



MINUTES				
<b>Meeting Title</b>	West of Berkshire Safeguarding Adults Partnership Board			
<b>Date</b>	Weds 14-12-22			
<b>Time</b>	10:00-13:00			
<b>Location</b>	Microsoft Teams			
<b>Chaired By</b>	Professor Keith Brown			
<b>Confirmed Attendees:</b>				
Professor Keith Brown, Independent Chair, SAB	Andy Sharp, Executive Director - People, West Berkshire District Council – <i>late apologies</i>	Jane Barnett, Business Support Officer, SAB (minutes)	Cllr David Hare, Executive Member for Adult Social Care, Wokingham Borough Council – <i>late apologies</i>	Lynne Mason, Business Manager, SAB
Sue Brain, Service Manager – Safeguarding Adults, West Berkshire District Council, SBr	Lorna Pearce, Head of Adult Safeguarding, Care & Governance, Wokingham Borough Council	Abigail Mangarayi, Interim Head of Safeguarding Adults, NHS Berkshire West Clinical Commissioning Group (CCG)	Seona Douglas, Director of Adult Care and Health Services, Reading Borough Council, SD	Philip Bell, Involve – left at 12 noon
Heather Owoo, Berkshire Healthcare Foundation Trust – left at 12.25pm	Alison Drew, Interim Head of Safeguarding, Royal Berkshire NHS Foundation Trust	Chief Supt Sarah Grahame, Chief Supt TVP Berkshire, Thames Valley Police	Ann Standen, The Advocacy People	Jo Lappin, Assistant Director for Safeguarding, Reading Borough Council
Sarah Deason, Acting Chief Officer Healthwatch Reading & Healthwatch Wokingham Borough – representing Healthwatch Reading, West Berkshire and Wokingham, SDe - <i>late apologies</i>	Jennie Henstridge, Senior Probation Officer, National Probation Service	Fiona Bateman, Safeguarding Circle, Item 2 only – left at 11am	Melissa Wise, Deputy Director of Commissioning and Transformation, Reading Borough Council – attended for 1 <sup>st</sup> hour only, as an observer	Darci Hellend, Royal Berkshire Fire and Rescue Service
<b>Apologies/did not attend</b>				
Heidi Ilsley, Deputy Director of Nursing, Berkshire Healthcare Foundation Trust	Cath Marriott, Partnerships and Performance, Office of the PCC - Virtual member	Hannah Cole, PSW, West Berkshire Council	Deborah Fulton, Director of Nursing & Governance, Berkshire Healthcare Foundation Trust	Matt Pope, Director of Adult Service, Wokingham Borough Council

Rachael Corser Chief Nursing Officer Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	Simon Broad, Assistant Director - Adult Social Care, Wokingham Borough Council, SB	Gemma Nunn, Assistant Head of Safeguarding, Berkshire Healthcare Foundation Trust	Paul Coe, Service Director, Adult Social Care, West Berkshire District Council	Cllr Joanne Stewart, Executive Member for Adult Social Care, West Berkshire District Council
Zelda Wolfle, Acting Head of Housing and Neighbourhood Services, Reading Borough Council	Liz Warren, Risk Reduction Manager, Royal Berkshire Fire and Rescue Service	Safeguarding link person, NHS England South (South-east) - Virtual member	Simon Leslie, Solicitor, Joint Legal Service - Virtual member	Kelechi Ukandu, SCAS
Rachel Spencer, CEO, Reading Voluntary Action	Susan Powell, Building Communities Together Team Manager, West Berkshire District Council	Sarah Williams, Safeguarding Circle – Item 2 only	Garry Poulson, Director, Volunteer Centre West Berkshire	Linda Andrew, Team Manager, Emergency Duty Service
Dorcas Nyabunze, Head of Service, Emergency Duty Service	Lucy Jefcoate, Head of Clinical Services, Ramsey Healthcare – representative for independent health sector	Cllr John Ennis, Cllr, Reading Borough Council		

	Item
<b>1</b>	<p><b>Welcome and Introductions</b></p> <p>KB: opened the meeting and the meeting was deemed quorate.</p> <p>Three late apologies had been received, including from a new Board Member: Cllr David Hare, Executive Member for Adult Social Care, Wokingham Borough Council.</p> <p>SD: explained that MW was attending as an observer for the first hour, as she was taking over as the interim Director of Adult Social Services in Reading from the beginning of January 2023.</p>
<b>2</b>	<p><b>Pauline SAR – Paper 1</b></p> <p>FB gave a short presentation on this SAR, explaining that it had been a pleasure to work on; she gave the background to the case and concluded that it should probably be considered as a discretionary SAR. As the case was during covid, when the neighbours were more likely to have been at home, Pauline had benefitted from better supervision by her neighbours.</p> <p>The report had concluded that in such cases a holistic needs assessment should be recorded at the start and regularly updated. The correct legal processes had been followed but not always recorded and there appeared to not have been any conversations about the implications of Pauline wanting to stay at home but not wanting to accept a package of care. Direct payments may have been available for her to have Technology Enabled Care (TEC) in order for her to stay safely in her home. Temporary respite may have also been useful to consider.</p> <p>In addition to the assessment duties, statutory guidance accompanying the Care Act 2014 confirmed that concerns regarding self-neglect can trigger safeguarding duties (under s42 Care Act). The term covers a wide</p>

range of behaviours including neglect of one's personal hygiene, health or surroundings. Whilst the guidance does not require that every case of self-neglect will require a safeguarding enquiry, it does stress the importance of determining the adult's ability to protect themselves by regulating their behaviour and recognising that 'there may come a point when they are no longer able to do this, without external support.' Certainly, where there is evidence of risk, powers under s42(2) Care Act should also be considered to facilitate a balanced, gradual or stepped approach. In conversation with the reviewers, practitioners unequivocally agreed that whilst there were risks to Pauline remaining within her own home, they were satisfied (given her presentation) that it was unnecessary and disproportionate to use powers to compel her to receive treatment in hospital under the MHA or be received into guardianship (practitioners did not believe that she would have had the capacity to understand and retain the terms of any guardianship order, so questioned whether those powers would have had any practical application to reducing risks for Pauline); practitioners reported that guardianship was extremely unlikely to have been considered because the legal mechanisms to impose care for someone in their best interests under the MCA were better understood and likely to have proved more beneficial in practice. Where an adult lacked capacity to understand the risks faced by their degenerative condition but was not yet at high risk of harm to warrant close supervision of the nature that is available within a residential setting; practitioners sometimes perceived the legal frameworks as a barrier to providing a proportionate, gradual approach to interventions (e.g. sheltered housing).

If Pauline's condition and ability to live safely alone had deteriorated, then the matter would have to be considered by the Court of Protection; as such, the lack of formal capacity assessments and risk management plans could have made it more difficult to justify urgent interventions or look to restrict her liberty (e.g. including a change in residence) as they may not have been able to demonstrate the less restrictive actions to mitigate risks had been exhausted. It is also notable, despite agreement Pauline lacked capacity regarding care decisions, that an Independent Mental Capacity Advocate or Care Act Advocate had not been appointed to support her within those assessment, care planning and safeguarding discussions. There are, therefore, opportunities to improve recording and monitoring systems to ensure improved compliance with important procedural safeguards embedded within the MCA and Code of Practice and these are addressed within the six recommendations set out below:

1. The Board should consider raising awareness of the good practice and compassionate care shown to Pauline – what 'good' practice looked like.
2. The Board and relevant partners, in collaboration with the West Berkshire Dementia Action Alliance should review the local dementia strategy to ensure there are clear pathways between voluntary, community and faith sector organisations, primary care, specialist services provided by BHFT and adult social care – this should focus on local working in West Berkshire.
3. The Board should consider a public awareness campaign that provides practical advice on providing compassionate, safe opportunities for social interaction for adults with dementia who wish to retain their independence value their place within their community.
4. The Board should provide guidance to first responders, primary care, trusted assessors and community health and social care review teams on availability of TEC and application of a least restrictive approach within best interest decision making for adults living with dementia.
5. The Board should seek assurance from the relevant partners agencies (e.g. RBC, ICB and BHFT) that they have effective procedures to monitor compliance with duties to carry out and record capacity assessments for those with known cognitive impairments – in this case the assessments were not always correctly recorded.
6. Consideration should be given to whether the 'connected care' system should be adopted more widely across RBC and health partners to enable greater information sharing between health and social care is enabled to flag key documents such as capacity assessments.

Practitioners found their ability to offer solutions that 'connected relevant legal rules with the professional priorities and objectives of ethical practice' was at times thwarted by misperceptions of how legal frameworks operate and cumbersome processes for multi-agency assessment and risk management. Developing clear guidance for staff across the partnership and particularly for first responders, GPs and trusted assessor within the acute hospital discharge process to assess of the availability and suitability of TEC would support the

	<p>application of a least restrictive approach within best interest decision making for adults living with dementia. Also, the availability of temporary respite, step up/ down and supported living options and guidance on the use of MCA and Deprivation of Liberty Safeguards (soon to be Liberty Protection Safeguards) legal frameworks to prevent an overreliance on s2 MHA powers would be very beneficial.</p> <p>The next steps were to:</p> <ul style="list-style-type: none"> <li>• Endorse the SAR and its recommendations - a practice learning note also needed to be drafted and signed off by the SAR Panel.</li> <li>• Publish the SAR – inquest scheduled for February 2023; the Coroner had deferred the inquest until February 2023, to await the SAR report so it needed to be published asap.</li> <li>• Implement the recommendations – consider how these will be achieved.</li> </ul> <p>SD thanked FB for an excellent report and presentation and was heartened by the aspects of good practice; of concern was still the issue of when it was most relevant to use the Mental Capacity Act (MCA) or Mental Health Act (MHA). She recognised that whilst training had been available on the 2005 MCA it can be difficult to grasp. She noted that whilst Connected Care is available, she was not sure how well it was understood or used.</p> <p>AS also commented on the criteria for the Care Act and MCA often getting muddled, which was not helped by legal systems changing; she also pointed out the Pauline would have been eligible to have an advocate (FB to check the records in regard to this).</p> <p>SG was proud of the police involvement in this case; she explained that Thames Valley Police use the Herbert protocol. She explained that section 17 of the Police and Criminal Evidence Act 1984 (PACE) can be used to gain emergency entry to a property, although there are restrictions in its use.</p> <p>KB asked that those who had gone “above and beyond” in this case were identified (the Police Officers, the GP and GP surgery and social workers) so that he could write and thank them personally. Colleagues from the local authorities shared their use of TEC (in West Berkshire BC they have one person who supports the social workers; Wokingham BC have a tech team, whose good work had been identified in the Steven SAR and Reading BC have a Tech worker who works with health colleagues regarding a suite of options). As far as SD was aware GPS trackers have not been used in Reading, but she would get JL to confirm this.</p> <p>Discussion was held on how best to promote the report, especially the vital contribution of the community and neighbours in this case – SD offered the comms expertise of Louisa Dean, Head of Communications at Reading. FB suggested Dementia UK to highlight the compassionate care Pauline received, which allowed her to continue to life how she wanted to. It was highlighted that “next of kin” is not a legal term and that the “person to contact in an emergency” should be used instead.</p> <p>KB: summarised the actions:</p> <ul style="list-style-type: none"> <li>• the report was <b>endorsed</b> and the recommendation <b>agreed</b>.</li> <li>• FB/LM to work together to <b>produce</b> a 7-minute learning brief, to be signed off virtually by SAR Panel members in early January, ahead of <b>publication</b> of the SAR in mid-January 2023.</li> </ul>
<p><b>3</b></p>	<p><b>SAR Panel Update and Rapid Review Proposals</b></p> <p>JL: gave a short presentation on the SAR Panel and the evaluation of alternative SAR models to scope rapid review options, which had been recently commissioned; she outlined the costs and timescales which three relatively recently completed SARs had involved, one of which may have been impacted by covid and one which had been very complex and extensive. The pros and cons of the current model were outlined and the conclusion was that the existing process allowed the flexibility to continue to commission SARs that are proportionate, realistic and provide value. The Panel’s recommendation was that the process remained the same but that they would look to embed some of the rapid review elements into the current process; they suggested that it needed to be recognised that this was a tri-borough Board, whose size and capacity needed to be recognised, in order that the learning from SAR’s is utilised and embedded. They accepted that timelines could be improved sometimes and the aim would be to set out a timeline at the beginning of a SAR and ensure</p>

	<p>that this is adhered to. The Panel would make some changes to the current process, on the basis of the recommendations in the scoping report and bring back to the March meeting.</p> <p>The Board <b>agreed</b> this proposal and KB thanked the Panel for their work.</p>
<p><b>4</b></p>	<p><b>Minutes of Last Meeting and Action Log – Paper 2 and Paper 3</b></p> <p>LM: confirmed that there was nothing that needed to be highlighted from the Action Log (<b>noted</b>), as all the items were on the agenda or in progress.</p> <p>KB: the minutes from the last meeting of 28<sup>th</sup> September were <b>endorsed</b> and will be published on the website: he thanked JB and LM for their work.</p>
<p><b>5</b></p>	<p><b>Out of Scope Safeguarding Concerns</b></p> <p>JL: gave a verbal update on the Task and Finish group, with representatives from all three LA’s, who have been working with Thames Valley Police (TVP) and South-Central Ambulance Service (SCAS) to reduce the number of Out-of-Scope Safeguarding Concerns; she reported that they had met with TVP and had a further meeting scheduled for January 2023. SCAS had had two interims in post but the issue of Out-of-Scope Safeguarding Concerns had been acknowledged by them. They were still seeing a high level of Out-of-Scope concerns, which often related to patients in a mental health crisis. There had been strong engagement and communication with TVP but following a recent SCAS safeguarding partners meeting, it was apparent that SCAS still needed to address this issue.</p> <p>The quality of referrals and screening within organisations (e.g. the Multi-Agency Safeguarding Hubs, led by TVP) will always be a limiting factor. The three Local Authorities had worked together to produce a document, which gave example scenarios of Safeguarding, both with a Large “S” and a small “s”.</p> <p>Reading BC: all safeguarding concerns go through the front door, which means there may be a slight risk/delay if it is genuinely safeguarding.</p> <p>West Berkshire BC: already triage all safeguarding concerns due to the level of out-of-scope concerns.</p> <p>Wokingham BC: had found that the out-of-scope concerns were blocking their systems, so a decision had been made that from the week commencing 28<sup>th</sup> November for all SCAS and TVP referrals to go through the front door rather than the safeguarding hub, as the level of out-of-scope concerns meant the hub could not handle these cases.</p> <p>It was acknowledged that SCAS had just had a really busy 2 months.</p> <p>SD: highlighted that the data sets in the dashboard provide monitoring of the numbers concerned.</p> <p>KB: concluded that guidance had now been provided to aid both TVP and SCAS and that it was realistic that the Performance &amp; Quality (P&amp;Q) sub-group should now monitor the situation by looking at the decision times for concerns getting into the Safeguarding framework (ideally within 48 hours) from the quarterly data.</p> <p>KB <b>thanked</b> Charlotte Donohoe and Graham Enright from TVP for their work on this issue,</p> <p>KB concluded that the Board now had oversight of the issue and understand the challenges involved. The above approach was <b>agreed</b> and the P&amp;Q subgroup would raise again if there were further concerns that the issues were not being dealt with satisfactorily.</p>

**6 Subgroup Updates**

*Each subgroup chair to provide an update on the subgroups achievements and plans to meet the requirements set out in the ToR and the SAB Business Plan.*

**a. Learning and Development – Paper 4**

SB: had produced a written report that outlined the work of the sub-group: a launch date for the Self-Neglect Safeguarding Adults Pathway Toolkit had been agreed as 11<sup>th</sup> January 2023, when a webinar was to be held; the MARM would be formally launched on 1<sup>st</sup> February, comprising of a short webinar for each LA area, “topped and tailed” by a consistent message about the process (SAB Priority 1); a bitesize session for the Adam SAR was planned for early 2023 to include the new Joint Criminal Investigation protocol (a 7-minute learning note briefing had already been produced) (SAB Priority 3). Also under SAB Priority 3, was the concerns about Train the Trainer Level 1 Safeguarding, which was currently not being delivered due to capacity issues. An option to provide this in West Berkshire by the voluntary sector was being explored but it was unlikely that this could be replicated in the other areas. SB estimated that an external trainer to provide this for 8 people, including a refresher element would be £8-10K. KB commented that this was not a Board responsibility but an internal issue for Local Authorities, however, it was recognised that this was needed for the Board to get assurance: it was therefore **agreed** that a costed proposal would be brought to the next meeting for further discussion. SB also raised the issue of whether the Board wishes to reassure itself that the changes prompted by the findings from a SAR, and the actions initiated, are embedded in the long-term policy and practice of partners. KB **thanked** everyone who had been involved in a very successful Safeguarding Adults Week full programme of workshops.

**b. Performance and Quality – Paper 5**

AM, who chairs this sub-group with GN (who had sent her apologies for this meeting) gave a short presentation on this group; she explained that is a busy group, and as it’s remit includes quality checks following SARs, the agenda often overruns. They wanted to **thank** LM for her support with the group; she explained that discussion about the dashboard often takes an hour – it was **agreed** that in future this would be reviewed 6 monthly, rather than quarterly, with LM flagging up any concerns in the interim. The quality check on the Louise SAR had run over 2 meetings – Wokingham BC were going to produce a direct payments presentation for the Board. There was a plan to ask commissioners to present on provider failure mitigations and updates on quality of service monitoring processes – this was due to be discussed at the next meeting and would be completed by the end of the financial year (Priority 2). An additional action had been added from the last Board meeting – to seek assurance from commissioners regarding contingency planning should a home care agency cease to operate without notice. There was a request for the Board to agree to a proposal to move the training and learning needs identified in SAR’s to the Learning and Development subgroup: it was **agreed** that this was not for the Board to decide but that the two Chairs needed to meet to discuss this and report back to the Board.

**c. Communication and Publicity – Paper 6**

LP had produced a written report on this new sub-group that had restarted in October, with reps from safeguarding and comms; two meetings had been held and a task and finish group set up to prepare a small social media campaign aimed at communities about the fire risk associated with hoarding using the homes risk assessment tool and to explore opportunities for sharing of RBFRS poster/comms on emollients and fire risk, including with GPs and pharmacies. It had been agreed that initially it would focus on prevention and community messaging (self-neglect & hoarding added in to fire risk) and later on seldom heard groups. Next a pressure care awareness campaign would be considered aimed at lived in or informal carers on how and when to seek advice. A successful National Safeguarding Adults Week had been held in November, where 12 sessions ran with a total of 393 delegates; it was planned that recordings for most of the sessions would be put on the website. One thing that had come out of the accompanying social media campaign was to consider opportunities for an educational piece for the wider public about the causes / complexities of self-neglect aimed primarily at reducing stigma and signposting towards appropriate support. The sub-group had one request to the Board – for it to consider having its own social media presence, which would probably help to establish its identity better (as being a tri borough Board was unusual); they suggested

	<p>that this could possibly be linked to the new website, although there would be resource implications. The idea was thought to be a good one.</p> <p><b>d. VCS and Healthwatch – verbal update</b>  SDe had been due to verbally present on this but had had to send last minute apologies so LM covered the item; SDe had chaired the last meeting, which was now done on rotating basis; they were looking to run a webinar in early February 2023 aimed at the voluntary sector and how to manage concerns about self-neglect. A budget of £300 was requested to host the webinar (this was <b>agreed</b>); a simplified version of the toolkit was being considered, along with comments from the Safeguarding leads on possible self-neglect scenarios and the Safeguarding document with a Large “S” and a small “s” would also be incorporated. It was planned for the webinar to be recorded so that it could act as a training tool.</p> <p><b>e. Pan Berkshire Policies and Procedures – Paper 7</b>  LM provided this update as the subgroup chair does not work in our partnership area; the report is self-explanatory. The last meeting was not quorate (there was no representation from Wokingham Borough Council, Reading Borough Council or West Berkshire Council) but the meeting went ahead and decisions that needed quoracy were sent as e mails after the meeting. The current provider of the website was to cease trading and agreement had been reached to provide and maintain the website until September 2023; a task and finish group had been set up to source an alternative supplier (LM and Elizabeth Porter, RBH had offered to be on the group). In light of the new ICB’s the sub-group asked for SAB members to raise awareness of the Pan Berkshire Policies and Procedures subgroup, so possible impact on this subgroup is considered when decisions are made (as Berkshire is now covered by more than one ICB, including Frimley) – KB <b>noted</b> that this could make things complex in the future.</p>
<p><b>7</b></p>	<p><b>SAB Priorities</b></p> <p><b>Paper 8 – SAB business plan update</b></p> <p><b>Paper 9 – Risk and mitigation log</b></p> <p><b>Paper 10 – Learning from SARs/audit tracker</b></p> <p>LM explained that these papers were provided for information; there were some “reds” but this was to be expected – work on Priority 1 (to expand on learning in regard to self-neglect) was going well.</p> <p>KB explained that there was an Executive Board meeting planned for 23<sup>rd</sup> January 2023, when a review of priorities for the future would be undertaken along with business planning. KB and LM had met with the Berkshire West Safeguarding Children’s Partnership to consider some joint working on transitions; the Liberty Protection Safeguards (LPS) would cover children from the age of 16. There was broad agreement that this was a good idea so they would go ahead with a further meeting and provide an <b>update</b> on this at the Executive Board meeting.</p>
<p><b>8</b></p>	<p><b>Recommissioning of SAB Website – Paper 11</b></p> <p>LM explained that the current provider of the Board’s website was ceasing trading and that the website would not be available after the end of April 2023; several alternative options had been explored with the two preferred options being Phew and Taylor Finch and possibly Reading Borough Council (RBC), who were still to submit their quote. The option to include social media in this was also being explored. As LM would be on leave and Jury Service during February she asked for some support from partners during this time – HI and RB offered to be involved, if needed.</p> <p>KB: it was <b>agreed</b> that LM would progress this in early January and request a formal demonstration from the two suppliers named above; it had been established that if the costs came in at under £10k then 3 quotes</p>

	<p>would not be needed for procurement policy. LM confirmed that she had already requested procurement and legal advice from RBC as the host providers and she would also talk to MW about her plans. KB <b>asked</b> for volunteers to help in the decision-making process and LM would also include the Comms team at RBC. KB <b>thanked</b> LM for her hard work in progressing this work thus far.</p>
<p><b>9</b></p>	<p><b>Annual Report – Paper 12</b>  <i>The supporting appendices had been sent in a separate email</i></p> <p>KB explained that the first draft had been presented to the Board in September, when all had been given the opportunity to make comments before the final draft was presented at this meeting; no comments had been received. The Report was due to be published on 16<sup>th</sup> December; LM explained that there were still a few gaps in the appendices but suggested that the Report was published on time, with some gaps in the appendices. The gaps were: Appendix C, Achievements by partner agencies, where no responses had been received from TVP or SCAS despite the original request going out in June 2022 and Appendix F, Partners Annual Report, where the one from Berkshire Healthcare Foundation Trust (BHFT) was still awaited. It was <b>agreed</b> to go ahead and publish on schedule and to update the appendices as and when they were received, as had been done previously.</p> <p>KB was scheduled to present the report to the respective Health and Wellbeing Boards in January and February 2023. LM had e mailed the Directors of Adult Social Services to see if their Scrutiny Panels would also like KB to attend but no responses had been received. SD apologised as RBC would need that and she agreed that her and JL would contact LM with the date for January 2023.</p>
<p><b>10</b></p>	<p><b>SCAS Update – Papers 16 and 17</b></p> <p>KB: explained that following the Care Quality Commission Inspection, SCAS formally entered the NHS England Recovery Support Programme in October 2022. The Integrated Care Board (ICB) of Hampshire and the Isle of Wight are the lead ICB for the Oversight of delivery of improvement within the Trust, in partnership with Berkshire, Oxford and Buckinghamshire ICB (BOB), Frimley ICB and in partnership with the NHS England South East Regional team. In a letter that had been shared in September, just after the last Board meeting, it was agreed that a quarterly progress report would be provided to the Boards and Partnerships updating them on the progress the Trust was making and any risks to delivery of this work.</p> <p>KB and JL had attended a recent quarterly meeting and were <b>assured</b> that safeguarding was now being monitored and now that SCAS had some permanents in post, good work was being achieved and they were up to speed with all the concerns; with the regular feedback and reports there is confidence that they will be able to turn around the situation, whilst recognising that all Ambulance services were currently in a difficult position.</p>
<p><b>11</b></p>	<p><b>Information Items</b></p> <ul style="list-style-type: none"> <li>• <b>Budget Monitoring Paper 13</b></li> </ul> <p>LM explained that there was currently £26K in the pot but that there was a request for £300 from the Voluntary Care Sector and Healthwatch sub-group (agreed earlier in the meeting) and monies requested for the new website to take into account; she had not yet had a response from Finance re the £11,400 credit note.</p> <ul style="list-style-type: none"> <li>• <b>Dashboard and KPI report Q3 Paper 14 and 15 - for information</b></li> </ul> <p>LM explained that these reports were provided for information, only.</p> <ul style="list-style-type: none"> <li>• <b>Coercive Control National Guidance</b></li> </ul>



	<p>KB highlighted this all-Parliamentary report that he had been involved in and would <b>share</b> the link following the meeting.</p> <ul style="list-style-type: none"> <li>For tech awareness month Reading Borough Council had produced a short video that demonstrates the use of simple tech to support someone to feel safe at home, after someone tried to break into their property. The video can be found here: <a href="#">Could you or someone you know benefit from care technology? - YouTube</a></li> </ul> <p>KB commented that this was very useful.</p>
<p><b>12</b></p>	<p><b>AoB</b></p> <ul style="list-style-type: none"> <li>KB mentioned the recent Edenfield, Panorama documentary (September 2022), which had raised concerns about secure units; he understood that there was one in the area of West Berkshire, but he had obtained assurance that they have safeguarding/QA arrangements in place. Whilst BHFT do not have any secure units they have considered their response to the programme and have a plan in place: the relevant SAR had been published.</li> <li>AS was due to raise the issue of representation at Domestic Abuse boards, however he was off sick that day; it was noted that the Board currently has to cover 2 Domestic Abuse Boards, 3 Community Safety Partnership's and 3 Health and Wellbeing Boards, along with the Berkshire West Safeguarding Children's Partnership; it was noted that people in this Board are currently members of many of the other Boards. It was <b>agreed</b> to consider this further at the Executive Board meeting in January 2023.</li> <li>KB had a special AOB for three Board members who were leaving – SD who was retiring at the end of December (but was going to be Chair of the Leicester SAB), AS who was leaving West Berkshire and JL who would be starting a new role in Dorset in January; he wished them all well and hoped they enjoyed the next chapters of their lives. SD explained that MW would be acting up from the beginning of January – there were plans for backfilling for both MW and JL's posts and the new Interim would continue to Chair the SAR Panel, which JL had done so well since mid-June 2022.</li> </ul> <p>The meeting ended at: 12.47pm</p>
<p><b>Date of next meeting: Wednesday 8<sup>th</sup> March 2023, 10-1pm</b></p>	