APP4

REGIONAL ADULT PROTECTION PROCEDURES

STRATEGY/CASE DISCUSSION/CONFERENCE MINUTES

PRIVATE AND STRICTLY CONFIDENTIAL

NOTE:
The contents of these reports are not to be reproduced, copied or divulged.

Information obtained at a case discussion is not to be discussed with or revealed to others without first obtaining written permission from the source of the information.

Any important omissions or inaccuracies in these reports should Be notified to the Chairperson within 7 days: otherwise it Will be assumed that the reports are agreed.

This provides a template to record who participated in the discussion, submitted reports and future review arrangements. The DAPO will also include a minute of the essential facts, discussion and decisions taken at the meeting.

NAME:	**ADDRESS:**	**DATE OF BIRTH:**
H&C NO:	**POSTCODE:**	**GENDER:** M ☐ F ☐ OTHER ☐
VENUE:	**DATE**	
DAPO CHAIR:		
WAS THE SERVICE USER INVITED? YES ☐ NO ☐ **WAS THE SERVICE USER IN ATTENDANCE?** YES ☐ NO ☐ *(if not give details)*		
OTHERS INVITED (ADVOCATE OR CARER) NAME: IN ATTENDANCE YES ☐ NO ☐ NAME: IN ATTENDANCE YES ☐ NO ☐ IF NOT INVITED OR DID NOT ATTEND SPECIFY REASON**:**		
NAME OF THOSE PRESENT	**TITLE**	
LIST OF APOLOGIES RECEIVED		
WRITTEN REPORTS SUBMITTED BY:		

INTRODUCTIONS & PURPOSE OF MEETING

Synopsis of referral and immediate actions taken to protect the individual(s)(Prompts to be hidden by ENCOMPASS

PROFESSIONAL REPORTS *(where applicable)*

- *Key worker*
- *RQIA*
- *Human Resources*
- *Other reports*

DISCUSSION

Consideration should be given to the following as appropriate in making multiagency decisions:

- *Wishes of the Adult*
- *Human Rights Considerations*
- *Safeguarding of other adults at risk of harm or children*
- *Undue influence / coercion*
- *Proportionate Response*
- *Consent / capacity*
- *Best interests Decisions*
- *Supports for adult and family through investigation process*
- *Crime prevention*
- *Employee Relations / Contract issues*
- *Summary of actions agreed*

INVESTIGATION STRATEGY

- *Process of Investigation – single/joint*
- *Appointment of Investigating Officer(s)*
- *Agree Terms of Reference for the investigation.*
- *Methods of gathering information – Medical / structured meetings / documentary evidence to be reviewed*
- *BSO Internal Audit / Counter Fraud Probity Services*
- *Who will conduct meetings / when / with whom*
- *Arrangements for special needs, race, culture, gender, language, communication etc*
- *Summary of actions agreed*

REVIEW OF RISK ASSESSMENT AND PROTECTION PLAN

- *Steps to be taken to enhance future safety, incl. When and by whom.*
- *Services, treatment or therapy to be accessed or modifications in services*
- *Support services through the legal process*
- *Updated risk assessment and management including actions to be taken*
- *Summary of actions agreed*

COMMUNICATION ARRANGEMENTS

- *Who is responsible to communicate with adult/family/staff involved/other agencies/media/communications teams (where appropriate).*
- *What is being shared with each party?*
- *Summary of actions agreed*

IS ADULT PROTECTION INVESTIGATION TO BE CLOSED?
☐Yes ☐No

Date of next meeting if required:

AREAS FOR LEARNING FOLLOWING INVESTIGATION (POPULATED BY ENCOMPASS)	
Summary of Investigation – areas of learning	**Select relevant themes:** ☐ Communication; ☐ Recording; ☐ Incident Reporting; ☐ Medication; ☐ Moving and handling; ☐ positive behaviour support; ☐ assessment and care planning; ☐ restrictive intervention; ☐ pressure ulcer care; ☐ management of individual's monies; ☐ purposeful activities and social inclusion; ☐ service user on service user incidents; ☐ staffing; ☐ conduct; ☐ management systems; ☐ governance; ☐ training; ☐ supervision; ☐ culture and practice; ☐ user and carer engagement, ☐ other - specify

ACTIONS AGREED	RESPONSIBILITY	MONITORING ARRANGEMENTS
1		
2		
3		

Reason for Closure	Client unwilling to proceed ☐	
	Trust Investigation Complete ☐	Learning and recommendations identified Yes ☐ No ☐
	Refer to RQIA for response ☐	Refer to another agency ☐
	Refer to HR ☐	Refer to Professional Body ☐

Has anyone expressed a contrary view to closure? ☐Yes ☐No
(if yes specify)

Has the service user been informed in writing?	☐Yes ☐No
Has the referrer been notified of outcome? ***See guidance note***	☐Yes ☐No
Has service user and/or carer feedback been completed?	☐Yes ☐No

DAPO signature:

Print name:

Date: