2.6	34	2.12	2.31	1.67 to 3.19	6.01	101	6.28	5.81	5.11 to 7.19
GM	NCA	Level 3 NICU	4694	3.6	18	3.83	3.57	2.89 to 4.29	4676	1.84	11	2.35	1.84	1.30 to 2.72	5.44	29	6.18	5.41	4.71 to 6.81
GM	Stockport	2,000-3,999 births	2899	2.91	5	1.72	2.86	2.30 to 3.42	2894	0.99	3	1.04	1	0.59 to 1.56	3.9	8	2.76	3.86	3.25 to 4.84
GM	Tameside	2,000-3,999 births	2107	2.91	-1	-1	2.82	2.14 to 3.46	2106	0.99	-1	-1	0.9	0.53 to 1.47	3.9	-1	-1	3.7	3.07 to 4.75
GM	WWL	2,000-3,999 births	2450	2.91	9	-1	2.94	2.48 to 3.66	2441	0.99	-1	-1	0.96	0.58 to 1.59	3.9	11	4.49	3.9	3.37 to 5.01
C&M	Countess of Chester	Under 2,000 births	1996	2.58	5	-1	2.58	1.86 to 3.53	1991	0.92	-1	-1	0.87	0.42 to 1.59	3.5	6	3.01	3.44	2.62 to 4.69
C&M	East Cheshire	Under 2,000 births	588	2.58	-1	-1	2.59	1.80 to 3.62	586	0.92	-1	-1	0.96	0.49 to 1.80	3.5	3	5.1	3.54	2.72 to 4.83
C&M	Liverpool Womens	Level 3 NICU &neonatal surgery	7230	3.42	19	2.63	3.32	2.69 to 3.99	7211	2.6	35	4.85	3.51	2.37 to 5.07	6.01	54	7.47	6.95	5.71 to 8.96
C&M	Mid Cheshire	2,000-3,999 births	2909	3.03	12	4.13	2.97	2.48 to 3.78	2897	1.02	4	1.38	1.06	0.67 to 1.67	4.05	16	5.5	4.04	3.43 to 5.17
C&M	Mersey & West Lancashire	4,000 or more births	5746	2.91	14	2.44	3	2.52 to 3.59	5732	0.99	5	0.87	1	0.63 to 1.57	3.9	19	3.31	3.99	3.48 to 5.02
C&M	Warrington	2,000-3,999 births	2454	2.91	7	2.85	2.91	2.39 to 3.54	2447	0.99	3	1.23	1.03	0.64 to 1.71	3.9	10	4.07	3.94	3.39 to 5.03
C&M	Wirral	Level 3 NICU	2933	3.6	10	3.41	3.62	3.03 to 4.40	2923	1.84	4	1.37	1.69	1.11 to 2.62	5.44	14	4.77	5.27	4.49 to 6.67
L&SC	Blackpool	2,000-3,999 births	2406	2.91	5	2.08	2.88	2.35 to 3.50	2401	0.99	3	1.25	0.98	0.61 to 1.63	3.9	8	3.33	3.86	3.26 to 5.00
L&SC	East Lancashire	Level 3 NICU	5773	3.6	17	2.94	3.51	2.73 to 4.23	5756	1.84	8	1.39	1.64	1.03 to 2.49	5.44	25	4.33	5.15	4.26 to 6.46
L&SC	Lancashire Teaching	Level 3 NICU	4104	3.6	13	3.17	3.59	2.87 to 4.31	4091	1.84	6	1.47	1.83	1.16 to 2.90	5.44	19	4.63	5.42	4.60 to 6.91
L&SC	Morecambe Bay	2,000-3,999 births	2641	2.91	7	-1	2.91	2.38 to 3.46	2634	0.99	-1	-1	0.97	0.60 to 1.71	3.9	9	3.41	3.87	3.32 to 4.92

Rates calculated per 1000 births

Over 5% higher than the group average
 Within 5% of group average
 5 to 15% lower than group average
 Over 15% lower than group average

Appendix 2

Maternity and Neonatal Three Year Delivery Plan Oversight Tool - ICB Variation

[Contents page](#)

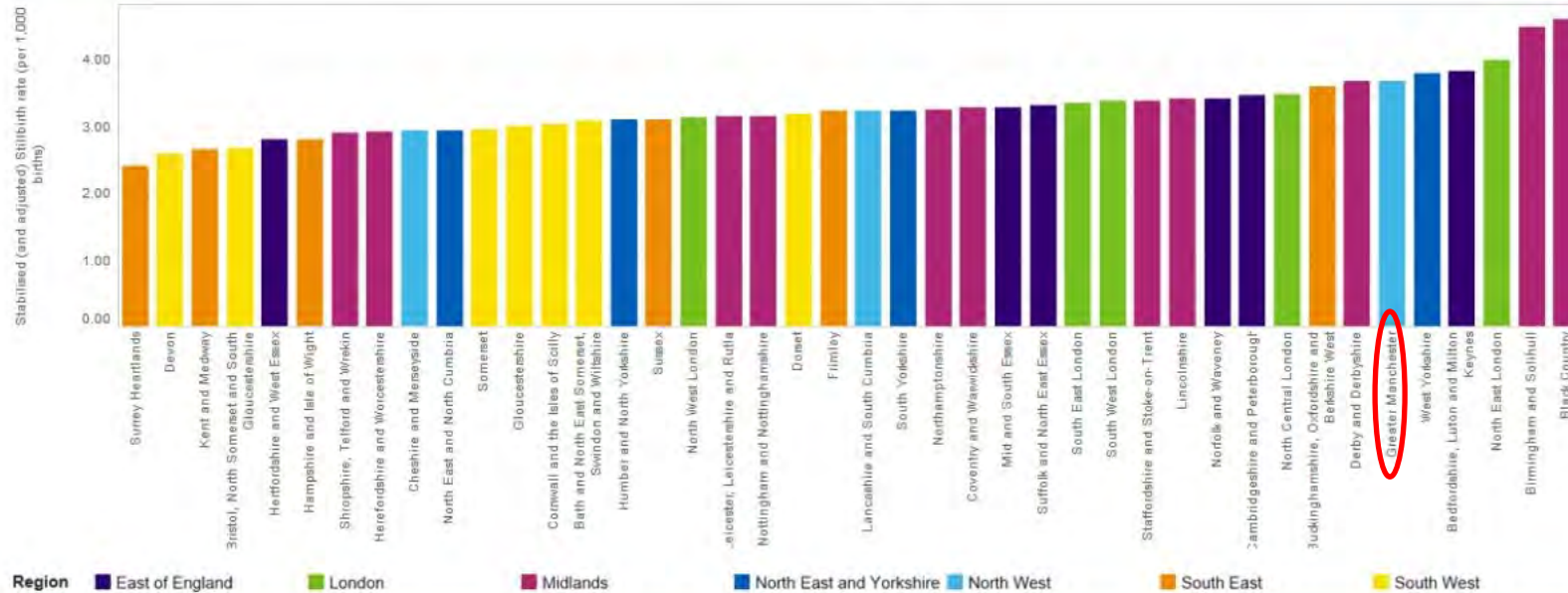
This sheet shows the variation between ICB's for a chosen measure for the latest period

Select Measure

T4a: Stillbirth Rate (Stabilised) (MBRRACE)

Latest Period

2023



Please contact england.matneo-oversighttool@nhs.net with any queries or feedback on this tool. This version of the tool is a Beta version and will be developed iteratively based on your input.

Appendix 3

Maternity and Neonatal Three Year Delivery Plan Oversight Tool - ICB Variation

[Contents page](#)

This sheet shows the variation between ICB's for a chosen measure for the latest period

Select Measure

T4biii: Neonatal Mortality Rate (Stabilised) (MBRRACE)

Latest Period

2023



Please contact england.matneo-oversighttool@nhs.net with any queries or feedback on this tool. This version of the tool is a Beta version and will be developed iteratively based on your input.

Appendix 4

Perinatal Mortality Rates by Provider (MBRRACE 2022)																			
ICB	Organisation	Comparator Group Name	Total Births	Group Average Stillbirth Rate	Total Stillbirths	Crude Still Birth Rate	Stabilised Stillbirth Rate	Stabilised Stillbirth CI	Total Live Births	Group Average Neonatal Death Rate	Total Neonatal Deaths	Crude Neonatal Death Rate	Stabilised Neonatal Death Rate	Stabilised Neonatal CI	Group Average Perinatal Death Rate	Total Perinatal deaths	Crude Perinatal Death Rate	Stabilised Perinatal Death Rate	Stabilised Perinatal Death CI
GM	Bolton	Level 3 NICU	5481	3.26	18	3.28	3.59	2.97 to 3.64	5468	1.82	14	2.56	2.12	1.34 to 3.36	5.42	32	5.83	5.73	4.85 to 7.28
GM	MFT	Level 3 NICU & neonatal surgery	16631	3.46	63	3.78	3.77	3.11 to 4.19	16582	2.73	31	1.87	2.25	1.55 to 3.27	6.55	94	5.65	6.05	5.35 to 7.33
GM	NCA	Level 3 NICU	5060	3.26	28	5.53	3.71	2.74 to 3.89	5036	1.82	6	1.19	1.39	0.83 to 2.28	5.42	34	6.71	5.01	4.23 to 6.42
GM	Stockport	2,000-3,999 births	3281	2.49	8	-1	2.68	2.21 to 2.83	3275	1.05	-1	-1	0.85	0.47 to 1.48	3.73	9	2.74	3.49	2.90 to 4.43
GM	Tameside	2,000-3,999 births	2114	2.49	5	-1	2.68	2.23 to 2.83	2109	1.05	-1	-1	0.94	0.53 to 1.70	3.73	6	2.84	3.6	3.03 to 4.58
GM	WWL	2,000-3,999 births	2535	2.49	5	1.97	2.67	2.21 to 2.82	2531	1.05	4	1.58	1.15	0.68 to 2.11	3.73	9	3.55	3.83	3.22 to 5.02

Rates calculated per 1000 births

	Over 5% higher than the group average
	Within 5% of group average
	5 to 15% lower than group average
	Over 15% lower than group average

Quality Performance Committee Risk Report

October 2025

Quality Performance Committee October 2025

Required information	Details
Title of report	Quality Performance BAF and Committee Risk Report
Author	Jill Marston Planning and Assurance Co-Ordinator Christopher Toms, Quality Manager Alex Barke Senior Project Manager – Medical Directorate
Presented by	Prof Colin Scales, Deputy Chief Officer, NHS GM
Contact for further information	Jill.marston@nhs.net
Executive summary	This paper provides a monthly update on risks – including the BAF risk/s and the committee risks. Key updates • Note the progress of the Mental Health Programme's new risk management review process • Reduction of the risk score of mental health risk GMMHPGR1 from 20 to 12 • New mental health risk GGMMHPGR14
The benefits that the population of Greater Manchester will experience.	Effective risk management is essential. The NHS GM Risk Policy provides a framework to enable risk management to be embedded across all activities within the organisation
How health inequalities will be reduced in Greater Manchester's communities.	The management of strategic risks will directly contribute to the delivery of the ICP strategy.
The decision to be made and/or input sought	The Committee is asked to agree contents of paper together with relevant mitigation is in place and to report to board any exceptions.

How this supports the delivery of the strategy and mitigates the BAF risks	The Quality Performance Committee is managing risk in line with the NHS GM Risk Policy. The Statutory Committees of NHS GM all have a responsibility for Risk Management. The NHS GM Risk Policy provides a framework to enable risk management to be embedded across all activities within the organisation. It also provides a method by which organisational understanding of risk in all its constituent parts; control measures, importance of actions, review and ownership of risk, is robustly assured through the committee structure.
Key milestones	Nothing to note
Leadership and governance arrangements	Risks discussed at the QPC risk coordination meeting
Engagement* to date *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	Nothing to note

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
N	Y via QPC	N	N	N	N	Y

Table 1 - checklist of engagement carried out, advice sought, conflict of interest and accessibility of report

EXECUTIVE SUMMARY INCLUDING KEY MESSAGES:

This paper provides a monthly update on the key significant risks – including the BAF and committee risks relevant to QPC. The committee is asked to consider the BAF and committee risks to ensure they are assured on the risks presented with patient safety and care at the heart of any actions & decisions made towards mitigation and reduction in both score and effect.

KEY AREAS TO BE DISCUSSED:

1.0 INTRODUCTION AND PURPOSE

- 1.1 This report provides an update to NHS GM Quality Performance Committee on the key risks across the organisation assigned to this committee.
- 1.2 The report includes the latest Board Assurance Framework (BAF) and Committee risk/s relevant to QPC.
- 1.3 The oversight of the risks seen by the committee will facilitate a wider appreciation of the potential impact on the ICB objectives. The committee are asked to critically challenge and note the risks presented and their impact on patient outcomes as the key focus.
- 1.4 The Quality Performance Committee is managing risk in line with the NHS GM Risk Policy. The Statutory Committees of NHS GM all have a responsibility for Risk Management. The NHS GM Risk Policy provides a framework to enable risk management to be embedded across all activities within the organisation. It also provides a method by which organisational understanding of risk in all its constituent parts; control measures, importance of actions, review and ownership of risk, is robustly assured through the committee structure.

2.0 BAF RISKS 2025/26

- 2.1 The BAF risk descriptions were updated and shared at the September Board meeting.

3.0 COMMITTEE RISKS

3.1 The Committee risk register contains the following risks that are scored with a risk rating of 15 or greater.

Risk Ref	Description	Score	Direction / Trend
Operationally managed GM UEC Group			
QUP21/10/24	IF the GM UEC system does not achieve the 78% 4 hour wait in Emergency Department (ED) standard of care by end March 2026 THEN there may be a risk to patient safety	16	↔
QUP09/01/23	IF the GM UEC System is overwhelmed due to capacity constraints, THEN the possible consequence would be more patients attending an ED, overcrowding of EDs, less patients being seen within 4 hours and delays to ambulance handover therefore compromising patient safety and possibly leading to patient harm.	16	↔
Operationally managed GM Cancer			
QUP16/11/23	If the Cancer Alliance projects add operational and / or financial pressure to the GM system given the underlying operational and financial challenges, THEN the delivery of the NHS Cancer Programme priorities and targets will be affected – in turn affecting the outcomes for patients. This includes ongoing funding of projects to sustain services once the Cancer Alliance funding allocation to providers and partners in NHS GM ends	16	↔
QUP19/03/24	If the fragility of the dermatology service is not resolved, there will be a detrimental impact on the operational performance metrics. Furthermore, there will be an impact to patient experience and potentially psychological impact.	20	↔
QUP23/05/24	If investment (non-pay) is not available to deliver improvement initiatives, then there is a significant risk to the delivery of the system planning requirements for cancer performance (28 day, 62 day)	20	↔
Operationally managed GM Elective Programme			

QUP7/01/23	GM's current Referral to Treatment (RTT) position as well as the ambitious targets for performance and financial control means GM has a much higher challenge than most other ICBs in the country. If the finance mechanism remains constrained at either a flat or reduced level (from 24/25), there is a risk that performance targets are not achieved.	16	↔
Operationally managed GM Mental Health Partnership			
GMMHPGR1 (was QUP10/01/23)	There is a risk that Out of Area Placements (OAPs) and Local Spot Purchase (LSP) bed usage will not be eliminated if the Clinically Ready For Discharge (CRFD) and OAPs reduction targets are not met, and demand continues to exceed capacity	12	↓
QUP15/11/23	Demand for neuro-developmental services outstrips capacity leading to long waiting times	16	↔
GMMHPGR14	There is a risk that demand on GM MH Crisis and GM Urgent & Emergency Care (UEC) services will exceed capacity	16	New
Operationally managed GM Clinical Effectiveness and Governance Committee			
CCPL09A	There is a risk that intense pressures on clinical care and professional leadership across the GM system will impact on the ability to ensure that decisions about health and social care across GM are clinically led, clinically challenged, clinically effective which will result in poorer health outcomes for our population as a whole and impact on NHS GM being able to deliver its operating model.	20	↔
CCPL09B	There is a risk that intense pressures on clinical care and professional leadership across the GM ICB will impact on the ability to ensure that decisions about health and social care across GM are clinically led, clinically challenged, clinically effective which will result in poorer health outcomes for our population as a whole and impact on NHS GM being able to deliver its operating model.	20	↔
Operationally managed by GM Quality Group			
QUP25/07/25	There is limited assurance on the quality of interventions within some paediatric audiology services which may cause delayed harm to the CYP population	16	↔

3.2 Full details for all risks are included in Appendix 1.

4.0 FOCUS ON ANY UPDATES

4.1 Progress on Mental Health (MH) Programme Risks

- The MH programme has undertaken a review and refresh of the GM MH Partnership Group risk and issues log, as a piece of quality improvement work because it was recognised that the MH programme was managing risk/issues inconsistently
- The GM MH Partnership Group risk and issues log has been refreshed to ensure that it aligns with 2025/26 priorities and ensure the impact covers the following areas (clinical, financial, operational, performance)
- The programme has also reviewed the escalation process for the escalation of risk/issues from a programme level to GM MH Partnership Group
- The new log / process was presented to GM MH Senior Management Team (SMT) 13/08/2025 and GM MH Partnership Group 04/09/2025 and was endorsed by both group
- Further work needs to be undertaken to review the old risk and issues log, and either close the risk/issue (as they have been replaced by a new risk), or keep the risk/issue (and rewrite in the new format)
- The review so far has resulted in the changes noted in the table above including a new naming convention

4.2 GMMHPGR1 formerly QUP10/01/23

A detailed GM system-wide plan has been developed and all key actions are underway. This has seen Mental Health placements reduce from over 200 at April 2024 to less than 3 as at September 2025. The continued focus on reducing Clinically Ready for Discharge and Length of Stay at locality and GM level is key to ensuring the sustained reduction in Out of Area Placements and the use of Local Spot Placements

4.3 GGMMHPGR14

The risk is being escalated to QPC because if the MH programme does not receive the Regional Transformation Funding, it will not be able to mobilise for this winter leaving the system at a high risk of not having the MH Community crisis capacity in place which is needed to meet demand.

5.0 RECOMMENDATIONS

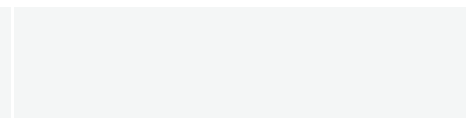
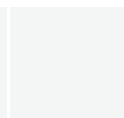
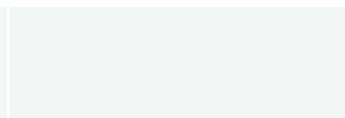
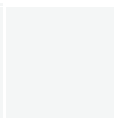
5.1. The Quality Performance Committee is asked to:

Support the Committee risks and BAF risks as presented.

The initial definitions are taken from the risk policy, and a furthermore detailed explanation has been added to provide even greater clarity.

Strategic Risk SR2	There is a risk that key health and care services become unsafe and unstable due to growing and changing demand, pressures faced by other sectors and workforce, estates and technology gaps. This will result in poorer health outcomes for the GM population and a reduction in quality of care and patient safety and an inability to deliver operational delivery standards.			Risk Scoring and Tolerance								
					Inherent risk score	Q1	Q2	Q3	Q4	In year Target	Long Term Target	Long Term Target Date
				Likelihood	5	4	4			4	2	March 2028
				Impact	5	5	5			5	5	
				Risk Level	25	20	20			20	10	
				Number of Linked Risks on Corporate Risk Register								
				Low (1 - 4)			Mod (6 – 12)			High (15 – 25)		
2			25			19						
Strategic Objective	Recover core health and care services			Lines of Defence	Sources of Assurance						Assurance Level	
				1 st Line	Weekly review of key metrics Executive Committee / Chief Officers review key metrics weekly 121s with programme directors (elective, cancer, urgent care, mental health, diagnostics)						Acceptable	
Chief Officer / Committee	Colin Scales	Quality and Performance Committee		2 nd Line								System Group meetings to review operational performance for their respective thematic area; provider contract meetings; provider oversight meetings; Locality assurance meetings; GM monthly ODMs; Quality & Performance Committee. Monthly report and scrutiny from Committee.
Risk Appetite Level	Cautious to Open	Risk Tolerance Range (e.g. 5 to 10)	5 - 15	3 rd Line	NHS GM is part of various NHSE (regional and national) oversight relating to elective; urgent and emergency care; and cancer care. Provides access to various external support offers including GIRFT and ECIST						Acceptable	
Rationale for Risk Score and Progress made in the quarter				All organisations remain committed to the plans they submitted. Areas highlighted as high risk are considered such because of the scale of the 25/26 challenge or historical non-achievement. Current plans include significant levels of mitigations and NHS GM is committed to meet its planning objectives. This risk is currently outside of the risk appetite of the organisation. The target risk score moves within risk appetite by March '28. It is important to note that national guidance will require a continued incremental improvement back toward constitutional standards over several years which will mean a continued pressure against these standards. May data published in July shows high risk areas continue to be A&E 4 hour waits; Long waits for elective care; Waiting times for Children's and adolescent mental health services including ADHD/ASD and reducing mental health inpatient LOS; Learning disability and autism inpatients. Further development of the function is required to respond to Model ICB requirements. In June, MIAA published an audit into oversight arrangements, the findings will support the strengthening of oversight arrangements. First ODMs took place in June/July to review refreshed system group.								
Key Controls										Action		
Weekly, and daily as required, tracking of activity and operational planning objectives and/or constitutional standards. Mutual aid for elective, cancer and diagnostic care is in place. Use of independent sector support for elective care, where this is within budget. Daily monitoring of A&E activity and breaches. GM system control centre meets no less than weekly to oversee operational activities and escalation. Other operational groups meeting no less than weekly to oversee activities, including patient level coordination. Operational Delivery Meetings (ODMs) in place oversee implementation and impact of performance improvement plans. Improvement plans refreshed for all high-risk areas, including individual Trust and/or locality level where needed. (UEC, elective, cancer, mental health, diagnostics and inpatients for people with a learning disability). Provider oversight and Locality assurance meetings in place to gain assurance regarding delivery. Escalation meetings in place for Trusts which provider clearer tracking of action plans at senior level				No	Action Required	Due Date	Progress				BRAG	
				1	Refresh the TOR for the Performance and Improvement Assurance Group (PIAG), performance Improvement Plans (PIPs) and continue monthly meetings for high-risk areas.	June 2025	PIAG has been replaced with ODM. TOR in place and first meetings scheduled for June where first review of refreshed improvement plans will take place.					
				2	Refresh the TOR for Locality and Provider Oversight arrangements in line with the new operating model and implementation thereafter	Sept 2025	MIAA audit into oversight arrangements to be published in June. In addition, functions are development systems and processes in line with emerging model ICB arrangements. Recommend deadline moved to September for these areas to be reflected in TOR.					
				3	Refresh assurance reports (and associated DII tools) – weekly exec report, Quality and Performance Committee, Finance Committee etc to reflect the new NHS planning objectives	July 2025	Working closely with DII to validate products. In terms of content and accuracy.					
				Gaps in Control or Assurance								
Limited scope for additional investment in mitigating actions, such as investing to support additional activity.												

Specific challenges within specialties/sub-specialties which have limiting factors such as available workforce. Some specialty areas where there are workforce shortages nationally. Limited supply of materials for corneal grafts. The prioritisation of these materials is coordinated nationally and cause breaches of waiting times. These are accepted exceptions to ICB Performance management by NHSE. Potential loss of capacity due to industrial action



Strategic Risk SR3	There is a risk that the quality of care, patient safety and care experience will decline if the ICB fail to comply with our statutory duties for quality assurance in Quality and Patient Safety within the NHS GM system. This may lead to poorer health outcomes for the GM population.			Risk Scoring and Tolerance							
				Inherent risk score	Q1	Q2	Q3	Q4	In year Target	Long Term Target	Long Term Target Date
				Likelihood	4	3	3		3	2	March 2028
				Impact	5	5	5		5	5	
				Risk Level	20	15	15		15	10	
Number of Linked Risks on Corporate Risk Register											
Low (1 - 4)			Mod (6 – 12)			High (15 – 25)					
0			10			1					
Strategic Objective	Recover core health and care services			Lines of Defence	Sources of Assurance				Assurance Level		
Chief Officer / Committee	Mandy Philbin Quality and Performance Committee			1 st Line	Quality Impact Assessment Process; Reporting via appropriate governance arrangements; Self-assessment process; Annual reports (Quality Accounts /Safeguarding Report); Statutory functions oversight group; Reporting into locality Quality meeting				Acceptable		
Risk Appetite Level	Cautious to Open	Risk Tolerance Range (e.g. 5 to 10)	5 - 15	2 nd Line	Quality and Performance Committee; Greater Manchester System Quality Group Provider Oversight Sub-committee; Reporting into locality board; External assurance via statutory bodies; ICB System improvement board				Acceptable		
Rationale for Risk Score and Progress made in the quarter				3 rd Line	Regional SQG; Single Improvement Plan responding to Enforced Undertakings Assurance meetings with NHSE; Internal Audit				Acceptable		
Significant progress has been made against the NHS GM Single Improvement Plan with NHSE with key milestones and deliverables being met. The ICB have received positive feedback, and a full robust action plan is in place. The NHS GM provider oversight model is now established with regular review of providers in line with NHS England guidance outcomes of which are regularly fed into Quality and Performance Committee. Improvements have been seen within GMMH, and work continues to progress against the Recovery Delivery Plan with the focus on achieving progression to Segment 3; exit criteria has now been agreed as March 2028. Patients should receive timely, compassionate, and clinically appropriate interventions, leading to better long-term health outcomes and reduced escalation of mental health crises. An internal audit (MIAA) around the Patient Safety Incident Response Framework is now complete with the final judgement noting 'There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. There is a possibility that the NHS Reforms may impact on the delivery of our statutory duties with unknowns around the future presence of professional voice within the ICB. In addition, we are yet to develop robust processes that include Quality Impact Assessments that need to be carried out against proposed changes in each statutory function.				Action					Complete/BAU Delayed	On Track Problematic	
Key Controls				No	Action Required	Due Date	Progress	BRAG			
• NHS trust provider oversight (POM) in place and well established with plans to further develop and further strengthen. • Exec to exec meetings is now a regular occurrence, with Quality KLOES identified. • ICB Provider Oversight Framework established in line with National Guidance. • Locality Assurance Mechanism (LAM) is established with oversight of locality approach to the statutory quality duties. • Quality Assurance Framework established/aligned to meet the National Quality Board Standards. • Provider Oversight Sub Committee meetings (POSOM) in place to identify segmentation and KLOES for the POMs.				1	Develop Robust structure and alignment of resources to support delivery DPBL and ADQ are required to confirm locality resource alignment to CNO.	12/25 (Extended as the implications of NHS reforms are understood	Partially meets but there is still variation whilst the nursing and quality structure is being finalised. Good progress but slippage in final product with date for Executive Committee in February 25. The model will continue with line management of ADQ in place will be implemented through new ways of working think this can be closed				
• Quality Impact Assessment processes established – guidance approved by QPC • GM System Quality Group in place supporting the good governance from place/localities to ICB to region (Terms of Reference align to assurance process). • Reporting, audits and actions in place for safeguarding assurance (aligns to Safeguarding Policy). • Patient Safety Policy approved at QPC. • Annual reports (Quality Accounts / Safeguarding Report /Complaints annual report). • Assurance meetings with NHSE. • Submission to RSQG with escalations as part of business as usual. •GM Patient Safety Council in place. • External audits. • External inspections by regulators e.g. SEND.				2	Carry out Audit and peer reviews	12/25	Partially meets. Further development needed. Audit and peer review model discussed with DPBLs July 24				
Gaps in Control or Assurance											
Direct reporting of locality ADQs into non-clinical locality DPBL rather than professional nursing lead. Potential disruption of the professional line of the reporting to the CNO due to competing priorities set by the locality. Depletion in workforce capability and capacity due to organisational changes and organisational vacancies. Disruption to compliance to QA process to meet safeguarding, CHC, SEND and QA due to indirect reporting relationship between ADQs and CNO											
Gaps in Assurance whilst organisational structures are being confirmed. Compliance with the statutory assurance frameworks, MIAA Audit finding											

Strategic Risk SR9	There is a risk that the ICS system is significantly disrupted due to an emergency e.g. pandemic, major incident, etc. This could result in health services becoming overwhelmed.			Risk Scoring and Tolerance							
				Inherent risk score	Q1	Q2	Q3	Q4	In year Target	Long Term Target	Long Term Target Date
				Likelihood	4	3	3		3	2	TBC
				Impact	4	4	4		3	3	
				Risk Level	16	12	12		9	6	
				Number of Linked Risks on Corporate Risk Register							
				Low (1 - 4)		Mod (6 – 12)			High (15 – 25)		
0		0			1						
Strategic Objective	Meet our statutory obligations			Lines of Defence	Sources of Assurance						Assurance Level
Chief Officer / Committee	Colin Scales Quality & Performance Committee			1 st Line	Meetings within the EPRR team and with the NHS GM Accountable Emergency Officer.						Partial
Risk Appetite Level	Cautious to Open	Risk Tolerance Range (e.g. 5 to 10)	5 - 15	2 nd Line	Meetings and workshops with NHS GM staff with a potential incident response role.						Partial
Rationale for Risk Score and Progress made in the quarter											
The risk score for Q2 25/26 reflects a Likelihood of 3 that is related to the EPRR team staffing position. Although an EPRR Manager joined the team in Q4 24/25, two team members are now expected to leave the organisation in Q3/Q4. This puts the team in a vulnerable position with only one team member remaining in post. The team has longstanding gaps in it structure and these together with new and ongoing workloads mean the team's delivery of training and exercising for NHS GM staff with a potential incident response role remains subject to limitations. Furthermore, the announcement of ICB reform in Q3 24/25 has meant efforts to fill the team structure and progress recruitment to the team vacancies remain on hold. The reform announcement has also prompted a pause to implementation of revised on-call arrangements for NHS GM, as the requirement to make significant cuts to organisation head count means there is uncertainty about the future cohort of staff that may be involved with incident response. Notwithstanding the position for the ICB's EPRR team, the wider ICS continues to plan, train and exercise for emergencies, which provides a level of mitigation for the risk to the GM system of disruption due to an incident.											
Key Controls											
- In light of the EPRR team's staffing position, support for NHS GM's EPRR work has been sought from Lancashire and South Cumbria ICB EPRR team. The intention is to establish joint arrangements for a period until the future model for ICB EPRR is confirmed. - EPRR (Emergency Preparedness, Resilience & Response) policy was approved at Board in January 2024. - Existing training delivery and ongoing exercise participation for NHS GM staff with an incident response role. - Ongoing liaison with key stakeholders and partners to ensure NHS GM is linked in with multi-agency planning for major incidents, including liaison with GM NHS providers, GM Category 1 responders, other ICBs in the Northwest and NHS England Northwest EPRR team.											
Action											
Complete/BAU											
Delayed											
On Track											
Problematic											
No	Action Required				Due Date	Progress			BRAG		
1	Ongoing review of team staffing and workload to ensure optimal use of team capacity for mitigation of identified risk				Q2 25/26						
2	Delivery of EPRR training and exercising for NHS GM staff with a potential incident response role (more trained staff provides increased organisation resilience in the face of intense and/or prolonged emergencies requiring GM health system incident coordination)				Q3 25/26						

	3	Maintain oversight of the ICB transition process so that impacts for EPRR are assessed and factored into team activities	Q3 25/26		
Gaps in Control or Assurance					
• Current pause on filling ICB vacancies means there will be ongoing gaps in EPRR team structure. • Reporting on progress with delivery of EPRR training and exercising.					

Q&P RISK REGISTER Sep 25 (For Oct 25 Q&P Paper)

[illegible]

Chief Nursing Officer's Report

1st October 2025

Quality & Performance Committee

1st October 2025

Required information	Details
Title of report	Chief Nursing Officer Report
Author	Claire Smith, Associate Director Nursing & Quality Assurance Waseem Khan, Head of Quality Oversight & Governance (Patient Safety) Mark Palmeira, Assistant Director Patient Services Louise Rule, Associate Programme Director for Transformation Hayley Hillson, NHS GM Quality Manager Sarah Owen Associate Director Maternity & Neonatal
Presented by	Mandy Philbin, Chief Nursing Officer
Contact for further information	claire.smith23@nhs.net
Executive summary	The Chief Nursing Officer's report updates the Quality & Performance Committee on the relevant statutory duties. In relation to the Board Assurance Framework, this links primarily to strategic risk 5 - <i>There is a risk of failure to comply with our statutory duties for quality assurance in Quality and Patient Safety within the NHS GM system</i> – The paper highlights the highest risks, and associated mitigations, which sit with the following areas: - Northern Care Alliance segmentation 4 under new NOF ratings - Perinatal Pelvic Health - Stockport Audiology Service Delivery - Looked After Children & Care Leavers - Continuing Health Care backlog of reviews
The benefits that the population of Greater Manchester will experience.	Oversight and relevant improvement work in relation to NHS GM commissioned services benefits the GM population through continuous improvement in services, targeted quality improvement where indicated, and overall improvement in experience.
How health inequalities will be reduced in Greater Manchester's communities.	The report covers the statutory duties of the CNO, through which runs a theme of improving

	standards of care and experience of care to reduce health inequalities. In particular, the committee are asked to note the information in relation to Patient Safety and the Continuing Health Care information included in the report.
The decision to be made and/or input sought	Quality & Performance Committee are asked to note the contents of the report
How this supports the delivery of the strategy and mitigates the BAF risks	The highest impact within this report on the BAF is in relation to Strategic Risk 5 - <i>There is a risk of failure to comply with our statutory duties for quality assurance in Quality and Patient Safety within the NHS GM system.</i> The mitigations/actions/outcomes included in the report provide some mitigation against SR5.
Key milestones	
Leadership and governance arrangements	This paper is produced for Quality & Performance Committee and has not been elsewhere but is formulated from intelligence taken from NHS GM System Quality group, Patient Safety Council and Provider Oversight Sub-Committee and Provider Oversight Meetings.
Engagement* to date *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	N/A

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
N	N	N	N	N	N	Y

Provider Oversight

Alert / Advise / Assure	Provider	CQC Rating	NOF Rating (25/26)	Current Position – Quality Intelligence from System Quality Group / Provider Oversight Sub-Committee	Impact / Risk / Mitigation
Alert BAF SR5 BAF SR2a & SR2b	GMMH	Inadequate	5	System Improvement Board continues aligned with NHS GM Provider Oversight Meeting with finance focus and Quality & Safety Assurance Meeting quality & safety focus. Assurance focus on the Contract Performance notice in relation to the section 28 warning notices and gaining assurance to enable closure	- Overarching Contract Performance Notice remains in place - Recovery Support Programme continues with oversight from NHSE – focus on moving to completion of exit criteria - Key lines of enquiry in relation to the section 28 warning notices have been issued to the Trust and site visits planned for 30th Sept, 1st & 2nd Oct.
Advise BAF SR5	Northern Care Alliance	Requires Improvement	4	- New National Oversight Framework ratings applied and NCA has moved into segment 4. - Quality & Safety Assurance Meeting received updates on the Clinical Leadership Model and the Freedom To Speak Up approach - Consolidated Rapid Quality Review in place, chaired by NHS England. - Matha's Rule is in place and the Trust are now exploring the roll-out of phase 2.	- Enhanced Oversight remains with ICB at present with oversight from NHS for combined Rapid Quality Review. The QSAM remains in place with ongoing assurance being provided in respect of the Clinical Leadership Model and cultural improvement work. - Impact on workforce seen through restructure of Gynaecology service and the further development of the associated governance is underway. Technology challenges remain, and the Trust are working with the National Team to find a solution.
Advise BAF SR5	Manchester FT	Good	3	Quality & Safety Assurance Meetings (QSAM) scheduled (6 weekly) with forward plan to oversee contractual quality requirements and quality elements of exit criteria agreed through POMs.	- The ICB led Quality and Safety Assurance Meetings (QSAM) for MFT continue on a six-weekly basis. Never Events and incident themes discussed. - Assurance received at POM regarding the Pennine Acute Transaction and progress reported on the outstanding disaggregation of services with robust plans in place. - Elective performance acknowledged and assurance received on Waiting Safely model

Provider Oversight



Alert / Advise / Assure	Provider	CQC Rating	NOF Rating (25/26)	Current Position – Quality Intelligence from System Quality Group / Provider Oversight Sub-Committee	Impact / Risk / Mitigation
Advise BAF SR5	Wigan Wrightington & Leigh FT	Good	2	The ED at WWLFT remains under severe pressure, impacting patient safety and patient experience. Areas of concern include waiting room and corridor care.	- WWL are now in Tier 1 oversight for UEC performance giving increased scrutiny. Early data showing some performance improvements. - Assurances given to POM in relation to robust oversight of quality & safety in ED with understanding of impact and outcomes for individuals waiting.
Alert BAF SR5	Stockport FT	Requires Improvement	3	Paediatric Audiology continues under enhanced scrutiny both as a single site issue and part of the GM wide work in this area.	- Risk of significant backlog of rehab provision due to the identified service delivery issues. This has been escalated and solutions being explored including additional support from new cohort of SME's from NHSE. - A 12-month improvement programme is underway, overseen at Locality Quality Group and tied into GM work.
Advise BAF SR5				Maternity continues under enhanced surveillance – key areas under development include triage, PWR accuracy, digital EPR strategy	Maternity Oversight Group (led by LMNS) is in place. Good progress overall in year 2 of 3-year plan implementation. Ongoing oversight remains in place.
Advise BAF SR3 & SR5	Tameside FT	Good	2	- Bank staff usage over target - Increase in 2024/25 rates for Cdiff and EColi compared with 2023/24	- Despite not reaching target, improvements seen and turnover has come down - No on-going risk associated with Cdiff outbreak - Continued focus on all aspects of Infection Prevention and Control through targeted approaches to training and monitoring of compliance
Advise BAF SR5				Maternity continues under enhanced surveillance – key areas under development include triage, digital EPR strategy, Audit, risk and governance processes.	Maternity Oversight Group (led by LMNS) is in place. Support and guidance in place for implementation of 3 year plan. Retention Improvement Strategy is being refreshed,.
Assure SR2 & SR5				Re-admission rate dropped to zero in March	

Provider Oversight

Alert / Advise / Assure	Provider	CQC Rating	NOF Rating (25/26)	Current Position – Quality Intelligence from System Quality Group / Provider Oversight Sub-Committee	Impact / Risk / Mitigation
Advise BAF SR5	Bolton FT	Good	2	Outlier for Clostridium Difficile infection (CDIFF) – Locality led escalation continues with positive effect	Improvement plan in place post RQR and site assurance visit showing positive progress however yet to see sustainable improvement in relation to GM and national figures.
Advise BAF SR3 &5	Pennine Care FT	Requires Improvement	2	CQC – S29A – Adult Inpatients and PICU - The warning notice issued relates to care planning and environmental issues. CQC – S29A – Older Adult Wards – The Warning notice issued relates to care planning and staffing.	- Assurance on response to the S29a received by POM. Trust wide Outstanding Care Improvement Group with single improvement plan has been stood up and is addressing improvement and governance with a focus on care planning. - ICB led Quality Visits planned for September to gain assurance of improvement actions.

Maternity Assurance

Alert / Advise / Assure	Provider	CQC Rating	NOF Rating	Current Position – Quality Intelligence from System Quality Group / Provider Oversight Sub-Committee	Impact / Risk / Mitigation
Alert	Manchester FT	Maternity Overall Requires Improvement (Inadequate for Safe) + Section 29a Warning Notice	3	The GMC has issued Saint Mary’s, North Manchester Site with a ‘Notification of decision to attach conditions to GMC approval of the Obstetrics and Gynaecology training programme’	- Action Plan agreed between provider & GMC - KLOE added to the LMNS/ICB Annual Assurance Visit in the Autumn
				Enhanced Surveillance	- Homebirth Service reinstated 30th April 2025 1st quarter review completed – sustained improvement demonstrated
				Perinatal Pelvic Health Service delivery. MFT is reporting 1 areas outstanding for this commissioned service; - Self assessment to be implemented. - Education for both women and professionals (training to be expanded, focusing on antenatal care)	- All other areas of PPH service Spec achieved - Outstanding elements will be achieved prior to completion of 3-year delivery plan (March 2026)
Advise				On track to deliver on the Maternity & Neonatal 3-year plan	- Focus for the final year of the plan: - Personalised Care Plan Audits - Roll out of Enhanced Continuity of Carer - Annual Assurance Visit planned for 19th & 20th November 2025
Advise	Bolton FT	Maternity Overall Requires Improvement	3	On track to deliver on the Maternity & Neonatal 3-year plan	- Focus for the final year of the plan: - Personalised Care Plan Audits - Roll out of Enhanced Continuity of Carer - Annual Assurance Visit planned for 14th October 2025
Alert	Northern Care Alliance	Maternity Overall Requires Improvement	4	Perinatal Pelvic Health Service delivery. NCA is reporting 1 area outstanding for this commissioned service; - Single point of (self) referral to PPHS services	- All other areas of PPH service Spec achieved - Outstanding element will be achieved prior to completion of 3-year delivery plan (March 2026)
Advise				On track to deliver on the Maternity & Neonatal 3-year plan	- Focus for the final year of the plan: - Personalised Care Plan Audits - Roll out of Enhanced Continuity of Carer - Annual Assurance Visit planned for 25th November 2025

Maternity Assurance

Alert / Advise / Assure	Provider	CQC Rating	NOF 25/26 Rating	Current Position – Quality Intelligence from System Quality Group / Provider Oversight Sub-Committee	Impact / Risk / Mitigation
Alert	Stockport FT	Maternity Overall Requires Improvement	3	Enhanced Surveillance	- Action Plan in progress - Monthly Maternity Oversight Meetings with LMNS on behalf of the ICB in place
				Perinatal Pelvic Health Service delivery. NCA is reporting 1 area outstanding for this commissioned service; - No local access for Women to have obstetric anal sphincter investigations	- All other areas of PPH service Spec achieved - Outstanding element will be achieved prior to completion of 3-year delivery plan (March 2026)
				On track to deliver on the Maternity & Neonatal 3-year plan	- Focus for the final year of the plan: - Involvement of service user reps in quality, governance & complaints process - Support newly appointed Band 7&8's with mentor - a plan in place to reduce workforce inequalities - Develop a leadership succession plan that reflects the ethnic background of the wider workforce - Implementation of new digital EPR system - Annual Assurance Visit planned for 13th November 2025
Alert	Tameside FT	Maternity Overall Requires Improvement	3	Enhanced Surveillance	- Action Plan in progress - Monthly Maternity Oversight Meetings with LMNS on behalf of the ICB in place
				On track to deliver on the Maternity & Neonatal 3-year plan	- Focus for the final year of the plan: - Involvement of service user reps in quality & governance - Ensure a clear route for escalation of clinical concerns - Support newly appointed Band 7&8's with mentor - Develop a leadership succession plan that reflects the ethnic background of the wider workforce - Annual Assurance Visit planned for 3rd November 2025
				Homebirth Service	- The LMNS has sought further clarity on the robustness of Tameside's homebirth service due to concerns of an inconsistent service. Tameside acknowledged the challenges they have with the homebirth service. Mitigation: - Incidents being monitored, no harm has occurred as a result

Patient Safety



Alert / Advise / Assure	Subject	Current position	Improvements or mitigations in place
Advise BAF SR3	National Patient Safety Event Data	National data for Q1 of 2025/26 has been published, providing official statistics in relation to patient safety events reported on LFPSE. A total of 57,765 patient safety events were reported in Q1 across NHS GM Trusts with MFT, NCA and GMMH the most frequent reporting organisations. Data on recording rates (number of incidents per 1000 bed days) highlights that GMMH have the highest recording rate across GM (149.3) which is above the national average for Mental Health Trusts, whilst PCFT have the lowest recording rate (62.5) – this is consistent with data from the previous quarter. It should be noted that the recording rates include the reporting of good practice events as well as incidents.	• Ongoing review of quarterly data in conjunction with other intelligence to flag any potential areas of concern in terms of safety culture / frequency and timeliness of reporting. • Data provided in relation to recording lag (measured as the difference in the number of days between the date the patient safety incident occurred and the date that it was recorded to LFPSE) indicates that NHS GM Trusts are aligned with the national trend with all but one Trust having a recording lag of 0 days.
Advise BAF SR3	NWS 111 PSIRF update	PSIRF update provided at recent regional quality group	Evidence of awareness of themes and improvement plans in place. Newsletter requested from front line clinicians about learning from incidents, developing a learning loop to also facilitate workforce awareness

Complaints

Alert / Advise / Assure	Subject	Current position	Improvements or mitigations in place
Advise BAF SR6	Complaints	- Since 1 April 2025: 2341 cases received by Patient Services in total 1719 PALS enquiries 432 complaints - 173 locality / 259 primary care 178 MP enquiries - 114 locality / 64 primary care 12 compliments 43 cases in primary care complaints backlog (as of 12/9/25), reduced from 113 (as of 11/7/2025)	- Case management approach implemented across the whole team with dedicated resource applied to backlog primary care complaints and resource flexed from wider team to cover other in time primary care cases. - Progress with primary care backlog has been strong, with current performance ahead of trajectory. Cases have reduced to 43 backlog cases. - Work underway as part of the Health Literacy workstream to improve how Patient Services captures, reports and acts on equality data. - Work underway with Healthwatch to review accessibility of Patient Services information and marketing to the public in line with the Accessible Information Standard.

Safeguarding – September 25



Alert / Advise / Assure	Subject	Current position	Impact and Improvements / mitigations in place
Advise BAF SR5	National reforms -children's safeguarding. The Children's Wellbeing and Schools Bill (2025)	- mandates integrated children's safeguarding delivery across statutory partners ICB, social care and policing. - phased implementation beginning in April 2025 and full rollout expected by 2027 - statutory safeguarding partners to codesign and collaboratively deliver Multi-Agency Child Protection Teams (MACPT) and Family First Partnerships (FFPs) - NHS GM Governance, commissioning and programme oversight to be established. - Formal partnership governance via GM Safeguarding Alliance and Locality Multiagency Safeguarding arrangements (MASA)	- NHS GM to establish a programme of work incorporated in system planning and strategic commissioning for 26-27 to deliver - NHS GM will require a workforce model to establish a sustainable health workforce to deliver the MACPTs and FFPs across the system 2027. - NHS GM is required as a statutory partner to support strategic commissioning and design conversations at a system and locality with Local Authority and GMP - Children's reforms delivery outlined in the NHSE Model ICB Safeguarding Good Practice (Sept 25) - Link The Families First Programme Guide (March 2025)
Advise BAF SR5	Child deaths	- ICB child death statutory function - NHSE Safeguarding Accountability and Assurance Framework Child Death Protocol Links to CNO and CMO portfolio - Programme of work and accountability in governance to be defined to include Child Death Reviews and strategic system oversight, Child Death Overview Panel function and strategic commissioning and clinical safeguarding oversight of Sudden Infant Death of a Child (SUDC).	- Strategic system implementation group mobilisation. - Links to formal NHS GM system groups explored (mortality and safeguarding) Review of commissioned model across the elements and process is in each locality to ensure consistency of approach and application. - Continuation of current delivery model in place around child death overview panels. - Demonstrating impact of system learning from deaths across clinical, population health and strategic commissioning
Alert BAF SR5	Looked After Children and Care Leavers	- NHS GM statutory requirement – commission initial and review health assessments with performance of national requirement. - Q1 continued reduction in compliance across GM to statutory timescales and NHS GM performance indicators. - Interfaces with NHS GM strategic commissioning for Skyline and the GM Sufficiency Board / Regional Care Cooperative with LA and statutory partners. - Requires NHS GM strategic commissioning review to reduce variation and provide equity of service delivery.	- Locality improvement plans in place – impact not currently seen as reduced performance continues. - NHS GM LAC dashboard in contracts and implemented as CYPJFP delivery plan, aligns with NHSE data. - Locality oversight of current LAC risks and assurance via LAMs. - Initial discussions with NHS GM Children's commissioning leads to progress work programme.

Safeguarding – September 25



Alert ,/ Advise / Assure	Subject	Current position	Impact and Improvements / mitigations in place
Advise BAF SR5	Safeguarding Children Partnerships: NHS GM Safeguarding Children Partnerships Matrix – Q1 2025/26	- Deputy Delegated Safeguarding Partner (DDSP) locality assurance reporting from Children’s Safeguarding Partnerships for Q1 2025/26, for the accountable NHS GM Delegated and Lead Safeguarding Partners. - Reporting via NHS GM Scheme of Delegation facilitates key focused discussion to ensure continued developmental and progress is achieved with risk and mitigation identified.	- NHS GM safeguarding governance supports DSP and LSP oversight and challenge - LSP engagement with GM Alliance to support statutory partner challenge and development. - Engagement with DfE Regional Improvement Programme and the lead to support system improvement in link with statutory reforms and system effectiveness.

Strategic Safeguarding Assurance Category	Bolton	Bury	HMR	Manchester	Oldham	Salford	Stockport	Tameside	Trafford	Wigan
Governance and Leadership										
Policies, Procedures and Standards										
Data Collection and Performance Monitoring										
Multi-Agency Audits and Reviews (including Section 11 Audits)										
Workforce Development and Confidence										
Listening to Children Families										
Challenge and Accountability										
Learning and Improvement Culture										
Annual Report and Priorities										

Key	
	Assure
	Advise
	Alert
	Not Applicable

Alert / Advise / Assure	Subject	Current position	Improvements or mitigations in place
BAF SR3 & 5	Area SEND inspection	5 local area partnerships inspected under current framework – Oldham, Bury, Tameside – outcome 3, Trafford – outcome 2, Bolton – outcome 1. - Risk of further Area SEND inspections with outcome 2 or 3 due to: - Waiting times for ND assessment, SALT and mental health support. - Availability of support for CYP and families while they wait for assessments.	- Tameside - There are health actions identified in the SEND inspection priority actions; these include a joined-up commissioning approach for SEND (addressing gaps in provision) and a Neuro-diversity pathway improvement. The LAP Group has convened during June and a new Independent Chair is in place. The locality has funded a Programme Manager to lead the improvement programme to support the delivery of the Neuro-diversity service and GM led pathway design. - Oldham and Bury making good progress with Priority Area Action Plans following outcome 3 judgements ICB-wide transformation programmes: - CYP ND transformation programme to develop a sustainable, needs-led, long-term ND pathway that is consistent across GM. Business case for ND early support hubs has been signed off, locality implementation plans submitted and mobilisation commenced. Separate work is taking place on triage process for assessments. Bid submitted to NHSE NW in August for non recurrent funding to support time limited waiting list activity - Implementation of the Balanced System framework for Speech Language and Communication (SLC) support. GM transformation programme mobilised which will focus on implementing whole system approach to SLC support, deploying the skills of the SLT workforce to support the wider system across a model for place based universal, targeted and specialist support. Establishment of locality governance and action plans underway. - Work is ongoing in relation to CAMHS provision across GM to ensure equity of provision, including access to crisis care and early help support. Refreshed CAMHS spec to be implemented Jan 2026.
BAF SR3 & 5	SEND workforce	Risk that SEND workforce issues impact on local area ability to provide the right support to children and young people with SEND when they need it.	- SEND Workforce Development Framework approved by People & Culture Sub-Committee. This has been rolled out and is now live. ‘Supporting you while you wait’ – scoping and mapping of the help and support available to children, young people and their families waiting for assessments and treatment. - ICB-wide transformation programmes in ND and SLC will lead to earlier identification of need and wider workforce will be upskilled to improve outcomes through offering support at the right level. This will still include appropriate clinical support. - DCO vacancy in Trafford, recruitment now paused due to the reform. No locality cross cover resource available. Changes to the DCO delivery model are being considered as part of ICB reform process.
BAF SR3 & 5	EHCP locality Health Advice returns (SEND dashboard)	Different or no system in place in localities to monitor number and timeliness. Some localities are counting each piece of health advice separately rather than complete when ALL health advices have been returned to LA.	- Work is ongoing to scope what the current process is in each locality in order to ensure consistency of EHCP Health Advices returns. - Guidance under development. - Continued improvement of SEND data dashboard: ensuring consistent data returns from providers, unpicking legacy processes/embedding new ones, and further development of data reporting
BAF SR3 & 5	SEND assurance	ICB SEND oversight and assurance has moved into LAMS process	- SEND KLOEs have been refreshed and are in place. - New SEND strategic system group with senior SEND leads from ICB localities and LA is currently in the development phase. - GM SEND Quality Assurance Framework has been developed and rolled out to support quarterly assurance across ICB localities. First report due in July 2025.

Alert / Advise / Assure	Subject	Current position	Improvements or mitigations in place
BAF SR3 & 5	LeDeR	• GM has had 1539 notifications since 2019 and completed 1258 (81%) - the level of completion is at the same level as the regional average • There is a 3 WTE reviewer vacancy which reflects to 40% of the workforce . This has resulted in a 100 plus backlog of LeDeR reviews . External support for completing LeDeR reviews has been discontinued. • National guidance regarding the future direction of LeDeR is expected. It is expected that LeDeR will remain, and every death will continue to be reviewed however the format of such is still unknown at this point.	• GM has adopted a rapid review process in conjunction with agreement from NHS England. This is resulting in a more rapid completion of initial reviews. The impact of this is resulting in a slight incremental decrease in the backlog, however due to the scale and duration of the reviewer vacancies, this may take 16-18 months to clear • The GM Health Workplan for 2025-2026 has been refreshed in response to the LeDeR Annual Report. The GM Good Health Group will oversee the development, delivery, and performance of the workplan

All Age Continuing Health Care (AACC)

A/A / A	Current position	Issues of concern	Improvements or mitigations in place	Link to BAF risks
Assure	Referrals completed within 28 days – target 80% or above Published data for Q1 2025/26 GM ICB achieved 89.7% against a target of 80%. Referrals exceeding 28 days by 12 weeks+ (long waits) - Target is 0 3 long waits were reported for Q1.	- Maintaining and achieving the required KPI's due to workforce issues such as vacancies and sickness - Reform challenges	- All 10 localities achieved the required KPI for 28 days and 8 out of 10 localities achieved the required KPI for long waits (Manchester and Salford did not meet) <u>Mitigations:</u> - Additional layer of scrutiny through regular monitoring of KPI via monthly assurance report continues - Executive meetings are set up where required with Deputy Chief Nurse and locality ADQ to discuss challenges and mitigations.	Improvements in these areas significantly impact on experience of care, delivery of statutory responsibilities in respect of continuing health care, quality of service and equity of access to health and care. BAF SR2 BAF SR1, SR3 & SR5
Advise	Workforce challenges remain across GM CHC locality teams due to vacancies and sickness	- Risk of not being able to recruit to new vacancies as they arise due to reform announcements - Still some pockets of sickness within some CHC teams which is impacting on their ability to maintain business as usual.	- NHS GM are currently carrying 9 clinical vacancies (8.6wte) and 1 admin vacancy (0.5 wte). Localities are submitting vacancy requests via BCP as normal. <u>Mitigations:</u> - There are 3 localities (Manchester/Stockport/Wigan) that have agency staff in place. Manchester and Stockport are due to current vacancies and Wigan is to support with clearing CHC and fast track backlog reviews for 6 months. - Vacancies and sickness within localities are reported on a monthly basis to the GM Quality team in order to monitor and provide support where required. Any identified risks are escalated to Gill Gibson as SRO and Deputy Chief Nurse for CHC. Senior leadership meetings with locality ADQ are set up where required to discuss mitigations and support. - Discussions continue with NHSE Professionals re; Bank staff in conjunction with the other 2 NW ICB's to avoid using agency in the future.	
Advise	There remains a number of backlog reviews for PUPoC and COP/DOLs cases across all 10 localities	- PUPoC Reviews have built up due to not being prioritised due to several reasons within teams such as sickness and vacancies etc. - Possible risk of increase in complaints and IRPs due to backlog of PUPoC reviews - Risk of increase in finance pressures when completing PUPoC reviews due to accumulated interest and long period of time - Currently not legally compliant with the CHC Framework re; COP/DOLs due to backlog. Significant risk	<u>Mitigations</u> - Localities have been advised to recommence all reviews where possible and should now be incorporated into BAU - This is an area under additional scrutiny due to the financial cost implications of the cases where there is a long period of time under review. Wider financial scrutiny has also been enacted through NHS GM's governance to monitoring CHC locality spend, as well as each CHC Team's cost improvement programme (CIP) plans for 2025/26	
Alert	NHS GM continue to have several localities with a high number of backlog reviews for CHC, Fast Track and FNC (Bury/Manchester/Stockport/Wigan)	Reviews have not been prioritised due to a number of reasons within teams such as sickness and vacancies etc	- Most localities are now completing reviews as BAU where possible, however high numbers remain in some localities - Further increase in both CHC and Fast track numbers for Stockport and Wigan which is due to vacancy and sickness levels within the teams. <u>Mitigations</u> - Agency staff have commenced in both localities to support this.	

Chief Medical Officer Report

October 2025

Quality and Performance Committee

October 2025

Required information	Details
Title of report	Chief Medical Officer Report
Author	Dr Claire Lake, Deputy Chief Medical Officer. Kenny Li, Chief Pharmacist, Lara Shah, Deputy Chief Pharmacist, Melissa Maguinness, Programme Director Commissioning Development Sara Roscoe, Associate Director – Strategic Commissioning Aleksandra Houghton, Medicines Safety and Governance Portfolio Lead Pharmacist Sana Chaudhry, Strategic Medicines Optimisation Pharmacist - Safety and Governance Gary Flanagan, Assistant Director of Mental Health Strategic Commissioning Lynzi Shepherd, Assistant Director of Mental Health Strategic Commissioning Lisa Griffiths-Wood, Head of Mental Health Strategic Commissioning Charlene Mulhern, Assistant Director Mental Health Chris Pilmott, MH & LD Commissioning Manager Sarah Douglas, Project Support Office, Mental Health Rachel Farn, Head of Mental Health Clinical Effectiveness Chloe Lindley, Mental Health Business Manager Kate Provan, Associate Director of Clinical Effectiveness, and Improvement
Presented by	Professor Manisha Kumar, Chief Medical Officer, NHS GM
Contact for further information	Kate.provan@nhs.net
Executive summary	This report provides an update to the Quality and Performance Committee in relation to the statutory duties and responsibilities aligned to the Medical Portfolio
The benefits that the population of Greater Manchester will experience.	Oversight and relevant improvement work in relation to NHS GM commissioned services benefits the GM population through

	continuous improvement in services, targeted quality improvement where indicated, and overall improvement in experience.
How health inequalities will be reduced in Greater Manchester's communities.	The report focuses on key areas of work aligned to the statutory duties and accountabilities of NHS GM and the strategy of the ICP.
The decision to be made and/or input sought	The Quality and Performance Committee are asked to note the alerts within the paper in relation to the Community Mental health Crisis Response, Implementation of the NICE Technology Appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity and Mortality and the mitigations in place to address these areas. Updates on these key areas will be provided as the work progresses.
How this supports the delivery of the strategy and mitigates the BAF risks	The areas within this report and progress made to improve these relate to BAF risk SR5
Key milestones	These are set out within the different sections of the report.
Leadership and governance arrangements	This paper is produced for Quality and Performance Committee and has not been elsewhere but is formulated from intelligence and papers from NHS GM Clinical Effectiveness and Governance Groups (and related subgroups) and the NHS GM Mental Health Partnership Group
Engagement* to date *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	There has been no formal engagement on this paper as this paper is produced for Quality and Performance Committee and has not been elsewhere. The intelligence and papers used to formulate this report have come from the NHS GM Clinical Effectiveness and Governance Groups (and related subgroups) and the NHS GM Mental Health Partnership Group
Financial or Legal Implications;	Financial Implications: The report highlights significant financial pressures due to rising demand for adult ADHD and Autism Spectrum Disorder diagnostic assessments, with forecasted spend for 2025/26 projected at approximately £31 million, creating an overspend of £16.4m if remedial actions are not taken immediately. The Action Plan being implemented is aimed

	at reducing the overspend in year to £5m (and recurrently to £0 from 2026/27) million. The implementation of tirzepatide (Mounjaro®) for obesity management is expected to have financial implications, with funding for the roll-out in year 1 (2025/26) only sufficient for up to 700 people, while the estimated eligible cohort is around 3,500 people across Greater Manchester. Legal Implications: The report addresses the statutory responsibilities under the Mental Health Act 1983 and the Health and Care Act 2022, including the duty to commission appropriate mental health services and the legal duty to provide free aftercare services under Section 117 of the Mental Health Act. There are legal challenges anticipated under the Right to Choose (R2C) if access to ADHD and Autism Spectrum Disorder diagnostic assessments is perceived to be restricted

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
N	Y	N	N	N	N	Y

Table 1 - checklist of engagement carried out, advice sought, conflict of interest and accessibility of report

Purpose of Report/Executive Summary

This report provides an update to the Quality and Performance Committee on responsibilities aligned to the Medical Portfolio

reflecting the statutory duties set out in the Health and Care Act 2022:

- Duty as to improvement in quality of services
- Duties as to reducing inequalities
- Duty to promote innovation
- Duty in respect of research

The report uses an 'Alert, Advise, Assure' rating to direct committee members to key issues and provide an understanding of the work being done to address these issues. It focuses on key updates in relation to:

- Mental Health
- Medicines Safety
- NICE Technology Appraisal TA1026 and the NICE funding variation for tirzepatide
- Mortality

Recommendations

The Quality and Performance Committee is asked to note the alerts within the paper in relation to the Community Mental Health Crisis Response, the NICE funding variation for tirzepatide (for the management of obesity) and Mortality. Updates on these key areas will be provided as the work progresses.

Updates on statutory duties and responsibilities

Please note: all updates in this report relate to the Board Assurance Risk SR5 and Health and Social Care Act Duties:
25: 14Z34 Duty as to improvement in quality of services

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
Mental Health Quality Assurance Community Mental Health (CMH) Services Background The CMH Programme in Greater Manchester (GM) is a cornerstone of the region's ambition to transform mental health care by shifting the balance from hospital-based services to community-led, person-centred support. This transformation is not only strategic but also a statutory responsibility of the GM Integrated Care Board (ICB), which holds legal duties under the Mental Health Act 1983 and the Health and Care Act 2022 to commission appropriate mental health services, including aftercare and rehabilitation. There is currently a varied provision of mental health community support across GM, with some known gaps in service provision, appropriate workforce and therefore quality and safety issues which need to be addressed as a priority. The programme aims to: • Improve access to timely, evidence-based mental health support in local settings • Reduce reliance on inpatient care, especially long-stay and out-of-area placements • Promote recovery and independence, enabling people to live well in their communities • Enhance quality of care for patients and ensure equitable access for all people who require mental health community support This approach is aligned with the GM Mental Health and Wellbeing Strategy 2024–2029, which calls for “doing mental health differently” by investing in prevention, early intervention, and integrated care.		
Assure	CMH Team Service Specification review and development: The aim of the service specification development is to implement a clear, consistent, and shared understanding of what the NHS-commissioned core CMH offer should be across GM: • Clarify what functions and interventions must be delivered by Mental Health Trusts as part of the core CMH service • Set out expectations aligned with the NHS Long Term Plan (LTP), CMH Transformation Framework, and	• GM CMH Programme Team are developing the CMH service specification working to Q3 2025/26 timescale for the completion of the actual specification document with implementation in 2026/27 • Baselining national guidance to understand national must-dos undertaken • Wider engagement and attendance at key meetings planned • Key interfaces with the CMH specification identified to ensure seamless alignment with meetings with relevant Workstreams Leads • Connections made with Independent Community Mental

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	other national guidance • Provide Consistency Across Localities - Reduce unwarranted variation in what people receive based on where they live • Inform Commissioning and Contracting • Support Future System Planning	Health Team (CMHT) Review work with dates for review findings to be shared built into the specification development timeline • ICB Commissioners Group established and providing strategic oversight and facilitating check and challenge • Performance Outcomes Task & Finish Group established • Workforce elements supported by GM Workforce Lead and GM Workforce Collaborative Group
Assure	CMH Rehab Service Specification The GM CMH Rehabilitation (Rehab) Service Specification is to provide a whole-system, person-centred approach to recovery for individuals with severe mental illness (SMI), focusing on maximising independence, autonomy, and social inclusion. The service aims to provide structured rehabilitation to regain independence and reintegrate into the community: • Reduce unnecessary inpatient stays • Provide early and preventative interventions • Deliver community-first rehabilitation that is person-centred, recovery-focused, and co-produced with people with lived experience	New service specification signed off through GM governance and compliant with latest Commissioner Guidance published in June 2025
Assure	Physical Health Checks for people with Severe Mental Illness (SMI) People living with SMI face significant health inequalities and are at greater risk of dying prematurely, often from preventable physical health conditions. Ensuring timely physical health checks helps identify risks early, support better care, and save lives.	System wide collaboration through the GM Physical Health SMI Working Group will continue building on this momentum to further close the health gap and ensure everyone with SMI receives the care and support they deserve

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	GM has surpassed the national target for General Practitioner (GP) Physical Health Checks for people with SMI in 2024/25. At year-end, 19,075 people with SMI received a full physical health check from their GP, out of 27,215 registered – representing 70% coverage, well above the national ambition of 60%. Every locality across GM achieved above the national 60% target, reflecting a strong collective effort across primary care, mental health, and community services to tackle health inequalities and improve outcomes for people with SMI.	
All-Age Mental Health Crisis		
Background Enhancing adult mental health crisis services in 2025/26 is a key priority for the ICB and Mental Health system. The focus being improved access to Mental Health professional crisis response at every stage of the Urgent & Emergency Care (UEC) pathway, reducing mental health attendances at emergency departments (EDs), avoiding hospital admissions, and supporting people to stay safe in the community. The GM Mental Health crisis programme is focused on 3 areas to deliver this ambition: • Full mobilisation of the 111 and 999 GM 24/7 First Response Service (24/7 crisis helpline and Mental Health Urgent Triage (MHUT)) • Delivery of the Section 136 (S136) / Health Based Place of Safety Improvement Plan • Expanded and improved community crisis mental health model including Crisis Resolution, Home Based Treatment and Voluntary Care Faith & Social Enterprise (VCFSE) led crisis spaces		
Assure	Adult Crisis Mental Health Transformation – 111/999 GM First Response Service NHS GM is undertaking the full mobilisation of 111 and 999 GM First Response Service which includes: • 111 mental health crisis line replacing Trust 0800 helplines and consolidating staff teams to a more resilient GM team providing telephone triage and assessment for people who dial 111 and select option	• Improved access to dedicated mental health triage at an earlier point in their mental health crisis presentation to support people to access the right community support and avoid ED attendance where possible • Improved support to emergency service partners with more resilient professional/tactical advice and health based place of safety coordination • Approval of crisis text service platform with plan to integrate in

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	2 for mental health 999 MHUT provided by Mental Health Trust practitioners based in North West Ambulance Service (NWAS) Emergency Operations Centre (EOC) and responding to Cat 3-5 mental health calls, providing professional advice to blue light responders, and coordination of health-based places of safety across GM. - Staff consultation is complete for the merging of existing crisis helplines into the single 111 function, and the merging of Mental Health Tactical Advice Service (MHTAS) based in Greater Manchester Police (GMP) Force Control Centre with MHUT.	GM 111 service hosted by Greater Manchester Mental Health NHS Foundation Trust (GMMH) – requirement to undertake capacity/demand work in Q3 2025/26 to ensure can be safely implemented within team capacity
Advise	Section 136 (S136) Improvement Plan Significant improvement programme in the S136 pathway that includes: - Development of a multi-agency protocol for GM for S136 signed up to by mental health and acute Trusts, ICB, NWAS, GMP and Local Authorities (LAs) planned for October 2025 - Dedicated S136 capacity in recruitment with Pennine Care NHS Foundation Trust (PCFT) to address long standing gaps in commissioning/delivery - Mobilisation of MHUT for improved GM-wide coordination of S136 - Implemented Learning from Practice sessions and planned workshops on Children & Young People (CYP) and custody pathways in September and October 2025	- Recruitment of dedicated Health Based Place of Safety (HBPoS) staff in PCFT to address gaps in commissioning and to ensure by October 2025, 2 out of 4 places of safety will be staffed 24/7, with further cover to be included in 2026/27 commissioning intentions - Improvement plan and handover times trajectory agreed and monitored through weekly S136 sit rep and monthly S136 steering group - Issues remain around availability of suites, use of suites for seclusion, acceptance criteria for people who are intoxicated, and workforce challenges – managed through S136 steering group however remain a risk

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	• Data quality improvements with system-wide S136 data dashboard in development by December 2025 • Right Care, Right Person (RCRP) Phase 2 GMP handover times of patients agreed with GMP to be within 6 hours at ED and 1 hour in dedicated Place of Safety	
Alert	Community Mental Health Crisis Response GM approved plan for enhancing GM community mental health crisis teams developed that includes: • Crisis Resolution Home Based Treatment (CRHBT) capacity that focuses on 4-hour response based on the Mental Health triage tool • Voluntary Care Faith & Social Enterprise (VCFSE) crisis space overnight provision supporting people in mental health crisis, access to a mental health risk assessment and triage, and de-escalation • Gatekeeping capacity in ED providing clinical review of admission ensuring clear purpose of admission, formulation and statement of estimated discharge date • Physical health in-reach services into mental health wards There is a risk that if we do not receive the Regional Transformation Funding we will not be able to mobilise for this winter which leaves the system at a high risk of not having the MH Community crisis capacity in place which is needed to meet demand	Escalation of risk to GM Mental Health Partnership Group (MHPG) and options for progress in lieu of North West (NW) transformation fund decision and based on GM Integrated Fund plans.

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
Community Mental Health Team (CMHT) Independent Review		
Background In response to Recommendation 9 and 10 of the Oliver Shanley Review (January 2024), NHS GM has commissioned an independent review of CMHTs. The purpose of this review is to assess the safety, effectiveness, and alignment of services with what is commissioned. The review focuses on service provision in two localities within GM. Manchester, services provided by Greater Manchester Mental Health NHS Foundation Trust (GMMH) and Heywood, Middleton, Rochdale (HMR), services provided by Pennine Care NHS Foundation Trust (PCFT) and aims to inform system-wide improvements across GM.		
Advise	Community Mental Health Teams Independent Review: CPGB Ltd has been appointed as the independent provider following a procurement process which was compliant with the NHS England Framework. The review officially commenced on 13th June 2025 and is to be completed in Manchester Locality (GMMH) and Heywood, Middleton and Rochdale (HMR) (PCFT) Key components include a desktop review, patient and staff feedback, and evaluation against defined Key Lines of Enquiry (KLOEs). Robust governance has been established, including a Senior Responsible Officer (SRO), weekly project oversight, and regular engagement with system partners and senior leadership.	The KLOEs are being addressed by applying a mixed methods approach which includes • A review of performance data and relevant policies • An audit of patient records • Feedback from patients and carers • Feedback from staff • Feedback from stakeholders System wide agreement has been reached relating to the methodology to meet the KLOES: • NHS GM have supported with the data collection and policy review elements and where possible data that is routinely collected and nationally published has been used to reduce the burden on front line staff and to ensure a collaborative and system wide approach. • CPGB Ltd will carry out the audit onsite at each provider in Sept 2025. Using a standardised audit tool for selection of a sample size for each team and the sample will reflect the diversity in cases (i.e., enhanced vs standard care) • A mixed-method engagement approach to gather meaningful service user and carer feedback including has been agreed

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
		and will be conducted in September 2025 including surveys for those able to engage digitally, and focus groups, acknowledging trauma-informed practice and accessibility needs. Existing forums or patient experience structures already in place will be utilised and feedback from current or recent service users, to provide the most relevant and actionable insights. • An electronic survey is due to be circulated 1st week in September 2025 and results analysed and triangulated with existing staff survey data where relevant. The survey will be supplemented with face-to-face engagement such as small group chats / meetings, with the intention to reduce any burden on frontline staff and make feedback more accessible, given current staff pressures. • A scoping exercise relating to stakeholder feedback is underway - there are some concerns re fatigue of stakeholders to provide this feedback and ensuring it is meaningful. If feedback has been given on services recently, this will be included. • Both GMMH and PCFT will be involved in the design of a questionnaire to stakeholders to ensure that feedback is recent and not based on historic views, this is important to ensure feedback drives relevant and new recommendations. • It is expected stakeholder feedback will be gathered around the end of September 2025. <u>Governance and reporting</u> Governance in place to ensure initial and emerging findings from the review are reported promptly to the ICB in the coming weeks and the recommendations will inform transformation, shaping the re-design of the CMHT service specification and the wider community

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
		care review, aligned to the Fit for Future 10-year plan. Data Gathering and Evaluation: Both providers are working with CPGB Ltd to provide the data required, update as below: • PCFT: All required data provided, evaluation progressing, staff/patient/carers feedback groups being arranged and on track. • GMMH: Data delayed due to IG/DPIA queries. Clarifications made with NHS GM IG support; issues expected to be resolved by 12th September following scheduled meeting.
Adult Attention Deficit Hyperactivity Disorder (ADHD) / Autism		
Background NHS Greater Manchester (GM) is facing significant pressures from rising demand for adult ADHD and Autism Spectrum Disorder diagnostic assessments, driven in large part by Right to Choose (R2C) referrals to private providers. This is resulting in significant increases in the number of people waiting and the length of time people are waiting, with those with higher clinical need within this. Costs are escalating well beyond budget, with limited contractual control, while services remain inconsistent across localities, resulting in inequities of access. There are also concerns relating to the quality of assessment and post diagnostic support from Independent Sector providers which have not been directly commissioned by NHS GM. Forecast spend for 2025/26 is projected at approximately £31 million, more than double the budget of £14.5 million, creating an overspend of £16.5 million. Sixteen private providers are currently delivering R2C activity, further fragmenting service delivery. To address these challenges, GM is implementing a new system-wide service specification and model designed to standardise access, improve safety and equity, and restore financial sustainability, while maintaining compliance with national legal frameworks on patient choice.		
Assure	Development and Implementation of a GM-Wide ADHD / Autism Spectrum Disorder Model of Care • New GM-wide Adult ADHD Service Specification (July 2025) requiring face-to-face appointments within 45 minutes of patients' homes; supported by a Prevention	• Service specification approved July 2025 • GM triage hub mobilisation approved by GM ICB decision-making forums which aligns to the preferred option from the Adult ADHD Consultation

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	of Future Deaths report - Block contracts in Bury, Heywood, Middleton and Rochdale, and Oldham with preferred provider	
Advise	Triage and Diagnostic Specification Refresh - Central Triage Hub to be established to deliver initial face-to-face assessments, expected to reduce demand for full diagnostics by 70–80 percent - Diagnostic processes aligned to the new service specification to ensure standardised access and quality - Exploration of a primary-care-led ADHD model as a long-term invest-to-save approach	Triage hub mobilisation planned as soon as possible (ASAP) pending procurement approval
Assure	Pan-GM Clinical Assessment and Triage Approach - Development of a pan-GM triage model for adult ADHD and Autism Spectrum Disorder referrals - Central hub supported by multi-disciplinary input to provide robust initial assessment - Decision-making process ensures the right pathway for diagnostics or alternative support, aligned to safety and equity standards	Ongoing clinical and commissioning workshops through 2025 to finalise design and implementation

Children & Young People (CYP) New Neurodevelopmental (ND) Model of Care – Autism & Attention Deficit Hyperactivity Disorder (ADHD) Transformation

Background

NHS Greater Manchester (GM) recognises the growing challenges faced locally by CYP, families, and services in relation to Autism and ADHD assessment and support. The current model is focused on diagnosis without equitable provision of support to meet needs across the 10 localities. Demand for diagnostic assessments has increased significantly across GM, resulting in long delays for families accessing assessment. The long waiting times means that children and young people who have the highest clinical need and have been waiting for a long time (at key transitional points) are not always able to be seen as quickly as they should be to meet their presenting need.

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
To address these challenges, NHS GM has launched an Autism and ADHD Transformation Programme aimed at creating a more sustainable, needs-led system that supports CYP and their families without requiring a formal diagnosis. The programme aligns to the Thrive framework, focusing on improving access to early help and community-based support, while ensuring that specialist services are prioritised for those with the highest levels of need.		
Assure	Development and implementation of a GM wide Needs-Led Model of Care • A new co-produced, needs-led model of care has been approved to provide a consistent early ND family support offer across GM • Development of a GM universal support offer available to all families, CYP and professionals includes information, advice, education, and early help resources • Mobilisations of locality based early help services between April 2025 and March 2026, providing direct access to support for those CYP whose needs can be met with Advice and Guidance and Getting Help support • GM commissioned support offer, such as digital and sleep support, will be provided to ensure consistency across all localities	• Business Case approved at Executive Committee January 2025, Finances ratified at Finance Committee July 2025 for the key elements of the new Model of Care required to improve outcomes for all children and young people and ensure those with the highest clinical need can be seen in an appropriate timescale • System for Thorough Assessment of Resources (STAR) form approved and will be resubmitted if required to reiterate the need for contract awards for more than one year to support stability in the new locality teams and in line with the agreed Business Case • Contracting activity underway working with locality commissioners •
Advise	Child & Adolescent Mental Health Services (CAMHS) Service Specification Refresh • Refresh of the GM CAMHS specification to clarify the role of CAMHS in the assessment of CYP for Autism and ADHD, recognising that CAMHS is designed to provide specialist mental health support for CYP who have moderate to severe mental health difficulties • The updated specification re-affirms the role of	• Go live date planned for January 2026 and the implementation plan for this will be reviewed in order to support safe implementation in relation to the new ND Model of Care • ICB strategic commissioning of community paediatrics offers and need for a revised service specification is a key gap

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	CAMHS in supporting CYP with Autism or ADHD where there is a co-occurring moderate to severe mental health difficulties. Ensuring access to diagnostic assessment and specialist mental health care where required	
Advise	Waiting List Recovery and Risk Management • Business case developed for Regional Transformation Funding in 2025/26 to address existing Autism and ADHD assessment waiting lists to support safe mobilisation of new models of care and the refreshed CAMHS specification • New needs-led model of care to reduce the pressure on diagnostic assessments • Reduces R2C pressures on the system through new triage model	• NHS GM is waiting for a response from NHSE regarding the bid submitted in August 2025. • A STAR form requesting a smaller amount of targeted funding is in development (using some of the NHS GM gain share from the Mental Health Integrated Fund)
Assure	Pan-GM Clinical Assessment and Triage Approach • Development of a pan GM triage approach to referrals for CYP with suspected Autism and ADHD • Establishment of Multi-Disciplinary Team (MDT) triage teams consisting of senior professionals who have extensive expertise in Autism and ADHD assessment, e.g. CAMHS clinicians, Community Paediatricians and Senior Education Lead • Thrive aligned decision-making process to determine the urgency, type, and level of support required based on CYP's individual holistic needs • Diagnostics assessments delivered through appropriate local pathways, with CAMHS leading the assessment for CYP with co-existing severe and moderate to severe mental health needs or complex	Workshop held on Thursday 4th September 2025 bringing together clinical leads and key partners from across the system including clinicians from CAMHS and Community Paediatrics

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	health conditions with input from relevant professionals	
Section 117 (S117) Aftercare Reviews and Joint Funding		
Section 117 of the Mental Health Act 1983 places a legal duty on NHS bodies and local authorities to provide free aftercare services to individuals discharged from hospital after being detained under specific sections of the Act Aftercare must address needs arising from the person's mental disorder, reduce the risk of deterioration or re-admission to hospital. These services may include healthcare, social care, supported accommodation, and help with employment or daily living As an Integrated Care Board, NHS GM ICB shares responsibility with local authorities to: 1. Jointly assess and plan aftercare before discharge 2. Commission and fund appropriate services (no means testing) 3. Monitor and review care plans regularly 4. Maintain agreements with councils on funding and service delivery 5. Resolve disputes over responsibilities or funding where needed NHS GM has not been meeting its statutory responsibility to review the 117 aftercare needs under the Mental Health Act and neither does it have a consistent approach in joint funding arrangements across GM as reviews have not been undertaken for all with a Section 117 aftercare plan within appropriate timeframes.		
Assure	S117 Reviews • Policy – Has been approved and communicated to internal and external colleagues • Memorandum Of Understanding (MoU) for the completion of 117 reviews - Need to agree with all 10 local authorities (LAs) and Trust Providers which organisation will lead on 117 reviews according to who the person is known/open to • ICB Standard Operation Procedure (SOP) for the completion of 117 Reviews - Guidance required for ICB	• Draft MoU has been developed • SOP drafted and will be shared for feedback along with the draft MoU. • Section 117 registers being triangulated across Mental Health Providers and Local Authorities •

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	staff on how to complete a 117 review • S117 Registers – These are not established in the majority of localities. ICB/Trust/LA data needs to be triangulated to establish the number and location of people the ICB has S117 responsibility for • By way of example one locality that has a current S117 register has 970 people on it • S117 Joint Funding with LA's – Disparity in joint funding arrangements across GM	
Mental Health Rehabilitation (Rehab) to reduce Out of Area Placements and Length of Stay through Development of community based provision		
Assure	National and regional work is ongoing to standardise the provision of inpatient mental health rehab and improve the community rehab offer to prevent admissions and support discharges. GM's work and action plan links directly to the national and regional priorities. • Inpatient and Community Rehab service specifications - Updated commissioner guidance for community rehab services published following the sign off of the ICB service specifications. • Providers have completed self-assessments of their compliance with the service specification. • Independent Sector spot inpatient bed use – Has reduced from 111 in February 2025 to 101 in August 2025. 81 of these are Out of Area Placements (OAPs). • Lack of consistent definitions of Level 1 and 2 rehab beds • Lack of quality oversight assurance for Independent	• Specifications have been reviewed and are compliant with the updated guidance • These will be used to devise Service Development and Improvement Plans (SDIPs) for each provider • Guidance for locality commissioners has been issued including a checklist of points to consider when making funding decisions for IS spot beds • Work commenced on the design and resource required to create a centralised funding panel process for rehab beds • Regional work commenced to agree a consistent set of definitions. Draft definitions with providers for feedback. • The acute OAPs oversight dashboard is being adapted for implementation for IS rehab placements. • One IS block provider has underutilised beds. This is being addressed via contract management to understand the reason for this. • Trust providers requested to provide actual utilisation information, including Clinically Ready For Discharge (CRFD) and length of stay data

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	Sector (IS) spot commissioned beds. Understanding the utilisation of block contract rehab beds	
Medicines		
Implementation of the NICE Technology Appraisal (TA) TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity		
Background NHS GM has a statutory responsibility to implement tirzepatide in line with the NHS England Interim commissioning guidance (Implementation of the NICE Technology Appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity) PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf Obesity is a growing public health concern in England, with 29% of adults living with obesity and 64% living with overweight and/or obesity. Pharmacotherapy represents a transformative addition to the obesity management landscape. New pharmacotherapies for weight management offer a promising option for individuals who have not achieved clinically significant weight loss or sustained weight management with lifestyle and behavioural interventions alone. By implementing tirzepatide (Mounjaro®), the NHS in England will make a significant step toward transforming weight management. Successful implementation will require robust clinical pathways, comprehensive patient and healthcare professional education, and ongoing monitoring to maximise benefits and address potential risks.		
Assure	Primary Care model for delivery of tirzepatide service has been designed and approved through Clinical Effectiveness Group (CEG). This will ensure compliance with NICE TA when the model is mobilised.	Model design and approved. Localities have been asked to detail their proposed delivery model. Work is now underway to mobilise which is expected by end of September/early October 2025. This will ensure NHS GM is compliant with our statutory responsibility with a quality assured service in each locality.
Assure	The GM Commissioning Statement for tirzepatide sets out	Close monitoring of actual prescribing and ensuring adherence to the

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	the GM position on adopting NHS England's staged approach to implementation and the nationally defined eligibility criteria for prescribing tirzepatide in both Specialist Weight Management Services (SWMS) and primary care. It also outlines local prioritisation within Cohort 1 for year 1 of implementation	GM Commissioning Statement is in place
Assure	Chief Officers have endorsed the access to SWMS equitably across GM to ensure all localities have access to a service	The GM Commissioning Statement has been varied into existing SWMS contracts to ensure equity
Assure	A proposal to align the eligibility criteria for prescribing similar drugs (specifically liraglutide and semaglutide) with those defined by NHS England for tirzepatide, including local prioritisation within Cohort 1 for year 1, has been consulted on across GM under Greater Manchester Medicines Management Group (GMMM) governance. (Liraglutide and semaglutide are used to manage type 2 diabetes and obesity.)	The commissioning statement for tirzepatide has been updated to include similar drugs, (specifically liraglutide and semaglutide) and has been approved through GM governance. This alignment will support financial sustainability, equitable access to weight management treatment and enable consistent implementation across GM by applying a uniform set of criteria for tirzepatide, liraglutide and semaglutide. However, it may also limit access for some patients who are eligible under the broader NICE TAs for liraglutide and semaglutide, but who fall outside the narrower NHS England-defined criteria and local prioritisation within Cohort 1 for year 1
Advise	Wider work on population prevention of obesity and a Case for Investment in further roll out of the primary care model is underway	The transformation of services in line with Live Well, the left shift and neighbourhood model of care
Advise	The Commissioning Statement has been formally issued to providers under Right to Choose to ensure tight management of finances and equity of provision	To mitigate significant financial risk and inequity of access, adherence to the policy by all providers will be subject to robust scrutiny. The updated commissioning statement which is now inclusive of all weight management drugs has now been issued to providers under R2C
Alert		
Alert	Current demand outstrips commissioned capacity within existing Tier 3 Specialist Weight Management Services with significant number of patients on waiting lists.	Work continues to redefine clinical prioritisation criteria for the non-medication pathway to manage demand in Tier 3 services, ensuring those patients with greatest clinical need are able to access the service. Once this has been agreed, patients who no longer meet this

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
		eligibility criteria will need to be safely discharged, signposted to other offers

Medicines Safety

Integrating Pharmacy and Medicines Optimisation (IPMO) Medicines Safety Subgroup of Greater Manchester Medicines Management Group

NHS GM has a well-established IPMO Medicines Safety Subgroup that works collaboratively as a pharmacy system to reduce medication-related harm in the NHS, focusing on high-risk drugs, situations, and vulnerable patients. This Integrated Care System (ICS) programme aims to contribute to the World Health Organisation (WHO) Challenge target of reducing severe avoidable medication-related harm globally.

World Patient Safety Day took place on 17th September 2025, it is a global event which calls for solidarity and concerted action to improve patient safety, led by the World Health Organisation (WHO). This year, the theme was “Safe care for every newborn and every child”, with the slogan “Patient safety from the start!”, recognizing the vulnerability of this age group to risks and harm caused by unsafe care.

To share learning from paediatric medication related incidents, in 2023 NHS Resolution published a [‘Did you know? Paediatric medicine errors’](#) leaflet. The leaflet outlines common causes for paediatric medication errors in the NHS and highlights steps that can be taken in practice to minimise risk along with a list of useful resources.

Shared learning between health care professionals is crucial to optimising patient outcomes for all our patients, including children and newborns.

An example of this is in early 2024, the ICB were notified of a Serious Incident which occurred in the North-West region as a result of prescribing phenobarbital 15mg/5mL elixir to a paediatric patient. This preparation contains 38% alcohol, roughly equivalent to receiving 2 units of alcohol per day, at the prescribed dose and resulted in harm to the patient. The incident was shared and at the time some practices in Greater Manchester were found to be prescribing the formulation containing alcohol to paediatric patients. Since then, recent prescribing data (Dec 24 -Mar 2025) shows that there has been no prescribing of this formulation to children in primary care across GM. This case highlights how shared learning is fundamental to improved patient safety and a reminder for all staff working in the NHS to continue to share learning via the appropriate channels.

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
Assure	Recent national published medicines safety reports The Health Services Safety Investigations Body have published 3 investigation reports into medication related harm these are: • Medication not given: Administration of time critical medication in the emergency department • Medication not given: Anticoagulation before and after a procedure • Medication not given: Discharge from an acute hospital to the community	Omission of critical medicines is a main area of focus within the IPMO Medicines Safety There are no safety recommendations within these three reports for ICBs (the reports focused on learning for NHS providers), however IPMO is currently assessing these reports to ascertain how they can ensure that the learning is embedded across the system. The scoping is also undertaken for medicines relating to prevention of future deaths alongside other sources of intelligence.
Mortality		
NHS GM Mortality Governance NHS Greater Manchester has established a robust and well-structured governance framework for the oversight of mortality. At the heart of this is the GM Mortality System Group, supported by Mortality Surveillance Groups and a dedicated data subgroup, ensuring consistent, system-wide monitoring, analysis, and action on mortality trends. Mortality Surveillance Groups are now well established across NHS Greater Manchester (GM), feeding into the overarching NHS GM Mortality System Group. This structure enables monthly monitoring of mortality metrics and has supported the development of several reporting tools, dashboards, and analytical models to drive system-wide surveillance, learning, and improvement. We have established a data subgroup that meets monthly to review and interpret mortality data in more detail. This group plays a key role in shaping the analytical outputs and ensuring that findings are translated into meaningful actions. The indicators we monitor include but are not limited to: • Excess mortality data at NHS GM and locality level • The Summary Hospital-level Mortality Indicator (SHMI) • SHMI Site-specific and condition-specific alerts The System Group brings together partners from across the region, including representatives from the North West Chief Medical Examiner, NHS Trusts, NWAS, subject matter experts, and wider stakeholders. The group reviews data and insights related to excess mortality, hospital mortality		

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
metrics, learning from medical examiners, and prevention of future deaths. It also focuses on specific areas such as suicide, palliative care, and bereavement.		
Assure	Excess Mortality Data No excess deaths in Greater Manchester since June 2023. May 2025 showed 84 fewer deaths than expected, though five localities had excess deaths. Two areas of excess death in relation to underlying cause of death: • Dementia/Alzheimer's • Influenza and Pneumonia	Locality-level data is reviewed monthly using raw figures and SPC charts. However, high variability (e.g., Bolton ranging from +16 to -57) limits actionable insights. Focus remains on trend analysis and contextual interpretation rather than triggering immediate locality-level interventions. Consensus- no action needed presently in relation to locality mortality, surveillance to continue Further actions: • Align mortality metrics with system-level improvement work on long-term conditions. • Share mortality data pack with localities.
Assure	Deep Dives into Underlying Causes of Death: Dementia/Alzheimer's Ongoing review in collaboration with Dementia United, end-of-life leads, and medical examiners. High diagnosis rates and potential coding practices may influence mortality data.	Collaborative work with Dementia United, end-of-life leads, and SCN to interpret data and identify actionable insights. Consensus: Complete the deep dive and review findings; no immediate additional actions identified.
Advise	Deep Dives into Underlying Causes of Death: Influenza and Pneumonia Focus on correlating mortality by age and deprivation with vaccination uptake. Aim to develop targeted interventions and track their impact	Collaborative work underway with vaccination teams and SCN long-term condition leads. Further work to explore with population health leads in relation to prevalence of conditions and correlation with immunisations and mortality

Alert/ Advise/ Assure	Current position	Improvements or mitigations in place
	over time.	
Alert	Assisted dying Uncertainty around how assisted dying deaths will be recorded in future legislation.	Topic to remain on agenda; monitoring legislative developments for implications on data recording and ethics.

Glossary

MENTAL HEALTH TERMS

Clinically Ready for Discharge

A patient is considered clinically ready for discharge when they no longer require acute hospital care and can be safely transferred to another setting (e.g., home, community care, or rehabilitation), even if social or logistical arrangements are still pending.

Community Mental Health Teams (CMHTs)

Multidisciplinary teams that provide specialist mental health support in the community. They typically include psychiatrists, nurses, social workers, and therapists, and support people with complex or severe mental health needs outside of hospital settings.

Early Intervention Psychosis Services

Specialist services designed to identify and treat psychosis early, particularly in young people. These services aim to reduce the long-term impact of psychotic disorders by providing rapid access to treatment and support.

Home Based Treatment Teams (HBTTs)

These are specialist mental health teams that provide intensive, short-term support to individuals experiencing a mental health crisis, in their own homes rather than in hospital.

IAOT Implementation (Intensive Alternatives to Admission Teams)

Refers to the rollout of community-based crisis services that offer intensive support to individuals at risk of hospital admission. These teams aim to manage mental health crises in the community, reducing the need for inpatient care.

Local Spot Placements

A spot placement is a one-off, unplanned care arrangement made outside of existing provider frameworks. It is used when an individual's needs are too complex or urgent to be met by standard services.

Multi-Agency Discharge Events (MADE)

Regular meetings involving health and social care partners to review and unblock delays in hospital discharges. The MADE process helps ensure timely, coordinated discharge planning for patients who are medically fit to leave hospital.

North West Bed Bureau (NWBB)

A regional coordination service that helps manage mental health bed availability across the North West of England. It supports patient flow by identifying available inpatient beds, including in the independent sector, to reduce delays and inappropriate out-of-area placements.

Out of Area Placements (OAPs)

These occur when a person with acute mental health needs is admitted to an inpatient unit outside their local area, often due to a lack of local bed availability. OAPs can disrupt continuity of care and are considered inappropriate unless clinically justified.

Right Care, Right Person (RCRP)

Right Care, Right Person is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.

At the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The threshold for a police response to a mental health-related incident is:

- To investigate a crime that has occurred or is occurring; or
- To protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

Right to Choose – ADHD

People based in England under the NHS have a legal right to choose their mental healthcare provider and their choice of mental healthcare team. This important right means that, for instance, should they decide the waiting time for an ADHD assessment is too long, then they can choose alternative providers. The provider must supply the service to the NHS somewhere in England.

Section 75 Agreement

A Section 75 agreement refers to a legal arrangement under Section 75 of the National Health Service Act 2006, which allows NHS bodies and local authorities to pool budgets and jointly commission services. These agreements are designed to support integrated care delivery, particularly in areas like mental health, social care, and community services.

Purpose:

- Enable joint planning, funding, and delivery of health and social care services.
- Improve coordination and outcomes for people with complex needs.
- Support the development of integrated care systems (ICSs) and place-based partnerships.

Examples of Use:

- Joint commissioning of mental health services
- Shared funding for intermediate care or reablement services
- Integrated discharge planning and support

Section 136

Section 136 allows the police to take you to (or keep you at) a place of safety. They can do this without a warrant if all of these apply:

- The person appears to have a mental disorder.
- The person is in a public place. The law defines this as any place other than a house, flat or room where a person is living, or garden or garage that only one household has access to.
- The person is 'in need of immediate care or control'. This means the police think it's necessary to keep the person or others safe.

Performance Report

2025-2026

Quality and Performance Committee

October 2025

Required information	Details
Title of report	Performance Report
Author	Zoe Mellon, Associate Director of Performance
Presented by	Colin Scales – Deputy Chief Executive Ed Dyson – Director of Performance, Improvement & Assurance
Contact for further information	Zoe Mellon Zoe.mellon@nhs.net
Executive summary	This report offers an update on Greater Manchester's (GM) progress towards delivery of NHS operational planning objectives, highlights key risks encountered by our providers along with key improvement actions, and summarises main themes from Locality Assurance (LAMs). It also presents the initial segmentations assigned to our providers based on the 2025/26 NHS Oversight Framework (NOF) assessment.
The benefits that the population of Greater Manchester will experience.	Achievement of performance objectives will improve access to services and drive up standards of care for the Greater Manchester population.
How health inequalities will be reduced in Greater Manchester's communities.	Ensuring delivery of standards across Greater Manchester Trusts will equalise geographical variation.
The decision to be made and/or input sought	This paper is for assurance and discussion allowing the committee to agree levels of assurance and identify any further actions.
How this supports the delivery of the strategy and mitigates the BAF risks	This supports delivery of operational planning and constitutional standards.
Key milestones	Monthly and quarterly milestones are in place.
Leadership and governance arrangements	This paper is for Performance and Quality

	Committee only.
Engagement* to date *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	Engagement is undertaken within various programmes contributing to performance delivery.

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
N	N	N	N	N	N	Y

Quality and Performance Committee: Operational Delivery Report October 2025

Introduction and Key Messages



1. Introduction

This report offers an update on Greater Manchester's (GM) progress towards delivery of NHS operational planning objectives, highlights key risks encountered by our providers along with key improvement actions, and summarises main themes from Locality Assurance (LAMs). It also presents the initial segmentations assigned to our providers based on the 2025/26 NHS Oversight Framework (NOF) assessment.

2. Key Messages

- We are alerting the committee to 3 measures as the highest risk – the proportion of patient waiting 4 hours or more in emergency departments (ED), the length of stay for patients with a mental health condition and the number of adults inpatients with autism.
- We are advising on 7 measures as medium risk –ED over 12 hour waits (type 1), ambulance handover times, the proportion of patients waiting over 52 weeks for treatment, access to diagnostics, cancer treatment received within 62 days, access to children's mental health services and the number of appointments in general practice.
- The first set of reporting against the 2025/26 NOF has been published and related to quarter 1 performance. Trust are placed in segments 1 to 5, segment 1 being the best performing and segment 5 is allocated to Trusts requiring the most support. Of the 9 GM Trusts , 1 is in segment 1, 6 in segment 3, 1 in segment 4 and 1 in segment 5.
- The rolling programme of LAMs continues, key themes continue to be financial challenges, access to mental health services and minimising the time people with a mental health condition spend in hospital. In the next round of meetings, in addition to high-risk areas, we will be focussing on delivery of community services, in particular plans to improve access times, talking therapies services and the uptake of flu vaccinations.

3. Recommendation

The committee is asked to note:

- Operational priorities and risks for 2025/26.
- The NOF segmentations applied to GM Trusts.
- Updates on themes identified through LAMs.

Summary of delivery against key metrics, challenges, actions and risks

Summary of Key Metrics

Area	KPI	Latest Published Performance				2025/26 End of year plan	Variance (latest published data vs same period in 2024)			ICB Benchmarking (latest published data vs same period in 2024)			Comments
		ICB / GM Providers / NWS	Period	Actual	Plan		2024	Variance	Movement	2024	Latest	Movement	
Urgent and Emergency Care (UEC)	CAT 2 ambulance response times	NWAS	Aug-25	00:20:30	<00:30:00	<00:30:00	00:17:49	+00:02:41	↑				
	A&E % of patients managed within 4 hours	GM Providers	Aug-25	71.2%	73.7%	78.0%	70.5%	0.7%	↑	39/42	37/42	↑	
	A&E (type 1) % waits over 12 hours		Aug-25	9.2%	9.0%	7.5%	9.2%	0.0%	↔	24/42	22/42	↑	
	Ambulance average handover time		Jul-25	00:21:07	00:23:07	00:24:10	00:22:27	-00:01:20	↓				
Elective	% of incomplete RTT pathways of 52 weeks or more		Jul-25	3.4%	3.1%	1.0%	5.2%	-1.8%	↓	38/42	37/42	↑	GM Registered performance - 3.3%
	Number of incomplete RTT pathways of 52 weeks or more		Jul-25	16,035	14,707	14,123	25,966	-9,931	↓				
	% of incomplete RTT pathways of 18 weeks or less		Jul-25	55.3%	54.8%	61.0%	51.7%	3.6%	↑	39/42	39/42	↔	GM Registered performance - 56.2%
	% of pathways waiting no longer than 18 weeks for a first appointment		Jul-25	59.5%	60.9%	68.2%	55.4%	4.1%	↑				
	Total number of incomplete RTT pathways		Jul-25	465,809	466,968	431,564	498,798	-32,989	↓				
Diagnostics	% receive a diagnostic test within 6 weeks		Jul-25	17.1%			20.1%	-3.0%	↓	18/42	12/42	↑	GM Registered performance - 16.3%
Cancer	% of patients receiving communication of diagnosis within 28 days		Jul-25	78.2%	77.1%	80.3%	76.2%	2.0%	↑	24/42	17/42	↑	GM Registered performance - 78.1%
	% of patient with cancer receiving treatment within 62 days		Jul-25	70.6%	71.0%	75.3%	69.7%	0.9%	↑	14/42	17/42	↓	GM Registered performance - 70.6%
Mental Health	Access to CYP mental health services	ICB	Jul-25	54,935	55,000	55,000	55,285	-350	↓	02/42	02/42	↔	
	Average Length of Stay in Adult Acute, Older Adult Acute and Psychiatric Intensive Care beds		Jul-25	67.5	63	57					38/42		
Learning Disabilities	Inpatient care for children and young people with a learning disability and/or autism		Aug-25	10	9	9							This is snapshot data from NHSE Assuring transformation data sets, there is no published data source for this metric.
	Inpatient care for Adults with Learning Disabilities (who may also be autistic)		Jul-25	50	55	46							Plan is the the expectation by the end of Q2. This published data is rounded up to 5.
	Inpatient care for Autistic Adults (with no learning disability)		Jul-25	70	54	39							Plan is the the expectation by the end of Q2. This published data is rounded up to 5.
Primary Care	Appointments in General Practice		Jul-25	1,504,532	1,449,589	1,449,589	1,442,564	61,968	↑				
Prevention	% of patients with hypertension treated according to NICE guidance		Q1 25 / 26	71.4%							10/42		
	% of patients with GP recorded CVD, who have their cholesterol levels manage to NICE guidelines		Q1 25 / 26	51.3%			48.1%	3.2%	↑		10/42		

2025/26 National Priority Metrics Alert/Advise/Assure summary



Greater Manchester

Area	Metric	Alert	Advise	Assure
Urgent and Emergency Care (UEC)	A&E % of patients managed within 4 hours (GM Providers)			
	A&E (type 1) % waits over 12 hours (GM providers)			
	CAT 2 response times			
	Average ambulance handover times			
Elective	% of incomplete RTT pathways of 52 weeks or more			
	% of incomplete RTT pathways of 18 weeks or less			
	% of pathways waiting no longer than 18 weeks for a first appointment			
Diagnostics	6 week diagnostic performance (not a planning metric but key enabler for elective and cancer delivery)			
Cancer	% of patients receiving communication of diagnosis within 28 days			
	% of patient with cancer receiving treatment within 62 days			
Mental Health	Access to CYP MH services			
	Average Length of Stay in Adult Acute Mental Health Beds			
Learning Disabilities	Inpatient care for Adults with LD			
	Inpatient care for Autistic Adults			
Primary Care	Appointments in General Practice			
	% of resident population seen by an NHS dentist	Quarter 1 data expected in October		
Prevention	% of patients with hypertension treated according to NICE guidance			
	% of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidelines			
Total		3	6	8

Urgent and Emergency Care (UEC)

Alert/ Advise/ Assure	Current position / performance	Issues of concern	Key actions taken/improvement programmes	Link to BAF risks
Alert	A&E 4 hour – In August performance was at 71.2%, a slight deterioration from July. Between the 1st and 11th Sept, it was at 68.1%, below the Sept plan of 72.6%.	Delivery of the 4hr target of 78% by March 2026 comes with a high degree of risk.	- The roll out of the single point of access (SPOA) across each locality and the GM single telephony continues. More NWS ambulance crews are using the single telephony system to redirect patients to alternative urgent care provision. Further work underway for wider health-care practitioners to start using the single telephony as an alternative to 999. - Manchester has tested additional improvements to their SPOA during June. This included expanding GP access and adjusting operating hours and staffing. During the test, a total of 263 calls were taken, and 137 patients (47%) were redirected to alternative care provision including Hospital at Home and Same Day Emergency Care (SDEC). The Community React Team in Wigan can now be accessed via the SPOA and further pathways are being developed to enable more services to be connected to the SPOA. - Improvement work on services that support admission and attendance avoidance continue. All Urgent Treatment Centres (UTCs) in GM are now fully accredited, providing access to urgent care across all 10 localities. Northern Care Alliance hospitals have extended the criteria for access to UTC. Bolton are working on a business case to increase capacity into community services, including 2-hour Urgent Community Response. Across Heywood, Middleton and Rochdale, (HMR) SDEC continue to step patients onto the virtual ward and community respiratory and UCR are stepping up. - GM ICB winter plan has been developed, which incorporates the work being put in place across all 10 GM localities. Each acute provider is also developing its own winter plan. NHS England ran an event on the 8th of September to 'stress test' the plans to ensure they can respond to winter pressures. A further winter event is planned for October. - In preparation for winter, each care home has an established relationship with primary care and receives an enhanced care offer through its Primary Care Network. - Systems remain focussed on discharging patients with no criteria to reside. Wigan is seeing increase in both acute and community referrals into reablement, resulting in on average 26 people each week starting reablement and receiving on average 18.6 days of support. Bolton have introduced discharge coordinators on the wards with a real focus on out of area patients and robust escalation meetings and this is having a positive impact.	SR2
Assure	Category 2 – Since April, ambulance response time have consistently been well within the 30-min target. Between 1st and 11th Sept average response times were 22 minutes and 16 seconds.			SR2
Advise	A&E (type 1) 12 hr waits – In August 9.2% of type 1 A&E attendances spent more than 12 hours in A&E, which was worse than plan. Between 1st and 11th September this has worsened slightly to 10.1%.			SR2
Advise	Average handover times – In August, the average ambulance handover time was 19 minutes and 35 seconds, within the target of 21 minutes and 31 seconds. % of handovers over 45 mins - 6.9% in July. Aim is to have zero waits over 45 minutes.			SR2

Elective Care

Alert/ Advise/ Assure	Current position / performance	Issues of concern	Key actions taken/improvement programmes	Links to BAF risks
Advise	% of incomplete RTT pathways of 52 weeks or more 3.4% (July 25) worse than 3.1% plan	The 25/26 planning metrics across elective and outpatient programmes will be a challenge for the GM system to achieve by March 2026. Financial pressures could reduce the ability to commission and deliver additional capacity to acheive operational standards.	The focus this financial year remains on reducing the number of patients waiting over 52 weeks and increasing the proportion treated within 18 weeks. While some progress has been made, the volume of long waiters continues to pose a challenge, and current trends suggest the March 2026 target is at risk. A significant piece of work is underway to refresh the modelling of the impact of ICB and Trust plans on delivery. There are a number of schemes in place to support performance, however this now has to be balanced with finance and ensuring trusts are not overperforming on activity also so finding the activity, finance and performance balance continues to be a challenge. Schemes currently in place include the GP peer review scheme to reduce referrals into secondary care which were introduced in May 2025. Furthermore, there is continued focus on community services are being strengthened however noting there is not substantial resource to support this at a GM system level at present and therefore this remains a risk. Finally, mutual aid requests are continuing to be overseen by the Elective System Group and there has been formal requests during July and August 2025 to support contact lenses, orthodontics and robotic theatre capacity.	SR2
Assure	% of incomplete RTT pathways of 18 weeks or less 55.3% (July 25) better than 54.8% plan			
Assure	% of pathways waiting no longer than 18 weeks for a first appointment 59.5% (July 25) worse than 60.9% plan			
<i>Metrics not in planning 25/26 but included for completeness to note long waiting patients within the GM system</i>	Patients over 78 weeks was 2 in July which is static from June. This is anticipated to reduce to 1 in September which is a plastics patient.	Concern that the 65 week waits within GM are currently forecast to increase during quarter three when we should be aiming for zero. Therefore, the fact that growth is predicted is a real concern especially as the vast majority are due to capacity.		
	Patients over 65 weeks was 161 in July which is an increase from 160 in June. This is anticipated to reduce to 83 in August and then increase to 116 in September.			

Alert/ Advise/ Assure	Current position / performance	Issues of concern	Key actions taken/improvement programmes	Links to BAF risks
Advise	The 62 day cancer standard for patients waiting no more than 62 days from urgent GP referral to first cancer treatment has improved from 69.2% in June to 70.6% in July, however it is worse than July plan which is 71%.	Currently MFT and WWL are the biggest risk. In July MFT are 6.1% off plan and WWL are 5.9% off plan.	There are key programmes of work taking place across providers to drive performance improvement during 25/26. Urology remains to be one of the concern areas across the GM system. One GM provider is placing focus on clinical leadership within urology during quarter 3 and a three day Getting It Right First Time team (GIRFT) site visit has been arranged for September 2025 to look at opportunities for improvement.	SR2
Assure	The 28 day Faster Diagnosis Standard (FDS) whereby a cancer or non-cancer diagnosis is given within 28 days has declined from 79.8% in June to 78.2% in July, however is still better than July plan at 77.1%.	Overall FDS continues to meet plan at system level but MFT and WWL both off track by circa 2% from plan.	There are also a number of internal service reviews taking place across providers to assess whether there are any new or emergency issues within pathways. Since mutual aid has been withdrawn from some sites during summer 2025 it is anticipated that this will impact on cancer and long waiting patients during quarter three and four. There is concern that 62 day performance in the coming months will be impacted.	

Diagnostics

(Metric not in planning 25/26 but included for completeness due to impact on elective and cancer pathways)



Greater Manchester

Alert/ Advise/ Assure	Current position / performance	Issues of concern	Key actions taken/improvement programmes	Links to BAF risks
Advise	The July 2025, 6 week wait diagnostic performance for GM acute providers across all 15 DM01 tests has declined from 16.1% in June to 17.1% in July, the July plan is 12.6%. From June to July, the number of pathways over 6 weeks has increased from 13,208 in June 14,068 to July.	Significant decline in performance at <u>one</u> provider within GM (WWL), alongside further decline at other GM acutes. WWL performance has deteriorated from 18% in April to 33.5% in July.	Diagnostic performance is not a planning metric for 25/26 it is recognised as a key contributor to patient pathways across both cancer and non cancer cohorts. Due to this, it was anticipated that long waits and cancer performance would be prioritised over diagnostic performance. There are a number of specific actions at provider and test level underway which are overseen by the Diagnostic System Group particularly understanding the root cause and actions. Actions are test focused for each provider. Some of the key themes at present include staffing, physical capacity and equipment replacement, all of which continue to focus on mitigations. These are concerns around the demand of Non-Obstetric Ultrasound (NOUS) within the GM system. Currently of the 14,068 patients waiting over 6 weeks for a diagnostic test, 3,165 of these are for NOUS. The vast majority of these, 2,995 of these are at WWL. There has been various factors contributing to this such as pay control measures this financial year have led to fewer sessions and speciality at WWL there were a number of staff leaving substantive positions during June and July. The GM project team supporting NOUS have been assembled and work has started with a plan to audit repeat scans as well as reviewing referral criteria and guidance.	SR2

Mental Health (MH)



Alert/ Advise/ Assure	Current position / performance	Issues of concern	Key actions taken/improvement programmes	Links to BAF risks
Advise	In the 12 months to July 25, the number of children and young people (CYP) receiving at least one contact was 54,935, worse than plan. End of year target of 55,000.	Sustaining level of access remains a challenge. Workforce pressures, inability to recruit and retain staff. Potential for demand for early help support to exceed commissioned capacity within the new locality Neurodevelopment (ND) services.	• New crisis services service specification has been implemented which integrates existing home-based treatment, rapid response and paediatric support services into one pathway. This ensures consistent and timely support and increases capacity for more CYP to access services. • The GM Neurodevelopment (ND) early support and intervention model is currently being implemented across all ten GM localities. The new pathway will avoid unnecessary referrals to secondary care, freeing up more capacity. • The new ND locality services will prioritise early intervention and multidisciplinary collaboration, enabling more timely support for CYP presenting with ND symptoms, without requiring formal assessment or diagnosis. • During 25/26, further work is planned on increasing access for children and young people from disadvantaged groups.	SR2
Alert	The average length of stay (LOS) in a mental health acute bed for GM registered patients discharged in the three months to July 25 was 67.5 days, which was worse than July plan. End of year 25/26 target is to reduce to 57 days.	Large number of people in beds that are clinically ready for discharge (CRFD). Progress required on Local spot purchase and Independent sector beds.	• Each locality has an improvement plan in place to reduce the number of CRFD patients e.g. Bolton have five step down beds which has helped discharge 25 people from acute inpatient beds. In Stockport, an early discharge co-ordinator is now in place on the male adult acute ward. In Manchester, a brokerage team is in place to support with finding placements particularly for complex patients. Localities hold weekly multi-agency discharge events to address barriers to discharge • Fortnightly assurance meetings being set up with localities where there is has been little improvement in reducing the number of CRFD patients. • Manchester admission rates have reduced with the gatekeeper roles being put in place at GMMH. Data from March to June 25 showed, conversion rates at MRI changed from 14.3% to 9.1%. This is equivalent to 185 more patients being treated within the community. • Purposeful Admissions work being trialled by Greater Manchester Mental Health Trust. Work with families and carers to ensure service users have a clear purpose for admission into an acute setting. Treat in community where possible.	SR2

Learning Disability and Autism - Inpatients



Alert/ Advise/ Assure	Current position / performance	Issues of concern	Key actions taken/improvement programmes	Links to BAF risks
Alert	At the end of July, there were 70 adults with autism in an inpatient bed, which is currently worse than the quarter 2 plan of no more than 54 adults. Note published data is rounded to nearest five. Access to the unsuppressed data up to the end of August, show a much-improved position, but remaining slightly worse than quarter 2 plan.	Six localities performing worse than plan, with Manchester locality having the most inpatients, and the largest reduction to achieve in plan. The Q4 target of 39 for GM, does not seem feasible based on the current trajectory.	• Mobilisation of GM Care Education Treatment Reviews hubs is underway. The hub will support with undertaking CETRs reviews to assess if patient needs can be met in community, thus reduce hospital stays. The hub will be complete this financial year. • Localities hold weekly multi-agency discharge events to address barriers to discharge. • Manchester's locality action plan is nearing finalisation. Manchester is in the process of re-establishing the Mental Health Locality Board and reducing learning disability inpatients will form part of its responsibility. There are fortnightly Assuring Transformation meetings where all Manchester LDA patients who are currently in a psychiatric bed are discussed. • Complex Needs Project is a programme to find suitable placement for the most complex patients. 26 property adaptation projects will create 90 tenancies. To date homes have been created for 14 inpatients and a further 35 inpatients are planned to secure homes. • Development of a lead provider/alliance model is underway for Community LD teams, reducing unwarranted variation in service provision. Pennine NHS Trust has been appointed as the lead provider and have commenced a review of the GM provision, mapping the resources currently available/provided. This will help ensure patient's needs are met in the community with inpatient admission as a last resort.	SR2
Assure	End of July, there were 50 adults with a learning disability in an inpatient bed, which is better than the Q2 target of no more than 55 patients. (note national data rounded up to 5)	Local data from July and August showed Salford delivering worse than plan. With Bury also delivering worse than plan in August.	• Review of three CYP intensive support teams completed, and a unified service specification will be developed. • The GM Keyworker programme led by the charity Barnardo's is delivering support for CYP up to the age of 25. A focus remains on increasing access and the specification is currently being refreshed, although investment has been reduced for 25-26.	SR2
Assure	End of August the number of CYP with learning disabilities and/or autism in an inpatient bed is better than Q2 plan of no more than 9 patients. (no published data for this metric)	There is no published, validated source for this data, and no locality breakdown available.	• Mapping of current section 117 joint funding arrangements across GM to ensure the continuation of support to access services following detainment under the mental health act and prevent re-admission. • Clinical/Health Pathway for Autism to be developed. A workshop is planned for Q2 to review current pathway and identify gaps in services. A work programme will be produced and agreed by the Manchester Autism Delivery Board to outline how access to health services for adults with a diagnosis of autism will be improved and timescales.	SR2

Primary Care



Alert/ Advise/ Assure	Current position / performance	Issues of concern	Key actions taken/improvement programmes	Links to BAF risks
Advise	GM ICB has set a target of 1,449,589 GP appointments per month throughout 25/26. 4,056,958 appointments were delivered during Q1 2025/26, and July 2025 data shows delivery of 1,504,532 appointments during that month. This is tracking as an increase against the planned trajectory for the month and compared with the same month over previous years. Compared to pre-pandemic levels, GP appointment activity in Greater Manchester has increased by 16%, outperforming the national increase of 9% (based on Q1 2025/26 data). There is also a continued upward trend in same-day appointments, along with strong performance in appointments booked within 2–7 days and 8–14 days.	Although national GP Collective Action (2024/25) has been formally stood down, there continues to be consideration of safe working arrangements by the GM for GP practitioners which may limit delivery of appointments. There is ongoing work to support the development of safer and more sustainable ways of working.	• Delivery of the GM Primary Care Access Improvement Plan, as part of the GP Contract and implementation of the GM Primary Care Blueprint. • Development of a GP Quality Framework to support quality and performance management across GM with consistency. • Variation across practices and PCNs is being reviewed with action planning to seek to address unwarranted variation.	SR2
New measure and Quarter one data not available	For 25/26 the % of patients seen by an NHS dentist will be monitored quarterly, noting the lag time of 8 weeks for presentation of national data. For Adults the target will be 43% 24m rolling and for Children 65% 12m rolling by end of Q1. There is national target, driven by government mandate, to deliver an additional 700,000 urgent dental appointments, which GM is required to contribute 17,897 above baseline. Provision of the sustained baseline and additional appointments was implemented on the 1st September and therefore reportable data will be available in future months.	Significant demand for access to NHS dental services may result in overperformance in-year for some primary dental care contracts which may result in reduced access towards the end of the year, and/or impact on the dental commissioning budget. National monitoring of the urgent dental care metrics appears to be being based upon urgent dental activity rather than appointment availability. It is possible that as general access improves demand / activity for urgent care will reduce.	• The GM Dental Patient Access Quality incentive scheme has been extended into 2025/26. • Continuous assessment of performance and budget in relation to contracted dental activity levels, with ongoing engagement and collaboration with the GM Dental Provider Board and GM Local Dental Committees	SR2

Prevention



Alert/ Advise/ Assure	Current position / performance	Issues of concern	Key actions taken/improvement programmes	Links to BAF risks
Assure	As part of the 2025/26 national priorities, the aim is to increase the percentage of patients with hypertension who are treated in line with NICE guidance. 71.4% of patients with GP-recorded hypertension had a blood pressure reading within the appropriate treatment threshold in the past 12 months. (National ambition: 80%) Ranking GM ICB 10th out of 42 Previous performance: Dec 2024: 68% Sep 2024: 67% Jun 2024: 67%	None identified at present.	- HEARTbeat Project: Targeted support was provided to 13 GP practices with high rates of uncontrolled hypertension. Most practices showed measurable improvements in blood pressure control following intervention. - Community Engagement Pilots: Pilots in Manchester (Black Caribbean community) and Rochdale (South Asian community) delivered over 730 blood pressure checks through community clinics. - Optometry Pilot: Opportunistic hypertension case finding during routine optometry appointments. Over 4,453 BP checks were conducted in 10 months, with 975 referrals made for further assessment. - Hypertension Medication Management Toolkit: A resource to support clinicians in optimising hypertension treatment and medication adherence. - CVDNeed Dashboard: A data-driven tool to identify and address gaps in cardiovascular disease prevention and management.	SR2
Assure	As part of the 2025/26 national priorities, the aim is to increase the percentage of patients with GP-recorded cardiovascular disease (CVD) whose cholesterol levels are managed according to NICE guidance. 51.3% of patients with recorded CVD had their cholesterol levels managed in line with NICE guidance as of March 2025. Ranking GM ICB 10th out of 42 Previous performance: Dec 2024: 50% Sep 2024: 49% Jun 2024: 48%	None identified at present.	GM Lipids Pathways Update - The Strategic Clinical Network (SCN) has published the Greater Manchester (GM) Secondary Prevention Lipid Medication Eligibility Pathway on the Greater Manchester Medicines Management Group (GMMMGM) website (August 2025). - The Primary Prevention Lipids Pathway and Statin Intolerance Pathway are scheduled for consultation via GMMMGM in September 2025.	SR2

NHS Oversight Framework: Provider Segmentation for Quarter 1 2025/26

NHS Oversight Framework 2025/26:

GM Provider Segmentation and League Table



Trust	Q1 Segment	Average Score	Trust Rank	Trust in financial deficit	Focused Performance Areas Segment				
					Access to services	Effectiveness and Experience of Care	Patient Safety	People and Workforce	Finance and Productivity
Bolton NHS Foundation Trust	3	2.28	59/134	Yes	2	3	1	2	4
The Christie NHS Foundation Trust	1	1.51	3/134	No	N/A	1	1	1	2
Manchester University NHS Foundation Trust	3	2.41	71/134	No	3	2	2	4	1
Northern Care Alliance	4	2.81	116/134	Yes	4	4	3	4	2
Tameside and Glossop IC NHS Foundation Trust	3	2.28	59/134	Yes	1	3	4	3	3
Stockport NHS FoundationTrust	3	2.48	86/134	Yes	3	2	2	3	4
Wrightington Wigan and Leigh NHS Foundation Trust	3	2.54	92/134	Yes	3	2	3	4	4
Greater Manchester Mental Health NHS FoundationTrust	5	3.02	58/61	Yes	4	4	4	4	2
Pennine Care NHS Foundation Trust	3	2.41	36/61	No	4	3	3	3	1

As part of NHS England’s dedication to transparency and enhancement, a new interactive dashboard has been introduced under the NHS Oversight Framework 2025/26. This tool offers a nationwide overview of NHS trust performance across key areas including urgent and emergency care, elective services, and mental health. [Home - NHS England Data Dashboard](#)

NHS trusts are classified into five segments according to their performance and contextual factors:

- Segment 1: Fewest challenges
- Segments 2–4: Increasing levels of required support
- Segment 5: Intensive assistance through the Provider Improvement Programme (previously the Recovery Support Programme)

Placement in these segments depends on performance measures and other factors such as financial deficits. Trusts in lower segments receive customised support, whereas those in higher segments may gain greater operational freedoms.

To assist this process, NHS England has launched:

- Individual Metric Rankings (IMR): Allow comparison of trust performance on particular standards (e.g., 18-week RTT).
- Aggregated Metric Rankings (AMR): Offer an overall ranking of trusts based on average scores across all metrics.

These resources aid in identifying variations, planning improvements, and guiding local accountability. The table above presents the Greater Manchester (GM) trust scores and rankings, offering a snapshot of local performance within the national context.

Locality Assurance Meetings

Locality	Last review date	Next review date
Bolton	09/09/25	09/12/25
Bury	28/08/25	11/11/25
Manchester	15/07/25	30/09/25
Oldham	15/09/25	17/11/25
Rochdale	29/07/25	29/10/25
Salford	26/08/25	14/11/25
Stockport	22/08/25	13/11/25
Tameside	18/07/25	14/10/25
Trafford	10/07/25	03/10/25
Wigan	01/08/25	07/11/25

Highlights

Financial pressures

- Increasing costs related to personalised care, including CHC, section 117, and mental health placements
- Difficulties in executing Cost Improvement Plans (CIPs)

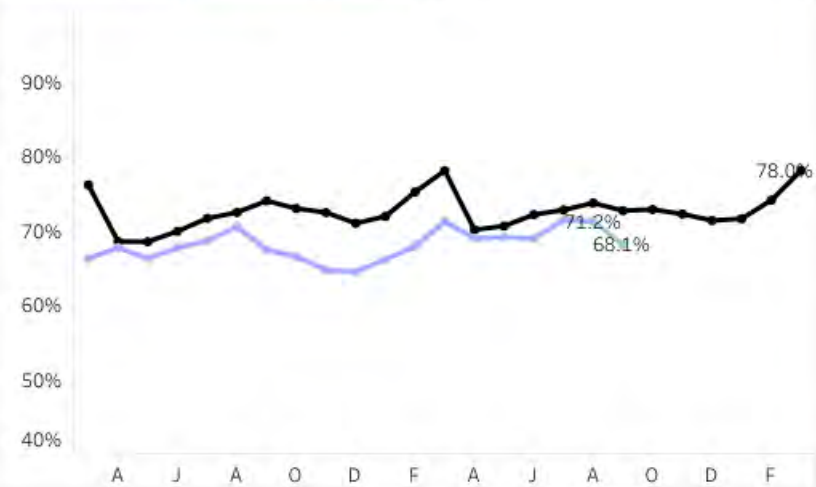
Delivery

- In quarter 3 we are having a focus on community services in particular plans improve access times, talking therapies and learning disability (LD) and flu vaccination
- Positive developments in creating neuro-developmental hubs, although managing existing waiting lists remains difficult
- Continuing challenges in reducing bed days lost due to patients being clinically ready for discharge and in shortening mental health inpatient stays
- Localities continue to provide updates on their efforts and progress in implementing neighbourhood models, sharing proactive examples to promote best practice

Operational Delivery Graphs: Key Metrics

2024/25/26 Performance

GM Acute Providers | Unvalidated to Month | Plan |



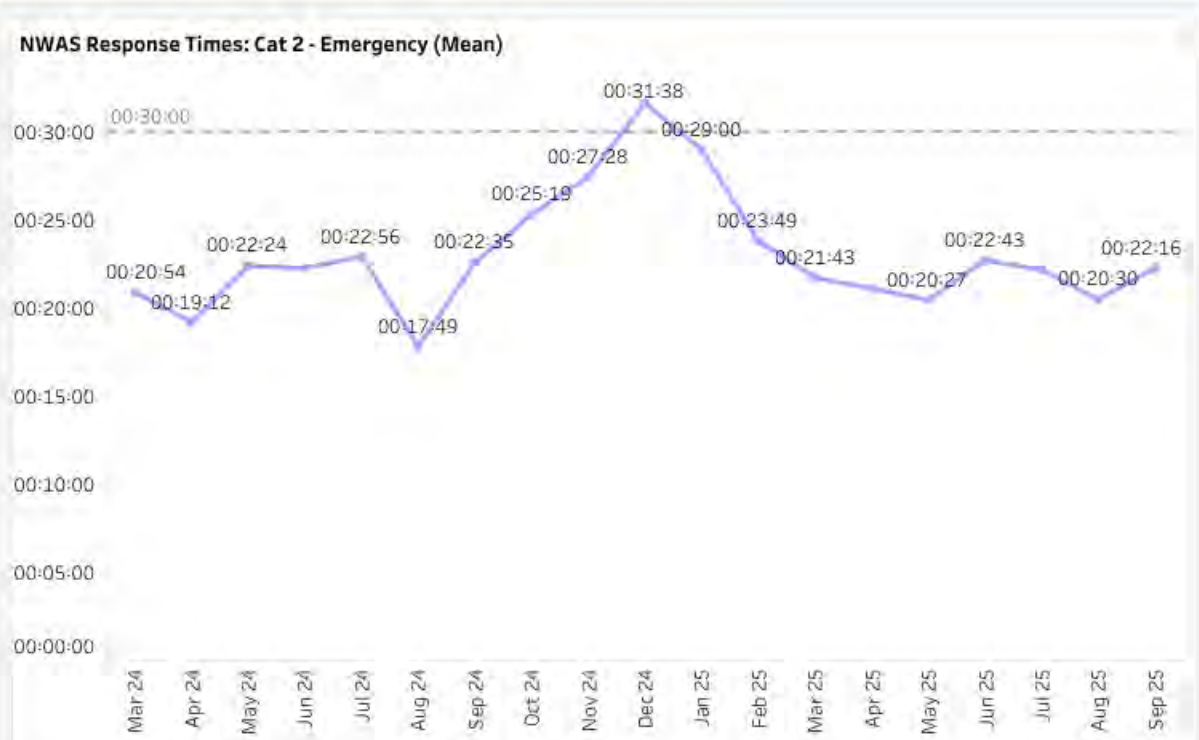
Regional Benchmarking

	May 25	Jun 25	Jul 25	Aug 25
Greater Manchester	69.1%	68.9%	71.4%	71.2%
North West	72.7%	72.3%	72.9%	73.0%
England	75.1%	75.3%	76.2%	75.6%

A&E 4hr wait performance deteriorated slightly in August to 71.2%. Sept in month (1st – 11th) shows a worsening position also at 68.1%. In August, NHS Greater Manchester Integrated Care Board (GM ICB) was ranked 36th out of 42 nationally. The objective is to deliver 78% in March 2026.

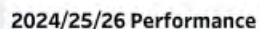
		Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	11 Sep	Oct 25
Bolton FT	Actual	69.6%	66.0%	62.3%	62.5%	61.5%	66.0%	63.7%	71.8%	66.3%	70.3%	64.9%	64.8%	64.6%	61.2%	
	Plan	70.0%	71.0%	68.0%	70.0%	73.0%	75.0%	77.0%	78.0%	72.0%	72.0%	75.0%	75.0%	76.0%	75.0%	74.0%
MFT	Actual	73.7%	69.7%	68.2%	64.0%	64.8%	67.3%	69.5%	73.9%	70.5%	71.4%	71.3%	74.3%	72.2%	68.9%	
	Plan	74.0%	77.3%	75.0%	72.7%	70.5%	70.2%	74.8%	78.0%	72.0%	72.2%	73.9%	74.6%	75.1%	72.6%	73.0%
NCA	Actual	67.0%	65.8%	66.0%	64.2%	64.6%	66.1%	67.0%	68.8%	67.9%	68.1%	68.1%	72.0%	72.2%	70.1%	
	Plan	71.4%	72.9%	74.4%	74.9%	72.4%	73.6%	76.5%	78.0%	68.2%	69.5%	70.9%	72.3%	73.7%	74.7%	75.3%
Stockport FT	Actual	65.4%	60.0%	62.0%	62.7%	63.0%	60.6%	69.5%	69.0%	68.3%	65.4%	74.0%	68.0%	69.4%	59.2%	
	Plan	67.8%	67.4%	65.5%	66.4%	64.8%	68.1%	72.7%	78.0%	66.1%	64.8%	68.5%	64.9%	68.3%	62.9%	64.9%
T&G ICO FT	Actual	71.1%	66.0%	65.2%	67.6%	62.6%	66.8%	67.1%	68.9%	66.2%	61.6%	58.8%	63.6%	66.0%	66.2%	
	Plan	71.0%	70.6%	68.2%	67.5%	65.6%	67.5%	71.0%	78.0%	69.2%	69.5%	69.3%	71.4%	71.0%	70.6%	68.2%
WWL FT	Actual	72.9%	71.6%	69.8%	68.6%	68.3%	65.3%	67.8%	71.7%	71.4%	72.2%	71.6%	75.6%	77.0%	74.4%	
	Plan	76.3%	76.4%	76.5%	76.6%	76.7%	76.8%	77.1%	78.0%	70.6%	71.4%	72.0%	72.6%	73.3%	74.0%	74.7%
GM Acute Providers	Actual	70.5%	67.4%	66.5%	64.6%	64.4%	66.1%	67.8%	71.2%	68.9%	69.1%	68.9%	71.4%	71.2%	68.1%	
	Plan	72.4%	74.0%	72.9%	72.4%	70.9%	71.9%	75.2%	78.0%	70.1%	70.6%	72.1%	72.7%	73.7%	72.6%	72.8%
GM Registered	Actual	69.5%	66.4%	65.5%	63.6%	63.2%	65.2%	66.8%	70.1%	67.8%	68.2%	67.9%	70.1%	69.8%	67.3%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Cat 2 Ambulance Response Times



In August, Category 2 ambulance response times were on average 20 minutes and 30 seconds across GM. August in month (1st – 11th) performance has deteriorated slightly to 22 minutes and 16 seconds. Performance YTD in 25/26 remains well within the 30-minute threshold.

Proportion of type 1 patients spending 12+ hours in an emergency department



GM Acute Providers | Plan |

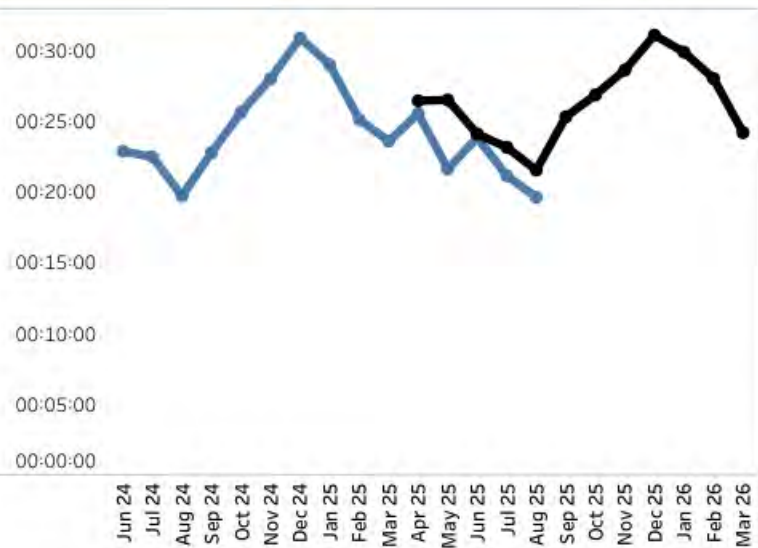


In August, 9.2% of patients attending Type 1 A&E departments spent more than 12 hours in the ED. The latest unvalidated data for September (1st – 11th) shows a worsening position at 10.1%.

The combined provider target for March 2026 is <7.5%.

[illegible]

Average Hospital Handover Time



In August, the average ambulance handover time was 19 minutes and 35 seconds. The target has been achieved throughout 2025/26 so far.

The combined provider target for March 2026 is 24 minutes and 10 seconds.

		Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
Bolton FT	Actual	00:20:07	00:18:02	00:23:06	00:33:20	00:28:34	00:28:15	00:21:57	00:28:02	00:16:49	00:23:37	00:16:22	00:17:58	00:17:59	00:19:00
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	00:27:28	00:27:15	00:21:07	00:18:50	00:16:55
MFT	Actual	00:19:34	00:17:10	00:18:39	00:19:21	00:20:48	00:22:03	00:21:18	00:18:26	00:17:48	00:18:12	00:18:10	00:18:25	00:17:02	00:17:31
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	00:22:03	00:22:01	00:19:10	00:16:17	00:15:15
NCA	Actual	00:23:51	00:21:19	00:20:39	00:24:45	00:28:35	00:34:04	00:32:34	00:27:21	00:27:12	00:28:47	00:23:17	00:30:55	00:22:38	00:19:58
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	00:32:00	00:31:00	00:31:00	00:30:00	00:30:00
Stockport FT	Actual	00:27:47	00:22:52	00:29:00	00:32:25	00:31:41	00:39:19	00:34:40	00:26:39	00:30:02	00:27:43	00:26:11	00:21:30	00:24:01	00:23:26
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	00:19:04	00:26:55	00:23:11	00:27:47	00:22:52
T&G ICO FT	Actual	00:23:33	00:18:51	00:20:30	00:21:50	00:22:18	00:28:13	00:25:05	00:19:55	00:17:00	00:18:07	00:20:09	00:21:11	00:18:07	00:18:08
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	00:18:10	00:19:21	00:22:08	00:23:33	00:18:51
WWL FT	Actual	00:22:48	00:21:50	00:36:28	00:35:27	00:49:12	00:46:15	00:48:11	00:38:43	00:36:42	00:45:00	00:29:36	00:30:40	00:33:16	00:22:52
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	00:38:00	00:33:00	00:25:00	00:23:00	00:22:00
GM Acute Providers	Actual	00:22:27	00:19:41	00:22:45	00:25:35	00:27:58	00:30:50	00:28:57	00:25:05	00:23:34	00:25:30	00:21:35	00:23:48	00:21:07	00:19:35
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	00:26:24	00:26:28	00:24:04	00:23:07	00:21:31

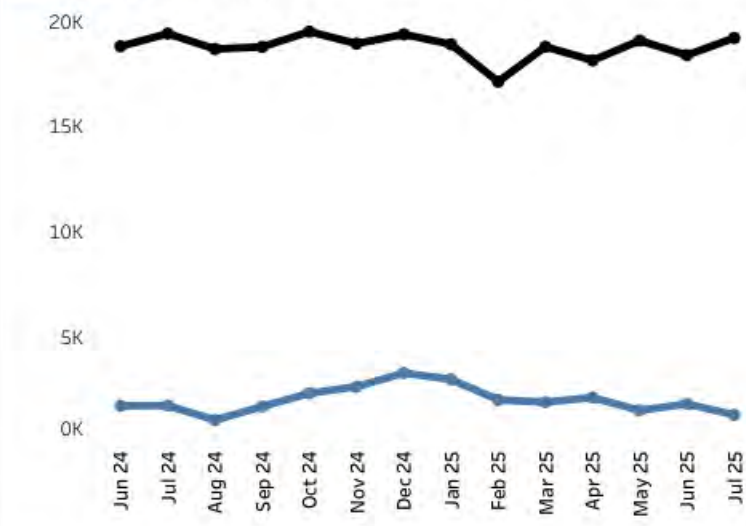
% & Count Recorded Handover over 45 Minutes

% Recorded Handover over 45 Minutes (0% Target)



Number of handovers over 45 minutes

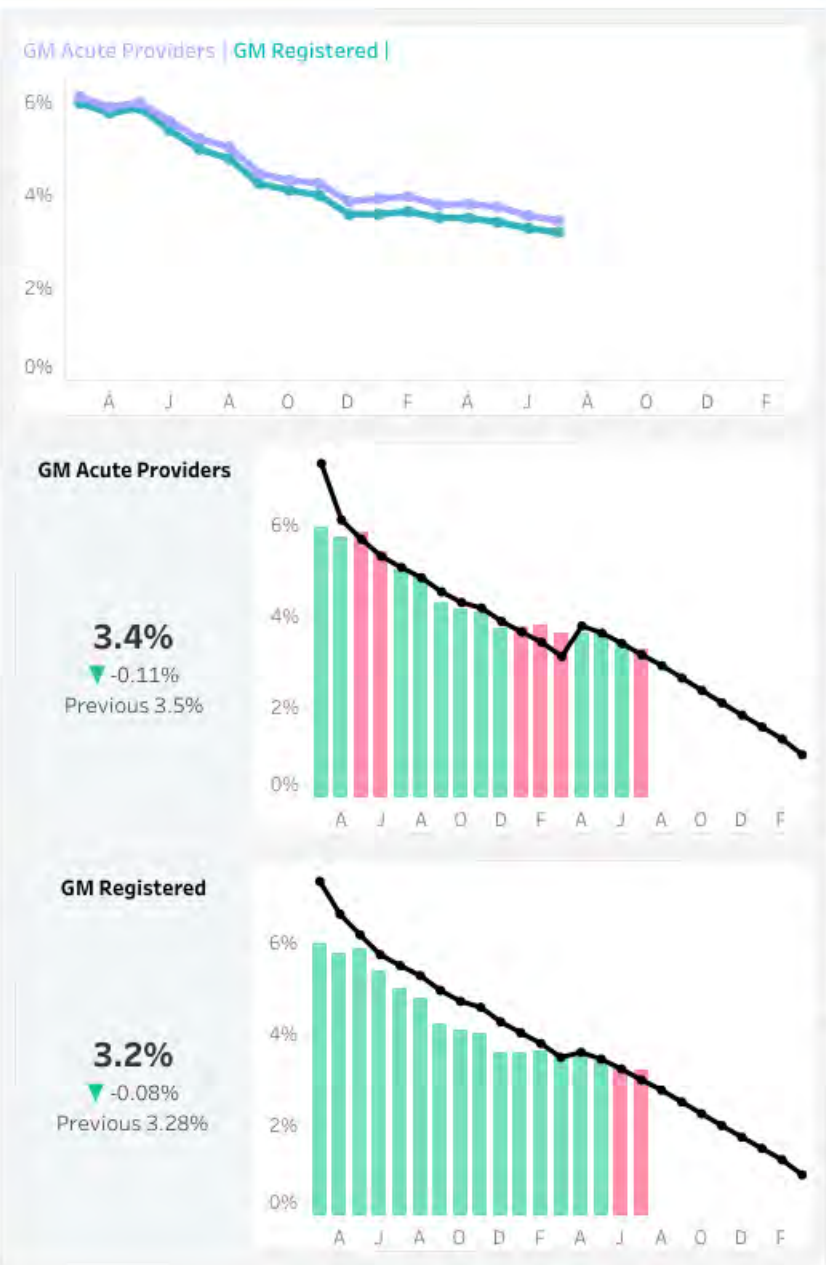
Numerator | Denominator |



	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25
Bolton FT	7.7%	5.8%	11.4%	21.0%	16.8%	15.3%	10.5%	15.6%	4.3%	11.7%	4.5%	5.4%	5.8%
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MFT	5.9%	3.8%	4.9%	5.6%	7.1%	9.0%	8.1%	4.9%	4.6%	4.6%	3.8%	4.7%	2.6%
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NCA	10.8%	7.0%	6.8%	11.9%	15.0%	19.9%	18.9%	14.3%	13.6%	14.3%	9.6%	16.8%	8.0%
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stockport FT	12.0%	5.8%	14.9%	17.4%	15.3%	22.6%	20.6%	11.2%	14.8%	11.9%	11.4%	4.8%	7.2%
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
T&G ICO FT	8.9%	2.5%	5.7%	5.8%	6.5%	12.7%	11.2%	4.1%	1.3%	2.3%	5.9%	5.8%	1.8%
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WWL FT	11.2%	8.7%	23.7%	24.4%	36.3%	36.5%	38.8%	29.9%	27.8%	35.9%	18.7%	19.4%	22.5%
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
GM Acute Providers	9.1%	5.8%	9.1%	12.0%	14.0%	17.1%	15.9%	11.9%	10.2%	11.8%	8.0%	10.0%	6.9%
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25
Bolton FT	162	120	225	443	348	317	223	292	90	236	91	109	119
	2,096	2,087	1,971	2,114	2,075	2,075	2,123	1,871	2,096	2,019	2,026	2,005	2,064
MFT	361	224	298	356	432	573	494	268	276	269	235	280	162
	6,140	5,896	6,060	6,319	6,096	6,345	6,085	5,441	6,059	5,859	6,143	5,932	6,261
NCA	616	381	370	681	847	1,125	1,027	726	733	749	530	906	442
	5,691	5,419	5,447	5,743	5,637	5,647	5,448	5,063	5,379	5,238	5,531	5,384	5,524
Stockport FT	211	99	248	290	251	372	339	169	254	179	192	77	126
	1,765	1,693	1,661	1,663	1,636	1,648	1,642	1,514	1,719	1,507	1,681	1,593	1,757
T&G ICO FT	151	40	96	99	104	223	188	62	21	37	103	93	31
	1,691	1,599	1,684	1,719	1,608	1,750	1,684	1,504	1,577	1,608	1,754	1,601	1,705
WWL FT	210	158	431	439	641	646	687	477	504	637	333	336	389
	1,881	1,822	1,818	1,798	1,766	1,769	1,772	1,598	1,816	1,776	1,778	1,735	1,727
GM Acute Providers	1,756	1,072	1,709	2,342	2,650	3,299	2,995	2,029	1,918	2,140	1,529	1,835	1,317
	19,363	18,635	18,734	19,457	18,888	19,328	18,860	17,088	18,741	18,097	19,033	18,343	19,157

% of RTT waits over 52 weeks for incomplete pathways

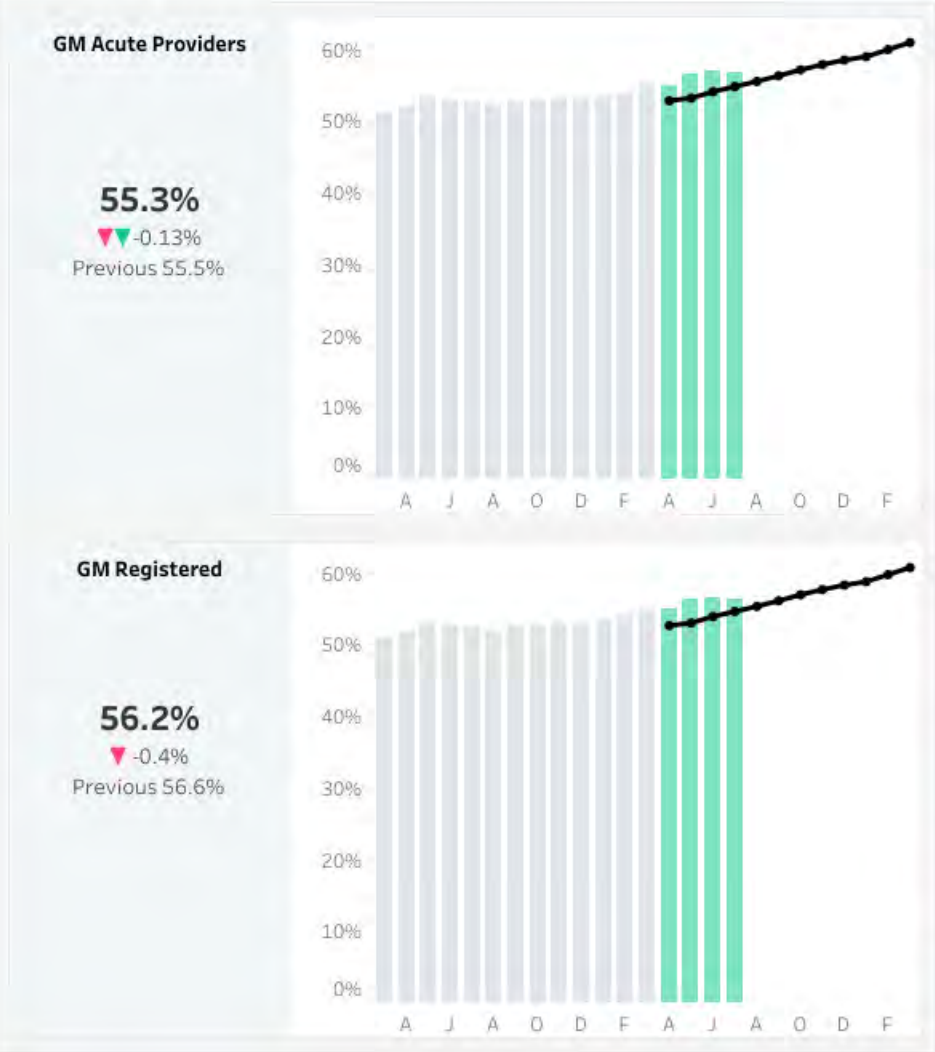


Data in the purple box is weekly and unvalidated

		Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	31 Aug	Sep 25
Bolton FT	Actual	7.3%	6.4%	5.4%	5.2%	4.6%	3.9%	3.5%	3.3%	3.1%	3.3%	3.5%	3.1%	3.3%	3.5%	
	Plan	7.5%	7.5%	6.4%	6.1%	6.0%	5.8%	5.7%	5.5%	5.4%	3.3%	3.1%	2.9%	2.7%	2.5%	2.3%
MFT	Actual	5.6%	5.5%	5.0%	4.8%	5.0%	4.6%	4.5%	4.6%	4.4%	4.4%	4.3%	4.0%	3.8%	0.0%	
	Plan	5.3%	5.1%	4.9%	4.7%	4.7%	4.2%	3.9%	3.6%	3.2%	4.3%	4.1%	3.9%	3.6%	3.3%	3.0%
NCA	Actual	4.7%	4.9%	4.0%	3.9%	3.5%	3.0%	3.4%	3.6%	3.5%	3.6%	3.7%	3.7%	3.7%	3.8%	
	Plan	5.7%	5.5%	5.3%	5.1%	4.9%	4.7%	4.5%	4.3%	4.1%	3.5%	3.4%	3.2%	3.0%	2.8%	2.6%
Stockport FT	Actual	5.5%	5.2%	4.4%	4.2%	4.5%	4.4%	4.7%	4.6%	4.6%	4.1%	3.5%	2.9%	2.7%	2.5%	
	Plan	6.0%	5.6%	5.5%	5.1%	4.9%	4.6%	4.3%	3.9%	3.1%	4.6%	4.5%	4.1%	3.7%	3.5%	3.1%
T&G ICO FT	Actual	1.6%	1.3%	0.9%	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Plan	1.3%	1.2%	1.0%	0.8%	0.6%	0.5%	0.3%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WWL FT	Actual	4.9%	4.4%	4.2%	4.6%	4.8%	4.6%	4.3%	4.2%	3.8%	3.9%	3.7%	3.7%	3.7%	3.8%	
	Plan	2.1%	1.5%	1.1%	0.9%	0.7%	0.6%	0.4%	0.2%	0.0%	3.9%	3.6%	3.4%	3.1%	2.8%	2.5%
Christie	Actual	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	
	Plan	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
GM Acute Providers	Actual	5.2%	5.0%	4.5%	4.3%	4.2%	3.9%	3.9%	4.0%	3.8%	3.8%	3.7%	3.5%	3.4%	3.3%	
	Plan	5.1%	4.8%	4.5%	4.3%	4.2%	3.9%	3.7%	3.4%	3.1%	3.8%	3.6%	3.4%	3.1%	2.9%	2.6%
GM Registered	Actual	5.0%	4.8%	4.2%	4.1%	4.0%	3.6%	3.6%	3.6%	3.5%	3.5%	3.4%	3.3%	3.2%		
	Plan	5.5%	5.3%	5.0%	4.7%	4.6%	4.3%	4.0%	3.8%	3.5%	3.6%	3.4%	3.2%	3.0%		2.5%

In line with the 2025/26 national planning guidance, a key priority is to reduce the proportion of patients waiting over 52 weeks for treatment. GM has set a target of no more than 1% by March 2026. As of July, 3.4% of pathways were breaching the 52-week threshold, exceeding the end-of-month target of 3.1%. *To note there is a data quality issue with weekly submissions from MFT, which affects the accuracy of unvalidated weekly figures*

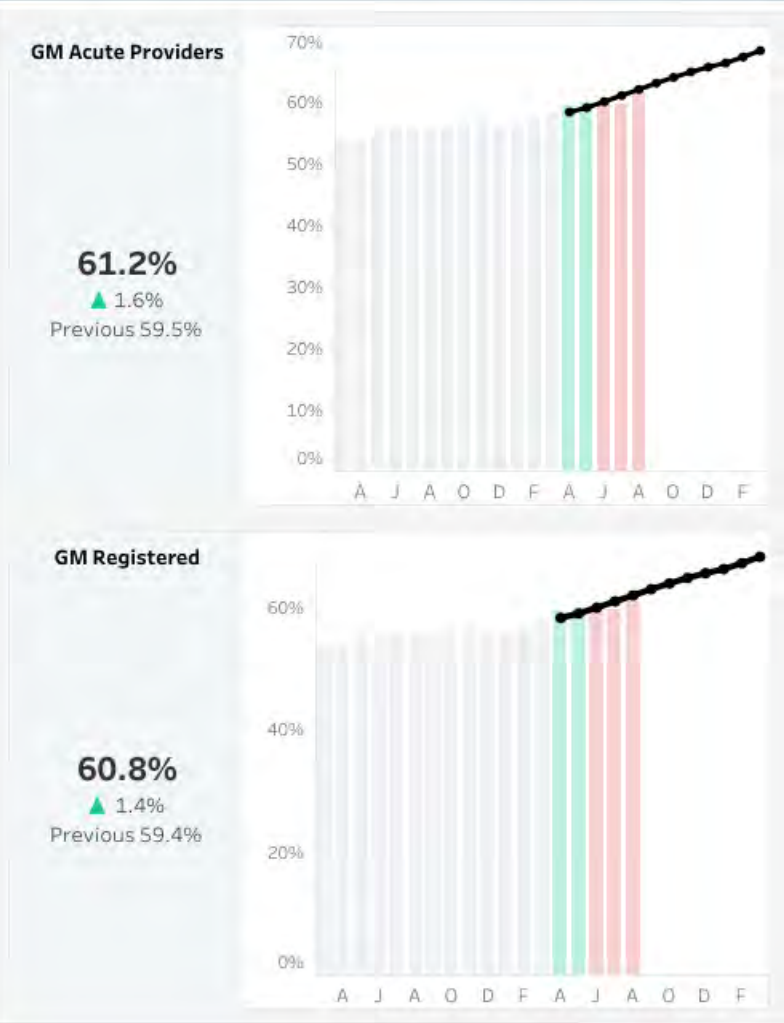
Elective – RTT Incomplete: % within 18 weeks



		Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
Bolton FT	Actual	50.4%	50.1%	52.3%	53.0%	54.2%	54.7%	54.5%	54.8%	55.4%	54.9%	55.8%	56.9%	57.2%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	55.8%	56.2%	56.7%	57.0%	57.5%
MFT	Actual	48.3%	48.0%	48.3%	48.3%	48.2%	48.3%	49.6%	50.4%	51.4%	51.0%	52.4%	53.2%	53.3%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50.3%	50.7%	51.7%	52.7%	53.7%
NCA	Actual	52.4%	51.3%	52.2%	52.9%	52.8%	52.8%	51.8%	52.0%	52.6%	52.4%	54.0%	53.7%	53.6%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52.6%	52.7%	53.3%	54.0%	54.7%
Stockport FT	Actual	52.4%	51.2%	52.5%	53.7%	53.7%	54.2%	54.1%	54.3%	55.2%	55.2%	56.6%	57.1%	56.8%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	54.2%	54.4%	56.1%	56.3%	55.9%
T&G ICO FT	Actual	61.9%	62.4%	63.1%	65.8%	68.3%	69.0%	69.5%	71.1%	70.3%	70.8%	71.8%	72.2%	71.6%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68.5%	69.0%	70.1%	70.6%	71.5%
WWL FT	Actual	56.6%	56.7%	54.7%	53.7%	54.0%	53.2%	53.6%	54.6%	56.0%	56.6%	58.2%	57.9%	56.5%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	53.0%	53.6%	54.2%	54.9%	55.5%
Christie	Actual	97.3%	97.2%	96.8%	97.5%	96.6%	96.8%	97.0%	96.3%	95.1%	95.1%	95.0%	95.0%	94.5%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	97.2%	97.2%	97.2%	97.2%	97.2%
GM Acute Providers	Actual	51.7%	51.2%	51.6%	52.0%	52.0%	52.1%	52.4%	53.0%	53.8%	53.7%	55.1%	55.5%	55.3%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52.9%	53.2%	54.1%	54.8%	55.6%
GM Registered	Actual	52.6%	52.1%	52.5%	52.8%	53.0%	53.0%	53.3%	54.0%	55.0%	55.0%	56.4%	56.6%	56.2%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52.7%	53.0%	53.9%	54.6%	55.4%

At the end of July, the % of referral to treatment pathways seen within 18 weeks was 55.3% (GM Acute Providers). One of the 2025/26 national priorities is to reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 61% across our GM providers.

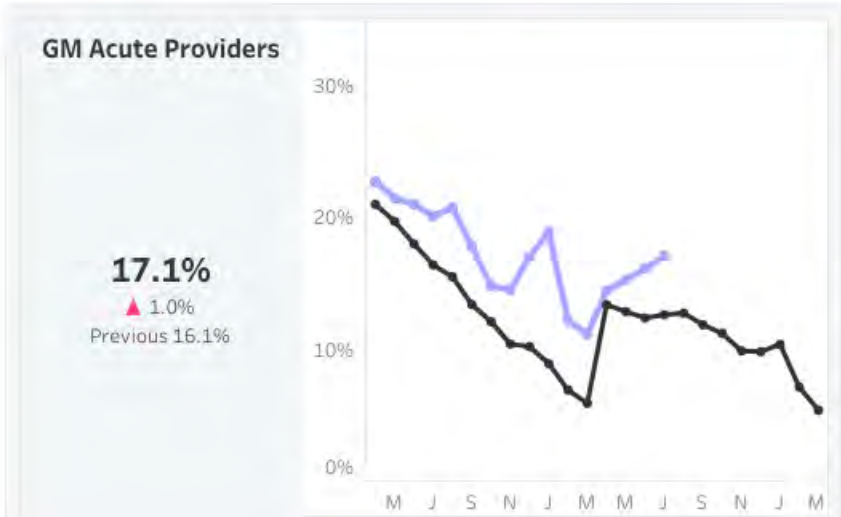
Elective – RTT Incomplete: % first appointment within 18 weeks



		Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
Bolton FT	Actual	54.0%	54.7%	56.8%	58.7%	61.0%	60.4%	60.7%	60.9%	61.1%	61.8%	63.0%	64.0%	65.9%	66.2%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61.9%	62.6%	62.9%	63.6%	63.8%	64.5%
MFT	Actual	51.5%	51.4%	51.6%	51.7%	52.2%	51.1%	51.3%	52.1%	53.8%	55.2%	55.6%	56.0%	56.3%	100.0%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	53.6%	54.8%	56.1%	57.3%	58.5%	59.7%
NCA	Actual	56.2%	55.2%	56.2%	56.8%	56.9%	55.7%	55.7%	56.0%	57.5%	58.1%	58.8%	57.1%	56.8%	55.4%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57.5%	57.2%	58.4%	59.7%	60.9%	62.1%
Stockport FT	Actual	57.1%	56.3%	57.0%	59.6%	59.6%	59.7%	60.9%	61.7%	61.5%	63.5%	64.7%	64.5%	64.7%	63.1%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62.5%	63.0%	63.5%	64.0%	64.4%	64.9%
T&G ICO FT	Actual	67.8%	69.1%	71.7%	75.9%	77.6%	80.0%	81.8%	82.8%	81.1%	81.6%	80.7%	80.1%	78.8%	77.9%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81.2%	82.2%	81.6%	81.8%	82.5%	82.6%
WWL FT	Actual	60.8%	59.7%	58.0%	59.3%	59.0%	57.8%	58.4%	60.0%	61.9%	63.6%	64.4%	63.0%	61.7%	61.7%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60.2%	60.8%	61.5%	62.1%	62.7%	63.3%
Christie	Actual	99.7%	99.8%	99.8%	99.8%	99.4%	99.7%	99.8%	99.5%	99.5%	99.1%	99.0%	99.4%	99.2%	99.1%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%
GM Acute Providers	Actual	55.4%	55.0%	55.4%	56.2%	56.6%	55.7%	56.1%	56.9%	58.1%	59.3%	59.8%	59.4%	59.5%	61.2%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58.2%	59.0%	59.9%	60.9%	61.9%	62.9%
GM Registered	Actual	55.5%	54.7%	55.3%	56.1%	56.6%	55.6%	56.0%	56.8%	58.0%	59.2%	59.7%	59.2%	59.4%	60.8%	
	Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58.1%	58.8%	59.8%	60.8%	61.8%	62.8%

Within the 25/26 national planning guidance, one of the priorities is to reduce the proportion of people waiting over 18 weeks for their first appointment. In July 59.5% of pathways were seen within 18 weeks. The 25/26 aim is to reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for their first appointment. The GM plan is to deliver 68% within 18 weeks by March 2026 across all GM providers. *To note there is a data quality issue with weekly submissions from MFT, which affects the accuracy of August data.*

Diagnostics: % waiting 6 weeks+

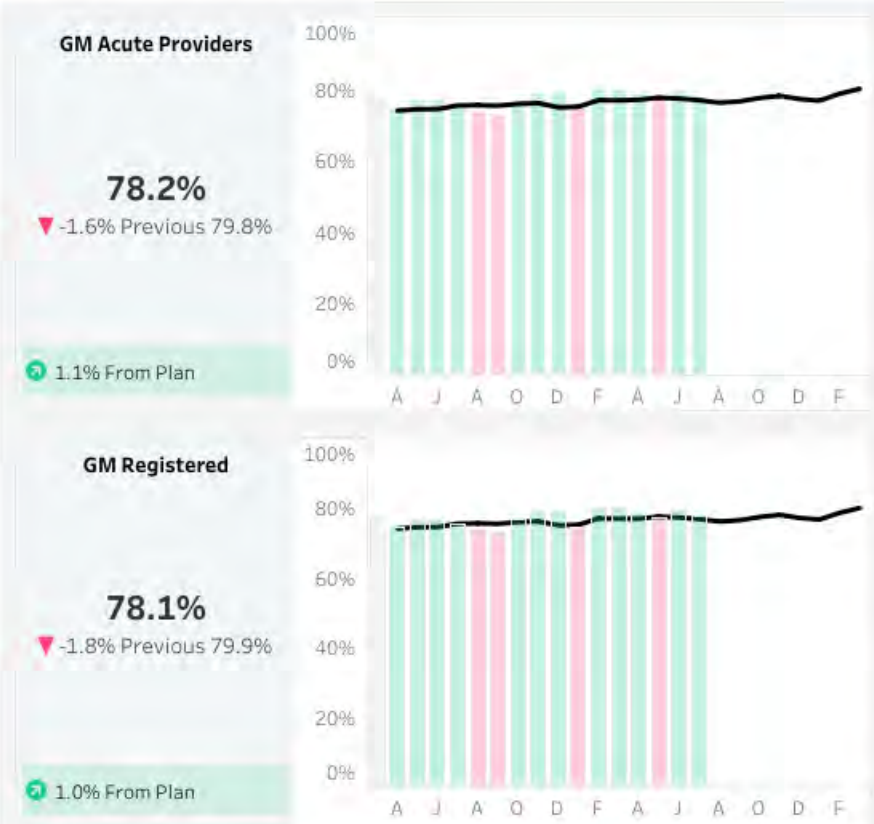


In July, the GM Acute Providers' 6-week wait (6ww) performance across all DM01 tests was 17.1%, against an end of month target of 12.6%

GM Registered performance stood at 16.3%, ranking GM 12th out of 42 nationally.

	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
Bolton FT	15.5%	17.1%	12.9%	12.5%	14.3%	18.4%	15.8%	12.2%	3.7%	10.8%	13.6%	14.8%	17.8%	
	5.1%	11.6%	11.9%	11.4%	5.4%	11.5%	10.7%	5.0%	5.0%	7.7%	7.6%	7.7%	8.0%	8.5%
MFT	25.3%	26.1%	22.1%	18.5%	17.8%	22.2%	25.5%	14.2%	11.7%	13.3%	14.2%	13.2%	12.7%	
	25.3%	23.0%	20.9%	19.4%	17.9%	16.5%	14.5%	12.1%	10.0%	13.2%	12.5%	11.9%	12.9%	13.3%
NCA	14.4%	15.9%	14.0%	10.7%	10.9%	11.8%	13.2%	9.1%	9.3%	12.2%	10.9%	12.3%	13.4%	
	11.0%	10.8%	10.2%	9.4%	8.7%	7.7%	6.9%	5.7%	4.9%	12.9%	12.2%	11.4%	10.7%	9.9%
Stockport FT	20.5%	22.4%	17.3%	14.5%	15.9%	18.2%	23.0%	21.2%	23.3%	27.4%	21.1%	22.0%	22.7%	
	12.0%	6.7%	1.4%	0.4%	0.7%	1.0%	0.4%	0.2%	0.3%	25.8%	24.5%	24.2%	25.4%	27.6%
T&G ICO FT	7.4%	6.5%	7.2%	7.9%	4.3%	4.9%	0.8%	0.3%	0.4%	1.6%	3.2%	2.6%	2.7%	
	2.1%	2.2%	2.4%	2.2%	2.3%	2.2%	2.5%	2.0%	2.1%	1.3%	3.1%	3.9%	3.7%	4.3%
WWL FT	23.1%	22.9%	21.7%	18.5%	17.0%	16.7%	17.1%	10.0%	10.1%	18.0%	25.0%	30.4%	33.5%	
	19.8%	17.2%	11.3%	9.1%	7.9%	6.8%	5.7%	5.2%	4.9%	9.9%	9.7%	9.5%	9.2%	9.0%
Christie	1.9%	1.1%	1.2%	0.9%	1.0%	0.9%	0.8%	0.5%	0.8%	1.7%	1.7%	2.1%	2.6%	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GM Acute Providers	20.1%	20.7%	17.8%	14.8%	14.5%	17.0%	18.9%	12.2%	11.1%	14.4%	15.3%	16.1%	17.1%	
	16.4%	15.5%	13.4%	12.1%	10.4%	10.2%	8.9%	6.9%	5.9%	13.4%	12.9%	12.4%	12.6%	12.7%
GM Registered	19.4%	20.1%	16.9%	14.5%	14.0%	16.2%	17.9%	11.6%	10.5%	13.7%	14.6%	15.4%	16.3%	

28 Day Wait from Referral to Faster Diagnosis: All Patients



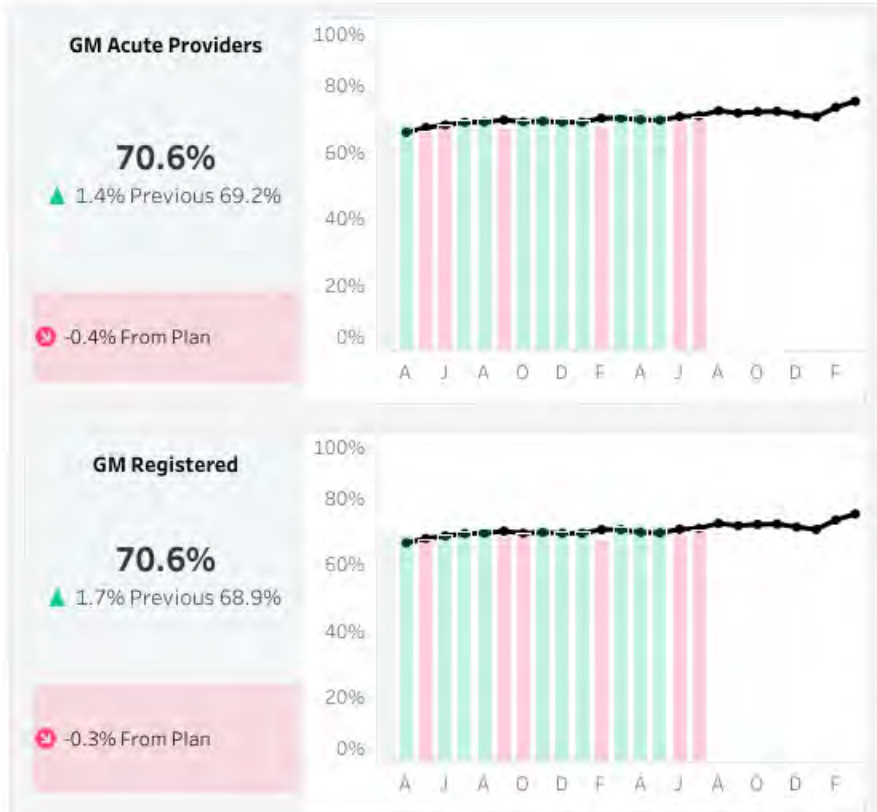
In July, 28-day FDS performance was delivered at 78.2% against a period target of 77.1%

The NHS Greater Manchester Integrated Care Board (GM ICB) ranked 17th out of 42 nationally.

The GM plan is to deliver 80% by March 2026.

		Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
Bolton FT	Actual	83.7%	86.3%	88.1%	89.6%	89.6%	90.9%	86.7%	90.2%	90.5%	88.4%	89.5%	87.7%	87.2%	
	Plan	84.2%	84.3%	84.1%	84.2%	83.8%	83.8%	83.7%	83.7%	77.0%	80.0%	80.0%	80.0%	80.0%	80.0%
MFT	Actual	77.3%	76.3%	76.0%	76.2%	77.8%	74.7%	70.2%	76.2%	76.0%	76.3%	75.2%	78.4%	75.2%	
	Plan	73.0%	73.0%	73.0%	74.0%	74.0%	72.0%	75.0%	76.0%	77.0%	76.3%	76.7%	76.7%	77.0%	75.8%
NCA	Actual	69.7%	61.4%	57.7%	68.2%	75.5%	78.2%	72.6%	79.6%	77.3%	74.5%	74.1%	77.7%	76.8%	
	Plan	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	72.0%	76.0%	77.0%	75.8%	75.7%	75.5%	74.1%	71.9%
Stockport FT	Actual	79.4%	75.4%	76.0%	80.5%	76.2%	79.8%	75.2%	80.7%	82.1%	79.5%	77.6%	80.9%	79.7%	
	Plan	73.2%	72.9%	73.9%	74.8%	75.4%	74.1%	74.2%	76.2%	77.1%	77.0%	77.5%	78.0%	78.0%	78.6%
T&G ICO FT	Actual	75.9%	77.0%	77.0%	78.8%	77.9%	83.4%	81.3%	83.9%	86.2%	85.8%	84.1%	85.3%	84.4%	
	Plan	75.4%	75.0%	73.0%	75.7%	77.2%	71.4%	73.5%	76.0%	77.0%	79.1%	80.0%	80.1%	80.1%	80.3%
WWL FT	Actual	78.2%	79.7%	81.3%	84.8%	83.6%	81.5%	78.7%	82.3%	85.5%	81.5%	76.3%	76.4%	76.4%	
	Plan	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	78.8%	81.4%	79.7%	78.3%	79.7%
Christie	Actual	91.7%	86.4%	90.0%	81.3%	89.5%	88.9%	83.3%	87.5%	87.0%	94.7%	82.6%	89.3%	84.2%	
	Plan	78.6%	78.6%	78.6%	78.6%	78.6%	78.6%	78.6%	78.6%	78.6%	80.0%	80.0%	80.0%	80.0%	80.0%
GM Acute Providers	Actual	76.2%	74.1%	73.2%	76.9%	79.1%	79.4%	74.9%	80.4%	80.3%	78.7%	77.5%	79.8%	78.2%	
	Plan	75.6%	75.7%	75.5%	76.0%	76.2%	75.0%	75.2%	77.1%	77.0%	77.2%	77.8%	77.5%	77.1%	76.4%
GM Registered	Actual	75.8%	74.1%	73.2%	76.8%	79.3%	79.5%	74.9%	80.2%	80.1%	78.7%	77.5%	79.9%	78.1%	
	Plan	75.7%	75.8%	75.7%	76.2%	76.4%	75.3%	75.4%	77.2%	77.2%	77.2%	77.8%	77.5%	77.1%	76.4%

62 Day Wait from Referral to First Treatment: All Patients



In July performance for 62-day referral to treatment for All GM NHS Acute Providers was 70.6% against a period target of 71.0% The NHS Greater Manchester Integrated Care Board (GM ICB) ranked 17th out of 42 nationally The GM plan is to deliver 75% by March 2026.

		Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
Bolton FT	Actual	85.5%	87.4%	86.6%	86.2%	85.2%	89.0%	86.3%	81.5%	80.4%	86.8%	87.8%	86.5%	83.7%	
	Plan	82.2%	82.8%	82.4%	83.0%	84.4%	84.6%	85.1%	85.7%	70.6%	75.4%	75.2%	75.5%	75.2%	75.5%
MFT	Actual	60.0%	57.2%	53.5%	58.2%	62.2%	59.1%	60.1%	58.6%	63.3%	64.9%	65.5%	61.2%	61.1%	
	Plan	67.9%	67.9%	68.0%	65.1%	64.1%	63.1%	65.0%	67.1%	70.0%	62.4%	63.8%	66.1%	67.2%	68.7%
NCA	Actual	69.8%	66.9%	63.7%	65.6%	71.3%	67.0%	69.3%	64.8%	70.7%	74.0%	71.5%	69.4%	74.2%	
	Plan	62.7%	63.7%	64.7%	65.5%	66.4%	69.1%	66.9%	68.0%	70.0%	69.0%	65.6%	68.9%	68.9%	70.1%
Stockport FT	Actual	74.9%	77.3%	71.3%	73.8%	74.4%	70.5%	67.6%	72.6%	74.2%	70.2%	70.4%	61.9%	69.7%	
	Plan	70.6%	64.5%	70.4%	71.9%	72.4%	70.2%	66.0%	71.1%	70.2%	70.0%	70.2%	70.8%	71.2%	71.7%
T&G ICO FT	Actual	78.5%	79.8%	76.3%	77.5%	70.0%	77.4%	83.3%	74.6%	81.5%	76.0%	80.1%	81.4%	78.6%	
	Plan	71.4%	73.3%	71.2%	70.8%	70.2%	69.3%	70.0%	69.4%	71.1%	75.0%	75.5%	75.0%	76.7%	77.4%
WWL FT	Actual	64.8%	76.8%	81.5%	82.8%	78.8%	81.7%	76.6%	73.4%	78.2%	81.7%	76.0%	73.1%	68.7%	
	Plan	70.3%	70.3%	70.6%	70.3%	70.6%	70.5%	70.5%	70.6%	70.5%	80.3%	81.6%	76.0%	74.6%	81.0%
Christle	Actual	76.7%	80.1%	75.1%	81.6%	76.9%	76.4%	71.3%	73.3%	75.6%	72.2%	69.0%	74.3%	76.6%	
	Plan	70.4%	70.4%	70.4%	70.4%	70.4%	70.4%	70.4%	70.4%	70.4%	75.2%	75.2%	75.2%	75.2%	75.2%
GM Acute Providers	Actual	69.7%	70.2%	67.3%	69.7%	71.1%	70.2%	69.6%	67.6%	71.6%	72.9%	71.7%	69.2%	70.6%	
	Plan	69.0%	69.1%	69.7%	69.1%	69.3%	69.0%	69.0%	70.2%	70.2%	69.8%	69.6%	70.7%	71.0%	72.5%
GM Registered	Actual	69.8%	70.7%	68.5%	69.4%	71.4%	70.1%	70.0%	67.6%	71.4%	72.3%	71.9%	68.9%	70.6%	
	Plan	69.4%	69.5%	70.1%	69.5%	69.8%	69.5%	69.5%	70.6%	70.6%	69.8%	69.6%	70.7%	71.0%	72.5%

Access to Children and Young People Mental Health Services



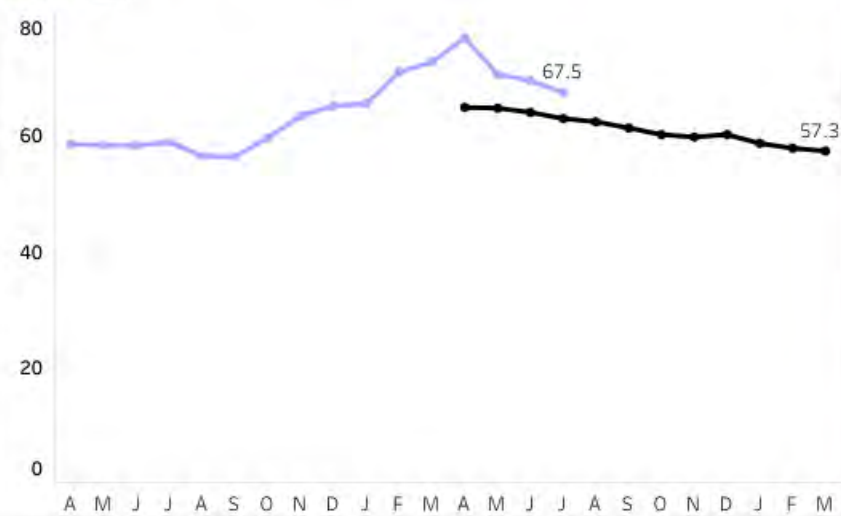
		Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
GM Registered	Actual	55,160	54,520	54,340	54,675	54,940	55,150	55,395	55,405	55,230	55,065	54,910	55,135	54,935	
	Plan	54,310	54,310	54,310	54,310	54,310	54,310	54,310	54,310	54,310	55,000	55,000	55,000	55,000	55,000

A total of 54,935 children accessed mental health services in the 12 months to July 2025. This is slightly below the end of year plan of 55,000.

Average length of stay for Adult Acute, Older Adults and PICU beds

2024/25/26 Performance

GM | CB | Plan |

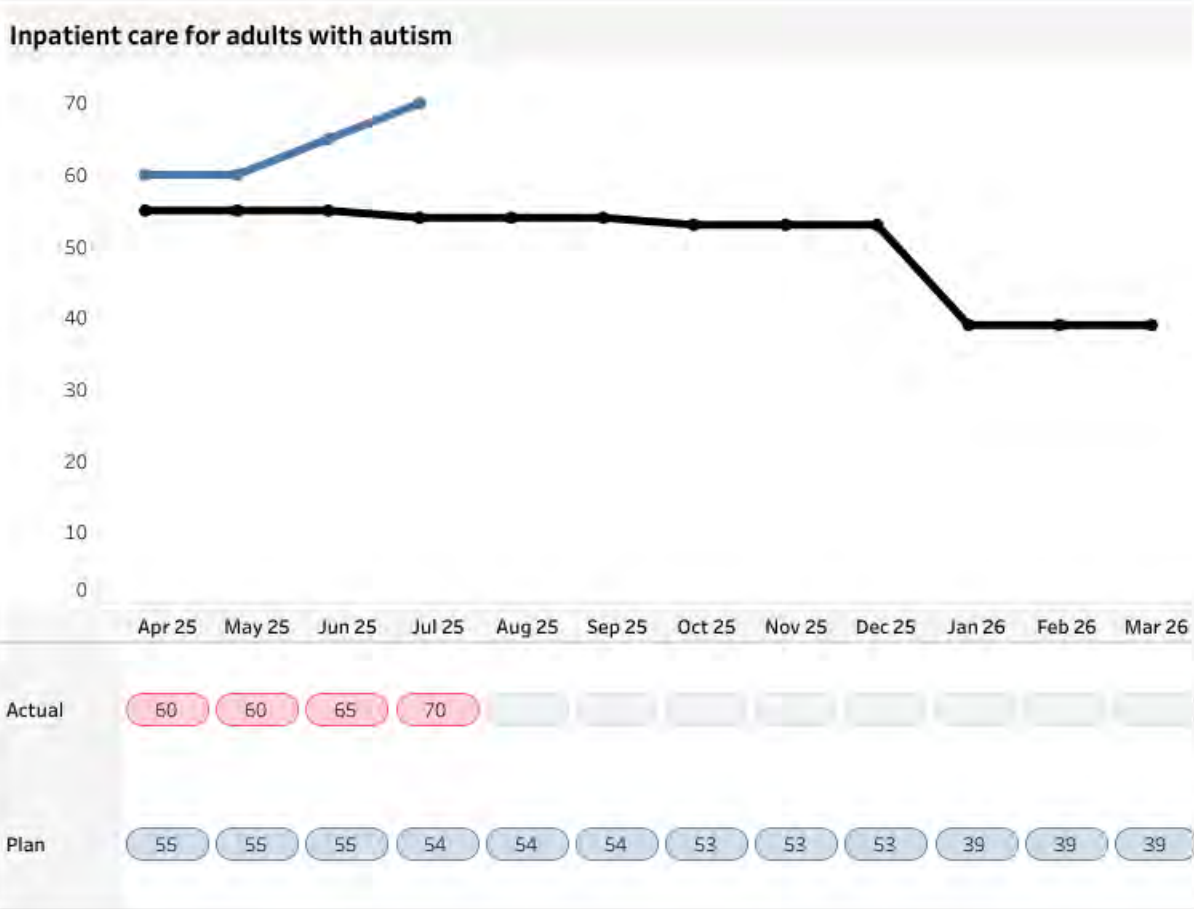
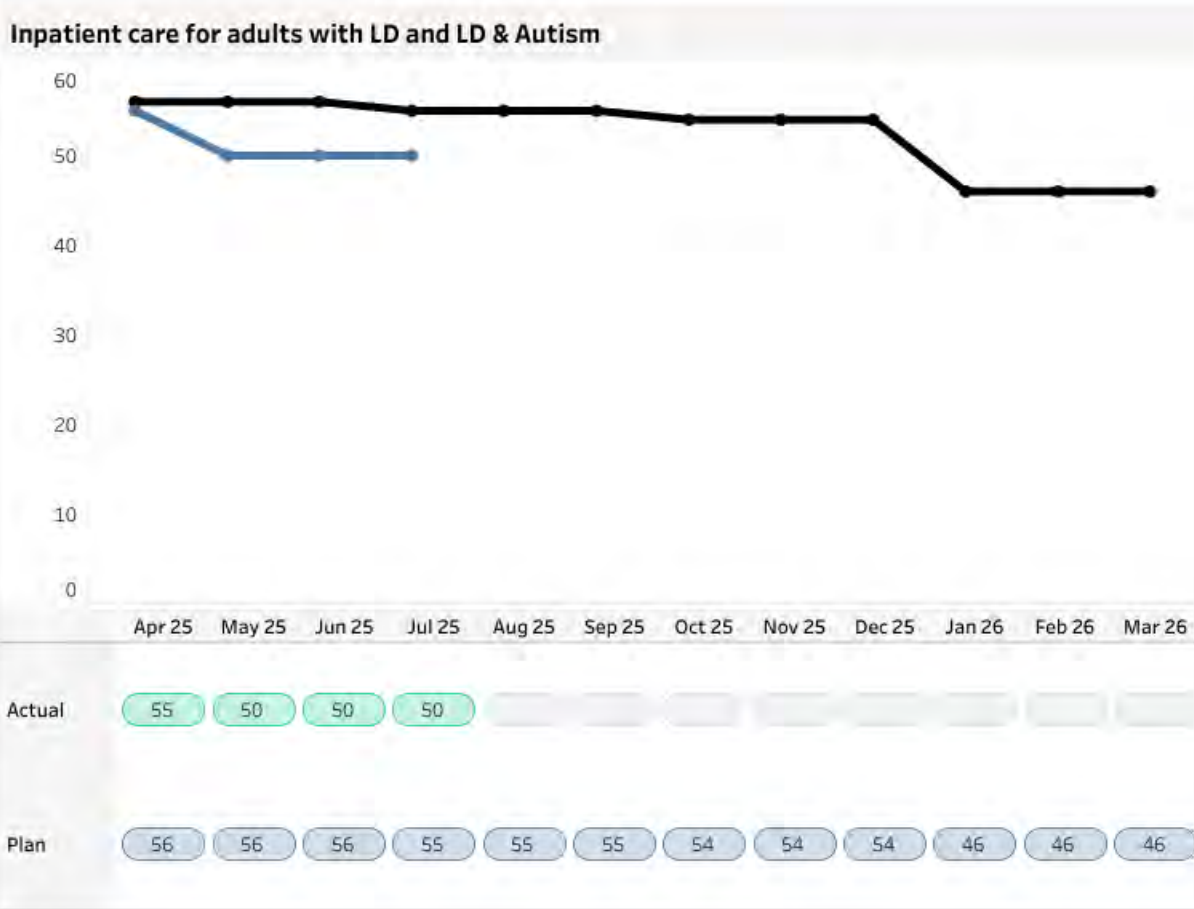


The average length of stay in adult acute, older adult acute and psychiatric intensive care unit (PICU) beds for GM registered patients discharged in the 3 months to July was 67.5 days against a target of 63 days.

GMMH average LOS was 72.7 in July ,which was worse than July plan and PCFT was 73.3 days against a plan of 58.2 days

		Apr ..	May..	Jun ..	Jul 24	Aug ..	Sep ..	Oct ..	Nov ..	Dec ..	Jan ..	Feb ..	Mar ..	Apr ..	May..	Jun ..	Jul 25	Aug ..	Sep ..	Oct ..	Nov ..	Dec ..	Jan ..	Feb ..	Mar ..
GMMH	Actual	58.1	58.9	60.5	62.5	60.3	63.5	67.7	68.3	67.5	68.9	80.9	84.1	94.1	85.9	83.9	72.7								
	Plan													67.8	67.5	66.2	66.0	65.1	63.3	62.4	61.7	62.4	61.5	60.2	59.4
PCFT	Actual	63.6	64.6	64.9	61.9	58.3	55.2	55.4	59.9	68.6	69.5	67.1	64.4	63.1	64.4	64.7	73.3								
	Plan													60.5	60.5	60.5	58.2	58.2	58.2	56.6	56.6	56.6	54.0	54.0	54.0
GM Providers	Actual	60.3	61.2	62.2	62.3	59.5	60.1	62.7	65.0	67.9	69.1	75.1	75.7	80.8	76.8	75.6	72.9								
	Plan													64.9	64.8	64.0	63.0	62.4	61.3	60.2	59.8	60.2	58.7	57.8	57.3
GM Registered	Actual	58.5	58.3	58.3	58.9	56.5	56.4	59.6	63.4	65.2	65.5	71.0	72.7	76.9	70.6	69.5	67.5								
	Plan													64.9	64.8	64.0	63.0	62.4	61.3	60.2	59.8	60.2	58.7	57.8	57.3

Inpatient Care for Adults with LD/Autism



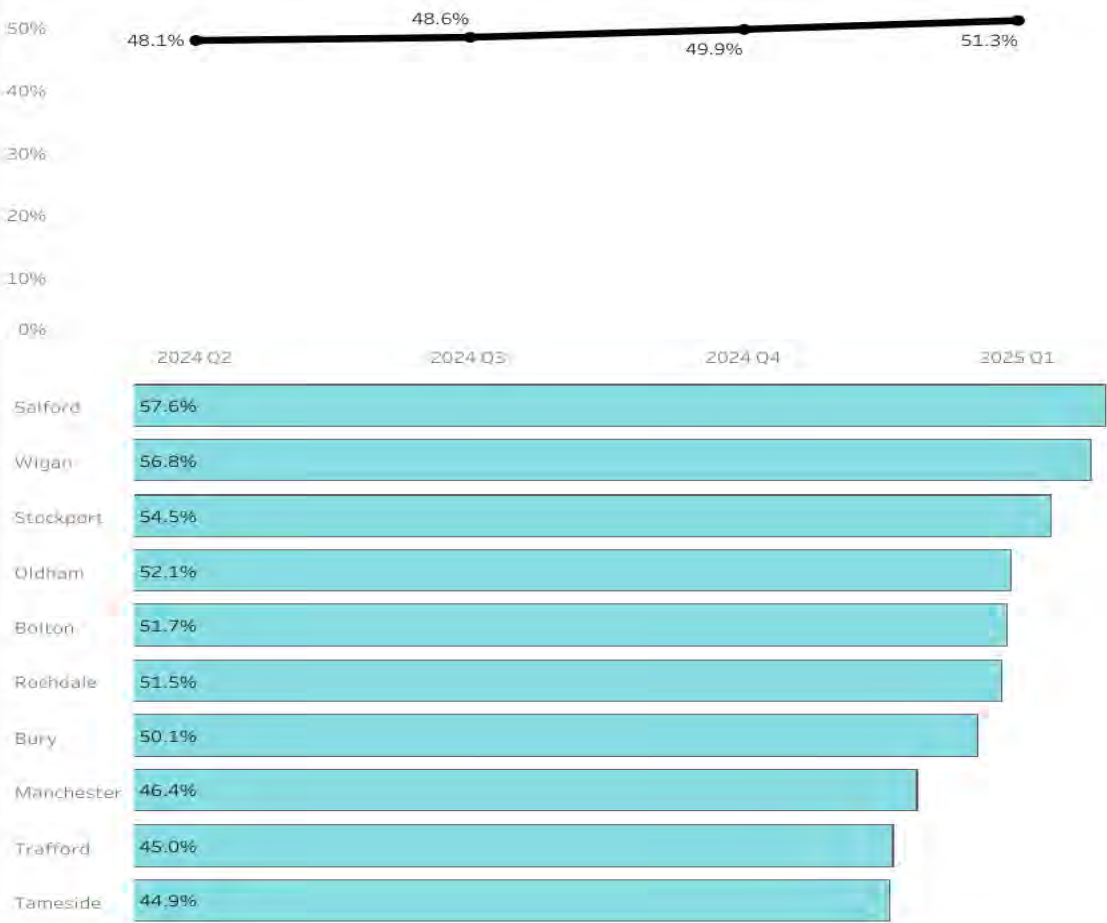
The published data for these metrics are rounded up to 5.

GM has consistently achieved plan for adult inpatients with LD and LD with autism with 50 patients against the end of quarter 2 plan of 55 in July.

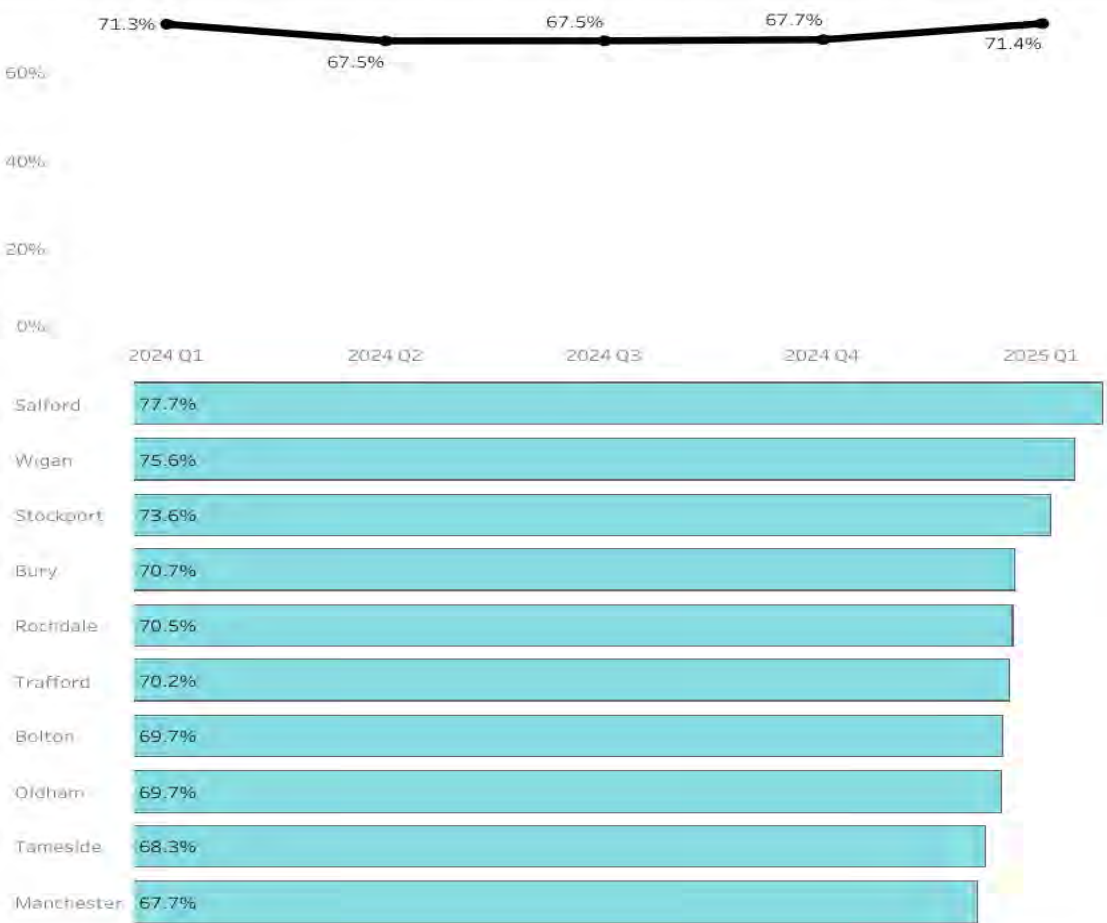
GM have delivered worse than plan for adult inpatient care for patients with autism, with the published figures showing a steady increase, not on track to meet the end of quarter 2 plan of 54 in July with 70 patients. Note published data is rounded to nearest five to prevent identification of vulnerable individuals. Access to the unvalidated and unsuppressed data up to the end of August, show a much-improved position, but remaining slightly worse than quarter 2 plan.

CVD/Hypertension

% of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidelines



% of patients with hypertension treated according to NICE guidance



As part of the 2025/26 national priorities, the aim is to increase the percentage of patients with hypertension who are treated in line with NICE guidance, and the percentage of patients with GP-recorded cardiovascular disease (CVD) whose cholesterol levels are managed according to NICE guidance. At the end of Q1, 51.3% of patients with recorded CVD and 71.4% of patients with hypertension had been treated in accordance with NICE guidance

Appointments in General Practice

2024/25 Performance

GM ICB | Plan |



GM ICB has set a target of 1,449,589 GP appointments per month throughout 25/26. In July 25, 1,504,532 appointments were delivered, better than plan.

	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
GM Registered															
	Actual	1,282,093	1,442,564	1,281,626	1,398,340	1,792,766	1,450,952	1,294,668	1,517,955	1,368,309	1,436,233	1,326,464	1,338,977	1,391,517	1,504,532
	Plan	1,383,099	1,328,038	1,336,624	1,464,465	1,632,954	1,514,007	1,260,316	1,495,110	1,341,169	1,547,826	1,449,589	1,449,589	1,449,589	1,449,589



NHS GM Safeguarding Children Partnerships Annual Reports 2024/25

September 2025

Quality and Performance Committee

September 2025

Required information	Details
Title of report	NHS GM Safeguarding Children Partnerships Annual Reports 2024/25
Author	Andrea Patel Associate Director of Safeguarding; Natasha Hirst, Quality Manager - Safeguarding
Presented by	Andrea Patel Associate Director of Safeguarding, NHS GM
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Executive summary	The report provides the Quality and Performance Committee (QPC) with the GM Safeguarding Children Partnerships Annual Reports 2024/25 as part of the ICB formal governance process for the Chief Nurse statutory safeguarding function as Delegated Safeguarding Partner and Lead Safeguarding Partner (LSP) equally along with Local Authorities and the Police.
The benefits that the population of Greater Manchester will experience.	NHS GM undertakes the Statutory Partner requirements to safeguard children and families.
How health inequalities will be reduced in Greater Manchester's communities.	N/A
The decision to be made and/or input sought	What is the purpose of paper i.e. decision / discussion / information
How this supports the delivery of the strategy and mitigates the BAF risks	Implementation of NHS Statutory function for safeguarding, supporting and strengthening our communities.
Key milestones	Our NHS GM Safeguarding Children Partnerships Annual Reports 2024/25 require national submission to DfE by the end of September 2025 as per Working Together (2023) requirements.
Leadership and governance arrangements	Paper will form part of QPC update to ICB Board and and formal governance route
Engagement* to date *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	NHS GM Associate Directors of Quality NHS GM Designated teams NHS GM Safeguarding Leadership group

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
N	Y	N	N	N	N	Y

1. GM Safeguarding Children Partnerships Annual Reports 2024/25

- 1.1 This report presents the 2024/25 Annual Reports from each of Greater Manchester's (GM) Safeguarding Children Partnerships to the Quality and Performance Committee (QPC) for formal approval. These reports will be submitted to the Department for Education (DfE) in September 2025, in line with statutory requirements under Working Together to Safeguard Children (DfE, 2023).
- 1.2 Under this statutory guidance, safeguarding partners (Local Authorities, Integrated Care Boards, and Chief Officers of Police) are jointly accountable for publishing an annual report that evidences the effectiveness of Multi-Agency Safeguarding Arrangements (MASA). Reports must demonstrate collaborative working, impact on child protection, learning from serious incidents, and future priorities. They must also be accessible and publicly available.
- 1.3 Within NHS Greater Manchester, the GM ICB Chief Officer acts as the Lead Safeguarding Partner, with the Chief Nursing Officer as the Delegated Safeguarding Partner. The governance model ensures statutory compliance across all GM localities.
- 1.4 The GM Safeguarding Children Partnership annual reports for approval are provided in **Table 1** below.
- 1.5 The Safeguarding Children Partnership annual reports which were approved by the Quality and Performance Committee in September 2025 are outlined in **Table 2**.

Table 1 – GM Safeguarding Children Partnerships Annual Reports 2024/25 for Approval

Safeguarding Children Partnership	Annual Report 2024/25
Bolton	Not submitted
Bury	Appendix 1 – BSCP Annual Report
Heywood, Middleton & Rochdale	Appendix 2 – RBSCP Annual Report
Manchester	Not submitted
Oldham	Not submitted
Salford	Appendix 3 – SSCP Annual Report 24-25
Tameside	Not submitted
Wigan	Appendix 4 – WSCP Annual Report 24 25

Table 2 - GM Safeguarding Children Partnerships annual reports 2024/25, approved by QPC in September 2025

Safeguarding Children Partnership	Annual Report 2024/25
Stockport	Appendix 5 – Stockport SCP Annual Report 2024
Trafford	Appendix 6 – DSP Copy TSCP Annual Report

Table 3 below outlines the priorities for the Greater Manchester Safeguarding Children Partnerships, reflecting each partnership's strategic focus areas based on local needs, multi-agency collaboration, and learning from practice. The priorities vary across partnerships, but common themes include neglect, exploitation, domestic abuse,

complex safeguarding, and the importance of amplifying the voice of children and families.

Table 3 - Safeguarding Children Partnership Priorities 2024/25

	Bury	Bolton	Rochdale	Manchester	Oldham	Salford	Stockport	Tameside	Trafford	Wigan
Adolescents & Transition			✓				✓			✓
Adult Engagement							✓			
Child Sexual Abuse	✓		✓			✓	✓			
Complex Safeguarding	✓									✓
Domestic Abuse	✓		✓			✓			✓	✓
Exploitation						✓			✓	
Mental Health									✓	
Neglect	✓		✓			✓	✓		✓	✓
Partnership & Communication						✓				✓
Quality & Governance							✓		✓	
Systems & Reforms	✓									
Trauma & Risk							✓			
User Voice & Participation	✓		✓			✓				

2. RECOMMENDATIONS:

- The Committee is asked to note and approve the GM locality Safeguarding Children Partnership Annual Reports 2024/25



Bury Safeguarding Children's Partnership (BSCP)
Annual Report 2024-2025

Working together to safeguard children and adults in Bury

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1. Foreword

It is with great commitment and collective ambition that we present the 2024–25 Annual Report of the Bury Children’s Safeguarding Partnership (BSCP). This report outlines the progress made across the borough in strengthening multi-agency safeguarding arrangements, embedding statutory responsibilities, and promoting a culture of partnership, transparency, and continuous learning.

Bury is a vibrant and diverse borough in Greater Manchester with a growing child population and increasing complexity of need. Our safeguarding work is grounded in a shared vision: to ensure that all children in Bury are safe, supported, and empowered to achieve their full potential. The year has brought challenges—including rising demand for services, emerging threats such as online harm and youth violence, and growing awareness of mental health impacts—yet our response has remained rooted in collaboration, evidence, and compassion.

The implementation of Working Together to Safeguard Children 2023 has been a major focus, bringing with it opportunities to refine governance, strengthen participation, and deepen our collective accountability. Through updated subgroup structures, renewed scrutiny, and an unwavering focus on the voices of children and young people, we have taken significant steps in building a robust safeguarding system that is inclusive, responsive, and prevention focused.

This report demonstrates not only what we have achieved but also the values that underpin our work. We thank all partners, practitioners, and—most importantly—the children and families who continue to shape our understanding and drive our efforts forward.

2. Area Profile

Bury is a metropolitan borough with a population of approximately 196,000, including a significant and growing proportion of children under 18. The borough includes six townships: Bury, Radcliffe, Whitefield, Prestwich, Ramsbottom, and Tottington. These communities are marked by rich cultural diversity, pockets of deprivation, and a dynamic voluntary and community sector.

- Population: Approx. **196,000**
- Children under 18: **44,768 (ONS mid-year estimate)**
- Bury comprises six townships including Bury, Radcliffe, Prestwich, Whitefield, Ramsbottom and Tottington, with a diverse demographic and a growing proportion of children with complex needs and SEND.

- Bury has a proud record of collaborative working as part of **Greater Manchester Combined Authority** and **GM Integrated Care System**, allowing for cross-borough learning and innovation.

2.1 Safeguarding in Bury

Measure	2023/24 (Bury)	2024/25 (Bury)
Children under 18	~41,000	44,768
Contacts to MASH	9,842	11,609
Referrals to Children's Social Care	3,276	2,903
Section 47 Investigations Initiated	1,012	1,074
Children in Need (CIN)	1,420	1,316
Children on Child Protection Plans	278	253
Early Help Cases (Level 2 & 3)	1,860	1,543
CP Plan Categories	Neglect: 34%	Neglect: 46%
	Emotional: 55%	Emotional 45%

Commented [BS1]: LH PCFT Comment: Is there any analysis as to why safeguarding activity appears to have reduced across all thresholds of need- MASH, early help, CIN, S47 and CPP but a 'growing proportion of children with complex needs and SEND? Is it correct that there are 0% for physical abuse or sexual abuse? Why do we think that is? What about children open to the CST for CSE?

3. Implementation of Working Together 2023

Activities achieved:

As part of the implementation of Working Together to Safeguard Children 2023, the Statutory partners reviewed the governance arrangements of the multi-agency safeguarding arrangements during a development day in July 2024. The partnership also worked closely with the North West Regional Improvement Programme Pilot and The Association of Safeguarding Partners to support the implementation of Working Together 2023.

4. Governance and Partnership Structure



The BSCP governance model continues to evolve in line with statutory expectations and best practice. The partnership is led by the Executive Board, which meets quarterly and provides strategic direction, oversight, and challenge. The Partnership is chaired by Bury Council's Director of Children's Services and is attended by senior leaders of the three statutory partners (Greater Manchester Police – Bury Division and Greater Manchester Integrated Care Board - Bury locality), alongside other relevant organisations, such as education, and the voluntary sector.

5. Our vision for Safeguarding

"We want all children and young people in Bury to enjoy safe childhoods and to be protected from harm, and to make sure everyone understands their roles and responsibilities regarding safeguarding through multi-agency learning and development"

The Executive Board is supported by a strong and growing structure of subgroups, each aligned to Bury's local safeguarding priorities and Working Together 2023 expectations:

- **Complex Safeguarding Subgroup** – leads on exploitation, abuse and serious youth violence, considering the Greater Manchester Complex Safeguarding Strategy and adolescent framework.

- **Children's Case Review Subgroup** – oversees all Rapid Reviews, LCSPRs and disseminates learning from national and local CSPRs.
- **Scrutiny, Performance and Assurance Subgroup** – has oversight of quality assurance and scrutiny functions, including multi-agency audits and data. In addition it seeks to monitor the effectiveness of multi-agency safeguarding practice in line with statutory requirements.
- **Learning and Development Subgroup** – ensures delivery of statutory and thematic training, informed by learning from audit and review.
 - **Keeping Babies Safe Task and Finish** – established due to learning from reviews, to raise awareness of how to keep babies safe in Bury.
 - **Neglect Task and Finish** – ensure the needs of children are identified and responded to at the earliest opportunity via the implementation of Graded Care Profile 2.
- **Working Together 2023 Implementation Task and Finish** – to continue our work to strengthen our multi-agency safeguarding arrangements to ensure compliance with statutory guidance.
- **Protecting Children and Young People from Sexual Abuse Task and Finish** – to progress with protecting children and young people from sexual abuse in response to our reviews.

6. Connectivity

During the 2024–25 reporting period, BSCP has continued to prioritise strengthening connectivity across the safeguarding landscape. This work is essential to ensuring that governance structures are robust, communication channels are clear, and that safeguarding intelligence is shared effectively across all relevant bodies.

To support this integration, BSCP has implemented a structured meeting schedule that reinforces the lines of accountability and governance. This schedule ensures that reporting is timely and that decision-making is informed by a comprehensive view of safeguarding activity across the borough. It also facilitates more consistent engagement between partners, enabling a shared understanding of priorities and emerging risks.

Our Director of Children's Social Care is Chair of both the BSCP, Domestic Abuse Board & Youth Justice Board, which again strengthens connectivity.

Looking ahead, BCSP will continue to refine these mechanisms to ensure that connectivity remains a cornerstone of effective safeguarding practice. This includes

exploring digital solutions to support information sharing and further embedding cross-board collaboration into routine safeguarding operations.

7. Finance Report

The Bury Children’s Safeguarding Partnership (BCSP) is jointly funded by statutory partners and relevant agencies to support the delivery of core safeguarding functions. These contributions enable the partnership to maintain a dedicated business unit, coordinate multi-agency safeguarding activity, manage case reviews, deliver training, and implement national reforms.

Lead Safeguarding Partners agree on the level of funding required to deliver the multi-agency safeguarding arrangements. This includes business and analytical support, independent scrutiny, and core functions such as local child safeguarding practice reviews and multi-agency training.

In addition, agencies provide staff hours to support the work of BCSP and its associated activity including chairing and participation with the board and subgroups, involvement in review panels, policy development, training delivery, etc.

During the 2024/25 fiscal year, partnership contributions totaled £265,315.

Partner Contributions – 2024/25

Partner Agency	Contribution (£)	% Split
Bury Council	£229,350	86.4%
NHS Greater Manchester Integrated Care Board	£22,040	8.3%
Greater Manchester Police	£13,468	5.1%
Probation Service	£457	0.2%
Total Budget	£265,315	100%

In the 12 months ending March 31st, 2025, board expenditure was £xxxxx.

Most of the money was spent on staffing, followed by costs associated with conducting Local Child Safeguarding Practice Reviews and Scrutiny.

CSAP has reserves of £xxxxx.

There is a level of uncertainty associated with the work demands of the Child Safeguarding Assurance Partnership i.e. the number of Child Safeguarding Practice Reviews or training to be commissioned, which inevitably poses inherent risks and opportunities associated with these assumptions.

Although reserve levels are considered healthy, authorisation to incur expenditure against the reserves, would require agreement by the CSAP Executive Board. Reserves will be utilised in future years to cover the cost of inflationary pay increases, ad hoc additional projects and or any unknown uncertainties that may arise, thus reducing the level of reserves in a manageable way, over time.

Monitoring

The Business Manager reports on the actual and forecasted spend and the levels and use of reserves to the partnership on a quarterly basis. All expenditure against reserves requires Board approval.

Bury Council monitor and provide a Finance Update Report on monthly basis.

The year-on-year budget is decided upon, on an annual basis following discussions with partners to agree their contributions, identify projected spend and review level of reserves.

8. Independent Scrutiny

This has been a very busy and productive year for the Bury Safeguarding Children Partnership. The Partnership has continued to develop and mature. There has been change within the Business Unit with the departure of the Business Manager in February 2025 to a promotional opportunity elsewhere. The statutory partners addressed the vacancy with an interim appointment to the role while the recruitment process was underway. Senior statutory partners were fully engaged in the shortlisting and interview process, and a successful appointment was made.

Partners have been extensively engaged in improving outcomes for children and young people- for example, through the significant partner commitment to the relaunch and embedding of the Family Safeguarding model in Bury. This has been strategically led

through the Family Safeguarding Strategic Board and Operational Board with strong cross Board membership and full report back in to the Bury Safeguarding Children Partnership. I have attended both Boards and have been impressed by the commitment of the partners to pulling together to ensure positive momentum.

There has been extensive engagement with the North West Regional Improvement Plan Pilot through the Partnership in the last year, including attendance at conferences and events, and the take up of specific pieces of improvement support. This has been beneficial to the partnership. For example, In February 2025 I was engaged with other representatives from partner agencies in a very positive interactive workshop on young people's engagement and voice through the RIPP. This remains a key focus for the partnership.

With reference to strategic governance, with the maturing of the partnership and greater compliance with "Working Together" 2023, the Partnership Executive which had been chaired by the Chief Executive of Bury Council has been stood down. The Chief Executive now attends Partnership Board meetings on a regular basis and continues proactive engagement with safeguarding.

As Independent Scrutineer, I have attended most meetings of the Case Review subgroup (and have engaged in the oversight of CSPRs and associated action plans) and the SPA subgroup, and some meetings of the other subgroups. The strong linkages between the Case Review subgroup and the Learning and Development subgroup have driven practice improvement- for example through the roll out of the Graded Care Profile training. I was invited to attend the Children's Services Improvement Board which was independently chaired by an LGA Children's Improvement Advisor with representation from the DfE Advisor, making the connection between the Safeguarding Partnership and the broader improvement agenda.

In terms of connectivity between this Board and the Safeguarding Adult Board, I have been engaged in regular cross Board discussions and also attended the Safeguarding Adult Board strategic planning session to strengthen that connectivity.

The North West Independent Scrutineer network has formed and is a valuable point of connection and learning.

Helen Watson, Independent Scrutineer for Bury Safeguarding Children's Partnership

9. Subgroup Updates

9.1 Complex Safeguarding Subgroup

Achievements:

- Training provided by Complex Safeguarding Team (CST) at Bury Fire Training centre with all partners and voluntary sector. Children from across the borough attended to learn about CST / exploitation, decision making, trafficking and Modern Slavery.
- Level 1 and Level 2 Complex Safeguarding training which has been ran ongoing throughout the reporting year.
- Operation Wasdale – a weekly pro-active operation to engage with the community, target hotspot areas and reduce harm to children. Additionally, the CST regularly undertake school visits and inputs each month.
- Bury VCFA host the VRU Alliance Programme in East Bury. The Alliance is made up of 3 VCSE organisations: Early Break, One Message and Bury Defence Academy. The Programme supports young people at risk of serious violence and exploitation into meaningful activities including sports and physical activities. Alongside this also runs a series of mentoring interventions for both young people and families.
- CST Dashboard, alongside implementation of daily governance meeting alongside GMP holding a monthly divisional meeting where Children's Social Care are represented.
- Improved picture throughout reporting period in regard to Return Home Interviews for Children who are missing from home. An Missing from Home improvement plan was implemented to combat earlier issues.
- Delivery Plan has been reviewed and partners kept accountable with updates on their activity supporting complex safeguarding.

Challenges:

- Transitional safeguarding and where this sits within the partnership structure.

Planned:

- Ongoing work to align the GM Complex Safeguarding Strategy with our local strategy.

9.2 Neglect Task and Finish Group

Achievements:

- Rollout of Graded Care Profile 2 (GCP2) across the Partnership with 17 training sessions available and priority places given to relevant frontline professionals.
- A commitment of trainers from across the multi-agency partnership who also act as GCP2 champions within their single agency.
- Dedicated MS Teams channel to allow collaboration between trainers and easy access to training materials.

Challenges:

- Capacity of trainers versus demand of initial intense roll-out of GCP2.
- Ability to record GCP2 assessments on single agency systems, alongside returning this information in line with GCP2 licensing requirements.
- Attendance and engagement from subgroup members.

Planned:

- Dedicated log-in area on the Bury Safeguarding website with resources and guidance for GCP2 licensed users.
- GCP2 awareness sessions for increased knowledge of GCP2, what this means for our children and young people and how they can contribute.
- GCP2 training to be made a core component of safeguarding induction for all children's workforce within the Local Authority.
- GCP2 audits to measure the effectiveness of implementation and subsequent impact on children.
- Recruitment of additional multi-agency GCP2 trainers to ensure and maintain training pool.
- Refresh of our Neglect strategy.

Commented [2]: KB to confirm with Rae Capon

9.3 Keeping Babies Safe Task and Finish Group

Achievements:

- The task and finish group developed an extensive programme of events across ICON week, which ran from 23/09/23.

- Leading up to the week, ICON was pushed to the forefront of the safeguarding agenda across all partners and the wider community.
- Contact was made with private and day nurseries, primary and secondary schools, childminders, pharmacies, churches, family centre/hubs with information about ICON, training and posters were shared to raise awareness. All were asked to display the posters.
- The local Registrar's Office displayed posters and information leaflets for when new parents attend to register a baby's birth and have since stated that they are keen to receive ICON training.
- NHS ICB Deputy Designated Nurse for Child Protection and Looked After Children has attended school DSL forums in the Spring term to increase awareness of ICON as well as keeping babies safe. This is also embedded as part of the DSL training as well as Safeguarding and Child Protection Training.
- The programme also included the use of resources from the national ICON team, a daily social media message, training sessions delivered by Deputy Designated Nurse for Child Protection and Looked After Children (Bury) ICB and Specialist Nurse Safeguarding Children (NCA) around abusive head injury and an interactive market stall on Bury's world famous market. **These training sessions continue to be part of the Learning and Development mandatory training sessions.**
- The market stall was particularly well received and was a truly multi-agency event. BSCP are especially proud of having representation from 'Dad's Matter', recognising that dads aren't always included in the delivery of these important messages.
- A brief analysis of the social media campaign is below:
 - 699,157 impressions
 - 200 likes
 - 58 shares
 - 2291 hits (link clicks) to the ICON website.
- Powtoon video has been created as an instructional aid for staff on the Bury Safer Sleeping Toolkit, which is now on our website.
- A survey was issued to gauge practitioner awareness and knowledge of the Safer Sleeping Toolkit with additional resources produced to support and improve practice. This survey was repeated to follow maturation across Bury.

Challenges:

- Commissioning issue between Mental Health provision for perinatal mental health – interface meeting now in place between two providers to ensure consideration is given for step-up and down cases.
- Complex landscape of maternity provision in Bury – due to no delivery hospital in the geographical area, maternity guide in draft to aid practice.

Commented [BS3]: LH PCFT: Is this a commissioning issue or a pathway/ process issue between different health providers (Primary Care, NCA, PCFT, GMMH) who work under the umbrella of perinatal mental health services?

Planned:

- Pre-birth protocol – in development, lead by Children’s Social Care ensuring a multi-agency response to pre-birth assessments.
- Keeping Babies Safe strategy

9.4 Learning and Development Subgroup

Achievements:

There were 17 different types of training events delivered in the reporting period, some of which were repeated. In total BSCP delivered 47 sessions, of which 32 were delivered in person.

Commented [BS4]: LH PCFT: Important to state the uptake

- The Stressed-Out Brain
- Ketamine in Young People
- Abusive Head Trauma in Babies – Learning from Local Reviews
- Childrens Partnership Learning Day – Learning from Local Reviews
- Children’s Partnership Multi-Agency Safeguarding Training
- Cannabis within Family Life
- Managing Allegations
- Complex Safeguarding L1 & L2
- Basic Awareness Domestic Abuse
- Professional Curiosity & Unconscious Bias
- Domestic Abuse advanced
- Trauma Responsiveness to Hidden Harm
- Reign Collective – Child Sexual Abuse

- Lads Like Us – Lived experience of trauma and adverse childhood experiences
- Dad Matters – Working with Dads in the Perinatal Period
- Prioritising Child Sexual Abuse - Centre of Expertise on Child Sexual Abuse – in collaboration with GM Safeguarding Children Partnerships
- Level 1 Perinatal and Parent Infant Mental Health Training
- Level 2 Infant Mental Health Training – 2-day training course

External training events advertised include:

- Preventing Violence Against Women and Girls – Positive Allyship
- Cuckooing
- Identifying Criminal Exploitation
- Identifying Criminal Exploitation through Living Experience x3
- County Lines – National Referral Mechanism (NRM)
- White Ribbon Train the trainer session

7 Minute Briefings (7MB)

Multiple 7MB's have been produced and shared on the BSCP website:

- Educational Neglect
- Home Tuition and Section 19
- Children Missing from Education
- Elective Home Education
- Child Licensing Entertainment / Employment
- Professional Curiosity
- Resolving professional difference / escalation policy

- **ICON**

- **Safer Sleeping**

Commented [BS5]: Raised by MB - Bethany to check if within this reporting year

Additional achievements:

- New BSCP Training Calendar in place, informed by thematic learning analysis from LSCPRs & RRs.

- New evaluation form introduced.
- Master training tracker devised to monitor attendance at events and is shared with partners to monitor engagement and attendance.
- BSCP Business Manager and Learning Development Officer have attended Schools Designated Safeguarding Leads Forum to discuss the learning and development training calendar, and to raise awareness of ICON week and the Greater Manchester Safeguarding Procedures and specifically the Escalation Policy.
- Design and delivery of Safeguarding Children training package to support VCFA colleagues.
- Promoted information to schools in relation to private fostering.
- The Learning and Development section of the website has been redesigned with additional content to improve safeguarding.
- Introduction of the use of Eventbrite for booking training.

Challenges:

- Engagement and attendance at the subgroup due to capacity of subgroup members.
- Improvement journey / back log of learning

Planned:

- Combined annual learning event with Safeguarding Adult Board and Community Safety that encompasses all of the learning within a 12 month period relating to Local Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews to ensure 'Think Family' approach and ensure learning is disseminated to all relevant practitioners.
- Revised and streamlined training calendar, that centres around priorities and areas of concern.
- Publication of training strategy.
- Impact Assurance Form to go live.
- Production of further Powtoon videos to offer varied resources.
- Further development of the BSCP website, ensuring useful and informative resources are available and accessible to the workforce, and volunteers in Bury locality, in line with priorities for 2025/2026.

- Joint Mental Capacity Act (MCA) event to tackle MCA in children.

9.5 Scrutiny, Performance and Assurance Subgroup

Achievements:

- Pre-birth assessment audit – a multi-agency audit was completed with Children’s Social Care alongside a wide range of health colleagues to triangulate involvement and the quality of pre-birth assessments.
- Bruising in non-mobile infants audit – a multi-agency audit was done on ten children, looking at application of this protocol.
- Audit calendar created – this included audits to occur both within the subgroup alongside mapping single agency audits to feedback into for assurance.
- Section 11 audit and Challenge Day - This included a review of the partners’ self-assessment returns and agreement of the areas of focus in the challenge day.
- MASH multi-agency audits – these are now operational and feedback for consideration and assurance of the subgroup.

Challenges:

- Data dashboard – this reporting year saw the creation of a multi-agency data dashboard, however, there was challenges with receiving this data back from all single agencies, including single agency audits.
- Capacity for multi-agency audits – as a time consuming process, capacity remains of concern from agencies around multi-agency audits of cases.

Planned:

- Further work to develop the findings and impact from the multi-agency audits in this reporting year.

9.6 Children’s Case Review Subgroup

Achievements:

- Created a pool of reviewers and developed the commissioning process for Local Child Safeguarding Practice Reviews (LCSPR), included information gathering from other Greater Manchester Partnerships.
- Overseen the development of Rapid Review and LCSPR action plans, including reviews from previous years, overcoming the backlog.
- Beginning of a Rapid Review and LCSPR guidance document to assist with escalation and partners understanding of the processes.
- Completed 19 actions from Rapid Reviews and LCSPRs.

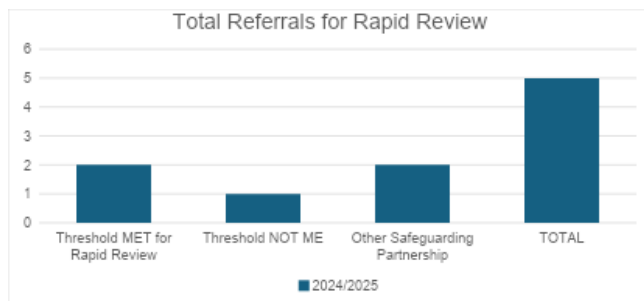
Commented [BS6]: LH PCFT: Out of how many?

Challenges:

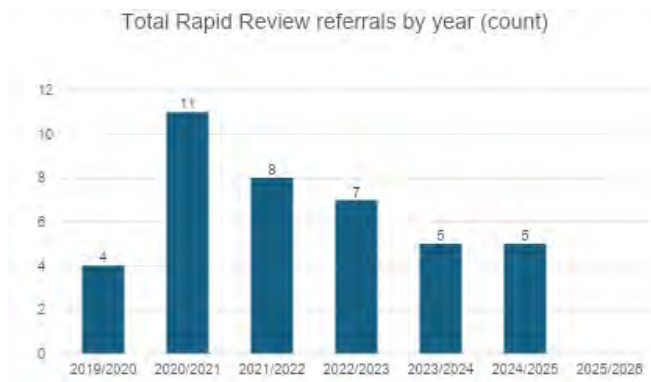
Planned:

10. Rapid Reviews and Local Child Safeguarding Practice Reviews (LCSPRs)

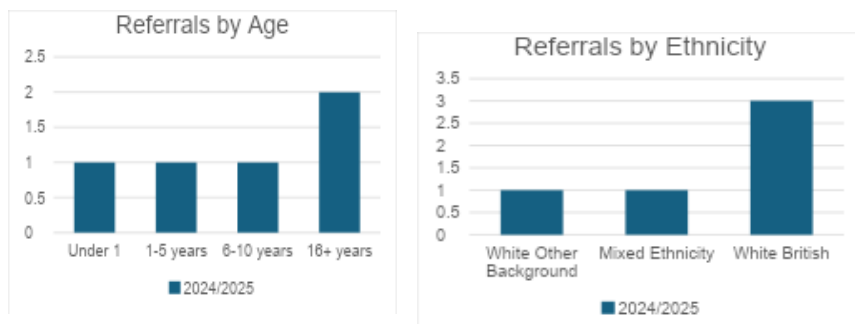
During the reporting year the Bury Safeguarding Children Partnership received 5 referrals for Rapid Review, 2 of which met the criteria for a Rapid Review and proceeded to Local Child Safeguarding Practice Reviews (LCSPR).



This number is the same as the previous year's data.



In terms of demographics for referrals, the following was established.



There was only one referral for non-fatal serious harm. This was classified as neglect. In terms of fatal incidences of serious harm. There was once case in each category:

- SUDI/SUDC
- Suicide
- Neglect
- Medical

One LCSPR was concluded in this year from a previous reporting year. This was not published due to ongoing parallel processes and potential identification of the child and family.

The Children's Case Review Subgroup met bimonthly to discuss the action plans following from both Rapid Reviews and LCSPRs. From 2024 to 2025, the Subgroup continues to fulfil its statutory duty to make timely and informed recommendations following a Rapid Review in response to a serious child safeguarding incident. This includes determining whether the threshold is met for commissioning a Local Child Safeguarding Practice Review (LCSPR), in line with Working Together to Safeguard Children (2023).

Key representatives from statutory and relevant agencies actively contribute to the review process, offering professional insight into how identified learning can be translated into practical, sustainable change within their organisations. Each agency commits to leading on the implementation of relevant actions, monitoring progress, and evidencing impact.

10.1 Thematics from Rapid Reviews and LCSPRs

The following thematics were found across the reviews undertaken in this reporting period, a brief summary is provided with these of some of the work to improve these thematics:

- **Neglect** - Launch of Graded Care Profile 2 neglect tool
- **Voice of the child and lived experience** - Began work alongside Participation People to look into how we are engaging children and young people
- **Unsafe sleeping** - Safer Sleeping Toolkit knowledge has been audited through staff poll, alongside Powtoon video developed to raise awareness.
- **Think Family approach** - Improved training offer more broadly across child and adult safeguarding landscape.
- **Domestic abuse** - Connectivity with the Domestic Abuse Partnership Board.
- **Gender bias** - Work ongoing
- **Parental substance misuse and mental health** - Dual Diagnosis training ran, alongside sessions by Early Break around substance misuse.
- **Parental capacity** - Work ongoing
- **Cultural competency** - Work ongoing
- **Disguised compliance and non-attendance at appointments** - Work ongoing
- **Professional challenge, escalation and resolving of differences** - Escalation process modified and reshared
- **Information sharing** - Work ongoing

10.2 Learning Dissemination and Impact

All learning from Rapid Reviews is systematically shared with the Learning and Development Subgroup to inform the design and delivery of multi-agency training and workforce development. In parallel, the Scrutiny, Performance and Assurance Subgroup undertake audit and assurance activity to evaluate the effectiveness of learning dissemination and the embedding of practice improvements across the partnership.

11. Strategic Alignment and Future Direction

Work continues in collaboration with the Regional Improvement Plan Pilot (RIPP) initiative to embed participation more deeply within the partnership's governance and operational frameworks. This includes reviewing existing mechanisms for engagement, identifying barriers to sustained involvement, and developing inclusive strategies that ensure all children—particularly those from marginalised or vulnerable groups—have opportunities to contribute meaningfully.

BSCP recognises that participation is not a one-off activity but a continuous process that must be nurtured and embedded at every level. As such, future work will focus on

strengthening feedback mechanisms, evaluating the impact of youth voice on service design, and ensuring that participation is not only encouraged but acted upon.

12. Achievements of Partners

This reporting year saw various achievements by Partner agencies which we wish to celebrate:

- “Stop The Bleed” campaign saw delivery of knife crime awareness sessions from the VCFA alongside other partners such as the ICB and GMP. The VCFA had Youth-led grant programmes and co-designed VRU initiatives in which Youth Cabinet volunteers assessed grant applications, awarding nearly £5000 to youth-led projects. GMP additionally supported the development and rollout of a new training programme in high schools focused on youth violence prevention.
- Education now have over 90 Designated Safeguarding Leads (DSLs) across schools and colleges, alongside a CME portal with robust tracking systems for Children Missing Education. Additionally, the Section 175 audit had a 95% school and 100% college response rate, allowing full reports with actions plans to be provided.

13. Conclusion

The 2024–25 reporting period has been one of reflection, renewal, and reform for Bury’s Children’s Safeguarding Partnership. From strengthening governance to embedding participation and deepening multi-agency challenge, Bury CSP has made demonstrable progress against its statutory duties and local priorities.

13.1 Priorities for the Next Year:

1. Neglect:

- o Reduce the incidence of neglect and improve identification of different forms of neglect.

2. Public Sector Reforms:

- o Implement reforms across the public sector, including NHS England and social care, with a focus on safeguarding children.

3. Child Sexual Abuse:

- o Embed the Greater Manchester strategy and develop Bury's approach to child sexual abuse and intra-familial sexual abuse.

4. User Voice and Participation:

- o Build on the work of agencies around user voice and participation, ensuring evidence of consultation and co-production in the work of each subgroup.

5. Complex Safeguarding:

- o Maintain complex safeguarding as business as usual with the Operational Group continuing to report to the Board.

6. Domestic Abuse:

- o Focus on domestic abuse through the lens of children as victims, ensuring connectivity between the Safeguarding Partnership and the Domestic Abuse Partnerships.

While challenges remain—including rising demand, workforce capacity, and the evolving nature of harm—we continue to approach our work with ambition and integrity. Our priorities for the coming year are:

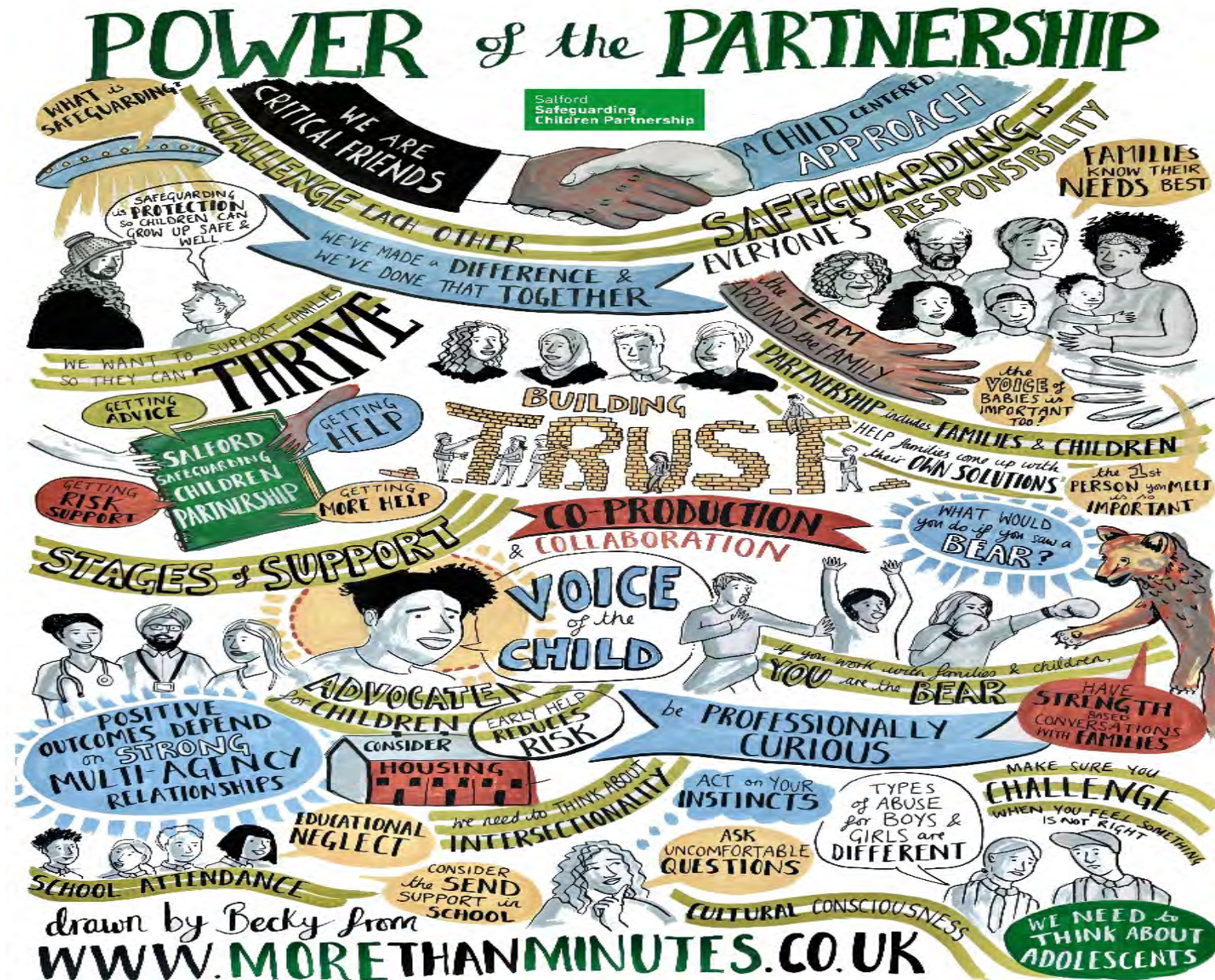
- Strengthen voice of the child integration across the partnership
- Deepen use of data to understand performance and impact
- Embed equitable, trauma-informed practice across all services

We are grateful for the dedication of all partners and the leadership of our young people. Together, we remain resolute in our commitment to making Bury a borough where every child is safe, supported, and able to thrive.

Salford Safeguarding Children Partnership



Annual Report 2024/2025



Worried about a child

Every child and young person have the right to be safe.

All reports or enquiries concerning the welfare or safety of a child must go straight to the Bridge Partnership, call: 0161 603 4500 or [complete the online referral form on the worried about a child page](#).

The Bridge Partnership is available Monday to Friday from 8:30am to 4:30pm. If you need to speak to someone outside of these times, please contact the **Emergency Duty Team (EDT)** on **0161 794 8888**.

If a child is in immediate danger of being harmed or is home alone, call the **police on 999**.



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Message from the Delegated Safeguarding Partners

Thank you for taking the time to read the Salford Safeguarding Children Partnership Annual Report. The report provides information about the work and effectiveness of our local safeguarding children arrangements from 1st April 2024 to 31st March 2025. The report will provide an open, honest view of how partners work together in Salford to keep children safe.

Safeguarding is everyone's responsibility and for services to be effective each citizen, practitioner and organisation should play their part. In Salford, all our partners are committed to working together so that every child is safe, well and able to reach their full potential.

We promote a culture of learning, continuous improvement, support and challenge, as we strive to improve outcomes for children and their families. This culture permeates from the very top of our organisations through to the practitioners whom we so heavily rely upon.

Throughout 2024/2025, the three statutory safeguarding partners have continued to work collaboratively to ensure that safeguarding arrangements in Salford are robust and effective. The partnership continues to implement Working Together 2023 changes, and we are committed to jointly implementing the wider children's social care reforms.

We hope that this annual report highlights the innovative and creative practice that takes place across our partnership and celebrates some of the successes. These successes are only possible through the dedication and diligence of the many professionals working with children, young people and their families across a range of agencies.

As a partnership, we have so much to be proud of in Salford. This report recognises the progress that the Salford Safeguarding Children Partnership has made throughout the year and sets out our commitment to continue to address the challenges that will remain in 2025/26.



Becky Bibby
Interim Executive Director of Children's Services
Salford City Council



Mandy Philbin
Chief Nurse
NHS Greater Manchester Integrated Care Board



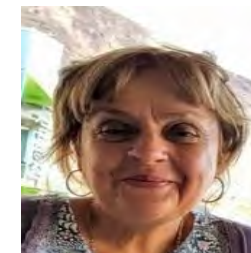
Neil Blackwood
Chief Superintendent
Greater Manchester Police

Message from the Independent Scrutineer

The SSCP Independent Scrutineers Annual Report 2024 – 2025 sets out the breadth of scrutiny activity during 2024 - 25 to measure the effectiveness of the multi-agency safeguarding arrangements for the Salford Safeguarding Children's Partnership.

Scrutiny activity during 2024/25 included:

- Facilitating a Self-Assessment Health Check 2024 of the Salford Safeguarding Children Partnerships (SSCP) readiness to implement Working Together to Safeguard Children 2023.
- Led and chaired a time-limited subgroup to collectively co-ordinate, track progress and ensure that there was no drift or delay in respect of reviewing, implementing and embedding changes in response to the revised Working Together to Safeguard Children (Dec 2023).
- Undertook an Independent Scrutineer's Multi Agency Deep Dive: Quality Assurance of Education, Health and Care Plans (EHCP).
- Provided scrutiny and oversight of the SSCP Section 11 Safeguarding Self-Assessment 2024 and chaired the SSCP S11 Challenge Panel, 02/12/2024.



The Independent Scrutineers Annual Report for 2024/25 provides strong assurance for the leadership and governance of the SSCP; working in partnership arrangements; voice and influence of children and families; communication and information sharing; learning; training and development.

The Independent Scrutineers evaluation is that there are strong and highly effective children's safeguarding arrangements in Salford, with a high level of commitment from strategic leaders, partners, the wider children's safeguarding workforce and the subgroups, who drive forward the strategic priorities and work of the SSCP.

There is a well embedded culture of openness and reflection, with an aspiration to innovate, learn and continuously improve.

As a highly effective partnership with well-established and robust governance arrangements, SSCP welcomed Working Together 2023, reviewing local arrangements and implementing changes in a timely way, during 2024.

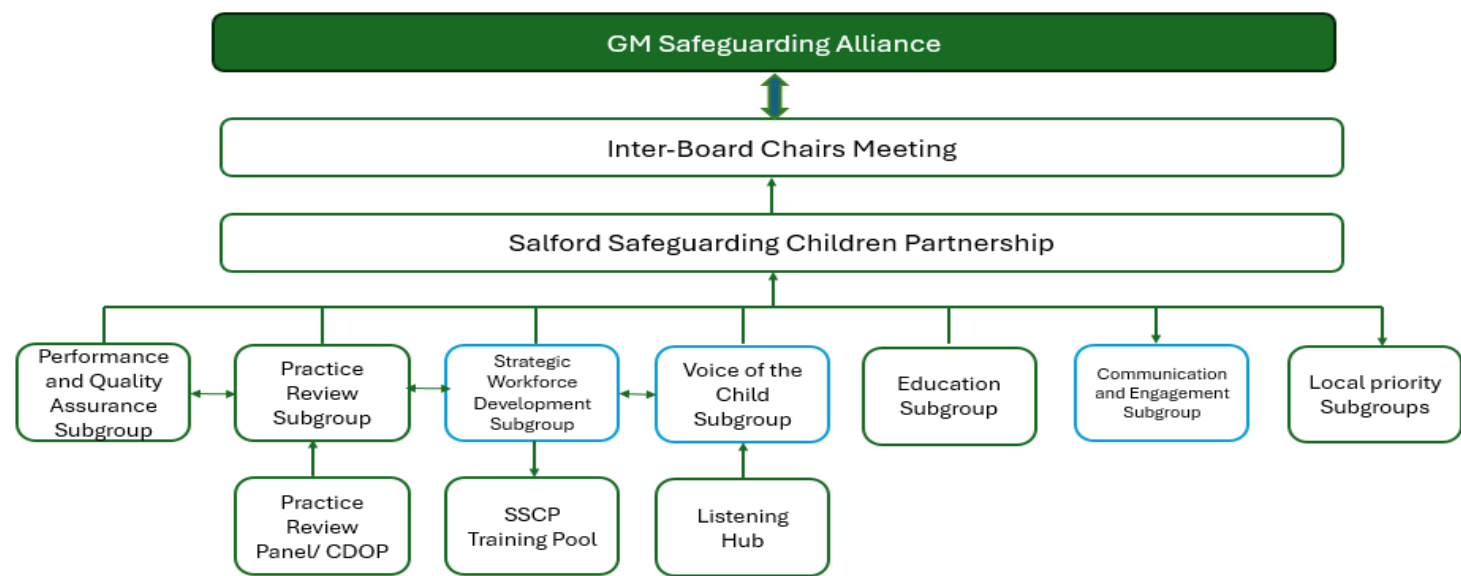
Salford are in a strong place to take forward the reforms for Families First - Family Help in children's services, co-producing with the Partnership, integrated multi-agency services.

A handwritten signature in black ink that reads "Mel John-Ross". The signature is written in a cursive, flowing style.

Mel John-Ross
Independent Scrutineer for the Salford Safeguarding Children Partnership

Partnership Arrangements

The Salford Safeguarding Children Partnership is structured to provide strong collaboration, scrutiny and assurance, and to drive and enable co-ordination of safeguarding activity. Each sub-group has clear terms of reference and an annual workplan which aligns with the strategic priorities for the partnership. Each work plan demonstrates golden threads to priority areas and impact on the lives of children and young people. Agendas and facilitative discussions at all meetings focus on safeguarding practice, impact and improvement. The Business Unit undertake the management and support function of the partnership. Task and Finish Groups are established as necessary to progress specific safeguarding projects. This model allows partnership meetings to focus on practice and outcomes, rather than administration.



SSCP Priorities

In July 2022, the Salford Safeguarding Children Partnership came together to agree the strategic priorities for the next 3 years. The SSCP 3-year Strategy 2023-2026 details our key objectives and areas of focus. Our Local priorities have been informed by intelligence from Local and National case review activity, and through consultation with Children, Young People and their families about what matters most to them. Each priority area has a multi-agency sub- group that meets regularly, and a bespoke work plan with clear outcome statements; focussing specifically on what we want to improve for Children and Young People in Salford.



Neglect

Neglect has been a priority for the SSCP since 2014 and was flagged by OFSTED 2018 as “The Local Authority’s neglect tool is not consistently used to good effect by social workers or partners. This sometimes leads to delays in escalating concerns about children who experience inconsistent and neglectful parenting” (OFSTED, 2018). Work in this area has significantly developed as evidenced in more recent ILACS.

The Thriving Families and Neglect Strategy (2023-2026) informs the work of the multi-agency neglect subgroup. A key focus is enabling the workforce to recognise and respond to neglect and lead and co-ordinate a multi-agency approach to improve outcomes for children and families impacted by neglect.



Key Achievements 2024/2025

- Neglect Social Care Champion introduced to strengthen the recognition and response to neglect and embed the learning from a Child Safeguarding Practice Review. Consultations are offered from the Champion to support understanding of impact to children.
- Welfare Rights and Debt Advice Service Managers provide consultancy support to the Salford Schools Partnership which identifies where a service is required and delivers an early intervention.
- Greater Manchester Police have delivered a cross force training programme on neglect particularly where officers are using powers under Police Protection. Child centred policing is a force priority and less serious crimes are reviewed by a Child Protection Detective Sergeant who is working closely with uniform staff to upskill them and prevent unnecessary delay on crimes.
- Reduction in the number of children experiencing the harmful effects of poverty and improved well-being for adults as a result of income maximisation.
- Educational neglect briefings led by the Safeguarding in Schools Officer to raise awareness on the impact of neglect

with Designated Safeguarding Leads. Education is the third biggest referrer for neglect following Police and Health.

- Neglect Systems Leaders group drives the practice and response to neglect.
- Multiagency Neglect Window of Practice report (December 2024) identified:
 - Reduction in the number of contacts to the Bridge for neglect from 3052 in 2023 to 1714 in 2024.
 - Reduction in the number of children on a child protection plan under the category of Neglect from 257 in 2020 to 156 in 2024.
 - 26% of children on a child protection plan under category of neglect in 2024 compared to 50% in 2021.
 - Reduction in the number of children referred for Rapid Review / CSPR where the main reason is neglect from four in 2023-24 to none in 2024/25.
- 83% of audit cases were assessed as GOOD on multi-agency intervention in 2024 compared to 20% in 2020.
- GPs have received bespoke training on neglect following on from Serious Incident Notifications and Rapid Reviews.

- Progress made with Registered Housing Providers exploring good referrals and case management system change to prompt consideration of the Thriving Family tool. As agencies often within the family home this is a significant development
- Neglect Subgroup is well attended by multi-agency partners ensuring commitment and buy in to the action plan and strategy.
- Youth Summit September 2024 captured the voice of young people to influence the Neglect Strategy. The young people fed back that there had been positive progress with the neglect strategy scoring the work of the subgroup 4/6 overall and that they would like a clear offer to be developed around per support in recognising and responding to neglect.

What difference has it made?

Over the last year the training around Neglect and the Thriving Families tool has significantly developed including multiagency lunch bowls on the Thriving Families Tool. In September 2025 the Neglect subgroup will be delivering the fourth Neglect Conference which has seen good multiagency attendance and feedback around learning is clear from the evaluation that has been undertaken. Staff from Education, Health, Social Care, Early Help, Housing, VCSE sector and GMP have been trained to use the Thriving Families Tool and raise awareness of Neglect and Z cards are being actively used by police colleagues to support response and recognition.

The Neglect System Leaders have continued to support their service areas in raising awareness of neglect and the importance of early response through offering Early Help. Children subject to a child protection plan under the category of neglect has seen a 15% reduction since 2021. On 30/06/2024 there were 423 children subject to a child protection plan, of which 146 (35%) had a category of neglect. This is a lower proportion than in previous years. There are now 35% of children subject to a CP plan under neglect, from the peak of 50% that we saw in 2021. This is an early indicator that the early help and support is starting to have an impact for children and families. 7 of the children made subject to a child protection plan with category of neglect in April – June 2024 was their 2nd or subsequent CPP. The proportion of CP starts where it is a replan has reduced in the last 12 months.

Salford School Partnership aims to build trust and improve communications across agencies so that information sharing is effective and appropriate. Partnership meetings take place weekly within a locality and the invitation is open to all schools across the academic term. With parental consent, school representatives will bring families for discussion, where emerging need(s) have been identified. The agencies within the meeting, share and discuss information and ways of providing early help and support to the child(ren), young person and family and agree a smart action plan to share with the family to help enable them to overcome their difficulties at the earliest opportunity. All partner agencies work within a framework of early help, with the aim of preventing issues escalating into Children's Social Care. Due to Welfare Rights also being present at these meetings the earliest support is given to families who are experiencing financial hardship reducing neglectful situations for children.

A range of activities have been undertaken to raise awareness about the complex relationship between poverty and neglect and how structural causes of poverty can impact on the ability of parents and carers to meet essential material needs including food, warmth and a secure home: the Welfare Rights and Debt advice service have built strong relationships with services and provided training to a wide range of staff in the 0-19 service, Social Care and Early Help so that they are able to identify family income and seek support from welfare rights and debt advice about household income.

Police Powers of Protection have reduced from the peak which we saw in November/December of 2023 which is encouraging and shows the proportionate approach that has been taken and that learning is being embedded through the child focused work of GMP.

Child Protection plans have been strengthened to ensure the Thriving Families tool is part of the plan to evidence the support and need of families. Corporate Parenting Principles have been developed to promote the physical and mental health of our cared for children with the emphasis on this being a shared responsibility which were developed following learning from a Child Safeguarding Practice Review.

An in-depth overview has been completed to understand the impact of training around neglect for practice and outcomes for children and families. The findings detailed that the neglect learning and Thriving Families Tool briefings (TFT) are having a positive impact on practice. Staff are demonstrating increased confidence in working with families and having “difficult conversations” when concerns about neglect are raised. The best outcomes for families are achieved when strength-based approaches are adopted and co-production is evident. In addition, the TFT is proving to be an effective resource for practitioners when working with families and for managers when supervising staff, setting action plans and reflecting on practice. However, it is to be noted that not all staff are using the TFT as a resource for neglect and some still view it as an additional assessment.

Key Challenges

There has been investment, support, and training since the launch of the strategy. We know however that there are still challenges in completing the Thriving Families Tool from the partnership and few referrals to The Bridge are being supported by a Thriving Families assessment. We know for our impact report that where the Thriving Families tool is being completed it leads to a better understanding of the impact of neglect with families. The Thriving Families Tool is currently going through a redesign, and a co-production event will take place in autumn 2025 with parents.

This data shows us that there is a further promotion needed of the TFT in particular with Health Visitors and Midwives and there is now a dedicated rep form the 0-19 service on the Neglect Subgroup. Quarterly lunch bowl sessions are continuing to take place led by the neglect System Leads to maximise reach to our key partners coupled with the Neglect Conference. The Impact report will enable key gaps to be understood to drive the strategy of the subgroup over the next six months. The measure of success will be understood through repeat child protection plans, use of the thriving family tools, contacts through the front door and learning from our Practice Reviews.

Priorities for 2025/2026

- Children and young people to coproduce neglect posters and material to be present throughout schools and community centres to raise awareness, and to encourage peer conversations around neglect and give young people the confidence to talk to a person they trust if they are worried about one of their friends being neglected. Young people’s voice will inform the strategy and help drive forward the necessary changes to improve responses and recognition.
- Quarterly meetings with GMP in recognising and responding to neglect to reduce Police Powers of Protection where appropriate and prioritise child centred policing to ensure early support is provided and Police Powers are used proportionately.
- Multiagency training to continue. The next training is scheduled for the autumn of 2025 in recognising and responding to neglect. This will ensure our multiagency partners are fully informed and confident in recognising and responding to neglect.
- A Relaunch of the Thriving Families Tool will take place in Autumn 2025 following co-production with parents. Our ambition is to ensure the Thriving Families Tool is being completed as early as possible with families to ensure fewer children are harmed due to the impact of

neglect. Practitioners are confident and skilled in applying the tool at the earliest possible stage which will lead to an increase of referrals supported by the Thriving Families assessment.

- Repeat child protection plans under the category of neglect to be monitored through quarterly performance reviews to reflect on multiagency learning and response.
- Impact of neglect report and evaluation of learning to be monitored by the Neglect Subgroup to fully understand journey travelled and a clear understanding of impact and outcomes and the difference that has been made to children and families

Exploitation

Our vision is for all children, young people, and adults in Salford to feel safe and protected from the risk of exploitation. We aim to ensure that those who are vulnerable to abuse have clear pathways of support rooted in the local community. We aim to have a whole system that works together to improve the outcomes for those at risk of exploitation.



Objectives of Salford Connect:

- A multi-agency approach to support children and young affected by child sexual exploitation, child criminal exploitation (including county lines) and children and adults at risk of modern-day slavery, trafficking and cuckooing.
- Co-located staff
- Sharing of information and intelligence
- Disrupt and prosecute perpetrators of exploitation.

There are 5 priority areas which have been identified.

Priority 1: Preventing Exploitation

“We want everyone who comes into contact with young people and adults to recognise when they are vulnerable to exploitation and know how to respond. We want to prevent exploitation from happening, so that all young people and adults in Salford are safe and able to reach their full potential.”

Priority 2: Protecting Young People and Adults from Exploitation

“We want to work together to protect young people and adults from the risk of exploitation. The SSCP and SSAB will strive to ensure that all professionals have the skills and information that they need to recognise and respond appropriately to all forms of exploitation. We will refresh ‘Problem Profiles’ to ensure the identification of individuals or groups at risk, locations and patterns to enable partners to target professional responses to reduce youth violence, online grooming and abuse. We will ensure responses to children missing from home, care and education are robust. This will link to our ‘adolescent offer’”.

Priority 3: Communications and Engagement

“We want to improve the information provided to parents, carers and the wider public about Exploitation, so that key adults are empowered with the advice and tools they need to identify risk and keep children and adults safe.”

Priority 4: Listening and Responding to the VOICE of Young People and Adults

“We want to listen to and engage with young people and adults to ensure that we understand what matters to them. We want to use this information to inform our services, and we want to feed back to give them some assurance”.

Priority 5: Safeguarding Effectiveness

“We will hold ourselves to account to learn from data and insight gathered across the system, quality assure safeguarding practice and monitor performance across the partnership to improve outcomes for young people and adults in Salford.

Key Achievements 2024/2025

What difference has it made?

- Peer review highlighted evidence of workers building positive trusted relationships with young people, regular contact and visits.
- Evidence of workers listening to children and supporting them to achieve their ambitions and goals.
- Evidence of parents being supported by the parenting worker and therapeutic SW, increasing their awareness of exploitation and supporting them to reduce push factors.
- Positive feedback from Children and their families about their CONNECT workers.
- We have considered the victim support offer, and the subgroup sought assurance that this is robust and effective.
- Training Needs Analysis completed- provided assurance re the training offer that is available to staff
- Weeks of Action are aligned with GM and comms messages targeted
- S11 Findings from 2024- 60% of returns (15/25) felt that staff are enabled and supported to recognise signs of child exploitation, whether criminal or sexual and know how to respond. 9/25 were amber and 1 was blank. No responses were red.

- Practitioner Survey findings from 2023- 91% are confident that they can recognise signs of criminal exploitation in children / young people and take appropriate action (up from 81% in 2021)
- Inspection findings note that partnership arrangements in Salford are strong and the response to all forms of child protection is effective and established.

Key Challenges

Focussing on developing a meaningful dataset to understand the local demographic/ trends in more detail and ensuring we use the data to inform our workplan

Providing evidence to identify the impact of partnership disruption activity

Understanding of the problems continues to be an issue. CCE and cuckooing require professionals and the public to see beyond the obvious. A young person in possession of drugs or weapons may be being exploited by others. Neighbourhood issues of young people

loitering or visiting flats may be more than public nuisance but are signs that homes have been taken over.

Language is confusing. The term cuckooing may refer to the cuckoo taking over the nest of another bird. This phrase is well known to professionals but in community engagement and discussions with youth services this is not well known amongst those that suffer or engage in this criminality. Trap houses, crack dens or taking over are terms more widely used on the streets. Our front-line staff need to understand this so that they can recognise what they are dealing with and escalate and refer this to Connect.

Priorities for 2025/ 2026

- Ensuring that practitioners are confident in recognising and responding to signs of exploitation
- Raising awareness of exploitation with the public
- Identifying any opportunities for co-production
- Identifying how we could learn from lived experience?

Child Sexual Abuse

The SSCP Child Sexual Abuse (CSA) subgroup is now well established and has consistently met to deliver the SSCP CSA implementation plan. The subgroup membership is made up of key strategic leads from across the partnership. Agencies represented at the group include Greater Manchester Integrated Care Board, NHS health providers, Local Authority, Education and Voluntary Sector colleagues. The key priorities for the group are:

- Understand the local context through Audit and Data to identify themes (including support services)
- Ensure adequate training offer is in place through the Workforce Development Sub-group in line with the CSA Training Needs Analysis for Child Sexual Abuse
- Launch the Sexually Harmful Behaviour pathway
- Understand the impact of the CSA strategy in relation to the partnership response to supporting victims through multi-agency audit, listening hubs and participation groups

Key Achievements 2024/2025

The training needs analysis conducted within the first year of the subgroup has shaped the future for workforce development offer in Salford. This includes training resources and briefings aligning with resources from national organisations such as the Centre of Excellence for child sexual abuse, NSPCC and the Lucy Faithful Foundation. The SSCP can monitor the number of clicks on resources on their website highlighting a range of professional use of the resources.

Assurance sought from agencies indicates a high level of activity around workforce development in recognising indicators of child sexual abuse. This includes:

- Whole workforce development across education; all teachers have completed the NSPCC spotting signs of sexual abuse when assessing children's behaviour training.
- Whole workforce development in GMP all police officers completed NSPCC online training for CSA.
- GMP detectives working on the children protection team now have continuous professional development training modules.

- All Designated Leads for Safeguarding in schools receive specific training for CSA
- All staff employed by the NHS are mandated safeguarding training at appropriate levels to their specified role; all levels include child sexual abuse.
- All other services commissioned by NHS Greater Manchester are also required to complete safeguarding training that aligns with national standards.
- Salford hosted the Greater Manchester CSA Roadshow provided by the Centre of Excellence for child Sexual Abuse to support a consistent response to CSA.
- Train the Trainer model funded via innovation funds to improve access to contraception and sexual health services for all young people across Salford. This sustainable model of practice supports all professionals working with young people to make every contact count by engaging young people in conversations related to healthy relationships and consent.

Supporting children and young people to understand the complexities of consent is a thread across agency interventions for all children, this includes:

- The train the trainer innovation project,
- School RSE interventions to understand children's feedback from what they have learnt around consent and safe touch.
- Specialist exploitation nurses and school nurses providing trauma informed individualised sex education, consent, healthy relationships and advice around online abuse.
- Youth Justice offer that includes various forms of restorative justice with the victims and defendants within the HSB (Harmful Sexualised Behaviour) pathway.
- Salford local authority investment in training programmes to increase the number of specialist social workers who are AIMS and ABE trained.
- New HSB pathway launched to ensure evidence-based interventions which includes a whole family approach and the voice of the child in assessments and interventions
- The use of NSPCC resources that offer practical solutions to manage CSA within the family setting.
- Multi-agency audit on Child Protection Plans for Child Sexual Abuse.

The e-safety safeguarding specialist service supports the engagement of children and young people around online safety, and risks related to child sexual abuse. During 2024-25 this includes:

- A co-produced educational YouTube channel holding content aimed at online and social media safety for young people, parents and carers
- Use of approved resources from CEOP, NSPCC, Barnardo's and other accredited organisations.
- Regular online safety sessions for young people/teachers, parents and carers with advanced training for school Designated Safeguarding Leads.

- E safety Essentials and Intermediate training offer to all agencies across Salford
- Targeted direct work for young people to improve understanding of online risk, recognise exploitative behaviours of others and where to find resources and guidance.

At a Safeguarding summit young people via the youth council were presented with information from the work of the CSA subgroup activity and were able to engage in a Q&A session and provide feedback, this includes:

- A good range of multi-agency professionals within the subgroup
- Good offer of free training for professionals.
- They would like targeted workshops for children and young people
- Improve visibility and accessibility content on the CSA webpage for children, young people and families.
- Young people felt some professionals can be judgmental which impacts on children and young people making disclosures.
- Content aimed at children should include humour (e.g. PANTS campaign using Pantosaurus) as it is easier to listen to.

Examples of how the voice of children is captured include:

- Health and social care assessments recording wishes and feelings
- Feedback through RSE in schools demonstrating children's understanding of healthy relationships and consent
- Parent and Youth councils told us how our population want to receive services and care from professionals
- Participation groups such as the safeguarding summit and listening loop provide feedback on good practice and where improvements can be made.
- Improvement feedback at the Sexual Assault Referral Centre has influenced how the centre runs, what facilities are available and how staff engage with children and young people.

Using a window on practice for 2022-23 the subgroup sought to seek safeguarding effectiveness to understand the impact of practice in all cases where CSA had been identified as a risk factor. Using thematic learning from local safeguarding reviews, audits and MASH contact and conversion data the findings aligned with our CSA implementation plan.

- Increased training opportunities and resources on SSCP webpages for agencies.
- Influenced whole workforce development in Education and GMP

- Sought assurance around workforce development across agencies working in Salford.
- Young people scrutinised the work of 4 SSCP subgroups including the Child Sexual Abuse subgroup. Feedback provided positive feedback and made recommendations for the subgroup to consider for year 3 priorities.

What difference has it made?

The subgroup activity has increased awareness of the prevalence of child sexual abuse across strategic leader; this is providing a receptive space for practitioners to start talking about child sexual abuse. Locality commitment and improvements are aligning with the national and regional recommendations with a forward trajectory of a confident workforce to talk to children and families about child sexual abuse that doesn't rely on disclosures.

Key Challenges

Engaging parents around child sexual abuse is a complex and often sensitive area. Surveys in schools highlight poor engagement of parents within these discussions particularly around online abuse.

Priorities for 2025/2026

- Focused activity on the benchmarking exercise against the national Child Safeguarding practice review on child sexual abuse.
- Design mechanisms to evidence confidence in practitioners when talking to children about CSA
- Implement the Northwest CSA Regional CSA Improvement work, resources and training offers
- Design audit activity to demonstrate effectiveness of any implemented northwest resources and tools and impact on safeguarding practice.
- SSCP website focused activity around accessible appropriate resources for children and families related to child sexual abuse.
- Improve accessibility content on the SSCP website and improve search words to link with website.
- Ensure the Child Sexual Abuse Strategy is embedded in practice by developing an implementation plan supported by an audit cycle that will gather assurance the strategy is embedded in practice.

Children affected by Domestic Abuse

Domestic abuse has been a Key priority for the SSCP since 2020. Significant developments have occurred in commissioned DA provision available to victims, children and people who harm. This ensures families are offered the best intervention possible with the core aim to keep families safer.

The Domestic Abuse Subgroup operates to prevent, protect and safeguard children impacted by domestic abuse. Feedback from practitioners and engaging with children and adults impacted by DA helps comms to spread messages across the partnership on shared learning and new developments in service provision.

Key Achievements 2024/2025

- The Domestic Abuse subgroup functions well with consistent multi-agency attendance. This is underpinned by a robust action plan and strategy delivering on key priority areas.
- Further development of the Safe in Salford DA provision. This has improved quality of multi-agency practice through addressing key issues which impact children at commissioners meetings and The Domestic Abuse Board.
- Research in Practice have acknowledged the effective responses to domestic abuse cases across Salford partners.
- Guardian Angels – co-produced campaign with Parents 4 Positive Change launched to encourage neighbours, family members and friends to report DA incidents within the community.
- The ICB have led on the Partnership understanding, approach and responsibilities to Honour Based Violence (HBV). A 7-minute Briefing has been produced, and the HBV Subgroup is now operational.
- Educational leads have promoted school compliance with Operation Encompass. As a result- safeguarding DA leads are in place, social media DA information is up to date, assurance given that schools have information on Harbour (children's domestic abuse specialist service) and resources to support

Pastoral Staff who are responding to Operation Encompass notifications.

- GMP have been proactive in supporting the development of MATAAC (Multi Agency Tasking and Coordination). This multi-agency panel meets monthly with a core focus on perpetrators behaviours and aims to reduce the number of repeat incidents and harm to victims of domestic abuse by preventing further related offending, improving victim safety, changing offending behaviour and improving partnership engagement.
- GMP have also implemented CARA – Cautioning and Relationship Abuse-with the support of TLC (Talk Listen Change- specialist perpetrator provider). This innovative early intervention is focussed on domestic abuse offenders who have received a conditional caution.
- MARAC (Multi Agency Risk Assessment Conference) is currently under review across GM. GMCA are co-ordinating with the support of local authority leads. The focus is a standardised approach with cases pre- screened and mandatory attendance by all partners.
- LA Childrens Services have led on implementing 'Safe and Together' training 26 domestic abuse Safe and Together Champions. 50 senior service leads have attended one day training. The model works with the non-abusive parent and

children to stay safe and together placing accountability and responsibility on perpetrators of domestic abuse.

- Redevelopment of the Safe in Salford website to ensure it is more user friendly and accessible.
- Youth Summit voted the children's Domestic Abuse Subgroup most effective and influenced commissioned services on young people's safety planning. Further building on this with a "You Said, We did" report to ensure voice of the child is evident throughout subgroup agendas and workplans.

- Secured additional funding for a service for 0–5-year-olds and pregnant women impacted by domestic abuse, additional trauma informed workers, additional young people who harm workers, increased counselling provision.
- Robust voluntary sector representation and involvement across strategic and participation strands of improving services for families impacted by domestic abuse. This strengthens the voice of survivors and enriches access to data.
- Secured New Burden funding of £270K to strengthen the deliverables of the commissioned service.

What difference has it made?

28% reduction in repeat cases heard at MARAC (Multi Agency Risk Assessment Conference). Significant achievement across the Partnership demonstrating the effectiveness of the work being delivered to families with children impacted by domestic abuse at high-risk thresholds.

Pre-screen introduction for MARAC cases has ensured a reduction in waiting times and ensuring the partnership focuses resources on the right victim/survivors at the right time.

Permeance of domestic abuse funding has enabled services to embed and users of the service to grow more confident in its presence and ability to support them. This is evidenced through increased self-referrals into the service this year.

17% reduction in repeat cases at child protection involving victims of domestic abuse.

Honour Based Abuse subgroup provides a commitment to reviewing training, support and advice across the Partnership on honour-based abuse. This is an emerging area which will inform practice elsewhere.

Additional funding secured supporting new initiatives to address domestic abuse within Salford. This reflects a growing confidence from our partnership agencies, Greater Manchester local authorities, and funders that Salford hosts an effective multi-agency partnership with a commitment to address domestic abuse as a whole family approach.

Key Challenges

Slight increase in domestic abuse across the city means increased in demand on services. Over 70% of victims referred to domestic abuse service had children.

Domestic Abuse Protection Orders are a new initiative but have not yet been implemented in Salford.

Demand on resources- staff time- remains a challenge for agencies across the partnership. This includes releasing staff to attend MARAC or other key meetings, or access to appropriate training resources.

Influencing and establishing agreed school domestic abuse healthy relationship provision remains a challenge. Schools are delivering different and varied content, and the role of the subgroup remains advisory.

Priorities for 2025/2026

- Measuring the Effectiveness of Operation Encompass.
- Analysing repeat domestic abuse referrals which include children.
- Safety planning with young people
- Promotion of the young people's service to increase self-referrals.
- Reduce waiting times to access commissioned services.
- Conduct a mapping exercise to review partnership commitment and response to addressing domestic abuse and development of a joint domestic abuse strategy.

Learning from Practice Reviews

Salford has a strong learning culture focussed on continuous improvement. We seek to learn from every opportunity and use this to improve our services. This includes undertaking 'True to Us' exercises following the publication of National Reviews into tragic cases where children have died or suffered harm, in order that we can seek assurance that safeguarding practice is as effective as possible in Salford.

Locally the Practice Review Subgroup (PRSG) coordinates and maintains oversight of the outcomes of all types of case reviews, both statutory and non-statutory, and provides scrutiny of action plans where learning has identified that frontline practice could be strengthened. The work of the PRSG is aligned with the SSCP strategic priorities.

During the reporting period, thirteen referrals were received from a range of agencies including Police, Children's Social Care, Early Help and Health agencies, which demonstrates the commitment to learning and safeguarding effectiveness by statutory partners. Five met the threshold of serious harm, as determined by criteria outlined in Working Together to Safeguard Children (2023), resulting in a statutory Rapid Review taking place. The SSCP has commissioned 1 Child Safeguarding Practice Review (CSPR).

Key Achievements 2024/2025

There is multi-agency challenge and accountability in virtual panels which have been strengthened during 2024 by inclusion of other agencies, enabling greater transparency. Decision making is overseen by the Independent Scrutineer; thus evidencing the commitment to a learning culture.

- Thematic learning from reviews has informed decision-making for the focus of SSCP QA Panel audits
- Practice guidance is developed, updated, and strengthened as a consequence of learning from reviews.
- Learning from practice reviews is shared effectively and leads to reflection and improvements in safeguarding practice.
- Themed 7-minute briefings are agreed by the PRSG and developed on a quarterly basis
- Bitesize briefings have been facilitated to promote key messages and learning from practice reviews
- During 2024-25 there have been no delays in completing rapid reviews within statutory timescales.
- Learning from other GM and Northwest partnerships is routinely considered at every meeting, along with National learning and high-profile reviews that have received media attention. For example, the "Lilo" review prompted a response from Education and Mental Health colleagues to provide assurance about how Salford responds to neurodivergent children with special educational needs.
- Findings from the National Panel annual reports and thematic reviews are considered with a view to carrying out "True to Us" exercises in some instances. For example, a national briefing about Electively Home Educated children and related learning from Bury prompted a full assurance report from Education colleagues about how Salford supports children who are educated at home.
- A joint Think Family learning event was held and attended by 149 professionals from across the multi-agency

Childrens and Adults workforce. Think Family guidance was developed, and three separate 7 Minute briefings have been published and shared widely. A joint Think Family audit is planned to evidence impact of learning.

- Review of the Practice Review Toolkit
- PRSG maintain a repository of learning available to partners on the SSCP website.
- Recommendations from local practice reviews have prompted escalations to the National Child Safeguarding Practice Review Panel to influence wider systems and processes. For example, the SSCP highlighted concerns to the national panel about the absence of any reference to

exploitation in statutory guidance around exclusions (“Steven”), to influence policy updates. Another example was learning from the “Ursula” review which resulted in the Home Office providing assurance relating to training and safeguarding procedures concerned specifically with the treatment of women and girls.

- Learning from practice reviews is used to inform the forward plan of multi-agency audits. This supports us in identifying themes that may require a deeper dive and closing the loop on activity undertaken by the PRSG to evidence impact.

What difference has it made?

- The most recent S11 practitioner survey highlighted that 79% of respondents agreed that they are helped to understand learning that comes from local case reviews by their manager or organisation (up from 78% in 2021).
- 56% of organisations agreed in S11 self-assessment that learning is shared widely and integrated into single agency training.
- Learning and case review activity is not just aligned to children. Think Family Guidance and related learning materials have been disseminated across the SSCP and SSAB to ensure a streamlined approach to learning and an integrated model of working with regards to safeguarding.
- The annual report from the SSCP Independent Scrutineer highlights that “There is strong evidence of the integration of timely learning from case reviews into training, policy and practice for safeguarding children”.

- 7-minute briefings are the third most visited page on the SSCP website after the Home Page and the Training Programme page. For the period 1st January 2024 – 31st December 2024 there were 7181 views across 3937 users. This demonstrates that learning is reaching a broad range of users, who access the SSCP website.
- Salford have a skilled workforce who have access to up to date, relevant learning pertaining to case review and assurance activity. This enables strengthened practice supporting the workforce to keep children safe from harm and prevents abuse. There has been a reduction in referrals where children have suffered serious harm in relation to Neglect and CSA. This is a positive indication that the work of the Partnership in targeting safeguarding practice in these areas is having an impact.

Key Challenges

- Demonstrating measurable impact of case review and assurance activity remains a challenge. Sometimes it takes time to evidence impact and journey travelled.
- Independent Reviewers fees are very expensive and can have significant implications for the SSCP Budget

- The SSCP does not receive any good outcome referrals. It is important that we commit to learning from what works as well as where things may need to be improved.

Priorities for 2025/ 2026

- Continued promotion of the good outcome review process so that we can learn from what works across the system.

Workforce Development

The Strategic Workforce Development Group is a joint group that supports both the Salford Safeguarding Children Partnership (SSCP) and the Salford Safeguarding Adults Board (SSAB). Its aim is to help build a skilled, confident, and effective workforce in Salford by offering learning and development opportunities and access to resources.

The group looks at all training and workforce development linked to safeguarding. In addition to providing core safeguarding training, it plays an important role in making sure that learning from case reviews and audits is shared and used to improve how we work.

The group focuses on shared learning themes that come up often in reviews. These themes determine the theme of meetings and assurance reports with partner updates. Themes covered for the period were Professional Curiosity, Engaging with Families, Think Family and Views and Voices

The group continues to be well-attended by partners who show strong commitment. This year, it has improved the way organisations provide updates on their workforce activity by also capturing impact of workforce development activity in addition to assurance. These updates are shared in an assurance report during the themed meetings throughout the year.

Between April 2024 and March 2025, the SSCP Business Unit coordinated a comprehensive programme of training to support the development of Salford's multi-agency safeguarding workforce.

To ensure broad access to priority topics, several core courses were delivered multiple times throughout the year. This approach supported wider participation and reinforced key safeguarding messages. Importantly, the training programme achieved a **13% increase in attendance** compared to the previous year (2023–2024), demonstrating growing engagement and demand for high-quality, multi-agency learning.

- 133 training sessions were delivered
- Covering 50 different subject areas
- Reaching approximately **3,153 delegates**
- Representing 26 different agencies

Had delegates sourced training externally, the total cost for the 49 training sessions hosted by the SSCP would have been approximately £322,650. If the SSCP had commissioned external trainers to deliver the programme, the estimated cost would have been around £70,500.

The model used to deliver such a comprehensive training programme has been enabled by the commitment and support of the Training Pool and Training Associates which has had a hugely significant financial impact. The coordination and delivery of the internal training programme has resulted in the SSCP achieving a **cost saving of approximately £393,150**.

Key Achievements 2024/2025

Over the past year, the Strategic Workforce Development Group has supported several important workstreams that reflect our commitment to inclusive, trauma-informed, and community-focused workforce development. Some key achievements include:

1. Lads Like Us – Training on Exploitation and Abuse

The SSCP and SSAB partnered with *Lads Like Us*, two lived experience trainers, to deliver two powerful training sessions in November 2024 and February 2025. The sessions focused on:

- Exploitation
- Grooming
- Abuse
- The importance of professional curiosity

These events were funded by the Violence Reduction Unit and reached 343 practitioners across both children's and adults' services. Feedback highlighted the sessions as insightful, moving, and highly relevant to frontline practice.

2. Safeguarding in the Orthodox Jewish Community

A dedicated working group was set up to support safeguarding in the Orthodox Jewish Community. This group included professionals from the community itself and from local agencies. Together, they planned a **multi-agency event in November 2024**, which:

- Strengthened partnerships
- Promoted cultural understanding

- Helped practitioners work more effectively with children and families from this community

This event was a positive step toward building more inclusive and culturally sensitive safeguarding practice.

3. Supporting Cared for Children and Care Leavers

The Supporting Cared for Children and Care leavers course was introduced to the programme in response to the recurrent thematic learning particularly in relation to the understanding and application of the Corporate Parenting Principles. Most notably the course introduced delegates to the GMYN [‘Hear My Voice’](#) graphic novel that was co-produced with care experienced young people from Salford and featured on the BBC and ITV. The resource is a testament to the invaluable contributions from young people and captures in their own words:

- Their rights
- Their views and voices
- Their lived experiences

This work also promoted the adoption of trauma-informed practice across services that support cared for children and care leavers. It reflects our ongoing efforts to ensure young people are not just heard but actively shape the services that support them.

These achievements are part of a growing programme of work aimed at strengthening collaboration, sharing learning, and building trust with Salford's diverse communities and workforce.

SSCP Priority Areas:

Working to PREVENT Abuse

The group has led or supported several initiatives focused on early intervention and prevention, including:

- Family Partnership Model training and new Building Relationships guidance were rolled out to strengthen practitioner relationships with families.
- The neglect training offer was enhanced with an annual event and regular Thriving Families Tool (TFT) workshops, helping staff respond earlier and more effectively to signs of neglect.
- A long-term impact of training study linked to the Neglect Window of Practice is helping to shape future TFT resources and briefings.
- The Child Sexual Abuse (CSA) training offer was developed further through participation in the Greater Manchester CSA Roadshow, with content aligned to regional and national guidance.
- The SSCP CSA webpage continues to be updated with the latest resources and training opportunities.
- Cultural Consciousness and anti-racism were key themes, though low uptake of anti-racist training has been identified as an area for improvement in 2025–26.

Working to PROTECT Children from Harm

The group supported several activities focused on strengthening the workforce's ability to protect children through meaningful engagement:

- The Power of the Partnership event included a video created by young people and a presentation from Parents for Positive Change, promoting lived experience as a driver of safeguarding practice.
- Feedback from the event will shape future co-production activities and training content.
- The Safeguarding Young People course has been revised to ensure it includes the voices and experiences of children, young people, and families.
- Lads Like Us delivered impactful training on exploitation and abuse, drawing on lived experience to challenge and educate professionals.

Voice of the Child and Adult

While embedded across several areas, this priority is particularly reflected in:

- Core safeguarding training has increasingly focused on capturing the lived experience of those affected, helping to strengthen practitioner insight and empathy.
- Updated training content across multiple courses, placing more emphasis on the views, wishes, and lived experiences of children, young people, and families.
- The co-produced Cared for Children booklet, developed with local young people to reflect their voices and experiences.

Communications and Engagement

The group has worked with partners to strengthen how safeguarding messages and learning are communicated to the wider workforce:

- The SSCP “Latest News” bulletin has been shared monthly, reflecting local and national learning, research, and safeguarding priorities.
- Joint webpages have been launched by the SSCP and SSAB, covering cross-cutting themes like Think Family, Professional Curiosity, and Cultural Consciousness. More themes will be added as learning continues.
- Stronger links with GMCA (Greater Manchester Combined Authority) have helped promote Week of Action campaigns, which have been well attended by Salford practitioners.
- A joint ‘Talking Heads’ project on domestic abuse was developed in partnership with Salford University, Greater Manchester Police, and Safe in Salford.

Safeguarding Effectiveness

The group has contributed to improving how safeguarding impact is measured and understood:

- A long-term impact of neglect training and the use of the TFT was completed, showing positive change in practice and outcomes.
- The Training Needs Analysis process has improved, with subgroups such as Exploitation, CSA, and Honor Based Abuse taking on shared governance to ensure training priorities reflect current risks.
- Local guidance has been developed to support reflective, trauma-informed practice, including:
 - o Support and Safeguarding Guidance
 - o Building Relationships
 - o Reflective Practice tools
- The group has contributed to the development of the ‘Space to Think’ approach, aimed at creating space for reflective conversations in safeguarding work.
- Governance and Partnership Working – A close working relationship with the SSAB Workforce Development Lead has helped align work across children’s and adult services, including:
 - o Progressing the Think Family approach
 - o Strengthening joint learning from CSPRs, SARs, and DHRs
 - o Producing joint resources such as the Equality Act 7-Minute Briefing

What difference has it made?

1. Promoting Equality, Diversity and Inclusion

The group has taken steps to ensure that training and workforce development is inclusive and responsive to the needs of diverse communities. A key example is the success of the multi-agency event with the Orthodox Jewish community, which:

- Strengthened trust and engagement with professionals from the community
- Built practitioners' confidence in working in a culturally sensitive way
- Promoted better understanding of the safeguarding needs of children and families within this faith community

This work has helped to embed more inclusive approaches across the safeguarding partnership.

2. Measurable Impact on Practice and Outcomes

Thanks to neglect-focused training and events, alongside follow-up evaluation and a long-term impact study, we have seen improvements in practice and outcomes, including:

- An increase in the use of the Thriving Families Tool (TFT) to assess and respond to neglect
- More TFTs being started and completed by professionals

Comments from Delegates:

"Reminds me of the importance of asking the question and creating a safe space"

"Deepened my knowledge and understanding of how trauma-experienced children and adults may present and how each person may be affected differently"

"Much more confident when having to deal practically with cases to know the right procedures, who to contact, and the support available"

"The way you reiterated the importance of self-care was pitched perfectly. Getting us all up and moving after lunch was a great idea. It brought light-heartedness after a difficult subject"

"I feel I have more tools in the box to provide the best available support and service to our children and families"

"Good to hear from someone with lived experience about how they feel when they meet the right person to support them"

- A reduction in the number of children on Child Protection Plans under the category of neglect

This shows that the learning provided is being used in practice and is contributing to earlier, more effective intervention with families.

3. Stronger Joint Working Across Children's and Adults' Services

Key achievements include:

- The launch of joint safeguarding webpages, making it easier for professionals to access training and resources including joint themes on Think Family, Professional Curiosity and Cultural Consciousness
- The publication of several joint 7-Minute Briefings, including one on the Equality Act, developed in response to a joint Child Safeguarding Practice Review (CSPR) and Safeguarding Adults Review (SAR)
- A successful joint Think Family learning event which launched the Think Child, Think Adult, Think Family guidance to encourage professionals to understand how safeguarding issues can affect the whole family and the importance of a joined-up response.

Key Challenges

- **Improve Manager Engagement**

Managers play a key role in helping staff apply learning to practice. However, more support is needed from agencies to share the impact of training on children and families, and to reinforce key messages through supervision and team discussions.

- **Increase attendance at ‘Lessons from Reviews’ Briefings**

Although attendance at these important quarterly sessions has improved slightly, numbers remain low, and many professionals do not attend after booking. This reduces the opportunity to embed learning from case reviews across the workforce.

- **Strengthen links with the Practice Review Subgroup**

There is currently no formal process for sharing learning from reviews that are not published. As a result, valuable insights

may not reach practitioners who could benefit from them.

Stronger connections between subgroups are needed to close this gap.

- **Resourcing Long-Term Impact Work**

While it is vital to understand the long-term impact of workforce development activities, collecting and analysing this data requires time and dedicated resources. Sustaining this work will require ongoing investment and support.

- **Improve involvement from Adult-Focused Services**

Attendance from adult focused agencies remains low. This poses a challenge to fully embedding **Think Family** principles, particularly when planning joint training on topics that affect the whole family.

Priorities for 2025/26

Promote and Embed the Think Family Approach

- Plan and deliver a joint learning event with SSAB, focusing on cross-cutting themes from reviews.
- Strengthen adult agency involvement in subgroup activity and workforce development planning.

Further Develop Voice of the Child and Family Practice

- Expand Communicating with Children training delivery and evaluate its impact.
- Increase visibility and promotion of Listening Standards and continue to capture voice through existing channels (e.g. Youth Summit, Listening Hub).
- Incorporate voice of lived experience into future training design

Complete and Respond to the Full Training Needs Analysis (TNA)

- Undertake a full city-wide TNA across children’s and adults’ services to identify training needs, gaps, and future priorities.

Expand the Domestic Abuse and Harmful Practices Training Offer

- Work with the Honour-Based Abuse Subgroup to develop targeted workforce training on harmful cultural practices.
- Explore opportunities for co-delivery with lived experience speakers.

Strengthen the Impact and Communication of Learning

- Review and streamline the SSCP training programme to expand focus on core children's safeguarding priorities and emerging needs.
- Improve data collection on training impact, especially in relation to key practice tools like the Thriving Families Tool.
- Analyse Section 11 audit findings to identify strengths and gaps in single-agency training offers.
- Work with the Communications and Engagement Subgroup to trial new ways of sharing learning (e.g. short videos, recorded briefings, podcasts).

Plan and Deliver an Exploitation Practice Week

- Collaborate with the Exploitation Subgroup to design and deliver a week-long programme of learning events.

Education

The Education Sub-group mainly consists of headteacher representatives from across the city in various sectors. The main aim is to enable education settings to understand and inform the work of the SSCP and to provide assurance on local safeguarding priorities.

This year work has progressed to strengthen the engagement of Education with the local safeguarding children arrangements. This is a key priority for the SSCP in response to the recently published updated Statutory Working Together to Safeguard Children (2023) guidance. The SSCP is keen to strengthen links with Education colleagues, to enable all settings to be fully engaged, involved and included in the local safeguarding arrangements. The SSCP seeks to ensure that the views and contributions of education and childcare providers are articulated at the highest level of decision making.



Key Achievements 2024/2025

- Chair of the committee, along with the Local Authority education leads have supported the development of the partnership in relation to strengthening the role of Education. We have worked alongside the DfE to review our structures and processes and learn about, and from, best practice.
- There is an identified education lead at each of the thematic priority subgroups
- We continue to strengthen the membership of this Education sub-group, ensuring that we have representation from all sectors including primary, secondary, special, further and independent education and Early Years representation. This now includes 0-5yrs and reaching private, voluntary and independent providers.
- This widening membership ensures that we have greater representation from education across aspects of the SSCP and mechanisms exist to ensure effective communication to share messages and good practice both from and into the partnership
- Membership extends beyond schools to support efficiency and joined up thinking – Safeguarding in schools' advisor, work force development team, early help, attendance advisors and there is connection with other sub-group chairs.
- We provide a forum for other sub-groups to access the views and advice of colleagues working strategically within the education sector to inform their next steps and vision planning.
- We assist with the methodology, dissemination, contribution to, and response to the outcomes of local assurance activity in respect of local priorities
- The group continues to support and influence the implementation of the Salford School Partnership (SSP) model.
- A key development this year has been the connectivity with Education Inclusion team.

What difference has it made?

- There is a more robust structure in place to meet the aims of the sub-group that supports better collaboration.
- Greater representation in general across education sectors, has increased the capacity to disseminate key safeguarding information from the SSCP
- Inclusion of a representation from Start Life Well has ensured that views and contributions from the Private and independent childcare settings are being considered and key SSCP messages are disseminated further.
- The connectivity with Education Inclusion service has provided a forum for discussion around the challenges of the graduated approach. The awareness of Educational Neglect within the neglect strategy as part of this graduated response.
- Education professionals have added valuable contributions to all of the local priority subgroups
- We provide a forum for other sub-groups to access the views and advice of colleagues working strategically within the education sector. This has enabled others to make informed decisions and connect directly with children.
- We support the SSCP and its priority groups by contributing to assurance activity to identify the required local response to national practice reviews, such as *“I wanted them all to notice”: Sexual Abuse within the family “It’s Silent”: Race, racism and safeguarding children*
- Responses to assurance reports and the advice from our group leads to actions such as, a local directive for all staff in schools to undertake training *‘identifying and responding intra-familial child sexual abuse’*.
- Liaison with the Youth council has ensured that their views on Behaviour policies and their link to mental health, along with the children’s recommendations were shared with settings for their consideration.
- There has been a significant increase in the proportion of schools submitting assurances about statutory safeguarding duties – Section 11, Section 175/157 Audit, Prevent.

Key Challenges

- Gathering responses from consultations in a timely manner
- Capacity within settings to address the identified needs is ever increasing as budgets decrease.
- Increases in children attending Alternative Provision and ensuring that a robust understanding of the safeguarding duties exist.

Priorities for 2025/2026

- To support Salford Council’s aim to be a UNICEF Child Friendly City and ensure that the voices, needs, priorities and rights of children are an integral part of educational policies, programmes and decisions.
- Support the Salford School Partnership in its review, and support/promote the future model
- Continue to develop the communication between, and contribution to, the various other sub-groups of the SSCP
- Securing a deputy chair of the sub-group Capturing the views of the children we represent

Secure Care in Salford

Barton Moss Secure Care Centre (SCC) can accommodate up to 24 children (males), aged between 12 – 18 years, who have been remanded or sentenced by the criminal courts in England and Wales.

The SSCP annually considers the use of physical restraints on the young people placed at Barton Moss SCC. Barton Moss has a Restraint Minimisation Policy which is reviewed annually. All staff are required to complete a three-day accredited Physical Restraint Practice accredited course when they commence employment at the Centre and an annual one-day refresher course. This is delivered by accredited Good Sense, Conflict Management & Physical Intervention trainers.

All restraints are reviewed on CCTV by a service manager, who also quality assures and countersigns the associated documentation. The LADO attends the Centre when a restraint has taken place, to view the CCTV footage and the associated documents. They confirm if the restraint was a proportionate response to an incident (*to ensure the safety of the young person, their peers, or staff and/or to prevent damage to property*), has been applied appropriately and recorded in line with the Centre's policies. Positive feedback is given to staff and areas for development or concern are addressed and can result in a formal referral being made to the LADO. All young people involved in a restraint are seen by the nurse and by a member of our Interventions Team, who assist them to complete and sign a 'My Thinking' report. This captures their views of the circumstances leading to the restraint, a reflection on their behaviour and the sanction imposed. If there are any discrepancies these are followed up with their head of home and mediation is offered to resolve any differing views.

Each month an Independent Visitor, attends the Centre to complete the statutory Regulation 44 Report. They view a sample of CCTV physical restraint footage, associated documentation and talk to the young people, their parents/carers, community professionals and Barton Moss SCC staff. A copy of these monthly reports is forwarded to Ofsted, to confirm the Centre is compliant with the Children Homes Regulations. Data on the use of restraints is submitted to the Youth Custody Service, who commission all the beds at Barton Moss SCC. Each quarter this data is published along with comparison data of other Secure Children Homes and Young Offenders. Barton Moss SCC has a consistent lower percentage of restraints compared to the other Secure Children Homes and Young Offenders Institutions in England and Wales.

All young people have 24-hour phone access to the Barnardo's Helpline and Children Commissioners team on a personal phone in their bedroom. Permission is not required from staff to access these services. An Independent Advocate from Barnardo's attends the Centre weekly and meets with all children individually and leads a monthly Boys meeting. In their induction pack/film, young people, their parents/ carers, and community professionals are informed of the Salford City Council complaints procedure.

We believe the low number of physical restraints at Barton Moss is due to the delivery of trauma-informed care which is formulation driven, evidenced based and takes a wholistic approach to support young people. All the staff at the Centre have a critical role in maintaining an environment in which positive relationships can develop. Subsequently, the management of risk and the promotion of positive behaviour is achieved through pro-

social role modelling and positive relationships. The Centre believes that young people's behaviour will not change until a relationship of trust has been established with staff and to achieve this, all practitioners have an integrated approach to working together with the child.

A review of the RPI data confirms most of the incidents take place on our admission units when young people are new to the Centre. This is challenging time following their detention by the Court, when relationships are forming with staff along with orientation to a new environment away from their families/carers and whilst Court proceedings aren't concluded.

Key Achievements 2024/2025

Strong multi-disciplinary approach to the care of young people which supports the low number of physical restraints compared to other Secure Children Homes and Young Offenders Institution in England and Wales.

- Robust external/independent overview of our practice – LADO, Independent Visitor, Barnardo's Advocacy Service, access to 24 phone lines help lines, Salford City Council complaints service and oversight by our Governance Board.
- GOOD Ofsted grading in December 2024, which confirmed:

“There are small numbers of physical interventions, managed away and single separation incidents. This is because staff know the children well and can mitigate any escalation in unwanted behaviours through verbal redirection. Staff promote mediation with the children and support them to reflect on their behaviours. This often repairs the children's relationships and helps them to move on. Managers take effective action when safeguarding incidents occur. They ensure that any incidents of concern are reported swiftly to the designated officer. This means incidents are dealt with in a timely manner. The manager takes the necessary action to improve staff practice. This helps to further safeguard the children.”

Communication and Engagement

The Listening Hub



The Listening Hub is Salford's central structure to support and promote participation and engagement. The Listening Hub feeds into the Voice of the Child Subgroup. The 'Listening Hub' is a virtual hub that works with a wide range of partnership agencies to promote listening to children, young people and families, and take action to improve services to meet concerns and needs. We want to see the positive changes that enable children and adults to thrive and flourish. The overarching remit of the multi-agency 'Listening Hub Squad', remains the same: to develop shared standards of listening, to build upon good practice, and collectively make improvements to our response and services in Salford. The Listening Hub works in partnership with the Voice of the Child subgroup, to ensure that views and voices are captured from young people, families and practitioners. The Voice of the Child leads attend the Listening Hub meetings. The parents group Parent 4 Positive Change (P4PC) who meet monthly, is affiliated with the Listening Hub and facilitated by the SSCP Participation Lead, with support of social work improvement.

Key Achievements

- Between 01/04/24 and 31/03/25 there have been 4 listening hub meetings (April, August, Jan, March).
- September 2024 - **Youth Summit** - the Salford Youth Council held a safeguarding summit to scrutinise some of the work of the SSCP subgroups. This was a pilot and went really well, giving us good feedback on both the work of the groups and the benefit of holding similar scrutiny events in the future. Overall, the youth council were impressed with the work of the groups but had specific recommendations for each group going forward.
- October 2024 – **Power of the Partnership** event where Participation Lead and P4PC presented.
- October 2024 – **Listening Standards** promoted and feature in GP newsletter and new starters pack in a primary school.
- November 2024 – P4PC reps speak at regional safeguarding **conference**.
- December 2024 – P4PC consult on communications material for Children's social care related to the Family Partnership Model
- March 2025 – P4PC supported Domestic abuse campaign in **Life Magazine**.
- March 2025- P4PC reps attend and help facilitate 4 **North West events** with Participation People.
- March 2025 - Listening Hub hosts first **practitioners forum** on the topic of co-production. A summary newsletter was produced and published on SSCP website.

What difference has it made?

- Strengthened Youth Voice and Influence e.g. The Youth Summit (Sept 2024) gave young people real influence over safeguarding priorities by scrutinising SSCP subgroup work. Their feedback and recommendations demonstrate that youth voice is not just heard but acted upon.
- Strengthened Practitioner Voice and Influence e.g. March 2025 practitioners forum extended the model of youth voice to professionals, helping embed co-production as a practice norm and showing the maturing of the Listening Hub as a driver of system-wide change.
- Strengthened Practitioner Voice and Influence e.g. Parents lived experienced shared widely at different events and Parents voice influence communications around Family Partnership Model increases accessibility of materials.
- Listening standards have wider reach (e.g. to GPs).
- Salford showcased as a regional leader in participation through P4PC attendance at conferences and events.

Priorities for 2025/2026

Listening Hub:

- Listening Hub to raise awareness of definitions related co-production that includes terminology and frameworks.
- Listening Hub to explore co-producing a practical guide or resource about engagement approaches.
- Listening Hub Practitioners forums to be promoted and accessed as an open, collaborative space for all practitioners across Salford.

P4PC:

- To advocate for assessments to record parents voice.
- Co-produce updated Thriving Families tool.
- To continue to support public speaking events.
- To undertake co-production activities with SSCP partners as appropriate.

Communications Activity

The communications subgroup brings together the Salford Safeguarding Children Partnership, Salford Safeguarding Adults Board and Salford Community Safety Partnership, to ensure a joined up, coordinated approach to communications in relation to safeguarding messages in Salford. The key aims of the group are to raise awareness of safeguarding and ensure target audiences know how to spot the signs of abuse and neglect and know what to do if they have concerns.

The group are involved in developing and amplifying campaigns on topics such as domestic abuse, 16 Days of Action against gender-based violence, child criminal exploitation, honour-based abuse and water safety.

The group is led by Salford City Council Communications Team, who work with comms teams in partner organisations as and when needed. Representatives from the three boards attend the quarterly meetings and liaise outside the meetings to progress the workplan.

Communications is a priority for the SSCP because it's essential that we raise the profile of safeguarding amongst the public and workforce. It must be an ongoing commitment to make sure everyone understands how to protect vulnerable individuals from abuse and neglect.

Key Achievements

- A joint communications strategy has been agreed by the three boards.
- A water safety campaign, aimed at 13- to 16-year-olds in Salford, was developed with Oasis Academy. 21 pupils from the school gave their input into campaign messages, channels and creative designs and a Snapchat campaign and ad van adverts were developed. The SnapChat campaign ran over the summer, reaching 31,891 SnapChat users in Salford, who saw a campaign advert 7 times on average. The ad van parked up outside Oasis Academy one Friday in July, as pupils were arriving at school and as pupils were going home. This generated lots of discussion in school. The outcome was fewer young people jumping into the water at Salford Quays last summer. (There were other factors that influenced this, but it is believed the campaign did play a part).
- A social media campaign for the 16 Days of Action against gender-based violence campaign ran in November and December, raising awareness of local and national support and initiatives, such as Safe in Salford and Clare's Law.
- The Northwest campaign on child criminal exploitation 'Eyes Open' was amplified using VRU funding. We ran digital adverts targeting people in the hotspot areas of Salford. The campaign saw over 1,000 link clicks to the Eyes Open website where people can read more about the signs of exploitation and help available. We also ran the campaign on over 60 outdoor digital boards in Salford, and across our social media channels.
- Work began on a domestic abuse campaign with Parents 4 Positive Change and input from GMP. The key message is to report domestic abuse if you witness it happening. This campaign will go live in summer on outdoor advertising, an ad van, social media and potentially beer mats (subject to funding).
- A letter about FGM was sent out to schools in Salford, in partnership with the GM Network.

- A video about Cuckooing was Salfordised and distributed to practitioners to educate them about what to look for and how to get help for victims.
- 'Worried about a child?' social media was posted at regular intervals throughout the year.
- The SSCP news bulletin was sent on a monthly basis to keep the workforce updated with key news and information to do their jobs.
- Hot weather and cold weather alerts were posted on social media, with specific messages about looking out for vulnerable people during extreme weather conditions and giving advice to stay safe and warm/cool.
- Joint safeguarding webpages were launched to avoid repetition where possible and so there are only one set of web pages to update.
- One table of awareness days/weeks was developed to avoid duplication, make sure nothing is missed and to increase impact.
- Relationships and links with comms teams in other organisations have been maintained and developed. Examples include GMP, Safe in Salford, NHS GM, Salix Homes, For Housing, GMFRS and Rochdale Council.

What difference has it made?

The outcomes of the campaigns mentioned above include:

- Less young people jumping in the water at Salford Quays during summer 2025
- Over 1,000 people finding out more about the signs of child criminal exploitation
- Increased awareness of Safe in Salford and the support they provide, leading to increased referrals
- Increased awareness amongst parents with children at Salford schools about FGM
- An informed workforce who are kept up to date with key developments, training opportunities and relevant learning
- Increased knowledge about cuckooing amongst the Salford workforce
- Increased awareness of how to report concerns about children and vulnerable adults being neglected or abused.
- More coordinated approach to comms around awareness days/weeks, with no duplication and better forward planning
- Maximised the impact of campaigns by proactively engaging with partners, for example GMFRS comms input in the water safety campaign and GMP comms input in the Eyes Open campaign.
- 64% of agencies agreed in the S11 self-assessment that key messages from the SSCP are disseminated widely within the organisation.

Priorities for 2025/26

- To produce a series of animations aimed at the public to encourage them to report safeguarding concerns instead of ignoring them. This will result in an increased number of reports to The Bridge, Adult Social Care and Safe in Salford/GMP.
- To produce new marketing collateral including pull up banners and flyers to encourage people to report safeguarding concerns.

- To produce a BSL safeguarding film to raise awareness of safeguarding issues and how to report concerns amongst the d/Deaf community in Salford.
- To explore methods of more accurately measuring the impact of communications.
- To increase the reach and engagement of safeguarding communications.

Voice of the Child

Listening and responding to the views and voices of children and young people continues to be a golden thread that runs throughout our Safeguarding Children Partnership arrangements. The Voice of the Child (VoC) is subgroup of SSCP and 0-25 advisory board. The Voice of the Child is a youth led meeting supported by youth workers. Other professionals are invited into the meeting to discuss issues and consult with young people. Currently the voice of the child group is delivered as part of Salford Youth Council's meetings. The Youth Council group is made up of young people from different schools & colleges, with representatives from Fight for Change Council (FFCC), and young people who identify as having additional needs from the new SEND Youth Forum called YETI (Young Energetic Talented and Inclusive), the LGBTQ groups. A new Police Youth Forum set up in response to the Child Friendly Policing programme has begun meeting with issues and topics feeding into the Voice of the Child group.

Voice of the child remains a priority subgroup for SSCP, since the partnership started as national case reviews still highlight hearing the authentic voice of the child and understanding their lived experience and perspective is often missing.

The remit of the multi-agency 'Listening Hub Squad' is to develop shared standards of listening, to build upon good practice, and collectively make improvements to our response and services in Salford. The Listening Hub works in partnership with the Voice of the Child subgroup, to ensure that views and voices are captured from young people, families and practitioners. The Voice of the Child leads attend the Listening Hub meetings. The parents group Parent 4 Positive Change (P4PC) who meet monthly, is affiliated with the Listening Hub and facilitated by the SSCP Participation Lead, with support of social work improvement.

Key Achievements

Voice of the Child Subgroup

- Youth Summit was a project to involve young people in reviewing the work of the SSCP Sub-groups and recommending next steps for the sub-groups to work on. A video explaining the outcomes of this was shown at the 'Power of the Partnership' event alongside the Safeguarding video created to explain the new support and safeguarding document.
- Holocaust Memorial day 2024 – Young people (Youth Council) - GMYCA representatives delivered speeches alongside a spoken word performance delivered via video at the Civic event.
- Development of 'Accessibility' project – Culture, Media & Sport reps working with Mike Tuson Salford Community Leisure – Mystery shopping provisions and supporting work on promoting leisure centres.
- Youth council members worked to create and promote of 'Textbook donation' points in Community Libraries.
- SACRE – Young people attend this group. Feeding into topics and presenting on "What does good Religious Studies mean to you?", Youth council members are consistent members of Salford SACRE – impact of the views on teaching is to be determined.
- Net Zero event - 2 young people attended the event at Salford University, engaging with young people across the NW. Learning about the green activities being developed at Salford University, and how these issues can be used as a campaign/everyday changes. Working with Victoria Pemberton to create the 'Greener Salford' campaign.
- The Fight for change council (FFCC) have created a video & letter to introduce the Salford to new social work starters to the Local Authority –

Explaining why their relationships with their social workers are so important to them.

- Youth Day on 12th August 2024 was themed on 'Make Noise', with a range of organisations running events to showcase positive young people engagement and listening to the views of young people. The celebrations culminated in a 'Drumming' activity near the Civic centre, delivered with the music service MAPAS.
- Partnership board deep dives – Presented to the young people, with a filmed response to the issue - Youth immunisations, importance of HPV vaccine, and the issues why young people do not want to take immunisations e.g. Lack of preparation, cultural issues, lack of knowledge of what it's for. Ideas for social media campaigns are being developed further.
- School attendance improvement session – youth council consulted on "why young people do not attend school?" – Feedback from young people was displayed at Attendance Conference held for school and council leaders and the group started to work with Educational Psychologists on school behaviour policy and they attended the November head teachers meeting to share approach.
- Young Mayor met with 2 other Young Mayors in Greater Manchester to create a foreword of an inclusive recruitment toolkit being developed to ensure greater representation in terms of race and SEND in Bury Rochdale, Oldham and Salford
- Nerd Club have fed their views into different consultations representing the views of neurodiverse young people. They identified the need for e-safety / knowledge of parental controls on technology to be taught to foster carers to help young people in their care to be less isolated and have 'normal' teen experiences. This has led to them gaining ARIS funding to develop 'Byte Guard', a series of video guides on how to use tech and where to get support.
- The links with Salford University have continued, resulting in Salford University hosting the annual Young people's Question Time, themed on Crime & Safety, with 60 young people attending and asking questions to the Police, Childrens services, University and Youth Justice reps
- 2 Bee Heard reps have attended GM meetings to influence developments in health, and recorded a video shown at the Youth Alliance Live Well event.

- The new SEND Youth Forum (YETI) group has started, and members have reported they do not feel prepared for adult life. Their response has been to develop work on life skills, creating a recipe book of easy-to-follow recipes to support other young people with independence skills.
- The (YETI) group have identified the need for mentoring during transition times and when waiting for Neuro-development assessments. They are creating videos to make young people feel 'seen' and less isolated and suggest coping strategies.
- Youth Council members completed 'Totes Emosh' mental wellbeing pack to encourage discussion and peer support. The pack is being launched before the end of the school year to support transition to high school and is to be promoted at the Emotionally Friendly Settings conference.
- The 2 Members of Youth Parliament for Salford attended the UK Youth Parliament Annual Sitting at the Houses of Parliament in February, representing the views of Salford young people. The national campaigns selected were 'Votes at 16' and 'Period Dignity – Free period products for all'.
- Net Zero event 2025 - 3 young people have been meeting with Youth Work staff from Youth focus NW as part of the planning group for the Net Zero 2025 event – 6 young people from Salford will be attending the event.
- International Women's Day 2025 – Youth Council had a recruitment stall - showcasing the female leadership in Salford Youth Council. Newly elected Deputy Youth Mayor closed the event.
- Delivery of Youth Mayor election & Salford 'Make your Mark' – Betws Redgrave won the election by 6 votes. The top issues voted for in Make Your Mark were – Mental health & wellbeing (27%), Bullying (15%) & Vaping (14%). These issues will form campaigns from council members and inform the delivery in the youth service.

- At the regional youth participation event Youthforia, Salford young people have engaged in workshops on topics including democracy, allyship, and inclusion, bringing skills back to Salford.
- 2 Salford young people have represented Salford at GMYCA meetings, with one being on the Steering Group. The priority work for the GMYCA are Transport and Active Travel, Education, Employment and Skills, The Environment and Equity, Equality and Inclusion.
- The Cared Experienced Children's voice group (Fight for change Council FFCC) selected knife crime as their chosen topic. They have created social media posts using fruit #cutlimesavelives. Working with the Lowry Theatre they have created a play using a 'game show' theme. The FFCC attendance has changed slightly with a group of unaccompanied asylum seekers attending for a period of time.
- 2 Bee Heard reps have continued to attend GM meetings to influence developments in health. The group have influenced the young people's crisis care pathway for mental health.
- The Youth worker leading participation work has delivered workshops on the Lundy Model of Youth Participation and supported the Co-production event where young people made videos about why co-production is important to them.
- Lundy model session was delivered to foster carers.
- The Youth Mayor and Youth worker completed Carbon literacy training.
- The youth worker has supported the 'Social gaming' session at Eccles College with the SEND class and carried out a consultation on the local offer, with consultations planned for each term.
- The youth voice team trialled a culturally appropriate Orthodox Jewish Nerd club session with 'Club Tikva', which was received positively by SEND young people attending.
- Salford Community Leisure users forum identified a gap in young people as users, and they have invited the youth council to have a rep on their group to shape sports, arts and leisure services.

- Young people from Little Hulton participated in a national Authoring Your Own Stories project with Youth Focus NW. 12 young people were trained as researchers and using arts and multimedia they gained the views of young people in Little Hulton and Walkden. The key themes emerging from the young people were inclusivity (sexuality and disability), space that was safe, and support with well-being.

Mind of My Own

Youth participation leads continue to promote the Mind of My Own app as a means to hear the authentic voice of young people. The App is widely used by practitioners in Early Help, Youth Service and the Safeguarding Unit. Numbers using the system are reducing, and the training is now delivered nationally online. Analysis of users by team has been produced and will be shared with managers to increase use.

Bee Well survey

The Bee well survey of young people on a wide range of indicators has highlighted some key outliers in the data on the Youth Offer in Salford and provided funding to respond to one of the indicators. One example was the issue of physical exercise and young women with the survey highlighting that in Little Hulton and Walkden there were particularly low rates of physical activity. In response Bee Well supported youth workers in the area to create a well-attended young women's danceathon, and the young women have been engaged to continue exercising since the event. In terms of safety young people were asked how safe they felt in their local area and the figures below show the data compared to the Greater Manchester figure of 83% feeling safe in their area.

In GM 83.5% of young people reported where they live was a Safe Place to live. In Salford the data showed:

Neighbourhood in Salford	% safe place to live
Cadishead, Irlam and Peel Green	82.1
Claremont Weaste and Seedley	79.8
East Salford	81.9
Eccles Barton and Winton	83.1
Little Hulton Walkden North and Walkden South	74.3
Swinton and Pendlebury	80.3
Quays Ordsall Pendleton and Charlestown	80.4
Worsley Westwood Park Boothstown and Ellenbrook	87.3

Child Friendly City (CFC)

With the City council committing to become a UNICEF Child Friendly city the work on this with young people has started. The initial phase has included a working with a wide range of young people from different groups to help the marketing and comms team with the Child Friendly City Branding. A full consultation process with children and young people on CFC will continue from this in the coming year.

What Difference has it made?

- Young people have been consulted on a wide range of issues from school attendance, immunisations, mental health, environment and transport. The diverse group of young people attending the youth voice groups feel like they can have their say and be listened to. They also use the information gained from the consultations to devise projects for themselves to deliver on the key issues. These include videos for professionals, participation in interview panels and resources for young people to use to help themselves.
- Examples of these have been:
 - The Youth Summit was a key achievement this year where young people scored and influenced subgroup activities on key safeguarding issues like neglect, child sexual abuse, domestic abuse
 - Mystery shopping leisure services to provide feedback on customer service
 - 'Totes Emosh' resource on well-being by young people for young people
 - Videos for new social workers on why voice of the child is important
 - Mind of My Own use ensures the authentic voice of young people goes into the case records
 - Bee Well Survey data shows where we need to target key work on wellbeing safety and promoting activities for young people.
 - Young Researchers asking other young people what should change about their area then presenting this to senior leaders.

Using the Lundy Model in practice.

A key feature of the Youth Participation work has been to work with and support young people to have the SPACE to come together to discuss issues – they build their confidence to have a VOICE and to work to find the right AUDIENCE for the young people to have their say. These are 3 of the key stages of the Lundy Model. Often the INFLUENCE or IMPACT is less obvious, and not always quick. The steady and consistent messages from young people influences professionals and leaders to keep listening and learning.

Mind of My own is being used extensively by Early Help teams and in social care by IRO's in the Safeguarding Unit. This means there is a wide coverage of young people in Children's Services using the system. Quarterly data shows a gradual reduction in use reflecting the reduction in training sessions. An analysis of use by team has been produced and shared with managers to improve the numbers.

2024/5 reported number of uses of Mind of My Own by young people.

- April 2024 to June 2024 - 189
- July 2024 to Sept 2024 - 160
- Oct 2024 to Dec 2024 - 159
- Jan 2025 to March 2025 – 128

Workers have used the system to get to know young people better, to prepare for meetings and to hear about the young person's life and their wellbeing, (My Life was used 278 times, This is Me used 200 times, My Wellbeing 184 times, Preparation/Worker Visit/Conference was used 132 times).

Key Challenges

- Making sure we work at hearing the voice of primary school children, young carers and groups who we may miss, especially for the Child Friendly City engagement.
- Re-promote the Mind of My Own app to improve the number of active users and statements from young people, focusing on the teams who are not using the system.

Priorities for 2025/ 26

- Ensuring the Child Friendly City engagement process does not miss anyone and have a particular focus on the primary school age and preschool age children and seldom heard groups.
- Promote the Children and Young People's Voice and Influence strategy and the associated toolkit to have a greater level of youth voice
- Promote the Mind of My own system to have greater use by all teams
- To promote the Lundy model with a focus on INFLUENCE and IMPACT and ensure young people consulted are updated on impacts of their voices e.g. through more Listening Loops

Safeguarding Effectiveness

Whilst every sub- group is expected to understand performance and assurance within its own remit, detailed multi- agency performance scrutiny across the system takes place within the Performance and Quality Assurance (PQA) subgroup. The group brings together a range of evidence outlined in the Safeguarding Effectiveness Framework, oversees S11 audits and reports by exception to the partnership. The Group is chaired by the Director of Early Help and school readiness with occasional observation and critical feedback from the Independent scrutineer.

In Salford, we recognise and accept that safeguarding is never perfect, and constant scrutiny is required to ensure that there is continuous improvement evidenced across the system. We adopt a proportionate approach and recognise that single agencies hold their own accountability, and a range of evidence is required at a single and multi- agency basis to offer reassurance that all parts of the system are working effectively, both individually and collectively, to safeguard children.

Measures of outcomes for children are clearly the most important ones to assess but measuring the effectiveness of the system also requires a focus on inputs and outputs as well as outcomes.

Our ethos of “how can we do it better, together” helps us to develop our workforce into a learning, not blame culture, and we use the evidence available to us to ensure that we recognise and act when things are not going well, but also that things are not always perfect.

Our Evidence Base:



Summary of Activity

A quarterly “How are we Doing?” report has been provided to the SSCP for on-going oversight, scrutiny and assurance in relation to the effectiveness of safeguarding arrangements for children in Salford. The partnership maintains a formal risk register which tracks the progress of areas of uncertainty. Where necessary, risks are escalated to the SSCP to support resolution in a timely manner. The Risk register is updated on a quarterly basis. This ensures that there is transparency across the partnership and a commitment to continuous improvement. This also supports the partnership to target improvement activity based upon a local needs analysis.

A culture of high support high challenge has been supported to develop with key professionals making observations and suggestions on where and how assurances are given, this has led to several short-term task and finish groups who focus on areas where additional assurances are required.

DfE Self-Assessment Tool

In May 2024, following the publication of the Working Together to Safeguard Children (2023) statutory guidance, partners in Salford came together to complete the DfE Self-Assessment Health Check Maturity Tool. This provided a “snapshot” of the maturity of the SSCP. The tool supported partners to reflect on local challenges and priorities and areas of good and emerging practice.

Ofsted’s Inspection of Salford LA Children’s Services in November 2023 reported that, ‘The multi-agency partnership is a strong and effective one. At a strategic level, there is a real commitment and willingness to learn, demonstrated through robust and effective quality assurance and governance arrangements. Regular multi-agency audits and deep dives of practice take place, and practitioners can clearly articulate how these positively impact on their practice. This includes routine multi-agency review of contacts and how they are managed in the Bridge Partnership. It also includes responding to emerging themes and data, such as analysing repeat child protection plans when numbers began to rise. An openness to learn across the partnership means that areas for development are usually quickly identified. Multi-agency working with children is very effective and leads to improvements in children’s lives’.

Therefore, given that the DfE Self-Assessment Health Check Maturity Tool provides a ‘moment in time’, ‘snapshot’ of the maturity of the Safeguarding Children’s Partnership, the Health Check was undertaken in a proportionate way, building upon existing assurance and scrutiny arrangements.

The self-assessment was facilitated by the Independent Scrutineer. A half day development session took place on 13.05.24. The IS noted that what shone throughout the development session, was a **learning culture**, a **shared responsibility**, a **shared commitment**, the **strategic vision**, the strong **multi agency safeguarding arrangements** and, the **shared aspiration**. There was clear evidence of strong strategic leadership and the IS concluded that overall, the SSCP is a ‘mature’ and highly effective safeguarding partnership.

Thematic Assurance

During the reporting period the PQA and safeguarding effectiveness subgroup considered thematic reports from across the partnership to gain assurance in relation to the following areas:

- SSCP Business Manager Report and Risk Register
- SSCP multi-agency dataset
- Children subject to CP plan over 2 years & repeat plans
- Bridge (MASH) Oversight Group report
- S11 Audit analysis
- Police Powers assurance report
- Listening Hub Impact report
- Elective Home Educated Children assurance report
- LADO annual report
- Strategic Workforce Development Group Spotlight report
- Voice of the Child subgroup Spotlight report
- Working Together subgroup assurance report
- Escalation and Professional Challenge analysis report
- Practice Review Subgroup spotlight report
- Missing from Home Spotlight report
- ICPCC timescales

During the reporting period, the Performance and Quality Assurance subgroup have considered the following multi agency audits:

- Neglect Window on Practice Report
- Domestic Abuse QA panel assurance report
- Child Sexual Abuse Window on Practice Report
- Child in Need
- Section 47's
- Operation Encompass Audit

- Parental Mental Health QA panel assurance report
- Strategy Meetings (Repeat)
- 16/17-year-old joint homeless protocol audit
- EHCP's (undertaken by the Independent Scrutineer)
- Independent Scrutineer Deep Dive- Child Sexual Exploitation

Key Achievements

- The SSCP has maintained a forward plan for scrutiny and assurance during the reporting period which has been aligned with other boards.
- The SSCP has maintained consistent attendance from across the partnership.
- The SSCP has scrutinised a range of evidence and has challenged and sought assurance on safeguarding activity. Areas for concern have been escalated effectively to achieve resolution.
- There has been focus on continuous improvement and evidencing impact.
- The SSCP has continued to horizon scan for emerging themes in safeguarding practice and established task and finish groups where appropriate.
- The SSCP has maintained a risk register and escalated any areas of concern to the delegated and lead safeguarding partners where necessary.
- The Performance and QA group is now well established with excellent representation from statutory and relevant agencies. Work has been

undertaken to strengthen the multi-agency dataset (scorecard), and partners are improving their skills in critical reflection, scrutiny and challenge.

- The SSCP now have an established forward plan for Multi Agency Audit activity, including a schedule for repeat audits to evidence impact and progress.
- The SSCP have an established bi-annual QA panel. During this reporting period, two panels have taken place on the themes of Domestic Abuse and Parental Mental Health.
- S11 self-assessments received by 27 organisations.
- The Independent Scrutineers annual report concludes that “there are strong and highly effective children’s safeguarding arrangements in Salford”.
- “Multi-agency working with children is highly effective and leads to improvements in children’s lives” (OFSTED ILACS Inspection of Children’s Services, November 2023).

What difference has it made?

- SSCP partners are assured about the effectiveness of safeguarding arrangements in Salford and can act on the recommendations to further enhance multi-agency working in order to safeguard children and young people.
- True to Us Exercise completed in response to the National Review into Intra-Familial Child Sexual Abuse. This has helped us to tailor the local offer to the needs of the Salford workforce.

- A recent audit undertaken by CSC focussing on Section 47 investigations demonstrated a positive impact of the work of the partnership to improve strategy meetings. Effective information sharing in strategy meetings was also cited in a recent deep dive undertaken by the Independent Scrutineer into CSE.
- Assurance that CSE is recognised with effective and timely decision making, intervention and planning.
- Work has been undertaken by the SSCP to embed the Thriving Families Assessment tool. There has been an observed increase in the use of the tool as a result as evidenced in the Neglect Audit.
- Training and Quality assurance work relating to Child protection Plans and SMART planning has taken place in response to learning from practice reviews. Audit work undertaken by the Independent Scrutineer noted this to be a strength in practice in the case files reviewed.
- Assurance from recent DA QA panel that the partnership has a good understanding of the tools and resources available to support families experiencing domestic abuse.
- Evidence of THINK family approach being applied.
- Evidence from audits of the Family Partnership Model being applied to build trusting relationships with families leading to positive impact.

Key Challenges

- Limited alignment of datasets with other partnerships, sub-regionally and regionally means that it is difficult to benchmark.
- There is a need for detailed supplementary analysis to enable partners to understand what single agency data means for children and families in Salford.
- Data sharing and analysis is variable across single and multi-agency systems. This is impacted by dedicated, skilled roles and system variability and restraints.

Priorities for 2025/2026

- Support and drive forward the ambition to become a UNICEF Child Friendly City.
- Strengthen the analysis of SSCP data and audit activity to develop a shared understanding and narrative of safeguarding effectiveness.
- Strengthen understanding of local needs including differences across protected characteristics.
- Given the strength and effectiveness of the partnership arrangements, the revised statutory guidance offers the opportunity to really focus on the aspirations of the partnership and the 'even better'. For example, agreeing as a partnership the role of the Lead Practitioner in supporting children and their families under CA 1989 Section 17, a cultural and practice shift that could really make a difference to children and families.

Local Response to National Reforms

Last year, the government published revised and new statutory guidance:

- Working Together to Safeguard Children 2023: A guide to multi-agency working to help, protect and promote the welfare of children (December 2023).
- New statutory guidance, Children's Social Care National Framework: Statutory guidance on the purpose, principles for practice and expected outcomes of children's social care (December 2023).

The SSCP responded quickly to the new and revised statutory guidance. This included appointing one of the DSP's as partnership chair, with effect from June 2024.

As a highly effective partnership, with well-established and robust governance arrangements, SSCP welcomed Working Together (2023) immediately putting into place arrangements to review and implement the revised changes throughout 2024. This work, led to the short life subgroup, chaired by the Independent Scrutineer. The implementation plan progressed at pace, which is a measure of the commitment and shared responsibility across the partnership. The Working Together (2023) implementation plan provided strong assurance, that implementation of the revised statutory guidance had concluded, in line with national timescales.

This year, the Government has launched the Families First Partnership (FFP), and the delivery expectations for safeguarding partners in England. The FFP details the expectations of the Government for safeguarding partners to implement reforms to Family Help, multi-agency child protection and Family Group Decision Making.

In Salford, we recognise that delivering an effective system of help, support and protection for children and their families is a shared responsibility. Effective multi agency safeguarding arrangements are foundational to successful reform and improving outcomes for children. It is critical that statutory safeguarding partners and relevant agencies work together effectively to deliver and embed change. So far, the SSCP has:

- Updated the Multi Agency Safeguarding Arrangements (MASA) to reflect local governance; clearly setting out the lead and delegated safeguarding partner roles
- Introduced a partnership Chair to facilitate discussions, encourage consistency and provide a clear mechanism for escalation
- Ensured that there is a clear system of independent scrutiny to provide rigour and challenge
- Worked to strengthen the role of education in our local partnership arrangements
- Commenced discussions with partners to consider co-design and set up locally.

Costs to Deliver the SSCP Arrangements

Income 2024-2025	£	Expenditure 2024-2025	£
Salford City Council	173,825	Staffing - SSCP Head of Business & Impact Lead - SSCP Workforce Development and Business Support Manager - SSCP Participation Lead - SSCP Performance & QA Co-Ordinator - Training Officer - Senior Business Support Officers	352,388
Health	95,243	Training	3,074
GMP	15,035	Office Expenses	1,656
Salford Schools contribution	22,400	Professional Fees (includes child death reviews, case reviews and independent scrutiny)	12,110
National Probation Service	3,600	Other staff related costs	1,423
Total	310,103	Total	370,651
Balance B/fwd from 2023/24	129,501	Balance C/fwd into 2025/26	68,953

The SSCP currently has a surplus balance though this reduced significantly in 2024/25. We started the year with a surplus of £129k and we have ended with £69k, an in-year deficit of £60k.

The main driver for the in-year deficit is due to the reduced contributions of £25k each from the ICB and Salford LA.

The future funding landscape for the SSCP remains uncertain. The remaining surplus funds will be used to ensure that the local multi agency safeguarding arrangements in Salford are robust and effective, whilst opportunities to secure future efficiencies are explored and considered.

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Wigan Safeguarding Children's Partnership

Annual Report

April 2024 to March 2025



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1. Introduction

This updated 2025 annual report brings together the work of the Wigan Safeguarding Children's Partnership and its subgroups. It has been refined to align with The Association of Safeguarding Partners (TASP) Checklist for Judging a Good LSCP Yearly Report, ensuring clarity, accessibility, and accountability throughout.

The report provides clear evidence of impact, learning and improvement, independent scrutiny, the voice of children and families, partner involvement, and forward planning.

1.1 Chair's Introduction

I am delighted to present the Wigan Safeguarding Children Partnership (WSCP) Annual Report for 2024–2025.

This report reflects another year of dedicated partnership working across Wigan, with a shared commitment to safeguarding and promoting the welfare of our children and young people. It captures the breadth and depth of our collective efforts, the progress we have made against our strategic priorities, and the challenges we continue to face.

Almost a year ago we created together, with our communities and wider partners, a new movement for change in Wigan, Progress with Unity. Our safeguarding agenda



across the partnership fits within this and we are working collectively in everything we do, towards the two missions illustrated above.

These missions are underpinned by the key building blocks and strategies important to our Place. The financial, social, health and environmental inequalities that exist across our borough are not acceptable. They exist despite our great work. To achieve the missions, we have to fundamentally change the way our organisations work and think. We need to shift from being organisation-focused or service-focused to being

mission-focused. We see this as our collective leadership challenge; it is about building trust across networks, listening deeply, and creating the conditions for others to lead too. It means modelling networks over hierarchies—particularly in the way we represent ourselves in leading change in the place.

We are not starting this from a standing start. The work we have done both as a safeguarding and a wider partnership, with the shared focus we have established in addressing inequalities, reforming community-based services and workforce planning will be accelerated and built on in this work. The statutory safeguarding partners as the council, health and police remain absolutely critical – but we are seeing increasing energy and opportunity working with wider relationships in our place such as our communities and community sector partners, schools, colleges, Edge Hill University, our sporting clubs, and local businesses.

The way we work with Children, Young people and their families across the Safeguarding Partnership absolutely aligns with the Progress with Unity ways of working detailed below. Focusing on the strengths and assets of both a place and of individuals we have spent the last 12 months further embedding our Family Safeguarding Model. Feedback from children, young people and their families, along with the workforce, coupled with audit, data performance and external scrutiny tells us



we have made much progress.

I am really proud that over the past year, we have also strengthened our approach to learning and improvement, enhanced our scrutiny arrangements, and embedded the voice of children and families more deeply into our work. Our subgroups have delivered meaningful outcomes, and our workforce development programme has continued to evolve in response to emerging needs and national priorities.

We have also taken significant steps to align our work with the principles of transitional safeguarding, recognising the importance of a life-course approach. Our focus on complex safeguarding, neglect, and domestic abuse has been sharpened through targeted interventions, improved data analysis, and stronger multi-agency collaboration.

A particular highlight this year was our involvement in the Greater Manchester Child Sexual Exploitation (CSE) Peer Review pilot. This initiative provided a valuable opportunity for the Partnership to come together through face-to-face workshops and collaborative case auditing. It enabled us to reflect on our practice, identify strengths, and pinpoint areas for development. The pilot was a great success, reinforcing our commitment to continuous improvement and strengthening our shared understanding of how best to protect children from exploitation.

In addition, the WSCP Business Unit took part in a Youth Voice diagnostic, completed as part of the RIPP (Review of Independent Partnership Practice) and facilitated by 'Participation People'. This diagnostic focused on how the Partnership as a whole collects and uses the voice of children and young people. It highlighted areas of pre-existing strength, as well as opportunities for development, and provided valuable insights into how we can better co-produce elements of our partnership work with the children and young people we aim to serve. Our Annual Report on Participation 24/25 <https://www.wigan.gov.uk/Docs/PDF/Resident/Health-Social-Care/Children-and-young-people/Annual-Participation-Report-2024-2025.pdf> and engagement across services showcases the best of our work and demonstrates the vast array of services that have been shaped and improved by keeping children and young people's voice at the heart of all we do.

This Safeguarding Partnership Annual Report not only demonstrates the impact of our work but also highlights areas where we must continue to grow. As Chair, I am really pleased with the commitment shown by all partners and the resilience of our safeguarding system. I would like to thank everyone involved for their unwavering dedication to keeping children safe.

Looking ahead to delivering on our missions and shaping our systems in line with the forthcoming Children's Wellbeing and Education Bill, we remain focused on continuous improvement, innovation, and ensuring that every child in Wigan has the opportunity to thrive in a safe and supportive environment.



Colette Dutton
Director of Children



Stephanie Whitelaw
Associate Director



Clare Jenkins
Chief Superintendent
Greater Manchester
Police Wigan

2. Children and families as Residents of Wigan

A visual summary of health indicators for children and young people in Wigan highlights key areas of strength and where

we need

to focus

our

efforts

under

Progress

With Unity

to tackle

inequality.

Compared

to national

averages,

Wigan

performs

areas such as

infant mortality, vaccination coverage, school exclusions, youth justice, and access to green space. However, challenges remain around childhood obesity, dental health, fuel poverty, homelessness, and early years development for disadvantaged children. These insights inform targeted action across the partnership to improve outcomes and reduce inequalities. Demographic data from the 2021 Census shows that Wigan is home to approximately 74,300 children and young people aged 0–19. The population profile, broken down by age and gender, highlights shifts since 2011 and provides a foundation for planning services and support. Understanding these trends enables the partnership to tailor interventions and resources to meet the evolving needs of children and families across the borough. Census data from 2021 highlights

variation in the

proportion of

children and young

people across

Wigan's wards. These

insights support

targeted planning

and resource

allocation, ensuring

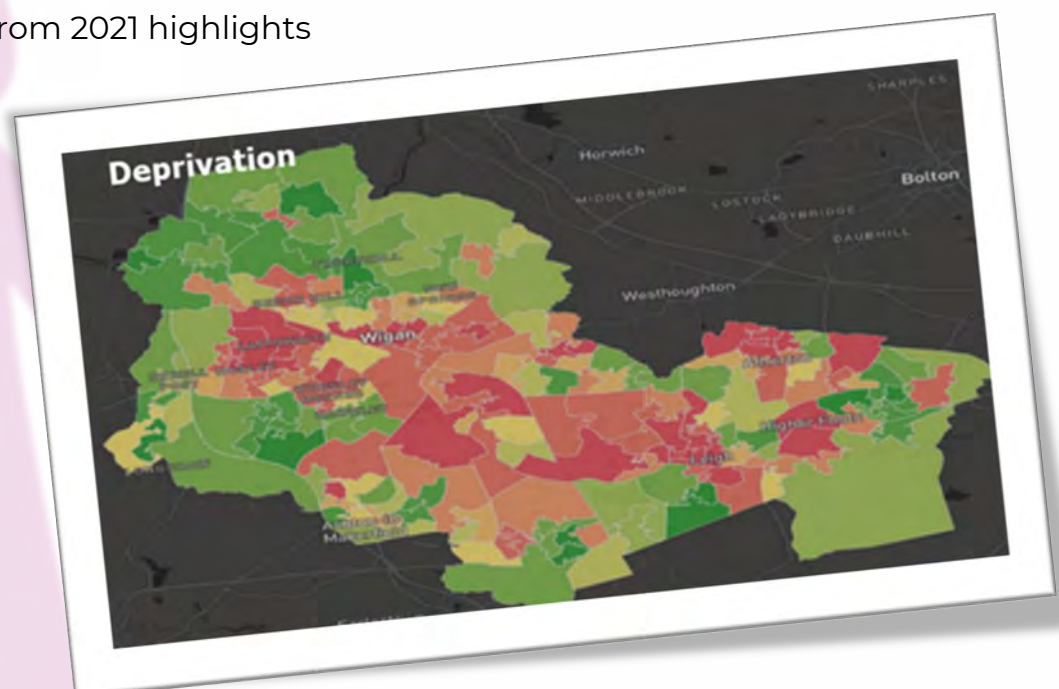
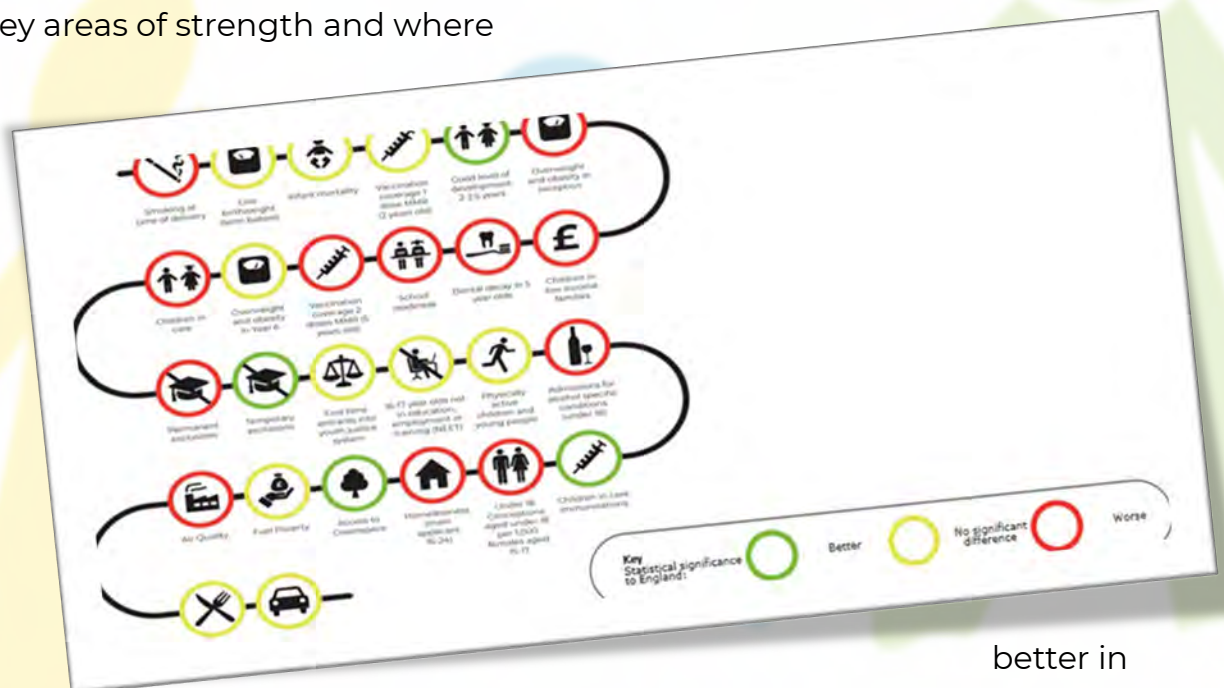
services are responsive

to local population

needs. A deprivation

map of the borough

highlights significant



variation in socioeconomic conditions across local communities. Areas such as Higher Folds, Leigh, and parts of Ashton-in-Makerfield show higher levels of deprivation. These insights are essential for targeting support to reduce inequalities, and ensuring services are responsive to local need. Mapping of educational settings across Wigan shows a well-distributed network of Primary, Secondary, and Special Schools, with Primary Schools most evenly spread, Secondary Schools serving broader catchments, and Special Schools concentrated in areas of specialist need—supporting equitable access and inclusive service planning. Children in Wigan benefit from a strong Educational landscape with over 94% of schools being graded good and outstanding, with safeguarding being found to be effective in every inspection in the last academic year.

3. About the Wigan Safeguarding Children Partnership

The Wigan Safeguarding Children Partnership (WSCP) is a statutory multi-agency partnership that brings together key organisations responsible for safeguarding children across the Wigan borough. Supported by a dedicated business unit, WSCP coordinates strategic and operational safeguarding activity and ensures that local arrangements are effective in protecting children and young people from harm.

WSCP works collaboratively with statutory partners to monitor performance and drive improvement. Where appropriate, a high-level multi-agency performance report is produced in advance of partnership meetings. This may include:

- A small number of key performance measures provided by statutory partners, collated into a scorecard to highlight priority issues for children's services.
- A breakdown of serious child safeguarding cases, including the number of Rapid Reviews completed within timeframe and any Child Safeguarding Practice Reviews (CSPRs) undertaken.
- An overview of specific challenges, enabling oversight of activity and identification of common themes or significant service-level issues that may have wider impact.

WSCP also contributes to and benefits from the Greater Manchester (GM) Safeguarding Alliance, which provides a regional forum for shared learning and strategic discussion by the lead safeguarding partners (LSP's).

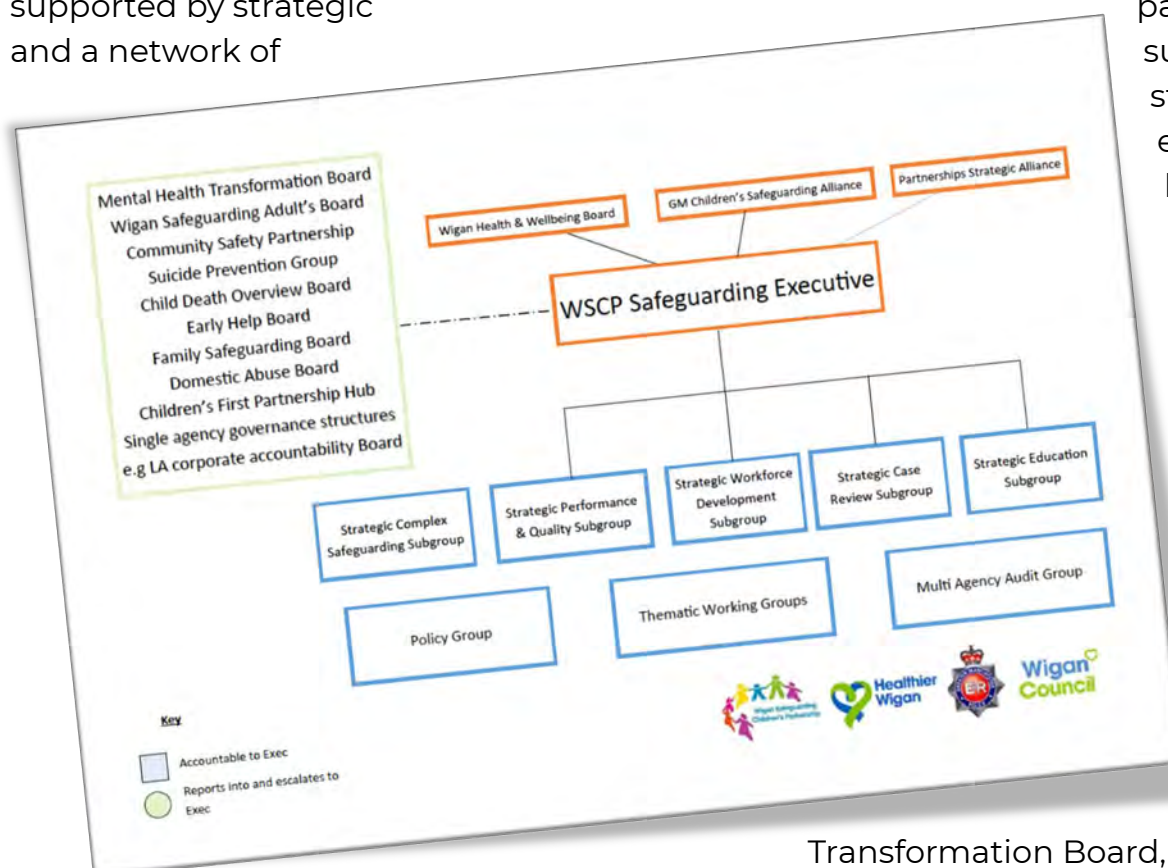
WSCP operates in line with the principles of strong, joined-up leadership, with equal commitment from the three statutory safeguarding partners. The partnership promotes a collaborative culture of professional curiosity and constructive challenge. The GM Safeguarding Alliance complements, rather than replaces local arrangements adding value through shared insight and regional coordination.

Following each Alliance meeting, officers are asked to reflect on the extent to which children and young people are safer as a result of the discussions and actions agreed. Any recommendations are captured and shared with relevant forums, with progress routinely reported to WSCP and other governance structures. While the current focus is on children and young people, there is scope to explore adult safeguarding within future Alliance activity.

3.1 How the WSCP is structured.

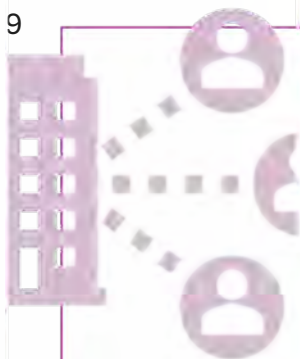
The WSCP Safeguarding Executive operates within a robust governance framework, supported by strategic and a network of

partnerships subgroups. The structure ensures clear lines of accountability and escalation, with keyboards and working groups—including the Mental Health



Transformation Board, Domestic Abuse Board, and Early Help Board—reporting into the Executive. Five strategic subgroups focus on complex safeguarding, performance and quality, workforce development, case reviews, and education, each linked to thematic and audit groups to drive improvement. This integrated model strengthens oversight, promotes collaboration, and ensures safeguarding priorities are addressed across the partnership. Each group has a clear purpose and terms of reference to ensure that we are focused on the impact and making best use of the skills and knowledge of partners.

The purpose of the subgroups is:



Workforce Development and Engagement

- Develop and maintain a comprehensive multi-agency safeguarding and child protection training strategy, informed by partners' annual single-agency training audits and a borough-wide training needs analysis. This includes consistent support for members of the multi-agency training pool.
- Ensure robust quality assurance processes are in place to provide WSCP with confidence that multi-agency training is consistently high-quality, aligned with local safeguarding priorities, and reflects the voice and lived experience of children, young people, and families.
- Evaluate the impact of training on frontline practice and outcomes for children and families, using findings to inform future planning and continuous improvement.



Education Subgroup

- Promote collaboration between education settings and safeguarding partners to address shared challenges and improve outcomes.
- Ensure safeguarding priorities are embedded within educational practice, policies, and culture, supporting schools to respond effectively to emerging issues.
- Share learning from audits, reviews, and inspections to inform continuous improvement and strengthen safeguarding across all education settings.
- Support alignment between local education practice and regional or national frameworks, ensuring consistency and best practice.



Learning from Case Reviews

- Oversee the Local Child Safeguarding Practice Review process, including initial referrals, rapid reviews, commissioning of authors, and ensuring the quality of final reports.
- Scrutinise the impact of actions arising from a range of reviews, including local responses to national learning, to ensure meaningful change.
- Review learning from other relevant processes—such as Domestic Homicide Reviews (DHRs), Child Death Reviews, and Mental Health Homicide Reviews (MHHRs)—and agree any necessary actions to safeguard and support children.



Performance and Quality Assurance Subgroup

- Analyse data to identify systemic risks, opportunities, and emerging issues that may impact children and young people.
- Highlight areas of challenge across the partnership, using evidence from data, audits, and other quality assurance activities, with a focus on collective action to strengthen systems and improve outcomes.
- Use learning from audits and quality assurance work to identify opportunities for improvement and promote collaborative practice.
- Examine findings from local and national reviews to explore what could be done differently to better support children, young people, and families.



Complex Safeguarding Subgroup

- Scrutinise our shared understanding of victims, offenders, locations, and emerging themes to identify opportunities for system-level improvements.
- Review the performance of relevant services and delivery models to ensure effectiveness and alignment with safeguarding priorities.
- Benchmark Wigan's response against the agreed GM multi-agency practice principles and the RIPP TCE support programme, collaborating to implement any necessary changes.
- Support and direct work to and from other strategic groups, including the Wigan Adolescent Safety Panel (WASP), to ensure coordinated delivery of strategic priorities.

3.2 Participation Across the Partnership

In 2024–2025, the Wigan Safeguarding Children Partnership continued to embed meaningful participation across its multi-agency arrangements, guided by the [Participation Strategy](#) and informed by diagnostic insight. The partnership has made strong progress in creating inclusive spaces for children and young people to share their views, with initiatives such as the Youth Inspectors programme, the Participation Community of Practice Group, and the Children First Progress with Unity Board placing youth voice at the heart of decision-making. The Diagnostic Report completed by Participation People highlighted Wigan's strong ethos for participation, with professionals across agencies demonstrating a clear understanding of the value of youth voice and a commitment to trauma-informed, creative engagement methods. The borough has embraced innovative formats such as digital storytelling, gamified tools, and role-reversal exercises to make participation more accessible and engaging. The diagnostic also found there is growing senior leadership involvement and a visible appetite for co-producing youth-led governance models. While areas for development remain—particularly in feedback loops and reaching seldom-heard groups—the partnership is actively addressing these through outreach strategies, inclusive training, and plans for a youth advisory board. These efforts reflect a shared ambition to move from “developing” to “leading” status in embedding the voices of babies, children, young people, and families across the safeguarding system.

3.3 Updates to Published Arrangements

The newly launched Wigan Safeguarding Children Partnership website now serves as the central vehicle for communicating updates and key information to the wider partnership. This includes the publication of revised documents such as the [Thresholds Guidance](#) and the [Multi-Agency Safeguarding Arrangements \(MASA\) document](#), as well as updates to training, policies, and strategic priorities.

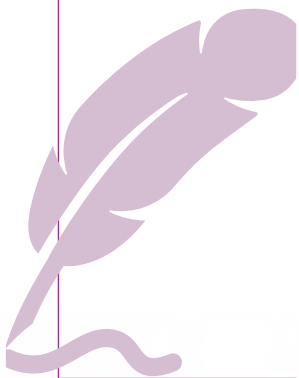
MASA arrangements will be updated over the next 12 months to reflect changes that will be brought about by the requirements of the forthcoming Children's Wellbeing and Schools Bill. The WSCP website will play a key role in promoting transparency and

accessibility, ensuring that partners, practitioners, and the public are kept informed of any changes affecting safeguarding practice across Wigan.

3.4 Escalation and Resolution

The WSCP acts as an impartial body in situations where resolution is required or where concerns have been raised about a child protection process that cannot be resolved between organisations. These processes are open to all members of the safeguarding workforce, as well as to families and communities, and are a vital part of ensuring transparency and accountability.

WSCP is a signatory to the Greater Manchester-wide Resolving Professional Differences Policy, which provides a clear framework for addressing disagreements in a constructive and timely manner. This policy supports a culture of respectful challenge and shared responsibility, ensuring that the best interests of children remain at the heart of all safeguarding decisions.



This policy states that:

- Effective working together depends on resolving disagreements to the satisfaction of workers and agencies, and a belief in the genuine partnership and joint working to safeguard children. The focus of this procedure is to ensure resolution and the continuation of good partnership working. Agencies should work to the principal of restoring relationships and disagreements at the lowest possible level so that each agency is satisfied both that their concerns have been listened to and with the outcome for children and families.

4. WSCP Budget and Financial Position

The financial report for 2024/25 outlines the substantial investment made by the Wigan Safeguarding Children Partnership to support and sustain multi-agency safeguarding activity. Total expenditure reached £319,255, with the majority allocated to staffing and operational delivery—reflecting the Partnership's continued commitment to a skilled, responsive, and well-supported workforce. A key development during the year was the creation of a new Workforce Development Officer – Early Help post within the Business Unit, which has enhanced capacity to support the Early Help workforce and expanded access to targeted training and development opportunities.

Funding contributions from a wide range of partners—including Wigan Council, health services, police, and probation—demonstrate strong multi-agency engagement and shared accountability. However, the report also highlights a persistent funding imbalance across partners, which remains a priority for the Executive and the Greater Manchester Safeguarding Alliance. Despite a shortfall of £27,254, the Local Authority met the gap during the reporting period, enabling the Partnership to maintain

delivery of high-impact work, including workforce development, participation initiatives, and strategic learning.

This remains an area of active discussion at Local Safeguarding Partnership level, with a focus on achieving sustainable and equitable resourcing arrangements. The financial commitment made by all partners underpins the Partnership's ability to respond to emerging needs, embed learning from reviews, and ensure that children and families across Wigan are supported by a coordinated, effective, and resilient safeguarding system.

FINANCIAL REPORT - CHILDREN'S SAFEGUARDING PARTNERSHIP		
EXPENDITURE	2024/25 - Actual	
Salaries and Expenses	£	276,505
Professional Fees	£	33,509
IT Equipment	£	3,354
Miscellaneous Costs	£	5,887
Total Expenditure	£	319,255
CONTRIBUTIONS		
Wigan Council	£	119,190
Wigan Council - Supporting Families - funding to support post(s)	£	78,177
Police	£	16,038
Wigan Borough Clinical Commissioning Group /ICB	£	56,000
WWL NHS Foundation Trust	£	13,693
Greater Manchester Mental Health	£	6,847
National Probation Service	£	2,056
Total Income	£	292,001
Funding Shortfall	£	27,254

5.Safeguarding Partnership Subgroups

5.1 Workforce Development and Engagement Subgroup

Learning and Development

Each year, Wigan Safeguarding Children's Partnership (WSCP) delivers a comprehensive learning and development programme designed to meet the needs of partner agencies and complement single-agency training across the borough. In 2024–2025, the programme included over twenty-one face-to-face and virtual sessions,

supported by 25 e-learning courses—totalling more than forty-six learning opportunities throughout the year. (See Appendix A for the 2024-2025 Learning Offer).

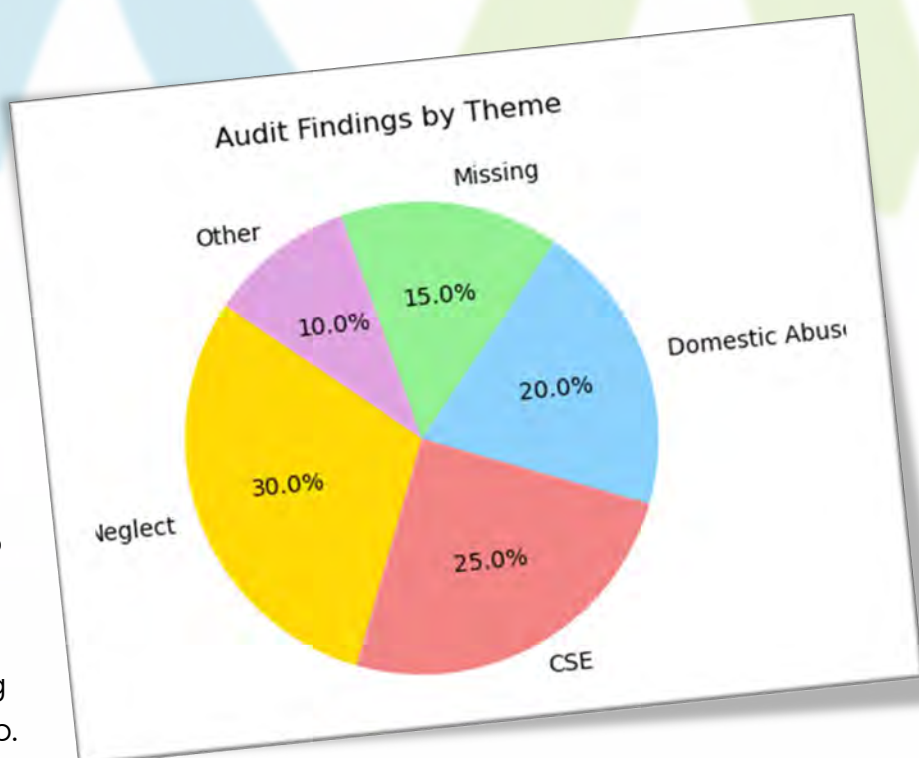
The programme is intentionally designed to be engaging and practice-led, combining interactive training with knowledge-based e-learning. Online modules are delivered through our partner Netex (formerly Virtual College), with content selected by WSCP to reflect local priorities and national developments.

How We Do This

Workforce Development (WFD) plays a key role in ensuring learning is responsive and relevant. WFD officers attend key meetings across the partnership to capture emerging themes and ensure learning is quickly reflected in the training offer. They maintain strong links with all WSCP subgroups, supporting effective information sharing and alignment with strategic priorities.

Annual Workforce Analysis

WSCP recognises that not all safeguarding training is delivered through multi-agency channels. Some learning—such as clinical or service-specific safeguarding training—is developed and delivered within individual organisations. To maintain a borough-wide view of workforce development, WSCP conducts an annual learning needs analysis. This identifies knowledge gaps and emerging priorities across the partnership.

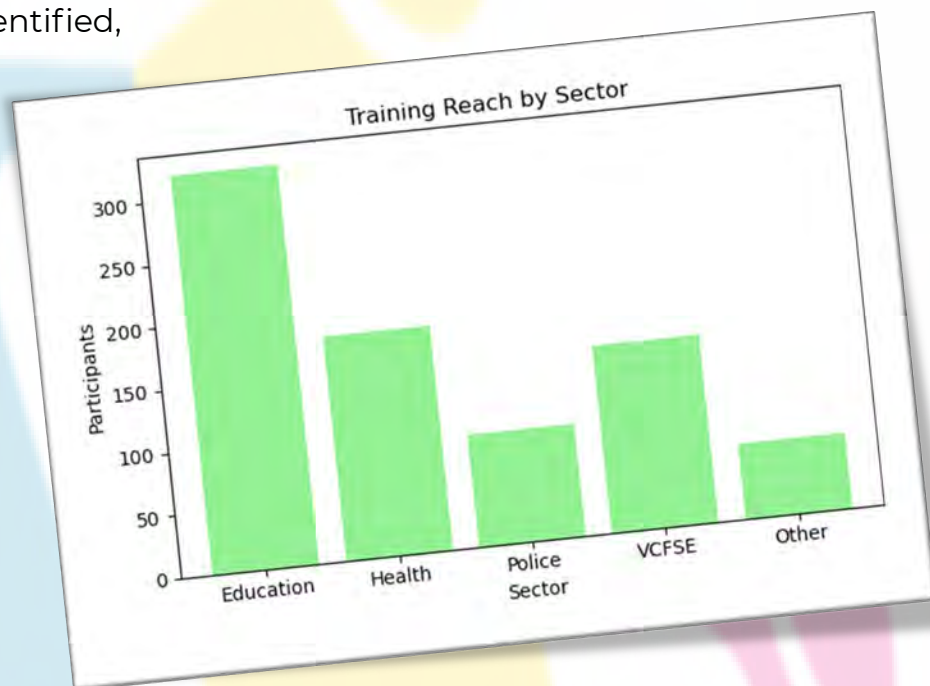


Findings from the learning needs analysis, alongside insights from Section 175 (education) and Section 11 (partner agencies) audits, inform the design of the annual training programme. This ensures the offer remains relevant, evidence-informed, and aligned with the needs of the local safeguarding workforce.

Wider Context and Strategic Priorities

WSCP is an active member of the Northwest Inter-Agency Training (NWIAT) network, engaging regularly with safeguarding peers across the region. This collaboration supports consistency in workforce development at both national and regional levels, while allowing flexibility to tailor learning to local needs. Shared priorities across Greater Manchester often led to joint working and resource sharing, strengthening the collective safeguarding response.

When emerging needs are identified, WSCP prioritises these within its workforce development (WFD) activity. For example, when neglect was recognised as a core strategic priority, WSCP commissioned a full training programme for the Graded Care Profile 2 (GCP2) through the NSPCC. This was delivered using a train-the-trainer model, supported by the WSCP multi-agency training pool.



The WSCP Workforce Development Subgroup, formally established in September 2024, provides oversight and coordination of the training offer. Prior to this, informal arrangements ensured workforce leads were engaged in shaping the programme. The WSCP business unit develops the core learning offer using existing training arrangements and enhances it through commissioned or bespoke multi-agency resources. This core offer is complemented by sector-specific training, such as the education safeguarding programme delivered through a service-level agreement, which also provides access to the wider partnership offer.

WSCP also responds to training requests from other sectors, including licensing, governance, voluntary and community organisations, faith groups, sports providers, and private enterprises. Tailored safeguarding training has been delivered to counselling services and other specialist providers, reflecting WSCP's commitment to inclusive and responsive workforce development.

Governance and Evaluation

"This training has informed practices that help the outcomes for the family and child that we work with." – Trauma and Resilience Training.

Before publication, the annual training offer is submitted to the WSCP Executive Board for review and approval. Once agreed, the business unit undertakes all necessary arrangements to support delivery.

To ensure the effectiveness of training, WSCP has implemented a robust evaluation model based on the Kirkpatrick Framework. This includes immediate post-course feedback and follow-up evaluation six months after training, providing insight into the

impact of learning on practice and informing continuous improvement. Where possible, WSCP will evaluate training to ensure this is meeting training objectives, but also having the impact on practice desired. The current evaluation model is under review through the Workforce Development Sub-Group, looking to replicate the Kirkpatrick model of evaluation on post learning evaluation extending to 3- and 6-months post learning.

Community Access and Competency Framework

“Understanding how the smallest interventions can make the biggest impact” - Designated Safeguarding Lead in Education training

WSCP is committed to ensuring that staff and volunteers from the wider community and voluntary sector have access to high-quality safeguarding training aligned with local priorities. To support this, WSCP offers its training programme free of charge to not-for-profit organisations, helping to remove financial barriers and promote inclusive safeguarding practice.

In 2019, WSCP worked in partnership with local agencies and adult safeguarding colleagues to develop a competency framework for workforce development. This framework, available on the WSCP website, provides guidance for professionals and volunteers on the level of safeguarding training appropriate to their role. It supports consistent messaging across the region and helps ensure that all those working with children, young people, and families have access to relevant and credible learning.

Where gaps are identified—either through workforce feedback or use of the competency framework—these are addressed through the Workforce Development Subgroup. The framework also informs the development of single-agency policies and procedures, ensuring that safeguarding learning is embedded across all levels of practice.

Looking Forward

In response to national priorities outlined in Working Together 2023, WSCP has strengthened its focus on Early Help and Prevention within safeguarding arrangements. Recognising the importance of supporting children and families at the earliest opportunity, WSCP undertook a review of its existing learning offer to identify development needs in this area.

As part of this work, a new role was introduced within the workforce development team to lead on Early Help and Prevention training for multi-agency practitioners. This aims to ensure consistency across thresholds in Wigan and address learning needs identified at lower levels of concern.

WSCP anticipates that this targeted approach will further expand the core learning offer in 2025–2026, developing learning in areas such as child sexual abuse, reflecting national and local practice reviews, and supporting a more proactive and preventative

safeguarding system across the partnership from earliest help to statutory safeguarding. The offer will seek to reflect updates to The Children's Wellbeing and Schools Bill, supporting services during transition by ensuring consistency across key safeguarding remits such as education by providing quality assured, localised and national learning.

5.2 Education Safeguarding Subgroup

Re-established during the 2024–2025 academic year, the Education Safeguarding Subgroup strengthens the representation and influence of the education sector within Wigan's multi-agency safeguarding arrangements. It provides a structured mechanism for embedding the voice of education into safeguarding strategy and practice, with direct links to safeguarding leaders and practitioners through local consortia. The subgroup is co-chaired by senior leaders from St John Rigby College and Rowantree Primary School, alongside the Assistant Director for Education. Its Terms of Reference and workplan have been co-produced in alignment with WSCP strategic priorities, with meetings held termly.

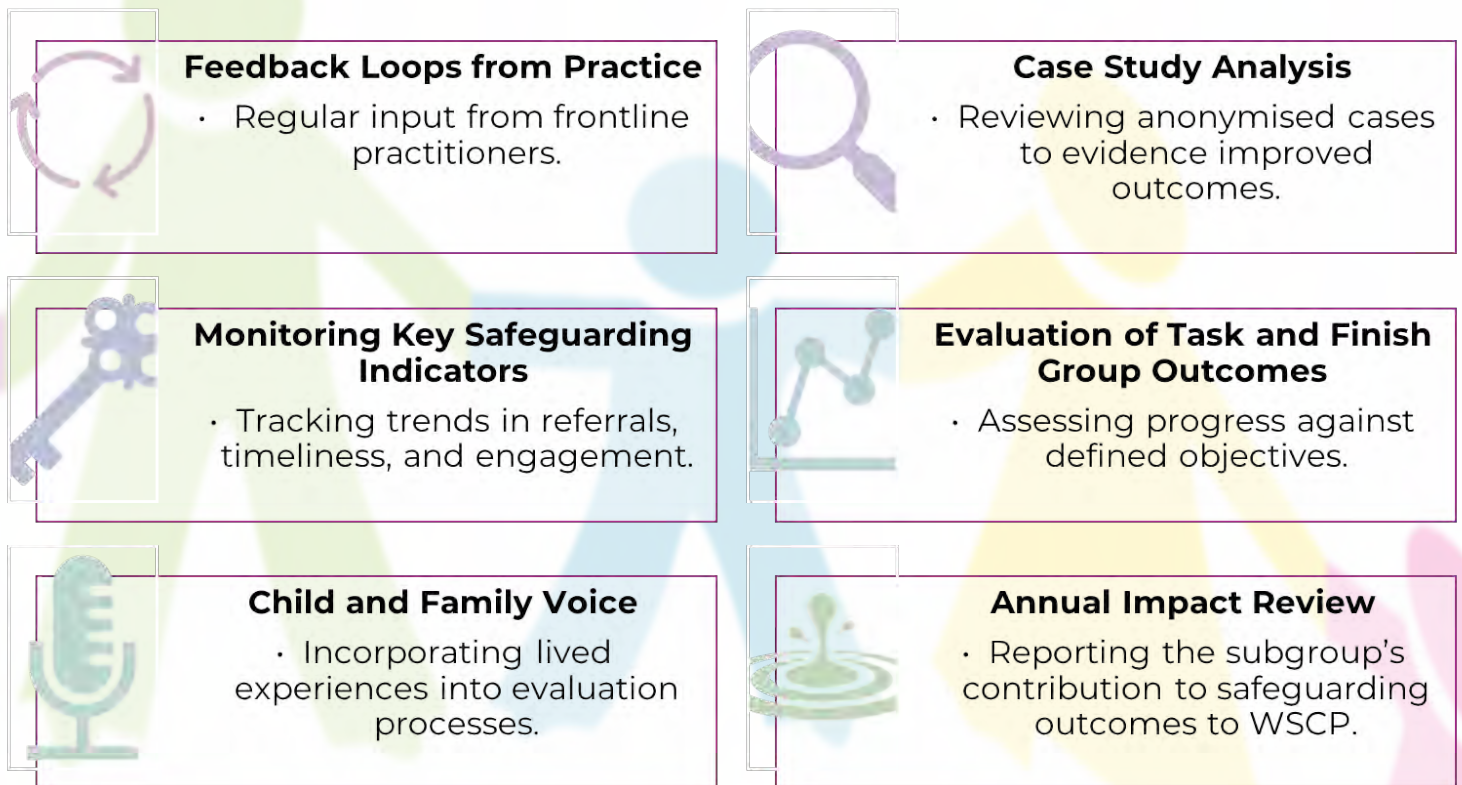
Progress/Milestone/Achievements

- Initial workshop held in October 2024, facilitated by the Department for Education, exploring education's role as a non-statutory safeguarding partner.
- Terms of Reference developed to ensure strategic-level representation from experienced education safeguarding leaders.
- Subgroup meetings held in November 2024 and April 2025, with a final meeting scheduled for July 2025.
- A development day in February 2025 refined the workplan, aligning termly meetings with WSCP priority areas.
- Task and finish group established to address gaps in Operation Encompass for children missing education or electively home educated.
- Local consortia engaged in fact-finding on the delivery of the healthy relationships curriculum to inform responses to domestic abuse and complex safeguarding.
- Strong and consistent attendance from a wide range of stakeholders, including all education phases, Early Intervention and Prevention, WSCP, Inclusion Services, Virtual School, governance, Attendance Services, CME, EHE, Children's Social Care, education safeguarding liaison officers, and Greater Manchester Police.

Impact

The subgroup supports multi-agency safeguarding expectations across direct practice, operational management, and strategic leadership. The April 2025 meeting focused on neglect and included a fact-finding exercise on Operation Encompass, while the July 2025 meeting will explore how consortia identify and respond to neglect, highlighting strengths and areas for development.

A framework for measuring impact is in place, including:



5.3 Learning from Case Reviews Subgroup

WSCP undertakes case reviews at varying thresholds to identify opportunities for learning and improvement. In line with Working Together to Safeguard Children (2023), Local and National Child Safeguarding Practice Reviews (LCSPR/NCSPP) are conducted when a child suffers significant harm. In 2024–2025, WSCP did not participate in any national reviews, but did undertake six Rapid Reviews and two LCSPR.

Progress/Achievements/Milestones

- One LCSPR in progress and one new local review recommended.
- Case Review and Escalation Policies were refined to improve clarity and consistency.
- Strengthened single agency learning at the Rapid Review stage.
- Reflective learning events held for cases below statutory thresholds, offering valuable local insights.
- Delivered a virtual roadshow in collaboration with the National Centre of Expertise in Child Sexual Abuse and Greater Manchester partners.
- Initiated CSA Practice Leads programme and additional training sessions.
- Learning Circles facilitated for one Brief Learning Review and six Rapid Reviews, supported by seven-minute briefings.
- Legacy action plans (2020–2024) reviewed with Independent Scrutineer to consolidate learning.

- Disseminated learning from LCSPRs across Greater Manchester, covering themes such as parental mental health, CSA disclosures, and child criminal exploitation.
- Rolled out SMART action planning training to improve quality and accountability.
- Developed audit schedule directly informed by review learning, enhancing partner engagement.

Impact

Key learning themes included:



These themes align with WSCP Practice Priorities and demonstrate a system-wide awareness of safeguarding challenges. Key learning themes are used to identify training needs within the Partnership. Working closely with Workforce Development Subgroup, the Case Review Subgroup members ensure that the workforce within WSCP are informed about both local and national Child Safeguarding Practice Reviews, and that appropriate learning opportunities are made available. WSCP recognises that Rapid Reviews often deliver timely learning and impact, prompting exploration of Thematic LCSPRs to enhance future outcomes.

The Business Unit continues to lead on communication and dissemination of learning, informing planning and strategic priorities. Measuring the long-term impact of learning remains a key area for development. During 2025-26 we will continue to build upon the successes achieved so far, obtaining evidence from both single and multi-agency audits, performance data (including appropriate referrals into Children's Social

Care), feedback from our children and their families and ultimately, a reduction in cases reaching the threshold for Statutory Review in Borough.

Responding to National Reviews: Embedding Learning into Local Practice

Throughout the reporting period, national reviews have played a pivotal role in shaping the strategic direction and operational focus of the Wigan Safeguarding Children Partnership (WSCP). Reports such as *It's Silent: Race, Racism and Safeguarding* and *I Wanted Them All to Notice* have provided critical insight into systemic challenges and areas for improvement across the safeguarding landscape. WSCP has responded proactively, using these reviews as catalysts for reflection, dialogue, and change. Learning has been disseminated across the partnership through tailored briefings, leadership engagement, and targeted training, ensuring that national findings translate into meaningful local action. This approach has strengthened our safeguarding system, enhanced practitioner awareness, and driven improvements in how we support children and families across Wigan.

It's Silent: Race, Racism and Safeguarding

The national review *It's Silent: Race, Racism and Safeguarding* was shared with senior leaders during the WSCP Leadership Breakfast and disseminated widely across multi-agency teams. In response, a locally tailored briefing was developed and circulated throughout the partnership, enhancing awareness of how racism and bias can influence safeguarding practice and interactions with children and families.

This forms part of an ongoing journey of learning and reflection, which continues to shape and strengthen our approach in Wigan. The increased awareness has contributed to improved practice around race, ethnicity, and culture—supporting more inclusive safeguarding across our increasingly diverse borough. This work aligns with our commitment to equity and the principles of trauma-informed, culturally competent practice embedded across the partnership.

Intrafamilial Sexual Abuse – I Wanted Them All to Notice

As part of the Greater Manchester regional response to growing concerns around Intrafamilial Sexual Abuse (IFSA), Wigan participated in the virtual CSA Roadshow, delivered in collaboration with the National Centre of Expertise in CSA. This built upon local learning from the recently concluded Local Child Safeguarding Practice Review (LCSPR) 'Isaac'.

The Chair of the Case Review Subgroup also serves as Wigan's lead for CSA within Greater Manchester, ensuring that regional learning is consistently shared and embedded locally. This has enabled the partnership to strengthen its understanding of IFSA and improve the quality of safeguarding responses.

Targeted training has been commissioned to support practitioners in recognising the signs of IFSA, providing dedicated time and space to deepen understanding and enhance support for affected children and families. This work reflects our commitment to continuous improvement and aligns with our strategic priorities around complex safeguarding and early identification.

5.4 Performance and Quality Assurance Subgroup

The Performance and Quality Assurance Group monitors the impact and outcomes of partner activity on behalf of the WSCP. It evaluates the performance of safeguarding agencies through the use of data and intelligence, driving improvements identified by the Safeguarding Partnership Executive.

Meeting quarterly, the group benefits from strong multi-agency representation. Data is routinely analysed from partners including Integrated Care Board for Wigan (ICB), Greater Manchester Mental Health (GMMH), Education, Children's Services, Early Help, Housing, and Greater Manchester Police (GMP). Insightful data analysis underpins the group's work, enabling assurance, challenge, and targeted multi-agency audit activity.

Progress / Milestones / Achievements

- Established routine multi-agency data collection.
- Introduced Spotlight performance analysis to review assurance against partnership priorities.
- Implemented findings from LSCP review.
- Sought assurance on exclusions, Elective Home Education (EHE) and Children Missing Education (CME).
- Identified and responded to increased referrals and child protection activity post-school holidays.
- Examined increases in A&E safeguarding notifications for non-accidental injuries, especially in non-mobile children.

Throughout the reporting period, the Partnership undertook a series of multi-agency audits to better understand how services are supporting children, young people, and families across key areas of safeguarding.

The school attendance audit (April 2024) offered valuable insight into the experiences of children known to services who were severely absent from school. It highlighted examples of strong relationship-based practice and creative support, while also identifying opportunities to strengthen holistic assessments, SMART planning, and health information sharing. The importance of understanding the child's voice—particularly in cases of emotionally based school avoidance—was a key theme. As a result, targeted actions have been taken, including enhancements to SMART planning training and the sharing of tools to support communication with children and families.

The parental vulnerabilities audit (August 2024) focused on care-experienced parents and how services work together to support them in achieving positive outcomes. The audit recognised compassionate, collaborative practice—especially in early years and midwifery services—while also highlighting areas for development around trauma-informed approaches, cross-border working, and access to mental health support. Actions taken include improved training for Personal Advisors, development of a mental health service directory, and direct engagement with care leavers to better understand barriers to accessing support.

The childhood obesity audit (October 2024) explored how services respond to children with clinically significant weight concerns. The audit acknowledged the complex relationship between obesity, emotional wellbeing, trauma, and wider safeguarding issues. While examples of impactful support—particularly from BeWell and specialist health services—were evident, the audit also highlighted the need for greater confidence in addressing obesity, more consistent planning, and earlier intervention. Feedback from children and families reinforced the importance of compassionate, trauma-informed practice. In response, the Partnership has developed new training, embedded obesity within the Neglect Strategy, and introduced a Healthy Weight category at Early Help drop-ins.

The CiN and Core Group audit (February 2025) reviewed how well meetings promote collaboration and support positive outcomes. It found strong engagement across agencies and good use of face-to-face meetings but also identified areas for improvement around sharing plans and meeting records, encouraging professional challenge, and ensuring children and families are meaningfully involved. These findings have informed updates to multi-agency training, improved communication around meeting outcomes, and the development of resources to support reflective practice and shared accountability.

Impact

- The number of children subject to child protection (CP) plans for sexual abuse has increased, following the implementation of training and tools identified through a multi-agency audit.

Wigan has undertaken a significant amount of work across the partnership in relation to identification of sexual abuse which has correlated with an increase in the proportion of children subject to a CP plan for sexual abuse over the last 2 years rising from 1% in 2022-23 to 4% by March 2025 with actual numbers doubling over time. Improvements to processes and practice within the Children's First Partnership Hub have contributed to timelier and coordinated decision-making, resulting in enhanced experiences for children and families.

- Multi-agency training on neglect has been revised and strengthened, improving the partnership's collective understanding and response.

The new model of practice combined with a significantly strengthened early help offer has led to less children requiring statutory intervention in 2024/25. A feature of this reduction has been lower levels of children experiencing repeat periods of statutory intervention. This was evident in Wigan's lower number of re-referrals, down by 34% at March 2025 when compared to 2022-23 and the number of children experiencing repeat child protection, down by 47% at the end of March 2025 when compared to March 2023. Wigan's rate of repeat CP stood at 22.2% at March 2025 end was below all comparator rates including the new statistical neighbour group (24%) and the Family Safeguarding Group of Local Authorities (27%) as well as North West (25%).

- Robust tracking systems for EHE and CME are in place and have been scrutinised, providing assurance of effective oversight.

Wigan Council continues to maintain robust and responsive systems to ensure effective oversight of Elective Home Education (EHE) and Children Missing Education (CME). These arrangements support the early identification of risk, uphold children's right to education, and ensure statutory compliance. Policies have been reviewed to reflect the shared vision set out in the Progress with Unity strategy and to strengthen alignment with wider service processes.

As of the reporting period, 148 children were registered as CME and 554 as EHE. Each child is allocated a dedicated Officer who undertakes initial checks, ongoing reviews, and attends multi-agency meetings where safeguarding concerns are identified. Oversight is provided through monthly supervision within the School Attendance Team and strategic monitoring via the Education Performance meeting, chaired by the Assistant Director for Education and attended by the DCS. Escalation procedures are followed in line with policy where concerns arise, ensuring that all children are supported to access a suitable education.

5.5 Complex Safeguarding Subgroup

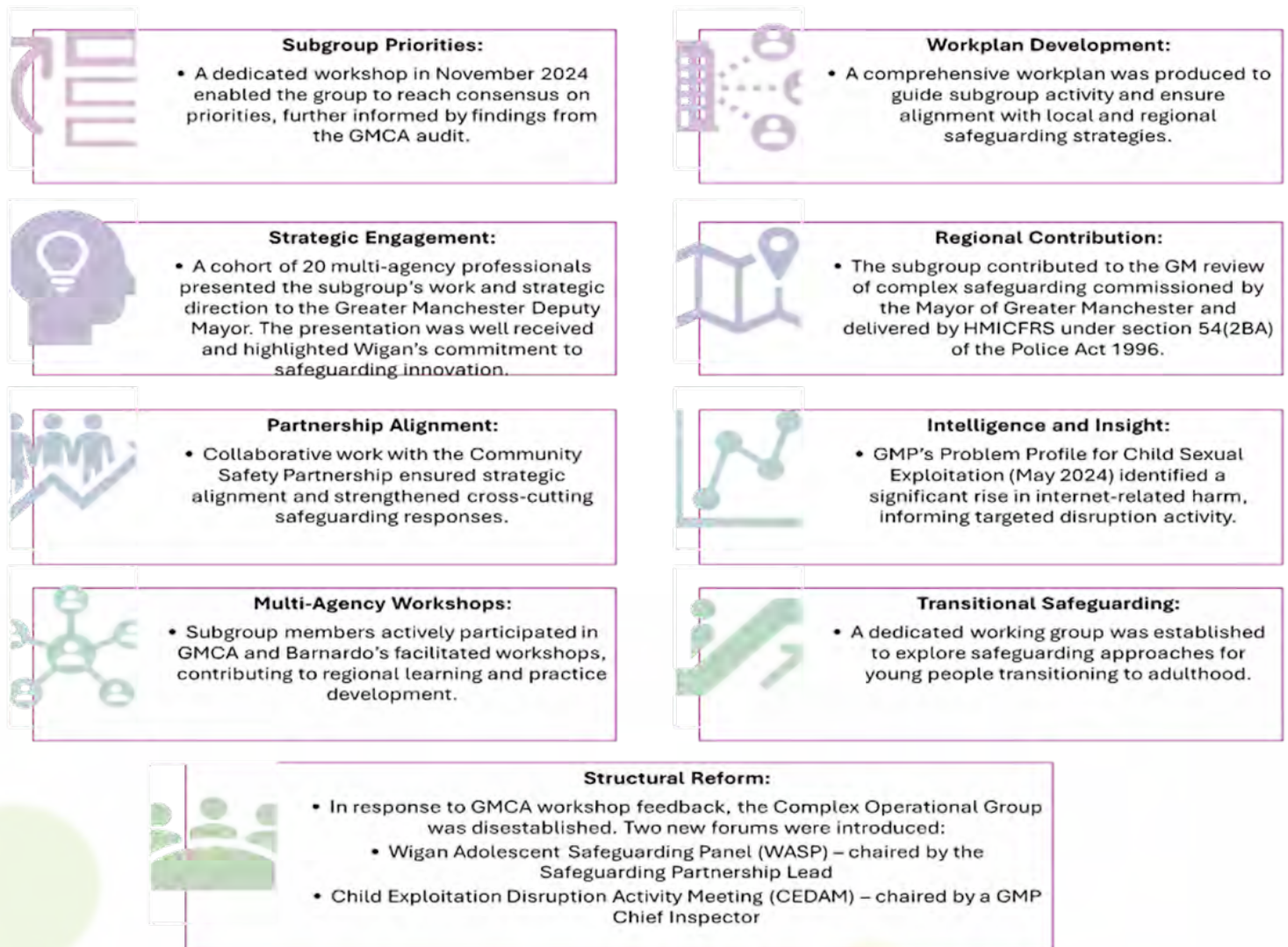
Meetings have excellent partnership attendance from both statutory safeguarding agencies and VCFSE sector partners, Probation, Adult Social Care and WWL are also present. Throughout the last year the GMCA Complex Safeguarding Unit have also contributed to the subgroup both in the shaping and delivery of priorities.

A range of safeguarding and awareness training sessions have been delivered across Wigan by the Complex Safeguarding Team, targeting diverse audiences including schools, colleges, health services, foster carers, youth services, and social work students. Topics covered include trauma awareness, child exploitation, and mental health, with attendance ranging from small group sessions to large-scale staff training involving over two hundred participants. This reflects a strong multi-agency commitment to workforce development and improving safeguarding practice.

Wigan has participated in the pilot of the GMCA led Complex Safeguarding Partnership Peer Review. This has involved four workshops over two full days with a wide range of statutory and VCFSE partners. Further, this included audits of casework of GMP, WWL and Children's Services. Together the findings of the reviews will form an action plan to be presented to a peer review panel in July 2025. Emerging insights from the peer review during the reporting period reflect encouraging examples of positive practice across Wigan.

Progress/Milestones/Achievements

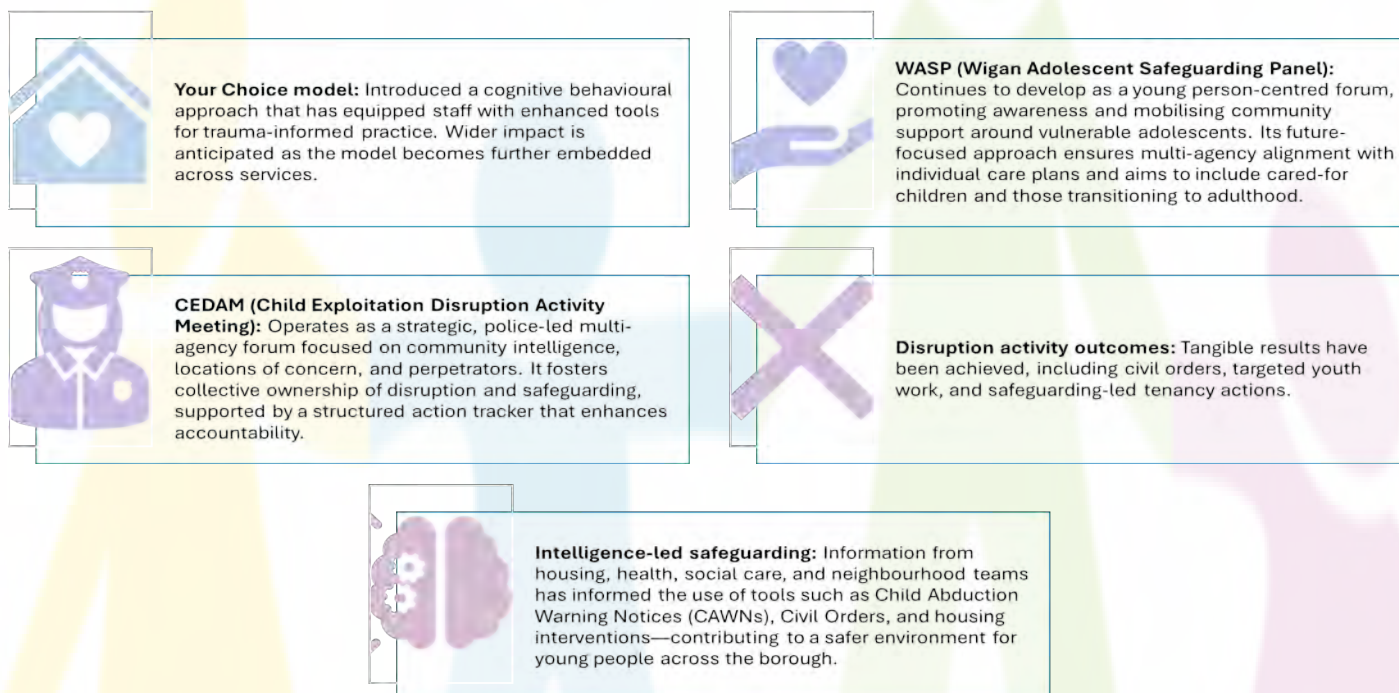
The subgroup has delivered a range of strategic and operational outputs during the reporting period.



Impact

The integration of the Complex Safeguarding Team within the REACH Service has significantly enhanced information sharing and enabled a more coordinated response to extra-familial harm. Wigan's REACH Safeguarding Adolescent Service is aligned with the Greater Manchester Adolescent Safeguarding Framework (2022), promoting stronger collaboration across children's services. By bringing together teams such as Youth Justice, Youth & Community, and Staying Together (Edge of Care) under one integrated structure, REACH enables multi-disciplinary practitioners to work seamlessly across functions. This approach supports the delivery of coordinated, trauma-informed plans that actively involve children and engage parents and carers as key partners in safeguarding and support. This integration has been further strengthened through the development of the Wigan Adolescent Safeguarding Panel (WASP) and the Child Exploitation Disruption Activity Meeting (CEDAM), both of which include representation from key services such as Youth Offending Team (YOT), Youth & Community, Edge of Care, and other strategic partners. The subgroup's work is closely

aligned with the Wigan Participation Strategy, with GMCA audits recognising the strength of child voice in both service delivery and development.



Complex Safeguarding remains a key business priority for the Partnership. Throughout the year, it became evident that transitional safeguarding is a critical component within this theme. As a result, further work has been undertaken, which is outlined in the following section.

5. Achievements Against Our Business Priorities

6.1 Neglect

The Neglect Strategy has been successfully reviewed and updated, through a robust multi-agency approach. It is now fully aligned with both Early Help (EH) and the Family Safeguarding (FSG) model, ensuring a more integrated and responsive framework for addressing neglect. A newly commissioned website is now live, providing practitioners and partners with timely access to tools, resources, and guidance to support effective practice. In response to a locally identified issue, a targeted workstream has been implemented to explore the intersection of neglect and childhood obesity, demonstrating the partnership's commitment to tackling complex challenges through collaborative working.

While the establishment of the multi-agency neglect group was initially delayed due to competing priorities and capacity pressures, the group became operational during the reporting period and is now progressing its work. The focus for the remainder of 2025 includes delivering on key priorities outlined in the business plan. These priorities

include reviewing practice models across the workforce to assess their impact on children and the effectiveness of previous training, particularly the use of the Graded Care Profile (GCP); developing a multi-agency continuum of need and launching a call-to-action campaign to raise awareness; ensuring service accessibility for children and families experiencing emerging neglect; promoting inclusive safeguarding for children with disabilities; and strengthening understanding of how neglect features in the lived experience of children who are or have been exploited, ensuring they receive appropriate support

6.2 Domestic Abuse

Assurance processes highlighted the need to strengthen the strategic focus and impact of the Domestic Abuse Board and its partner contributions. In response, the Partnership has begun developing a refreshed multi-agency strategy, with a strengthened focus on meeting the needs of children across all levels of support. Connectivity between children's safeguarding and domestic abuse structures has been enhanced, with the Designated Safeguarding Partner (DSP) for Children now chairing the Domestic Abuse Board. Additionally, the Independent Scrutineer has been engaged to provide external oversight and challenge, supporting the evaluation of partnership effectiveness and shaping future approaches.

The strengthened governance and strategic alignment now ensure a more integrated and child-focused response to domestic abuse across the partnership. The Domestic Abuse Board is fully formed and its focus for the remainder of 2025 includes delivering on key business plan priorities. These include evaluating the effectiveness of current domestic abuse interventions and their impact on children and families; strengthening multi-agency coordination to ensure timely and appropriate responses across all levels of need; embedding the voice of children and families into strategy and service development; providing assurance that services are accessible, inclusive, and responsive; and enhancing workforce development through targeted training and support to improve identification, response, and safeguarding practice.

6.3 Complex Safeguarding

Through our collaborative work with the Greater Manchester Complex Safeguarding Hub and our active participation in the pilot Child Exploitation Peer Review, we have adopted the Tackling Child Exploitation (TCE) priorities. These priorities are embedded within our Complex Safeguarding Policy and inform the workplan of the Complex Safeguarding Subgroup. The four TCE priorities are outlined below.

Practice Principles in Action

Practice principles are now firmly embedded across the workforce and are actively shaping day-to-day safeguarding practice. This was clearly evidenced during the Deputy Mayor's visit, where frontline staff confidently articulated how these principles inform their decision-making and engagement with children and families. The impact of these principles is becoming increasingly visible through assessments and plans that consistently reflect the voice and lived experience of children, improved outcomes identified through case reviews and audit activity, and supervision sessions that reinforce reflective practice and continuous learning. The next phase of development will focus on monitoring the application of these principles through multi-agency audits, sharing good practice across the partnership to support consistency, and strengthening feedback loops to ensure the principles are driving meaningful change in safeguarding outcomes.

Transitional Safeguarding

A Transitional Safeguarding working group has been established with representation from across the partnership and the Wigan Safeguarding Adults Board (WSAB). Co-chaired by the managers of WSCP and WSAB, the group benefits from strong cross-sector leadership and alignment. Its purpose is to define transitional safeguarding within the Wigan context, challenge both children's and adults' services to adopt a life-course approach to safeguarding and begin mapping existing support while identifying gaps for young people transitioning into adulthood. To support this work, the partnership has engaged Dez Holmes from Research in Practice to provide informal guidance and help shape the strategic direction. The subgroup's priorities for the remainder of 2025 include developing a shared framework for transitional safeguarding, strengthening joint working between children's and adult services, embedding transitional safeguarding into existing pathways and practice models, and ensuring the voice of young people informs service design and delivery.

Cross-Boundary Collaboration in Exploitation Contexts

Wigan continues to strengthen its collaboration with the Greater Manchester Combined Authority (GMCA), actively participating in regional subgroups and forums focused on complex safeguarding and exploitation. Wigan's involvement in the GMCA-led Complex Safeguarding Peer Review pilot has facilitated shared learning and reflection across statutory and VCFSE partners, contributing to improvements in practice across geographical boundaries. The partnership is aligned with the Regional Improvement Plan, ensuring that local developments are informed by regional priorities and best practice. Key areas of focus for the remainder of 2025 include enhancing multi-agency coordination across professional and geographical boundaries, embedding shared protocols and pathways for consistent responses to exploitation, and building stronger partnerships with neighbouring boroughs to support joint disruption activity. Impact will be monitored through regional peer reviews and shared audit activity to ensure collaborative efforts are improving outcomes for children and young people.

Intelligence Gathering on Emerging Threats

To remain responsive to the evolving nature of exploitation, the partnership has prioritised proactive intelligence gathering and analysis. The establishment of the Child Exploitation Disruption Activity Meeting (CEDAM), a strategic police-led multi-agency forum, has enabled the identification of emerging threats, improved intelligence sharing, and coordinated disruption activity across the borough. The development of the GMP Child Sexual Exploitation Problem Profile has provided detailed insights into prevalent forms of exploitation in Wigan, including affected age groups, geographical hotspots, and perpetrator methods. The partnership's focus for the remainder of 2025 includes strengthening intelligence-sharing mechanisms, embedding learning from intelligence into operational and strategic responses, using data and community intelligence to inform targeted disruption activity, and ensuring frontline practitioners are equipped to recognise and respond to new and emerging forms of exploitation.

7.Scrutiny

The partnership continues to benefit from a range of external scrutiny mechanisms that support continuous improvement and provide independent assurance of the effectiveness of local safeguarding arrangements. Peer reviews and diagnostic reviews, including those facilitated by the Local Government Association (LGA), Ofsted Inspectorate, sector-led improvement partners, and external moderation, offer valuable insights into the strength of multi-agency working and the robustness of safeguarding practice.

These external evaluations complement internal quality assurance processes by identifying areas of good practice, highlighting opportunities for development, and ensuring that safeguarding systems remain responsive to emerging risks and challenges. The feedback from these reviews has informed strategic planning, strengthened operational delivery, and reinforced a culture of learning and accountability across the partnership. The following section outlines how partners have actively used scrutiny throughout the reporting period to strengthen practice and improve outcomes for children, young people, and families.

Effectiveness of Partnership Arrangements

The Independent Scrutineer has played a vital role in assessing and assuring the effectiveness of Wigan's multi-agency safeguarding arrangements. Through structured engagement with practitioners the Scrutineer has gathered valuable feedback that has informed both strategic oversight and operational improvements. Their work has provided robust, independent challenge and support, helping to ensure that scrutiny is authoritative, evidence-informed, and embedded across the partnership.

Scrutiny within WSCP is now recognised as developed, with clear evidence of effective support and challenge. This is demonstrated through the Independent Scrutineer's

active involvement in key activities, including oversight of Rapid Reviews and LCSPRs, participation in the LCSPR Thematic Workshop, and contributions to the strategic review of repeat Child Protection Plans. Their reflections have informed improvements to governance, accountability, and learning culture, while also shaping the WSCP Strategic Plan and supporting the Executive in maintaining a clear focus on safeguarding priorities. The Scrutineer has contributed to a deeper understanding of how well agencies are working together, the quality of local practice, and the impact on children and families. This includes oversight of learning from serious incidents and safeguarding reviews. During the reporting period, the process for Independent Scrutineer oversight of Rapid Reviews (RRs) and Local Child Safeguarding Practice Reviews (LCSPRs) was refreshed to strengthen governance, improve transparency, and ensure learning is effectively embedded across the Partnership. In line with Working Together 2023, the Scrutineer has supported the partnership in strengthening its governance, accountability, and learning culture.

The June 2024 an Executive Workshop further reinforced the importance of embedding behaviours such as trust, challenge, and respect across all levels of the partnership. These behaviours, alongside guiding principles like purposeful action, proportionate approaches, and collaborative thinking, are now being used to self-assess and drive improvement. The Scrutineer's reflections have helped the partnership focus on outcomes rather than structure, encouraging a shift toward purposeful leadership, shared accountability, and a culture of continuous learning.

The impact of this work is evident in the renewed commitment to using performance data to understand communities, securing the views of children and families to inform WSCP activity, and aligning partnership infrastructure to better support delivery. These developments ensure that children are safer because of the partnership's arrangements—not in spite of them.

Leadership

During this reporting period, the WSCP continued its strategic focus on improving child protection planning and decision-making. Building on the findings from Part 1 of the scrutiny exercise into repeat child protection plans, detailed in the Independent Scrutineer's report from February 2024, the Partnership explored actions to address the underlying factors contributing to repeat planning. This included a review of statutory thresholds, improvements to information sharing, and strengthening multi-agency decision-making. As a result, the new model of practice—combined with a significantly enhanced Early Help offer—has contributed to a reduction in statutory intervention. Notably, Wigan saw a 34% decrease in re-referrals by March 2025 compared to 2022–2023, and a 47% reduction in children experiencing repeat child protection plans compared to March 2023. At year-end, Wigan's repeat CP rate stood at 22.2%, below all comparator benchmarks including the new statistical neighbour group (24%), the Family Safeguarding Group of Local Authorities (27%), and the Northwest average (25%). Work was undertaken to finalise the scope and follow-up

activities for Part 2 of the exercise, with the aim of engaging professionals across the system to inform a strategic response. This reflects the partnership's commitment to learning, leadership, and continuous improvement in safeguarding practice.

Critical Friend Support and Challenge

As part of their role as a critical friend, the Independent Scrutineer has consistently attended and contributed to WSCP Executive meetings, offering constructive challenge and reflective insight. Their presence has supported the Executive in maintaining a clear focus on the Partnership's core purpose and in holding agencies to account for their contributions to safeguarding arrangements. The Scrutineer has provided valuable feedback on the WSCP Strategic Plan, helping to ensure that it remains ambitious, achievable, and aligned with the principles of Working Together 2023. Their input has encouraged deeper reflection on the effectiveness of partnership working, the clarity of shared priorities, and the extent to which strategic intentions are being translated into meaningful outcomes for children and families.

Statutory Learning Review

The Independent Scrutineer attended the LCSPR Thematic Workshop, which provided an opportunity to review Wigan's current position on statutory reviews, with a particular focus on cases initiated prior to 2023. The workshop explored recurring themes across reviews and considered how the partnership could work more effectively by drawing on both local and national learning.

Discussions highlighted the potential for the Case Review Subgroup to enhance its impact by integrating insights from Domestic Homicide Reviews (DHRs), Child Death Overview Panel, adult safeguarding reviews, and relevant national reports. The overarching aim was to strengthen assurance around how learning from reviews is embedded and acted upon across the partnership—an ongoing priority.

As a result of the workshop, the Case Review Subgroup is undergoing a refresh, including changes to its co-chair and deputy chair roles, to drive forward improvements with pace and clarity. While progress has been made, it was acknowledged that further work is needed to mature the partnership's approach to learning from reviews and to ensure that this learning translates into improved outcomes for children and families.

Section 11 – Assurance and Peer Review

This year, the decision was made to transition to a biennial Section 11 audit cycle, with the next full audit scheduled for completion in the next calendar year. To maintain momentum and continuous improvement in the interim year, peer visits were introduced as an alternative assurance mechanism.

At the time of writing, these peer visits are underway, with completion expected by the end of October. This approach allows for ongoing dialogue, shared learning, and real-

time feedback between agencies, ensuring that safeguarding standards remain high even outside of the formal audit cycle.

7.1 Independent Scrutineer reflections

At the start of the reporting period, the findings of a piece of independent scrutiny activity were presented to Delegated Safeguarding Partners. The exercise had been conducted to consider “what other action can be taken to address the issues identified as influencing or impacting on child protection planning/decision making”.

The exercise identified the following strengths in respect of the safeguarding partnership arrangements in Wigan:

- Effective implementation of Early Help and Prevention Strategy
- Validation that WSCP strategic priorities + practice priorities were appropriate
- Developmental work in respect of performance dataset + audit activity
- Strong leadership to use independent scrutiny to explore “stubborn issue” (which was the rate of repeat child protection plans)

The following areas for consideration were identified in respect of the partnership arrangements:

- Strategic leadership
- Partnership governance
- Strategic planning
- Learning and improvement
- Use of independent scrutiny feedback

To build on strengths and to address the areas for development, the following recommendations were made:

- Arrange a bespoke session to formally receive this report, consider its findings and determine actions required of them in respect of their responsibilities as set out in Working Together 2023.
- Determine whether implementing Family Safeguarding Model will be integrated into core and contextual safeguarding priority or be a standalone priority; and develop a partnership implementation plan.
- Devise delivery plans for workforce and core and contextual safeguarding priorities and report progress and impact in yearly report(s)
- Develop arrangements to routinely secure and use feedback from children, parents, and practitioners to inform the activity of the safeguarding partnership.
- Set out in yearly reports their response to the findings of Independent Scrutiny

A workshop was held in June 2024 to formally receive and consider the findings and discussions served to reinforce the need to focus on leadership, culture of partnership working outcomes over and above structures or producing revised published arrangements. Other agreed priority activity included:

- Developing confidence and providing clarity and permission that information can be shared without consent for safeguarding; informing parents is about the “way” services work with families.
- Developing arrangements to secure the views of children, parents, and practitioners to inform WSCP activity
- Using performance data to understand local communities and any differential experiences of the safeguarding system
- Devising and implementing a WSCP communications strategy/plan

A revised Business Plan was developed where Delegated Safeguarding Partners revised WSCP priorities and agreed the following:

- Neglect
- Complex safeguarding
- Domestic abuse (managed as a cross Board/partnership priority)

The agreed actions for completion in 2024-25 for neglect and complex safeguarding priorities are detailed in the Business Plan. This report describes a range of activity completed in respect of complex safeguarding and detail about the establishment of the multi-agency neglect group. Other elements of independent scrutiny, namely peer review, have been used to evaluate the effectiveness and impact of complex safeguarding practice and the interface or ‘step up/down arrangements for supporting children and families at ‘early help’ and child in need levels of need; the latter being presented to the WSCP Executive meeting in March 2025. This identified a number of strengths in respect of Children’s Social Care leadership including quality assurance arrangements and with regard to multi-agency working provided assurance that “threshold and risk management is appropriately managed in most instances” and that “children’s plans are SMART for most children and enable multi agency support”.

As Independent Scrutineer, in Quarter 4 of the reporting period, I was requested to provide support and challenge to Delegated Safeguarding Partners to clarify governance and determine respective responsibilities in relation to safeguarding children from domestic abuse. This work was ongoing at the end of the reporting period.

During the reporting period, a Department of Education funded pilot was undertaken in the region and afforded statutory partners the opportunity to participate in an externally facilitated diagnostic exploring use of ‘voice and engagement’. The findings can be used to build on the good practice that is in place and to further progress the action agreed at the workshop held in June 24 to develop arrangements to secure the views of children, parents, and practitioners to inform WSCP activity.

In concluding, statutory partners have used a range of methods to receive independent scrutiny during the period covered by the report. They have refreshed their agreed priorities and strengthened the arrangements to oversee the delivery of

core functions. Furthermore, all activity is aligned to and in support of the Progress with Unity missions and reflects the level of ambition for improving outcomes for children and their families in the borough. Work has continued to support the workforce to practise in a strengths-based way including through the delivery of a comprehensive training offer and the implementation of Family Safeguarding Model. Like many safeguarding partnerships, embedding an outcomes focused approach including using performance data to understand the experiences of babies, children, young people and their families and; to evidence the impact of activity undertaken on practice, partnership working and outcomes will better enable statutory partners to celebrate and report progress and to identify future priorities.

Forward Plan

As we look ahead, the Safeguarding Partnership is entering a pivotal phase of development and collaboration. Building on the insights from our recent diagnostic report, we will place a renewed emphasis on participation—ensuring that children, families, and professionals are meaningfully involved in shaping the safeguarding system.

A key priority will be strengthening our relationships with Voluntary, Community, Faith, and Social Enterprise (VCFS) colleagues and organisations, recognising their vital role in supporting families and enriching our multi-agency response. This aligns with the NW RIPP's deep dive into the impact of VCFS in Multi-Agency Safeguarding Arrangements (MASAs), reinforcing our shared commitment to inclusive, system-wide improvement.

We will continue to embed the Family Safeguarding (FSG) principles across the system, ensuring that our practice is strengths-based, trauma-informed, and focused on keeping families together safely. This will be supported by a programme of learning and celebration, including a regional networking and celebration conference and a dedicated learning event to share best practice and drive innovation with a focus on transitions.

In line with the NW RIPP's focus on smarter, stronger social work models, we will also progress system improvements in transitional safeguarding, ensuring that young people moving between services receive consistent, compassionate support. We aim to deepen our understanding of how the system responds to neglect, including a critical review of the tools we use and how they reflect the lived experiences of children.

We remain committed to seeking equitable solutions to the challenge of resourcing and funding safeguarding work, advocating for sustainable investment that reflects the complexity and importance of our mission.

As we prepare for the Children's Wellbeing and Education Bill, we will ensure our systems are ready to meet new statutory requirements, while continuing to listen deeply and respond effectively to the valuable insights from our independent scrutineer, children, families, and frontline practitioners.

Finally, we will actively participate in all regional workstreams outlined in the NW RIPP programme, contributing to the collective ambition to deliver consistently excellent safeguarding practice across the Northwest.

Appendices

Appendix A

2024-2025 Learning Offer

Face to Face and Virtual Courses	E-Learning courses
Case Conference and Child Protection	An introduction to Family Safeguarding
Case Review Learning Circles	Attachment Theory
Complex Safeguarding Full Day	Awareness of Domestic Violence and Abuse
Designated Safeguarding Lead in Education	Awareness of Forced Marriage
Domestic Violence: The DVRIM Assessment Tool	Child Exploitation and Extra-familial harm
Early Help	Child Poverty
Family Safeguarding: Motivational Interviewing	Child Sexual Exploitation
Family Safeguarding: Thresholds & Duties	E-Safety: Guidance for practitioners
Graded Care Profile 2	Family Safeguarding in Practice
Level 3 Safeguarding Children	Female Genital mutilation: Recognising and Preventing FGM
Local Authority Designated Officer	Gang Related Issues and County Lines
Multi-Agency Public Protection Arrangements	Get Moving, Get Healthy
Private Fostering	Keep Them Safe: Protecting Children from Child Sexual Exploitation
Professional Curiosity and Challenge	Mental Capacity and Deprivation of Liberty Safeguards (DoLS)
Safeguarding Children in Education	Radicalisation and Extremism
Safeguarding in Education for School Governors	Safeguarding Children Level 3
Safer Recruitment in Education	Safeguarding Children Level 2
Safer Sleep for Babies - Reducing the Risk of SIDS	Safer Recruitment - NHS and Health
SMART Planning	Safer recruitment - Non-NHS Services
Trauma and Resilience	Safer Working Practice

Working Together to Safeguarding Children Level 2	Self-Harm
	Suicidal Thoughts
	Understanding Animal Welfare in Violent Homes
	Understanding Young Minds
	Working with Children with Disabilities

Safeguarding Partnership Annual Report

2024/2025



Author

Katie Bates – Safeguarding Partnership Manager
September 2025



GREATER MANCHESTER
POLICE



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Greater Manchester

Foreword

Thank you for taking the time to read the Stockport Safeguarding Children Partnership Annual Report. The report provides information about the work and effectiveness of our local safeguarding children arrangements from 1st April 2024 to 31st March 2025. The report will provide an open, honest view of how partners work together in Stockport to keep children safe.

Safeguarding is everyone's responsibility and for services to be effective each resident, practitioner and organisation should play their part. In Stockport, all our partners are committed to working together so that every child is safe, well and able to reach their full potential.

The partnership promotes a culture of learning, continuous improvement, support and challenge, with a strong commitment to improve outcomes for children and their families.

We hope that this annual report highlights the practice that takes place across our partnership and celebrates some of the successes. These successes are only possible through the dedication and diligence of the many professionals working with children, young people and their families across a range of agencies.

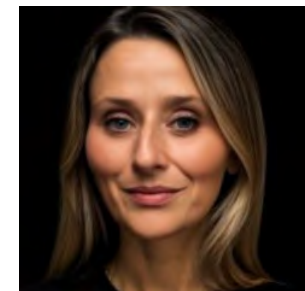
As a partnership, we have so much to be proud of in Stockport. This report recognises the progress that the Stockport Safeguarding Children Partnership has made throughout the year, and sets out our commitment to continue to address the challenges that will remain in 2025/26



Chris McLouglin OBE - Executive Director People and Neighbourhoods, Director of Children's Services Adult Social Care and Chair of the Stockport Safeguarding Children's Partnership



Lewis Hughes – Chief Superintendent Greater Manchester Police



Jemma Billing – Associate Director of Nursing, Quality and Safeguarding

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Message from the Independent Scrutineer



Gail Hopper - Independent Scrutineer

This is my fourth contribution to the yearly report in Stockport, where I spent over three years as independent chair and scrutineer. I took up the role of Independent Scrutineer a few months ago, following the implementation of Working Together 2023 requirements. For context I also hold the Independent Chair and Scrutineer role for Adult Safeguarding Executive and chair the quarterly Joint safeguarding partnerships meeting in Stockport.

This will be my final contribution to the yearly report as I plan to retire in September 2025. It has been a privilege to work with both partnerships, who have welcomed and responded positively to the independence and challenge offered through these roles. It has been a strength that Stockport has maintained a clear connection between the two partnerships and shared mutual interests and priorities. I would recommend that the collaboration continues in future, reflecting the importance of Think Family.

We are in the first few months of the new safeguarding arrangements, with the DSP's playing a key role by working together to fulfil their shared responsibilities. My regular meetings with them continue to be open and reflective, and key partners demonstrate that new responsibilities have been responded to effectively.

Partners have continued to work together to deliver the priorities set out in the 2023 – 26 work plan and all partnership executives have monitored progress and responded positively to my challenges about priorities such as Information Sharing. A Joint children's and adults training event attracting over 200 professionals in November 2024 focused on Trauma and Risk and involved adults with lived experience. It received excellent feedback.

During the last year I facilitated a joint partnership development event, in which progress was monitored following the development day a year earlier, that focused on Equality, Diversity and Inclusion. This recognised the rapidly changing make-up of the borough. Partners

were able to demonstrate a significant range of developments and learning that had taken place, along with increasing connections that showed a better understanding of the needs of those who are often minoritised in the area.

At the same event, partners shared progress with each other about how they hear, respond and learn from the voice of children, young people and their families. This was an issue that had been highlighted locally and nationally. The valuable information shared that day, demonstrated that partners do engage with children and families to seek their views and to learn from them. However, the content of Partnership meetings, show that a gap remains in routinely sharing such information or demonstrating direct engagement. A standing agenda item may help to address this in future.

During the last year, I have offered challenge and advice to the partnership following a detailed audit of partner contributions to Rapid Reviews. In this, I highlighted the importance of addressing the following points to all partners when contributing to a Rapid Review:

- Understanding complexity
- Attendance
- Importance of accuracy and chronologies
- Reflection
- Partner's roles in offering challenge
- Quality Assurance and signing off contributions to the Rapid Review

I made three recommendations that were shared following the work, that will be reported to the Children's Executive Board in June 2025. I trust the Partnership will follow this up in the coming year to ensure continued improvement in this area.

A second detailed area of scrutiny in early 2025 reviewed the quality of attendance and engagement of all partners in strategy meetings. This involved my attendance and observation of contributions and accuracy of recording. A report of the largely positive findings will be submitted to the Executive Board, with a small number of recommendations. I have also recommended that the audit is repeated to measure consistency of practice, particularly when those involved do not know their practice is being audited.

It has been a pleasure to work with partners in Stockport, who offer mutual support, challenge, and share a focused commitment to safeguarding children, young people and families in Stockport. Relationships are strong and the Partnership demonstrates a commitment to continually improve and progress.

I leave with a reflection about partnership commitment and engagement in relation to multi-agency auditing and scrutiny. For some reason, this is an area that works more successfully with the impact of significant learning and benefits from the Adults safeguarding partnership, than from the Children's Partnership, yet contributors to each are from the same organisations. I would recommend that leaders consider why this may be the case and take action to address this important area of assurance.

Gail Hopper

Gail Hopper

Independent Scrutineer

Purpose of the report

Working Together 2023 requires the Children's Safeguarding Partnership to publish a report on an annual basis.

The purpose of this report is to set out what safeguarding partners have done between April 2024 and March 2025. In accordance with Working Together, the partnership is required to report on the following:

- what partnerships have done as a result of the arrangements, including child safeguarding practice reviews
- how effective these arrangements have been in practice. In addition, the report should also include:
- the contribution of each safeguarding partner to the functioning and structure of the multi-agency safeguarding arrangements
- any themes emanating from aggregated methods of scrutiny, for example, reviews and scrutineer activity and multi-agency audits
- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- an analysis of learning from serious incidents

- a record of key decisions and actions taken by the safeguarding partners in the yearly cycle, including in relation to implementing the recommendations from any local and national child safeguarding practice reviews and the impact this has had
- ways in which the safeguarding partners have sought and utilised feedback from children and families to inform their work and influence service provision
- the breakdown of costs in delivering the arrangements for that period, including the financial contributions of individual partners, any changes to funding and an assessment of the impact and value for money of this funding
- evidence of how safeguarding partners are ensuring the adequate representation and input of education at both the operational and strategic levels of the arrangements
- an overview of how data is being used to encourage learning within the arrangements and evidence of how information sharing has improved practice and outcomes
- a review of the impact and learning from independent scrutiny arrangements to ensure the leadership is strong and the arrangements are leading to the desired and necessary impact
- any updates to the published arrangement with the proposed timescale for implementation
- evidence that national reforms have been implemented, taking into account key decisions and actions taken by safeguarding partners in response to reforms, and any issues or concerns encountered within the yearly cycle.
- Where there is a secure establishment in a local area, safeguarding partners should include a review of the use of restraint within that establishment in their report, and the findings of the review should be reported to the Youth Justice Board, the Youth Custody Service, and His Majesty's Inspectorate of Prisons.

Our vision is 'working in partnership to support and safeguard the people of Stockport to enable them to live safe, healthy and, where possible, independent lives'.

The Stockport Safeguarding Children's Partnership (SSCP) has an agreed set of practice principles informed by *Working Together to Safeguard Children, 2023*. The Partnership is committed to adopting these principles in all its work:

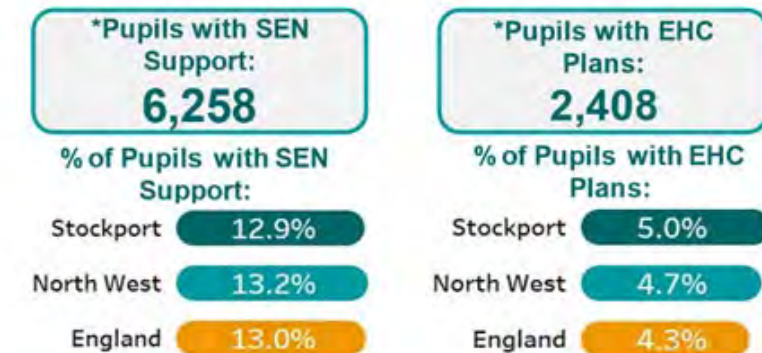
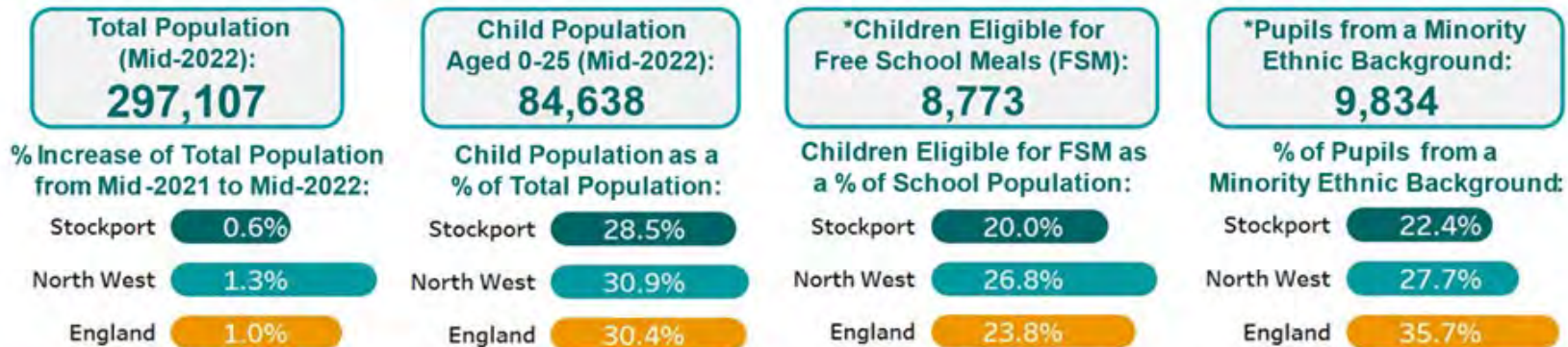
- Child centred approach
- Whole family culture
- Flexible and responsive multi agency working
- Strength based, trauma informed and intersectionality aware
- A learning culture and data informed

- Feedback and co-production

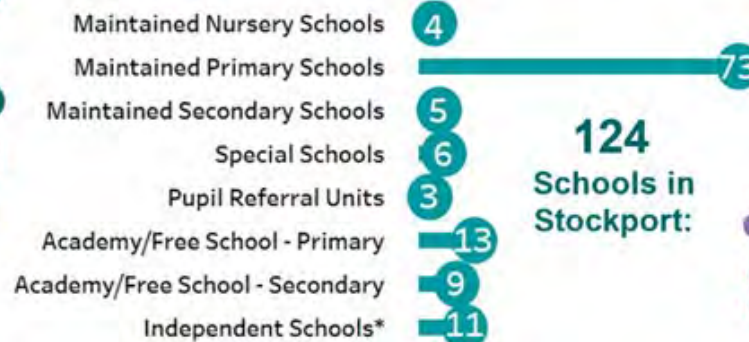
The vision of the adults and children's safeguarding partnerships is set out in a joint action plan, with a three-year strategic business plan underpinned by a delivery plan. The current Strategic Plan (2023-26) was agreed in June 2023 and is based on five priorities which are reviewed and refreshed annually. Our report this year is written against our strategic priorities for 2023-2026, which are as follows:

- Improve partnership working and information sharing (joint priority)
- Effective transitions from childhood to adulthood (joint priority)
- Understanding complex trauma and assessing risk (joint priority)
- Working with men (children's priority)
- Working with adults to manage risk effectively and make safeguarding personal (adult's priority)

Contextual Information about the Local Area and Services for Children



Stockport is the 8th most polarised borough in England with communities in the 2% most deprived and 2% least deprived in England (IMD 2019).



*Figures sourced from School Census & SEN for Academic Year 2022/23



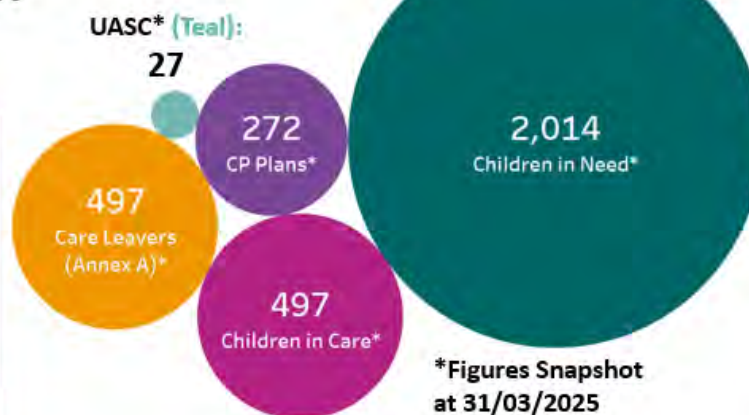
Safeguarding for Young People

64,102 Children Aged 0-17 in Stockport

Figures for 12 Month Period:
(01/04/2024 to 31/03/2025)

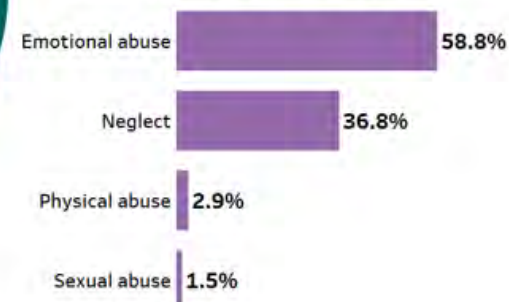


Purple Area represents:
Initial Child Protection Conferences: 412

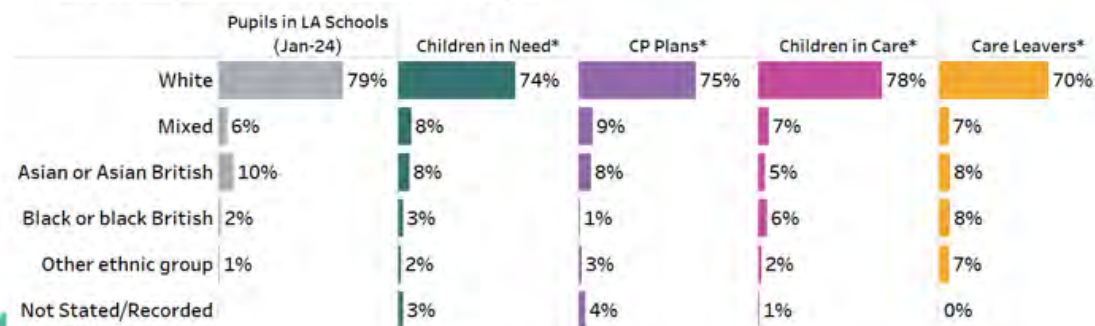


*Figures Snapshot
at 31/03/2025

Child Protection Plans* by Latest Category of Abuse:



Percentage of Children by Ethnicity*:



Progress against priorities

Priority 1: Improve partnership working and information sharing (joint priority)

a) The activities achieved

The partnership has implemented a delivery plan to capture agencies' progress in relation to improving partnership working and information sharing.

Kings College London undertook an independent evaluation specifically around information sharing in relation to working with men. The author met with partners across the partnership and in the community to produce a report in relation to the strengths and weaknesses of sharing information in relation to men. The final report is due to be received in June 2025. The findings will be considered by the practice improvement and assurance partnership (PIAP)

GMP have embedded a new approach to sharing learning from rapid reviews and child safeguarding practice reviews with operational police officers. The Detective Chief Inspector shares the learning and tailors this to the police work to make it relevant for officers in the borough.

The SSCP training manager and safeguarding partnership manager have delivered several child safeguarding practice and rapid review learning circles which have reached hundreds of safeguarding practitioners.

Children's Social Care has launched a new practice framework and bespoke training offer for practitioners and social workers within Stockport Family. One of the 'five big things' for best practice is children, young people and families having a holistic assessment that informs everything that everyone does. This focus on practice aims to improve partnership working and information sharing. Specialist chronology and genogram training has been rolled out in phase one of the launch and the next round of training is taking place from April 2025, which will offer specific training in relation to assessments, analysis and interpreting information effectively.

Partnership activity took place with health colleagues when data identified that strategy discussions often lacked a health representative. The positive work that took place resulted in increased representation of health at strategy meetings, ensuring that the right information was shared at the right time.

There has also been the recruitment of a health practitioner in the multi-agency safeguarding and support hub (MASSH) who provides health information at the earliest opportunity for children triaged in the MASSH following referrals. School nurse team leaders are now attending daily risk meetings with the domestic abuse service and children's social care to share and receive information in relation to children experiencing domestic abuse.

The rate of general practitioners (GP) attending child protection conferences or sharing information was low in comparison to other partners. An audit that took place in 2018 identified that 34% of child protection conferences received a GP report in advance to share information. Work took place with the business support unit and named GP for safeguarding to improve information seeking and sharing, with an aspirational target of 90% of child protection conferences to receive GP information. This has been successful and in 2024, 90.5% of conferences received information, which was an excellent result.

Lessons learned from CSPR and rapid review activity is now incorporated in level three safeguarding training for health practitioners, which ensures the key messages and learning is shared with front line health professionals.

In October 2024 a new system was implemented where the emergency department at the hospital, shares information with school nurses and health visitors, when children have attended the emergency department. This ensures that children's health information is shared effectively and can be followed up if needed in the community.

b) the impact of the activities,

Learning from child safeguarding practice reviews is being shared effectively across the partnership, to ensure that key partners and front-line practitioners have the information required to protect children and families. The SSCP will review practitioners increased knowledge via survey which will be repeated in June 2025. It is expected that practitioner's knowledge of learning from reviews and the partnership training offer has increased.

Strategy discussions have strong attendance from an appropriate health representative for children, following the work the partnership understood to improve this. Information is also now gathered at the earliest opportunity in the multi-agency safeguarding and support hub with the recruitment of a dedicated health practitioner.

Child protection conferences often receive health information from children's general practitioners (GP's) which has increased by over 56% following work undertaken in the partnership.

School nurses and health visitors are receiving information directly from the emergency department when children attend. This ensures timely sharing of information and enables health practitioners to follow up any health difficulties or safeguarding concerns as soon as possible, avoiding delays for children.

c) future plans.

The partnership will continue to progress work in this area, as 12 months remain on the current business plan. A development session has been scheduled with the practice improvement and assurance partnership, to set the goals and aspirations for the next 12 months.

The partnership plans to embed a new policy for initial child protection conferences, where agencies will be required to complete and submit impact chronologies. Training will be rolled out across the partnership in the autumn of 2025 to ensure practitioners have the required training and tools, to complete good quality impact chronologies. This will improve information sharing at a critical time for children and families.

Priority 2: Effective transitions from childhood to adulthood (joint priority)

a) the activities achieved

Adult social care has developed a new workstream called making every adult matter (MEAM) which will be led by a senior social worker and offers support to young adults. This will include children who transition from children's social care into adulthood, who are vulnerable. The team will work closely with the leaving care service and local agencies, to plan support and interventions.

Seven learning circles were run for practitioners to hear more about the multi-agency adults at risk (MAARS) process and the support available to adults or young people who are transitioning into adulthood. This resulted in an increase in MAARS referrals over the last two financial years of 21%. This evidence's the impact of increased communication and training to identify adults who could benefit from the support of the MAARS process.

The leaving care service have introduced transition meetings for young people aged 17.5 years to support post 18 planning. We have also established a transition working group across adult social care and leaving care with a view to develop a transition panel in 2025, to ensure smooth transitions and timely Care Act assessments for our care leavers

b) the impact of the activities,

Young people transitioning into adults, who are vulnerable in the community will receive enhanced support from the Making Every Adult Matter worker to increase their safety.

The increase in referrals to the MAARS panel evidences an improvement in practitioners knowledge of the process, ensuring that adults are appropriately referred.

c) future plans.

The Transformation team have reviewed the transitions pathway with the Service Leader for Children with Disabilities (CwD) as part of a review of the CwD service. A proposal for the transition panel will be presented to the senior leadership team for changes to improve the process of children with disabilities transitioning into adult facing services.

The Leaving Care team are launching a Leaving Care Team (LCT) Hub in August 2025. This will be a physical space for care experienced people to come and relax, meet their personal advisors, complete activities or to pop in for a chat. The hub has been co-designed with care experienced young people, taking ownership of creating the various spaces and they will also be launching the event alongside the LCT staff.

Priority 3: Understanding complex trauma and assessing risk (joint priority)

a) the activities achieved,

The SSCP and SSAP organised a trauma conference which was held in November 2024. The conference reached almost 200 members of staff and included guest speakers with lived experience and professionals who specialise in working with trauma. Feedback from attendees was excellent and staff felt supported in better understanding the impact of trauma of children, families and adults.

The NHS Foundation Trust Stockport have developed an enhanced maternity pathway for mothers who have vulnerabilities. At 20 weeks gestation the midwife will undertake a joint visit with the health visitor, who will be taking over once the baby is born and discharged from midwifery. The Trust has also embedded an evidence based holistic 'My World' assessment introduced as part of enhanced pathway, health visiting antenatal assessment and ongoing mandated health visiting contacts. This puts the child at the heart of the assessment and considers historical information as well as current. A risk and resilience matrix supports the practitioner to think about protective factors in a family as well as risk.

The safeguarding children's unit has produced a joint procedure with children's social care, to ensure there is a 'reflective discussion' including multi-agency planning and service leader oversight of children's plans where they are either subject to a repeat child protection plan or have been on a child protection plan long-term (18months or more)

b) the impact of the activities,

The enhanced maternity pathway ensures a joint approach to assessing and planning care for vulnerable families, including assessing risk and resilience factors. Parents tell their story once and don't need to repeat this. Risk factors impacting on a baby can be identified and acted upon swiftly and prior to their birth. Using the concept of epistemic trust, means that good working relationships can be fostered between service users and professionals and between professionals themselves.

Holistic assessment ensures a joint approach to planning care for vulnerable families, including assessing risk and resilience factors in a family.

The new child protection procedure has increased service leader oversight of Stockport's most vulnerable children, who are subject to child protections for a long time or a subsequent time. Data is collated and included in the quarterly review that children's social care undertake, to ensure that senior leadership have oversight and assurance the procedure is working.

c) future plans.

The SSCP will continue to develop the delivery plan with partners for the next year of activity.

Priority 4: Working with men (SSCP priority)

a) the activities achieved,

Stockport family hubs commissioned Dads Matters, to support training and a strong mental health offer for dads in Stockport. The dads matters coordinator works with the Start Well service to support Dads and offers one to one input and group work sessions, he also contribution to training for professionals.

The service is overseen by the principal lead for health and considers the 1001 critical days for children when born. The evaluation is anticipated to conclude by Spring 2025, and the findings will be reviewed in the practice improvement partnership meeting.

b) the impact of the activities,

The evaluation that concludes soon, will evidence the impact of the Dads Matter's input, and the impact of the work which focuses on educating dads with attachment principles and understanding their child's cognitive and social development.

c) future plans.

Implementation of any changes set out in statutory guidance:

The partnership has future plans to embed the changes set out in the National Reforms as set out in [The Families First Programme Guide](#) published in March 2025.

The Children's Social Care Transformation Lead has planned a partnership event to begin formulating the deliver plan for embedding the reforms. The SSCP anticipates the further publication of more detailed guidance in the near future, and the learning from the Pathfinder authorities who have been trialling the new approach.

Contribution of each safeguarding partner: The contributions of each safeguarding partner to the functioning and structure of the multi-agency safeguarding arrangements.

a. Approaches to partnership governance structures.

The Stockport Multi Agency Safeguarding Arrangements sets out the structure of the partnership. This can be found on the partnership website by clicking on the following [link](#).

Most partnership sub groups are chaired by Children's Social Care or Safeguarding Partnership leads, with the exception of the Practice Improvement and Assurance Partnership, which is co-chaired by a representative of NHS Greater Manchester.

b. Approaches to undertaking the partnership chair function.

The chair of the SSCP executive is Chris McLoughlin OBE – Executive Director of People and Neighbourhoods Director of Children's Services Adult Social Services. The chair of the executive will rotate between the statutory partners every two years, to ensure the responsibility is equally shared.

Aggregated scrutiny: Aggregated methods of scrutiny, such as reviews, scrutineer activities, and multi-agency audits.

The SSCP has an independent scrutineer, Gail Hooper, who is a member of the executive and provides independent scrutiny.

During the last year, Gail has offered challenge and advice to the partnership following a detailed audit of partner contributions to Rapid Reviews highlighting the importance of addressing the following points to all partners when contributing to a Rapid Review:

- Understanding complexity
- Attendance
- Importance of accuracy and chronologies
- Reflection
- Partner's roles in offering challenge
- Quality Assurance and signing off contributions to the Rapid Review

Gail made three recommendations, that will be reported to the Children's Executive Board in June 2025.

A second detailed area of scrutiny in early 2025 reviewed the quality of attendance and engagement of all partners in strategy meetings. This involved Gail's attendance to observation strategy meetings. A report of the largely positive findings will be

submitted to the Executive Board, with a small number of recommendations. Gail has also recommended that the audit is repeated to measure consistency of practice, particularly when those involved do not know their practice is being audited.

An independent author was commissioned to undertake a deep dive of cases where maternal mental health was the main concern. This was completed in July 2024, which was followed up with a dip sample of a high number of children in February 2025. The quality assurance activity undertaken provided assurance to the partnership that themes found in a small number of cases, were not systemic in nature when a larger sample was reviewed. The review identified good practice in information sharing, including wider family members in planning for children and in working alongside adult mental health services. Areas to improve focused on working with men, completing impact chronologies and consistent family safety planning that doesn't rely on the mentally unwell person to implement it.

Evidence of the impact of the work of safeguarding partners and relevant agencies, including training, on outcomes for children and families.

The SSCP has planned the launch of refreshed neglect strategy in the summer of 2025. This will focus on operational managers and leaders, who will promote the implementation of the strategy in practice with their teams and service. There are also a suite of practice tools to support practitioners in responding to neglect with children and families.

As part of the renewed focus on improving the response to neglect across the partnership, a new neglect subgroup has been established, which will be chaired by the Head of Service for the multi-agency safeguarding hub and family help.

The SSCP has also reformed the child sexual abuse and harmful sexual behaviour subgroup, and a new strategy is currently being written, which seek to improve the identification and response to child sexual abuse.

Learning events were delivered to front line managers and senior leaders by an independent author, Nicki Pettitt, in relation to key themes found in recent CSPR's.

The designated doctor for safeguarding children in the NHS Foundation Trust, has delivered several training sessions to practitioners across the partnership in relation to bruising in children under the age of four, and the process of child protection medicals. The SSCP has also developed a leaflet to ensure learning is shared in relation to bruising in babies under the age of four.

Partnership training themes covered were - bruising in children under 5; safe sleep; domestic abuse; working with men; neglect; child sexual abuse and learning from local and national reviews.

The Safeguarding Partnership Manager and Partnership Training Manager have delivered learning briefings to over two hundred members of staff. Fifty-five professionals have attended a full day training for working with neglect and the graded care profile 2 training.

The partnership ran a staff survey, which was repeated 12 months later to identify the impact of training activity. This evidenced that work taken place in the scope of this review, has improved the impact on their practice improved by 14%, knowledge of rapid review and child safeguarding practice review activity increased by 30% and knowledge of how to access the training offer increased by 30%.

The partnership plans to develop a new quality assurance framework and data set in the summer of 2025, to be better able to evaluate the impact of the activities.

Identifying and Safeguarding Child Sexual Abuse

Local and national learning from rapid reviews and child safeguarding practice reviews, has identified challenges in the assessment and identification of child sexual abuse in the partnership. The centre of expertise on child sexual abuse dashboard indicates that Stockport has lower number of assessments completed for child sexual abuse than the national average and lower than statistical neighbours. We have responded in a number of ways.

- We have delivered several learning briefings to front line staff, sharing learning from local reviews and from the National Panel's report on child sexual abuse in the family environment. Two briefings were delivered, reaching over 150 practitioners. 100 practitioners have also attended a full day training session, delivered by the centre of expertise on child sexual abuse.
- The NSPCC supported a child sexual abuse snapshot review, with partners across the partnership and offered advice and guidance on improving the identification of and response to child sexual abuse.

- 16 professionals in the partnership have been trained to deliver the NSPCC training ‘developing and understanding of child sexual abuse’ which will be delivered three times a year to practitioners across the partnership.
- 7 short training sessions have been offered to practitioners which run until September 2025 delivered by the centre of expertise on child sexual abuse, which also accompanied by 6 full day training sessions ‘an introduction to intra-familial child sexual abuse – taking a multi-agency approach’
- The safeguarding partnership are also in the process of producing a child sexual abuse strategy, which will set out the vision for identifying and responding to child sexual abuse in Stockport.
- The safeguarding partnership manager also delivered training to the GP masterclass, which is attended by general practitioners and health safeguarding leads across the borough.

We will monitor carefully the affect this activity has on levels of identification and quality of practice where child sexual abuse is a factor and respond with further investigation and action accordingly.

Feedback from Children and Families

The partnership recently changed the structure of the practice improvement and assurance partnership, to include a standing item for feedback from children and families, where partners take turns in sharing this.

Voices of children and families are gained from a variety of sources, including but not limited to;

- Practice week activity
- SKinc
- Care Leavers’ Forum
- Youth Parliament
- Autism Ambassadors
- Complaints/compliments
- Coram Voice advocacy
- Bi-annual Bright Spots survey for children in our care and care leavers
- Child Protection Parents’ Reference Group
- Victim Voice (domestic abuse)
- Issue specific consultation – e.g. Practice Standards

Families and children who have social workers, provided feedback following practice week reviews evidenced positive experiences. A sample of quotes are below:

'She is proactive and if she says she is going to do something, she will do. Because of her, we've been able to access overnight breaks for my son and that has had a positive impact on all of us'

'I have been made to feel safe, supported and understood'

'I like my social worker; she plays with me – I wish she would spend more time playing Fortnite with me – I bet I could beat her!'

'She's very easy to speak to and she's built a really good relationship with me, my partner and our children.'

'She is kind, generous and supportive. She will be truly missed by me and the children!'

Children's social care have also launched a new practice standards framework with a focus on five big things for practice. The areas of focus were chosen following consultation with children, families and care experienced people.

Some of the feedback during consultation included:

- 'Prevention is better than cure. If they had helped me earlier, I wouldn't have had to get to the stage where we got put on a child protection plan.'
- 'I'd like to be told when things are going well too, not just always bad news, it would be good just to generally be updated.'
- 'This is what worked for me. Respect. No judgement. Clue up on your neurodiversity and mental health. Had mine be picked up earlier I don't think social would have been involved with me.'
- "Listen to us, understand us and write down what has happened to us"
- "Give us clear plans and good communication"

SKinc – the children in care council, have been consulted on the corporate parenting strategy and are also producing a new leaflet for children who enter the care of the local authority.

The care leavers forum group spoke at a council scrutiny meeting and achieved recognition that being care experienced considered a protected characteristic in Stockport. Due to this they also won an award at the Stockport Council Ambitious Awards ceremony.

The care leavers forum has also been successful in gaining free bus passes for every care experienced person up to the age of 25.

The bright spots survey that was completed with children in the care authority, yielded positive feedback from a high number of respondents. 100% of the youngest children who knew their social worker was, reported that they trusted them. 93% of children aged 8-11 years and 87% of children aged 11-17 trusted their social worker.

More than half of the youngest children (57%) aged 4-7 years, and the older children (58%) aged 8-11 felt an adult had not explained why they were in care. For both age groups this was a lower percentage compared to care for children in other local authorities (48% for 4-7 and 35% for 8-11)

83% of children and young people (8-17) felt their lives were getting better.

As part of the Northwest multi-agency Safeguarding Learning and Support Hub, the organisation Participation People were commissioned to complete a Diagnostic report and consultancy plan regarding participation activity within SSCP.

'The findings from the diagnostic and early conversations suggest that Stockport is in the early stages of developing a system-wide, strategic approach to participation. There is a clear appetite for change, but also recognition that more consistent infrastructure, tools, and leadership are needed'.

Further engagement activity in the Partnership includes:

- Within each Practice Improvement and Assurance Partnership (PIAP) meeting, partners are asked to share participation and engagement activity within their organisations, promoting good practice and learning opportunities.
- The Youth Alliance's questionnaire regularly gather input from a broad demographic of young people.
- Ongoing commitment in capturing youth voices in serious case reviews and business plans updates.
- Independent Scrutiny activity incorporates professional voice.
- Development of panels in Greater Manchester Police review Police stop-and-search data, seeking to involve young people in decision-making processes that directly affect them.
- The appointment of the Domestic Abuse Victim coordinator ensures the voices of victim survivors of domestic abuse are captured. This is also with a view of improve services and consult or co-produce domestic abuse initiatives.
- Partnership involved in Council led Participation and Engagement Strategy, building relationships across the Partnership and raising awareness around participation activity/ opportunities.

What difference has this made?

The practice framework has been shaped by feedback from children, families and young people, which has them held at the heart of the practice standards. The framework and new approach to improving practice with focused training sessions, practice sprints and feedback from those experiencing services, ensures a robust approach to practice improvement and inclusion of children and families views.

The inclusion of hearing feedback from various agencies across the partnership in the practice improvement partnership, offers partners the opportunity to hear a range of voices with different experiences. This has been welcomed by partners and reassuring to hear evidence of good practice across the borough in various agencies.

Care experienced people are shaping services and having their voices heard to create positive change for their peers.

The voices of children in care have been heard and this has also shaped the new practice standards and training offer. Social Workers will be provided with enhanced specialist training on life story work, best recording and improved direct work resources to use with children.

Survivors of domestic abuse are being heard and are supporting to shape and change services in Stockport for those who receive them.

Areas with limited progress

The partnership has made limited progress in relation to priority two: effective transitions from childhood to adulthood (joint priority) This has partially been due to difficulties in establishing an operational subgroup, to sit below the complex safeguarding strategic group and progress the priorities of the partnership. This has now been embedded, and the sub group is seeing the positive impact of progressing the priority, collating data and bringing operational agencies together.

The business plan is a three-year plan, which needs to be remembered when there is another year for the partnership to progress activity in this area.

Learning from Serious Incidents

In the scoping period of this report, Stockport safeguarding children's partnership (SSCP) has undertaken four rapid reviews. One rapid review progressed to a child safeguarding practice review (CSPR), which is ongoing at the time this report has been written and is expected to conclude in the summer of 2025. The SSCP also published two CSPR's which can be read by clicking on this [link](#).

The CSPR published in 2024 titled 'Smith' detailed children impacted by neglect and intrafamilial child sexual abuse. The learning in this review has influenced the refreshed neglect strategy, subgroup and refocus on work in relation to child sexual abuse. The review found themes around repeat episodes of social care involvement where concerns of neglect are the primary focus, understanding the lived experience of children, impact of poor school attendance and severe absence and considering the source of children's distress.

The CSPR published titled 'Molly' which was completed in April 2023, was published in February 2025. The publication was delayed due to an ongoing investigation into the sexual assault that Molly reported took place in the care of the local authority. Molly was residing in a private residential care home at the time, and the review found a number of themes, including self-harming behaviours, problematic sexually harmful behaviours, child to parent violence and understanding difficulties with peer relationships.

National Reviews

The child safeguarding practice review panel have published one national review, that were considered by the SSCP.

The national review into child sexual abuse in the family environment, titled '[I wanted them all to notice](#)' was published in November 2024. It highlighted improvements that need to be made in knowledge, skills and practice of safeguarding practitioners, to better identify and support children who are at risk of or are being sexually abused.

The review identified four key findings:

- Not hearing children's voices and understanding their needs

- Understanding parents' and carers' contexts, vulnerabilities and needs
- Challenges in identifying signs, understanding risk and raising concerns
- Issues in responding to concerns of intrafamilial child sexual abuse

As explained in the training section, the SSCP has delivered several learning briefings across the partnership, to ensure that the learning from the national review were shared and understood.

In March 2025, the National Panel published a report titled '[it's silent](#)' which focused on race, racism and safeguarding children. The thematic review examines the impact of race, ethnicity and culture on multi-agency practice where children have suffered serious harm or died. It includes findings from 40 rapid reviews and 14 LCSPRs involving children from Black, Asian and Mixed Heritage backgrounds.

The learning for practice in responding to children and families from Black, Asian and Mixed Heritage backgrounds identified a number of key themes for partnership to consider:

- Recognition of race, ethnicity and culture
- The role of faith and religion
- Intersectional perspectives
- Recognition of service engagement barriers
- Children's voices and experiences
- Community
- Understanding of vulnerabilities and risks of harm
- A silence on racism and racial bias
- Invisibilisation

The SSCP will be planning on reviewing the recommendations in the next financial year and reviewing any partnership actions needed.

Key decisions and actions taken

The partnership neglect strategy has been refreshed and will be launched in May 2025, which will begin with an interactive workshop for leaders across the partnership followed by a number of learning briefings for frontline practitioners. The new strategy comes with a suite of tools to support practitioners to better identify and assess neglect which we feel confident will support improvement in practice around neglect. This was key to one of the child safeguarding practice reviews that was published and also following learning from some rapid reviews.

We know we need to improve consistency in use of the graded care profile. Therefore, priority work has included focus on neglect and child sexual abuse, partnership peer visits, and addressing disproportionality in the safeguarding system. The Partnership has also facilitated learning events and has recently appointed a Quality Assurance and Engagement Lead to strengthen quality assurance activities.

The partners have been well cited on right care right person, which was embedded as a result of the [National Partnership Agreement](#).

In England and Wales, the Right Care, Right Person approach assesses if the police are the most appropriate service to respond. The joint children's and adult's executive worked closely with agencies to ensure the residents of Stockport continue to get the right support.

The GMP children centred policing pilot initially began in March 2023 and has continued to be embedded in practice in Stockport. The children's executive has continued to have oversight and assurance that the approach is improving conditions for children who come into contact with the police, and or who are detained. Children in Stockport that enter police custody

The Executive were cited on HMIP inspection of youth justice and the inspection of GMP, ensuring that they have oversight of the strengths and weaknesses

Partnership finances

Financial breakdown and value for money: A breakdown of costs in delivering the arrangements, including financial contributions of individual partners any changes to funding, and an assessment of the impact and value for money of this funding.

Greater Manchester Police have increased their contribution this year by £1,569. Other partner contributions have remained the same for the last twelve years, with no increase. The SSCP has raised this with the statutory partners and requested an increase in contributions due to the increasing cost of living, inflation and providing a high-quality service.

The Local Authority is funding most of the partnership offer which as set out in Working Together 2023, should be equitable. The SSCP will continue to seek increased funding from NHS Greater Manchester and Greater Manchester Police.

An assessment of the impact and value for money of the funding received by safeguarding partnerships should be provided.

The partnership has delivered the required work set out for 2024-2025. We welcome the addition of a new Quality Assurance and Engagement Lead, who will improve the quality of assurance and engagement activity.

The SSCP has also commissioned two independent authors to complete child safeguarding practice reviews.

As the report has explored, a high level of training opportunities have been offered for agencies across the partnership, including commissioned training, which is excellent value for money for safeguarding partners and statutory partners alike.

Partnership Contributions

Partner 1 contribution (ICB) £32,000

Partner 2 contribution (Police) £15,369

Partner 3 contribution (Local Authority) £132,452

Dedicated Schools Grant (Education) £32,000

NHS Foundation Trust Stockport £4,000

National Probation Service £2,274

Total contribution £218,095

Total spend was £275,209

Underfunded by £57,114

Representation of Education Sector

In September 2024, the SSCP established and launched a Safeguarding in Education subgroup. This group reports into the Practice Improvement and Assurance Partnership (PIAP) and brings together representatives across the education sector. The chair of the group is a Head Teacher and core members are operational within education settings, and offer a wealth and breadth of experience and knowledge. The chair is also a member of the PIAP and the Children's Executive, to ensure there is a golden thread through all strategic levels of the partnership. The Director for Education is also a long-standing member of the Children's Executive and has been for some time.

Education partners are also invited to take part in multi-agency auditing activity within the partnership and sit on the rapid review panel and child safeguarding review panel.

Use of data and information sharing:

Following the publication of Working Together 2023, the SSCP has formed and launched a new subgroup; Safeguarding in Education, which is chaired by a head teacher at a primary school setting. The group consists of representatives from across the education system, including early years and colleges, as well independent schools and academies. The group is part of the formal partnership structure, and reports into the safeguarding children's executive meeting.

The SSCP has maintained the membership of education representatives in various partnership subgroups and the executive, to ensure there is a strong alliance with the education sector.

Work is taking place in the North West to develop a regional dataset for partnerships. This will include education data to support the identification of any trends, themes or learning within the education economy. This is also something the SSCP has been reviewing internally with a new data dashboard to track attendance, suspensions and exclusions in the borough.

The SSCP is in the process of reviewing their local data set to be aligned with the North West regional data set.

Implementation of national reforms

The Stockport Safeguarding Children's Partnership (SSCP) have embedded Working Together 2023 changes, as expected by December 2023. The SSCP reviewed the multi-agency safeguarding arrangements and set out the changes in the document, which can be read [here](#).

The activities of the partnership have ensured changes made in Working Together 2023 have been embedded, and the partnership follows the required structure of lead safeguarding partners, delegated safeguarding partners and the chair of the partnership being a statutory partner.

Stockport's Safeguarding Children's partnership (SSCP) is chaired by the DCS, supported by a strong independent scrutineer. The SSCP has been reviewed and strengthened including developing an education subgroup and ensuring that education is well represented within the partnership, and its subgroups. This has involved a refreshed practice improvement and assurance partnership, and a new chair for the training subgroup.

There have been a number of key publications during the scope of this annual report:

- Keeping Children Safe, Helping Families Thrive – November 2024
- The Families First Partnership (FFP) Programme Guide – March 2024

The reforms will be carefully considered by the partnership, and several consultation sessions have been planned to develop a delivery plan in collaboration with partners, practitioners, children and families.

Future Focus

The SSCP will continue to focus on the current business plan priorities in the year ahead and support partners to implement the delivery plan.

In addition and as set out in this report, the future focus will primarily be on improving the identification and response to neglect, and child sexual abuse. This will respond to the learning from reviews and strengthen knowledge and practice across the partnership.

The SSCP will also support partners in embedding the national reforms and the Families First Partnership Programme requirements.

We are looking forward to working with the North West Multi Agency Learning and Support Hub Regional Improvement Pilot Plan to develop our data set and better evidence the impact of partnership work. The Quality Assurance and Engagement Lead will also be working alongside them to develop our participation and engagement with children and families.

Conclusion

The SSCP has achieved progress on a number of the priorities, which is positive and an improvement on the previous years activity.

We have successfully implemented the requirements set out in Working Together 2023 in chapter 2, and updated the multi agency safeguarding arrangements document to reflect this.

There have been improvements in staff knowledge and awareness of learning from child safeguarding practice reviews and rapid reviews, which will impact on future practice and improve outcomes for children and families in Stockport.

The development of a new Quality Assurance and Engagement Lead will strengthen the quality assurance activity in the coming year, and will also improve the participation of children and families in the work of the partnership.

There is an ambitious plan to launch the two new strategies for neglect and child sexual abuse, with a suite of training, resources and learning events scheduled. The partnership also plans to hold a neglect and child sexual abuse summit in early 2026. The increased focus on our most challenging areas of practice will strengthen agencies identification and response to neglect and child sexual abuse, supporting children in Stockport to have the best care possible.

The SSCP will also strengthen the quality assurance framework and schedule meaningful pieces of quality assurance activity across the partnership.

Antimicrobial Resistance Workstream: 2025/26 Priorities and Progress

October 2025

Quality and Performance Committee

October 2025

Required information	Details
Title of report	Antimicrobial Resistance Workstream: 2025/26 Priorities and Progress
Authors	Catherine Jackson, Associate Director Quality and Nursing, Bury Dr Claire Lake, Deputy Chief Medical Officer Heather Myers, Head of Clinical Effectiveness, NHS GM Lara Shah, Deputy Chief Pharmacist, NHS GM Contributions from: Rosie Dixon, Head of Nursing (Infection Prevention Control) Northwest
Presented by	Professor Manisha Kumar, Chief Medical Officer, NHS GM
Contact for further information	Claire.lake@nhs.net
Executive summary	This report provides an overview on the Antimicrobial Resistance Workstream, which includes Infection Prevention and Control (IPC), Antimicrobial Stewardship (AMS) and Acute Deterioration/Sepsis. The report provides an overview of work underway and planned priorities for 2025/26. This report highlights emerging risk as identified nationally and regionally.
The benefits that the population of Greater Manchester will experience.	Oversight and relevant improvement work in relation to NHS GM commissioned services benefits the GM population through continuous improvement in services, targeted quality improvement where indicated, and overall improvement in experience.
How health inequalities will be reduced in Greater Manchester's communities.	The report focuses on key areas of work aligned to the statutory duties and accountabilities of NHS GM and the strategy of the ICP.

The decision to be made and/or input sought	The Committee is asked to note the ongoing work and assurance provided within the report.
How this supports the delivery of the strategy and mitigates the BAF risks	The areas within this report and progress made to improve these relate to BAF risk SR5
Key milestones	These are set out within the different sections of the report.
Leadership and governance arrangements	This paper is produced for Quality and Performance Committee and has not been elsewhere but is formulated from intelligence and papers from NHS GM Clinical Effectiveness and Governance Groups (and related subgroups including GM AMR group and GM IPC group)
Engagement* to date *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	There has been no formal engagement on this paper as this paper is produced for Quality and Performance Committee and has not been elsewhere. The intelligence and papers used to formulate this report have come from the NHS GM Clinical Effectiveness and Governance Groups (and related subgroups) and the NHS GM Mental Health Partnership Group
Financial or Legal Implications;	Financial Implications AMR increases healthcare costs due to longer stays and expensive treatments. Investment in IPC and AMS can reduce costs through prevention, efficient prescribing, and reduced antibiotic use. Legal Implications NHS providers are legally required to follow IPC and AMS standards under the Health and Social Care Act and CQC regulations. Failure to comply can lead to regulatory action and legal liability, especially in cases of preventable harm like sepsis.

PURPOSE OF REPORT/EXECUTIVE SUMMARY:

This report provides an overview on the Antimicrobial Resistance Workstream, which includes Infection Prevention and Control (IPC), Antimicrobial Stewardship (AMS) and Acute Deterioration/Sepsis. The report provides an overview of work underway and planned priorities for 2025/26.

This report highlights emerging risk as identified nationally and regionally.

KEY ISSUES TO BE DISCUSSED:

This report provides key information on the GM position against the infection related SOF targets.

RECOMMENDATIONS:

The Committee is asked to note the ongoing work and assurance provided within the report.

Antimicrobial Resistance Workstream: 2025/26 Priorities and Progress

1. Antimicrobial resistance (AMR)

GM has an established Antimicrobial Resistance (AMR) programme, with Infection Prevention and Control (IPC), Antimicrobial Stewardship (AMS) and Sepsis/Acute Deterioration as the core elements of the programme. This approach is aligned to the refreshed national action plan - [NHS England » Antimicrobial resistance \(AMR\)](#)

The NHS GM AMR intelligence dashboard is updated regularly and can be found on the NHS Futures site - [Antimicrobial Resistance Programme - Futures](#). The aim of the AMR Dashboard is to provide key priority intelligence relating to infection, prescribing and antimicrobial resistance to support monitoring, decision-making, evaluation and interventions locally, regionally and nationally.

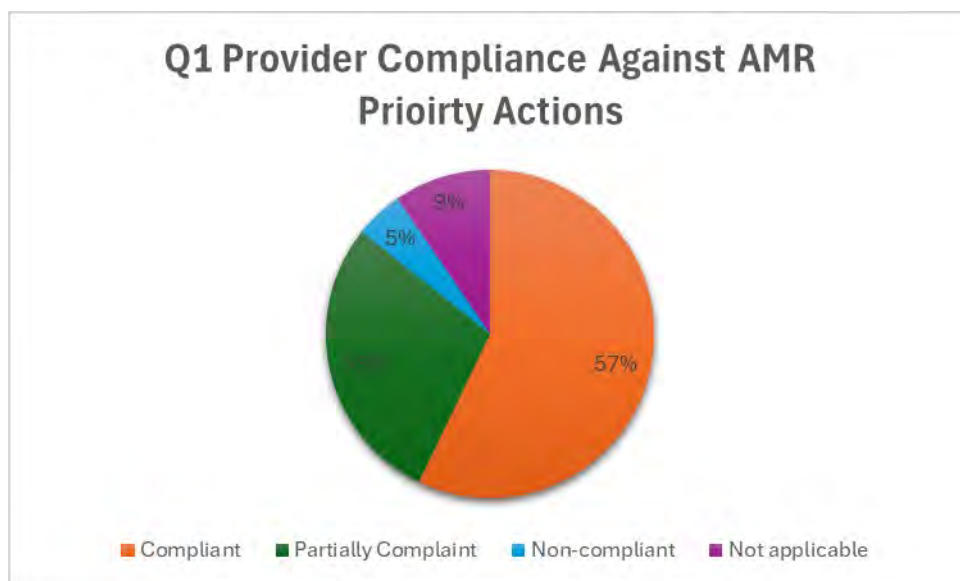
The priority objectives of the programme are based on national guidance and national, regional and local data. The NHSE regional IPC lead and Lead AMS Pharmacist are active members of our GM groups.

1.1 AMR Priorities for 2025/26 – AMR

GM-AMR priority 1	To continue to develop the AMR Dashboard for Greater Manchester and to demonstrate an intelligence led and improvement approach to workstreams	
GM-AMR priority 2	To implement the National AMR Action Plan consistently across GM systems – via our GM AMR and IPC Improvement Plan	
GM-AMR priority 3	To drive a system quality improvement approach for AMR across an established GM AMR network – focusing on areas where there is increased incidence for example Clostridium Difficile (C. Diff)	
GM-AMR priority 4	To support the IPAP-UTI national research trial	

2. GM AMR and IPC Improvement Plan – Assurance

The GM system has strengthened the governance and assurance processes for AMR compliance. We have developed an assurance document for acute/mental health providers to assist them to consider the GM AMR Improvement Plan in their reporting. We have recently asked providers to complete a summary tab on compliance for the high-level actions, we have had a 30% response to date, results below. Ongoing work to drive up reporting is underway.



Soft intelligence shows that providers are making good progress against the priority areas set out in the plan and are committed to the plan. Challenges are discussed at the GM IPC Directors/Heads of Infection Control & Prevention monthly meeting. The use of the compliance document is new and work on-going to improve reporting.

Escalation

Escalation of IPC concerns are via locality relationship meetings, Quality & Safety Assurance meetings (QASAM) and Provider Oversight meetings (POMS).

Regional intervention is through a Rapid Quality Review (RQR) process – there are no current RQRs open in GM.

3. Infection Prevention and Control (IPC)

The National Infection Prevention and Control Manual (NIPCM) for England was updated 24 February 2025 – version 2.10 provides an update on the measures critical for infection control and prevention in health and care settings.

Standard infection control precautions (SICPs) are to be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.

There are 10 elements of SICPs:

- patient placement/assessment of infection risk
- hand hygiene
- respiratory and cough hygiene
- personal protective equipment
- safe management of the care environment
- safe management of care equipment
- safe management of healthcare linen

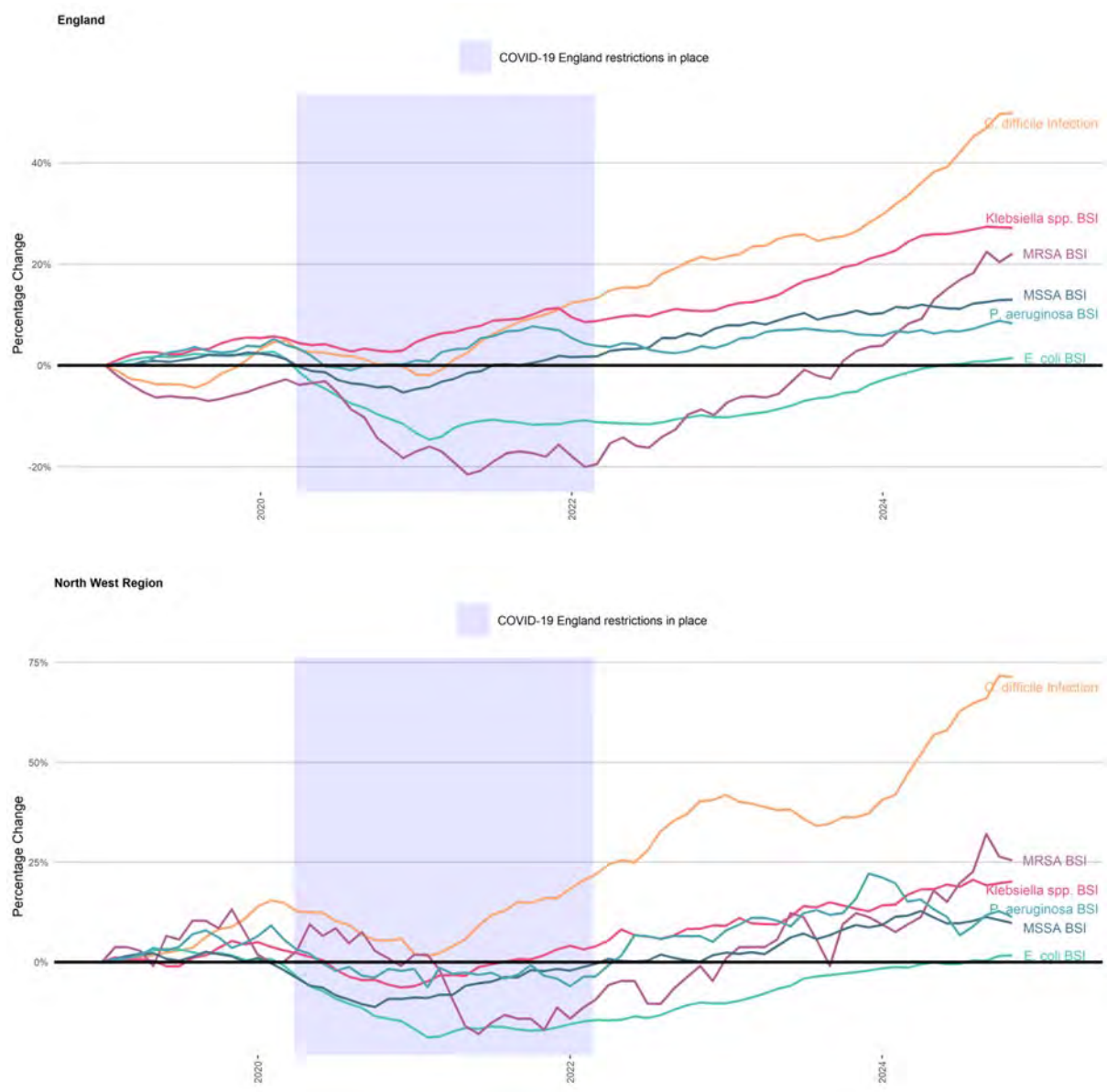
- safe management of blood and body fluids
- safe disposal of waste (including sharps)
- occupational safety/managing prevention of exposure (including sharps)

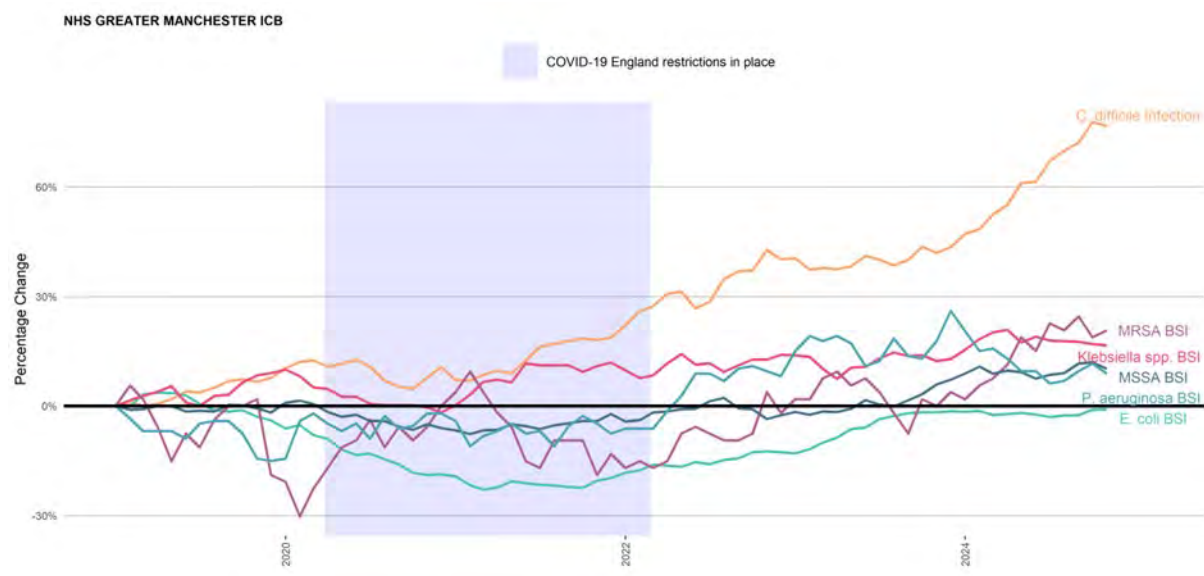
Implementation of actions as set out in the NAP underway in GM and are being monitored via GM IPC forums and annual provider IPC board reports.

4. IPC Regional, including Greater Manchester, update

Rolling figures of HCAs comparing England with the NW and GM (latest data up to February 2025).

GM shows reducing growth in incidence in all HCAs apart from C.Diff which is mirroring the NW and England trajectory, see figures below.





NW Region / GM Specific Infections of Concerns

Candida Auris (C. Auris)

Candida Auris is a fungal infection that can cause serious illness. People usually contract this infection in hospital or long-term care facilities. Concerns about increasing rates nationally. A monthly sit rep including details of recent C. Auris detections will be circulated to DIPCs to help inform screening policies.

0 detections in the Northwest in the past 12 weeks.

Carbapenemase-producing Gram-negative bacteria (CPGNB)

In July 2025, there were 124 reports of acquired carbapenemase-producing Gram-negative isolates in Northwest England — a 6% decrease compared to June 2025 (132 isolates). Fifteen percent of isolates were from clinical specimens, therefore an improving picture in terms of antimicrobial resistant gram-negative strains in the Northwest.

Group A Streptococcal infections

Notifications are following a normal seasonal pattern.

Measles

There has been an increase in measles detections in the Northwest in recent weeks, with 119 confirmed and 61 probable cases during 2025 (8 confirmed in the last 7 days, including cases in each sub-region). For GM, cases are currently stable and are starting to reduce.

Recent confirmed cases have mostly resulted from transmission within the region and are mostly in unvaccinated children.

Transmission has occurred in Greater Manchester including the Orthodox Jewish community in Salford and also transmission in Cheshire and Merseyside, particularly Knowsley.

In GM, there is a measles outbreak group established– led by NHS GM public health team, with GM Directors of Public Health and UKHSA. The measles outbreak is currently deemed as stable and is not currently in escalation. There is considerable focus on vaccination as well as outbreak management.

Respiratory viruses

Influenza showed low activity and recent circulation at baseline levels.

COVID-19 activity decreased slightly, and recent circulation is at baseline levels.

Respiratory syncytial virus showed low activity and recent circulation is at baseline levels.

Influenza A outbreak detected in a care home last week.

Other

Nationally, UKHSA is investigating an outbreak of *burkholderia stabilis* (ST480) which is suspected to be associated with contamination of non-sterile alcohol-free skin cleansing wipes and has issued a National Patient Safety Alert to support risk mitigation.

Nationally, UKHSA has been notified of several individuals with iatrogenic botulism linked with cosmetic procedures across England, including one large outbreak in the Northeast.

These are being monitored for across GM/NW.

Clostridium Difficile (CDI)

There are many factors which affect incidence of CDI including age and frailty, antibiotics, other medication for example PPIs to reduce stomach acid and exposure to health care settings.

A GM who system workshop was held in April 2025 to look at measures to reduce CDI from a system wide perspective and to explore actions that spanned beyond usual IPC measures.

Current Intelligence:

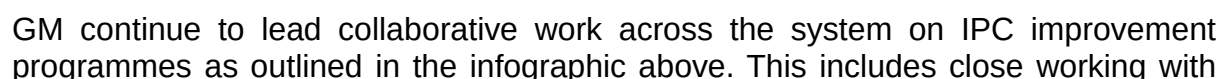
Since 2018/19 CDI infection rates have significantly increased: with a 54% increase in Hospital-onset and 21% increase within the Community.

ICB data shows, Greater Manchester currently has the 4th highest CDI rate for 24/25 (45.6%). However, of the 42 Benchmarked ICB, 38 saw an increase in 24/25

Locally, a deep dive into the 2023 data considered a total of 274 cases, 152 (55%) of which were healthcare-associated. The data analysed age, gender, ethnicity and location. As part of the deep dive, colleagues collaborated across Microbiology and Pharmacy, exploring the data allowing additional insight into recurrent infection and efficacy of treatments: 45 cases (16%) had at least one prior reportable episode of CDI.

The data supports the current focus within the GM AMR Improvement Plan on prevention of UTIs as this is the highest cause of CDI infections. There are several priorities within IPC, AMS and Deterioration/Sepsis workstreams that focus on UTIs. The data also supports the system work underway around AMS – especially, the initiatives underway to reduce broad spectrum antimicrobial prescribing.

Tuberculosis (TB) is not considered within the scope of this paper.

[illegible]

community health protections teams with alignment of priorities and deliverables for 2025/26. Full Details on the above programmes available on request.

6. Antimicrobial Stewardship (AMS)

GM AMS General Practice Incentive Scheme and improvements in AMS

The Greater Manchester AMS Primary Care Incentive Scheme 2025/26 is a quality improvement programme as part of BeCCoR that supports GP practices to reduce inappropriate antibiotic use and improve stewardship through financial incentives of up to £1 per head of population. It is structured across four domains:

- leadership and engagement, requiring nomination of an AMS Champion, participation in World Antimicrobial Resistance Awareness Week, and submission of a quality improvement project;
- prescribing reduction, incentivising practices to achieve or move towards the national target of ≤ 0.871 antibiotic items per STAR-PU via a sliding-scale payment model;
- responsible broad-spectrum prescribing, requiring broad-spectrum antibiotics to account for $\leq 10\%$ of prescriptions with $\geq 70\%$ coded indications; and
- shorter treatment durations, ensuring at least 5-day courses for amoxicillin and doxycycline in key respiratory infections in line with NICE guidance. The scheme builds on national priorities set out in the UK AMR Action Plan and aims to reduce overall antibiotic consumption, cut resistance rates, and deliver safer, more effective patient care

There are 3 key indicators described in the data below:

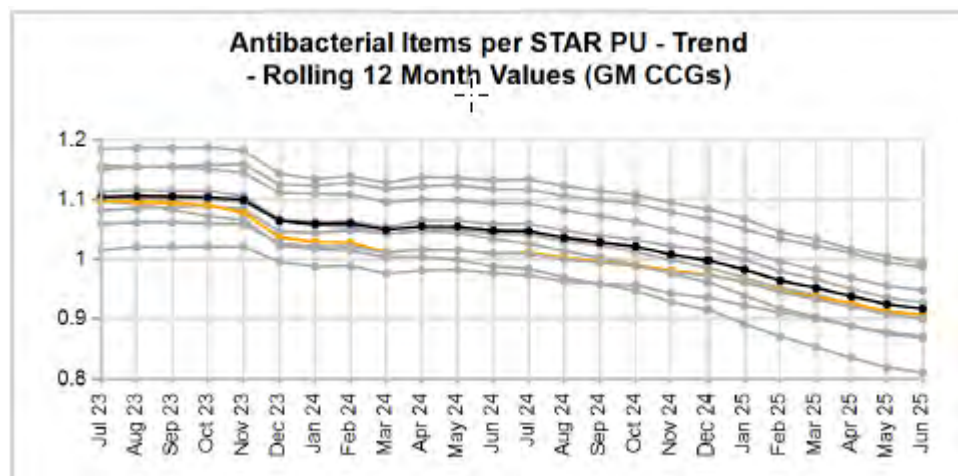
1. A consistent downward trend in overall antibiotic prescribing, although GM is not yet at national target
2. All GM localities maintaining broad spectrum antibiotic prescribing below national target
3. An improvement in proportion of 5 day course lengths compared to 7 days course lengths

Total antibiotics per Specific Therapeutic group Age-sex Related Prescribing Units (STAR-PU)

This element incentivises practices to reduce overall antibiotic prescribing, measured against the national target of ≤ 0.871 items per STAR-PU. Using STAR-PU adjusts for population demographics, providing a fair comparison between practices. Lowering unnecessary prescribing reduces selection pressure for resistance, ensures antibiotics are reserved for genuine need, and improves patient safety while also reducing costs.

Although the majority of localities (9/10) have not yet achieved the national target of ≤ 0.871 items per STAR-PU, a consistent downward trajectory in the rolling 12-month figure has been seen in all localities across GM (**Figure 1**).

Figure 1: Rolling 12-month values for antibacterial items prescribed per STAR PU. Each line represents one of the 10 Greater Manchester localities. Latest data to June 2025 (BI toolkit)

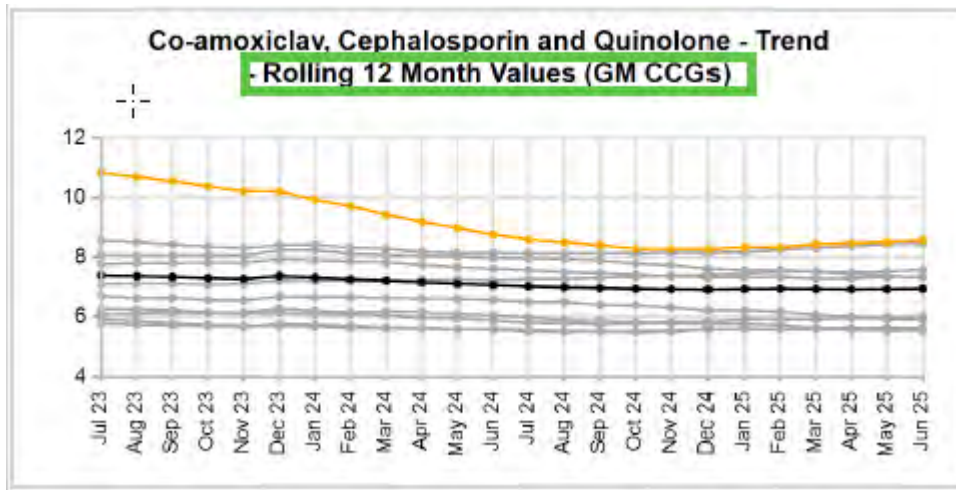


Broad-spectrum antibiotic prescribing:

This part of the scheme requires practices to keep broad-spectrum agents (such as co-amoxiclav, cephalosporins, and quinolones) below the national target of 10% of all antibiotic items, with at least 70% of prescriptions supported by coded clinical indications. These antibiotics are high-risk drivers of resistance and are strongly associated with *C. difficile* infection. Reducing their use promotes safer, narrower-spectrum choices where appropriate, helping protect patients and maintain the effectiveness of last-line treatments.

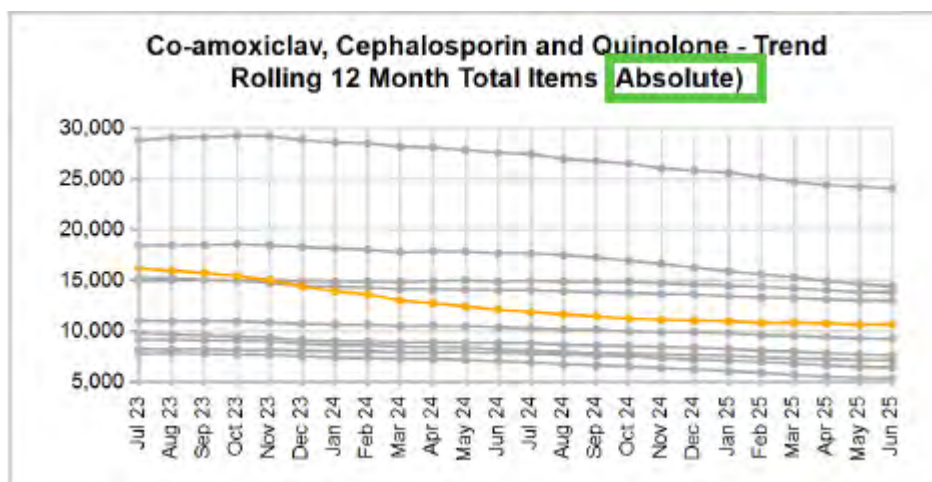
Significant reductions by all localities to below 10% was seen between 2021 and 2023. Since that time the majority of localities have maintained prescribing at low levels, therefore, further significant reductions are not seen in the 12 month rolling figures from the start of the 2024/25 financial year (**Figure 2**). As the 12 month rolling figure factors in all data for the last 12 months, significant cumulative changes over time are needed to gain further downward moves.

Figure 2: Broad spectrum antibiotics (co-amoxiclav, cephalosporins and quinolones) prescribed as a percentage of all antibacterial items prescribed displayed as 12 month rolling figures. Each line represents one of the 10 Greater Manchester localities. Outlier locality highlighted in yellow. Latest data to June 2025 (BI toolkit)



The absolute prescribing data for broad spectrum antibiotics provides more granular month on month changes, which do show a small, continued downtrend in the majority of localities (**Figure 3**).

Figure 3: Broad spectrum antibiotics (co-amoxiclav, cephalosporins and quinolones) prescribed as a percentage of all antibacterial items prescribed. Data is displayed as absolute month on month changes. Each line represents one of the 10 Greater Manchester localities. Latest data to June 2025 (BI toolkit)



Shorter antibiotic courses:

This element of the scheme promotes adherence to NICE guidance by encouraging the use of 5-day courses of amoxicillin and doxycycline for respiratory tract infections. Shorter courses have been shown to be equally effective for uncomplicated infections while lowering the risk of resistance, reducing adverse effects, and avoiding unnecessary costs. Standardising treatment durations helps

ensure safer, evidence-based prescribing and supports the wider goal of preserving antibiotic effectiveness.

Consistent upward trends in the prescribing of 5 day courses for amoxicillin (**Figure 4**) and doxycycline (**Figure 5**) are seen across GM.

Figure 4: 12 month rolling data for 5-day courses of amoxicillin. An increase in 5-day courses (green bars) is seen with a fall in 7 day courses (blue bars) and all other durations (purple bars). [Source](#)

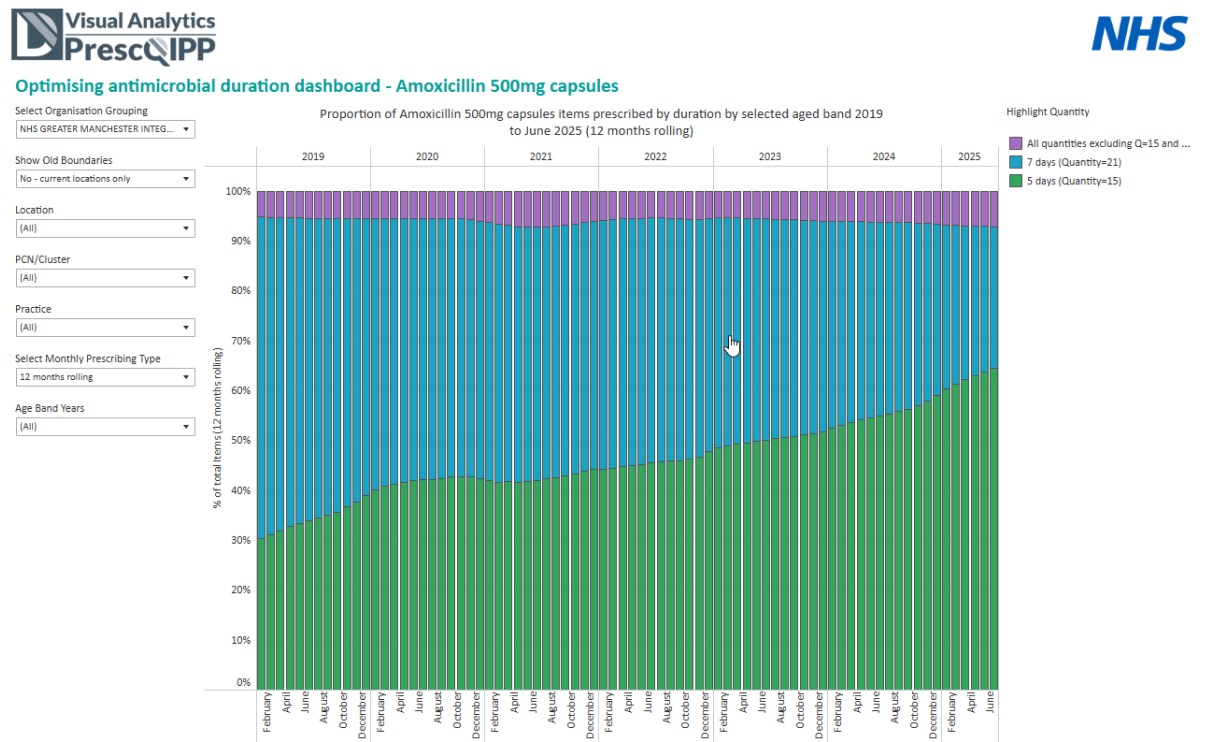
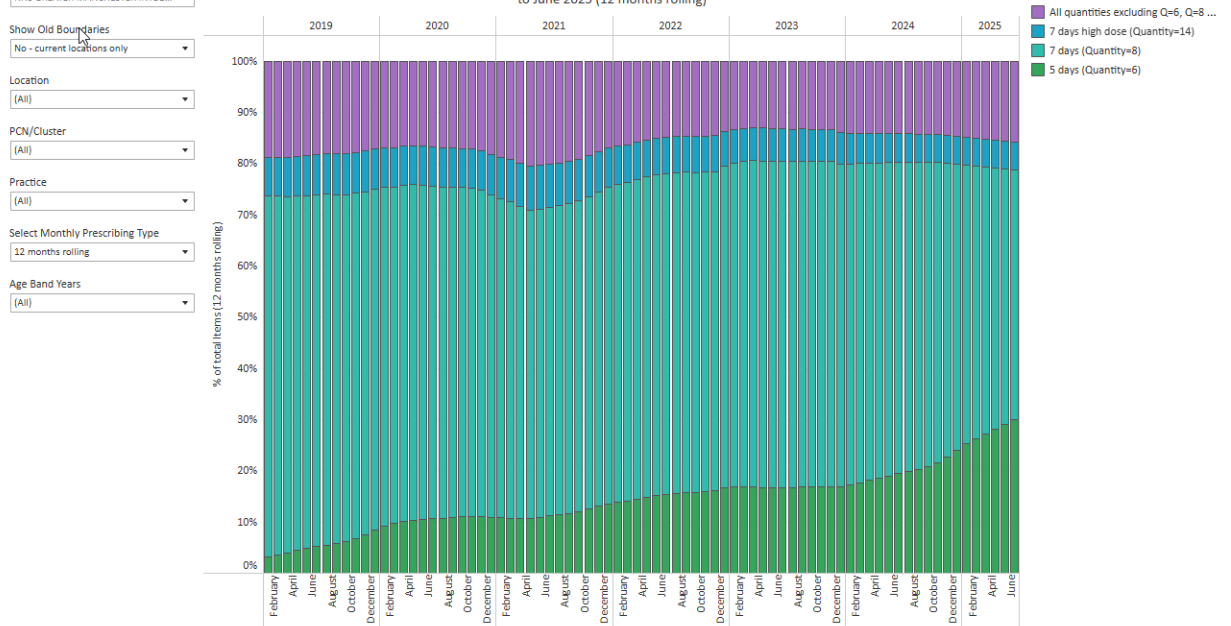


Figure 5: 12 month rolling data for 5-day courses of doxycycline. An increase in 5-day courses (green bars) is seen with a fall in 7-day courses (blue bars) and all other durations (purple bars). [Source](#)

Select Organisation Grouping

Proportion of Doxycycline 100mg capsules items prescribed by duration by selected age band 2019 to June 2025 (12 months rolling)

Highlight Quantity



Comparing antibiotic spends between 2023/24 and 2024/25 showed a reduction of £1,567,314. Due to further reductions in antibiotic prescribing volume as shown above, we are expecting a year on year reduction between 2024/25 and 2025/26. This will be evaluated once the data becomes available.

GM has been selected as a site for participation in the Improving Primary care Antibiotic Prescribing for UTIs (IPAP-UTI) programme, a set of three national cluster randomised controlled trials led by the University of Bristol in collaboration with UKHSA and NHS England . GM was identified due to high levels of E. coli-confirmed UTIs, elevated antimicrobial resistance to trimethoprim, and high trimethoprim dispensing rates.

As a global first intervention, IPAP-UTI provides GM with the opportunity to contribute to high-quality evidence on how AMS strategies in primary care can reduce resistant UTIs, avoid treatment failures, and prevent associated hospital admissions for sepsis and urosepsis.

A lot of work has been involved in setting up the IPAP-UTI trial. This has included liaising with the GM pathology labs, preparing materials for education webinar and intervention posters for communication to our GPs, building local data dashboard to track prescribing trends during trial. This is now moving towards implementation phase.

7. Acute Deterioration

NHS Greater Manchester Deterioration Group (NHS GM DG) was established in July 2023, focusing on all causes of acute deterioration, from a clinical effectiveness and system perspective to optimise the early recognition and quality of care of the deteriorating person in Greater Manchester.

Acute Deterioration Priorities 2025/26

GM-DG priority 1	Sepsis – To respond to national guidance and assure adoption/compliance to reduce variation across GM in relation to sepsis care by measuring and assuring the ICB that national and local standards are being met. This includes implementation of Martha's Law and PEWS (Paediatric Early Warning Score).	
GM-DG priority 2	Delirium - To respond to national guidance and assure adoption/compliance to reduce variation across GM in relation to delirium care by measuring and assuring the ICB that national and local standards are being met.	
GM-DG priority 3	Innovation and Best Practice - To facilitate the learning and spread of innovative ways of working across care sectors and the care pathway by actively seeking out opportunities to highlight and cascade best practice across Greater Manchester.	
GM-DG priority 4	Incidents - To learn from incidents across the care pathway, where the learning is related to the care of the deteriorating individual by maximizing learning opportunities identified through the review of deterioration related STEIS incidents and work streams aligned to Patient Safety Incident Response Framework (PSIRF).	

Martha's Rule Implementation

Martha's Rule is a national patient safety initiative introduced by NHS England in response to the tragic death of 13-year-old Martha Mills, whose deterioration due to sepsis was not addressed and parental concerns not heard or responded to. The program aims to prevent similar incidents by empowering patients, families, carers, and staff to escalate concerns about a patient's condition. The core aims of Martha's rule support early detection of deterioration, empowerment and advocacy, implementation of structured escalation pathways, daily patient

engagement, improved communication and trust, and support for staff for increased responsiveness and vigilance.

The AHSNs have a national commission to deliver the Martha's Rule Programme, and for Greater Manchester this is via Health Innovation Manchester. Health Innovation Manchester have held GM Collaboratives to bring together those trusts within phase 1 participation. The purpose of the collaboratives was to understand challenges and unblock barriers, provide learning events, provide QI methodology and tools, and provide coaching support. The collaboratives have led to a successful role out of Martha's rule in all GM phase 1 sites.

A community of practice (COP) has now been established, with the first COP taking place on the 24th July 2025. The aim of the session was to connect with Phase 1 sites and understand their progress, issues and learning since the last face-to-face engagement, in March 2025. Sites were encouraged to share their experiences during Quarter 1 2025-26, and reflect on their learning. Discussions indicated differences in levels of implementation, digital support challenges, engagement with patients and families and carers, as well as ongoing engagement with sites clinical staff. Successes highlighted by participating hospitals noted the development of e-learning package on Martha's Rule, consolidation of working groups with positive stakeholder involvement, continued engagement with stakeholder groups towards the development and application of Patient Wellness Questionnaires (PWQs), outside sites pilot wards.

HinM have planned quarterly COP, with the next COP planned for September 2025.

The ICB remain sighted of progress vis the NHS GM Deterioration Group.

Paediatric Early Warning System (PEWS)

The National Paediatric Early Warning System (PEWS) is a standardised approach developed by NHS England to improve the early recognition and response to deterioration in children and young people in healthcare settings. Key aims of the approach are to embed a standardisation in the monitoring of children's health, support early detection of deterioration, embed clear escalation and communication aids to support timely response, support parents carer and staff to raise concerns and request reviews if they feel a child's condition worsens.

Greater Manchester has 5 sites that are implementing PEWS digitally and 4 sites where the implementation is non-digital.

The roll-out of a standardised paediatric early warning system (PEWS) continues, expanding from inpatient settings into A&E and ambulance and develop plans for the expansion into community and primary care services, to deliver a cross-system approach.

All acute trusts with paediatric inpatient wards have implemented/ have plans in place to implement the standardised PEWS. 60% of acute trusts with emergency departments have begun implementation of the standardised PEWS.

Urgent and Emergency Care Clinical Standards

The NHS GM Deterioration Group, together with UEC clinical leads, are working to develop Urgent and Emergency Care clinical quality standards informed by national clinical guidance, audit and best practice. Developing clinical quality standards is vital for ensuring consistent, safe, and evidence-based care across Greater Manchester healthcare settings. These standards will help to reduce variation in practice by increased visibility, support early identification of risks, and guide timely interventions, ultimately improving patient outcomes.

The group are using the National Prevention, Identification, Escalation, Response (PIER) framework as a reporting infrastructure. PIER is a national NHS initiative designed to improve the management of acute physical deterioration across all health and care settings. Clinical quality standards are being developed to align outcomes against the four PIER domains across various sectors of the health landscape to ensure system oversight and enable target improvement programs.

A further exercise will be completed to determine data sources currently available and those outcomes where the collection of data will be aspirational and require planning.

8. Recommendations

The Committee is asked to note the ongoing work and assurance provided within the report.

Research study to Improve Primary Care Antibiotic Prescribing for Urinary Tract Infections

IPAP-UTI   

What is the study about?

Your GP practice is taking part in the IPAP-UTI study. This study aims to help your health care team choose the best antibiotics for treating your urinary tract infections (UTIs) and to reduce antibiotic resistance.

What is involved?

There are four antibiotics that are approved by the NHS for treating UTIs. Two are used more often but all four work equally well. The study will involve lots of GP practices. We are asking half of those GP practices to continue as usual and half to prescribe a less commonly used antibiotic. Your GP will use their best clinical judgement regarding prescribing of antibiotics.

If an antibiotic is needed to treat your infection, your GP will make sure it is the right one for you. You will not notice any difference in your care. If you have any concerns regarding your clinical care, please discuss this with your GP.

You can find out more online at:



Inequalities focus 2024-2025

Quality and Performance Committee

October 2025

Required information.	Details.
Title of report.	Inequalities Focus
Author.	Jackie Driver, Associate Director, Equality and Inclusion, NHS GM Zoe Mellon, Performance Manager, , Equality and Inclusion, NHS GM
Presented by.	Jackie Driver, Associate Director, Equality and Inclusion, NHS GM Zoe Mellon, Performance Manager, , Equality and Inclusion, NHS GM
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Executive summary.	The report proposes a refinement to the ICS approach to better understanding delivering of operational standards through the lens of reducing unwarranted disparities. It proposes an approach which allows colleagues working across a range of departments, organisations and geographical footprints to work together to identify and address variation in health within and between communities across a patient pathway. This report recommends refining the ICS framework to enhance our understanding of how operational standards are delivered, specifically by focusing on the reduction of unwarranted disparities.
The benefits that the population of Greater Manchester will experience.	The benefits will be felt by the population of Greater Manchester by the recognition and address of unwarranted inequalities, saving lives and making cost savings to health and care expenditure.
How health inequalities will be reduced in Greater Manchester's communities.	This paper progresses the identification and address of health inequalities. This benefits the GM population through continuous improvement in services, targeted quality improvement where indicated, and overall improvement in experience.
The decision to be made and/or input sought.	The Board / Committee is asked to: 1. Note the report. 2. Support the development of this approach into business as usual, particularly relevant for the Reform blueprint agenda and the NHS GM new model of delivery.

How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks.	The report directly supports the delivery of the NHS GM Strategy by progressing the work to address health inequalities and advance health equity. The work will assist the mitigations for BAF SR3: Widening Health Inequalities due to reduced prevention focus.
Key milestones.	<i>Completed milestones</i> 1. Agreement for 4 areas to test bed 2. Data, intelligence and insights gathering 3. From the 'what' to the 'so what' <i>Future milestones</i> 4. From the 'so what' to the 'what now' 5. For the 'what now' to action and review 6. From review to business as usual.
Leadership and governance arrangements.	The work is being led by Jackie Driver, Associate Director of Equality and Inclusion and Zoe Mellon, Associate Director of Performance. The SRO is Ed Dyson, Director of Performance, Improvement & Assurance and the oversight is the Quality and Performance Committee.
Engagement* to date. *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	• Data, Insights and Intelligence team • Performance data intelligence team • Equality and Inclusion team • Clinical specialists • Population Health team • GM Healthwatch • VCSFE sector

Financial or Legal Implications	There is currently work ongoing across the ICB in relation to planning for 2025/2026. Some of the outcomes of discussions around this may impact on programmes of work, this will be highlighted in this report as this progresses.

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of interest	Report accessibility
<i>N</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Y</i>

Introduction

- 1.1. NHSE's new blueprint for ICBs sets out a revised approach from 2025/26 as part of the 10-Year Health Plan delivery.
- 1.2. The Model ICB Blueprint outlines a significant shift in the role of ICBs. Going forward, ICBs are to act as "strategic commissioners" in place of previous roles within operational management, direct service oversight, and delivery functions. Their role will centre on long-term, evidence-based planning and system leadership to carry out the "core model ICB priorities": prevention, reducing inequalities, and improving population health outcomes/ensuring more consistent access to high-quality care.
- 1.3. The blueprint makes clear that a number of functions, will be transferred to regional teams or providers over time. However, the role of the strategic commission will require locally informed and evidence-based decisions. The crucial insight of high-quality data and insight in addressing health inequalities will remain a core need for strategic commissions. This proposal aims to support that requirement at neighbourhood, locality and ICB levels, through the analysis and root cause review of that data and intelligence to make the most pragmatic and proportionate changes relevant to place.
- 1.4. Our aim is to develop these quality and performance processes built into 'business as usual' rather than a stand-alone 'bolt on' process – so we will need to review and refine routine commissioning, procurement, contracting service design and delivery processes. This requires a continuous learning system rather than seeing this as discrete desk top activity.

Proof of Concept Model

- 1.5. The performance function was asked by the Quality and Performance Committee to complete a one-off bespoke inequality inquiry within four areas. The purpose of this was to examine health inequality disparities between communities, with a specific focus on how ethnicity and socio-economic disadvantage impact outcomes.
- 1.6. While other factors may also play a role, focusing on ethnicity and socio-economic disadvantage will help us identify these root causes and determine potential and actual actions to close these disparity gaps. The four areas covered are:
 - Accident and Emergency Attendances
 - Dental Surgery for Children Aged 10 and Under
 - Talking Therapies
 - Preterm Birth Rates
- 1.7. For this bespoke piece of work, we are now engaging and sharing our findings with relevant clinical teams, Healthwatch and VCSFE sector through workshops to explore and agree the 'so what', 'what now' and 'what next' for the disparities findings.

- 1.8. The performance function and the Equality and Inclusion team are collaborating with the Data, intelligence and Insight (DII) to develop comprehensive health inequality dashboards/approach to embed this work. These dashboards cover the headline metrics and enable further in-depth analysis in the key areas identified. This collaborative effort aims to provide a robust tool for monitoring and addressing health inequalities, ultimately supporting targeted interventions and policies to close disparity gaps. This will be strengthened by 'on the ground' key stakeholder insights and intelligence.
- 1.9. The Population Health team is undertaking wider and relevant stakeholder engagement to better understand the root causes of the disparities and what interventions will optimise a reduction in those disparities.

Findings to date

- 1.10. We previously presented to the Committee a one-off deep dive into accident and emergency waiting times of over 4 hours to understand any disparities across Greater Manchester.
- 1.11. A tool was developed by the DII team in relation to the A&E 4hour standard. One of the most challenged areas for our system.
- 1.12. We looked at the data with the Urgent Care System Group and concluded, in relation to 4 hours, there was little to be seen in terms of variation across the protected characteristics we reviewed. However, the system group highlighted that addressing inequalities and variations is already integrated into the work programmes of our System Groups and commissioning teams. One example of this is the initiatives the Urgent Care System Group is leading aimed at reducing frequent attenders to Emergency Departments.
- 1.13. We also reviewed how to avoid duplication, ensure resources are directed to the right areas, and avoid initiating additional projects. As a result, we are suggesting we slightly change our approach as follows:

Proposed new approach

- 1.14. Firstly, System Groups, supported by the Equality and Inclusion, Performance, and DII teams where appropriate, should present the '**so what**' conclusions from data and insights into disparities across ethnicity, sex, age, and disability. This includes the impact on both the affected population cohort and overall performance targets to the QPC.
- 1.15. We should next clearly outline for QPC the '**what now**' actions being taken as part of the system group work programme. This should cover both corrective actions in healthcare provision and broader preventative measures to reduce or eliminate disparities. It should clearly articulate the aspiration and impact to expect and how monitoring will evidence progress. Where change is required outside of the remit of the system group, there should be agreement reached to collaborate.
- 1.16. We should then engage QPC in discussions on '**what next**' to assess the effectiveness of these actions in reducing disparities and meeting performance targets. At this stage,

we would seek QPC members' input to resolve any issues, suggest further actions, and co-produce the next steps. System barriers should be identified (for example, lack of investment funds) for QPC to consider risks of doing nothing or taking action and enable them to make a fully informed decision.

- 1.17. Support from a small core team comprising of DII, performance and equity colleagues will be available to the system groups and an opportunity to showcase progress will be considered.
- 1.18. Given the significant investment in the Live Well programme – this work should align closely.
- 1.19. We would suggest implementing a rolling programme of topics to present to QPC with the same type of insight, perhaps every two months. This would give QPC the evidence to make informed decisions about the 'what now'.
- 1.20. We are keen to agree on a pragmatic and effective way forward with QPC. Our goal is to ensure in addition to delivering our operational planning objectives we are also actively reducing (or not widening) inequalities and variation.

Strategic context

- 1.21. We need to establish a continuous learning system that help partners to come together to understand the journey towards a social model for health. Recognising there is no one-size fits all, we need to develop quality and performance systems that help us to better understand this process of change.

Systemic impacts and interoperability

- 1.22. We need to ensure we can understand the wider impacts of organisational policy and practice across the system. For example, a change made to reduce the availability of home care will have impacts backwards to hospital bed capacity and forwards to care homes capacity. Equality impact assessments require a more systemic footing to capture and address systemic impacts. Data monitoring and capturing is sited on different platforms across our organisations – we need to move towards interoperability to understand and address how a patient journeys' access, experience and outcomes are tracked across a system.
- 1.23. We have developed a system wide EHIA oversight group drawn from equality professionals across our organisations (EHIA Rigour Panel) and a Health Equity population health system wide group drawn from population health professionals across our system. Coupled with an ambition to provide a harmonised EHIA online platform, this would allow us a more sophisticated insight and intelligence sharing of how and where inequalities manifest and best practice in tackling them for all to see.

Performance metrics

- 1.24. Not all national metrics have specific HI targets. Therefore, there can be a trade-off between meeting nationally defined population wide targets and GM targets for specific

communities. We need to get better at using our intelligence to model this trade off, and to monitor regularly. We also need to agree the governance and where these difficult trade-offs are reviewed and how that informs decision making across the ICS.

Intelligence architecture

- 1.25. GM has a unique system wide intelligence system utilising data from the shared care record across multiple providers to improve completeness of ethnicity data. However, further work is required to quality check the ethnicity data and consider data completeness (eg implications of patient opt-outs) before it is used more fully within performance monitoring. A phased approach is therefore required to build ethnicity indicators into all ICS dashboards and then to consider the cumulative impact of intersectional disparities eg compounded poor health of minoritised ethnic groups who also have learning disabilities.
- 1.26. Equally, there is a rich collection of patient and public insights and further work underway to develop a system to collect and collate these insights and a more strategic partnership arrangement with our VCSFE partners. Finally, our intelligence system is helping us to understand the relationship between individual and community health outcomes and place-based factors that measure the wider socio-economic and welfare context (eg housing or air pollution).

How learning will be shared and adopted across the system

- 1.27. We will need to be pragmatic and align with existing processes and new structures. The proposal is to test and learn by bringing partners together to review a pathway (rather than looking at each service in isolation). This will create space to reflect on variation in access/experience and outcomes of care across different health and care services at different touchpoints from early intervention (keep well), early detection, proactive care and treatment and get a more sophisticated look at systemic cumulative impact of inequalities.

1.28. Stakeholder Workshops

Across Quarter 3/4, we expect to invite VCSFE, People with Lived Experience, health and social care and locality partners to reflect on how they currently monitor and mitigate inequity, exclusion and lack of sustainability at different touchpoints in the pathway (from early intervention through to treatment).

Recommendations (H2)

The NHS GM Committee is asked to:

Note the progress of the report.

Support the model for moving this work into business as usual.