

<b>MINUTES</b>				
<b>Meeting Title</b>	West of Berkshire Safeguarding Adults Partnership Board			
<b>Date</b>	Wednesday 17 <sup>th</sup> March 2021			
<b>Time</b>	10:00-13:00			
<b>Location</b>	Microsoft Teams <a href="#">Click here to join the meeting</a>			
<b>Chaired By</b>	Teresa Bell			
<b>Confirmed Attendees:</b>				
Teresa Bell (TB), Independent Chair, SAB	Andy Sharp (AS), Executive Director - People, West Berkshire District Council - YES	Lorna Pearce (LP), Head of Adult Safeguarding, Wokingham Borough Council	Richard Johnson (RJ), Detective Inspector, Thames Valley Police	Philip Bell (PB), Involve
Jane Fowler (JF), Head of Safeguarding, Berkshire Healthcare Foundation Trust	Seona Douglas (SD), Director of Adult Care and Health Services, Reading Borough Council	Jo Taylor-Palmer (JTP), Locality Manager - Safeguarding, Reading Borough Council	Kathy Kelly (KK), Head of Safeguarding Adults, NHS Berkshire West Clinical Commissioning Group (CCG)	Linda Andrew (LA), Acting Head of Service, Emergency Duty Service
Anthony Hesleton (AH), Head of Safeguarding & Prevent Lead, South Central Ambulance Service	Lynne Mason (LM), Business Manager, SAB	Patricia Pease (PP), Associate Director for Safeguarding and Mental Health, Royal Berkshire NHS Foundation Trust	Jennie Henstridge (JH), Senior Probation Officer, National Probation Service, Reading	Nicholas Durman (ND), TBC, HealthWatch Wokingham
Rachel Spencer (RS), CEO, Reading Voluntary Action	Simon Broad (SBD), Assistant Director - Adult Social Care at Wokingham Borough Council, Wokingham Borough Council	Sue Brain (SBN), Service Manager – Safeguarding Adults, West Berkshire District Council		
<b>Apologies:</b>				
Simon Price, Head of Housing, Wokingham Borough Council	Paul Coe, Service Director, Adult Social Care, West Berkshire District Council	Katherine Beet, Business Support Officer, West Berkshire SAB	Cath Marriott, Partnerships and Performance, Office of the PCC - Virtual member	Cllr Graham Bridgman, Deputy Leader and Executive Member for Adult Social Care, West Berkshire District Council
John Ennis, Senior Probation Officer, National Probation Service – virtual member	Mike Harling, Principal Social Worker, West Berkshire District Council	Jennifer Daly, Safeguarding Programme Lead, NHS England South (South East) - virtual member	Heidi Ilsley, Deputy Director of Nursing, Berkshire Healthcare Foundation Trust	Supt. John Nicholas, LPA Commander Reading, Thames Valley Police

	<b>Item</b>
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<p><b>1</b></p>	<p><b><u>Welcome and Introductions</u></b></p> <p>TB opened the meeting and advised of the confidentiality policy relating to this meeting. TB asked for any declarations of interest – there were none. JH has joined the SAB for the first time – she is a Senior Probation Officer from Reading Probation.</p>
<p><b>2</b></p>	<p><b><u>Margaret SAR - Paper 1</u></b></p> <p>LM advised that this SAR has been brought to the SAB for endorsement. A full SAR was completed in October 2020. The decision was made that it would not be appropriate to publish the full SAR but for a Practice Note to be completed. The focus of the Practice Note is around fire safety and risk management. The SAR panel spent a long time looking at the SAR and concluded that it cannot determine what actually happened to Margaret and therefore a practice note is the most suitable approach to support learning from this case.</p> <p>TB likes the 7-minute learning summaries and concluded it is a helpful way to focus on the issues, actions and improvements required.</p> <p>SBN recognises that it has been a lengthy process to get to this point. She advises that there is sufficient learning in the note and is happy to endorse this.</p> <p>KK confirmed that the SAR Panel and authors of the report worked hard on this. They could not get to the bottom of what factually happened but have got good learning out of it.</p> <p>TB stated that there has been a lot of discussion about the nature and process of SARs. It is easy to see the report as the product, but the process is equally important in that it explores what has happened, engages with stakeholders and sifts out the partnership learning. The learning from this relates to how we work with each other and with families.</p> <p>SD noted that there are issues around SARs. In Oxfordshire they stopped doing traditional SARs and complete these under an appreciative enquiry or review. This method requires a lot of input but takes away the issue of report writing.</p> <p>TB advised that there has been a good mix of approaches to SAR referrals over the last couple of years, including more appreciative enquiry and learning reviews. It is important to consider each referral in term of proportionality and effective learning styles.</p> <p>PP likes the 7-minute learning format as it is important for busy people to have easy access to the learning. PP supports an appreciative enquiry approach as it moves away from long written reports. They are more immediate and provide real learning.</p> <p>KK confirmed that the SAR Panel uses an eclectic range of models and always tries to involve the relevant practitioners.</p> <p>SBD recognises that when a SAR happens, Operational staff often feel like their practice is being questioned (which it may be). It is important to prepare and support staff through this process.</p> <p>TB offered to join any discussions with operational staff to support this.</p> <p>AH noted that it can be difficult to pull SCAS practitioners in to the learning as they cover 8 counties. The learning briefs are brilliant and these are used in training and go out in newsletters (where allowed).</p> <p>LA stated that the 7-minute learning briefs are invaluable to her service and thanked LM.</p> <p>PP noted that in the NHS there is a move towards a learning culture and a restorative approach around patient safety incidents.</p>

JF finds the learning briefs fantastic. JF noted the importance of the learning being sent out and used. JF asked how we ensure that these are used appropriately.

**ACTION: LM to take this query to the Communications Board and explore with partners.**

PP advised of the initiative 'Civility Saves Lives'. Negative responses to questioning can damage teams and drive the practice underground. This initiative relates to justly holding people to account.

LP noted that people learn in different ways and products of the reviews serve different purposes. As a strategic lead, the reports are very helpful. The 7-minute learnings are really useful for front-line staff. She advised that a podcast is being produced by an author of another current SAR and considered if this will access a different audience.

SBN has started using webinars for training. These are bite-sized and can be stored for future use.

AS asked if there was a list of all the electronic tools available to practitioners.

LM advised that these are on the website but as part of the learning review, there will be a page of learning resources, and they are currently looking at social media also.

TB concluded that the Margaret paper is endorsed. There has been a useful discussion on the approach to SARs, dissemination of learning and creating an environment that does not produce fear.

### **3 Nigel Professional Review - Paper 3**

LM advised that not all SAR notifications go through the traditional SAR process. This review does not meet the SAR criteria but there is useful learning from partners. A virtual professional review was held with all agencies involved with Nigel including Nigel's GP. Following the review the conclusion was that Nigel was just under the threshold for concern for all agencies organisations. Nigel would say that he was seeking support or agree to accessing additional help but he did not. There could have been better multi-agency communication to check on Nigel's actions. It was noted that to work with people who self-neglect, it takes a long time to build a rapport with them. LM has drafted a case study summary for practitioners and this will go to the SAR Panel on Friday for endorsement.

SBD noted that the case demonstrates that there are a number of people who do not meet the criteria for Adult Safeguarding. SBD asked if we are assured that the MARM process is being used appropriately and meaningfully across all agencies.

KK said that this is a good question. The professional review process worked well and they just need to tidy up the action plan. The review notes that basic practices that we would have expected in terms of communication were not done and this was discussed at the SAR Panel.

JTP noted that in relation to the MARM, the safeguarding leads have had many discussions about this and agreed that this needs to be reviewed as it is used differently across the Local Authorities.

SD was unclear about the statement that says 'no response to actions by RBC'. It needs to be noted that there has been some relaxation on dates as staff are being used in other areas due to the pandemic.

JF said that their practitioners feedback was that the process was really useful. There were nervous about attending but reflected that it had helped them. JF noted that there is an action on the report about a senior leader attending the event. Historically CMHT had a Lead Nurse. There is no resource to have a named nurse allocated to each surgery. They do need to bridge the gap between primary and secondary care. BHFT are engaging in the transformation work on this.'

	<p>PP said that there is a Mental Health Crisis Review and new services will be commissioned including primary care work. It could be explored if any of these new services would have helped in this case. It is difficult to know but the Primary Care Network (piloted in East Berkshire) is very good. This could be cross-referenced with the report.</p> <p style="text-align: center;"><b>ACTION: LM to add this to the SAR Panel agenda for discussion (19/03/21)</b></p>
<p><b>4</b></p>	<p><b><u>Feedback from the VCS and Healthwatch – LA responses – Paper 4</u></b></p> <p>TB advised that for the last 2 years she has had twice yearly meeting with VCS and Healthwatch to gain insight from the community perspective on safeguarding. During the meeting in early Feb 21, LM met with VCS and Healthwatch representatives and they had a conversation about the continuing concerns with communication with statutory agencies. LM has prepared a report and we need to think about the response.</p> <p>LM advised the messages are bullet pointed and fairly blunt but the messages coming through are not new.</p> <p>PB noted the consistent themes that have come through. Feedback is variable and dependent on areas. But there remain challenges around communications between VCS and statutory agencies.</p> <p>RS that some of this relates to the volunteer services’ understanding of the safeguarding process and it has been useful for her to hear the discussions this morning. Volunteers will query where their concerns should go, what will happen once the concern is raised, when will they hear feedback and what will they likely hear. It is very important for them to understand what is an appropriate referral and what is not.</p> <p>AS advised that safeguarding ‘terrifies’ other organisations more than anything else. Staff are told the importance of safeguarding and will question whether something is safeguarding or not. It can feel like a burden. It would be helpful to have regular updates in relation to clarity of purpose, not just the generic safeguarding training.</p> <p>JTP noted that she has been in post since August 2020 and she recognises that there is work that needs to be done around this area. JTP is more than happy to facilitate conversations and work with the VCS and Healthwatch to build relationships. The role of Safeguarding Leads is to assist with the understanding of processes so this is an offer from Reading to help.</p> <p>PP looked at this from a different angle as she is Trustee of the Whitley Development Association, who are currently trying to review their safeguarding policy and require a lot of support with this. PP asked who volunteer groups can go for support with this.</p> <p>SBN recognises the broad themes and these have been around for a long time. All Local Authorities operate slightly differently. It would be helpful to have evidence of the concerns raised at the time so they can be looked into in a timely manner. SBN confirmed that they acknowledge all referrals and provide feedback (although not all feedback as it may not be appropriate).</p> <p>LP is looking at the starting point similarly to SBN and asked how this relates to Wokingham. Covid has started to support the development of relationships between VCS and statutory agencies and this is the opportunity to embed this in our practice. LP suggested we look at the language as a statutory agency – we look at safeguarding from a statutory point of view. LP queried what types of cases this is happening with. She believes that a systems solution is required, not just related to safeguarding. Pathways need to be bottomed out.</p> <p>RS agreed that there is a lot of safeguarding training for VCS, alongside advice and information. The comments from the discussions were spread across the 3 areas. She can go in to specifics but it really relates to the understand of the process. Usually they just require an outcome of the referral.</p>

	<p>SD commented that as the West Berkshire Safeguarding Board, we should be looking jointly at what we can do rather than individualising. SD suggested a small task and finish group to look at advice about safeguarding, processes, a flow chart etc. underpinned with case studies and contacts.</p> <p>TB thanked everyone for a helpful discussion.</p> <p>There was a group discussion about the differences between the legislation for children and that of adults, and there appears to be an issue of organisations' understanding these differences.</p> <p><b>Action – VCS subgroup to consider action plan in light of this discussion.</b></p>
5	<p><b><u>Minutes of Last Meeting and Action Log – Papers 5 and 6</u></b></p> <p>Minutes of the last meeting were approved. One minor amendment to a name (LM amended in session).</p> <p>LM noted that there is nothing to raise specifically from the Action Log. There is some delay in progress due to Covid.</p>
6	<p><b><u>Covid Assurance – Paper 7</u></b></p> <p>Questions that were previously raised have been answered by the Safeguarding Leads for the Boards monitoring. TB advised she has been having more frequent meetings with the Strategic Leads so everyone is aware of any issues in a timely manner. PP commended the fact that we have such strong partnership working. The Board is very responsive to emerging issues around Adult Safeguarding.</p>
7	<p><b><u>Subgroup Updates – Papers 8</u></b></p> <p>The paper shared provides information on progress. Covid has impacted on progress and priorities. The SAR Panel remains busy. They are currently working on a SAR relating to pressure care and one related to direct payments. They are also undertaking a reflective process for a lady who passed away and was known to drug and alcohol support services. It was noted that hospital discharges and pathways had been changed due to Covid. The Board has been assured that there are KPIs in place to manage this. It was queried whether the Board need to see this or is assurance enough.</p> <p>SBD asked if there was national benchmarking on SAR activity. TB advised it is variable but 3 SARs per year is not unusual.</p> <p>SBD said it was not clear if information about hospital discharges is gathered consistently. This relates to patient flow to protect acute hospitals whilst balancing with safe discharges. There is a performance dashboard with KPIs.</p> <p>KK advised that there are Local Authority Representatives who sit on the Rapid Response Steering Group. They would feedback any issues to KK as CCG Lead.</p> <p>AS is aware of 3 discharges in the last 2 months that did not sound ideal. It is important that the system is joined up and that they include other hospitals that patients are discharged from.</p> <p>PP commented that they should look at readmission rates following rapid discharge. It is complex. We manage a lot of discharges and most of the time we get it right. PP and KK have concluded that discharge is pretty safe given the situation and there will be auditing around discharge criteria, so that it can be standardised across BHFT and the CCG.</p>
8	<p><b><u>Dashboard – Papers 9 and 10</u></b></p> <p>There are no concerns around the data, but it needs to be worked on to allow for national comparisons.</p>

9	<p><b><u>Annual Report 20/21 Timetable – Paper 11</u></b></p> <p>This will be sent/discussed via email.</p>
10	<p><b><u>SAB Strategy 21/22 onwards – Paper 12, 13, 14</u></b></p> <p>TB advised that she met recently with the Directors from the 3 Local Authorities covered by this Board. The 3 Council arrangement is unusual and on reflection, may require a revised approach to ensure active ownership across the 3 local authority areas. The introduction of an Executive Board Meeting is therefore being proposed, which will meet between the SAB meetings to ensure good ownership at DASS and senior system leader level of the strategic direction of the Board. Any proposals for the strategy would then go out to consultation. We need to consider how the Executive Board will function, and who will be involved.</p> <p>AS advised that this is the model used in Children’s and it works well. It ensure that wider meetings are more focussed.</p> <p>SD noted that it is the role as senior leaders to support the independent chair; to challenge and assure the chair that people are safe in West Berkshire. Traction is needed around strategy and this can be progressed between meetings.</p> <p>RJ queried which rank of Police Officer would be required for the Executive Board.</p> <p>AS advised that the Area Commander/Super Intendent attends the Children’s version.</p> <p>SBD advised that a Terms of Reference would need to be created to be shared.</p> <p style="text-align: center;"><b>ACTION: LM to draft Terms of Reference for Executive Board</b></p> <p>LM advised that the Business Plan, Learning from SARs Implementation Plan and Business Plan Actions have mainly gone from green to red due to Covid delaying progress. The Learning and Development subgroup and Performance and Equality Subgroup did not take place but most other subgroups are running.</p> <p>TB confirmed that the Business Plan for this year needs to be ready to flex and adapt to meet any changing context arising from the pandemic.</p>
11	<p><b><u>Information Items</u></b></p> <ol style="list-style-type: none"> <li><b>1. RBFRS Peer Review Report Paper 15</b> This peer review highlighted feedback to referrers as being a common theme.</li> <li><b>2. SCIE Safeguarding in Care Homes: <a href="#">Overview</a>   <a href="#">Safeguarding adults in care homes</a>   <a href="#">Guidance</a>   <a href="#">NICE</a></b> The NICE White Paper looks at the role of CQC and assurance structure and these processes going forwards.</li> <li><b>3. Healthwatch West Berkshire Survey <a href="#">COVID -19 Care Home Survey – Families (zohopublic.eu)</a></b></li> <li><b>4. SAB Budget – Paper 16</b></li> <li><b>5. BW Adult Safeguarding board update on crisis and CMHF March 2021 – Paper 17</b> PP noted that they have come along way with mental health in the last few years. They are working in partnership and have a crisis plan.</li> </ol>
12	<p><b><u>AOB</u></b></p> <p>The Board congratulated PP on being awarded an MBE in the New Year’s Honours List.</p>