

Minutes of the Leeds Safeguarding Adults Board Meeting

Wednesday 17 September 2008

Leeds Civic Hall, Leeds

2 pm – 4 pm

Present:

Dennis Holmes (Chair) (DH)	Chief Officer, Social Care Commissioning
Paul Hardy (PH)	Head of Service Delivery, Leeds Adult Social Care
Matthew Orton (MO)	Child/Adult Protection Co-ordinator, Children's Services
Karen Craig (KC)	Sheltered Services Team Leader, Aire Valley Homes Leeds
Ruth Johnson (RJ)	West Yorkshire Fire Service
Joy Fisher (JF)	Service User, The Alliance of Service Users & Carers
Claire Shearsby (CS)	Personal Assistant, Leeds Involvement Project
Karen Law (KL)	Solicitor, Ridings Law Solicitors
Pauline Barnett (PB)	Leeds Primary Care Trust
Christine Thornton (CT)	Practice & Professional Development Facilitator, Leeds PCT
Mark Milsom (MM)	West Yorkshire Police
Stuart Piper (SP)	West Yorkshire Police
Maggie Coxon (MC)	Commission for Social Care Inspection
Tim Whaley (TW)	Leeds Advocacy/LLD Forum
Clare Linley (CL)	Deputy Chief Nurse, Leeds Teaching Hospital Trust
Karen Bell (KB)	Vulnerable Victims Co-ordinator, West Yorkshire Police
Nahim Mehmood-Khan (NM-K)	Commissioning /Contracts Manager Leeds E&N Department
Debbie Forward (DF)	Housing Services, E&N Department
Helen Turner (HT)	Head of Psychology, HMP Leeds
Tracey Hamling (TH)	HMP, Leeds
Emma Mortimer (EM)	Safeguarding Adults Co-ordinator, Leeds Safeguarding Adults Team
Christine Clark (CC)	Safeguarding Adults Co-ordinator, Leeds Safeguarding Adults Team
Norman Sterling-Baxter (NS-B)	Training & Development Officer, Leeds Safeguarding Adults Team
Carol Cochrane (CC)	Director of Strategic Development & Commissioning for Priority Groups, Leeds Primary Care Trust
Julie Mason (JM)	Clinical Nurse Advisor, Leeds Partnership Foundation Trust
Jim Traynor (JT)	Service Delivery Manager, Leeds Adult Social Care
Julie Brown (JB)	Leeds Care Association
Danielle Guest (Minutes) (DG)	Directorate Support Officer

Apologies:

Shola Johnson	Leeds PCT
Pam Wisnia	Community Care Manager, Leeds Jewish Welfare Board
David Rosser	Leeds Adults Social Care
Gerry Broadbent	West Yorkshire Police
Marian Bunyan	Leeds Safeguarding Adults Team
Mick Ward	Head of Strategic Partnership, Strategic Partnership (Older People & Disabled People)
Paula Gardner	Inter-Agency Development Co-ordinator, Leeds Inter-Agency Project (Women & Violence)

1.0 INTRODUCTIONS

Members of the Board introduced themselves

2.0 MINUTES OF THE LAST MEETING & MATTERS ARISING

2.1 Arising from 3A – Partnership Action Plan & Establishment of Sub-Groups

DH advised that the meeting with Sandie Keene and key partner organisations has taken place. There is another meeting scheduled for 29 September 2008 to progress matters raised at the last meeting of this Board and ensure that Chief Executives from statutory organisations are provided with an update of the work of this Board.

DH reported that the Annual Report was presented to the Council's Executive Board in July 2008 but it still needs to be reported through the statutory agencies' governance arrangements. CL reported that it has been through the LTHT Board.

The Annual Report was circulated with the last minutes but some Board members had not been included in the mailing list.

Action: by 13 October

1. The Safeguarding Co-ordinator to re-send the Annual Report to organisations not in receipt of a copy and to circulate details of website to those with readership.
2. DH requested that statutory organisations notify the Adult Safeguarding Co-ordinator when the Report is scheduled to be considered by their Boards/ Governance structure

3.0 CHAIR'S INTRODUCTION

DH gave thanks to those members of the Board who participated in the recent Adult Social Care inspection, which was critical of adult safeguarding arrangements. The establishment of the Care Quality Commission should lead to more detailed assessments of an agency's safeguarding arrangements in the future. Details of the inspection highlight report and feedback cannot be disclosed until agreed through the appropriate channels. The document will become public on 3 December 2008. The safeguarding element will be reported to this Board in December. Our own enquiry, conducted prior to the inspection, indicated the need to address deficiencies in systems and safeguarding processes, policies and procedures employed by the organisations which are members of this Board.

Action: by 13 October

3. DH agreed to circulate the summary notes which cover these issues with the minutes.

4.0 TERMS OF REFERENCE

DH indicated that more work has been done on the draft Terms of Reference since the last meeting and this will form the starting point for this Board. It is hoped that the Terms of Reference can be signed off in the next month or so. The views/comments/suggestions of the members of the Board were requested and the following suggestions were made and will be incorporated into the final draft.

1 – Purpose

That the Board can hold other organisations accountable
Needs to reflect the statutory responsibility of the DASS
QA and performance assurance of policies and procedures, and also fitness of purpose of workers, through reports from partners

The Board acts as co-ordinator for activities around collecting data and quality assurance information to ensure work is done well

It was agreed that the paragraph about the Board maintaining strong links with organisations should be removed.

Need to compare ourselves with other authorities

Could compare our Terms of Reference with those for Children's Safeguarding Board

Action: by 31 October

4. Board members to further consider the Terms of Reference and forward any further comments to the Safeguarding Co-ordinator(s). It is essential that the ToR are ratified in advance of the next meeting with off-line communication with Board members required to achieve this. The ToR will need ratification by the end of October.

CL raised concern about partner organisations being held accountable by this Board, as they are also accountable to other bodies and this may cause duplication or extra reporting. If organisations are to be accountable to this Board the requirements need to be very clear.

DH advised that the sub-groups should be used to advise on the responsibility of member organisations, their function on the Board and the functions their staff fulfil. Once there is clarity in the Terms of Reference this will assist further discussions. However, statutory organisations have a range of accountabilities, one of which is to the Safeguarding Partnership.

2 – Membership

DH suggested that as the membership of the Board is very large, rather than being done as part of the Board's main business, the work be carried out in smaller sub-groups and that members will be co-opted as required, reporting back to the Board.

RJ suggested that the Ambulance Service be included as they are working towards appointing an Adult's lead in relation to safeguarding.

Action: by 13 October

5. RJ to provide a named contact.
6. Ambulance Service to be included in the circulation list by the end of October.

JF suggested that an independent carer representative should be included – Leeds Care Association observed that anyone who has contact with vulnerable adults has a key role to play in this process.

DF suggested 2 representatives from Neighbourhoods & Environments – 1 Housing Services/ Supporting People and 1 Community Safety/Safer Leeds.

MM suggested that he is also involved with Safer Leeds and would be prepared to fulfil that role pending further discussion.

It has already been agreed that the Police will represent the Coroners office but that they will be included in the circulation of the minutes and raise any issues through the Police representative.

It was suggested that the voluntary sector representation should come from an organisation like Volition rather than individual organisations.

DH indicated that the Terms of Reference needs to be ratified as soon as possible.

Action: by 31 October

7. Members of the Board are requested to pass any comments, amendments, additions or deletions to the Safeguarding Co-ordinators by the end of October. A revised version will immediately then be circulated for ratification by individual organisations, including revised membership proposals.

5.0 SAFEGUARDING CO-ORDINATORS' REPORT

The Safeguarding Co-ordinator circulated the report and explained that there has been a pilot on the database and this will be rolled out across the city at the end of December. However, only limited information can currently be extracted.

The report gives figures for referrals for the last quarter but it is likely that these do not as full a picture as we would wish. They do give a flavour of what is being received. This is the type of information which needs to be returned and will form a starting point for further urgent development across the partnership.

Training Sub-Group Report

PB reported that attendance at these sub-group meetings has been extremely poor – a maximum of 5 have attended so far. This may be because the membership if the group needs to be changed, and members are asked to nominate representatives.

E-learning is proving to be a good resource for a refresher.

The Training Pool currently consists of Norman Sterling-Baxter and Christine Thornton.

Action: by 31 October

8. The Board is asked to nominate sufficiently qualified volunteers to become involved by the end of October.
9. Board members are asked to identify possible funding or “in-kind” support – this issue will also be raised with the Executive Group on 29 September 2008.

We need to know what we expect of the workforce and how to go about ensuring they are equipped to meet that requirement. The challenge is delivering/resources.

NS-B commented that the members of this sub-group need to have the authority to make a commitment to funding or providing workforce development resources.

CL advised that LTHT are in the process of commissioning educational training for clinical staff in relation to safeguarding.

DH explained that it was important for each organisation to have included in its workforce development plan proposals to ensure workers are equipped to respond appropriately to safeguarding issues. He enquired what stage each organisation was at. He advised that Adult Social Care has still some training of staff to complete and they have different roles and different roles in the safeguarding process. There is additional training in relation to other staff they might work with.

DH requested that members of the Board examine their workforce development plans to determine whether safeguarding is adequately addressed. It might be useful to involve staff from the organisation's training/employee development units in this task and request that a representative attends the sub-group. This would assist in the production of a robust training strategy and potentially give access to resources.

MO expressed concern that the biggest membership of the sub-group has so far only 3 people (2 representatives from LCC and 1 other), which, in his view, did not demonstrate any commitment from organisational representatives on the Board to this training programme.

JM advised that LPFT has reached saturation point with regard to training. They would prefer to receive training from Norman so they are sure that it meets the standard required by this Board. They are looking at the risk incurred by not doing that and putting together a bid to secure that.

DH advised that there are resources for training staff working with adults to the standards required and this should be a mainstream workforce development for organisations.

TW was deeply concerned that it appears that unless there is a statutory obligation for people to attend meetings, they do not, and suggested that if organisations are not prepared to commit they should not be part of this Board. He is willing to become a member of the training sub-group. He advised that there is no shortage of quality training providers who could undertake this work in the voluntary sector, the only difficulty is resources. He was concerned about the statutory organisations and their commitment to the strategy.

MM indicated that the current focus was mainly awareness raising training. If organisations agreed to sharing, providing facilities, etc other types of training could then be provided to a mixture of staff from across the organisations at a reasonable cost and the charge to individual organisations would only be small.

MM indicated he would facilitate contact with Police training and development staff.

HT was unclear about whether this refers specifically to HMP Leeds or to the Prison Service nationally. Safeguarding is a new term for the Prison Service and she was unsure whether there was a policy/procedure.

Action: by 31 October

10. The Safeguarding Co-ordinators agreed to meet with HT to provide more information.

RJ advised that the Fire Service had provided training for trainers to a multi-agency group of staff. Those trainers then gave a commitment to deliver 5 training sessions in the year, which created a pool of multi-agency trainers to deliver basic awareness training.

JM indicated that if this was to happen it would need to go through the Board and be fed back LPFT for Managers to give assurances that staff would be released, as this has not happened in the past.

DH also suggested that recording numbers of staff trained, etc is an important role of the training function of organisations in terms of assistance they can bring to ensure records are kept and reports are produced.

In relation to specific training over and above awareness raising, can organisations assure themselves their workforce plans adequately reflect these requirements?

RJ advised that the Fire Service does not presently have a vulnerable adults policy but one is being developed and this will form part of the induction training for new staff. It will be a long process but will be embedded into the training as it is seen as important as children's.

Action: by the next Board

11. Members are requested to examine their workforce plans and identify any shortcomings about the requirements of the plan in relation to safeguarding and to report back to the next Board
12. Commitment is required from members to join the sub-groups – nominations required.
13. Infrastructure arrangements were discussed and the Training Sub-Group was asked to consider this further and report back to the next Board.
14. Feedback will be provided to the Chief Executives on 29 September to make them aware of the issues in their own organisations.
15. Participation is required in all sub-groups and further work will be undertaken to define the requirements of the ToR. Procedures to be ready for organisations to sign-off within the next 6 weeks.
16. On 29 September 2008, Chief Executives will be requested to release staff to work on the procedures and training requirements so they can be built into the workforce plans for 2009/2010.

6. PERFORMANCE

Information was requested from organisations prior to the meeting in relation to their self assessment and performance.

The Safeguarding Co-ordinator advised that information has been provided by some organisations

LTHT

CL reported that LTHT have made significant progress in the last 18 months but further progress is needed. There are safeguarding procedures in place which reflect the existing city-wide procedures. Review of the procedures has been delayed pending the new city-wide procedures and the training arrangements will be embedded into these. There is a Safeguarding Adults Steering Group with multi-agency membership, which may need to be reviewed to include patients, users and the PCT. Resources for safeguarding have previously been thin but have managed to secure a post for Safeguarding within a Senior Nurse post. One quarter of the post will be dedicated to training, developing and delivering areas for further work. Reporting procedures have changed in the last year and are getting more notifications, numbers are increasing and awareness in the organisation has increased. More work will be carried out in the next 6 months. A database has been established and are able to do analysis and provide reports. Another area is individual identification. Just agreed with partners to review cases which have been reported by the Trust mechanism and cross-reference them to avoid duplication. This will be done monthly to identify gaps. We have made progress but recognise there is more to do.

ASC

DH advised that Adult Social Care has a similar journey to travel in terms of policy and procedures, internal QA and training, and will inform the next Board of the detailed action plan in response to the Inspection.

PCT

PB indicated that the PCT are aware that there is work to be done, but they are holding a meeting to ensure that the whole organisation is engaged and to develop a safeguarding group within the organisation.

Other organisations

Some information has been received, but here has not been time to produce a report.

Action: by 31 October

17. Members to provide the information requested within 6 weeks, with a summary report brought to the next meeting

7.0 **SERIOUS CASE REVIEW PROCEDURE**

The procedure was circulated to invite comments and further observations from members of the Board with a view to adoption at the earliest opportunity. Views were requested from members as to whether this needs to be taken through the governance procedures in partner organisations, and also whether it needs to be independent from the other procedures and part of the package – in light of the 2 serious case reviews to be considered today.

The Board were asked whether they were happy for the draft procedures to be used to undertake a review of the 2 cases to test the procedures.

- Action:**
18. It was agreed that the revised procedures would be subject to finalisation.
 19. As this Board will consider issues of avoidable harm for adults the Chief Executives will be asked for their agreement to the establishment of a Professional Practice Sub-Group as a forum to decide whether a serious case review is required or a review conducted by officers.
 20. A similar/parallel group for non-executive directors and Elected Members is also to be proposed which will raise their awareness of safeguarding issues and engage them more closely in safeguarding issues for adults.
 21. Members are asked to provide comments in relation to the SCR procedures which need to be urgently agreed. The policies and procedures package will form the basis of the Policy & Procedures Sub-Group

8.0 **SERIOUS CASE REVIEWS – CASE FOR DISCUSSION**

There was some discussion about whether these were the most appropriate cases and also whether it was appropriate to conduct a serious case review or not.

- Action:**
22. The Board agreed cases should be subject to SCR using the draft procedure previously circulated, with lessons learnt incorporated into the active review of these procedures – Safeguarding Co-ordinator to action immediately.

9.0 **CASE STUDY – LB HOUNSLOW**

The Safeguarding Co-ordinator advised that this case has implications for every organisation in the country working with vulnerable adults. If the Hounslow appeal is unsuccessful it potentially leaves Leeds responsible for all its vulnerable adults and potential negligence claims. There may be changes in case law and this has significant implications.

DH advised that future case studies would be brought to this Board on a regular basis to stimulate discussion.

Action: 23. Members are requested to consider the content of this case study and provide any observations for the next meeting

10.0 Close

DH summarised the action points and thanked everyone for attending what had been an important and productive meeting.

11.0 Date of Next Meeting

Wednesday 17 December 2008
2.30 – 4.30 pm
Venue to be announced