

Working on behalf of NHS Newark and Sherwood CCG, NHS Mansfield and Ashfield CCG, NHS Rushcliffe CCG, Nottingham North and East CCG, NHS Nottingham West CCG, NHS Bassetlaw CCG

Safeguarding Committee

**Held on Tuesday, 25th April 2017 1.00pm at
Birch House, Ransom wood Business Park, Mansfield**

Present:

Elaine Moss	Chief Nurse & Director of Quality and Governance, Mansfield & Ashfield (M&A) and Newark & Sherwood (N&S) CCGs (Chair)
Jean Gregory	Head of Quality and Adult Safeguarding, Nottingham North & East(NNE), Nottingham West(NW) and Rushcliffe(R) CCGs
Val Simnett	Designated Nurse Safeguarding Children, M&A, N&S, NNE, NW and R CCGs
Jane Brady	Associate Designated Nurse, M&A, N&S, NNE, NW and R CCGs
Sue Barnitt	Head of Quality and Adult Safeguarding, M&A and N&S CCGs
Jean Gregory	Head of Quality and Adult Safeguarding, NNE, NW and R CCGs
Cathy Burke	Nurse Consultant Safeguarding, Bassetlaw CCG
Heather Woods	Bassetlaw CCG
Kathryn Higgins	Designated Nurse for Children in Care, Nottingham City CCG and Nottingham County CCGs
Kerrie Adams	Senior Public Health & Commissioning Manager, Nottinghamshire County Council
Pat Higham	Lay Member
Dr Jane Selwyn	GP Safeguarding Lead, Newark and Sherwood CCG
Dr Vicki Walker	Designated Doctor for Children in Care and named doctor for M&A and N&S CCGs
Dr Melanie Bracewell	Designated Doctor for Children in Care, NNE, NW and R CCGs
In attendance:	
Liz Broomham	Quality and Safety Team Secretary, M&A and N&S CCGs (minutes)

ADULT SAFEGUARDING AGENDA

WELCOME AND INTRODUCTIONS (SG/17/23)

The Chair welcomed members to the meeting. It was noted that Alan Breeton, Chair of the Nottinghamshire Safeguarding Adults Board (NSAB) was in attendance to see how the Safeguarding Committee works and contributes to the NSAB agenda.

APOLOGIES FOR ABSENCE (SG/17/24)

Apologies were received from Nichola Bramhall, Nicola Ryan and Rosa Waddingham. The Chair declared the meeting quorate for this section.

DECLARATIONS OF INTEREST (SG/17/25)

All members confirmed that their declaration of interests were as detailed on the register. No additional interests were declared on any items on this agenda by the rest of the Committee members.

LOCAL/NATIONAL UPDATES (SG/17/26):

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)

Alan Breeton provided an update from the NSAB. He reported that under the Care Act 2014, every Local Authority should have a Safeguarding Adults Board with core members from the Local Authority, local CCG's and local police force. The main duties of the NSAB include writing a strategic plan and annual report and approving sign off of Serious Case Review's.

It was noted that the three local indicators for the Nottinghamshire Safeguarding Adults Board are:

- Prevention
- Assurance
- Making Safeguarding Personal (MSP)

Alan Breeton informed Committee members that a development session had taken place to work on the final draft of the three year strategic plan and it was reported that this will be reviewed quarterly once approved.

It was reported that a recent peer review of the Adults Board had felt the Board were very LA focused instead of having a focus on health. Alan Breeton informed the group that a review of KPI's from a health perspective is on the agenda for discussion at the next NSAB meeting.

There is to be a focus on a key issue of financial abuse of patients with carers at home which is included as a category of abuse for safeguarding. It was noted that case examples of this will be included within the annual report. Committee members agreed that lessons learnt from referrals through the MASH should be circulated.

Alan Breeton reported that following a recent visit to MASH, health staff had raised issues regarding accessing adult records on SystemOne. JB reported that an options appraisal for this is due to be discussed and any associated risks will be reported back to NSAB.

It was noted that following on from a meeting with Coroner Miss Casey she had requested that training be provided for staff who are due to attend inquests to ensure they are supported and briefed beforehand.

Alan Breeton conveyed his thanks to the health teams for their support at the NSAB meetings.

The Chair informed Alan Breeton that he is welcome to attend any forthcoming Safeguarding Committee should he wish to.

REPORTS (SG/17/27):

360 ASSURANCE INTERNAL AUDIT – SAFEGUARDING ADULTS FOLLOW-UP

Sue Barnitt provided the Committee with an update from the follow on review by 360 Assurance to ensure actions and recommendations from the initial review have been implemented.

Sue Barnitt reported that all actions have been implemented though it was noted that on-going work in relation to websites and combining links from separate CCG sites is outstanding. The Chair requested that Liz Broomham send a confirmation to the Committee that changes to the website have been made.

- **ACTION:** LB to send confirmation to the Chair of the Committee that changes to the websites have been made

It was noted that an oversight on actions should be fed into the Audit & Risk Committee.

ANY OTHER BUSINESS FOR THE ADULT SECTION (SG/17/30):

There was no other business raised for the adult section.

JOINT SAFEGUARDING AGENDA

WELCOME AND INTRODUCTIONS (SG/17/31)

Dr Vicki Walker and Dr Melanie Bracewell joined the meeting. The Chair declared the meeting quorate for this section.

DECLARATIONS OF INTEREST (SG/17/32)

No declarations of interest were made in relation to the agenda.

MINUTES OF THE SAFEGUARDING COMMITTEE HELD ON 10 JANUARY 2017 (SG/17/33)

The minutes of the meeting held on 10 January were agreed as an accurate summary of the discussions held subject to some minor amendments suggested.

MATTERS ARISING: ACTION LOG (SG/17/34)

(SG/16/64) NHSE Compliance Tool for LAC Health Services Kathryn Higgins to update the tool on a regular basis and highlight any risks or other actions. It was noted that the NHSE Compliance Tool has been subsumed and will be reported to the committee via the SAT Tool instead.

(SG/17/16c) 'In Care Out of Trouble' VW agreed to discuss the 'In Care Out of Trouble' report findings as part of the Children in Care, Adoption and Fostering Pathway and Service Improvement Plan with Nicole Chauvadra. This was discussed at the Service Improvement Forum and assurance was given that the work was being taken forward and will be reported on at the Safeguarding Operational Working Group.

- **ACTION:** It was agreed that when the report is received by the Safeguarding Operational Group, it should be checked to ensure all actions for health are covered.

(SG/17/17) Named Doctor Options Appraisal VS/ VW agreed to feedback the preferred options for the Named Doctor role to Nicole Chauvadra. Val Simnett agreed to provide an update report on the Named Doctor Options Appraisal at the July meeting.

- **ACTION:** VS to provide an update report on the Named Doctor Options Appraisal at the July Safeguarding Committee

It was noted that all other actions were complete.

MINUTES OF THE CCG SAFEGUARDING OPERATIONAL WORKING GROUP MEETINGS HELD ON 24 JANUARY AND 21 FEBRUARY (SG/17/35)

The minutes of the meetings held on 24 January and 21 February were noted.

Val Simnett summarised the key issues discussed at these meetings:

- DoL's briefing cascaded at the Joint Notts Safeguarding Health Partnership Meeting
- MASH Options Appraisal
- DNACPR Care Homes recommendations made
- Section 47 reporting
- Pathway reporting concerns
- Safeguarding and concerns pathway for looked after children
- Overseen the risk register

Sue Barnitt informed the group that Donna Nussey had presented a report at the Safeguarding Operational Group to highlight areas of concern in care home practice relating to 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) orders.

This paper was presented for oversight following the local incident being categorised as a Serious Incident (SI) to be investigated. The SI process was not progressed as the resident was not in receipt of NHS funding at the time of the incident, the criteria for this process was not met and the incident was removed from STEIS. The Local Authority lead on quality and safety concerns involving residential residents and are escalating this case for discussion through safeguarding committees.

After discussion it was agreed that this should be added to the agenda for the July Safeguarding Committee with any risks to be taken to the Quality and Risk Committee for consideration.

- **ACTION:** The DNACPR concerns paper should be presented at the July Safeguarding Committee with any associated risks being reported to the Quality and Risk Committee for consideration.

It was noted by the Chair that the Safeguarding Operational Working Group is providing the assurance needed by the Committee.

ASSURANCE: RISK REGISTER (SG/16/36)

Children and Young People in Care of the Local Authority may be detrimentally affected by not receiving initial health assessments within statutory timescales (SC2)

It was noted that as there is no national data reported on this, it would be helpful to include strengths and risks of children and young people not receiving initial health assessments within statutory timescales. It was agreed that information regarding what we are assured is being completed should be added to the risk including any provider data for Q1 2017/18.

- **ACTION:** VS to update the risk to include strengths and risk of children and young people not receiving initial health assessments and identification of what we are assured is being completed including provider data for Q1 2017/18.

It was agreed that the risk appetite score for this should stay at 2.

The risk is that due to lack of national and local clarity, the potential ability of health services to be able to respond in a timely way to the needs of unaccompanied migrant children being placed in Nottinghamshire is compromised (SC3)

Kathryn Higgins reported that there is now a pathway in place supported by the Local Authority. It was noted that numbers of expected unaccompanied migrant children have lowered from the initial expectation. An impact assessment has identified that the majority of services are stating that they can absorb the numbers of unaccompanied migrant children expected.

The Committee therefore agreed that this risk should be removed from the risk register.

The risk is that there are gaps in services for victims/survivors of historical child abuse who as a result are not adequately or effectively supported and thus do not have the confidence to report (SC4)

It was noted that the Office of the Police and Crime Commissioners has appointed two roles to link with survivors and map service provision. Committee members agreed that this risk should be removed from the risk register in light of the controls and mitigating actions which are in place.

Local survivors of historical child abuse are accessing unregulated services that are not quality assured; or that few external support services have any external quality assurance oversight. (This relates to risk above)(SC5)

Val Simnett reported that she is to meet with IAPT safeguarding leads to review their pathways and procedures in relation to disclosures of historical abuse. The IAPT lead commissioner is to ensure response to disclosures of historical child abuse to be on the agenda at IAPT contract review meetings and outcomes are to be reported to the CCG Safeguarding Committee by Oct 2017.

It was noted that although the pathway for survivors of historical child abuse has been clarified, the CCG needs to undertake more work with commissioned services to gain assurance that they are equipped to recognise and respond appropriately to disclosures of historical child abuse.

- **ACTION:** VS agreed to update the risk on the risk register

The risk is that an increase in the number of civil claims in relation to historical children sexual abuse has resource implications, impacting on budgets; and on the number of staff dealing with the allegations (SC6)

It was reported that no civil cases have been brought against health organisations. Therefore, as this risk does not impact on CCG's, it was agreed by the Committee that it should be removed from the risk register.

LOCAL UPDATES (SG/17/37)

EQUINOX

The Chair reported that a survivor's meeting is due to take place on Wednesday 25th April. It was noted that joint work with the contracting team has been well received and that the website is being updated regularly.

LeDeR PROGRAMME

The Chair provided an update on The Learning Disability Mortality Review (LeDeR) Programme which aims to facilitate local reviews of deaths of people with learning disabilities registered with a GP in England at the time of their death. All deaths will be reviewed, irrespective of the cause or place of death to ensure patients received the appropriate care.

It was noted that reviews need to take place for all LD deaths within a specific criteria. It was agreed by the group that this will be resource intensive as it could take up to two days to review each case.

The Chair informed the group that NHS England have stated that reviews should not be led by anyone with a background into Learning Disabilities. If a patient's care is under any other review or investigation then it is still to be reviewed independently under the LeDeR programme review. NHS England are providing training sessions for staff due to undertake the reviews.

Cathy Burke stated that in Sheffield there are 20 cases being reviewed, however, they have been informed that if reviews or investigations are already taking place then these will take precedent over the LeDeR reviews and this information will be fed into them. It was agreed that the presentation from Yorkshire and Humberside NHSE be shared with the Committee.

- **ACTION:** CB to share the presentation from Yorkshire and Humberside NHSE outlining the guidance for the LeDeR reviews

The Chair agreed to ascertain dates of training sessions to be circulated to all CCG colleagues.

- **ACTION:** EM to ascertain dates of LeDeR Review training session dates for circulation to CCG staff

The Chair raised a level of concern regarding staff resource and time taken to complete the reviews and agreed to recommend to Nichola Bramhall and Sally Seeley that both City and County colleagues work together on this.

It was agreed that an update on the process, training and current position be submitted to the July Safeguarding Committee.

- **ACTION:** EM to provide an update on the process, training and current position at the July Safeguarding Committee.

NHS ENGLAND SAFEGUARDING ASSURANCE TOOL

Val Simnett informed the Committee that the CCG's have been instructed by NHS England to complete the online Safeguarding Assurance Tool. This replaces the S11 and Safeguarding Assurance Framework (SAF).

Colleagues from CCG's have attended a training session after which it was felt that the completing the SAT will be largely time consuming. The SAT will act as a suppository for all actions plans and guidance.

It was agreed that staff will trial the SAT and that a summary of risks and benefits will be collated for discussion at the July Safeguarding Committee.

- **ACTION:** VS to trial the SAT and collate a summary of risks and benefits of use for discussion at the July Safeguarding Committee

SAFEGUARDING ANNUAL REPORT (SG/17/38):

SAFEGUARDING COMMITTEE ANNUAL SUMMARY REPORT INCLUDING PRIORITIES FOR 2017/18

Val Simnett presented the Safeguarding Committee Annual Summary report which highlighted the key priorities for 2017/17 for reporting to the Governing Body.

After discussion it was agreed by the group that the summary report should be used as the full Safeguarding Annual Report as it includes all the essential information needed.

The Chair asked that the report be submitted to all South Notts, Mid-Notts and Bassetlaw Safeguarding Adults Boards for approval.

- **ACTION:** The Safeguarding Committee annual summary report is to be submitted to all South Notts, Mid-Notts and Bassetlaw Safeguarding Adults Boards for approval.

MASH OPTIONS APPRAISAL (SG/17/39)

Jane Brady presented the options appraisal for the MASH Health Team. She provided the context to the background of the options appraisal explaining that the MASH acts as the first point of contact in relation to safeguarding concerns for children and adults. The MASH receives safeguarding referrals from professionals as well as from the public and family members.

The MASH Health Team comprises of 3 WTE Band 7 Practitioners. The Band 7 Practitioners are supported by two Band 3 Business Support Officers. The health team are performance managed on achievement of timescales. The team delivers a high quality safeguarding service which provides comprehensive information to inform multi-agency safeguarding assessments. Failure to meet prescribed timescales results in escalation to the MASH Operational Management Group, MASH Strategic Governance Group and Nottinghamshire Safeguarding Children Board / Safeguarding Adults Board. Therefore, concerns regarding performance lead to risks to the organisational reputation of the CCG.

Given the small health team within the MASH service, any gap in service provision related to vacant posts and sickness will present problems in covering the service and adversely affect safeguarding decisions and performance. There has been a vacant post for a MASH Specialist Practitioner between November 2016 and May 2017. Shortfalls have been covered by the Designated Nurse Safeguarding Children and Associate Designated Nurse Safeguarding Children, however, this has an impact on other priority areas of work and capacity. This model is not sustainable in the long term should there be further episodes of instability. An initial Options Appraisal was discussed at Safeguarding Operational Working Group (SOWG) and the recommendations within this paper have been informed by this group.

The long term options for consideration and rationale for decisions made were:

1. **Quality Team clinical staff to rotate into MASH in order to develop / maintain skills and provide business contingency** - This was not recommended as a viable option by the operational group due to the impact on core priority work areas for the CCG.
2. **Use of an Interim Practitioner** - It was identified that management costs, investment in training, short term demand and access to systems would be prohibitive.
3. **Establishment of Bank** - It was identified that investment in training, short term demand and access to systems would be prohibitive.
4. **Using staff from other MASH's** - Investment in training, short term demand and access to systems would be prohibitive.
5. **No cover provided** - This option is not recommended as it would have a negative impact on safeguarding decision making and performance. It would also have a negative effect on organisational reputation and staff morale.
6. **Consider re-procurement and put the MASH Health Team service out to tender** - Option 6 was the preferred option recommended by SOWG.

The Committee considered the recommended option. It was acknowledged that there needs to be a change to current practice within the MASH and that the current cover management is not sustainable. However, it was felt that the same issues with staff turnaround may still continue if re-procurement is considered with the MASH Health Team service put out to tender.

It was noted that the MASH is funded in partnership between the CCG, SFH, NUH and Notts Healthcare Trust but is hosted by the CCG as Elaine Moss is the Safeguarding Lead. If more staff were employed to support the MASH this would mean all organisations contributing more money. The Committee agreed that if the MASH was sited in a larger organisation there may be more flexibility if there is a peak of gaps in staff until the posts are re-recruited to. It was felt that the service should not be sited with the CCG going forward as there are many risks involved and a review of a potential different way of running the service should take place.

The Committee agreed that specialist advice should be taken from procurement leads as procurement of the service may not be a viable option.

It was agreed that a meeting of the key individuals from the contributing organisations to the MASH should be set up to discuss the options going forward. It should be noted at the meeting that all backfill options have been exhausted and suggestions to mitigate any risks would be welcomed. All organisations should be asked to discuss this matter with their Safeguarding Leads and a preferred option should be agreed. An update on this is to be presented at the July Safeguarding Committee.

- **ACTION:** Jane Brady to arrange a meeting between the key individuals from contributing organisations to the MASH to discuss the options going forward. An update on this is to be presented at the July Safeguarding Committee.

SAFEGUARDING TRAINING – INTERNAL AUDIT ACTION PLAN (SG/17/40)

It was agreed that Sue Barnitt would create a training needs analysis for this to be submitted for discussion/ approval at the July Safeguarding Committee.

- **ACTION:** SBar to submit a training needs analysis for discussion/ approval at the July Safeguarding Committee

QUALITY SAFEGUARDING ASSURANCE VISITS MATRIX 2016/17 (SG/17/41)

Val Simnett provided details of the Quality Safeguarding Assurance Visits matrix which includes a summary of children's safeguarding visits that were undertaken in 2016/17.

It was noted that joint adult and children's quality safeguarding visits are due to take place in 17/18 with suggested dates for visits having been sent to providers for agreement.

Alan Breeton requested that agreed dates be shared with him to enable him to attend the visits with CCG colleagues.

- **ACTION:** SBar to share Quality Safeguarding Visit dates with Alan Breeton once agreed

ANY OTHER BUSINESS FOR THE JOINT SESSION (SG/17/43)

There was no other business raised for the joint session.

CHILDRENS SAFEGUARDING AND LOOKED AFTER CHILDREN AGENDA

The Chair declared the meeting quorate for this section.

'WAS NOT BROUGHT' VIDEO (SG/17/44)

Due to technical issues we were unable to play the 'was not brought' video. Val Simnett reported that the video is being shown to promote using the term 'was not brought' instead of 'Did Not Attend (DNA)' for under 18 year olds. This video has been shown at local GP PLT events.

- **ACTION:** LB to circulate the link for the video with the meeting minutes.

LOCAL UPDATES (SG/17/45)

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD (NSCB)

The group reviewed the summary from the NSCB meeting. No further comments were made.

CHILD PROTECTION CONFERENCES AUDIO PILOT – UPDATE

The group reviewed the response from Steve Edwards in relation to the Committees query regarding the pilot of alternative ways of recording Child Protection Case Conference meetings. No further comments were made.

ANY OTHER BUSINESS FOR THE CHILDRENS SESSION (SG/17/47)

Kerrie Adams reported that Notts Healthcare Trust are in the process of reviewing their Supervision Policy. Kerrie Adams agreed to share the policy with Jean Gregory.

It was agreed that this should also be reviewed by all Child and Adult Leads.

- **ACTION:** KA to share revised Supervision Policy with JG
- **ACTION:** Child and Adult Leads to review the revised policy

CONSIDERATION OF RISKS IN LIGHT OF AGENDA ITEMS (SG/17/48)

It was agreed that there were no new risks to be considered

**AGREEMENT OF KEY MESSAGES FOR FEEDBACK TO GOVERNING BODIES
(SG/17/49)**

- Concerns regarding the Learning Disability Mortality Review (LeDeR) programme and the possible impact on resources and capacity
- Favoured option and actions from the MASH Options Appraisal
- Children in Care Out of Area Placements (OOA) and Other Local Authority Children (OLAC) added to the Risk Register
- Decommissioned CSA Service added to the Risk Register

The next meeting will be held on Tuesday 11 July 2017 1pm, Meeting Room 1, Hawthorn House.