

	<p>KM advised she will be undertaking a 12-hour shift with Paramedics in order to gain a further understanding of the situations they are faced with. Due to the large area SWASFT cover it was agreed an annual report to the Board and their attendance at the Support and Challenge Event was an adequate compromise. SS also advised that the CCG works closely with SWASFT and any concerns in regard to Quality Assurance could be reported by the CCG to the Board.</p> <ul style="list-style-type: none"> • <u>Item 5.6</u> – This item is being covered in the Board Agenda (see Item 2.2) • <u>Item 5.7</u> – This item is being covered in the Board Agenda (see Item 5). • <u>Item B1.1</u> – Multi agency audit to be undertaken to consider the differences in conversion rates across the Dorset region ranging from 10% to 60% and check use of MARMs. • <u>Item B4.4</u> – DV reported that safeguarding banners are to be rethought in context of images and message being conveyed. • <u>Item C2.3</u> – This item is being covered in the Agenda (see Item C3). 	<p>ST</p> <p>SS</p> <p>QA</p> <p>DV</p>
<p>A3</p> <p>A3.1</p>	<p><u>PRACTITIONER PRESENTATION</u></p> <p>Y (Assessment Support Co-ordinator, West Locality Team) gave a presentation regarding a complex case she had been involved in. Y provided background information to the case.</p> <p>Issues highlighted:</p> <ul style="list-style-type: none"> • Incomplete information transfer from Hospital team to locality • Lack of historical knowledge in relations with provider • Clinician input with medical knowledge would have enhanced understanding of issues including prevention. <p>Impact of involvement</p> <ul style="list-style-type: none"> • Case identified a number of other concerns and led to a Large-Scale Enquiry and whole home review. • Hub nursing team provided diabetic training to staff to prevent future incidents. • District nurses provided diabetic management. <p>SWK noted the challenge included the national shortage of nurses and highlighted the poor management of self-funding individuals in their provision of care. HCa commented that the family's awareness of Safeguarding concerns in how and who to report them to, would significantly increase chances of intervention and prevention.</p>	

B	BUSINESS PLAN AND SUBGROUP REPORTS	
B1	<u>QUALITY ASSURANCE CHAIR'S REPORT</u>	
	<p>KM and SWK presented the Chair's report to the Board on behalf of ST. The following points were highlighted:</p> <ul style="list-style-type: none"> • KM noted the effectiveness of 'Street Triage', that since 2014, there has been a significant reduction in the number of individuals being taken into custody due to Police support for individuals with mental health issues. • Conversion rates from safeguarding concerns to Section 42s has been maintained at 9-10% with consistent referral routes. • MARM guidance is being developed by Chris Kippax with a meeting to take place on the 9th October. • Bournemouth and Poole have identified a shift in concerns raised with higher number of harm being reported for individuals in their own homes. • KM highlighted that only one referral has been made to Dorset Advocacy this quarter (Q1). KM advised that QA had agreed an audit should be conducted into the low levels of referrals being generated for support with Safeguarding process. HCa commented this could link to DoLS process where crib sheets could be used to develop Advocacy understanding. 	
B1.1	<u>QUALITY ASSURANCE DATA ANALYSIS</u>	
	<p>SS commented on the more visual presentation of the QA data.</p> <p>In relation to Multi-agency MARM audit it was suggested that the auditor should be independent of Dorset, Bournemouth and Poole LA's to ensure objectivity. Next QA meeting taking place in November 2017 where the audit will be discussed further. BC has written terms of reference.</p> <p>A discussion took place around the disparity between conversion figures in the West compared to the East locality. SWK noted that the instigation of the Large-Scale enquiry meant more S42 enquiries were initiated however KM advised the figures in the West previous to the LSI were still higher proportionally to other areas of Dorset. HCa expressed the challenges in workforce development may also correlate with the high figures. Further work is needed to understand the discrepancy in figures.</p>	

<p>B1.2</p>	<p>BC stated X is now in place as QA chair and Sally Wernick is to act as Vice Chair for the subgroup.</p> <p><u>CARE QUALITY MONITORING REPORT</u></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 identified the responsibilities of the CQC as the national lead SWK suggested inviting CQC to sit on the Board. This may assist in gaining insight into the issues highlighted re: nurse retention and the provision of quality care exacerbated by the national shortage of nurses. HCa highlighted concerns regarding nursing homes where nurses have resigned before the conclusion of disciplinary hearings but have then gone on to be employed elsewhere.</p> <p>SS reported that legally no alert system exists where employers can view nurses' previous history with the exception of the Nurse and Midwifery Council (NMC) who oversee all disciplinary procedures if individual nurses have been reported. Board should encourage providers to ensure quality care is being provided throughout recruitment process</p> <p>SWK summarised the importance of sharing low level intelligence between agencies to ensure quality care including that of the Police, Fire and Rescue and CQC.</p>	<p>SWK</p>
<p>B2</p> <p>B2.1</p> <p>B2.2</p>	<p><u>SAFEGUARDING ADULTS REVIEW PANEL- CHAIR'S REPORT</u></p> <p>BC presented this report to the Board.</p> <p>BC updated the Board in regard to the Mental Health Homicide Review that has been commissioned by NHS England for a Poole case. He advised it would be 4-5 months before findings would be available. BC will be part of the panel and hopes the review will allow the formation of a comprehensive report that satisfies the need for occasion when both a SAR and Mental Health Homicide Review are required. The final Terms of Reference are still to be agreed with the family of the victim.</p> <p>KM presented an overview of developments as a result of the HNH Action Plan including a further update on the Contracture pathway. The Provider Event is scheduled to take place on 22nd January 2018 will support in launching the pathway. SS also advised that the tool was being launched at their care home conference in November 2017. KM also advised that X (DCC Principal OT) has supported with the development of the tool and has some very powerful contracture images which can be used for training purposes to raise awareness of the condition.</p> <p>KM confirmed the DCC MCA Audit has been completed. The full report was reviewed at both QA and SAR sub group meetings in August 2017. Amendments have been made to</p>	

<p>B2.3</p> <p>B2.4</p> <p>B2.5</p>	<p>Form A (Assessing Mental Capacity) to support practitioners to think more widely.</p> <p>BC also reported on the progression of learning from the XYZ SAR and Mental Health Homicide Investigation and the success of lessons learnt from the case. Learning from the reviews to be further consolidated by the P&P subgroup.</p> <p>BC advised that DHR/SAR 5 feedback had not yet been received from the Home Office. SWK stated that there was a back log creating long delays, up to six months. SWK noted Quality Assurance Subgroup has only just received DHR 4.</p> <p>BC referenced Appendix 1 (attached) to consider the development of a Whole Family approach which would be promoted at the Joint Conference. Board agreed that they were happy to endorse this approach.</p>	
<p>B2.5</p>	<p><u>VERBAL UPDATE RE JOINT CONFERENCE</u></p> <p>KM updated the Board on the progress of the Joint Conference – Safeguarding: Promoting a whole family approach. Dates and venues have now been booked- 7th February at the Royal Bath hotel, Bournemouth and 22nd February at Kingston Maurward, Dorchester. A task and finish group has been formed to agree content.</p> <p>KM asked the Board for any suggestions for key note speakers to be forwarded to her. Areas of focus will include self-neglect/ neglect, domestic abuse and elderly abuse, Mental Health/ LD parenting and key lessons from DHR/ SAR/SCR's. Attendance has been agreed as invitation only with representation from front line practitioners and managers, the event is to be charged at £50 per ticket. KM summarised the conference aims with a view to promoting more joined up and effective working across Adult and Children's Services.</p> <p>SL queried the availability of free places for voluntary organisations, KM commented it was at the discretion of the Children and Adults Board respectively.</p>	<p>KM</p>
<p>B3</p> <p>B3.1</p> <p>B3.2</p>	<p><u>TRAINING AND WORKFORCE DEVELOPMENT SUB GROUP – CHAIRS REPORT</u></p> <p>BC presented this report to the Board on behalf of AH.</p> <p>BC noted that VC has agreed to chair this subgroup as AH has moved on to a new position, KM has agreed to be vice chair.</p> <p>MH commented the multi-agency training was a well-attended event with effective sharing of learning. KM noted the interaction through a question and answer panel was a good model for learning from other practitioners' practice.</p> <p>BC referenced the SAR learning proposal (attached) developed by Glynis Greenslade as a mechanism to enable learning from</p>	

<p>B3.3</p> <p>B3.4</p>	<p>SARs to be disseminated more quickly. The pro forma will also be aligned with that of the Children's Boards for the future.</p> <p>The Board were all in agreement and support of the proposal.</p> <p>KM advised that she is also currently working with Community Safety Partnerships and Dorset, Bournemouth and Poole Children's Boards to develop one overall synopsis of learning where there are key themes identified which span DHR's, SAR's and SCR's to ensure practitioners understanding by providing one overview of learning rather than several</p> <p>BC reported on the piece of work being completed re: Quality Assuring organisations training and seeing where it can add value. 14 responses received so far, report to be presented at next Board meeting.</p>	<p>BC</p>
<p>B4</p> <p>B4.1</p> <p>B4.2</p> <p>B4.3</p> <p>B4.4</p>	<p><u>POLICY & PROCEDURES SUB GROUP- CHAIR'S REPORT</u></p> <p>DV presented this report to the Board.</p> <p>DV advised that the poster campaign has been successful and consideration is being given to a second print run.</p> <p>DV commented that the update of the Policy and Procedures scheduled to be released in Oct 2017 will be delayed as there is work being undertaken in relation to MARM Guidance. X currently developing consistent approach to use of the MARM and Practitioner understanding.</p> <p>DV provided an update on the X action plan concerning cyberbullying and risk stratification of high risk individuals. DV commented on the slow progress due to personnel and IT issues. DV and KC agreed an update to be provided at December Board Meeting.</p> <p>KM suggested the Board invite X, Dorset Police Cyber Crime Prevention to next Board meeting taking place on the 12th December 2017.</p>	<p>DV/KC</p> <p>DV/ KC</p>
<p>B5</p> <p>B5.1</p> <p>B5.2</p>	<p><u>BOURNEMOUTH & POOLE AND DORSET SAFEGUARDING ADULTS BOARDs JOINT WORKPLAN 2017-2018 AND RISK REGISTER</u></p> <p>BC and KM presented this report to the Board.</p> <p>BC noted issues were largely covered by the Subgroup chairs reports but pointed out the remaining issues to note.</p> <p>BC referenced Pg18, Item 4 in the Joint Workplan which is highlighted in the Risk Register also. BC commented an update was needed to reflect the structural re-organisation of Health services, Dorset Police and Local Government to ensure structural changes don't have an impact of quality on</p>	

	<p>safeguarding work. BC noted this should remain on the Risk register for 18 months or more to ensure risk is mitigated.</p> <p>B5.3 BC addressed Pg1 of the Risk register concerning turnover in sub group chairs being ineffective leading to lack of continuity and momentum. BC confirmed the roles of chair and vice chair have been appointed, mitigating this risk.</p> <p>B5.4 BC referenced Pg3 of the Risk Register which refers to potential lack of resource available for SARs. BC commented on the contingency set aside for SARs mitigating this risk.</p> <p>B5.5 BC commented that Bournemouth and Poole Safeguarding Adults Board suggested when the Executive Group makes a proposal to change the level of risk on RR, a report should be brought to the Board to audit the process of mitigation. This was agreed by the Board.</p> <p>B5.6 BC referenced Pg23 of the BPDSAB Workplan outlining the Support and Challenge event to take place. BC highlighted the need to complete and collate audits, which are to be summarised in readiness for the event with the aim of preparing relevant material for the next 3-year strategy.</p> <p>B5.7 MH questioned the consideration of acceptable levels of risk, a discussion then ensued in which BC commented that this issue could be incorporated in the Support and Challenge event. BC also noted the Board has the ability to set threshold of risk for other organisations into what is acceptable, for consideration.</p>	
C	LEARNING AND INFORMATION	
C1	<u>DEEP DIVE INTO PRISON DEATHS REPORT</u>	
C1.1	<p>SWK and KM reported on their visit to the IRC. SWK raised concerns in terms of provision and resource which seemed to be lacking locally not necessarily regionally. KM highlighted that detainees are not eligible for services under the Care Act (2014) which of course is different for prisoners as well as potential gaps in terms of specialist support. Issue has been exacerbated due to changes in contract from DHC to Care Plus.</p>	SWK
C1.2	<p>SWK proposed the Board could provide expertise and contribute to the work in issues around health. SWK to link with the Prison Health Partnership Board and provide updates as appropriate.</p>	
C1.3	<p>The Board noted that the strong leadership and understanding at the IRC provided by David Bourne due to his previous experience in the Prison Service has positively informed the development of the IRC.</p>	

C2

CRISIS CARE CONCORDAT & MENTAL HEALTH ACUTE PATHWAY REVIEW

X from Dorset CCG presented the Crisis Care Concordat and Acute Pathway to the Board.

ST advised this programme seeks to provide the same level of mental health care as physical care. Opposed to the system-based care currently, ST noted the Crisis Care Concordat seeks for a person centred, preventative service through 4 self-referral pathways.

Connections – ST advised this service includes the street triage provided by Dorset Police that will provide phone, email and skype communication for face-to-face intervention.

Community Front Rooms – ST summarised these are to be based in community centres to reduce the stigma around mental health with a mixture of health care professionals and peer groups where individuals can be directed to other services.

Retreats – ST explained this pathway is an alternative with quicker access and an opportunity to intervene before crisis point.

Inpatient beds – ST noted in Jan 2017 if females needed a PICU bed it was only available outside of Dorset. The aim of this programme is to provide more acute beds. ST advised that beds will be transferred from the Linden Unit where the isolation of the Ward restricts staff capabilities.

HCa queried the baseline demand for success rates in terms of evaluation. ST commented Bournemouth University had been appointed to carry out an independent evaluation with a meeting to take place next week to discuss success aims and outcomes for the programme.

GD questioned how the service would relate to drug and alcohol users with implications of mental health. ST summarised signposting to other services or Community front rooms would intervene in issues of substance misuse.

HCa commented from an OOH perspective on the high demand for intervention and highlighted the need for appropriate intervention. ST further reported the CFRs are an informal service that would alleviate pressure on services such as OOH.

Further discussion centred on the appropriate handling of closing times, guided by the needs of the individual and a comment from BC regarding the demographic of the service users. ST further pointed out the current undertaking of a review of the CAMHS service which would follow the

	methodology of the Crisis Care Concordat and mental health acute pathway.	
C2	<u>UPDATE REPORT RE X</u> BC presented this report to the Board in the absence of X	
C2.1	BC advised the Board this update was to satisfy the overarching issues from X and Y.	
C2.2	BC raised an issue concerning the service being commissioned and shortly after being taken over by another service provider. SS noted that in regard to commissioning, there was no indication of a takeover, but it was agreed the use of a facility based in a locality with improvement issues may worsen the current safeguarding issues.	
C2.3	HCa noted concerns over the small pool of Workforce may contribute to issues involving staff retention, KM noted the recycling of staff and the needs of the complex individuals placed as X demands developed understanding, further training and effective management.	
C2.4	BC commented the Board could make representation to the Dorset Workforce Action Board and share these concerns. KM/RM to invite.	KM/RM
C3	<u>DORSET CARE RECORD</u> X, Dorset Care Record Programme Manager presented an update on DCR for members. The DCR is a system which extracts information from partner organisations to form a view of the individual. Due to the sensitivity of information sharing, viewing of the record is only available to those who have a direct professional relationship with the individual. The DCR will improve relevant information sharing among partners and create a more holistic view of the individual highlighting existing relationships with services. The system is fully auditable ensuring security of information. The system will be rolled out in stages to enable changes to be made as appropriate following feedback. The following benefits were highlighted: <ul style="list-style-type: none"> • Implementation will allow integrated working with multi-disciplinary teams ensuring effective workforce development. • Provision of care to be quicker and more effective allowing better use of public funds. • Long term benefits centred on predicting the demand of services and the effect of moving service-users quicker through the system due to centrally available information. 	

	<p>HCa commented on the significant investment of partners into the scheme but highlighted some of further challenges of further organisational sign up. Implementation also has opportunities in relation to the commissioning of services by providing intelligence for example preventing hospital readmissions.</p> <p>BC prompted a discussion into managing non-consent issues in relation to safeguarding concerns in accessing the system. EM advised that a safeguarding issue could overcome consent and information could be accessed through the 'breaking the glass' feature. There would however need to be a clear rationale and evidence for using this feature</p> <p>TR questioned the definition of a direct relationship and what constitutes this, discussion focused on sharing of relevant information as it was commented that services like dentists may see the first signs of abuse or neglect but cannot access the DCR.</p> <p>BC and KM agreed a further update to be provided to the Board after implementation of the system.</p>	AGENDA
C4	<u>DORSET MODERN SLAVERY PROTOCOL & GUIDANCE PARTNER AGENCY INFORMATION WORKFLOW FOR MODERN DAY SLAVERY</u>	
C4.1	BC confirmed that this item has been deferred to the next Board meeting.	DEC 2017 AGENDA
D	ROUTINE	
D1	<p><u>LINE OF SIGHT FEEDBACK</u></p> <p>KM commented on her visit to the IRC, reporting on the staff's person-centred approach although highlighted potential issues such as limited access to specialist psychiatric support. Recruitment and retention of staff also another potential issue. TR noted that detainees are among the most vulnerable due to lack of services and resources available to them due to their status.</p> <p>BC commented on his visit to CMHT's multi-disciplinary meeting of which a small amount of safeguarding cases were discussed. BC commended the staff's awareness in managing individuals with capacity, who made unwise decision and their positive relationship with other agencies. During BCs visit he highlighted the need for clarity around multi-disciplinary meeting structures e.g. MARM, MARAC and MAPPA. The case review format was very useful in the meeting he attended.</p> <p>TR, SL and HCa have also undertaken line of sight visits. All agreed to provide feedback at December 2017 Board meeting.</p>	TR, HCa, SL
D2	<u>ANY OTHER BUSINESS</u>	

<p>D2.1</p>	<p>BC notified the Board the December Board is to take place from 12.00- 17.00pm with an hour for lunch.</p> <p>KM commented that the Board has 10 places at the ADASS Conference re: SW Thematic Review of SAR's. This will be taking place at Taunton Racecourse of the 20th November 2017. Each Board has been allocated 10 places. KM will email members to request nominations for the event. Safeguarding Adults Review Conference</p> <p><u>UPDATE FROM PEOPLE FIRST DORSET, KEEPING SAFE SUB GROUP</u></p> <p>KM gave a brief update; the following points were highlighted.</p> <ul style="list-style-type: none"> • Safe Places scheme is being relaunched initially in Wimborne. East Borough Housing Trust will be overseeing the scheme and monitoring. • It was agreed that the group needed a strategy/ plan of work which could be evaluated. • X, previously a quality checker has now taken on the lead on this Group as X has recently left. • KM advised that she has agreed to provide a DSAB update at each Learning Disability Partnership Board meeting 	<p>BC</p> <p>KM</p>
<p>D3</p>	<p>DATES OF NEXT MEETINGS</p> <p>Dates of Board Meetings for remainder of 2017</p> <ul style="list-style-type: none"> • Tuesday 12th December 2017, 13.00-17.30 – Durweston Village Hall, Church Road, Durweston, Blandford, Dorset DT11 0QA <p>Dates of Board Meetings for 2018</p> <ul style="list-style-type: none"> • Wednesday 14th March 2018, 14.00-17.00 – Committee Room 1, County Hall, Colliton Park, Dorchester, DT1 1XJ • Tuesday 19th June 2018, 14.00-17.00 – Committee Room 1, County Hall, Colliton Park, Dorchester, DT1 1XJ • Wednesday 19th September 2018, 14.00-17.00 - Committee Room 1, County Hall, Colliton Park, Dorchester, DT1 1XJ • Thursday 13th December 2018, 14.00-17.00 – TBC <p>Dates of Development Session for 2018</p> <ul style="list-style-type: none"> • Thursday 13th December 2018, 09.00 – 13.00 – TBC 	

PRESENT

- Barrie Crook (BC), Independent Chair, Dorset Safeguarding Adults Board (Chair)
- Harry Capron (HCa), Assistant Director - Adult Care, Dorset County Council
- 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
- 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
- Teresa Izzo, Safeguarding Adults Lead, Poole Hospital NHS Foundation Trust
- Graham Duggan, (GD), Head of Community Protection, Dorset Councils Partnership
- Sara Tough (ST), Corporate Director for Children, Adults and Communities, Dorset County Council
- Michelle Hopkins, Deputy Director of Safety, Improvement and Effectiveness, Dorset Healthcare.
- Tina Ridge, (TR), Head of Dorset National Probation Service
- Fiona Hoskins (FH) Deputy Director of Nursing, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

IN ATTENDANCE

- Krissie Gurd, Assessment Support Co-ordinator, West Dorset Locality Team
- Elizabeth McEleney, Dorset Care Record Programme Manager
- Simon Thornycroft, Dorset CCG.

APOLOGIES

- Steve Butler (SB), Safeguarding Lead, DCC Member
- Fiona Haughey (FHa), Director of Nursing and Quality, Dorset Healthcare
- Brian Westlake (BW), Chair, The Bournemouth Dorset and Poole Care Providers Federation
- Marie Waterman (MW), Manager, Dorset Volunteer Centre, Dorchester
- Anne Humphries, Chair of the Pan-Dorset Safeguarding Adults Training Workforce and Development Group
- Jackie Allen (JKA), Chair, Dorset Age Partnership
- Sarah Thompson (STh), Safeguarding Manager, South West Ambulance Service NHS Foundation Trust
- 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
- Sarah Cake (SC), Safeguarding Adults Lead, Dorset County Hospital NHS Foundation Trust
- Verena Cooper (VC), Designated Safeguarding Adults Manager, Dorset Clinical Commissioning Group

