



West of Berkshire Safeguarding Adults Board Meeting

27 March 2017

MINUTES

Attendees:	Teresa Bell - TB (Independent Chair)	Natalie Madden – NM (Business Manager)	Jo Purser - JP (Reading BC)
	Patricia Pease - PP (Royal Berkshire Hospital NHS Foundation Trust)	Kathy Kelly - KK (Clinical Commissioning Group)	Sue Brain – SB (West Berkshire Council)
	Sarah O’Connor – SO’C (Wokingham BC)	Andrea King - AK (West Berkshire Council)	Mimi Koningsburg – MK (Wokingham BC)
	Jayne Reynolds - JR (Berkshire Healthcare Foundation Trust)	Simon Leslie – SL (Joint Legal Team)	Rick Jones – RJ (Elected Member, West Berkshire Council)
	Rachael Wardell – RW (West Berkshire Council)	Rachel Eden – RE (Elected Member, Reading BC)	Sarah Morland – SM (Reading Voluntary Action)
	Mandeep Kaur Sira – MS (HealthWatch Reading)	Tandra Forster – TF (West Berkshire Council)	
Apologies / Did not attend:	Stan Gilmour – SG (Thames Valley Police)	Norma Kueberuwa – NK (National Probation Service)	Abbie Murr – AM (Emergency Duty Service)
	Tony Heselton – TH (South Central Ambulance Service)	Dave Myers – DM (Royal Berkshire Fire and Rescue Service)	Jim Weems - JW (Thames Valley Police)
	Graham Wilkin – GW (Reading BC)	Vernon Nosal - (Reading BC)	Judith Ramsden – JR (Wokingham BC)
Dates of future meetings:	1200-1500 Monday 26 June 2017, David Hicks Room, Wokingham Council Office, Shute End 1200-1500 Monday 25 Sept 2017, Council Chamber, Market Street, Newbury, West Berkshire		

1200-1500 Monday 4 December, Council Chamber, Bridge Street, Reading

Item	Discussion	Action
<p>1. Welcome and Apologies</p>	<p>Attendance as above.</p> <p>TB reported that she was delighted to be appointed to the post of Independent Chair and clearly recognised the strengths of this well-established Board, while looking forward to working with colleagues on challenges that will arise. TB was very grateful for joining a Board with such an excellent Business Manager. She also acknowledged the good work and proactivity of the Subgroup leads which has been a key factor in maintaining the momentum and dynamism of the Board.</p> <p>NM reported that June Graves has changed roles and will no longer attend Board meetings. June has been a member of the Board since its inception; she chaired the Governance subgroup and contributed to the work of the Safeguarding Adults Review Panel. Board members gave their thanks to June for her contribution and commitment to the Board.</p> <p>This will also be Sue Brain's and Mimi Koningsburg's last Board meeting and they were both thanked for their contribution and commitment to safeguarding and the work of the Board.</p>	
<p>2. Minutes of last meeting and matters arising</p>	<p>The minutes of the Safeguarding Adults Board meeting held on 5 December 2016 were approved as an accurate record of the meeting. Board members reviewed the matters arising on the previously circulated progress sheet, with further discussion on the following points:</p> <p>Partnership Board Joint Protocol: RW reported that she had commented on the Protocol following the last meeting. Since there are separate Protocols for Reading, West Berkshire and Wokingham reflecting local arrangements, RW proposed that each version would need to be considered by the Board. Only the Wokingham document had been presented. TB confirmed that this would be discussed further under agenda item 8.</p> <p>A message of thanks to service users who have contributed to the work of the Board or the Forums has been circulated to colleagues. Board members to ensure this is cascaded to relevant individuals and groups.</p> <p>SR to explore the production of a dashboard with colleagues in Wokingham: This was not actioned before SR left Wokingham and NM will develop this action.</p>	
<p>3. Business Plan 2017-18</p>	<p>TB summarised progress to date: at the Business Planning session on 6 February chaired by Brian Walsh, members identified a number of emerging themes and high risk areas to be reflected in the Business Plan</p>	

for 2017-18. At a further meeting on 15 March, the high risk areas were considered in more detail so that members could understand why they were considered a priority, the specific issue to be addressed within each area and the added value of working in partnership as a Board.

NM confirmed that incomplete actions from the previous Business Plan have been included in next year's plan and that work is in progress to complete these actions in a timely manner.

PP requested that reference to working with communities be included in the overview page; this was an important part of the discussion at previous planning meetings but is not reflected in this document.

NM to make the following amendments to the draft Business Plan for 2017-18:

Priority 1 Outcome 2: Case file audit on Section 42 enquiries to include to what extent Making Safeguarding Personal principles have been upheld.

Priority 3 Outcome 1: Dates for the multi-agency learning events for MCA and for the programme of forum events need to be confirmed as soon as possible. Health colleagues have limited capacity in the winter so these events should be held in the spring and summer. NM to liaise with Eve McIlmoyle to plan the dates as a matter of priority.

Priority 3 Outcome 1 Programme of forum events: SO'C reported that events on some of the proposed topics are already scheduled in Wokingham. The Board recommended that these sessions should be opened up to colleagues in other areas.

Priority 3 Outcome 2 Learning from SARs: NM suggested that further actions are needed to enable the Board to evaluate what extent learning is embedded.

Priority 4 Outcome 2 Providers are supported to provide safe, high quality services: Further consideration needs to be given to this outcome. TB proposed that there be a specific agenda item for the Board meeting in June, with the Effectiveness Subgroup giving this area some consideration at its meeting on 5 April.

Priority 4 Outcomes 5 and 6: actions to be assigned to the Learning and Development Subgroup rather than the Effectiveness Subgroup.

Priority 4 Outcome 7: The wording is to be amended to enhance the Board's role and responsibility to scrutinise and quality assure local arrangements. TF reported that the Mental Health Strategy is currently being revised and suggested that the SAB needs to contribute to this piece of work.

The Board needs to be able to demonstrate what impact the Business Plan has on the lives of residents. RE suggested that it was more important that people know how to keep each other safe, rather than know what the Board itself does. Questions to evaluate the impact the Board's work has on the lives of residents need to be framed around the aims on the overview sheet: i.e. are people kept safe; are they able to engage with services and the Board; do they receive safe, high quality services; are they supported by a skilled

NM to liaise with Eve McIlmoyle to plan the dates for the multi-agency learning event for MCA and forum events as a matter of priority.

SO'C provide NM with details of the events so that they can be advertised more widely.

NM bring forward as agenda item for next Board meeting and for the next Effectiveness Subgroup meeting.

NM liaise with BHFT colleagues to ensure the SAB contributes to the review of the Mental Health Strategy.

	<p>workforce.</p> <p>NM confirmed that the subgroups will be meeting in April and May to further develop actions for the Business Plan and that a complete Business Plan (including timescales and success criteria) will be circulated before the next Board meeting for endorsement.</p>	
<p>4. Care Act Advocacy</p>	<p>MK presented learning about Care Act advocacy from the perspective of advocacy providers working across the three localities in the West of Berkshire. MK reported that there is a committed group of advocates working across the area.</p> <div data-bbox="862 454 952 518" data-label="Image"> </div> <p data-bbox="862 518 1019 566">SAPB CAA presentation - Health</p> <p>MK's presentation is included here:</p> <p>Findings reveal that:</p> <p>Referrals to advocacy providers are still too low, for example, HealthWatch Reading receives on average 12 referrals per quarter. Numbers have increased in Reading recently but other LAs still have higher referral rates. Low referral rates may be due to a lack of knowledge about Care Act advocacy. There is a potential piece of work for the Oversight and Quality Subgroup to compare data further: Care Act advocacy data will need to be separated from advocacy provided by a friend or family member.</p> <p>Lack of understanding of the role of the advocate has led to advocates helping to solve problems for individuals: an advocate will support someone through a review but may also come across other issues and unmet needs which they feel a responsibility to resolve.</p> <p>The high turnover of social care staff impacts on individuals and the role of advocates.</p> <p>Safeguarding appears to be under reported. Safeguarding processes are felt to be slow and unclear which increases the anxiety of advocates. More advocacy support is needed with safeguarding. Some advocates have difficulty understanding the safeguarding process and lack of feedback exacerbates this. Closer working relationships with social workers would help to clarify when a safeguarding referral should be made and would increase social workers' understanding of the role of an advocate.</p> <p>There is a disparity in how referrals are made to an advocate between each locality. Lack of detail about an individual often leads to an advocate providing support with limited knowledge of the person's circumstances. MK said that the referral process works well in Reading as there is no referral form so a social worker has to have a conversation with HealthWatch. This has led to a cultural change and means advocates are going into a safer environment.</p>	<p>MK to find out how many advocates there are working across the area.</p> <p>NM bring forward for the next Oversight and Quality Subgroup meeting.</p>

	<p>Advocates are recruited from a diverse range of backgrounds, for example, police, nursing, business, mental health, carer workers.</p> <p>Advocates are engaged in a variety of processes and safeguarding issues are often picked up in the first visit. HealthWatch does capture information about people who do not want an advocate.</p> <p>In terms of timescales, it can be as quick as a day to allocate an advocate, a week at the most.</p> <p>MK reported that advocates require better feedback following a safeguarding referral. RW suggested that it is the responsibility of the advocate to follow up on behalf of their client: as well as a challenge to the LA to be more proactive in providing feedback there is a challenge to the advocate to be more proactive. MK reinforced that advocates do make efforts to follow up the case. Contracts must include quality indicators and measurable outcomes so that issues can be fed back and addressed. Roles, responsibilities and expectations must be clarified at the outset. Each Local Authority is to ensure clarity in contracts with their advocacy provider.</p>	<p>Each Local Authority to ensure clarity in contracts with their advocacy provider.</p> <p>NM to include information from MK's presentation in the next Board Briefing.</p>
<p>5. Service user involvement</p>	<p>Proposals by the Effectiveness Subgroup to improve service user involvement and raise awareness of MSP were presented to the Board in December and, following feedback, timescales and actions were reviewed. SO'C presented an action plan which showed that good progress was being made to deliver the actions, but a Board decision is required for action 3: Independent appraisal of feedback.</p> <p>NM has reviewed Council contracts with advocacy providers which show that agencies are not specifically contracted to collect service user feedback about their safeguarding experience.</p> <p>TF confirmed that councils are able to commission HealthWatch / SEAP to do specific pieces of work and that it was possible, if finances allow, to add actions to the existing contract or commission a specific piece of work. SB proposed that the Board waits until it has reviewed the results of the services user questionnaire designed to gather feedback following a safeguarding enquiry. Quarter 1 and Quarter 2 data may inform the next steps.</p> <p>Expectations and relationships between commissioning and advocacy organisations is paramount to this piece of work and as a Board it is important to open a dialogue with advocacy organisations about how the feedback loop is developed.</p>	<p>NM bring forward for agenda item in September.</p>
<p>6. Safeguarding within mental Health</p>	<p>BW provided an update to TB following the meeting of partners on 10 January. The purpose of this agenda item is to provide an update on actions agreed at that meeting. A sheet summarising progress against actions was circulated with the agenda, with further discussion and update on the following actions:</p>	

<p>inpatient services at Prospect Park Hospital</p>	<p>Re-launch BHFT’s current escalation policy process: JR confirmed that the escalation process is under development and will be circulated to members of the Protocols in Practice Group by the beginning of April.</p> <p>Action plan and recommendations arising from the CQC report: CQC visited in December but BHFT have not received the final report yet. JR reported that CQC are satisfied with the work that has been done, apart from some outstanding safety aspects. The report with the action plan will be available for the Board meeting in June.</p> <p>Review Terms of Reference for the Protocols in Practice (PiP) meeting: The PiP now feeds up to the Crisis Care Concordat. The CCC will be presented with a report on the work of the PiP, including themes and achievements and this paper will also be shared with the Board for assurance purposes. The Terms of Reference have been signed off by the PiP and will be shared with Board members to consider whether anything needs to be added from a safeguarding perspective.</p> <p>Regarding incidents of sexual assault and AWOL, there needs to be to a robust reporting process and other procedures: JR confirmed that PPH does comply with mixed sex wards standards. A review of these wards is underway, starting with ligature review.</p> <p>JR reminded the Board that the majority of patients are voluntary and can leave when they wish.</p> <p>In terms of staffing, a new management lead has taken over the Director post. Six clinical nurses are starting next week. It is difficult to recruit Band Five Nurses nationally, so PPH have recruited Band Four nurses who will undertake apprenticeships. Out of eleven Band Five nurses recruited in September, ten have been retained. It is not yet possible to demonstrate the outcome and impact of the work. Staff turnover is to be included in Board’s Risk Log until a positive impact is evidenced.</p> <p>A programme board focuses on staff recruitment and retention, in particular how Band Five and six nurses are supported and retained. In November, an improvement event was held to help the organisation understand what would attract and retain staff. Findings included longer working days and being paid for being on-call. The Place Of Safety is now staffed separately during the day and consideration is being given as to how it can be staffed at night. Other staffing issues are the ability for nurses to leave the ward to attend training and the use of agency staff. A certain number of agency staff will be needed but movement onto bank staff will provide more consistency.</p> <p>Actions were previously assigned to Penny Jones and Emma Boroughs (Thames Valley Police) to set the thresholds and feedback to the Trust on processes in place in other areas such as Oxford and Milton Keynes. A meeting is scheduled for 6th April at PPH with a number of stakeholders to discuss crime reporting processes and requirements with a view to establishing a SLA which can be followed by any officers / staff involved.</p>	<p>JR provide NM with CQC report and action plan in time for the Board meeting in June.</p> <p>JR forward the report about the work of the PiP to NM for the next Board meeting.</p> <p>JR forward PiP’s Terms of Reference to NM for onward circulation to Board members.</p> <p>NM to request feedback about progress following the meeting for stakeholders at PPH on 6 April.</p>
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7. Mental Capacity and Deprivation of Liberty Summary

SL provided an overview of the Law Commission’s proposals published on 13 March 2017, for replacing the Deprivation of Liberty Safeguards (DoLS) and court authorisations of deprivation of liberty with Liberty Protection Safeguards (LPS).



Liberty Protection Safeguards summary |

SL’s briefing note is included here:

The LPS would apply to people who are “aged 16 or over, lack capacity to consent to the arrangements that are proposed or in place, and be of “unsound mind”. The LPS would apply to arrangements which are proposed or in place to enable the care or treatment of a person, and which would give rise to a deprivation of that person’s liberty.

The Law Commission proposes that under the Liberty Protection Safeguards:

The justification for a deprivation of liberty would have to be considered *before* arrangements were made, rather than only afterwards. Urgent authorisations would be replaced with a statutory authority to deprive someone of liberty temporarily in truly urgent situations and in sudden emergencies, but only to enable life-sustaining treatment or to prevent a serious deterioration in the person’s condition. The decision whether a deprivation of liberty (DoL) was necessary and proportionate would need to be considered while placement options were open and as part of narrowing the choice of possible placements and care plans.

Before deciding to make a placement which would constitute a DoL, the LA or NHS decision-makers would have to have formally assessed the deprivation as being justified. A second assessment would be required from an Approved Mental Capacity Professional in two situations:

- a) where the person does not wish to reside in or receive care or treatment at a particular place or proposed accommodation, and
- b) where the arrangements are wholly or mainly for the protection of people other than the person.

The role of the Approved Mental Capacity Professional would be based on that of the Best Interests Assessor under DoLS and would have similar status to the Approved Mental Health Professional (AMHP) under the Mental Health Act (MHA).

The Liberty Protection Safeguards would not focus only on whether someone was or was not deprived of liberty, but on their care and treatment in the round, taking particular account of the human rights

	<p>considerations and the wishes and views of the person, family members and others.</p> <p>The LPS would apply in ‘community’ settings as well as care homes and hospitals and will be inclusive of self-funders.</p> <p>An objection raised by a family member about where an individual is placed must go to the Court of Protection regardless of the reason for the objection.</p> <p>The Government has not yet responded to the Law Commission’s proposals and it is likely we will be working within the existing system for the next two years. It is anticipated that the proposals will simplify the process and reduce costs slightly. The proposal will have a significant impact on social care staff. There are significant issues about legal literacy, practice and embedding principles of MCA. SO’C is currently developing an impact assessment from a social care perspective.</p> <p>Pending the Government’s response, it will be essential for the Board to assure itself that organisations are preparing the workforce for the implementation of the Liberty Protection Safeguards.</p> <p><u>Forthcoming changes to coroner duty to undertake inquest in DoLS and other authorisations under the Mental Capacity Act 2005</u></p> <p>From Monday 3 April 2017 coroners will no longer have a duty to undertake an inquest into the death of every person who was subject to an authorisation under the Deprivation of Liberty Safeguards.</p>	
<p>8. Documents for endorsement</p>	<p>Partnership Board Joint Protocol</p> <p>The Joint Protocol is between the partnership Boards in the West of Berkshire which are working to safeguard children, young people and adults. It sets out:</p> <ul style="list-style-type: none"> • The distinct roles, responsibilities and governance arrangements for each of the boards and partnerships, including their specific roles and responsibilities in relation to safeguarding. • How they work together to safeguard and promote the welfare of people. • The governance, accountability and coordination for thematic areas that are relevant to more than one of the above bodies. <p>Board members endorsed the principles of the Protocol but as there are practical differences between the Protocols for each of the Local Authority areas, each version will need to be approved separately.</p>	<p>NM to liaise with colleagues to ensure the protocol for each LA area is approved.</p>

	<p>TB reported that there will be a joint annual meeting of the Chief Executive Officers and the Chairs of the Boards which she will attend.</p>	
	<p>Berkshire Policy and Procedures Group Terms of Reference</p> <p>RW requested that the wording should indicate that the frequency of meetings should be “at least” twice yearly. The Board approved the Terms of Reference pending this amendment.</p>	<p>NM make amendment to the Berkshire Policy and Procedures Group Terms of Reference.</p>
<p>9. Quarterly report from subgroups</p>	<p>NM referred to the quarterly report summarising the work of the Subgroups. Individual actions were noted and endorsed as requested, with further discussion about the following points.</p> <p>Board members endorsed the action plan developed by NM and KK in response to the results of the survey of practitioners. Specific comments about individual organisations have been fed back. TB and NM will review the survey findings and ensure elements that have not been actioned under the remit of the Communication and Publicity Subgroup are responded to appropriately. Board members endorsed the flyer designed to help raise awareness of the Board amongst practitioners and agreed to circulate across their organisation.</p> <p>Board members were asked to note the content of the Quality Assurance Audit on Section 42 Enquiries, the strengths and challenges from February’s peer review being:</p> <ul style="list-style-type: none"> • Strengths: Partnership working involvement in S42. Recording of perpetrators. MCA principles. • Challenges: Timescales. Advocate offered. Protection. Proportionality. Protection. <p>Mrs H and Mr I action plan. SO’C reported that lack of capacity has delayed action 3.2: Task and finish group to be convened to gather front line feedback on how well the policies and procedures relating to joint working across agencies and within integrated teams are working, with areas of concern to be included on the Board’s Risk and Mitigation Register.</p> <p>Themes for multi-agency thematic reviews proposed by Effectiveness and Oversight and Quality Subgroups are to be scheduled at four monthly intervals:</p> <ul style="list-style-type: none"> • Stress on carers. • Mental health. • MSP and involvement of service users. • Providers concern / serious concerns framework. • Care homes. • Tissue viability. • Risks within own home: triangulate information about location, perpetrator and type of abuse. 	<p>Board members to amend flyer to include contact details for their agency’s representative on the Board and circulate within their organisation.</p>

	<ul style="list-style-type: none"> Housing: sample audit of cases to see whether there is anything missed from a safeguarding perspective. <p>Board members to provide feedback to enable the Subgroups to prioritise the thematic reviews.</p>	<p>Board members to provide feedback to NM to enable the Subgroups to prioritise the thematic reviews.</p>
<p>10. Safeguarding Adults Review</p>	<p>KK provided an update about the case of Mrs H. The son and carer were found not-guilty of wilful neglect. The outcome of the court case reinforces that pressure sores can happen very quickly and that the threshold for a positive prosecution for wilful neglect is very high. The Board can now share details of the case. NM will produce a Briefing for practitioners which will also be sent to trainers. In response to the findings of the case, members of the Effectiveness Subgroup are undertaking an audit of a sample of dementia cases.</p> <p>KK outlined a case under review by the SAR Panel which technically does meet the criteria of a SAR but the Panel agreed that a partnership or a thematic review would be a more proportionate response. A piece of work is underway to collate findings from similar national and local cases.</p> <p>AK reported that following a Serious Case Review, the LSCB aims to proactively share learning across all sectors and holds a conference style event. Practitioners are asked to develop an individual action plan which is followed up annually with key questions to evaluate what learning people can remember. KK agreed that the Safeguarding Adults Board needs to be more creative about sharing learning with a more diverse group of people.</p>	<p>NM to produce a Briefing for practitioners and trainers to share the learning of the Case of Mrs H.</p>
<p>11. Key Performance Indicators – Q3 data</p>	<p>NM referred to the Key Performance Indicator spreadsheet that was previously circulated and highlighted the following areas for Board members’ attention:</p> <p>2.1 Of those people that lacked capacity, number referred to an advocate: Each area is below the target of 100%: Reading 72%, West Berkshire 84%, Wokingham 92%.</p> <p>2.2 Percentage of people that are asked what they want the outcome of the safeguarding investigation to be: Reading 81% West Berkshire 77% Wokingham 72% (year to date). Board members rejected the Subgroup proposals that 90% is an acceptable figure and instead agreed that each LA should have a target of 100%.</p> <p>3.7 Location of abuse: <u>Own Home</u> figures in Reading (70%) and West Berkshire (64%) are considerably higher than the national average (which is 43% for 2015-16). The subgroup proposes a future piece of work to understand why there are high levels of cases occurring in people’s own home, what type of abuse is occurring in people’s own home and who the perpetrators are, in order to plan effective preventative</p>	

	<p>actions.</p> <p>National 2016 -17 data will be reviewed to see if the national average increases from 43% this year.</p> <p>This data to be cross reference with domestic abuse.</p> <p>In keeping people safe at home, the first point of contact is volunteers and befrienders. SM asked what proportion of safeguarding cases are identified initially by volunteers and / or voluntary organisations. NM confirmed that although we collect source of referral data, there is not a specific category for voluntary organisations. Subgroup to explore whether this data can be collected and understood.</p>	<p>NM to bring forward for Oversight and Quality Subgroup.</p>
<p>12. Deprivation of Liberty Safeguards</p>	<p>AK referred to the 150 open referrals in Reading, the majority of which stretch back to beginning of December 2016 and asked how this risk was being managed in Reading. JP will examine this further and report back.</p> <p>PP reported that the Hospital’s data shows that the number of applications has dropped; this is thought to relate to practitioners’ understanding and has been highlighted on the Hospital’s risk register.</p> <p>SO’C reported that in Wokingham the number of DoLS is likely to increase in the next quarter as applications are renewed.</p> <div style="text-align: center;">  BHFT DoLS Q3 2016.docx </div> <p>Addendum to minutes: BHFT Quarter 3 data:</p>	<p>JP to examine how the risk associated with the 150 open referrals is being managed and report back.</p>
<p>13. Budget review</p>	<p>JP confirmed that any underspend in the Board’s budget will be carried over to the next financial year. Currently there is an underspend of £5,654 but some invoices are outstanding and this amount is likely to be reduced.</p>	
<p>14. Risk and Mitigation Log</p>	<p>Board members were asked to note the risks that remained red and to support actions to mitigate the risks.</p> <p>People who make safeguarding referrals do not receive feedback: the Board needs to understand the extent of the issue so that it can agree appropriate actions. An audit of a sample of safeguarding cases is to be undertaken by safeguarding leads in the Local Authorities to ascertain the proportion of cases for which feedback was provided. The Effectiveness Subgroup will review findings and identify actions to improve</p>	

	<p>practice.</p> <p>New Chair of Performance and Quality Subgroup with appropriate skills and sufficient seniority: TB will chair the Subgroup until a suitable replacement can be found.</p> <p>It was agreed that areas of risk in partner agencies relevant to safeguarding and which impact negatively on the work of other organisations should be included on the Board's Risk and Mitigation Log. KK was concerned that the Risk Log would become too large but TB confirmed that the current Risk Log would be streamlined and only risks relevant to the work of the Board would be included.</p>	<p>NM to review and streamline the Risk and Mitigation Log and circulate to Board members.</p> <p>Board members to populate the Risk Log with relevant high risks from their organisation.</p>
<p>15. Regional and National Developments</p>	<p>TB intends to attend meetings of the national network of Independent Chairs and provide feedback to the Board.</p> <p>TB is also the Independent Chair of the London Borough of Merton and has attended a London network meeting. Discussion focused on safeguarding issues in prisons. There will be a future agenda item on safeguarding in custody suites following a death in custody in Norfolk that was the focus of a SAR.</p> <p>TB reported on a new piece of work commissioned by the Department of Health aimed at improving the quality and use of Safeguarding Adults Reviews. During the next year, an online library of resources will be published on the SCIE website containing reviews, reports, guidance and tools to support practitioners working in safeguarding.</p>	
<p>16. Communication items</p>	<p>The Board agreed the following items for inclusion in the Board's Briefing:</p> <p>Learning from the case of Mrs H – NM to produce a full briefing note.</p> <p>Summary of MCA and DoLS proposal by the Law Commission.</p> <p>Duty of the Coroner in the case of a death under DoLS.</p> <p>Advocacy: a reminder for practitioners that if someone has substantial difficulty they must have an independent advocate. The assessment process must include an advocate otherwise the individual is not involved in the process.</p> <p>Feedback: this is being considered in more detail by a subgroup; reminder to all that this is crucial.</p>	
<p>17. Any other urgent business</p>	<p>SB and KK have led on the development of a guidance document for managing allegations against People in Positions of Trust (PiPOT) which has been consulted on and will be circulated to Board members for comment and endorsement. Pending feedback from the SABs in the east of the county, it will either be</p>	<p>NM circulate PiPOT documents to Board Members for endorsement.</p>

	<p>embedded in the Berkshire Policy and Procedures for the whole of Berkshire, or adopted by the West of Berkshire. This guidance can also be shared with LSCBs.</p> <p>KK requested that more time be spent considering the Quality Assurance Audit on Section 42 Enquiries report since a lot of work goes into it.</p> <p>JP reported that she is a substantive member of staff at Reading BC but is managing the Safeguarding Team on an interim basis. Reading BC is in the process of recruiting a safeguarding manager and Principle Social Worker.</p> <p>PP notified the Board of a press release regarding an allegation against a hospital worker, who was found guilty and this judgement was upheld by the Crown Court following an appeal. PP to share communication briefing with NM for circulation to Board members. As this case was based in Reading, PP to provide JP with details.</p>	<p>NM forward to LSCB Chair and Business Managers.</p> <p>PP to share communication briefing with NM for circulation to Board members. PP to liaise with JP on the details of the case.</p>
18. Information items	None.	
19. Closing thanks	TB thanked everyone for attending and closed the meeting at 15:10.	
20. Dates of future meetings	<p>1200-1500 Monday 26 June 2017, David Hicks Room, Wokingham Council Office, Shute End</p> <p>1200-1500 Monday 25 Sept 2017, Council Chamber, Market Street, Newbury, West Berkshire</p> <p>1200-1500 Monday 4 December, Council Chamber, Bridge Street, Reading</p>	