

Minutes of Safeguarding Group

Monday 22 May 2023
10:00am – 12:00am

Via Microsoft Teams

Present:

Rebecca Sands (RS), Designated Doctor for Safeguarding Children, Nottingham & Nottinghamshire (Chair)
Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Cara Hobby (CH), Deputy Lead Nurse (FICare & PPI), EMNODN
Lisa Nixon (LN), Safeguarding Lead, KMH
Lauren Richards (LR), Safeguarding Champion, KMH
Julie Versteeg (JV), Family Care Sister, NUH
Sue Flaherty (SF), Neonatal Discharge & Family Care Coordinator, UHL
Claire Inglis (CI), Lead Nurse for Homecare, UHL
Dan Bronnert (DB), Named Doctor for Safeguarding, UHL
Joanne Fisher (JF), Named Midwife for Safeguarding, KGH

In Attendance:

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	Subject	Attachment	Action
1.	<p>Welcome & Introductions RS welcomed the group and introductions were carried out.</p> <p>Apologies were received from; Jane Gill, Chavi Goel, Alun Elias-Jones, Craig Ferris, Debbie Cartledge, Elaine Todd, Joanna Williams, Rebecca Ross, Samantha Jones, Liz Byrne</p>		
2.	<p>Minutes from the Previous Meeting The minutes from the previous meeting were accepted as an accurate record of proceedings.</p>	A	
3.	<p>Matters Arising Any matters arising will be picked up through the agenda.</p> <p>CH confirmed that she is in early conversations with the West Midlands Neonatal ODN to create a Midlands wide transfer framework. RS asked how to ensure that safeguarding is featured within the document. CH is happy to be the link for this group. CH to provide an update on any progress at the next meeting.</p>		CH
4.	<p>Case Presentations SF presented a safeguarding case.</p>		

<p>RS enquired if there had been a prebirth plan. SF explained that the Social workers had been almost certain that the baby would not be discharged home with the mother, however they would not go to court until baby was fit for discharge. It was agreed that had this particular case been a term delivery, then there would have been agreed plan.</p> <p>JV felt that benefits of delayed discharges mean that parent/carer training & support can be provided. It was acknowledged that unit capacity creates challenges to enabling extended stays for education purposes.</p> <p>RS felt that there is a need to challenge social care and associated risks when prebirth planning is not completed. This is particularly pertinent on a neonatal unit.</p> <p>CI felt that Social Services are reluctant to allocate foster carers prior to the discharge date, which appears to be linked to paying for foster carers if they attending the unit and have to undergo training.</p> <p>Discussion followed about how a lack of having all the information and not having a plan impacts upon medical decisions and feeding information and decision making.</p> <p>RS wondered if there is a need for a structured process for recording observations of parents, being mindful that there are limitations of the information that is gathered. LN would be concerned that this it may be perceived that the staff are making assessments or parental skills and as such it would need to be clear that the information gathered would not be information for parent care assessments.</p> <p>It was agreed that there should be some senior social care representation at the safeguarding group in the future. RS is meeting with the Nottinghamshire Social Care Assessment and Court team in June and will ask them if they are willing to come to these meetings.</p> <p>JV explained that the details in the parent log can be important, so that the team caring for the baby have a record of what care the parents are/are not undertaking.</p> <p>JF provided a paper to CSC and as part of the Named Midwife for Safeguarding Group for East Midlands, illustrating the need to have these delays on the Trust risk registers. It should be ensured that every case is challenged, a log with a bimonthly meeting with the Service Manager or Children in Care Team, who also meets with one of the judges on a monthly basis. Any delays should be recorded on the Datix system. JF to share paper.</p> <p>RS to include the daily cost of a cot in the guideline.</p>		<p>JF</p> <p>RS</p>
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<p>5.</p>	<p>Antenatal or Postnatal Information Sharing Paper A – this should be completed on the neonatal unit, and may help with some challenging conversations with social care.</p> <p>All to use the document and bring the collected data back to the next meeting. RS suggested using the document 6 months prospectively.</p> <p>DB asked when a baby would be considered ready for home. AWD outlined the discharge criteria.</p> <p>RS felt it would be important to distinguish the difference between being medically fit for discharge and ready for home and to ensure that this is clear in the guideline.</p> <p>RS will feedback from local authority meeting to next meeting.</p> <p>AWD explained that the documents it will need to go to EMNODN CGG in July to be ratified.</p> <p>Paper C – AWD explained that this will need to go to the Clinical Governance Group and also to the regional maternity team for ratification. LH is not aware if they have a ratification process.</p> <p>Jo Harrison would be the person to contact to enquire what group the document will need to be shared with.</p> <p>All to ensure that the Trust their generic safeguarding email addresses are put into the chat.</p> <p>AWD has a case to present for the next meeting, maybe in collaboration with JV and LN.</p> <p>LSH to add data from audit as an agenda item for the next meeting</p>		<p>ALL</p> <p>RS</p> <p>ALL</p> <p>LSH</p>
<p>6.</p>	<p>Preterm Planning & Audit Tool Covered in item 6.</p>		
<p>7.</p>	<p>Safeguarding Learning Bulletin A copy of the January bulletin is attached.</p>		
<p>8.</p>	<p>AOB None.</p>		
<p>9.</p>	<p>Date and time of next meeting Monday 10 July 2023, 10.00am – 12.00pm, via Microsoft Teams</p>		