

## SSAB Back to Basic Conference 10 December 2018

### Candidate questions

Questions	Responses
How do we safeguard vulnerable people who are placed out of borough and often a long way from home?	<p>There are a number of elements to this</p> <ul style="list-style-type: none"> <li>• Providers of health and social care services are responsible for ensuring the safety of those services;</li> <li>• If a Local Authority or Care Commissioning Group have commissioned the care, then they retain responsibility for monitoring that service and ensuring it meets the person's needs safely;</li> <li>• Where the service is a regulated one, the relevant regulator has a responsibility to check that the service is provided safely;</li> <li>• Local authorities and CQC have some general market oversight responsibilities under s5 and s53 – 57 of the Care Act 2014;</li> <li>• Should there be an adult safeguarding concern, the local authority where that service is will have a duty to ensure there is an adult safeguarding enquiry under s42 Care Act.</li> </ul>
How well has GDPR been implemented across adult social care in Surrey?	Implementation of the General Data Protection Regulation in adult social care is far broader than the areas Safeguarding Adults Board has responsibility for. However we have been given assurance that the necessary arrangements are in place or in development across the whole of the department. In addition the SAB has been involved specifically with work around implementing and applying the GDPR in the policy and practice of safeguarding adults.
Given the evidenced poor performance of certain local authorities' adult care safeguarding reviews, why does the no blame culture continue to be justified?	The Care Act makes it clear that SAR's are not set up not to apportion blame but to highlight both good practice and where improvements are needed. The purpose of SARs is to review practice and share recommendations for improvement. If necessary there are other routes available to investigate failings and negligence and to take actions against individuals and organisations but this does not form part of the SAR process.
Why is it so easy for poor calibre senior adult care staff to move between authorities unchallenged?	At Surrey County Council we have processes in place during recruitment to support us to appoint the most appropriate person. This includes an application form, interview and two references one of which must be from the most recent employer. Referencing is required to cover three years employment without any gaps. For qualified staff we will also ensure they are registered with the HCPC. The person appointed will need to have passed the selection process in order to be appointed.
Can the names and contact details of the SCC Locality Team Safeguarding Advisors be circulated and / or be easily available on the SCC website?	The Surrey Safeguarding Adults Board maintains an up-to-date list of each organisation's safeguarding lead to support information sharing across professionals. If you require a copy of this list please contact the SSAB. Members of the public should go via the MASH to be directed to the appropriate point of contact.

<p>Do we know enough about, and learn from the experience people have of an s42 enquiry?</p>	<p>We don't know enough about people's experiences. Surrey County Council Adult Social Care have a processes for capturing feedback from people about their experiences of a s42 Care Act enquiry, but that process is not reliable enough for us to be confident we are getting the information that we need.</p> <p>Surrey Safeguarding Adults Board are exploring with Surrey Healthwatch on ways to improve what we are doing in this area.</p>
<p>Can MASH go even further (over time) &amp; give people making referrals a brief summary of the outcome of a review - so referrers get a sense of the benefit to people?</p>	<p>We recognise that we need to improve feedback to referrers and MASH are working on this currently by ensuring referrers are informed, as appropriate, about what has happened to their referral at the initial stage. We will be able to further improve on this once we are in a position of making the section 42 decisions and planning the enquiry within MASH. Providing a summary at the conclusion of a safeguarding enquiry would be more problematic for MASH as the actual enquiry is not managed by us. If the referrer was involved in the enquiry, they should receive feedback anyway, and if not, they can request it from the team who were managing the enquiry.</p>
<p>Why is consideration of human rights not included in the slide presentation of adult safeguarding principles given by Claudine Cox earlier?</p>	<p>My presentation was about MASH. I chose to focus on the safeguarding principles as set out in the Care and Support Statutory Guidance as I knew that other speakers were talking about Human Rights. In hindsight, linking to Human Rights as well as the principles would have been better.</p>
<p>After the perpetrator had left the marital home he installed a hidden camera in the bedroom where children/victim changed/slept, is this a Safeguarding concern?</p>	<p>There is a crime here so there is a role for police. For it to be a safeguarding adult concern would depend on whether the victim has care and support needs which leave them unable to protect themselves from this abuse.</p>
<p>What changes would Mr Bates want to see made to the Care Act 2014?</p>	<p>Following the introduction of the Care Act 2014, it can be evidenced that to bring charges or a conviction against a person who has caused the death or inflicted harm to a vulnerable person in their care, "Wilful Intent" has to be proven. Currently, unless the perpetration of a crime is witnessed or the person involved admits to their improper actions, no charges can be brought against an individual by the Police and or the CPS.</p> <p>Accordingly, I believe the only way forward is for the mandatory introduction of CCTV by care providers in all facilities, both public and private, where vulnerable people are at potential risk of harm by others. I understand that the initial installation cost for some care providers will be difficult, however this could be offset if a grant were to be made available by Central Government and or Local Authorities.</p> <p>I am convinced the cost of this grant would be offset in the long term with the potential reduction of incidents that require investigation.</p> <p>In the first instance, all public areas within Care Facilities including corridors must be fully monitored with no "Blind Spots" so that time lines can be established where persons have both entered and vacated an area.</p>

	<p>Furthermore, dependent on whether the resident / service user has the mental capacity to make their own decisions or if a decision needs to be made by their Advocates / Legal Deputy, the installation of cameras in bedrooms could also be possible if controlled appropriately.</p> <p>The decision as to whether the cameras should be switched on or off within bedrooms would be with the resident / service user, advocate or legal deputy and their preference would be fully documented within the persons care plan. Also, the decision must be revisited regularly as part of the persons annual review meeting and again fully documented. I do not profess to be an expert in Data Protection, Human Rights etc. however I believe my proposals would eliminate many raised concerns.</p> <p>The CCTV system itself must be a fully functioning sealed digital system that meets entirely the requirements of the Police, CPS and the Courts.</p> <p>The system must have a sealed memory with a minimum three months capacity, thereby giving the Police ample time to recover evidence from the system if and when required.</p> <p>Following installation the system must be fully calibrated annually to ensure functionality and conformity with any changes in legislation.</p> <p>The system must be registered with the Care Quality Commission (CQC) and the relevant County Council for the area forming part of their inspection programs. If evidenced that the system has in any way been deliberately tampered with by any member of staff, (this can be as simple as changing the angle or covering the lens of a camera) that person and the provider can be charged by the Police with "Attempting to Pervert the Course of Justice."</p> <p>Although my proposals may seem somewhat "Draconian" to some parties, I feel most strongly that these measures will not only protect the most vulnerable while offering confidence to the families, but also protect the reputations of the providers and their workers who I believe in the main are both genuine and dedicated.</p> <p>In conclusion, I believe that unless the word "Wilful" can be removed from the Care Act 2014, and or my proposals are adopted, the most vulnerable within our society will continue to be left at grave risk of harm from a minority of dangerously uncaring workers.</p> <p>Mark Bates BSc (Father and Joint Advocate to Matthew Bates)</p>
<p>How can we provide good quality enquiries alongside the huge cuts in budgets and resources?</p>	<p>There is no correlation between the quality of an adult safeguarding enquiry and the resources committed to the work. Our quality assurance auditing will often identify adult safeguarding work that has not been as effective as it ought to have been, but which had significant resourcing applied to it.</p> <p>An aim of the Surrey Safeguarding Adults Enquiry Method set out in the recently revised SSAB Policy and Procedure is to support efficient and effective planning and carrying out of adult safeguarding enquiries, so that they make best use of resources.</p>

<p>Enquiries (section 42/SAR) can be inhibited by a desire to 'hold people accountable' - not their purpose. How can we better educate the need for 'black box thinking'?</p>	<p>The purposes of an enquiry under section 42 (s42) Care Act 2014 and a review under section 44 of that Act (SAR) are different from one another.</p> <p>An enquiry under section 42 Care Act may involve holding people to account. For example:</p> <ul style="list-style-type: none"> <li>• The objectives of a s42 enquiry, set out in paragraph 14.94 of the Care and Support statutory guidance include assess the needs of the adult for redress and how they might be met, and making decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect.</li> <li>• Paragraph 14.99 of the Care and Support guidance says that factors that need to be considered include the responsibility of the person or organisation that has caused the abuse or neglect.</li> </ul> <p>The question posed, refers to 'Black Box Thinking', this is taken to refer to the work of Matthew Syed who highlights the need to confront mistakes and learn from them. Syed highlights the shift required across systems and cultures which will enable organisations to learn from mistakes and not be threatened by them.</p> <p>Having an adult safeguarding enquiry under s42 Care Act that includes an element of holding people or organisations to account, when needed, is not incompatible with 'black box thinking'. Black box thinking involves ensuring the judgements made within adult safeguarding work are robust, reliable, and informed by the evidence. Sometimes that will lead to a conclusion that points in the direction of an issue of accountability.</p> <p>The Surrey Safeguarding Adults Enquiry Method set out in the recently revised SSAB Policy and Procedure is intended to support 'black box thinking'. It is up to each partner organisation to ensure that its staff are clear what is expected of them and have the skills and knowledge to do this, and to have in place assurance that this is happening in practice.</p> <p>The Care Act says the purposes of a section 44 review (SAR) are to identify the lessons to be learnt and apply those lessons to future cases. The Care and Support Statutory Guidance is in line with the approach promoted by Syed in Black Box Thinking. Paragraph 14.169 highlights the need for the SAR process to encourage honesty, transparency and sharing of information to obtain maximum benefit. 'If individuals and organisations are fearful of SARs their response will be defensive and their participation guarded and partial'. The Surrey SAB works according to the Care Act and Care and Support Statutory Guidance to ensure that the SAR methodology supports organisations to openly review practices and process in detail in order to fully understand any mistakes that happened and to be able to learn effectively from them.</p>
<p>I am interested in the reform of MASH (decisions on enquiry and making of plan) when is this likely to be possible and will it include mental health?</p>	<p>We are hoping that this will be possible by no later than March 2019, although we are working hard with our partners to embed a better understanding of what should be referred to the MASH so that we can start making the decision under section 42 and planning the enquiry sooner than that if possible. At this time there is no plan in place to replicate this for mental health teams, but decisions around this are part of our ongoing Steering Group discussions.</p>

<p>Re. GDPR, is Safeguarding covered by a specific one or two legal basis?</p>	<p>The advice for the health and social care sector is that the legal basis afforded at Section 42 of the Care Act 2014 should be used as the lawful basis for using people's personal data under the General Data Protection Regulation. Doing so ensures Articles 6(1) (e) and 9(2) (b) of the GDPR are satisfied but all agencies are reminded that there are still requirements to ensure the confidentiality and security of information in safeguarding processes.</p>
<p>Is encouraging a diagnosed celiac to eat gluten a safeguarding issue or a life style choice?</p>	<p>This would depend on whether the adult has the mental capacity to make an informed decision about their diet. They would need to have all appropriate information about the risks, be able to understand and retain the information long enough to weigh it up, and communicate their decision. If the person lacks the mental capacity to make the decision they would be in a position of being unable to protect themselves and it would therefore be a safeguarding concern.</p>
<p>Have you any figures of prosecution for coercive (domestic abuse)?</p>	<p>Surrey Police have had 50 Controlling &amp; Coercive behaviour charges (under S76 Serious Crime Act 2015) in the period from 2015 to January 2019</p>
<p>Are there regular and ongoing reviews/ checks on 'lessons learned' to show they are being adopted?</p>	<p>Yes there is a process which requires the Board to ask agencies for feedback on any actions / recommendations after 6 months from initial request. This feedback asks what has changed and what evidence can be shown to support that. We have also looked at reviewing again after a year but this has not yet been adopted for SAR's yet.</p>