

# APPENDIX G

Safeguarding Adults Template for Meetings



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## MINUTES OF STRATEGY MEETING

These minutes are closed and not for disclosure under FOI S 40 (1) & S 30 (2)

### CONFIDENTIALITY STATEMENT

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### DIVERSITY & EQUAL OPPORTUNITIES STATEMENT

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### CONDUCT AND COURTESY

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<b>Name</b>	
<b>Date of Birth</b>	
<b>Place of Residence</b>	
<b>Venue</b>	
<b>Meeting Status</b>	

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## **MINUTES OF MEETING HELD ON**

### **PARTICIPANTS**

..... formally opened the meeting by inviting the attendees to introduce themselves. The rules of confidentiality, equal opportunities, conduct and courtesy code were read out.

### **NON PARTICIPANTS – I**

### **NATURE OF CONCERNS**

### **CHRONOLOGY / INFORMATION GATHERING SO FAR**

### **CONCLUSION OF MEETING**

### **DATE OF NEXT MEETING (include status of next meeting)**

### **SUMMARY OF ACTION PLAN**

<b>Action Required</b>	<b>Person Responsible</b>	<b>Time Scale</b>

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## MINUTES OF CASE CONFERENCE MEETING

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## **PARTICIPANTS**

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## **NON PARTICIPANTS – copies of minutes to be sent to**

## **INDIVIDUALS NOT INVITED / REASONS FOR EXCLUSION**

## **SUMMARY OF THE ALERT**

## **NATURE OF CONCERNS**

## **FEEDBACK STRATEGY DISCUSSION**

## **FEEDBACK FROM INVESTIGATING STAFF**

## **FEEDBACK FROM POLICE / LEGAL INTERVENTION**

If appropriate any offence committed / action taken / time scale for investigation

## **OUTCOME OF INVESTIGATION (if available)**

## **CURRENT SITUATION OF VULNERABLE ADULT**

## **VIEWS / WISHES OF VULNERABLE ADULT**

## **VIEWS / WISHES OF FAMILY / CARER**

## **FEEDBACK FROM CARE MANAGER**

Any historic information / action taken

## **FEEDBACK FROM CARE CO-ORDINATOR**

Any historic information / action taken

## **FEEDBACK FROM CQC**

Previous inspections / current knowledge

## **OTHER RELEVANT FEEDBACK**

Out of hours/commissioners/housing/provider/other placing authority

## **ACTION REQUIRED FOLLOWING INVESTIGATION**

Consider referral to POVA / referral to NMC or other professional body / child protection issues

## **SAFEGUARDING ADULTS PLAN**

Include aim of plan, roles and responsibilities of staff

NB – if vulnerable adult is mental health client then safeguarding plan must be written into CPA care plan. Attach care plan to minutes

## **ARE THERE ANY OTHER VULNERABLE ADULTS OR CHILDREN AT RISK?**

Include names and action taken / action plan

## **ARE THERE ANY SERVICE DELIVERY ISSUES FOR HOME / CARE MANAGER/ CARE COORDINATOR?**

Include action plan to address these

## **SUMMARY OF DISCUSSION FOIA exception s 40 (1), s. 30 (1), s 30 (2)**

(Person specific where possible)

**RECORD OF ANY DISAGREEMENTS DISCUSSED IN MEETING**

**RECORD OF ANY DISAGREEMENTS DISCUSSED IN MEETING**

**AGREEMENT FROM MEETING OF WHAT TO FEEDBACK TO ALERTER**

**CONCLUSION OF MEETING**

**OUTCOME OF ALERT**

**DATE OF NEXT MEETING (include status of next meeting)**

**SUMMARY OF ACTION PLAN**

Action Required	Person Responsible	Time Scale

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## MINUTES OF REVIEW MEETING

These minutes are closed and not for disclosure under FOI S 40 (1) & S 30 (2)

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### DIVERSITY & EQUAL OPPORTUNITIES STATEMENT

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## **CONCERNING**

## **PARTICIPANTS**

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## **NON PARTICIPANTS – copies of minutes to be sent to**

## **INDIVIDUALS NOT INVITED / REASONS FOR EXCLUSION**

## **SUMMARY OF THE ALERT**

## **NATURE OF CONCERNS**

## **OUTCOME OF THE INVESTIGATION**

## **FEEDBACK ON SAFEGUARDING PLAN**

## **CURRENT SITUATION OF VULNERABLE ADULT**

## **VIEWS / FEEDBACK FROM VULNERABLE ADULT**

## **VIEWS / FEEDBACK OF FAMILY / CARER**

## **FEEDBACK FROM CARE MANAGER**

Any historic information / action taken

**FEEDBACK FROM CARE CO-ORDINATOR**

Any historic information / action taken

**SUMMARY OF DISCUSSION FOIA exception s 40 (1), s. 30 (1), s 30 (2)**

(person specific where possible)

**AOB relevant to this review**

**CONCLUSION OF MEETING**

**OUTCOME OF ALERT**

**DATE OF NEXT MEETING (include status of next meeting) / OR CLOSED TO SAFEGUARDING PROCESS**

**SUMMARY OF ACTION PLAN**

Action Required	Person Responsible	Time Scale

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## **SAFEGUARDING ADULTS MINUTES OF BEST INTEREST MEETING**

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### **CONFIDENTIALITY STATEMENT**

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## **Participants**

(Name of Chair) Formally Opened The Meeting By Inviting The Attendees To Introduce Themselves. The Rules Of Confidentiality, Equal Opportunities, Conduct And Courtesy Code Were Read Out.

## **Non Participants – Copies of Minutes to Be Sent To:**

## **Individuals Not Invited / Reasons for Exclusion**

## **Introduction of Vulnerable Adult**

## **Summary of Current Situation**

## **Decision to Be Made**

## **Who Is Decision Maker**

## **Capacity Assessment – Include Date, Assessor, Outcome**

## **Is Person Likely To Regain Capacity?**

## **Can Decision Wait?**

## **What Action Has Been Taken To Encourage/Assist Person to Take Part In Making Decision**

**Involvement of Family / Carer /Close Friends Views**

**Identify Things Person Would Take Into Account If Making Decision Themselves**

**Past Wishes of Person – Verbal / Writing**

**Current Wishes of Person**

**Beliefs and Values of Person Likely To Influence Decision**

**Feedback from Care Manager**

Any Historic Information

**Feedback from Care Coordinator**

Any Historic Information

**Any Other Factors Person Would Likely Consider When Making Decision**

**Information From Any Attorney Appointed Under Lasting Power Of Attorney Or  
Enduring Power Of Attorney Made By Person**

**Information from Deputy Appointed By Court Of Protection To Make Decision For Person**

**Any Advance Decisions?**

## Information from Any Professional Staff Involved

### IMCA Feedback / Information

### Summary of Discussion as to any FOIA exemptions applicable

(Person Specific Where Possible)

### What Options Are Available For This Decision?

### Conclusion of Meeting

Detail the Following Information

- How Was Decision Made?
- Reasons For Reaching Decision
- Who Was Consulted?
- Particular Factors Taken Into Account

### Date of Next Meeting (If Required)

### Summary of Action Plan

Action Required	Person Responsible	Time Scale

# MINUTES OF VULNERABLE ADULT RISK MANAGEMENT MEETING - VARM

These minutes are closed and not for disclosure under FOI S 40 (1) & S 30 (2)

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## DIVERSITY & EQUAL OPPORTUNITIES STATEMENT

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## **VARMM MEETING HELD ON CONCERNING**

### **PARTICIPANTS**

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### **NON PARTICIPANTS – copies of minutes to be sent to**

### **INDIVIDUALS NOT INVITED / REASONS FOR EXCLUSION**

### **INTRODUCTION OF VULNERABLE ADULT**

### **OUTLINE OF RISK ISSUES – self neglect / non engagement**

### **ASSESSED CONSEQUENCE OF RISK IF NOT ADDRESSED**

i.e. death / deterioration in physical health / risk to others

### **CURRENT SITUATION OF VULNERABLE ADULT**

### **CAPACITY ASSESSMENT**

Include date, nature of decision, outcome, assessor, summary of professionals involved

NB – if person does not have capacity then a best interest meeting is required not a VARMM

### **VIEWS / FEEDBACK FROM VULNERABLE ADULT**

### **CURRENT CARE PLAN**

**VIEWS / FEEDBACK OF FAMILY / CARER**

**ALTERNATIVE OPTIONS FOR ENGAGEMENT OF VULNERABLE ADULT**

Consider if there is any other person/professional who may have more positive relationship to encourage engagement in care / treatment / service support

**OTHER ACTION REQUIRED BY SERVICE/ORGANISATION TO MANAGE RISK ISSUES / ALERT ORGANISATION TO RISK ISSUE AND POTENTIAL CONSEQUENCE**

Consider informing line manager / alerting service need to commissioners / informing risk managers / communication officers of potential media interest

**SUMMARY OF DISCUSSION FOIA exception s 40 (1), s. 30 (1), s 30 (2)**

(person specific where possible)

**ALTERNATIVE CARE PLAN / WAY FORWARD AS DISCUSSED IN THIS MEETING**

Include professionals / roles and responsibilities

**AOB relevant to this VARMM**

**DATE OF REVIEW MEETING**

Period of time long enough to implement new care plan and test vulnerable adults resistance

**Summary of Action Plan**

Action Required	Person Responsible	Time Scale