NHS Newark & Sherwood CCG
Safeguarding Sub Committee
Children Section

Held on Monday 14 October 2013, 3.00 pm
At Meeting Room 1, Hawthorn House,
Ransom Wood, Rainworth, NG21 0HJ

Present:
Cheryl Crocker (Vice Chair) Director of Quality and Patient Safety, NHS Nottingham North and East CCG
Nicola Ryan Head of Assurance, NHS Bassetlaw CCG
Chris West Head of Quality and Patient Safety, NHS Newark and Sherwood CCG
Val Simnett Designated Nurse Safeguarding Children, NHS Newark and Sherwood CCG
Jo Rooney Commissioning Manager, Continuing Care, GEM CSU
Victoria Walker Consultant Community Paediatrician and Named Doctor for Looked After Children, Sherwood Forest Hospitals Foundation Trust
Rebecca Sands Designated Doctor for Safeguarding Children, NHS Newark and Sherwood CCG

In attendance:
Rebecca Stone Assistant Director of Quality and Patient Safety, NHS Nottingham North and East CCG
Ellen Swainston (minutes) Team Secretary/Project Assistant, NHS Newark and Sherwood CCG

Apologies:
Elaine Moss Chief Nurse, NHS Newark and Sherwood CCG
Cathy Burke Nurse Consultant Safeguarding, NHS Bassetlaw CCG
Sharon Thompson Designated Nurse Looked After Children, County Health Partnerships
Sarah Everest Senior Public Health Manager, Nottinghamshire County Public Health

CS/13/048 WELCOME AND INTRODUCTIONS
The Vice Chair welcomed members to the meeting and introductions were made.

CS/13/049 APOLOGIES FOR ABSENCE
Apologies were noted as outlined above.
MINUTES OF THE CHILDREN SAFEGUARDING SUB COMMITTEE MEETING
HELD ON 12 AUGUST 2013
The minutes of the meeting held on 12 August 2013 were accepted as representing an accurate record of discussions.

MATTERS ARISING NOT ELSEWHERE ON THE AGENDA
The Vice Chair outlined the outstanding actions and the following was noted:

- **CS/13/038** – with regard to CAMHS, Val Simnett advised that a review of Tiers 1-4 was being led by NHS Nottingham City CCG. Karon Glynn, Assistant Director Mental Health and Learning Disabilities, NHS Newark and Sherwood CCG is the county CCGs representative on the group.

  Rebecca Sands told the group that CAMHS had raised an issue of two wards at Nottingham University Hospitals (NUH) closing for refurbishment in April 2014. It is recognised that there are insufficient inpatient CAMHS beds. There is a lack of clarity about the forum where issues can be raised.

  *Post meeting note* - confirmation from NUH has been received that they are not closing beds. A proposal has been put forward to review and if this was accepted the earliest time would be April

  The report requested from Elaine Moss and Val Simnett is not now required in view of the CAMHS review which is led by Kate Allen, Consultant in Public Health, Nottinghamshire County Public Health.

  The sub committee agreed to request that a safeguarding representative be included in the CAMHS review meetings.

  **ACTION:** Val Simnett to contact Kate Allen

- **CS/13/043** – carried forward - Elaine Moss advised that a meeting to confirm named doctor provision would be held.

  **Action:** Elaine Moss agreed to provide an update by email

- **CS/13/046** – with regard to issues raised about adopted children receiving new NHS numbers, Val Simnett confirmed that a communication had been sent to all GPs.

  For information, it was noted that the Data Advisory Group has disbanded.

- **CS/13/046** – carried forward

  **ACTION:** Nicola Ryan to ask Cathy Burke for the outcome of discussion regarding potentially adding Bassetlaw risks to the risk register and advise.

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• Terms of Reference – The Terms of Reference were agreed subject to the following amendments:
  - ‘Rebecca Stone, Assistant Director of Quality and Patient Safety, NHS Nottingham North and East CCG’ to be added to the membership
  - Quorum to be amended to read ‘A minimum of 50% of members to attend two include representation from two CCGs, at least the Chair/Vice Chair and a clinician from a provider organisation’
  - All references to PCT to be taken out
  - All job titles to be checked and amended where necessary

ACTION: Ellen Swainston to amend

• Declarations of Interest

It was noted that there was no declarations of interest in relation to agenda items.

ACTION: it was requested that all members of the sub committee complete a Conflicts of Interest Declaration and return to Ellen Swainston

CS/13/052 CHILDREN IN CARE MARKERS OF GOOD PRACTICE
Victoria Walker gave an update to the group.

In Nottingham city and the south of the county there has been a significant increase of numbers of children and young people entering the care system. Nursing capacity has been increased, which has improved the timeliness of review medical assessments. There still is pressure on the medical service which undertakes initial medical reviews. Some of the delay relates to medical team capacity, but there is still delay in some cases of the Local Authority notifying the health team promptly.

The group noted that NUH have submitted a business case to commissioners for increase in medical resources.

In the north of the county, an advertisement has been placed for a community paediatrician. The group was advised that all work is being picked up and children are seen albeit not necessarily within stipulated timescales.

It was queried whether there was a risk for children not being seen within timescales. Victoria Walker assured that in the north of the county, all cases are reviewed when the paperwork is received which identifies those children who need to be seen more quickly. There is an assumption that the south of the county has a similar process in place.

ACTION: Val Simnett to add as an item on the risk register
There is an agreement in place to share information regarding out of area children placed in the county. There is also a data sharing agreement for Nottinghamshire children placed out of the county.

CS/13/053 CCG STAFF – SAFEGUARDING TRAINING MATRIX
Val Simnett advised that a letter and matrix has been sent out to CCGs to identify staff who have/have not undertaken safeguarding training with a response required by the end of October 2013.

Unfortunately, GEM CSU have also requested similar information and some confusion has arisen.

ACTION: Val Simnett to send reminder to CCGs

ACTION: Val Simnett to provide a report summarising the responses at the next meeting

CS/13/054 MASH UPDATE
The ‘Multi-Agency Safeguarding Hub (MASH) Update September 2013’ was presented to the group.

Val Simnett advised that the additional specialist practitioner had made a big difference and the health team are functioning well and returning over 95% of requests for information within timescales.

It was noted that a professional advice line had been mooted when the MASH was originally set up. Val Simnett advised that this was still on the agenda but was not happening at present. Members expressed disappointment as this had been a major perceived benefit for GPs

Val Simnett advised that an audit into health MASH referrals is being undertaken to identify why over 50% of referrals do not meet thresholds for social care involvement. The results would be presented at the next meeting.

ACTION: to be added to next agenda

In response to a query about referral feedback, Val Simnett advised that where the enquiry met the threshold for a referral, feedback would be provided by social care to the referrer.

For information, Chris West advised that she had attended a safeguarding process review with the local authority and anticipates that constructive information will be fed back from this

A Regional Safeguarding Forum hosted by NHS England was held in September

CS/13/055 NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD (NSCB)
Val Simnett said that Ofsted were putting more emphasis on the work of safeguarding boards and Nottinghamshire County Council has initiated a review of
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the NSCB. A health focus group has been initiated as well as one to one staff interviews which will contribute to the review.

An NSCB audit sub committee has been convened and Rebecca Sands is a member.

Rebecca Sands said that there will be a focus on auditing outcomes from recommendations from serious case reviews and explained audits which have been undertaken, for example, Voice of the Child. Themed audits will also be undertaken around MASH and “Your Welcome” quality criteria.

Consent and confidentiality have been raised as potential issues regarding the audits Becky gave assurance that health information would be managed within data protection principles. Possible attendance at child protection or children looked after case review meetings will encourage openness and transparency with families and give an opportunity to request family consent.

CS/13/056 RISK REGISTER
The Vice Chair suggested that the Safeguarding Children and Safeguarding Adult risk registers be amalgamated as there are a number of common risks. Risks relevant specifically to children or adults only will be noted on separate sheets of the risk register.

With regard to the Safeguarding Children Risk register presented at this meeting the following was agreed:

- Safeguarding training was agreed as a common children and adult risk
- Remove MASH risk from the register
- CAMHS – the current review was noted and it was agreed that the risk should remain as red
- New NHS number for adopted children. It was agreed to leave the risk as a low/medium risk and to regrade as likelihood 2, impact 4 = rating 8
- Named doctor provision risk to remain at the same level
- To add timeliness of statutory medical checks for Children in Care as a risk

ACTION: Val Simnett to update risk register as above for circulation to members

ACTION: Each CCG to take risk register to governing bodies as required

CS/13/057 SAFEGUARDING CHILDREN DASHBOARD AND KPIS
The Safeguarding Children Dashboard and KPIs for NHS Bassetlaw CCG was received for information and it was noted that this is currently being piloted in Bassetlaw.

Val Simnett said that use of the dashboard and KPIs may cause confusion with providers as they also received the NSCB template.
It was noted that it was comparatively recently that NSCB has the ‘Markers of God Practice’ into its S11 self-assessment audit.

The committee queried whether the dashboard and KPIs could be incorporated into provider contracts.

**ACTION:** Val Simnett to meet with designated and named professionals and also the Area Team to discuss the feasibility of adopting this model. An update to be provided at the next meeting.

**CS/13/058 ROLES AND RESPONSIBILITIES OF THE DESIGNATED NURSE**

**ACTION:** It was agreed to defer this item to the next meeting of the group for a joint discussion with the Adult Safeguarding Sub Committee members.

**CS/13/059 SAFEGUARDING POLICY RATIFICATION AND GOVERNANCE PROCESSES**

It was noted that the Terms of Reference indicate that this committee can ‘develop, review and approve policies and procedures relating to safeguarding practice.’ However there have been queries as to how this is then communicated to CCG Governing Bodies.

It was agreed that further clarification would be sought.

**ACTION:** Cheryl Crocker to consult Memoranda of Understanding for Governance and Collaborative Commissioning for clarification

**ACTION:** Cheryl Crocker to table as an issue at the next Clinical Commissioning Congress

**CS/13/060 SHERWOOD FOREST HOSPITAL SAFEGUARDING ASSURANCE ACTION PLAN**

The ‘Safeguarding Children Assurance Framework (SFHT) Aug 2013’ was received for information and to provide assurance to the committee around safeguarding assurance visits made to provider organisations.

**CS/13/061 NOTTS CCGS SAFEGUARDING CHILDREN QUARTERLY BRIEFING FOR GOVERNING BODIES**

The briefing paper was received for information.

**CS/13/062 BRITISH ASSOCIATION FOR THE STUDY AND PREVENTION OF CHILD ABUSE AND NEGLECT (BASPCAN)**

Information regarding local training regarding sexual abuse was received.

**CS/13/063 KEY ISSUES IDENTIFIED**

Key issues were noted as discussed at CS/13/056 for addition to the risk register.

**CS/13/064 ANY OTHER BUSINESS**

Val Simnett highlighted an issue with regard to eDSM. If GP practices do not activate a ‘share’ then it is not possible to share community information. This was important to enable significant information recorded by the MASH to be visible. NHIS are not confident that GP practices are initiating the ‘share.’

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It was suggested that this issue be raised at the Information Governance, Management and Technology Committee.