West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

MINUTES				
Meeting Title	West of Berkshire Safeguarding Adults Partnership Board			
Date	Wednesday 16 June 2021			
Time	10:00-13:00			
Location	Microsoft Teams			
Chaired By	Teresa Bell			
Confirmed Attendees:				
Teresa Bell (TB), Independent Chair, SAB	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), Team Manager, Emergency Duty Service
Heidi Ilsley (HI) Deputy Director of Nursing, Berkshire Healthcare Foundation Trust	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	Mike Harling, Principal Social Worker, West Berkshire District Council
Simon Broad (SBD), Assistant Director - Adult Social Care at Wokingham Borough Council, Wokingham Borough Council	Cllr Joanne Stewart, (Cllr JS) Executive Member for Adult Social Care, West Berkshire District Council	Sue Brain (SBN), Service Manager – Safeguarding Adults, West Berkshire District Council	Alice Kunjappy-Clifton (AK-C), Healthwatch Development Officer, Healthwatch West Berkshire	Gary Poulson (GP) Volunteer Centre West Berkshire
Anthony Hesleton (AH), Head of Safeguarding & Prevent Lead, South Central Ambulance Service	Philip Bell (PB), Involve	Claire Crawley (CC) (Guest) SAR Author, Ken		
Apologies:				
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	Rachel Spencer (RS), CEO, Reading Voluntary Action	Jennifer Daly, Safeguarding Programme Lead, NHS England South (South East) - virtual member	Nicholas Durman (ND), TBC, HealthWatch Wokingham	Supt. John Nicholas, LPA Commander Reading, Thames Valley Police

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	Jane Fowler (JF), Head of Safeguarding, Berkshire Healthcare Foundation Trust	

#	Item
1	**Welcome and Introductions**
2	**Ken SAR – Paper 1** TB welcomed CC Crawley to the meeting and thanked her for a clear, accessible and helpful report on the review undertaken into the Ken SAR. CC was asked to regard the report as a systematic review, looking back over five previous SARS due to the fact that we had highlighted similar issues and recommendations. CC gave an overview of the SAR. On the evidence presented she found that records are really lacking in expressing how much good work people do with individuals and families and found it was very focused on practical tasks on managing his physical condition. She would have liked to have seen more of a social work approach and that he was not just seen as a very elderly man who was dying and that some of the mental health issues that might have been arising for him and his family and within the context of a wife who was clearly herself declining in her in her own abilities, probably both physical and mentally, were also explored. Ken's two daughters could have perhaps been more proactive in offering their support to the professionals involved. CC drew attention to the fact that he had capacity and staff rechecked several times in various quite critical situations, and there was never any doubt that he had capacity. We will never know if his possible depression affected some of his decision making. He was making decisions that all considered were very unwise. The staff revisited that regularly, and kept going back to him, saying, but actually, this will help you. This is not unusual, as people are frequently upset by the types of equipment and measures required in their own home to really offer proper preventative care of pressure damage. CC is not sure how challenging staff were with someone who has capacity and asking him if he understands what his decisions around pressure care management means. She is concerned about a number of these issues happening nationally and said that in one local authority they have adopted a physical guide to give to the patient who is refusing pressure ulcer equipment. In conclusion, she does think Ken had the capacity to make that decision and understood why to some extent. She understands the difficulty people have in trying to live a normal life, particularly with a terminal Diagnosis where their home is turned into something that feels alien and not comforting or familiar. CC found the following: • Lack of preventive care around pressure damage, and not clear whether he was appropriately checked. • Commissioned services too eager to accept his refusal of personal care and needed to be more persuasive. Also, if they couldn't persuade him, to report this more frequently and alert that this was a dangerous thing for him to be doing. • When he developed some substantial pressure damage, not reporting that back through the chain of command quickly enough. • Lack of accountability – there needs to be someone responsible and if this is done properly it will save time in duplication of work. • There needs to be a coherent constructive plan to keep him as safe and as comfortable as he will allow, towards the end of his life. • Overall case management is vital as this has been evident in the other five SARS.

- CC doesn't underestimate the difficulty of working with people who make unwise decisions and who have capacity to do that. However, in these situations, it calls on our best professional skills and our best input. If people are fairly accepting of the care that is being offered and compliant with them and the commissioned services reasonably good, then things should be straightforward. These cases really challenge our professional skills.
- Lack of attention to Ken's wife who stated she was not able to cope in the current circumstances and as found later, that her own memory was deteriorating.

TB thanked CC for the helpful points made and about the difficulty she acknowledges of working with people who may be making unwise decisions.

CC asked about addressing the issue around recording.

TB said about the point 5.15 - how to improve the prevention, treatment and reporting of pressure ulcers that this remains a considerable challenge for the partnership and we do need to address this.

Point 7.3 re the inference that capacity leads to the right to make unwise decisions that should go unchallenged or supported, is something that we really need to tackle. The point CC made about the family members' involvement and particularly the support that Ken's wife was seeking is also important.

7.11 - approach to safeguarding overall needs to be more curious, reflective and subjected to increased management oversight. Again, something that has been commented on several times in this Board in relation to the SARS and one that we need to consider how to tackle.

TB said in relation to point under 7.19 which talks about effective partnership working for the benefit of service users, largely lacking in many of these cases; was sad to read knowing the willingness of this partnership to want to come together and work closely.

Point 7.27 re accountability. TB agrees with and that CC found this safeguarding principle the hardest to evidence. Therefore, accountability and being clear about who is holding this person's interests and holding the overview of that and the accountability, relates very much to discussions that I've had very recently as well with the voluntary sector about front door and just not knowing the process and things getting lost. This is a reoccurring theme.

MH said the report makes several very clear and succinct points. Following on from this and previous SARs he will be leading a learning session for his staff to give them a chance to talk about the points raised. There are questions about care management/social work and building professional confidence amongst social workers to be able to raise that more of handle is required for certain cases and that they are given more time to deal with them. There is a definite pattern emerging, and in some cases, there needs to be co-ordination and a sense of overall ownership. However, there are pressures on their service, and this needs recognition.

TB said she concurs with a lot of the points that MH made and how we support each other to make sure that people can do their jobs in a way that is effective and enables the time to understand the whole context and professional curiosity. TB recognises this can come under a lot of pressure because of resource constraints, however in the long term, it has far greater resource consequences if we don't do those things properly in the first place. TB asked how can this board support partners to really make sure that that is something that that we can adhere to in this partnership.

SD concurred with MH's comments in terms of challenges around throughput, savings, managing a budget and making sure people stay safe. It feels to SD that the learning needs to be Berkshire wide as we all play a role in the SAR cases and grapple with these similar issues through the work plan.

TB agreed and said the business plan has been constructed accordingly to focus on three actions, at any one time, with clear expectations of what needs to happen under each thus giving assurance and feedback to the

board as a partnership. The findings in the report will help define the actions.

SD asked for the benefits of sharing the training to be considered and included in the business plan.

TB agreed.

SBD said that the themes emerging are similar in terms of accountability, recording, reporting back up the line and then identifying risk. He asked whether there has there been analysis of SARS nationally or regionally to identify the causes i.e. the low paid status of care staff whilst carrying out one of the most important jobs in society. Adult social care is chronically underfunded so asked if we are using SARS to identify issues to the Department Health and Social Care to say that we can do better in terms of training, consistency, identifying risk.

TB said it has been raised and the national network of independent Chairs have a general agreement that it is their duty to raise these issues with the DHSC regionally and nationally. SD is involved in a national network as well.

MH said, in response to the training sessions comments in the chat, that he wouldn't want to record their internal training sessions first but happy to rerun the session to the wider Board afterwards. Found that having Zoom sessions allows for a greater attendance.

TB said that this sounded sensible and we need to explore the sharing of any learning.

CC said in response to SBD's point that it's important that the SARS are objective and focused on practice although needs to allude to resources. She feels it's more for the Board nationally to make the political arguments out of the evidence from SARS. CC said that these arguments are not relevant to parties involved in a SAR i.e. family. Also, important to consider and to explore why some cases work better than others as everyone is under the same constraints.

PP said that we don't capture the multiple examples of good practice and that it's not necessarily the same people, individuals or teams that are involved with the good or the bad practice. She thinks the matter of why things go right or wrong on different occasions is an important point to raise. The pressure on discharges from hospital will not go away so can't rely on people staying in hospital for longer, therefore, we need to be smarter and more focused. In RBH they have an integrated discharge team which has social workers in it, so we need to consider what their roles are within that team. Nurses and OT's in the team are focused on discharges so need to consider their role in terms of challenge. PP asked, how do we provide some management oversight of that from a safeguarding perspective and how do we spark the multi-agency meetings earlier? We really need to understand the risk because this tends to be spasmodic. PP informed the Board that a new position has been appointed to and starts in August. This is hosted by the RBH and is a system position to look at complex discharges and PP has offered support around safeguarding. The fact that a patient comes repeatedly into hospital should have flagged that something is wrong whether it be an Adult or Children case. PP will be looking at ways to present the key findings to the staff responsible for delivering the care in RBH.

TB thanked PP and said it's good to hear about that post being introduced. It is important to deliver any learning in a way to meet the needs of the service or attendees.

PP doesn't feel the keyworker can sit in an acute trust, but it needs to be clear who is the key person and what their responsibilities are.

TB picked up on AK-C's point in the meeting chat in terms of how we measure the change, improvements and thinks it will be the job of our business plan to ensure we have ways of capturing those improvements.

CllrJS said this first report she had read which she found to be comprehensive report and easy to read, however, the subject matter clearly wasn't. It gave an introduction to the challenges that all the different teams, agencies, partners and everybody involved in this sort of complex situation have. It made it very clear what those

	challenges are and is interested in the piece about a lead named professional, as this seems a logical solution. CllrJS asked if this is difficult to make happen because there are just so many different teams that that individual could be involved with. TB thanked CllrJS and said it was good to hear her perspective and that the report was accessible and informative. TB also thanked her for the good comments provided to CC in terms of the style of this report. Teresa asked the Board to respond to the CllrJS query. SBD was interested to hear the CllrJS comments and agreed that in this case there should have probably been named keyworker. The reality is that this is difficult in achieving with so many people to support in Wokingham and with only approximately 40-50 social workers. There not feasible to allocate a social worker to all service users, so we need to prioritise allocations on a risk basis. CllrJS said she understands the challenges with underfunding and being under resourced. MH agreed with SBD's points and that the learning session would build professional confidence amongst staff and key workers. Often family don't come to us asking "how can we help you?" Sometimes people push us back and say we don't want professionals involved, therefore, we need to give people frank information about the implications of their decisions. TB reiterated the point highlighted in the report about the management oversight and the confidence of the individuals on the front line to able to come forward with the issues and be informed enough to spot the risk. But also making sure that that relationship between the individual and their supervisor is such that those things are easy to escalate. PP said she agrees with MH about key workers. She noted that key workers can also disable families rather than enable them and that not all families want key workers. Need to consider how long and what the intensity of involvement might be. Need to also consider protecting the workers, as they can sometimes get inundated with the volume of contacts. Therefore, it is about using that management overview to see what's appropriate. AK-C mentioned in the chat about communicating in a way that is understood i.e. plain language. LM asked if the Board are happy for the Board to publish the report in full. **The board ALL AGREED** CC said she enjoyed doing this piece of work and the ability to look at previous SARS was helpful. JH asked CC what a positive report would look like. CC suggested asking her various teams for pieces of work they were proud of. *CC left the meeting.* PP said it would be nice to mention the many good examples of practice when publishing. Actions • KEN SAR Full report and practice note to be published, including a statement from the SAB recognising that there is good practice in the partnership in regard to pressure care management – LM
3	**Minutes of Last Meeting and Action Log Paper 2 and Paper 3** The minutes of the last meeting and the action log were agreed as nothing to raise.
4	**Executive Update (Teresa Bell)**

	TB updated the Board on first executive meeting held on 5-5-21 which was attended by the core members to discuss the purpose and function of this meeting. It was found: • General agreement, helpful to have to reinforce strategic oversight. • Increases accountability • Wider accountability of responsibility of the Board's actions. • Encourage open and honest discussion with core members. • Focus is to be overcoming barriers to implementation of some of the stumbling blocks in the business plan. • Assist with agenda setting. Next meeting is early September before the next Board meeting.
5	**Subgroup Updates – Paper 4 (Lynne Mason)** SAR Panel: Discussed the John SAR and the inquest. The task and finish group finalised the practice learning. We hope to bring to Board in September for endorsement. SAR Panel are also working on another SAR and practice learning events will be happening next week. If all goes well, we'll bring the draft to September's Board. We've had two new notifications - one about a lady who went missing and sadly passed away and the terms of reference are currently being drafted. Another one is regarding a young man who lived in a supported living bungalow and the terms of reference are due to be endorsed by the panel on Friday. If agreed, we can start work on commissioning an author. Things are moving through the SAR panel system quite well, but it remains busy. Performance and quality subgroup no dashboard yet this quarter as it's a busy time of year for performance analysts, but the data will provided by the end of July, so the annual report process can begin. Also arranged an additional meeting to review the Business Plan priorities and with the hope board will agree today. The performance and quality board looked at 2 SAR reports and recommendations (P and Michelle). It was found that the sheer level of recommendations is quite unmanageable, and this for the SAR panel to think about the recommendations that we are endorsing and the capacity of our partnership. Learning & Development subgroup – meeting next week and hope that the business plan priorities are agreed here today. We're planning bite size learning events regarding the role of LPAs and advocates due to learning from the John SAR and hoping to host the event in September – probably virtual. Policy and Procedure subgroup – PAN Berks group. Pressure Care Management: In response to the learning from the P and now Ken SAR will be looking at reviewing the policies and procedures for pressure care management. So just the shared the Ken SAR with the task and finish group. The meeting is next week and hope to provide to the board in December for final endorsement **Multi Agency Best Practice Protocol for Management of Mental Health Crisis** is best practice protocol for management of mental health crisis and we're just getting confirmation that all agencies signed up to this agreement because there has been a little bit of confusion. **Hosting arrangements for the Pan Berkshire Safeguarding Adult Website** We've reviewed the hosting arrangements for the Pan Berks policies and Procedures website and there's an ask for more money because we had a pool of money that was used to pay for this website which is going to deplete next year. Therefore, there is a request on our budget item for more monies for that. The review concluded that what we've got, is good value for money and the recommendation is we continue with what we've got. There was a questionnaire about the functionality of it and the feedback was really positive. **SAM Best Practice Guide:** We've published a safeguarding Adults Manager's best Practice guide which come from our business plan and learning from a recent incident it was agreed that it will be useful to have a People in Positions of Trust referral form. This is when there's an incident where someone may be working in a role

	maybe in hospital who has access to vulnerable people. This was support to the safeguarding teams and the referrers in that process. **Attendance at meetings:** It's important that we represented at this meeting and important that we have representation from West Berks, so we're not endorsing any policies and procedures that may not work locally. TB asked if it requires representation from each of the Council areas? LM said yes, as agreed at Safeguarding Leads Meeting that LAs attend for the preparation meeting. **Voluntary Care Sector and the Health Watch subgrou**p LM clarified that the Reading Voluntary Action agreed in their response to safeguarding concerns and that they're not reviewing all safeguarding concerns before they submit, just supporting some of the smaller groups. Also raised was around the capacity of the safeguarding teams to manage the level of referral safeguarding concerns that were being made. This is on the agenda. **Communication and engagement sub group** – children services would like to step away from the arrangement and doesn't oppose this request. PP has added their capacity on their risk register and agreed with LM and for her to keep in touch with Esther in Children's and work closely on common areas. **Safeguarding Leads Meeting:** the meeting will continue but not under the Board remit. LM will attend and will take away any issues. KK said that attendees find these meetings very useful and want it to remain but not as a sub-group. GP asked if there is a voluntary rep on the children's board? PP said that there are reps in different parts of the board i.e. subgroups. TB said that the Sub-Group updates are important. This where the actions should be taken forward and there is a need to make sure once we've agreed our business plan, we have the right representation and capacity across the sub-groups so we can take the actions through. Therefore, we need to make sure the actions at the Board can be take forward to the sub-groups in terms of capacity. In terms of the SARS and the overwhelming number of recommendations mentioned by LM, TB would be interested in having a discussion with LM and KK to get the balance right. Lastly recognises the usefulness of the safeguarding leads meeting in terms of support but would want any priorities raised at this meeting they are flagged to the Board to avoid having two actions plans. KK – we will not create an action plan but to escalate anything that needs to be resolved. Also pointed out that the SAR Panel would like the Board to look at the commissioning of SARS. LM – to be discussed with the executives and not forgotten. Actions: • Review Communication Subgroup in light of the decision to step away from a partnership with children's - LM • Add commissioning of SARs to the executive agenda - LM
6	**Training in Covid – Paper 5 (Lynne Mason)** **LM presented the paper produced by the Learning and Development Subgroup in response to the SAB 20/21 Business Plan action:** Oversee the delivery of safeguarding training across the partnership to ensure that its is being delivered appropriately given the current circumstances.

	Teresa asked for any specific issues that the Board could comment on today. LM – for the SAB to note the request regarding the importance of classroom-based training. TB said that there are very good reasons for continuing training virtually, but some training is best delivered in person rather than virtually. PP said that her organisation agreed that there is need to go back to hybrid model of training especially around safeguarding to have rich discussions around sensitive subjects. JH echoed PP's comments and said staff do disengage when not in a room and don't talk openly. HI commented that they are carrying out mental capacity act training for bespoke groups. LA said that Bracknell is their host who provide HR support and training. They moved towards all e-learning and feels that face to face training is better in certain circumstances i.e. Safeguarding and mental capacity. MH: agrees that e-learning is becoming more common and there is a need for face to face meetings. However, virtual meetings can be effective and efficient if used correctly. TH said that in his organisation they agree to only have 50% of training carried out virtually but that some subjects such as domestic abuse should not be delivered virtually. KK felt that virtual training was good during Covid. L&D Group felt a blended approach was recommended. She has found some commissioned providers have not quoted the Care Act appropriately i.e. used language that is compliant, so important to look at the recommendations from the paper from a year ago again. TB questioned whether standards of training should be included in the contracts. KK said yes SBD: online training can be beneficial and valuable. Training from providers should be monitored for compliance. PP has found Teams training can work well, and that E-training is not great in certain circumstances. Trauma informed approach training works better face to face, however, can raise this at the beginning of a virtual meeting to ensure participants feel supported. SD – asked 1) are all the contracts compliant and 2) who's role is it to say whether safeguarding training is compliant. We all share the same providers so could save time if the monitoring was standardised. SBD reassured SD to say there is an intense sharing of information in the monthly Care Governance meeting that he chairs. TB: asked for an information item be brought by SBD to give reassurance to the Board about the Care Governance Meetings. TB said the paper was broadly endorsed but requested the Board to send comments to LM once read the paper fully. Action • SAB members to comment on the recommendations on paper 5 – All • Share SAB feedback with L&D Subgroup – LM
7	**Business Plan 20/21 – Paper 6** (Final Sign off in preparation for the Annual Report). The Business Plan for 20/21 was endorsed by the Board. Action

	• Publish endorsed 20/21 action plan with the SAB Annual Report - LM
8	**Learning from SAR/Audit Tracking** - **Paper 7** The Board were asked to note the findings in paper 7 when considering the recommendations in paper 8, SAB Business Plan 21/22.
9	**Voluntary Care Sector/Healthwatch and Local Authorities – review and update from discussions around engagement in March 21 (TB)** TB said the last Board brought a short summary of issues highlighted by Voluntary Care Sector/Healthwatch to gather the views of the Board. This discussion was followed up afterwards with council areas and Vol sectors partners. It discussed Training for the Vol Sector and that it is more helpful to be tailored to the different LAs pathways. Also discussed the Vol Sector umbrella organisation giving support to smaller organisations in understanding how to raise safeguarding concerns. Issues raised were: • Need to keep the focus on demystifying and taking the fear out of raising a safeguarding concern to promote awareness and confidence in safeguarding. • Issues were raised and improvements recommended by the Vol Sector and Healthwatch. However, due to capacity and having to deliver services on a priority basis can't get done at present. • Feedback to the referrer also raised. SBD said Healthwatch report was not explicit as to which LA's they were having issues with - helpful to understand this better. We have received record level of referrals in Safeguarding so having difficulty in managing the workload. TB: Vol sector were not critical in the meeting and want to be supportive, but they want to know how they can work with the Board in a partnership way to resolve. So therefore, a discussion is to be had with Chief Executives and Lead Members. Jo TP: agreed to support with them in understanding what is a safeguarding concern. SD: part of the work JTP is doing is around clarifying the route to enable a safeguarding discussion. AK-C: said that they want to work together to have a win, win scenario and to open the door to enable the client to benefit. AK-C also raised what we can do about ethnic and diverse communities and how do we reach out to them with safeguarding as they don't understand the language used and there is an element of negativity towards it. TB: said that communication around removing the negativity around safeguarding and reported that the communication and vol sector group have been linked up.
10	**SAB Business Plan 21/22 – Paper 8 (Lynne Mason)** JH – happy to endorse and shorter objectives better to achieve. PP – endorses but pointed out when it comes to the who, it becomes fragmented and so how do we monitor the bigger picture? TB said it should be monitored at Board and Executives but a helpful point. TB to talk to the other Board Chairs to make them aware that Domestic Violence will not be one of the Board's priorities and to check it's on the Community Partnership's action plan.

	AK-C asked about the campaign of Safeguarding: TB we need to discuss with the communication group the different ways of communicating to fit with the times and the range of people and linking with Vol Sector and Healthwatch. LM – said that there will be a focused campaign i.e. self-neglect. TB asked for endorsement. ALL AGREED. **Action** • **Finalise SAB Business Plan for 21/22 - LM**
11	**SAB Budget – Paper 9 (ALL)** Approval sought to pay for the Pan Berkshire Policy and Procedures website which requires additional amount. Also, endorsement sought re the paper. **The Board AGREED to both requests.** **Action** • **Inform Pan Berkshire Policies and Procedures Subgroup that the Board approve the website funding request.**
12	**Annual Report 20/21 (ALL)** All statutory Board members need to produce their annual safeguarding adult report and/or statement of activity. This are to be taken through agencies governance processes, to have these ready for Septembers Board The plan is to publish the annual report in December 21.
13	**Information Items** The Nigel case was informative, and the briefing guides produced were very helpful and valued in team meetings and thanked LM for her work on this.
14	**AOB** No items raised.
	Date of next meeting: 15th September 21 – 10am – 1pm