

<b>MINUTES</b>				
<b>Meeting Title</b>	West of Berkshire Safeguarding Adults Partnership Board			
<b>Date</b>	3 <sup>rd</sup> December 2020			
<b>Time</b>	10-1pm			
<b>Location</b>	Microsoft Teams			
<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	Supt. John Nicholas (JN), LPA Commander Reading, Thames Valley Police	Debbie Hawkins, Business Support Manager (minutes)	Heidi Ilsley (HI), Deputy Director of Nursing, Berkshire Healthcare Foundation Trust
Cllr Graham Bridgman (GB), Deputy Leader and Executive Member for Adult Social Care, West Berkshire District Council - YES	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 (AS), 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	Mandeep Kaur Sira (MKS), CEO, Healthwatch Reading - YES	Nicholas Durman (ND), TBC, HealthWatch Wokingham
Rachel Spencer (RS), CEO, Reading Voluntary Action	Simon Broad (SB), Assistant Director - Adult Social Care at Wokingham Borough Council, Wokingham Borough Council	Sue Brain (SB), Service Manager – Safeguarding Adults, West Berkshire District Council		
<b>Apologies:</b>				
Simon Price, Head of Housing, Wokingham Borough Council	Susan Powell, Building Communities Together Team Manager, West Berkshire District Council	Katherine Beet, Business Support Officer, West Berkshire SAB (apologies)	Lorna Pearce, Head of Adult Safeguarding, Wokingham Borough Council	
<b>Did not attend</b>				
Zelda Wolfle, Acting Head of Housing and Neighbourhood Services, Reading Borough Council	Simon Price, Head of Housing, Wokingham Borough Council	Cath Marriott, Partnerships and Performance, Office of the PCC - Virtual member	Cllr Charles Margetts, Executive Member for Adult Social Care, Wokingham Borough Council	Deborah Fulton, Director of Nursing & Governance, Berkshire Healthcare Foundation Trust

Paul Coe, Service Director, Adult Social Care, West Berkshire District Council	Liz Warren, Risk Reduction Manager, Royal Berkshire Fire and Rescue Service	Jennifer Daly, Safeguarding Programme Lead, NHS England South (South East) - virtual member	John Ennis, Senior Probation Officer, National Probation Service – virtual member	Cllr Tony Jones, Cllr, Reading Borough Council
Simon Leslie, Solicitor, Joint Legal Service (virtual member)		Mike Harling, principal Social Worker, West Berkshire District Council NO	Matt Pope, Director of Adult Service, Wokingham Borough Council	Dorcas Nyabunze, Head of Service, Emergency Duty Service - NO
Debbie Simmons, Nurse Director, NHS Berkshire West Clinical Commissioning Group (CCG)	Garry Poulson, Director, Volunteer Centre West Berkshire			

#	Item
1	<p><b><u>Welcome and Introductions</u></b> (recording of the meeting was agreed by all)</p> <p>TB started the meeting by saying that today’s agenda is a chance to reset after an unusual year of activity and meetings and that she has been really impressed by how everyone and their staff have worked through the pandemic in creative and innovative ways. This meeting is to regroup and look at our basic quality assurance progress and the complex business plan ready for the calendar year across the three areas.</p>
2	<p><b><u>Minutes of Last Meeting and Action Log – Papers 1 &amp; 2</u></b></p> <p>No comments or inaccuracies from the last minutes, therefore minutes agreed. There were no Matters Arising.</p> <p><b>Action: Finalise September Minutes – LM</b></p> <p><b>Action log:</b> Hospital Discharge: had a conversation around the assurance with the pathways changing due to Covid. PP was going to raise the concerns with steering group chair.</p> <p>PP confirmed that the Chair has been informed and took it back to Dom Hardy, plus also raised this with Sharon Herring, Director of Network Care.</p> <p>SB said that he did inform the chair and that the Steering group have developed a set of metrics containing six items related to - Safeguarding enquiries, complaints, concerns and S42s regarding discharges from hospital.</p> <p>PP said that BOB are now asking for all these metrics from all areas. However, said that they can’t supply S42 data as it’s the LA’s responsibility to determine if the case is a S42 they don’t receive this feedback afterwards.</p> <p>KK asked PP to share Dom’s email address so she can find out where the data is sent after collation by him.</p> <p><b>Action: Share Dom’s email address with KK - PP</b></p> <p>TB said that feedback to referrers on the progress and outcome of S42s is a reoccurring issue which needs to be addressed.</p> <p>SD asked for clarification about the task related to BIAs. LM confirmed that this this was related to the BEN SAR and having a standardised process for assessors. She confirmed that a meeting took place but no progress on</p>

	<p>what the standards are, is due to other pressures. SD suggested that the 3 BIA Leads in the different LAs could contribute by doing some research.</p> <p>PP said that when the 3 LAs are ready, a representative from RBH could join later. BIAs are normally around medical decisions in RBH so happy to join a platform next year after the winter period and support with this.</p> <p>JTP more than happy to link into this, as it is important.</p> <p><b>Action: LM/TB to look to others who can support with this action, JPT offered to support.</b></p>
<p><b>3</b></p>	<p><b><u>Review of the SAB Constitution – Papers 3, 3a, 3b &amp; 3c</u></b></p> <p>TB asked the attendees to agree these papers and clarified the main changes contained therein:</p> <ul style="list-style-type: none"> <li>○ Membership of meetings: CQC are aiming to attend one SAB per year. Also added more members’ names. So not a change in practice, just a change in the documentation to match up.</li> <li>○ Conflict of interest: more emphasis to be placed on SAB members to declare their interests.</li> <li>○ Role of The Chair: recommendation to have an annual review meeting with the Chief Exec from LAs</li> <li>○ Safeguarding forums: detail has been changed. Links to the constitution have been lost (not happening) and therefore need an update on the different forums held in other LAs. <b>Action: to check with the 3 areas to confirm the forums - LM</b></li> <li>○ Dispute resolution: Not required so far, however, voting rights may be needed and therefore the attendee with the most senior role should have the voting rights.</li> </ul> <p>GB recommended referring to DASC not DACHs. <b>Action: LM to update so correct DASC reference is used.</b></p> <p><b>All agreed to the amendments being made and therefore papers endorsed.</b></p>
<p><b>4</b></p>	<p><b><u>Review of the Quality Assurance Framework – Papers 4 &amp; 5</u></b></p> <p>All attendees had been provided with the papers.</p> <p>TB said that the Performance &amp; Quality Sub group looked at the quality assurance framework to see if it met our requirements as a Board and to check if any changes were required i.e. too long or wordy. This Sub group recommended we continue to use it as a board.</p> <p>The meeting split into 3 groups to discuss; whether the requirements of the framework offer the assurance and meet the needs; are there any changes in light of the national Adult Safeguarding review; how far are we on delivering on the framework (where we are falling short) then more importantly, how do we deliver on that due to constraints on time. The group to come back after their discussions to raise with the plenary group.</p> <p>LM confirmed there were 3 areas to look at: qualitative feedback, board desktop review, partner self-assessment and case file audit.</p> <p><b>Feedback from the Groups -</b></p> <p>Group 2 – Qualitative Feedback. This was to do with how people find out about a safeguarding process whether in a LA or the NHS and how do people find out whether they’re effective and that service users are included, and feedback gathered. The group found the RAG rating on the QAF was optimistic and a few could have been classified as red. General feeling is that we don’t do this well, consistently across the piece. We don’t consistently seek feedback from service users apart from one LA who regularly does this. It would be helpful to find out more about what this LA is doing, or what others are not doing. It is important to gather information about emerging themes from people who have been subject to abuse and there is currently no structure to this. Questions raised about how to involve people in the safeguarding process and in the management of risk and how to record and gather themes. Wokingham BC use their PSW to look at complaints and SARs to analyse the learning and then feedback to ops teams in variety of different ways.</p> <p>Audit programme: felt each area should be auditing their own safeguarding work and is there a framework to share this to learn from emerging themes.</p>

	<p>PP said they needed more time to read the whole document felt this is an important subject. If we were to do joint audits (thematic audits), we should think about how they fit in with our priorities. Suggested using a trauma informed approach, with young adults especially as this would be a good idea to gather feedback.</p> <p>TB said we will reassign more time to focus on this next year and plan to have a development session to deal with this area. TB has had useful discussions recently with the Voluntary sectors and community partners to ensure we get wider SU feedback. They have been very helpful in supporting us in a steer to date.</p> <p>PP suggested we pull themes out of complaints or use evidence we already have available.</p> <p><i>AS left meeting 11:00</i> <i>GB left at 11:04.</i></p> <p>Group 3 – discussed whether the requirements of the QAF, the quadrant desktop review, offer assurance across the partnership: The Group had mixed views, not adequately met and felt it requires a template to collate the evidence to support where the evidence had been gathered. Needs to be broken down e.g. statutory partners and other partners and to clarify their roles and responsibilities.</p> <p>National SAR analysis: group felt that there was not enough time to discuss this subject fully. However, contained in the quality markers in the SAR. SAB are not delivering on the QAF. They felt there was not enough SAB Officer capacity for the three areas. Clarify required about attendance at Health and Wellbeing meetings, but it's a large piece of work to gather everything and so actually felt there was a need an auditor/independent body to provide this scrutiny. Could then be RAG rated green. Also, not clear on the RAG rating.</p> <p>LM clarified that the RAG rating was set up to generate a conversation and show where we are under performing in certain areas.</p> <p>TB said we could possibly use existing mechanisms for audits i.e. use a LGA or ADASS reviewer. She also recognises the issue around lack of business support and that there is a lot of work for LM to undertake. TB has raised this with the LA's DASS's.</p> <p>Group 4 - Case file audits: They didn't have time to focus on all questions. They felt this needed some attention and an opportunity to look at it in more detail to pull out some themes for audit work. The group discussed the relevance of the QAF on their own areas, so all involved in the framework. Thought it would be good to keep it simple and focus on certain areas as a Board.</p> <p>TB said we need to ensure the QAF relates to every partner agency and truly represent and capture every aspect of the safeguarding across West Berks. TB thanked everyone for the points raised and recognises that this discussion is just an opening and will need to decide on whether there are enough people in sub groups and what is required to achieve the actions.</p> <p>LM feels this a massive piece of work and probably a priority for next year which deserves attention to be able to deliver.</p> <p>TB will look at the feedback with LM and decide how best to approach this work and whether there is a need for more resources to progress the actions.</p> <p><b>Action – to consider how to fully review and implement the QAF – TB/LM</b></p>
5	<p><b>SAB Business Plan/ Learning from SAR/Audit Implementation Plan/ Risk and Mitigation Log– Papers 6, 7, &amp; 8</b></p> <p>LM shared on the screen and the group focused on RED areas.</p> <ul style="list-style-type: none"> <li>a) Organisational Safeguarding requires Task &amp; Finish group – TB to lead this and requires nominations for representatives by 10<sup>th</sup> Dec '20 please. This is a key piece of work. <b>Action: provide representative for task and finish group - all</b></li> <li>b) Hospital discharge pathways – key KPIs being reported on so to change to Green. SB agrees with this as KPIs are in place and meetings happening.</li> <li>c) S42 audits – capacity issues with completing these. Remains at risk until we are back on track and have assurances. KK asked if audits are happening in LAs (West Berks are on track with their 10% sample) and peers reviews - how do we establish this <b>Action: go back to Safeguarding leads and set the timelines for audits - LM</b></li> </ul>

	<p>d) Task &amp; Finish Group to look at recommendations for Michelle SAR. JTP put her name forward. LM said it was agreed that LAs and reps from their transition leads too and Berks Healthcare who were linked into the SAR. Plus, Emergency Duty Team. Gemma to take that back to Heidi to get a representative.</p> <p><b>Action: provide representative for task and finish group - all</b></p> <p>e) Quality Framework – discussed as part of the meeting.</p> <p>f) Escalation plan to be published and finalised. Need a pathway for VCS and Healthwatch to escalate issues. To take forward via Safeguarding Leads meeting. KK said would like more info from everyone to say what they would like contained in the document. Not be confused with their own policies when a case needs to be escalated. TB said that voluntary groups need to know how and whom to escalate to and that their concerns are taken on board in terms of the MARM process. Their input is essential and are equal partners. <b>Action: To make clear what the issues are to discuss in the Safeguarding Leads. KK asked for examples and evidence when the MARM process is not working well - LM</b></p> <p>MKS queried why Service User involvement was rated as green. LM clarified that green means the task is completed and on track and so if completed, will be marked as such. MKS understands that there has been some agreement but, in the text, it states that they have been unable to carry out that work, so would like this marked Amber or RED.</p> <p>TB said she feels that Amber is a fair reflection because of the conversations that have occurred with the VCS, community reps and the Healthwatch Groups which have shown engagement and that they are gaining feedback from their various surveys and focus groups.</p> <p>MKS said they are happy to support but advocacy is for everyone to deliver.</p> <p>TB reassured MKS by saying that we are taking a steer from voluntary groups in terms of them being the eyes and ears at a local level and are not relying on them to deliver.</p> <p>Hospital discharge pathways: covered in this meeting so all agreed that this should be now marked as Green as on track.</p> <p>No other issues raised with the other RAG ratings in the business plan.</p> <p>Learning from SAR/Audit implementation plan: LM had pulled together a complex summary of actions. This report shows themes and can highlight where task and finish groups are required tackle the thematic issues.</p> <p>Risk and Mitigation Log: <b>Action to add to the QAF – LM</b></p>
6	<p><b>Subgroup Updates – Paper 9</b></p> <p><b>SAR Panel</b></p> <p>LM said the SAR panel remains incredibly busy and frequency needs to be every month which creates a lot of work. We can only discuss 1 or 2 cases at a time and due to the volume, we are not meeting timescales of 6 months. We are seeing more challenges from providers and family members which has an impact. However, we need to provide a quality review each time.</p> <p>SB asked has there been analysis on the volume of SARs in different SABs.</p> <p>TB said that we have accumulated a number of SARS this year which were triggered approx. 12-18 months ago, so the agenda is hefty. In terms of SAR alerts/referrals the volume does seem a lot, but TB has seen the same happening on other boards.</p>

	<p>Questions were raised around whether all the cases should be classified as SARs. KK confirmed that there is a strict SAR process that is being followed, and the panel are confident that the SARs in progress meet the threshold.</p> <p>KK: said we need to get the balance right as an analysis shows that some other Boards have not been taking on as many SARs. We are trying to be proportionate in line with our ToRs but difficult if pressed by family members etc to proceed.</p> <p>JTP said we have the clarity via the criteria and legislation which we should all adhere to and it doesn't feel that there are too many SARs in Reading. She said we need to make the SAR process real from an operational teams' perspective, so they understand that a SAR process is part of a safeguarding board process and get involved.</p> <p><b>Quality &amp; Performance subgroup:</b> JTP is the new chair of the group. The group have spent a lot of time reviewing the dashboard and highlighted some inconsistencies in recording across the partnership which will impact on the data analysis. These inconsistencies are highlighted in the paper.</p> <p><b>Learning &amp; Development Subgroup (LM)</b> Working on assurance document for SAB regarding training during Covid. Held a virtual bitesize session on financial abuse in response to the Daniel SAR and attendance and feedback was positive. Bitesize sessions on professional curiosity and advocacy are planned in response from learning from SARS. Virtual hoarding training was commissioned for the home care and voluntary sector. We did not participate in the Adult Safeguarding Awareness Week due to time constraints.</p> <p><b>VCS and Healthwatch Subgroup (LM)</b> The Voluntary sector and Healthwatch raised some concerns around annual Health checks for LD people (postponement of appointments), issues around accessing advocacy services due issues with interpretation services. Also concerns around care home residents struggling without visitors (although this may be resolved in some areas of the country). Berks Healthwatch have been carrying a survey in care homes and this feedback will be interesting. Other concerns are around mental health, support for new mothers and the flu vaccine (no offer of nasal vaccine).</p> <p>TB confirmed All these issued have raised these with the relevant agencies.</p> <p>KK said that we have raised the profile of the annual checks and the "Was not Brought" promotion, with GPs.</p> <p>ND said they know that the annual health checks is an issue and feels these could be a preventative measure to avoid deaths in people with a learning disability, which have been higher during Covid. They have spoken to Nicky Cartwright in the CCG, so they also know this is an issue. They have launched a Caring during Covid project to understand the experience of unpaid carers and conducted three focus groups and will share the findings.</p> <p>TB thanked these partners in the sub groups and their valuable involvement and information.</p>
7	<p><b><u>Assurance during Covid – Papers 10, 11, 12</u></b></p> <p>LM said that there were some key questions to respond to and summary of feedback will be included in the paper and recirculated by LM. Not found any significant changes.</p> <p>Insight project is included in the paper. The project has not provided any new information to what the safeguarding leads have been discussing.</p> <p>CCG had completed a survey from GPs of their experiences during Covid which will be also be attached and this feeds into the themes around the impact on carers and anxieties for all.</p>

	<p>Insight showed that the increase in inappropriate referrals from blue light services was due to increased anxiety. This is something to consider in our work with SCACS and TVP.</p> <p>SB asked if it is a requirement for the Board to check and get assurances of how organisations are supporting their own staff.</p> <p>TB clarified that following discussions throughout this year it is relevant in terms of the impact on services and for us to be aware of any risk and pressures.</p> <p><b>Action: to reword the staff question (take from risk register potentially) to cover this off and make the requirement of the board clearer - LM</b></p> <p><b>Action: LM to add in input from CCG and BHFT and recirculate asking for feedback to ensure everyone feels that everything is covered and reassured - LM</b></p> <p>KK said that from her point of view none of the service areas are saying that they are <i>not</i> providing services during Covid and feels assured.</p> <p>TB feels reassured with KK's comments but wants everyone who is not in the meeting to confirm their reassurance too.</p>
<p><b>8</b></p>	<p><b>Impact on Carers during Covid - Paper 13</b></p> <p>A summary paper was brought to the Board's attention which related to research carried out by Exeter University's medical research team regarding the impact on carers during the pandemic. This also ties in with other areas of work being carried out by the voluntary sector and Healthwatch. TB asked everyone to read the paper and to think about what more could we do to meet the needs of carers at this time e.g. uncertainty about what happens next, people being frustrated and lack of flexibility to use a direct payment. Carers UK published a paper which highlighted similar issues too.</p> <p>The Board were asked to think how we can take this forward and take appropriate action. Examples could be to work with local Carer organisations or send an information leaflet about caring through the crisis, as this was used by another board and can be shared with this board.</p> <p>SB said that Wokingham Borough Council wrote to 1000 carers, phoned them and then knocked on doors if they didn't get a response. They had a very positive response from carers as they are not normally contacted in this way.</p> <p>ND agreed and said that heard via forums that the carers in Wokingham found this was a very positive approach. He agrees with lack of flexibility with DPs and unknown carers and those people not knowing what a carers assessment is about.</p> <p>LA said that the paper is really interesting. This reflects the amount of work that comes through their service from carers who are at breaking point and said that they don't have as many calls from Wokingham, so this could be as a result of contact work they have carried out compared with any other localities.</p> <p><b>Action: to continue to collate feedback and share with SAB members for consideration – LM</b></p> <p><b>Action: SAB members to consider if any action is required in their organisations in light of this paper - All</b></p> <p>TB asked to take on board the observations in the paper which chimes with the local experience as well. The ask is for LAs to think about their efforts to reach out to carers and what the Board can do in order to promote any work. The lack of flexibility of DPs is something to consider but accepts this matter is anecdotal at present.</p> <p>SD: said regarding direct payments, that providing it meets the needs of a person, RBC are flexible with how they are used. However, RBC need to monitor inappropriate use or requests to use a DP in a certain way. RBC have a Carers Hub who are doing all the carer's assessments. Also where the day centres have been closed, RBC</p>

	are providing extra funding and support, but that some carers have turned down this additional support when offered.
9	<p><b>Safeguarding People at Risk of Multiple Exclusion – Paper 14 and Paper 15</b></p> <p><b>Business Plan Action:</b> SAB meeting to focus on safeguarding people at risk of multiple exclusion. To agree how to address the concerns about individuals who do not meet safeguarding or care management pathways.</p> <p>Oxfordshire SAB have recently published a SAR regarding the circumstances surrounding the tragic deaths of 9 individuals who had all experienced "multiple exclusion homelessness" - the full report along with the executive summary can be found here: <a href="https://www.osab.co.uk/learning-zone/learning-from-sars-and-independent-reports/safeguarding-adult-reviews-sars/">https://www.osab.co.uk/learning-zone/learning-from-sars-and-independent-reports/safeguarding-adult-reviews-sars/</a></p> <p>TB: would like to have a focus on this and that Simon Price from Wokingham has been keen for this to be discussed at Board level. There has been a recent SAR in Oxfordshire which could be helpful and worthwhile to read. Agreed to come back with a substantive agenda item to focus on in the meeting in the New Year.</p> <p>JTP asked for highlights of the report which is 240 pages long. TB said that ahead of this specific item she will work with Simon on how we take this forward.</p>
9	<p><b>SAB Annual Report – Paper 16</b></p> <p>Endorsement for the draft was requested from the Board as need to publish by mid Jan. LM proposed to publish on 14-1-21. We can add appendices later if required. No objections to the draft and endorsed.</p> <p><b>Action: LM to follow up with those who did not attend - LM</b></p>
11	<p><b>SAB Budget – Paper 17</b></p> <p>Re increase in cost of website through Berks Healthcare Trust. An increase to cost of this has been requested and already challenged by Lynne. TB proposes to go with the increase but review the requirements another time and that this cost can be covered within the budget.</p> <p><b>All agreed with this proposal.</b></p> <p><b>Action: inform BHFT of approval - LM</b></p>
12	<p><b>Information Items</b></p> <ul style="list-style-type: none"> <li>• Carol SAR published beginning Nov '20.</li> <li>• P SAR publication suspended due to recent challenge</li> <li>• SAB Dashboard (Paper 18 and 18a) <i>Please do not print this paper, please view electronically</i></li> </ul>

## Papers

1. SAB Minutes 22.09.2020 V.0.5
2. SAB Action Log December 2020 V.1.0
3. Review of SAB Constitution, ToR and Induction Pack December 2020 V.1.0
  - 3A. Safeguarding Adults Board Constitution December 2020 V.0.7.doc
  - 3B. Induction for SAB Members December 2020 V.0.4
  - 3C. SAB ToR December 2020 V.0.6
4. SAB Quality Assurance Framework Dec 2020 V.1.0
5. National SAR Analysis Executive Summary
6. SAB Business Plan 20 -21 V.1.1
7. Learning from SAR Audit Implementation Plan update report for the SAB December 2020 V.1.0
8. 8. SAB Risk and Mitigation Log 2020-21 V.1.1
9. Subgroups update to the Safeguarding Adults Board December 2020 V.1.0
10. Covid SAB Assurance Questions December 2020 V.1.0
11. Summary of findings from the LGA ADASS Covid Insight Project 23.11.2020 V.1.0
12. CCG Newsletter safeguarding survey monkey results
13. Covid and the impact on Carers V.1.0
14. Adult-Safeguarding-and-Multiple-Exclusion-Homelessness
15. flyer-2021-03-12-self-neglect-and-homelessness-1
16. West of Berkshire SAB Annual Report 2019-2020 V.0.5
17. Budget Monitoring 24112020 V.1.0
18.
  - a. Dashboard SAB 20-21 Q1 and Q2 V.1.0
  - b. Board Report SAB 20-21 Q1 and Q2 V.1.0