



Special Meeting of the Dorset, Bournemouth and Poole Safeguarding Adults Boards to Review the Advocare Report and its Recommendations

Friday 21st September 2018 (14:00 – 16:00)
Cattistock Room, Civic Centre, Poole BH15 2RU

FINAL MINUTES

Barrie Crook (BC)	Independent Chair	Dorset Safeguarding Adults Board Bournemouth & Poole Safeguarding Adults Board
Vanessa Read (VR)	Director of Nursing & Quality	Dorset Clinical Commissioning Group
Jan Thurgood (JT)	Strategic Director	Borough of Poole
Penny Smith (PS)	Director of Nursing & Quality	NHS England South West
Nick Rudling (NR)	Deputy Safeguarding Lead	NHS England South West
Verena Cooper (VC)	Designated Adult Safeguarding Manager	Dorset CCG & Training & Workforce Development sub group Chair
Sarah Webb (SW)	Joint Service Manager, Statutory Services	Bournemouth Borough Council and Borough of Poole – Adult Social Care
Claire Hughes (CH)	Business Manager	Bournemouth & Poole Safeguarding Adults Board
Karen Maher (KM)	Business Manager	Dorset Safeguarding Adults Board
Cllr Karen Rampton (KR)	Portfolio Holder Social Care & Equalities.	Borough of Poole
Cllr Blair Crawford	Portfolio Holder for Health & Social Care	Bournemouth Borough Council
Claire Rogers (for Paula Shobbrook) (CR)_ (PS)	Director of Nursing & Quality	Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
Dawn Dawson (DD)	Director of Nursing, Therapies & Quality	Dorset HealthCare
Sarah Cake (SC)	Adult Safeguarding Lead	Dorset County Hospital NHS Foundation Trust
Steve Butler (SB)	Elected Member	Dorset County Council
Harry Capron (HC)	Head of Learning Disability and Mental Health Integration/Former Assistant Director of Adult Care	Dorset County Council
Tracey Kybert (TK)	Housing Manager	Bournemouth Borough Council Housing
Jenny Williams (JW)	Head of Patient Experience	Poole Hospital NHS Foundation Trust

Donna Martin (DM)	Head of Service Delivery,	Citizens Advice, Voluntary Sector representative
Rachel Thorne (RT)	Head of Residence	HMP The Verne

Apologies

Craig Baker/Jo McGowan	Area Commander Safeguarding Co-Ordinator	Dorset and Wiltshire Fire & Rescue
D/Supt Fiona Grant DCI Gavin Dudfield	Detective Superintendent Detective Chief Inspector	Dorset Police
Helen Coombes (nominated Harry Capron)	Director for Interim Transformation Programme	Dorset County Council
Dr Sue Ross	Executive Director, Adult & Children's Community Services	Bournemouth Borough Council (Dir)
Neil Goddard	Head of Adult Social Care Commissioning	Bournemouth Borough Council Commissioning
Phil Hornsby	Head of Adult Social Care, Commissioning & Improvement	Borough of Poole Commissioning
Patricia Reid/ Denise Richards (nominated Jenny Williams)	Director of Nursing Assistant Director of Nursing	Poole Hospital NHS Foundation Trust
David Vitty	Head of Adult Social Care Services, Borough of Poole and Service Director, Adult Social Care Bournemouth Borough Council	JOINT Bournemouth Borough Council and Borough of Poole (and Policy and Procedures sub group Chair)
Tina Ridge	Head of Dorset NPS	Dorset National Probation Service
Anna Andersen	Director, Safeguarding Adults	Healthwatch
Simon Hester/ Debbie Bilton	Safeguarding Manager Named Professional	SW Ambulance Service NHS Foundation Trust
David Bourne (nominated Rachel Thorne)	Governor	HMP The Verne
Fiona Brown	Manager	Purbeck District Council
Graham Duggan	Manager	Dorset Councils Partnership
Marie Waterman	Centre Manager	Volunteer Centre Dorset
Matti Raudsepp	Strategic Director	Christchurch and East Dorset Partnership
Sean Whitney	Public Health and Protection Manager	Christchurch and East Dorset Partnership
Anna Knight	Vice-Chair	Dorset Care Homes Association
Paula Shobbrook (nominated Claire Rogers)	Director of Nursing & Midwifery/Deputy Chief Executive	Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

For clarity, in the minutes BC is Barrie Crook. Blair Crawford is Cllr BC.

	ACTIONS
<p>WELCOME, APOLOGIES, DECLARATIONS OF INTEREST</p> <p>BC welcomed members of the Dorset and Bournemouth and Poole Safeguarding Adults Boards to their first joint meeting.</p>	
<p>BACKGROUND INFORMATION</p> <p>VR gave background regarding this investigation and subsequent report.</p> <p>Advocare was founded more than 10 years ago as an advocacy group for carers.</p> <p>It was noted that as this originated so long ago the majority of people would not have been involved at that time.</p> <p>In 2009 the Strategic Health Authority agreed that concerns of carers should be investigated collectively.</p> <p>Advocare formed an oversight group with Dorset, Bournemouth and Poole councils and the primary care trust.</p> <p>The Advocare report and recommendations were agreed as the final version at the last oversight meeting held on 27 March 2018.</p> <p>Today's Safeguarding Board meeting is to provide scrutiny of the actions aligned to the report recommendations.</p> <p>JT stated that the Terms of Reference for the investigation clarified that scrutiny of the actions from the investigation would be overseen by the Safeguarding Adult Boards.</p> <p>PS stated that not all the carers who formed part of the original Advocare group are in agreement about how issues have been resolved. It was noted that for some of the issues local complaints procedures may have been more appropriate to seek earlier resolution to their case.</p> <p>It was acknowledged that the process has taken a long time.</p> <p>It was acknowledged that there is a need for sensitivity for those who had cause to complain. It may be that a collective response to complaints has meant that some individuals have not had a sense of closure to their complaint.</p> <p>JT commented that for confidentiality reasons individual complaint details are not published in the report.</p> <p>Whilst the full outline of each case is not included in the report, some of the concerns raised included poor communication with carers, concerns around discharge planning, lack of involvement of carers and standards of care.</p>	

<p>Some of the recommendations from the report date back to 2010, and some of causes for concern date back to the mid-2000's. Much work has been done since then to address the concerns, not just locally but through the development of improved processes relating to complaints handling and patient safety.</p> <p>The changes in practice and legislation across the health and social care landscape in the intervening years mean that some of the practices that caused concern are no longer how things are done at present.</p> <p>Since June 2018 individual carers have been offered the opportunity to raise their individual questions they may still have regarding their own case. The CCG is maintaining oversight of this process to ensure carers receive timely responses. This offer to raise further questions will remain in place until 30th November 2018.</p>	
<p>ADVOCARE REPORT</p> <p>The summary report prepared by VR gives the background and detail of events involving Advocare.</p> <p>Appendix B contains 78 recommendations whilst Appendix C contains additional thematic recommendations.</p> <p>Recommendations were looked at in numerical order with representatives of each organisation invited to speak first and then others to comment.</p> <p>Bournemouth Hospital</p> <p>CR provided a summary of the improvements in working alongside carers of people with a dementia diagnosis.</p> <ul style="list-style-type: none"> • The dementia team run a regular carers education session to support carers. This has received positive feedback from the carers who have accessed the service. • Successful trial of free meals and car parking for carers who are staying with their loved ones in hospital, now funded via charity. • Agreement made with local hotel to enable carers to utilise showering facilities. • Purchase of carers beds to facilitate carers being able to spend quality time with and support loved ones. <p>There was recognition that some staff are also carers and a support network within the Trust was required for them. Work to scope the number of staff carers working in the Trust is in progress, led by the Diversity, Equality and Inclusion Steering Group. The Trust is developing a staff carer ambassador to support this work. A Carers' hub in hospital is currently being planned to provide an accessible source of support for all carers</p> <p>A number of processes are in place to provide feedback on outcomes: An example in relation to carers of those people receiving palliative care. Carers are invited to receive a bereavement questionnaire 3 months following the death of their loved ones. It is emphasised that there is no commitment to complete this and that the information is used sensitively to enable areas of good practice</p>	

to be shared and improvements to be made when the patients/families' experience is less positive. The End of life Steering Group receive and discuss feedback on all completed questionnaires to identify trends and offer support to clinical areas who require extra training. Liaison will also take place with community partners as required.

There is a new complaints policy in place which provides more opportunities for families and patients to talk through their concerns and complaints face to face.

The Trust Board has a "patient story" each meeting where patients and/or their relatives present their experience. These stories can be positive or negative, and provide an opportunity for patients/carers to be heard at the highest level in the Trust

Family and Friends Test (FFT), complaints and patient experience feedback are regularly discussed at local and at strategic meetings in the Trust including the Quality Forum/ Health Care Assurance Committee and Quality and Risk Committee. A new Head of Patient Engagement is actively leading this work within the Trust

The most recent CQC inspection rated the Trust as Good overall, a marked improvement from the previous inspection.

PS commented on the positive impact of the actions taken following the recommendations and suggested more of the impact could be recorded in the narrative. This observation is valid for all organisations and their recommendations.

Bournemouth Borough Council

SW stated that the Care Act has brought significant improvements to practice particularly around assessments and the care planning process.

Funding was secured and a teaching partnership and care academy has been established.

Proactive Principal Social Worker (PSW) shares learning from client and carer perspective.

A lead senior manager has been identified for carers.

Bournemouth developed a Quality Assurance framework, which includes a series of audits at least quarterly, which the PSW is involved with.

Regular Support and supervision is provided to Social Workers and students. A new Supervision Procedure has been developed and a framework for newly qualified Social Workers to support them through their first year in practice is included.

There is a Bournemouth self-assessment online tool for carers.

The Council take a whole family approach – recognising carers as vulnerable

people who may need support in their own right due to Safeguarding matters or support with their caring role.

NR mentioned Carers Reference Group. VR reported that Section 7 which contained a summary of improvements made within Health and Social Care services over recent years has gone to all Advocare carers.

There had been local resolution of the cases involving Bournemouth Borough.

Dorset CCG

The issues in relation to CCG were regarding Continuing Health Care (CHC) and access to Individual treatments. The processes for CHC are now regularly audited, with a clear process for escalation of concerns or disputes of decisions. There is a new quality assurance tool for CHC which is monitored by NHS England.

Dorset County Council

HC questioned whether enough practical support was being provided to carers and noted the impact of the Care Act on practice. Recommendations within the report are complete but some work would be continually ongoing, for example involving carers in training.

Work had progressed to ensure sensitive handling of carers who have had allegations made against them.

Much work has been done to develop multi agency safeguarding procedures. SB said complaints procedures have been updated and that in some cases an early phone call would now remove the need for mediation and further enquiries. HC commented that there is a great focus corporately in DCC on this, there are surveys for carers and evidence is gathered to see the wider view and how they are making a difference.

BC commented on involving carers as trainers, 'experts by experience'. HC said there has been co-production in planning; for example Dorset now has a Making It Real forum for service users and carers.

PS noted the positive link with carers surveys as Key Performance Indicators. A philosophy of continuous quality improvement sends a strong message.

Poole Hospital

JW discussed improvements in working alongside carers.

Improvements had been made in dementia care and the care of carers, There was improved communication around end of life care, including training for medical staff. It was difficult to mark this 'achieved' or 'complete' as it is always ongoing.

Use of a bereavement survey for families now allows evidence to be gathered.

PS commented that the Poole narrative appeared to be more about specific

<p>cases than general themes. JW said for specific cases meetings have been offered.</p> <p>General improvements for carers include examples such as subsidised meals, free parking. Work with carers includes Carer Support Lead implementing Dorset Carers Strategy.</p> <p>Dementia care has moved on a great deal in the last decade. JW will arrange for more detail to be included in the action plan.</p> <p>JT commented that some of the detail in relation to individual complainants would be removed to protect confidentiality.</p> <p>Dorset HealthCare NHS Foundation Trust</p> <p>DD commented that the Dementia Pathway had transformed care.</p> <p>Policies are now in place around smoking and nicotine replacement.</p> <p>There are now five wards which have been awarded Quality Mark for an Elder-friendly hospital.</p> <p>John's Campaign - a nationwide campaign for extended visiting rights for family carers of patients with dementia in hospitals in the UK.</p> <p>Consideration given to the triangle of care (a working collaboration between service user, professional and carer).</p> <p>The appointment of a Carer's Lead is one of this year's Trust priorities.</p> <p>New staff inductions take place every Monday – a carer speaks to new staff as part of their induction.</p> <p>Record keeping has improved thanks to electronic systems.</p> <p>Medicines – audit of anti psychotic drugs. Nominated pharmacists audit the wards.</p> <p>There were meetings with some individual carers in May 2017.</p> <p>VC of Dorset CCG has met with the Carers Lead and had a discussion around carers' understanding of safeguarding. It was noted that cumulative quality issues can lead to harm. The Department of Health Carers Action Plan does not give guidance on safeguarding.</p> <p>PS asked those present to consider if the issues raised by Advocare could happen again. All acknowledged great improvements in all organisations' ability to quality assure alongside improvements in practice.</p> <p>Training around Mental Capacity Act and Lasting Power of Attorney to include reference to the rights of carers. VC as chair of the Training and Workforce Development subgroup of the Safeguarding Adults Boards will progress this</p>	
--	--

It was suggested that involving Healthwatch in training is a good opportunity.

JT commented on the real and valid concerns raised by Advocare. There is a need to give assurance to those reviewing the report regarding improvements made since the complaints were raised, some reference to timescales would be helpful. NR suggested the inclusion of a cover note with the report. VR said this could be highlighted in the introduction to the report.

JT commented on setting the historical context of some cases involving medicine management.

Healthwatch are doing some work on following up with patients and carers after discharge from hospital.

Borough of Poole

Reference made in the recommendations to bi monthly carers engagement group; carers and service users have a voice within Adult Social Care. Carers are involved in all the groups connected to the Learning Disability Partnership Board and have been closely involved in the development of 'Valuing Carers' the strategic vision 2016 – 2020.

Carers also involved in commissioning processes. JT commented on assistance given to carers and self-funders.

Complaints procedures have improved and assistance is given to carers and families in making complaints.

Bournemouth University has a group of carers involved in their social work training.

Recommendations arising from case 9

VR highlighted recommendation 77 required an update and acknowledgement of the long time taken to respond could be made.

ACTION: Hospital to contact Coroner.

JT – recommendation 78 – Local authorities to provide links to annual complaints and compliments report which provides analysis.

ACTION: The Safeguarding Adults Boards to look at the last 3 years of complaint reports to explore what these complaints tells us?

ACTION: BC will ask consultant working for the Policies & Procedures group to look at these in context of Advocare report.

HC asked how we can show how things have changed in the years since Advocare complaints raised. PS asked group to consider what could be Key Performance Indicators.

BC commented that the Quality Assurance subgroup of the Safeguarding Adults

<p>Boards may be able to support this work.</p> <p>HC stated that decisions made by practitioners affecting carers' lives need to be evidence-based and stand up to scrutiny. DD commented that each organisation needs to ensure this internally.</p> <p>BC commented that the Safeguarding Adults Boards have a role in challenging/auditing partners.</p> <p>Overall it was noted that significant progress had been made in respect of all of the recommendations, however it was agreed that each organisational lead would review their own actions to ensure that these accurately reflect the full progress that has been made, that any impact of these changes is captured and how this is monitored, so as to evidence the impact of any changes where this is possible.</p> <p>In conclusion, the Independent Chair of the Safeguarding Adult Boards agreed to take over oversight for the actions associated with the Final investigation report until the point they are completed or built in to a process for ongoing monitoring.</p>	
<p>NEXT STEPS</p> <p>The lead from each organisation to submit any amendments to the status of any recommendations to Claire Hughes by Friday 5th October 2018.</p> <p>A joint letter from the CCG and the three local authorities will be sent to Advocare carers to confirm handover of the responsibility for completion of the actions to the Safeguarding Adults Board. The letter will also highlight the opportunity for carers to raise concerns about their individual cases up to 30th November 2018.</p> <p>BC to write to Advocare carers to confirm handover to the SABs had taken place, and to outline plans for the publication of the report and associated action plans.</p> <p>Report to be published on websites of Dorset, Bournemouth & Poole Safeguarding Adults Boards (DBPSABs) along with the improvement action plan and notes of this meeting.</p> <p>It was noted that this investigation had followed an unusual process and one that we would not wish to see repeated primarily because of the delays the carers have experienced in reaching resolution in respect of their individual cases. It was agreed to hold a reflective practice telephone call to review this, which VC agreed to pull together. Suggested invitations to include JT and Sarah Elliott due to their historic involvement.</p> <p>Further work on action plan to be considered by DBPSABs, in particular the SAR and QA subgroups and the recommendations originating from the safeguarding thematic review.</p>	<p>DD/ JT/PS/ HC/PR /VR/ SW</p> <p>CCG LAs</p> <p>BC</p> <p>BC</p> <p>VC</p> <p>SAB</p>