



Rutland County Council

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Minutes of the **JOINT SPECIAL MEETING** of the **ADULTS AND HEALTH SCRUTINY Committees** held via Zoom on Thursday, 21st January, 2021 at 7.00 pm

PRESENT: Mrs S Harvey (Chair)
Mr P Ainsley
Mr N Begy
Mr K Bool
Ms J Burrows
Mr W Cross
Mrs J Fox
Mr I Razzell
Ms G Waller
Mrs S Webb

OFFICERS PRESENT: Mrs D Godfrey Director of Children's Services
Mr J Morley Director of Adult Social Care and Health
Mrs J Morley Governance Officer

IN

ATTENDANCE: Mr A Walters Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning & Community Safety
Mr D Wilby Portfolio Holder for Children's Services and Education.
Dr J Underwood Chair of Healthwatch Rutland
Ms F Allinson Head of Hospital Inspection, Midlands Region, Care Quality Commission
Ms J Harrison Designated Nurse for Children and Adult Safeguarding LLR CCG
Ms C West Deputy Director of Nursing, Quality and Performance LLR CCGs
Mr N King Head of Safeguarding LPT
Mr M Clayton Head of Safeguarding UHL

1 APOLOGIES

Apologies were received from Mr Peter French, co-opted member for the Children and Young People Scrutiny Committee and Councillor Rosemary Powell, member of the Adults and Health Scrutiny Committee.

2 DECLARATIONS OF INTEREST

No declarations of interest were received.

3 PETITIONS, DEPUTATIONS AND QUESTIONS

No deputations, petitions or questions had been received.

4 QUESTIONS WITH NOTICE FROM MEMBERS

No individual questions with notice had been received from Members.

5 EXCLUSION OF THE PRESS AND PUBLIC

The Committee agreed to remain in public session unless detailed discussion which required the disclosure of exempt information was required, at which point the meeting would move into exempt session.

6 CQC REVIEW OF SAFEGUARDING AND LOOKED AFTER CHILDREN'S HEALTH SERVICES RUTLAND: 2019

A presentation (appended to the minutes) was received from Janette Harrison - Designated Nurse for Children and Adult Safeguarding LLR CCG, Chris West - Deputy Director of Nursing, Quality and Performance LLR CCGs, Neil King – Head of Safeguarding LPT and Michael Clayton – Head of Safeguarding UHL. The presentation was in response to the questions raised by the committees on receipt of the action plans that stemmed from the concerns outlined in the CQC Review of Safeguarding and Looked After Children's Health Services Rutland 2019.

During the discussion the following points were made:

- Councillor Razzell acknowledged the response to question 1 that health service providers commissioned by the CCG were monitored by submitting a Safeguarding Assurance Template (SAT) on a quarterly basis, but was interested to know how these checks were physically carried out and whether records of them were in the public domain. He also queried how these checks had been affected by the significant increase in use of locum and agency staff at GP surgeries and at sites such as the minor injuries unit at Rutland Memorial Hospital (RMH) which Oakham Medical Practice (OMH) operated from. The urgent care center also operated from RMH, run by Derbyshire Health United (DHU), and so there were two organisations using the same site and facilities but with different electronic systems, and Councillor Razzell wanted to know how the safeguarding audits were carried out under these conditions.
- Because of their work at RMH, the CQC, as part of their review, had asked a direct question of Oakham Medical Practice on the use of the Child Protection Sharing Information System (CPIS). Unfortunately, there was not a national child protection sharing system in place yet so flags were not automatically put on GP records when children went on child protection plans or were children looked after. Currently however, there was an NHS England/NHS digital project, in conjunction with Local Authorities, to address this and there were now automatic flags in the majority of unscheduled healthcare appointment settings and emergency departments. Oakham Medical Practice, along with other GP surgeries, would get flags put on their records as part of the second roll out of this system although the time line of this roll out was not known yet.
- The CCG had maintained this flag issue on their register as they recognised it was still a risk and had been in touch with the regional lead for CPIS and NHS Digital to request, as a matter of urgency, that sites such as RMH be put on CPIS sooner

rather than later. Jan Harrington confirmed that she was happy to share these emails with the Committee.

- Derby Health United (DHU), who operated the urgent care unit at RMH during the out of hours period, were originally commissioned by the CCG as an extended hours service, not an urgent care one and therefore had not been picked up in the first wave of the project to place automatic safeguarding flags on their system. Emails had been sent to NHS digital requesting that this too be rectified as soon as possible.
- Regardless of the CPIS system delays, Jan Harrington reassured Councillors that in terms of recognition of abuse, when any child visited any health establishment the CCG ensured that all staff were trained to recognise and respond to signs and that the contact number for local care services was always available. Whether the CPIS flag was on the system or not, staff always had to be mindful that there may be safeguarding issues and underwent extensive training to be aware of any signs of this.
- Mr King, Head of Safeguarding at LPT, added that there was an additional safeguarding safety net in that when a child or young person accessed an out of hours service, regardless of whether CPIS was there or not, a notification was sent through to the school nurse or health visitor alerting them that a child had presented at an urgent care/out of hours setting.
- The CCG invested heavily in making sure that staff were highly skilled and qualified in being able to spot any safeguarding concerns about children who presented at RMH but who normally accessed healthcare and went to school outside of the County and therefore did not have the 'safety net' as described by Mr King.
- The CCG worked very closely with RCC colleagues as part of a multi-agency team to continually review their safeguarding performance. In order to be compliant with CQC standards, over 90% of staff had to have had the requisite safeguarding training and the CCG met with colleagues every quarter to monitor this level. DHU Staff working at RMH, were a commissioned service by the CCG and therefore met these CQC standards.
- Section 32 of the standard NHS contract qualified the safeguarding standards that had to be in place by any service commissioned by the CCG. The safeguarding Assurance Template went through eighteen questions to ask providers and checked that safeguarding was a priority, with specific lead officers in place for child care sexual exploitation and prevent. There were audits to drill down on the assurance of those standards.
- Councillors were frustrated that despite the assurances given, evidence had not been shared with the scrutiny committee. Ms Harrington replied that this evidence was extensive and had gone through comprehensive scrutiny from the different agencies own safeguarding committees before being sent to the CQC who were sufficiently satisfied that it demonstrated compliance and did not need further monitoring.
- In response to questions raised about audit and assurance Ms Harrington stated that there was full engagement with multi agency audits by the providers and they had been able to extrapolate the learning from those audits. Mr King from LPT also confirmed that a full suite of internal and external audits were carried out. Any learning that had come about following an incident was followed up on at regular intervals to check whether it had been embedded and sustained.
- Dawn Godfrey, Director of Childrens Services, wanted to offer the committees assurance that from a social care point of view, she had no concerns regarding the interaction between RCC and health colleagues, and communication took place on a very regular basis. Mrs Godfrey felt that health colleagues were very proactive in

identifying potential signs of abuse and referring into social care in the right way. A multi-agency strategy meeting between social care, health and the police took place following every child safeguarding referral and all parties were fully involved in drawing up plans for any child protection investigation.

- Ms West, from the CCG, commented that it was the responsibility of the regulator, the CQC, to wade through the huge amount of evidence that had been supplied in response to the original review in 2019. The CQC had gone through it with a fine tooth comb and had been satisfied; this then allowed for the green rag ratings shown on the action plans. The evidence supplied at the time was extensive but was now out of date
- Mr King confirmed that Signs of Safety had been rolled out across LLR and practitioners were encouraged to attend the multi-agency training sessions that took place, although some training had been limited because of the impact of Covid.
- Level 3 safeguarding training and other specialist training was still ongoing, despite Covid, and quarterly reports during Covid had not raised any concerns that the 90% training compliance had not been reached.
- At the time of the CQC inspection, nurses across LLR in GP practices were not able to access the same face to face level 3 safeguarding training that had been offered to doctors. The Intercollegiate Guidance specified an April 2021 deadline for extending this training to nurses but due to the Covid pandemic this had been amended so that on line training was now being offered. NHS England had advised that the online training was satisfactory and achieved the required level 3 compliance.
- The CCG did not want the action plans published and in the public domain as they felt that they required an extensive amount of explanation and knowledge in order to be meaningful. They were happy to facilitate the provision of the evidence that backed up the action plans to Councillors providing it was not shared more widely and that partners had given their agreement. Ms West did however caution that in her opinion the evidence was now out of date and would therefore raise even more questions. Instead, Ms West suggested that instead of the original evidence, updated action plans with the most recent supporting evidence be supplied to Councillors. This evidence would demonstrate the improvements that had been made.
- Councillors still wanted to see the original evidence in order for them to understand the context and the rag ratings of the action plans that had been supplied to them.
- Records for children and adults used to be on two different record keeping systems that did not speak to each other, however for all of LPT services there was now just one seamless set of records (single electronic patient record) with no need for transition. There was still work to be done however on standardising the information.
- Ms West would attempt to produce a diagram for Councillors that showed each organization's responsibilities.
- Councillor Walters, Portfolio Holder for Health, queried whether providing the original data supplied to the CQC, which was now out of date, was a good use of health colleagues' time as they were currently operating under so much pressure due to Covid. In his view the updated action plans with supporting evidence would give Councillors a better understanding of the issues.

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At 9.30pm Councillors unanimously voted to extend the meeting time by 15 minutes.

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- Councillor Razzell and Councillor Waller argued that in order to get a full understanding of the 'journey' to the current situation, Members needed to see the original documentation sent to the CQC and asked that the Committee vote on the matter.

A recorded vote was taken and there voted in favour:

Councillors Razzell, Waller, Cross, Webb, Begy, Harvey, Fox, Burrows and Bool

There voted against the recommendation:

Councillor Ainsley

The vote was therefore passed.

- The Chair thanked Health Colleagues and officers for their attendance.

ACTIONS AGREED:

1. That further information on the supply of GP safeguarding training be shared with the Committee.
2. That Jan Harrison, as coordinator for the different bodies involved, would provide for the Committees by the end of the municipal year, the original paperwork that was submitted to the CQC in response to their report and which supported and evidenced the action plans.
3. That updated actions plans with the most recent supporting evidence would be supplied to Councillors.
4. That email evidence of the pursuit of a CPIS update for Derbyshire Health United, which operated from Rutland Memorial Hospital, be supplied.
5. That all information supplied would remain in the strictest confidence and would not be shared publicly.

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Chairman closed the meeting at 9.45pm

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Rutland Scrutiny Panel: 21st January 2021
Review of assurance following the Care Quality Commission
Inspection of Safeguarding and Looked After Children's Health
Services 2019

Jan Harrison Designated Nurse Safeguarding Clinical Commissioning Group (CCG)
Neil King Head of Safeguarding Leicestershire Partnership NHS Trust (LPT)
Michael Clayton Head of Safeguarding University Hospitals Leicester (UHL)

Care Quality Commission

The Action Plans received so far do not consistently indicate the progress required to meet the recommendations required by the CQC review. Additionally, the Action Plans do not clearly indicate how the improvements are to be monitored on an ongoing basis.

Response: Health Service providers commissioned by the CCG are monitored on a quarterly basis by the submission of a Safeguarding Assurance Template (SAT): A CCG Designated Safeguarding Nurse is a member of the providers Safeguarding Committee: Weekly discussions between Heads of Safeguarding and Designated Safeguarding Nurses

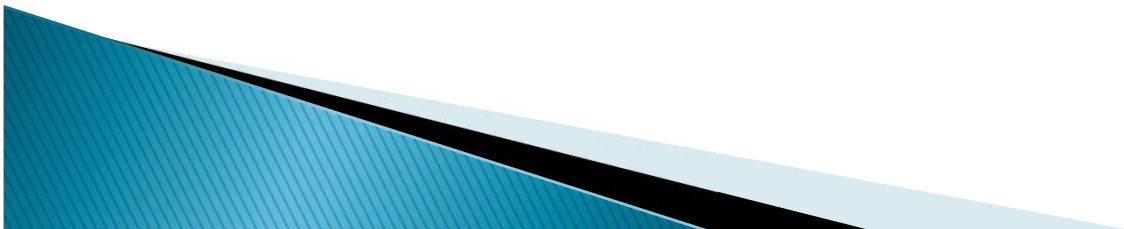
How is the CQC evaluating and monitoring the Action Plans submitted to them, for example have joint commissioning arrangements been improved to ensure better outcomes for young people?

CCG Response: The CQC were sufficiently satisfied that the evidence accompanying the actions plans demonstrated compliance or capacity to improve and there has not been any ongoing monitoring by the CQC

Additionally, it would be useful to have some reassurance regarding safeguarding protocols and the CP-IS system during presentation at Emergency Departments or at GP's.

Response: UHL has the CPIS embedded into ED electronic records

GPs are to be included in the second tranche of the CPIS roll out by NHSE&I Digital – this is an ongoing piece of work



East Leicestershire and Rutland Clinical Commissioning Group (CCG)

Recommendation 1.1 – Amber: What is the current status of the Safeguarding team recruitment process?

Response: Management of Change Processes concluded late 2020 and the Covid -19 Pandemic have delayed advancing the recruitment process for the CCG Safeguarding Team. It is anticipated that this will be resolved by Autumn 2021

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Recommendation 1.2 – Amber: The Looked After Children Service Specification (October 2019) identified the requirement for a CCG review of the Designated and Named Doctor capacity for LAC What is the current status of this review?

Response: The Covid-19 pandemic has delayed advancing this review

Recommendation 5.3 – Green: Provide an update on the safeguarding training regarding compliance and the April 2021 deadline.

Response: Since the onset of Covid-19 all GP Practices are accessing on-line Level 3 Safeguarding Training for staff whose roles require this as per the Intercollegiate Guidance 2019



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

Recommendations 1.1,1.2,2.1, 3.1 – Green, Not Applicable Many of actions in the LPT Action Plan pass responsibility away from the LPT for example “this action is for the CCG” or “we will provide the current performance data”.

What actually is the LPT doing to ensure that none of the services it provides will be criticised in any future Inspection of health services to LAC or safeguarding?

CCG Response

- ▶ 1.1 & 1.2 relate to the capacity of the Designated LAC Post
- ▶ 2.1 relates to LPTs discharge of duties with regards to domestic abuse: explained fully in their action plan submission



3.1: Ensure effective joint arrangements for improving health outcomes for LAC

CCG Response: These arrangements are commissioned and led by the CCG. The partnership arrangements required to ensure continuous quality improvement of health outcomes for LAC are discussed at the LAC Strategic Group to which Rutland LA is a member.

E.g. Children Looked after Health and Children's Social Care Audit December 2020 Designated Nurse LAC, LADO and IRO

6 Children's Health and Social Care records were audited

Findings:

- ▶ 6/6 Registered with a GP
- ▶ 5/6 Registered with Dentist- one new LAC waiting to register
- ▶ 4/6 Registered with Optician- one new LAC waiting to register- one too young
- ▶ 4/6 Eligible for SDQ which were completed



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

What actually is the LPT doing to ensure that none of the services it provides will be criticised in any future Inspection of health services to LAC or safeguarding?

- ▶ **Response**
- ▶ With regard to those actions which are owned by LPT, these have been submitted in the plans already. Those which were passed to the CCG are because they are not LPT 's to action but sit within the domain of the commissioners.



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

Recommendation 3.4 – Green Please provide an update from CAMHS requesting current data as Action plan indicated no update since 20/12/19

“Ensure all children looked after benefit from timely access to support in meeting their mental health needs.”

Response: This evidence has been previously supplied hence signed off in Green
There is a separately commissioned LAC CAMHS Service and there are no young people on this waiting list.

Recommendation 6.1 –Green Please provide the results of the review of the notification system due in April 30th 2020 ? What’s the outcome of the review of A&E attendance notifications across Healthy Together and LAC?

“Review the impact of the enhanced notification system in helping to strengthen joint safeguarding practice and outcomes for children.”

Response: All notifications for A&E attendances from UHL and DHU. The systems are in place and the service is assured.

The LAC team get notified of all LAC (0-18) whether they are LLR YP or OOA YP when they have accessed A&E, OOH and EMAS reports via task. The tasks are assigned to the nursing team to review and take appropriate action if required- contact Foster Carer, residential home, Social Worker for more information.



Recommendation 7.1 –Green What safeguards are in place to ensure that out-of-area providers are informing LPT of attendance? Has this recommendation been followed up at a National Level?

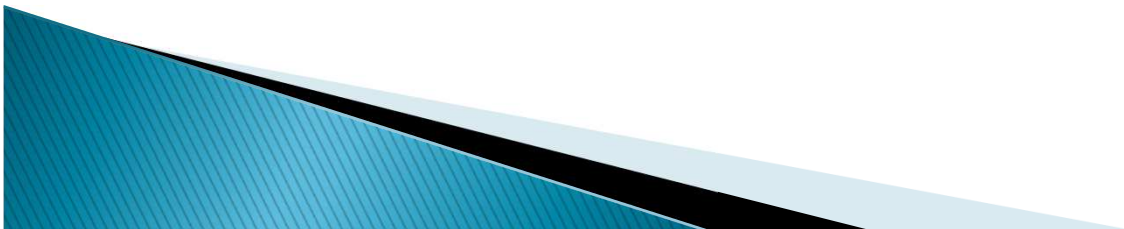
Who do LPT think are responsible for effective use of the CP-IS system?

Response: As a result of changes through Covid, LPT now have access to CP-IS. This is in addition to what was previously shared with the CCG and CQC.

Recommendation 7.2 –Amber Please provide an update on the progress of neuro-development (ND) project which is ongoing and is a large transformational piece of work.

“Ensure children, young people and their families have timely access to neuro-development assessments and post-diagnosis support.”

Response: The ND project is ongoing and is a large transformational piece of work. Both the current and the future ND work is being addressed proactively across the health systems and in partnership with the CCG



Recommendation 7.2 –Amber Please provide an update on the progress of neuro-development (ND) project which is ongoing and is a large transformational piece of work.

“Ensure children, young people and their families have timely access to neuro-development assessments and post-diagnosis support.”

Response: In March 2020 the availability of professionals to come together to continue this work was affected by the prioritising of the arrangements to manage Covid-19. However, Neurodevelopmental Transformation Programme has been established. This system wide delivery model has excellent engagement from all partner agencies. Phase 1 of the project is to formulate a business case, including options appraisal and recommendations, by the end of June 2020. Once this has been considered, Phase 2 will implement and mobilise the agreed ND model across the system.



Recommendation 7.3 –Green Please provide an update on the work that is progressing to standardise the use of safeguarding chronologies across all LPT services.

Response: Ensure young people's adverse childhood experiences and their safeguarding history actively informs transition planning to adult mental health services. All services have now moved to a single electronic health care record on S1.

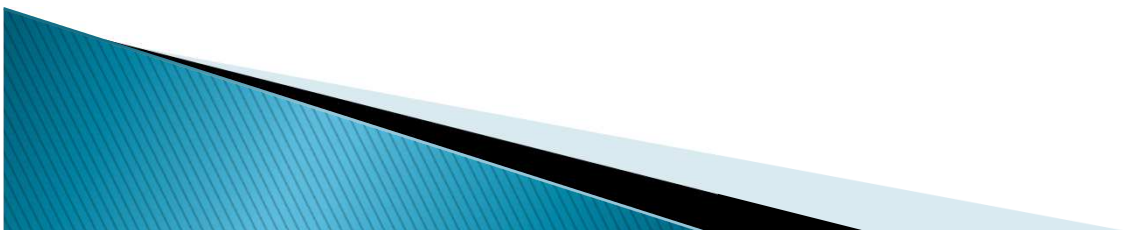
Information recorded on children records will be visible when they transition to adult services.

Work is progressing to standardise the use of safeguarding chronologies across all LPT services.

Recommendation 7.4 –Green When was the last audit presented to the legislative committee, and what was the overall result of that audit?

'Ensure adult mental health practitioners fully recognise parental responsibilities and risks to children and embed the 'Think Family' approach in their practice.'

Response: December 2020 positive results regarding the advice line follow up. This was also shared with the LSAB as a result of one of their action plans for assurance.



**Recommendation 7.5 – Green. Please provide an update of the review of the Governance system, audit arrangements and oversight of child protection reports. Please provide a progress update of the Signs of Safety training.’
Response required**

Response: Audits have been delayed due to Covid-19, team leaders continue to support staff writing Court Reports

Recommendation 7.6 – Amber. Update on progress of including adult mental health practitioners in multi-agency meetings.

Ensure adult mental health practitioners are actively engaged in and supportive of multi-agency child protection and safety planning arrangements.

Response: AMH now take part in strategy meetings if the parent/carer is open to them. They are also in more direct dialogue with the referrals to children’s social care and respective children’s professionals within LPT.



Leicestershire Partnership NHS Trust (LPT)
Commissioned by CCG

Recommendation 7.12 – Green. Please provide an update on the progress of the roll-out of Level 3 safeguarding training.

Response: Level 3 safeguarding training is currently being re- written and updated and will roll out when F2F training recommences.

Currently the training is being done via e-learning and is predominantly based on the NHSE Suite of training. Q3 L3 Training Compliance data: = 91.5% (Target is 90%)



How can the UHL grade the recommendations in its Action Plan as complete (green) without ongoing monitoring?

Response to comment 1, the scrutiny panel will recall that the CQC commended UHL for its robust governance process in relation to safeguarding. Once an action is graded Green and signed off by the UHL safeguarding committee, there is a separate audit schedule programme and work plan which demonstrates how practice is monitored

Recommendation 1.1 – Green (4) Action plan references possible changes post COVID but has not provided an update on decision.

Response: The Trust is unable to comment further as it is of the view that the Covid-19 pandemic is still active, children up to 18 are now being seen in the Children's Emergency Department LRI, previously the age limit was up to 16. If practice changes back UHL will review this hence a note on our action plan.

Recommendation 1.5

Ensure midwifery supervision is well-embedded across the organisation and helps drive up the standards of its safeguarding children practice.

Green (5) References funding being secured for training but no statement that training has been delivered nor, more importantly, if the training has had the desired impact.

Response: Training was delivered in February 2020 and midwifery supervision audits feature on the Trusts work plan



Midlands Partnership NHS Foundation Trust (MPT)
Commissioned by Local Authority Public Health

Recommendations 9.1, 9.2, 9.3, 9.4 , 9.5 - Green

Green appears to be the default RAG rating which in many cases is not supported by substantive evidence and indeed many recommendations have not been updated in the preceding 12 months. How can the RAG rating for 9.1, 9.2, 9.3, 9.4 be green when last updated in 2019? How can the RAG rating for 9.5 be green when last updated in June?

Responses:

9.1 – *Improved access and facilities for young people Sexual Health Services:*

Rutland CC only commission a 2 hour session per week for the Appointment Only and Drop -in for under 16s at Rutland Memorial Hospital. Previous discussions with RCC including C Card initiative now in place for access to condoms for young people alongside on-line STI Screening

RCC would have to commission additional sessions across different sites to improve access

9.2 New safeguarding mandatory template been designed in Electronic patient records updated on 30 11 2020 to include risk assessment and Spotting the Signs for 16-18 year old – gold standard for Safeguarding Young People. All risk for young people identified on records system- and appropriate action /referral is made



Midlands Partnership NHS Foundation Trust (MPT) Commissioned by Local Authority Public Health

9.3 – All staff have mandatory Level 3 safeguarding training and additional including County Lines

Quarter Compliance

- ▶ Nov 2020
- ▶ Level 2 Safeguarding Children 100%
- ▶ Level 3 Safeguarding Children 93%

9.4 Referral and full engagement as appropriate with children's social care including as requested single assessments and child protection planning: full cooperation when requested.

9.5 Audits: Leicester Sexual Health Service fully participates, when requested, by the Safeguarding Children's Partnership Board Office to engage in the programme of safeguarding audits

- ▶ Quarterly Report to Public Health Local Authority commissioners re number of referrals to CSC
- ▶ There is no ongoing therapeutic care as part of a CP Plan/CiN plan as the young person is seen for a limited period of time – this may be one – off visit/appointment



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