



CITY OF YORK SAFEGUARDING ADULTS BOARD

**Meeting held on 1 December 2017, from 9.15 am – 12.00pm
Auden Room, West Offices, York YO1 6GA**

Present:

Karen Agar (KA _g)	Tees Esk & Wear Valley FT
Sarah Armstrong	Chief Executive, York CVS
Kyra Ayre (KA _y)	Head of Service Safeguarding, MH & DoLS
Kim Bevan	The Retreat
Jo Bielby	North Yorkshire Police
Claire Byers	Tees Esk & Wear Valley FT
Michelle Carrington	Chief Nurse, Vale of York CCG
Stacey-Lee Curtis	York House
Martin Farran	Director Adult Social Care, CYC
Beverley Geary	Chief Nurse, York Teaching Hospitals NHS FT
David Heywood	Stockton Hall
Jackie Hourigan	Nurse Consultant for Safeguarding, NY&Y
Kevin McAleese CBE	Independent Chair
Michael Melvin	City of York Council
Christine Pearson	Vale of York CCG
Fiona Phillips	Assistant Director, Public Health
Amanda Robson	NHS England
Cllr Carol Runciman	Portfolio Holder
Catherine Scott	Healthwatch York
Keren Wilson	Independent Care Group

In attendance:

Melanie Hopewell	City of York Council (minutes)
Joanne Ledger	Hull Royal Infirmary (shadowing)

Apologies:

Lisa Winward	Deputy Chief Constable, NYP
Sharon Stoltz	Director Public Health
Sian Balsom	Healthwatch York

1. Introductions and Apologies for Absence

The apologies for the meeting were noted.

2. Minutes of the Last Board – 1 September 2017 : for agreement

The minutes from 1 September 2017 were confirmed as an accurate record of the meeting.

3. Matters arising

1. Item 5 “no show” income to WDU

MM confirmed that “no show” payments for non-attendance at WDU training events had been received.

4. Conflicts of interest in connection with any item on the agenda

There were no conflicts of interest declared

Standing Items

5. A safeguarding story

Jo Bielby presented the safeguarding story for NYP. It began with a multi-agency mental health safeguarding meeting about a young woman of 22 who historically had been part of a paedophile ring in her home town and was refusing to disclose where her bruising had come from. She was referred to social care following received information about rape and sexual assault by her father – NYP eventually referred her to social care as her father had alibis for the alleged dates and there was insufficient evidence for him to be charged.

Jo noted that it is particularly difficult to ensure the principles of MSP are followed when it is difficult to assess capacity. The complexities arise about how police can proceed where it is deemed that a person has capacity. It was difficult to work with her due to repeated abuse. She was detained under section 2 of the MH Act. Ultimately all agencies were working together to safeguard the person. Following a multi-agency safeguarding meeting it was agreed that she was in need of therapy and support but she needed to accept this. Without it there was not a long term solution and she was very protective of her family. Agencies assisted her to take on the responsibility to not go back to

her family, but this proved to be impossible. Looked at detention under section 3 to ensure she got consistent treatment. We have a duty to support her and she was asking for help. Possibly look at Guardianship?

This was a complicated case where working with her could be helpful in being able to take more control, but not make the experience traumatic. When she goes out in the community how well was her supporter skilled up?

Actions:

Safeguarding story to March Board - York Hospitals FT	BG
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6. Chair's Report

The Chair's report included:

1. Details of visits and meetings attended
2. Safeguarding week – update on events and conferences. Would like to formally record thanks to the DASS for both CYC and NYCC for the funding they made available to enable Safeguarding is Everybody's Business conference to be free to attendees
3. Safeguarding Adults Leaflet – Chair had delivered leaflets to Library in York for distribution to all libraries. If any other ideas to get these leaflets out please let Chair or Mel know.
4. BG advised she could cover A & E, MC undertook to get into GPs surgeries

Actions:

500 leaflets supplied to GP surgeries via JH/MC, 50 to A&E via BG	MH
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5. MESMAC – update and confirm Board is assured. Revised code of conduct prevents inappropriate out of hours contact with customers.
6. Board Development Day 19 February 2017 – Board asked to agree the programme. This was agreed
7. CQC attendance – Tanya Stokes has agreed to attend one meeting a year and the Board agreed this was a better balance given concerns expressed. Board agreed the solution.
8. Funding for PH suicide prevention courses – update given at meeting. Asking Board to support again next year.

9. Closure of Rose Ward at Clifton House – update was provided by Mick Burns from NHS England, which the Board was satisfied with. MF asked have we got an overview of what is going on nationally, year on year we are seeing an increase in use of MH Act and why this may be happening, are we detaining more people? CCG, TEWV, The Retreat, Stockton Hall and York House have all seen increases in use of Mental Health Act and will produce data for next meeting by quarters for 2016/17 and 2017/18. Agreed item on next agenda on trends in implementation of Mental Health Act. MF said fundamental thing to ask going down route of formally detaining people, has this benefitted people or has this created a lot more work?
10. Budget summary provided for information and agreed

The Board were asked to note the report and agree recommendations:

Actions

Record thanks to DASS's for York and North Yorkshire	ALL
Changes to use of MH Act for March agenda, with comparative data supplied by CCG, TEWV, The Retreat, Stockton Hall and York House	MF

7. Update on safeguarding work in Primary care

JH report advised through her report of a robust safeguarding model in Primary Care within the CCG. There is a named GP and Nurse Consultant to ensure continuous assessment of clinical and organisational risk. Each practice has a designated safeguarding lead, training is in place. A new policy and guidance has been produced for practices and a self-assessment toolkit is in place. The establishment of a Safeguarding Children and Vulnerable Adult team across primary care has provided assurance that GP's and primary care professionals have a thorough knowledge of safeguarding and provide increased resilience in the area.

Actions:

JH to link with Sarah Armstrong about what is out there in terms of third sector support for GPs to access	JH/SA
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8. WDU training update

Quite a lot going on in WDU with a new member of staff, Sandra Garbutt for adults and the Board. The Future Focus programme is also looking at how to work more effectively. Moving to new e-learning system, which will allow us keep some of the packages we already have and acquire more bespoke learning packages. MCA – would relook at design of this training. Attendance at sub groups will provide better links. Useful for the Board to receive a report from the Future Focus programme.

Actions:

Kate Helme to provide update on Future Focus work for March Board	WDU/KH
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Strategic Items

9. Progress on Management Plan for 2017/18

KA had updated the management plan. The action at 2 (2.1) cannot be completed until the form is amended to make it clear when it is from the website.

Advised that the risk register was being reviewed by a task and finish group of the Quality & Performance sub group and would be provided to the next SAB meeting.

Actions

Kevin/Kyra to meet to agree the final outcomes of the 2017/18 Plan and to draft the 2018/19 Plan for the SAB to consider at the next meeting.	KAy, KMc
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10. Safeguarding Adults Data

Discussion took place about:

- Improving the graph to describe safeguarding concerns better
- Source of abuse – comparison with elsewhere for March meeting
- David/Kyra to discuss missing items
- Narrative on flip page to describe headings – is it the quality of service or abuse?
- Definition of terms

Actions:

DH/KAy to discuss what is missing and update for next	KAy/DH
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meeting	
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11. MSP Outcomes – case studies

The Retreat, York House and TEWV each produced two case studies showing MSP in action. It outlined the process we go through for MSP and what we did about it – did we feel we took action from what we learnt? The Board felt this was shown clearly in the examples, and also recognised the complexity of working with patients with TBI (Traumatic brain injury) and (ABI Acquired Brain Injury) to produce MSP outcomes.

The very clear information from all three partners was welcomed by the Board

Action

Next Board will receive two case studies each from : Stockton Hall, Christine /Michelle for CCG, Sarah Armstrong for CVS York	DH, CP/ MC, SA
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12. Final W,N & York Policies and Procedures & Implementation Plan

Each of the region's SAB's will be approving these between December and February 2018. Summary version will be shared (Bradford will produce an easy read version) shortened procedures down to four, no longer having to substantiate whether abuse has taken place. The local operating guidance is to be redrafted between January and March 2018 and an update will come to the Board. The Chair thanked Kyra for work carried out across the region After discussion, the Policies, Procedures & Plan were approved unanimously.

Action

Update to Board on operational guidance to March Board	KAY
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For information (and discussion by exception)

13. Highlight report on Board sub-groups

Quality & Performance sub group

Risk Register

A task & finish group will further refine the Risk Register for the March SAB meeting.

Quality and Performance Framework

The group looked how multi agency complaints and user survey data can be brought together as per the framework.

Training and Development Group

E-Learning

A new E-Learning Platform has been purchased by CYC

Self Neglect

New guidance has been drafted to help practitioners

Lessons Learned Subgroup

Cases

Updates were given on 5 cases going through the lessons learned process. Self-neglect session has been run and feedback from trainer was good, will put on more sessions shortly. NY hoping to use VARM but this will not delay this. How to use e-learning to go back to organisations to see if there is anything we can share. MF will discuss outside of meeting.

Self neglect

Making every contact count package through PH – look at how we can tailor for York.

14. NHS England – Update

Report

- Work across York and Humber on trying to work smarter across regions. Sometimes NHSE won't know the answer to local questions but will make every effort to ensure the information is shared
- Update on LeDeR programme
- QSG – NHS England host and chair (PH & LA) MC/Mandy are reps – could we feedback any concerns through Michelle? MM receives papers
- Prevent training
- CHC – remains an issue

15. Website usage

The data shows that website usage continues to be good but the bounce rate (the amount of time people spend on the site) is high at 83%. This can only be rectified by keeping the site content up to date and relevant. MH asked again for all partners to review the York site and to send any information that may be relevant from their own sites, including links to websites, events, news, procedures etc.

Actions:

All SAB members to review the site and provide any relevant information from their own sites	ALL
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Any Other Business

16. Agency issues (Kim Bevan) – independent agency checks on their staff are not good enough. If an agency is negligent how do we share that with others – what evidence do we need to do that? Trading Standards are not interested and CQC are not doing this as not part of their remit. The registered provider should ensure they acquire information but this not always possible as usually last minute. Agency failure to provide – agency sent staff knowing we are dealing with vulnerable people and they are not truthful – report to police if fraudulent information. Encouraged to report the matter to the police. Further thought to this. Short best practice around employing agencies and current guidance would be produced/and or shared by BG. Update at next meeting.

Actions:

Current guidance on use of agency staffing at York FT to be shared by BG with The Retreat and York House in the first instance	BG
Followup on actions taken at March SAB.	KMc

17. Reflections from MM from CQC “whole system” inspection – interviewed several people, incl SAB members. Looking at how people move through the system. How do we keep people out of hospital etc? Early site and programme is expanding. Results of this will form a report. It went as we hoped and expected, acknowledged that system in York is challenged. Relationships and front line services came through strongly. Lots of areas of work around shared records and IT. Seven day service is an issue. Recognition that we have self awareness. Should have picture early December. Intention of 18th will invite HWB and then look at how to share further. Digital roadmap – sharing information – how are we pulling this into one plan. Will be

offered some ongoing support, will highlight general resource issues. Real opportunity.

18. Peer review action plan, safeguarding capacity & Future Focus (Martin Farran). Action plan from the Peer review should have been shared with Board – oversight for which MF offered apologies. Agenda item next time. Raised issues of capacity useful to bring to the Board. MH to circulate with minutes.

Actions:

Peer Review Action Plan to be brought as an agenda item to next SAB meeting	MF
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19. Timeliness of Board papers (Chair) – the Chair reminded partners of the importance of getting any papers they are responsible for to MH by the deadline given. This ensures that papers are sent out two weeks in advance to give Board members the opportunity to read papers before the meeting. He thanked members for their co-operation with these requirements.
20. Horizon scanning by Board members – There was no time for horizon scanning
21. **Review of meeting**

What Went Well		Even Better If	
Safeguarding story	✓✓✓✓ ✓✓	Keep building on honesty of Board	✓✓
Structure to meeting	✓	Cramped around table	✓
Agency discussion & sharing intelligence	✓✓	Not stuck in traffic!	✓
Level of discussion and honesty	✓✓✓✓		
MSP examples	✓✓	Agency issue resolution	
Breadth of meeting agenda			
Strategic			

Efficiency of papers & Chairing	✓	Room too hot !!	✓
Informative	✓		
Agenda excellent reflect partner agencies		Retain right level of challenge.	✓
Agreement of policy & procedures		Don't make agenda too full	
Membership of the group - good		Reports – think about whether we could do more co-production	

There being no further business the meeting closed at 12 noon.

The Chair wished the Board a Merry Christmas and thanked everyone for their contributions to the SAB over the last 12 months.

He also thanked SAB members for their personal support to him since his diagnosis in May 2016 and in some cases for supporting both him and his wife. He said that according to his oncologist he had only 4 weeks left to live and he was looking forward to the Board Development Day in February and the next SAB meeting in March 2018.

Dates of future meetings at 9.15am – 12 noon

- **Friday 2 March 2018 - Auden Room**
- **Friday 1 June 2018 - Auden Room**
- **Friday 7 September 2018 - Auden Room**
- **Friday 7 December 2018 - Auden Room**

All the above meetings will take place at West Offices, Station Rise, York YO1 6GA.