



**Minutes of the meeting of the
Dorset Safeguarding Adults Board**

Tuesday 12th December 2017

14:00 – 17:00

Dorset & Wiltshire Fire and Rescue Centre, Peverell Ave W,

Poundbury, Dorchester DT1 3SU

No	Minute	Action
A	INTRODUCTION	
A1	<p>WELCOME AND APOLOGIES</p> <p>SWK explained that due to BC being ill she would chair this meeting. SWK asked the attendees if there were any Declarations of Interests and there were none.</p>	
A2	<p>MINUTES OF THE MEETING OF 27th SEPTEMBER 2017, ACTION PLAN AND MATTERS ARISING</p> <p>A2.1 The minutes of the meeting of the 27th September 2017 were agreed as accurate bar the following amendment: -</p> <p>Initials to the side did not correlate to actions but correlated to pertinent comments made, it was agreed to remove the initials unless an action was required.</p> <p>A2.2 ACTION LOG AND MATTERS ARISING</p> <p>SWK asked the meeting to consider the Action Log and asked for any further updates on what was published and circulated.</p> <p>Additional updates were as follows: -</p> <p>Item B4.4 – HCa updated that DB, Strategic Commissioning Manager for Dorset County Council, is working with ADASS to develop an operational procedure.</p> <p>Item D3.4 – SWK commented no response had been received yet still but noted that it may be the Board needs to wait until DB comes back</p>	

	<p>to strengthen relationship due to X being moved back to a prison rather than a detention facility.</p> <p>Item B4.2 (i) – GD to update Policies and Procedures subgroup in January.</p> <p>Items 3.4 (iii), B1.1 (i), B2.3, C2.3, C1.2 to be closed, as agreed by this meeting.</p>	
A3	<p>PRACTITIONERS PRESENTATION – OUR CHALLENGE: TO MAKE THE MENTAL CAPACITY ACT ASSESSMENT OF ANY PERSON USING OUR SERVICES AS ROUTINE AS ASSESSING THE PERSON’S PULSE, BP AND TEMP</p> <p>Sarah Cake and X (LD and MCA Advisor) provided an insight into the successes and challenges around MCA at Dorset County Hospital.</p> <p>Successes identified include: -</p> <ul style="list-style-type: none"> • Carrying out a clinical audit review of all documentation relevant to assessing mental capacity and Best Interest decisions. • Tailoring MCA and Court of Protection training to clinical staff and additional case law updates for Consultancy staff. • Collaborative and targeted training in key areas with Autism Wessex and the Dorset MCA Team. • Relating to codes of practice to improve Junior Doctors understanding of MCA, tailoring to the decision making of different levels. • Scenario training to help apply components of MCA to real life including sepsis and life support. <p>SC commented the most important difference since last year was the increased level of engagement in carrying out MCA rather than asking for help.</p> <p>Next steps include developing a surgical pathway for MCA and further sharing of information with GPs. Organisation of Regional ED Training - Deliberate self-harm planned for May 2018 as well as peer reviews to engage with operational staff. Continued maintenance of mandatory training package with further updates and continued appraisals of training to take place in the next year.</p> <p>Focusing on continued coaching of staff but not carrying out the work and sharing of developed guidance with NHS England.</p>	
B	BUSINESS PLAN AND SUBGROUP’S REPORT	
B1	<p>QUALITY ASSURANCE CHAIR’S REPORT</p> <p>KM presented the Chairs report on behalf of Helen Coombes.</p> <p>Dorset Police presented raw data to the QA meeting, it was agreed that Inspector GD would liaise with KM and CH (Business Manager</p>	

	<p>B&P) to gain a narrative alongside the data presented. Inspector Dudfield, in his report, highlighted that only 4% of concerns raised by police proceed to a Section 42 enquiry despite the large volume of referrals which Councillor Butler noted was also highlighted at the Children's Boards.</p> <p>960 concerns were received this quarter in Dorset, with 10% resulting in a S42 enquiry. KM anticipates, due to availability of last year's data, a slight increase in concerns and noted the increase in conversion rate from 1% to 8% this quarter. 50% of these concerns received were around Neglect and Acts of Omission, however the instigation of two whole home enquiries will have impacted on the data, as well as a further home closure in Weymouth. Y</p> <p>Cllr Butler queried whether repeat referrals also referred to as 'frequent flyers' were factored into the data. KM commented that they didn't but the addition of extra categories within the referral process at Dorset Safeguarding Triage helps provide information around those concerns that don't meet the threshold. David Vitty added Bournemouth and Poole do record repeat concerns where Dorset don't, this data was previously used as a benchmark for what good looks like. Agreed KM to link with DV and update in due course.</p> <p>Health Scorecard analysis evidenced that 78% of concerns were carried out in individual's own homes, with increased issues relating to poor discharge in Bournemouth and Poole hospitals, VC queried whether this related to safeguarding or quality of care. Further concerns were raised regarding the lack of qualified nurses across the workforce, Cllr Butler reported he had written to the local MP regarding this. SWASFT's named professional DB reported at QA she is keen to improve the quality of referrals from SWAST and seeks to work with the CCG and the Dorset triage team regarding this.</p> <p>MOSAIC went live last month, KM hopes to continue the level of analysis with greater consistency in presenting the data at QA.</p> <p>Audit updates include Bournemouth's snapshot audit into MCA and Best Interest decisions, SarW agreed the forms that were developed to be shared with the group. X now undertaking the audit concerning the disparity between conversion rates to a S42s throughout the South West region, currently awaiting contract to be issued for work to start.</p> <p>Final note focused on the results of the survey monkey re the self-neglect and hoarding guidance, QA are focusing on remarketing at the Joint Conference and MCA conference, KM writing an article for the e-newsletter.</p>	<p>KM/DV</p> <p>KM</p>
<p>B1.1</p>	<p>QUALITY ASSURANCE DATA ANALYSIS</p> <p>KM provided Chairs Report and the scorecard was circulated prior to the meeting for review.</p>	
<p>B1.2</p>	<p>CARE QUALITY MONITORING GROUP REPORT</p>	

	<p>SWK presented this report to the Board and the Care Quality Monitoring Summary was circulated to the Board for reference.</p> <p>SWK reported on the closure of a home in X recently, concerns around the absence of safe and proper care, level of nursing staff, competency and fabrication of evidence in care records. SWK commended the joint working between LA, DHUFT and Dorset CCG, which led to positive outcomes for those residents who required assistance with moves to alternative accommodation</p> <p>Overarching themes where there are provider concerns are: poor leadership, the absence of registered manager, lack of experienced staff. Current LSEs taking place in Bournemouth and Poole and imposed blocks on two nursing providers in Dorset are placing a strain on services and resources with self-funders potentially amongst those suffering the most. SWK reinforced that providers should notify relevant families of enquiries when there are serious concerns and this has been discussed with Dorset providers who have taken the necessary action.</p> <p>HCA added that the recently attended SWADASS conference centred on the high amount of home closures across the South West. Dorset is considered a high performing county in this respect, which raised questions for Board members about the standard of performance which is accepted as 'good'. SS highlighted that there has been an improved quality of care across Dorset, Bournemouth and Poole, with decreasing levels of block and cautions being imposed however the workforce issues may soon be hitting crisis point.</p> <p>Discussion then centred around staffing ratios within care settings and where resource should best be directed, SS outlined a current pilot scheme, which places nursing students into care homes to encourage higher retention and employment opportunities within the care sector. Cllr Butler and SWK to draft a paper and present the issue to Health and Wellbeing Board.</p> <p>ST reported to the Board, findings from SWAST's annual report that 45 care agencies where calls were responded to did not recognise stroke symptoms, 16 of those within Dorset. SWK to discuss with X regarding action to be taken, SWASFT's annual report to be circulated with the minutes.</p>	<p>SB/SWK</p> <p>SWK/VR</p>
<p>B2</p> <p>B2.1</p> <p>B2.2</p> <p>B2.3</p>	<p>SAFEGUARDING ADULTS REVIEW PANEL - CHAIRS REPORT</p> <p>SWK presented this report to the Board.</p> <p>SWK updated that X, commissioned by NHS England which BC is contributing to it is not being commissioned as a SAR to avoid any duplication.</p> <p>A publication date for X is still awaited, the Board anticipates significant learning will be identified in the final report. Four Bournemouth and Poole DHRs are ongoing, these are proving time consuming and potentially have similar thematic overviews.</p>	

B2.4	<p>KM chaired a Safeguarding Leads meeting where the requirements for a SAR were not met. There was evidence of good multi-agency working between partners especially the mental health team and police. The high level of support provided from agencies makes it unclear how his death could have been prevented.</p>	
B3	<p>TRAINING AND WORKFORCE DEVELOPMENT CHAIRS REPORT</p> <p>VC presented this report to the Board.</p> <p>Drafted a synopsis of learning paper to allow learning from SAR/SCRs to be disseminated earlier than publication. Yet to be tested, awaiting X to be released in an aim to mitigate the struggle to achieve and evidence transfer of learning.</p> <p>Domestic Abuse Training is currently being developed to fit the Pan Dorset approach, a paper to be brought to TWDG in the first instance and then to the Board meeting in March 2018. Terms of Reference for APUG and TWDG have been rewritten and approved at TWDG to reflect changes in membership, for approval by the Board members at this meeting, accepted by the Board.</p> <p>The varied application of the Nominated Enquirer across the three local authorities is being overseen by the Quality Assurance subgroup with input from Glynis Greenslade.</p> <p>Funding provided by NHS England has been directed to different areas e.g. the Independent Provider events which are taking place in January are to contain emphasis on the contracture pathway and self-funding individuals. £4000 of the money has gone to the Joint Conference on the Whole Family approach taking place in February.</p> <p>Quality Assurance audit of training to be undertaken by GG with a view to analyse the qualitative versus quantitative data sets available.</p>	
B3.1	<p>VERBAL UPDATE RE JOINT CONFERENCE</p> <p>KM provided a verbal update.</p> <p>Invites and nomination forms have been sent to partners and lead agencies.</p> <p>X has been identified as the key note speaker with workshops on self-neglect, transitions, supporting parents with a Learning Disability and themes of learning from local SARs.</p>	
B4	<p>POLICY AND PROCEDURES CHAIRS REPORT</p> <p>B4.1 DV presented this report to the Board.</p> <p>B4.2 DV advised the next iteration of the Policies and Procedures is to be published in March 2018 which seeks to provide clarification surrounding MARMS and the Domestic Abuse Section. KM commented</p>	

B4.3	the MARM guidance drafted by X is set out helpfully and enables insight into the processes and responsibilities of different agencies.	
B4.4	Posters which were successfully distributed widely has had good coverage. A second print run is being considered with a view to then revisiting the communications plan.	
B4.5	Safeguarding leaflets have been refreshed, DV anticipating an overhaul in leaflets due to the Local Government Review. Safeguarding banners are awaiting their 3 rd iteration, the group agreed they were happy to support the next iteration.	
B4.6	CH is currently working on a whistleblowing policy within care homes, GD to provide an update to the P & P Group in January. DV added he is seeking to create an overarching inter-agency protocol for Large Scale Enquiries by linking with ADASS group. SWK added the Community Safety Partnership would be helpful in this aspect.	
B4.6	VC reported she and CK were aiming to develop early prevention work, further updates at the next meeting.	
B5	BPDSAB WORKPLAN 2017 – 2018 KM to update the Joint Workplan as per changes, updated version to be circulated with the minutes.	
B6	RISK REGISTER QUARTERLY REPORT	
B6.1	SWK presented this report on BC's behalf.	
B6.2	Highlighted the importance of Executive Group attendance, which has been reduced during the last few meetings. SWK asked that business as usual be maintained despite workload pressures on organisations to ensure effectiveness and quoracy.	
B6.3	SWK proposed any post changes or organisational changes be put forward to the Board meetings so that members are aware, members of the meeting agreed.	
C	LEARNING AND INFORMATION	
C1	AWARENESS OF UNDERSTANDING OF CYBERBULLYING	
C1.1	X, Cyber Crime Prevention Officer for Dorset Police provided an overview of his community work and engagement. Having just booked his 199 th talk, X is dedicated to improving cyber-crime and its dangers by reaching a range of audiences.	
C1.2	40% of crime is now cyber related with 85% of that preventable. JM is currently working with the NHS to develop e-learning and scenario work which, generates more interest. Challenges include contacting certain groups e.g. local businesses who cannot see the long-term benefit of the dangers of cybercrime and want	

C1.3	to yield profit. Young people due to a lack of incentive. The most at risk are vulnerable, older people due to their lack of knowledge of technology they become easy targets for scams etc.	
C1.4	To increase awareness, work with Dorset Mind and People First Dorset is underway. Further work using Dorset Police YouTube channel in promoting Cyber-crime awareness is also proving successful and effective.	
C2	SWASFT SAFEGUARDING ANNUAL REPORT	
C2.1	ST presented this item on behalf of SWASFT.	
C2.2	Due to personnel changes, and her leaving the trust, there will now be two named professionals. Simon Hester taking over STs position.	
C2.3	Points to include: SWASFT referrals have doubled since 2016 from 716 to 1435 with the main theme reported as self-neglect amongst adults. Priorities for 2017/2018 include: <ul style="list-style-type: none"> • Developing the referral process so it can be fully embedded into electronic systems • Named Professionals managing allegations • increasing employee confidence to notify Police when crimes are suspected 	
C2.4	Current ratios of referrals stand at 70% adults and 30% children which is significant; data also suggests that most concerns are about vulnerable adults not having care packages in place, this has a huge impact on SWAST, resulting in them not being able to answer emergency calls. SC countered SWASFT may not have all the information available as to care packages etc, there may be a package in place which ambulance staff are not aware of, meaning that a safeguarding referral would not be required. SWK highlighted the importance in information sharing where possible to obviate this.	
C2.5	ST highlighted the lack of feedback from Local Authorities regarding the quality of their referrals, without which they cannot improve. This limits staff's knowledge into thresholds and training becomes limited, due to lack of scenario training.	
C2.6	SWK set an action for herself to consider the referrals to Safeguarding Triage and to the lack of feedback across agencies. DV to action on behalf of Bournemouth and Poole.	SWK/DV
C3	UPDATE ON TRANSFORMING CARE PROGRAMME	
C3.1	WB, TCP Programme Lead provided an update.	
C3.2	Principles of work with TCP centres on bi-monthly intelligence meetings with CQC, Dorset CCG, Dorset Police and the Local Authorities to allow issues to be flagged and escalated.	
C3.3	Policies and Procedures are regularly refreshed to allow agencies to identify by individual provider as well as providing training in identifying	

	<p>concerns. Incorporating whistleblowing into visits and maintaining a dashboard of providers helps flag risks.</p> <p>C3.4 Maintaining person centred planning, a core aspect of TCP council centred reviews as well as care and treatment reviews is a key aim as well as a move towards smaller units and the commissioning of independent advocacy with regular monitoring. To help ensure quality care, partner working is sought and safeguarding clauses included in contracts and reporting on providers.</p> <p>C3.5 At the Joint Officers Group, reporting on the quality of residences are actioned with safeguarding representation, quality issues are also a standardised agenda. Pertinent issues are then discussed including those of Shottsford House which are then reviewed at Board level to help recognise the areas of improvement.</p> <p>C3.6 HC queried if these meetings were held on a regular basis and if it is reviewed at a strategic level. WB commented that information was more to share concerns and flag risks and is ad hoc information.</p> <p>C3.7 KM agreed to liaise with WB regarding reporting areas and update at the next meeting. As part of this update the Board would like to hear about an individual case example which demonstrates their journey through the TCP process.</p>	KM
D	ROUTINE	
D1	LINE OF SIGHT FEEDBACK	
	SWK confirmed this item has been deferred to the next Board meeting.	
D1.1	SUGGESTED FUTURE AREAS OF DISCUSSION PRESENTATIONS	
	The issue of threshold management could be mitigated by linking with the Workforce Action Board to help understand other methods and business. Agreed KM, CH (B & P) and X, Dorset Police to liaise regarding this.	KM
D2	UPDATE FROM PEOPLE FIRST	
	<p>KM updated that this subgroup is now developing their own strategic plan.</p> <p>Currently undertaking work into social media and issues surrounding this, joint working with X to develop ideas due to his knowledge in this area.</p>	
D3	ANY OTHER BUSINESS	
	SWK wanted to thank ST, KC, SS and FH for their hard work and dedication to this Board and wished them the best of luck in the future.	

PRESENT

- Sally Wernick (SWK), Service Manager – Safeguarding Adults and Quality, Dorset County Council
- Harry Capron (HCa), Assistant Director - Adult Care, Dorset County Council
- Stuart Legg (SL), Area Manager – Dorset, Dorset & Wiltshire Fire and Rescue Service
- Karen Maher (KM), Business Manager, Dorset Safeguarding Adults Board
- Kevin Connolly (KC), Detective Superintendent, Dorset Police
- Sally Shead (SS), Director of Nursing and Quality, Dorset CCG
- David Vitty (DV), Head of Adult Social Care, Poole Borough Council
- Fiona Hoskins (FH) Deputy Director of Nursing, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Sarah Thompson (STh), Safeguarding Manager, South West Ambulance Service NHS Foundation Trust
- Steve Butler (SB), Safeguarding Lead, DCC Member
- Verena Cooper (VC), Designated Safeguarding Adults Manager, Dorset Clinical Commissioning Group
- Sarah Cake (SC), Safeguarding Adults Lead, Dorset County Hospital NHS Foundation Trust
- Fiona Haughey (FHa), Director of Nursing and Quality, Dorset Healthcare

IN ATTENDANCE

- Jake Moore (JM), Cyber-Crime Prevention Officer, Dorset Police
- Will Barnwell (WB), Programme Lead, Dorset CCG
- Jo Findlay (JF), LD and MCA Advisor, Dorset County Hospital NHS Foundation Trust.

APOLOGIES

- Penny Smith (PS), NHS England
- Fiona Brown (FB), Housing Manager, Purbeck District Council
- Oliver Topliss (OT), Operational Manager, Dorset, Devon & Cornwall Community Rehabilitation Company Limited
- Brian Westlake (BW), Bournemouth, Dorset and Poole, Care Providers Federation
- Graham Duggan (GD), Head of Community Protection, Dorset Councils Partnership
- Jackie Allen (JA), Dorset Age Partnership Chair
- Marie Waterman (MW), Manager for Dorset Volunteer Centre
- Matti Raudsepp (MR), Strategic Director, Christchurch and East Dorset Partnership.
- Teresa Izzo (TI), Policy Lead for Vulnerable Adults, Poole Hospital NHS Foundation Trust
- Tina Ridge (TR), Head of Dorset National Probation Service.