

Present:	
Professor Pat Cantrill	Independent Chair for the Safeguarding Adults Board
Jo Abbott	Consultant in Public Health NHS R
Amanda Coyne	Mental Capacity and Deprivation of Liberty Safeguards Co-ordinator RMBC
Lesley Dabell	Chief Executive Age UK Rotherham
Catherine Hall	Head of Safeguarding Rotherham CCG
Tracy Holmes	Head of Communications RMBC
June Lovett	Assistant Chief Nurse The Rotherham Foundation Trust
Shona McFarlane	Director of Health and Wellbeing, RMBC
Mark Monterio	Detective Inspector Rotherham PPU South Yorkshire Police
Toni Murphy	Police Constable Rotherham PPU South Yorkshire Police
Nigel Mitchell	Learning and Development Manager RMBC
Sam Newton	Safeguarding Adults Service Manager RMBC
Cllr Russell	Safeguarding Champion RMBC
Apologies:	
Val Allen	Voluntary and Community Sector Representative SCOPE
Dr Russell Brynes	GP Lead Rotherham Clinical Commissioning Group
Sue Cassin	Lead Nurse NHS Rotherham Clinical Commissioning Group
Helen Dennis	Safeguarding Adults Co-ordinator RMBC
Cllr John Doyle	Cabinet Member for Adult Social Care RMBC
Juliette Greenwood	Chief Nurse Rotherham NHS Foundation Trust
Jill Jones	Homelessness Manager Housing Options RMBC
Mel Lambert	Team Manager Action for Children
Janine Parkin	Adults Commissioning Manager Resources RMBC (<i>rep for Matt Gladstone</i>)
Dawn Peet	Safeguarding Officer South Yorkshire Fire and Rescue
Claire Pyper	Interim Director of Safeguarding Children and Families RMBC
Amanda Thompson	Community Partnership Officer South Yorkshire Fire and Rescue
John Williams	Service Manager Learning Disability Service RMBC
Minutes:	
Ann Kirbyshaw	Safeguarding Adults Support Officer RMBC

Item		Action
1.	<p>Minutes of the Previous Meeting</p> <p>The Chair advised the previous meeting had been given over to the development of the Safeguarding Adults strategy, refreshed governance and action plan. The notes taken would be circulated in due course.</p> <p>The Chair explained Shona McFarlane would discuss the proposed changes to the Rotherham Safeguarding Adults Board. The development of the strategy had brought up a number of issues relative to the role and function of the Board.</p>	
2.	<p>Matters Arising</p> <p>None to address.</p>	
3.	<p>Self-Assessment</p> <p>Shona McFarlane made reference to the tabled report explained the Board had met on 08.05.2013 to review and refresh the vision, mission, strategic objectives,</p>	

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	<p>Governance Framework and the structure of the Board. There would be significant changes and the 'self-assessment' would feed into the process. The event had been well attended and successful. The consensus was agreed for a range of changes which would support the Board to develop further as required by organisational and legal changes.</p> <p>Shona McFarlane stressed the importance of returning 'self- assessments' as they were critical to the full assessment process and the voice of all partners. The deadline for the return of the self-assessment had been extended to 5 July 2013.</p> <p>She explained the proposals on the day had been:</p> <ul style="list-style-type: none"> • Membership of the Board – the Board would need to reflect senior levels of the organisation they represent and members would be required to be effective decision makers • Quarterly meetings of the Board had been proposed – the Chair advised recognition had been given to the pressure of attending Boards therefore quarterly meetings would not be as onerous. Membership of the Board had not been finalised but it would have an equivalent footing to the Children's Safeguarding Board <p>With regards to the sub groups discussion had been more critical and it had been agreed it was essential they were refreshed. A proposal had been put forward for a task and finish group to undertake a review of the existing activities and a report presented to the Board outlining how the new sub groups should operate. Information from the sub groups would have to be presented to the Board in a more meaningful way to ensure the Board could deliver on its commitment to continual improvement.</p> <p>Membership of the sub groups would be agreed and attendance monitored and reported to the Board to ensure agencies are fulfilling their commitment to the Board.</p> <p>The Board would be supported by good effective sub groups who would gather information and analyse data for presentation to the Board. The proposed sub groups are:</p> <p>Prevent</p> <ul style="list-style-type: none"> • Vulnerable Adults • MCA/DoLS • Communication Strategy <p>Perform</p> <ul style="list-style-type: none"> • Workforce Development • Quality Assurance • Performance • Annual Report <p>Innovate</p> <ul style="list-style-type: none"> • SCR Toolkit Review • Response to Care and Support Bill • SCR's and Lessons Learnt • Governance <p>Catherine Hall asked if there would be expectations for the chair of the sub groups to attend Board. Shona McFarlane responded they would have to look at the linkage between the topic and the best person to present it at the Board. Lesley Dabell discussed who would be best placed to attend from VCS, she suggested</p>	

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	<p>they could look at one representative plus a deputy but this would have to be referred to the Adults Consortium for a decision.</p> <p>Shona McFarlane explained the work of the sub groups would be critical to the effectiveness of the Board. The Board needed to be able to hold all partners to account. At present the effectiveness of the sub group was focused on Sam Newton but the focus needed to be on all partners.</p> <p>Strategic Aims – this would be the basis of work for the next 12 months</p> <p>The Chair advised the aim was to provide information to use in the Boards own organisations. The Board had spent a lot of time dealing with operational issues. The aim of the Board was to ensure services were fit for purpose, tighten procedures and reduce duplication.</p> <p>Governance – the focus of the Board would be to hold each organisation to account for safeguarding practice. Attendance at safeguarding meetings would be recorded and persistent non-attendance would be reported to the appropriate Board within partner agencies. There would be an agreed set agenda to ensure the most effective use of the reduced Board meeting time.</p> <p>Engagement with Customers – this would involve an area of work for the sub groups. Partners would be asked what comments they had received in relation to safeguarding and this would be fed in to gain a better picture as to how safe people feel.</p> <p>Focus on Outcomes – this would ensure the people of Rotherham would be aware of Safeguarding Adults and how to act when they become aware of abuse.</p> <p>A draft Safeguarding Adults Charter had been drawn up for organisations to sign up to. The Charter would signal to communities the work undertaken to protect vulnerable adults. Shona McFarlane requested comments/feedback re the Charter.</p> <p>Forward Plan – to ensure all plans are realised the Board would establish a Forward Plan which would be populated by the Boards action plan and the plans of each of the sub groups.</p> <p>Catherine Hall asked if there would be draft Terms of Reference for each of the sub groups. Shona McFarlane explained this would be part of the chairs role, also the work plans of each sub group would be separate but consistent. She added sub groups would develop their own ToR's and the attendance would reflect the speciality of the group.</p> <p>Sam Newton made reference to the sub groups explaining previous Board meetings had recorded the problems the sub groups had faced. It had been agreed to merge the three due to lack of attendance but the meeting had developed into information sessions and nothing had been moved forward.</p> <p>The Chair explained the Children's Safeguarding Board had a new chair. She would be meeting with the new Chair to discuss how the two Boards could work more closely in relation to transition.</p> <p>With regards to providers attending Board the Chair suggested this would be inappropriate as it may suggest they had a commercial advantage. She proposed a 'Let's Talk' event would be preferable. Shona McFarlane agreed, she added there may be a specific item on the agenda of the sub groups where an invite could be extended.</p> <p>Shona McFarlane asked for members of the Board to forward any comments they had about the proposed changes to the Board, the range of membership of the sub groups and how partners engaged in the safeguarding process by 12 July 2013.</p>	<p><i>All</i></p> <p><i>All</i></p>

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	<p>Mark Monteiro explained both he and Toni Murphy had roles within operational services and did not need to sit on the Board. He suggested Pete Horner was the appropriate person to sit on the Board.</p>	
<p>4.</p>	<p>Safeguarding Vulnerable People in the Reformed NHS</p> <p>Catherine Hall explained in relation to patients visiting GP's no changes had been made at that level.</p> <p>The paper she was presenting related to massive changes to the architecture of commissioning. Nationally the new organisations used to be called 'clusters' but now NHS Commissioning Boards. She advised in the report italics depicted Rotherham. She stressed there was no change in the policy to promote partnerships and safeguarding was paramount.</p> <p>The Governance into the Safeguarding Policy would be updated and presented to the Board when ratified.</p> <p>NHS England had set up Safeguarding Forums to support the five CCG's. Two South Yorkshire and Bassetlaw meetings had been held to clarify MAPPA and Key Performance Indicators. The Chair explained Margaret Kitching had provided information relating to KPI's in Adults Health, she had the minutes of the forum she suggested she could highlight areas the Board needed to look at.</p> <p>Catherine Hall discussed section 9 of the paper. She made reference to how the CCG commissioned services from the Acute Trusts and Mental Health Services and NHS England commissioned GP's who sat on the CCG's. Catherine Hall explained with the paper tried to give clarity to complicated issues.</p> <p>Jo Abbot advised the information given by Catherine Hall highlighted for her how the NHS had moved on and how difficult it would be to have the right level of representation at Board. Shona McFarlane advised partners and commissioners of critical/acute services and GP's were there as protection for the vulnerable people living in Rotherham. Catherine Hall replied Safeguarding Adults and Children sat within the portfolios of Patient Experience and Patient Safety the Department of Health had not answered the questions asked.</p> <p>Shona McFarlane discussed the recording of Serious Incidents within the NHS – she suggested it would be beneficial to see information in some type of format. The Chair agreed – if there was a complication which meant the reports could not be seen they did not need to see all of the information only a 'jigsaw' which could be pieced together. Catherine Hall explained with regards to Serious Incidents the Health Service had a long history of looking into them, the outcomes was used to identify 'lessons learnt' – she assured although how they worked in health suggested secrecy this was far from true, the way they worked was part of their 'no blame' culture.</p> <p>The Chair suggested NHS England could be approached re sharing serious incident information.</p>	
<p>5.</p>	<p>Workforce Development</p> <p><i>RSAB Online Assessment Proposal</i></p> <p>Nigel Mitchell explained he had been asked to develop a pro forma to look at Boards learning and development needs.</p> <p>The self-assessment would link into the National Capabilities framework at level D which equated to Board membership i.e. senior managers who had safeguarding responsibilities.</p> <p>He explained The Grey Matter Group had completed work for other Boards and</p>	

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	<p>had developed an online appraisal tool which would enable each RSB member to undertake a 'pro-forma' self-assessment. The assessment would contribute to ensuring the correct level of attendance at Board and any development needs in relation to the Capability at Level D. The advantage of the system was it allowed other people to assess/judge where the Board was which in turn aided development needs.</p> <p>In terms of cost there was none to date but to use the tool there would be a cost of £60 per assessment. The Chair asked if there was a real need for the tool. Nigel Mitchell responded yes – it would enable the Board to look for 'hotspots' in the Boards development needs. The Chair suggested The Grey Matter Group could be approached re the Board are willing to 'trail' the tool and iron out an clichés thereby giving them a cases study and a product which had been developed prior to them launching it.</p> <p>Following discussion relating to how the tool would be used by each partner the Chair confirmed the Board would not offer to pay for the pilot but would agree to help develop the product – the assessment fee would possibly be a comfortable spend but the pilot would provide the information for the Board to make that decision.</p> <p><i>RSAB Strategic Training Programme 2012/2013 – Evaluation Proposal</i></p> <p>Nigel Mitchell explained the current Workforce Development Policy had been issued on 12.02.2012 and had become effective from 01.04.2012, a review date had been set for March 2014. Nigel Mitchell had agreed to look at the impact and outcomes of the 2013 training.</p> <p>Nigel Mitchell explained the survey method would be via performance management and performance indicators. He would look to see if training had made a difference and to evaluate if the training met the needs of those attending, if not action would be taken to determine what was needed to improve performance.</p> <p>Shona McFarlane had asked him to look at the training programme – he would not take on the evaluation individually rather he would lead the project.</p> <p>Nigel Mitchell discussed resources and the cost to agencies. He had attempted to estimate the time officers would need to conduct the research. If the Board agreed then agencies would need to commit to reporting the information he would use to write the policy.</p> <p>Jo Abbott explained within the NHS evaluation would have to have research ethics approval. She questioned the amount of paperwork the evaluation would generate and the time factor i.e. would agencies have the time to do it. The Chair asked if agencies evaluated training and if they did was safeguarding part of it. She added the Board had no reflection as to what safeguarding training was like i.e. if asked about the numbers who attended, the outcome of the training etc. they would not be able to answer. Lesley Dabell explained they had processes in place to evaluate training but this would give an overview rather than in depth. She suggested they could prepare people who were attending training that they would be collecting information from them. The Chair acknowledged it was a valid point made by Jo Abbott but she would suggest the same as Lesley Dabell.</p> <p>Nigel Mitchell reminded it was a requirement of the sub group to undertake active evaluation – the Workforce Development Group agreed each agency would carry out their own evaluation.</p> <p>The Chair concluded the evaluation would be valuable to both the Board and agencies. Partners had agreed to the evaluation in principal but there was</p>	

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	potential for more emphasis on the individual.	
<p>6.</p>	<p>Significant Safeguarding Issues</p> <p>Prior to leaving Toni Murphy had given an update into a Learning Disability care home within the Rotherham area. The home had eleven residents who had been placed by five different authorities – Rotherham had place two of the residents.</p> <p>The alert had made by a ‘whistle blower’ who had been a previous employee at the home. There had been a range of concerns relating to behaviour management regimes. The referral had been forwarded to the police who had decided to look at the concerns under ill treatment. There had been several meetings and liaison with the other authorities. The two residents from Rotherham had been transferred to another care home. Staff had been placed at the home to provide protective measures for residents – there were people on the premises to prevent harm to the residents still residing there. Police had been unhappy with the response from the provider – there appeared to be an element of complicity.</p> <p>Lengthy Best Interest Decisions had been made re the residents of the home. Family members had been unhappy about residents moving home – many of the residents had been at the care home for many years.</p> <p>DS Tony Leach was the lead investigator and she was assisting with the investigation.</p>	
<p>7.</p>	<p>Feedback from Safeguarding Adults Sub Group</p> <p>Sam Newton explained the sub group had focused on the Learning Disability care home.</p> <p>There had been discussion relating to how vulnerable people fitted into the VARMM process and if they were a potential VARRM how would they fit with VPU and VPG. There had been previous discussions relating to the vulnerable groups of people who did not fit in with the Safeguarding Adults process and how to ensure their safety. She added concerns had been raised relating to how to ensure the safety of those who sat outside of the safeguarding process.</p> <p>Sam Newton and Mark Ford had attended a meeting where the Vulnerable Adults Risk Management model had been discussed. She explained Mark Ford would be preparing a paper to present to management and Board re proposing the processes Rotherham. A governance framework would be developed to ensure the expectations of the Board were clear in relation to vulnerable adults who did not fit into the safeguarding process. Sam Newton advised what was currently in place needed to be formalised and once formalised she would present it to the Board.</p> <p>MCA and DoLS Amanda Coyne explained she would present to the next Board information an update on MCA and what was happening nationally. With regards to DoLS further papers had been presented to the House of Lords, she would also provide an update on this.</p>	<p><i>ACoyne</i></p>
<p>8.</p>	<p>Domestic Abuse</p> <p>Sam Newton reminded previous Boards had discussed where Domestic Abuse would fit in the safeguarding arena. Domestic Abuse did not feature in the Safeguarding Adults Sub Group meeting – they followed different governance.</p> <p>The Chair asked in relation to Domestic Abuse did the Board carry responsibility or did they just accept information. She added there was a need for clarity as to the role of the Board as there was a danger of important issues not being addressed as the responsibility for DV is not clear. Sam Newton advised the Domestic Abuse</p>	

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	<p>Priority Group fed up to JAG and SRP therefore she suggested the Board should receive information as information requiring no action. She added discussion relating to accountability and clear guidance issues were being addressed would be required. Shona McFarlane suggested the connections between safeguarding and Domestic Abuse and how they may overlap needed to be discussed. The Chair agreed to meet with Joyce Thacker (Chair of DAPG) to discuss relevant issues.</p>	
<p>9.</p>	<p>Any Other Business</p> <p>9.1 Hate Crime</p> <p>Tracey Holmes explained a radio ad relating to hate crime was due to start on Monday and would run for ten weeks and would focus on different aspects of hate crime.</p> <p>Hate crime statistics indicated an increase in reporting.</p> <p>9.2 Update on Jimmy Saville Report</p> <p>Catherine Hall explained nationally it was thought cases relating to Jimmy Saville involved only children but information indicated he had abused young and elderly people. She asked if this issue should be on the agenda of the next Board meeting. The Chair asked for the papers to be distributed to Board members with the agenda.</p>	<p><i>AKirbyshaw</i></p>
<p>16.</p>	<p>Date, Time and Venue of Next Meeting</p> <p>Date: 04 September 2013</p> <p>Time: 9am to 12 noon</p> <p>Venue: Riverside House Floor 2 Meeting Room 21</p>	