

Minutes of Safeguarding Group

Monday 28 April 2025
11:30am – 13:00pm

Via Microsoft Teams

Present:

Rebecca Sands (RS), Designated Doctor for Safeguarding Children & Young People, Nottingham & Nottinghamshire ICS (Chair)
Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN
Joanne Fisher (JF), Named Midwife for Safeguarding, KGH
Madhuja Tore (MT), Paediatric Registrar, KMH
Elizabeth Cudmore (EC), Named Professional for Safeguarding Children, KMH
Tierney Tindall (TT), Clinical Psychologist, UHDB
Elizabeth Wright (EW), Specialist Safeguarding Children's Practitioner, NUH
Phillippa Nash (PN), Family Care Sister, NUH
Shez Davey (SD), Interim Named Midwife for Safeguarding, NUH
Elizabeth Richardson (ER), Head of Safeguarding, Nottingham City Care Partnership
Daniel Bronnert (DB), Paediatric Consultant, UHL
Sue Flaherty (SF), Neonatal Discharge Coordinator, UHL
Shanice Senghor (SS), Housing Enablement Team Service Manager, Leicester, Leicestershire & Rutland Housing Enablement Team
Lucy Panesar (LP), Lead Homecare Nurse, North Hub

	Subject	Attachment	Action
1.	Welcome & Apologies Apologies were received from Alun Elias-Jones (AEJ), Joanna Williams (JW), Jane Gill (JG), Chloe Higgins (CH), Julia Hood (JH), Julie Versteeg (JV), Michael Clayton (MC), Rebecca James (RJ).		
2.	Declarations of Interest There were no declarations of interest.		
3.	Minutes from the Previous Meeting The previous minutes from the previous meeting were agreed as a true record of proceedings.	A	
4.	Actions & Matters Arising Any actions or matters arising will be covered in the agenda.		

5.	<p>TOR Update</p> <p>AWD shared the current group Terms of Reference (TOR) and suggested adding unit Lead Nurses and Psychologists to the membership. She also suggested that the chair may be one of the EMNODN Clinical Leads (as already written) or an appropriate deputy.</p> <p>The draft version of the updated TOR will be circulated with the minutes, please send any comments/feedback to AWD. This will then need to be ratified at the next Clinical Governance Group meeting.</p>		ALL
6.	<p>LLR Housing Enablement Team</p> <p>SS explained her role as Housing Enablement Team (HET) Service Manager. The HET's main role with regards to healthcare is at the patient bedside in collaboration with hospital discharge teams to resolve all housing related issues that may cause delays to discharge.</p> <p>SS referred to the Homelessness Reduction Act 2017 and the 'duty to refer' which requires certain public authorities to notify the local authority of anyone they think may be homeless or threatened with becoming homeless within 56 days.</p> <p>Homelessness does not just refer to street homelessness but includes other groups for example, tenants given notice from their landlord, those living in unsafe or unsuitable accommodation and people at risk of violence/domestic abuse.</p> <p>A number of flexible and solution-based interventions are used, for example helping with housing applications and ensuring correct banding, assisting with landlord disputes and organising utilities repairs.</p> <p>The HET aims to reduce housing related discharge stays and provides support to families once back in the community sometimes for up to 30 days. They ensure that if the family have to go back into hospital, housing will no longer be an issue upon discharge.</p> <p>SS shared a case study where a midwife noted that the parents had unsuitable accommodation which was not appropriate to discharge back to. A referral was made to the HET who visited the property and organised work to be carried out, ensuring it was safe and suitable for the family to be discharged to.</p> <p>The HET have recently been provided some additional funding by the ICB, this has been used to provide temporary accommodation when there is a solution in place, but it cannot be fulfilled for a few weeks.</p> <p>The referral criteria for the Leicester, Leicestershire & Rutland HET is that they must be current inpatients at the time living in the</p>		

	<p>region. There is no age restriction, and it can be any tenure, i.e. social housing, private renting, owner occupied etc. Referrals are taken via email. Although the HET are Local Authority employees, they are integrated into every system.</p> <p>AWD asked if a patient is in a hospital outside of Leicestershire but have a Leicestershire postcode, can the Leicester, Leicestershire & Rutland HET still assist, SS confirmed they would.</p> <p>AWD and RS commented how useful this service would be in other areas, SS agreed and explained that it is limited because of funding. SS happy to share data with AWD and RS which supports the notion that it would save costs in the long-term as it would reduce delayed discharges.</p> <p>SS also agreed to share the report from the case study.</p> <p>AWD suggested that SS attend some future meetings with LMNSs and ICB Leads. SS agreed.</p> <p>SS also offered to speak to any of the group about individual cases and offer advice.</p> <p>SS agreed to share the presentation, available on email.</p>		<p>SS</p> <p>SS</p>
7.	<p>Preterm Audit Data</p> <p>MT discussed why the preterm audit and why it was important – all babies should be discharged in a timely manner. There have been concerns in the East Midlands that babies medically fit for discharge are awaiting safeguarding and social care plans which lead to delays in discharge.</p> <p>MT explained that if there is an anticipated likelihood of significant harm identified in pregnancy, concerns should be addressed as soon as possible to ensure a full assessment take place and the appropriate support is offered. MT identified the different meetings that should take place at specific gestations.</p> <p>There were 31% responses in the preterm audit data. Of these, 48% showed no delay to discharge. 26% babies had a 1–5-day delay and there was a 6-10+ day delay for 10% of babies.</p> <p>74% of the babies from the audit did not have antenatal plans or it wasn't clear from the data received. 45% were discharged home and nearly 30% were accommodated. Some of the babies did not have information available or were transferred out.</p> <p>Overall, there was good engagement from participants, but potentially other members of staff may have had more insight and should have filled out the audit.</p> <p>The audit shows that more multi-agency work is needed but also highlighted some positive experiences for families.</p>		

	<p>MT would like to carry out another audit to find out why delays to discharge happened and then find solutions going forward. AWD, RS and MT are going to look again at the audit questions and make the required changes.</p> <p>RS suggested that there needs to be exception reporting which states delays to discharge are unacceptable and should be exception reported. AWD will raise at the next EMNODN senior team meeting.</p>		<p>AWD/ RS/MT</p> <p>AWD</p>
8.	<p>EMNODN Safeguarding Guideline Update</p> <p>RS shared the most recent safeguarding guidelines from March 2025. RS suggested some changes around housing and discharge environment including home visits including a social worker and health visitor which could be helpful in assessing things from different professional viewpoints.</p> <p>RS also shared a Premature Baby Assessment Framework and learning bulletin and suggested this be added to the guideline to help professionals when discharging preterm babies.</p> <p>The updated draft version of the safeguarding guideline is available here.</p> <p>AWD commented that there are issues that homecare would pick up on, but social care would not be aware of.</p> <p>LP believes these joint visits are a good idea but has concerns that sometimes families do not engage well with social workers and may lead to barriers in communications with the homecare teams. At present, LP feels that families generally respond well to home visits without social care involved.</p> <p>EW suggested that health visitors get involved in earlier discharge planning meetings. PN confirmed that they invite health visitors to discharge planning meetings.</p> <p>SF explained that that they have struggled to get a named health visitor prior to discharge even though the baby may be two or three months old.</p> <p>SD commented that in some cases, health visitors won't visit families until they have been discharged from the homecare team and so it may be difficult to engage health visitors earlier on. LP stated that homecare should be in addition to health visitors.</p> <p>AWD asked the group to have a look at the proposed changes to the guideline and asked for comments to be made within the next couple of weeks. Once everyone is in agreement, it can be taken to the next Clinical Governance Group meeting in July for ratification.</p>		
9.	<p>Safeguarding Learning Bulletin</p> <p>A copy of the safeguarding learning bulletin is available here.</p>		

10.	AOB None.		
11.	Date and Time of Next Meeting Monday 30 June 2025, 10:00am – 12:00pm, via Microsoft Teams		