



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

Tuesday 20th June 2017

14.00-17.00

Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset DT1 1XJ

No	Minute	Action
A	INTRODUCTION	
A1	<u>WELCOME AND APOLOGIES</u>	
A1.1	BC welcomed everybody to the meeting. Introductions were made around the table. BC asked the attendees if there was any Declarations of Interest and there were none.	
A2	<u>MINUTES OF THE MEETING OF 15th March 2017, ACTION LOG AND MATTERS ARISING</u>	
A2.1	The minutes of the meeting of 15 th March 2017 were agreed as accurate.	
A2.2	<u>ACTION LOG AND MATTERS ARISING</u> BC asked the meeting to consider the Action Log and asked for any further updates on what was published and circulated. Additional updates were as follows: - <ul style="list-style-type: none"> • <u>Item 5.2/14 - SS</u> confirmed that at a meeting held last week it was agreed that the thematic report would be submitted to both boards in September 2017. • <u>Item D3.4 (i) 15.03.16 – SARs in Prisons</u> – BC has received a reply from the Prisons and Probation Ombudsman dated 5th April 2017 and circulated it to the Board on 20th June, however the general feeling was that no specific examples were given as to how the PPO would liaise with DSAB during an investigation and that it is an issue that would need to be managed on a local 	

	<p>level. SW will raise issue with DB at the Prison Health Partnership Board and try to obtain further clarity.</p> <ul style="list-style-type: none"> • <u>Item D3.4(iii) 15.03.17</u> – FHa updated the Board advising that she had shared the Dorset Healthcare Suicide and Healthcare in prisons report with BC, however it was reviewed prior to April 2017 and therefore it needs to be considered as to whether or not this is still relevant as they no longer hold the contract for prison services. • <u>Items B5.7 and B5.6 06.12.16 – Transforming Care</u> – These items are being covered in the Board agenda (see Item C2 on the minutes 20.06.2017). • <u>Item B1.1(iv) 15.03.17 – South West Ambulance Service</u> BC confirmed that he has received a reply to his letter regarding this matter from Sarah Thompson and will be arranging a date to meet and discuss the matter further. 	<p>FHa</p> <p>BC</p>
<p>A3</p> <p>A3.1</p> <p>A3.2</p> <p>A3.3</p>	<p><u>PRACTITIONERS PRESENTATION</u></p> <p>X (Dorset Advocacy) gave a presentation about a complex case which she has been involved in as an Independent Mental Capacity Advocate (IMCA). X provided background information about a vulnerable adult who had been referred.</p> <p>Communication between the multiple agencies has taken place with MARM meetings convened to identify and agree actions to support the individual however, success of interventions have been hampered by continued lack of engagement from the individual as well as pressure on available resources.</p> <p>Positive impact of IMCA involvement -</p> <ul style="list-style-type: none"> • Individual engages with IMCA as they view her as not being in a position of authority. • Active involvement in safeguarding enquiry. Support of IMCA promoted engagement with other agencies. • Provided individual with ‘a voice’ and encouraged consideration of different more suitable support and accommodation options for them. IMCA highlighted need to continue to promote role of Advocacy in Safeguarding Enquiries. <p>BC asked meeting for any questions -</p> <p>Discussion took place regarding value of MARM meetings and highlighted need for these and need in certain cases for these to be held regularly to review and manage identified risks.</p> <p>BW asked who was generating the complexity around this case; was it the individual themselves or the system around them? It was explained that both were a factor which made it difficult to</p>	

<p>B1.3</p>	<p>HCA stated that it's important to get a sense of how the different authorities are working and clarity around their processes in order to understand the story behind the data and that this could be achieved by working with agencies who work across the board.</p> <p>ST queried when the benchmarking data from NHS digital for 2016/17 would be available for circulation. KM confirmed that this has only recently been submitted and therefore there are no available timescales as yet. Comparator information in the Annual Report was based on 2015/16 data.</p> <p>SS noted consideration of NFAs, what Dorset marked for NFA compared to what Bournemouth and Poole mark for NFA as a further contributing factor when understanding the data and difference in number of sec 42 referrals from those localities.</p> <p>SS stated there was a need to look at and align the differing approaches across the authorities.</p> <p>KM agreed to take these comments back to the QA sub-group in August.</p> <p>ST advised that this should be viewed as a positive piece of work.</p> <p><u>CARE QUALITY MONITORING REPORT</u></p> <p>SW presented this report to the Board and the Care Quality Monitoring Summary (paper) was circulated to the Board for reference.</p> <p>SW summarised a distinct lack of Nursing beds and skilled staff, and a failure in leadership which has led to 2 whole home Enquiries being initiated. SW described the common occurrence of staff leaving one home and reappearing in another elsewhere in the County. She also highlighted a problem with small providers finding it increasingly difficult to sustain their business when surrounded by larger care providers who can attract and retain the more skilled staff.</p> <p>A discussion ensued in which BW noted that nursing homes are suffering with a 96% reduction in foreign nurses as reported recently in the news coming to work in the UK since the Brexit referendum. He described how local care homes are falling victim to the system whereby LA budget cuts and shortage of funds leads to spasmodic hospital admissions. This in turn leads to care homes releasing excess staff, only to be forced into recruiting again at a later date which is costly, inefficient and unsustainable.</p> <p>SW asserted the need for a whole system approach in order to staff care homes and relieve increasing pressure on hospital beds in an environment where it is 'survival of the fittest'. She also noted that the increased numbers of people now being</p>	<p>KM</p>
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	<p>cared for in the community may cause a further increase in safeguarding cases simultaneously to the number of safeguarding cases in care homes under the increased pressures described.</p> <p>SW reiterated the need to enhance the skills of staff and BW stated that strong leadership and encouraging professionals to stay within the industry would be key in achieving this.</p> <p>BC stated that this issue is highlighted in the Boards business plan 2017/18.</p> <p>ST stated in reference to the points made by BW, that poor practice needs to be referred/escalated to the Nursing & Midwifery Council (NMC) when it is identified and known to have taken place; the Disclosure & Barring Service (DBS) also need to be informed to ensure effectiveness in making sure organisations only have the safest employees.</p> <p>SW confirmed there were no other issues to raise with regard to the Care Quality Report.</p> <p>B1.4 <u>EVALUATION OF ABACUSS SYSTEM (slides)</u></p> <p>SA gave a presentation on the ABACUSS system which she confirmed went live in April 2017 after a successful pilot. SA explained its function as an audit tool to monitor the standard of care delivery in care homes (with nursing). Once the team have conducted their audit, work is immediately commenced to fulfil any recommendations made.</p> <p>SA highlighted concerns that had been raised by some of the care homes that had been visited around the varying approach to Mental Capacity and Deprivation of Liberty Safeguarding process. This was reported to be causing ‘chaos’ for some Care Home staff and was raised as an issue that needs to be addressed.</p> <p>SA highlighted the issue of ensuring effective leadership as a cause for concern across the Dorset based Care Homes. She advised that a cohort of 12 care home managers have been selected to complete a 6-month course on effective leadership. It is the intention for these managers to pass on this learning and take it with them should they move between care homes.</p> <p>As we enter the summer months and in light of the recent high temperatures, HCa raised the issue of Hydration in regard to resilience care for the A&E Delivery Board. SA explained that she is working with Dorset Healthcare looking at the hubs as a means of getting the information out to the community and that access to fluids in care homes makes up part of the ABACUSS review.</p>	
B2	<u>SAFEGUARDING ADULTS REVIEW PANEL – CHAIR’S REPORT</u>	

<p>B2.1</p> <p>B2.2</p>	<p>BC presented the report to the Board.</p> <p>BC updated the Board on the case for a new SAR to be commissioned in relation to an alleged murder in Bournemouth where both victim and perpetrator had been in receipt of services. He advised that the Trust has commissioned an independent internal review which has now been completed and that a Mental Health Homicide inquiry is also to be commissioned. BC said that he has been in touch with NHS England and agreed that he will represent the SAB's interests by attending their initial meeting and join their QA panel; he expressed the view that it would therefore not be necessary to commission a separate SAR. BC said that he would update the Board in due course as the case developed.</p> <p>BC stated that the SAR into HNH had been published during w/c 13th March, and excerpts from the press release were printed in the Bournemouth Echo but otherwise there was no further media interest. KM is continuing to update the multi-agency action plan which is progressing well.</p>	<p>BC</p> <p>KM</p>
<p>B3</p> <p>B3.1</p> <p>B3.2</p>	<p><u>TRAINING AND WORKFORCE DEVELOPMENT SUB-GROUP - CHAIR'S REPORT</u></p> <p>AH presented the report to the Board.</p> <p>AH presented the proposal for enhanced arrangements to disseminate and monitor the impact of learning from SAR to the Board and BC commended the paper on its clarity.</p> <p>The Board were all in agreement and support of the proposal.</p> <p>Proposal of a Joint 'Think Family' conference with Childrens Safeguarding Boards was discussed.</p> <p>ST raised the question as to whether or not, as a training mechanism, the 'Think Family' conference should be made an accredited training event which would therefore contribute to workers CPD. ST also queried whether the Board should charge for the event as is currently done for the Childrens Boards' events. Agreed further consideration would be given to this option.</p> <p>BC mentioned the possibility of using Dorchester and Bournemouth Football clubs as possible venues – AH/KM to follow up.</p>	<p>AH/KM</p> <p>KM/AH</p>
<p>B4</p> <p>B4.1</p>	<p><u>POLICY AND PROCEDURES SUB-GROUP CHAIR'S REPORT</u></p> <p>DV presented this report to the Board.</p> <p>DV advised that posters have been widely disseminated across primary care outlets and other points of contact and that this has been very successfully shared across social media resulting in</p>	

<p>B4.2</p> <p>B4.3</p> <p>B4.4</p>	<p>an interview with BC on Radio Solent. Due to its success, it is planned for the campaign to continue running for the time being.</p> <p>DV confirmed that updated policy and revised procedure have been published and invited comments from partner agencies for the next review due in October 2017.</p> <p>DV said that individuals have been assigned to work plan actions to progress identified work.</p> <p>DV asked the Board to consider contributing towards the funding of generic safeguarding branded boards/banners for use at training events and open sessions. The Board agreed to consider this as part of the wider resource discussion later in the meeting.</p> <p>FHa advised that she is able to provide contacts for best value providers of promotional material.</p>	<p>DV/AH/FHa</p>
<p>B5</p> <p>B5.1</p> <p>B5.2</p>	<p><u>DRAFT B&P AND DSABs WORKPLAN 2016-2017</u></p> <p>BC Took the Board through the Workplan.</p> <p>BC referenced Pg7, Item 3 – advised that this item had already been discussed by AH at Item B3 of today’s agenda.</p> <p>BC referenced Pg18, Item 4.9 – Members of the Board were asked to notify BC if they identified opportunities for the Board to support any publicity/initiatives being undertaken by other Boards/Providers etc.</p> <p>No other points were raised.</p>	
<p>B6</p> <p>B6.1</p>	<p><u>DRAFT DSABs ANNUAL REPORT 2016-2017</u></p> <p>KM provided a brief over view of the report and requested feedback from members.</p> <p>BC requested any comments to be submitted to KM, via email within 2 weeks in order to take the report forward.</p>	<p>Board members/KM</p>
<p>B7</p> <p>B7.1</p>	<p><u>BOARDS RESOURCE PAPER</u></p> <p>BC stated that the papers circulated a summary of the issues around resourcing.</p> <p>BC referenced Pg. 6 of the paper putting forward the proposal to reduce the reserve budget from £31,871 to £20,000. £20,000 will be kept in reserve to ensure sufficient funding is available for any potential Safeguarding Adults Reviews commissioned in the future. This would cover the cost of up to 2 SARs.</p>	

	<p>ST voiced her support for all of the expenditure recommendations outlined in BC's report.</p> <p>SS also said that she supported the proposal and highlighted the need for a further £5000 additional funding to be made available for the multi-agency audits discussed earlier in the meeting.</p> <p>The Board was in agreement with all proposals, with finer detail to be discussed at a later date.</p>	
C	LEARNING AND INFORMATION	
<p>C1</p> <p>C1.1</p>	<p><u>BOURNEMOUTH UNIVERSITY RESEARCH PROJECT ON SCAMMING</u></p> <p>X and Y both of X presented to the Board around research currently being undertaken with X around postal scamming.</p> <p>They have been commissioned by X to undertake an investigation in to Mass Marketing Fraud (MMF) with the purpose of better understanding how mail scams work and who is at highest risk of falling victim. The following points were highlighted;</p> <ul style="list-style-type: none"> • The numbers of victims are unknown and hard to predict given that many are reluctant to come forward due to embarrassment and reluctance to admit that they have been the victim of a scam. There are also those for whom such contact provides a sense of social purpose as well as those who do not believe that they have been targeted in any way and are unable to see that they are a victim of MMF. This makes it much harder to tackle. • £5.77 billion is lost per year due to mail scamming alone. This does not include other types of MMF. • As a responsibility under the Care Act (2014) to protect vulnerable people from scammers, there is a need for joined up approaches across agencies and organisations to tackle the problems. Scammers frequently stay one step ahead of the authorities exposing and blocking their methods. • Most scam contacts lie outside of the UK which makes it very hard to intercept the perpetrators and prosecute. <p>KM queried whether there is a legal duty to deliver mail if it is addressed to an individual. LF explained that whilst this is the case, The X are no longer the only providers of postal services and mail on this scale (often handled by alternative couriers in large containers being shipped in from abroad) can be intercepted at the point that the intelligence is received.</p>	

C1.2	The Board were asked to complete the Questionnaires distributed and return to KM to send back to LF and SL (Bournemouth University) to inform their research.	All Board members
C2	<p><u>UPDATE ON TRANSFORMING CARE</u></p> <p>BC advised the Board that Transforming Care featured on the Boards agenda on a six-monthly basis for significant updates.</p> <p>X of DCCG presented the Programme Milestone Plan to the Board.</p> <p>WB advised that the plan is split into 4 main areas;</p> <ul style="list-style-type: none"> - Co-Production - Bed Closures - Developing a new service model - Funding Arrangements <p>C2.1 Co-Production - WB advised that with regard to Co-Production, Bournemouth and Poole plans align with Dorset.</p> <p>C2.2 Bed Closures – WB explained that the Dorset target is to have no more than 9 clients in an in-patient setting, and that currently out of 15 in total, Dorset has 7.</p> <p>KM raised an issue with the accuracy of the information presented in regard to X (4 identified step-down clients discharged from hospital and successfully moved into X). KM explained that this information didn't correspond with other information received, reporting that 2 of these clients didn't go through the proper protocol and ongoing issues regarding the quality and provision of care.</p> <p>KM advised that she had written to X (CCG) and Y (DHUFT) regarding the issue highlighted. GB had responded to advise that he is aware of the quality issues and a meeting is being convened to address these with the provider. FHa and SS requested KM copies them in to any further correspondence or other such arising matters in future.</p> <p>C2.3 Developing a new Service Model - Capital Funding – WB stated that £300,000 funding grant had been secured from NHS England to develop the 5 new self-contained units in Dorset for people with LD and complex needs.</p> <p>BC stated that the overall programme made no real mention of safeguarding and questioned what is being put in place to ensure safeguarding features. There have been safeguarding concerns raised. WB to pick up and provide an update for the next Board meeting.</p> <p>HCa advised that the Learning Disability Partnership Board are also vigilant to what is happening at Shottesford House.</p>	<p>KM</p> <p>WB</p> <p>HCa</p>

C3	<p><u>DORSET CARE RECORD</u></p> <p>BC confirmed that this item has been deferred to the next meeting due to time restraints.</p>	
D ROUTINE		
D1	<p>BC thanked all of those who attended and presented at today's meeting.</p> <p><u>LINE OF SIGHT</u></p> <p>BC requested any updates from Board members on completed Line of Sight visits.</p> <p>D1.1 SW advised that she has visited DCH and was very impressed with the level of engagement, safeguarding training and strength of the Mental Capacity Act Team.</p> <p>D1.2 She also said that she had met with colleagues from the midwifery team which was very useful and she felt very positive about their whole family approach.</p> <p>FHa advised that she had visited the SW Ambulance Team and had been able to sit in on some 111 calls. FHa to draft a brief note and provide to KM to circulate to the Board.</p>	FHa
D2	<p><u>ANY OTHER BUSINESS</u></p> <p>D2.1 <u>UPDATE FROM DORSET PEOPLE FIRST SUB-GROUP (VERBAL)</u></p> <p>KM gave a brief update on the issues discussed by the group which included the following;</p> <ul style="list-style-type: none"> • Cyber-crime/Social networking educational workshop has been provided by Dorset Police • The group has participated in Community Speed checks as concerns were raised about the speed of some vehicles. • Ongoing concerns were raised about Beggars/being asked for money by strangers and how to manage this safely. • Concerns were raised about Bullying and how to build confidence to manage this or ask for help. • Banking/online banking safety as many local branches are closing. <p>D2.2 <u>ANONYMISATION OF BOARD MINUTES</u></p> <p>BC asked the board for their views around the anonymization of comments made by individuals within the Board minutes. The Board broadly agreed with BC's view that there is a need for transparency and accountability and that therefore the</p>	

	anonymization of the Board minutes would not be necessary although particularly sensitive information will continue to be redacted before publication.	
D3	<p>DATES OF NEXT MEETINGS</p> <p>Dates of Board Meetings for remainder of 2017</p> <ul style="list-style-type: none"> • Wednesday 27th September 2017, 14.00-17.30 in Committee Room 2 at County Hall • Tuesday 12th December 2017, 14.00-17.30 – Durweston Village Hall, Church Road, Durweston, Blandford, Dorset DT11 0QA • <p>Date for DSAB Development Session 2017</p> <ul style="list-style-type: none"> • Tuesday 12th December 2017, 09:00-13:00 - Durweston Village Hall, Church Road, Durweston, Blandford, Dorset DT11 0QA 	

PRESENT

- Barrie Crook (BC), Independent Chair, Dorset Safeguarding Adults Board (Chair)
- Sara Tough (ST), Corporate Director for Children, Adults and Communities, Dorset County Council
- Steve Butler (SB), Safeguarding Lead, DCC Member for Cranborne Chase Division
- Harry Capron (HCa), Assistant Director - Adult Care, Dorset County Council
- David Bourne (DB), Governor, IRC The Verne
- Stuart Legg (SL), Area Manager – Dorset, Dorset & Wiltshire Fire and Rescue Service
- Sally Wernick (SWk), Service Manager – Safeguarding Adults and Quality, Dorset County Council
- Karen Maher (KM), Business Manager, Dorset Safeguarding Adults Board
- Fiona Haughey (FHa), Director of Nursing and Quality, Dorset Healthcare
- 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
- Brian Westlake (BW), Chair, The Bournemouth Dorset and Poole Care Providers Federation
- Marie Waterman (MW), Manager, Dorset Volunteer Centre, Dorchester
- Sarah Austin, Care Home Quality Assurance Manager, Dorset CCG
- Anne Humphries, Chair of the Pan-Dorset Safeguarding Adults Training Workforce and Development Group
- Teresa Izzo, Safeguarding Adults Lead, Poole Hospital NHS Foundation Trust
- Jo Findley, Dorchester County Hospital
- Hannah Puszkarz (HP), Note taker - Dorset County Council

IN ATTENDANCE

- Dr Lee-Anne Fenge, Chief Investigator, Bournemouth University
- Dr Sally Lee, Post-Doctoral Research Fellow, Bournemouth University
- William Branwell Transforming Care Programme Lead, Dorset CCG

APOLOGIES

- Helen Coombes (HC), Interim Director of Adult and Community Services, Dorset County Council
- Jackie Allen (JKA), Chair, Dorset Age Partnership
- Tina Ridge (TR), Head of Dorset National Probation Service
- Sarah Thompson (STh), Safeguarding Manager, South West Ambulance Service NHS Foundation Trust
- Debbie Bilton (DB), Named Professional, South West Ambulance Service NHS Foundation Trust
- Elaine Morgan (EM), Assistant Chief Executive, Dorset, Devon & Cornwall Community Rehabilitation Company Limited
- Oliver Topliss (OT), Operational Manager, Dorset, Devon & Cornwall Community Rehabilitation Company Limited
- Ruth Williams (RW), Director of Nursing, NHS England
- Nicola Priest (NP), Assistant Director of Nursing (Patient Experience), NHS England
- Nicola Lucey (NL), Director of Nursing, Dorset County Hospital NHS Foundation Trust
- Paula Shobbrook (PS), Director of Nursing, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

- Fiona Brown (FB), Housing Manager, Purbeck District Council
- Denise Richards (DR), Assistant Director of Nursing (Safety), Poole Hospital NHS Foundation Trust
- Jill Haynes (JH), Elected Member, DCC Member for Three Valleys Division
- Joan Carmichael (JC), DCI, Dorset Police
- Graham Duggan (GD), Head of Community Protection, Dorset Councils Partnership
- Sarah Cake (SC), Safeguarding Adults Lead, Dorset County Hospital NHS Foundation Trust
- Verena Cooper (VC), Designated Safeguarding Adults Manager, Dorset Clinical Commissioning Group
- Ellen Bull (EB), Deputy Director of Nursing, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust