

SAFEGUARDING ADULTS BOARD					
Date 9th February 2023		Time 1:00pm	Venue Heritage House, Grimsby		
Attendees	Jan Haxby (JH) — Director of Quality & Nursing, NHS Humber & N Yorkshire Integrated Care Board (ICB) (Chair) Helen Allen (HA) — Named Professional Safeguarding, Navigo Jo Barnes (JB) — Chief Executive Officer, Nurtrio Katie Brown (KB) — Director of Adult Services, NELC Katie Chadwick (KC) — Home Options Manager, NELC (Neglect & Group Chair) Melanie Fullbrook (MF) — Local Dementia Services Mana Alzheimer's Society Nick Hamilton-Rudd (NH) — Head of North & North East, Nati Probation Service Spencer Hunt (SH) — Assistant Director, Safer & Partnerships, NE Jane Leman (JL) — Director, Lincolnshire Quality Care Services Diane Moncaster (DM) — East Midlands Ambulance Service Emma Overton (EO) — Policy Practice and Development Lead, H&NY ICB Melanie Sharp (MS) — Deputy Chief Nurse, NLaG Cllr Stan Shreeve (SS) — Portfolio Holder, NELC Tracy Slattery (TS) — Delivery Manager, Healthwatch NEL Janine Smith (JS) — Chief Operating Officer, Navigo Mandy Sparkes (MS) — Deputy Manager, Friendship at Home Vicky Thersby (VT) — Head of Safeguarding, NLaG Rhodri Troake (RT) - DS, Humberside Police (Exploitation Sub-G Chair) Joe Warner (JoW) — Chief Executive Officer, Focus CIC Stewart Watson (SW) — Safeguarding Adult Board Manager, NELG Julie Wilburn (JuW) — Designated Safeguarding Nurse, NHS H				
Note taker	Julie	Julie Hamilton – Business Support SAB Specialist			
Apologies	Lisa Bartlett – Safeguarding Lead, Foresight Phil Booker – DCI, Humberside Police Bruce Bradshaw – MCA Lead, NEL CCG Stacey Chester – Manager, Cloverdale Care Home Michelle Emmerson – Prevention & Development Manager, HFRS Francine Evans – Service Manager, Cloverleaf Advocacy Jon Goodwin – Interim Principal Social Worker, NELC Nick Hamilton-Rudd – National Probation Service Emma Horne – Divisional Senior Manager, EMAS Ellie Monkhouse – Chief Nurse, NLaG Mike Reeve – Deputy Chief Executive, Navigo Lisa Revell – Director of Operations/Chief Nurse, Care Plus Grot(CPG)				

1. Welcome, Introductions and Apologies - Noted.

The Chair welcomed all to the meeting, explaining that an independent chair is to be appointed shortly, following the recruitment process. The SAB has now returned to its full membership, following the "slimmed down" Executive which had operated during the Covid-19 period.

The Chair gave a presentation on the SAB – its past, present and future – and highlighted:

- Membership and Structure for 2023-25/6
- The pending Care Quality Commission (CQC) inspection
- SAB Objective [Care Action 2014, Sec.14.133] to provide a strategic oversight for those with care needs
- SAB core duties to produce a Strategic Plan and Annual Report, and to conduct Safeguarding Adult Reviews (SARs)
- Issues the lack of data, resources for the SAB, audit/peer reviews
- A S11 Audit is conducted every two years, jointly with the Safeguarding Children's Partnership (SCP)
- Policies and Strategies
- Alignment and Arrangements e.g. mapping exercise is required to identify policies already in place
- Evidence of challenge and support

Discussion

The Chair of the SAR, SiLP and Good Practice Group added that conducting SARs is a statutory function of the Care Act 2014 [Sec.14.162 & 163], and highlighted:

- SARs should result in wider learning across all agencies
- An independent author is used for a SAR
- If a SAR is not conducted, then a lower level review can be conducted instead
- An action plan is drawn up which is shared with all partners, monitored by the SAR Panel and reported to the SAB
- Review reports are published, if deemed appropriate, and are anonymized if deemed necessary to protect family members
- 7-minute briefings are written and shared across all agencies, also included in the Provider Forum newsletter

2. SAR, SILP & GP Group Report and sign off – Julie Wilburn – circulated with Agenda

(Dr Zaro joined the meeting at this point.)

Completed Cases:

Discussion

01-21 AA – A tabletop exercise was held on 20/10/2021. Key learning points and recommendations, including an action plan, were presented. The action plan was updated and circulated for further updates. The completed action plan was approved by the SAB 11/08/2022. A 7-minute briefing has been produced and agreed at the SAR Panel and was presented for approval.

AGREED that the 7-minute briefing is approved for publication, subject to any comments which are to be submitted by 23rd February 2023 to the Chair julie.wilburn@nhs.net

SARs open to the Panel:

01-22 AA – The SAR panel was convened and recommended this case progress to a SAR. SAB Executive agreed with the recommendation. Independent SAR author has been commissioned to undertake the review which is progressing well. Meetings have been held on 22/08/2022, 04/10/2022 and 18/11/2022. The Panel has concluded the review and the first draft report has been shared with the Panel. The action plan is to be developed in light of the findings. As the findings are very similar to those found in previous SARs, a meeting was held with the SAB Executive to discuss potential correlation of learning and actions to disseminate this learning. A report which pulls the learning together from all SARs since 2014 is to be drafted and presented to the SAB so that consideration can be given as to how to take forward the common themes across our organisations.

AGREED that the collated learning report is presented to the meeting of the SAB scheduled for 26th April 2023.

02-22 AB – The SAR Panel recommended this case progress to a SAR, subject to the outcome of the Police criminal investigation, the SI and the LeDeR, which was initially approved by the SAB on 13/10/2022. The SAR Panel's view that a collective overview to collate the learning of the SI and LeDeR was reconsidered at the recent SAR Panel. The Panel was concerned that the SI investigation was not being conducted independently of the provider. There were additional concerns that the LeDeR review was on hold, pending the outcome of the Police investigation and the provider had requested an extension to the SI, causing significant delay to the learning processes. The view of the Panel is to recommend an independent SAR. Should the SAB agree, a prospective author has been identified.

AGREED that a SAR is conducted by an independent author.

03-22 AC – The SAR Panel recommended this case progresses to a SAR, approved by the SAB on 13/10/2022. Chronologies have been sought from involved agencies. Available funding has been confirmed for an independent author if this case proceeds to a SAR. Chronologies have been sought from involved agencies. The SAR Panel had previously felt that a collective overview of the SI and LeDeR may be a more productive way forward. This was reported to the SAB on 01/12/2022 which agreed that if this progresses to an SI, the learning outcomes to be collated and disseminated, rather than holding a SAR. Further reconsideration at the SAR Panel highlighted the possible issues of NLAG not having an independent reviewer. At the time of the SAR Panel, there was no confirmation that this case had progressed to an SI within NLAG. Therefore, the SAR Panel recommended an independent SAR review be undertaken for this case. Post-meeting information indicates that this case has not met the NLAG criteria for an SI; however, a multi-agency RAC review has been commissioned by NLAG.

AGREED that the position is noted.

New Referrals:

04-22 AD – The SAR Panel considered this case and concluded that this case did not meet the criteria for a SAR review.

AGREED that this case does not meet the criteria for a SAR review.

05-22 AE - Chronologies from involved agencies have been requested, including Children's Services. The SAR Panel recommends that the referral meets the criteria for a SAR and recommends to the SAB that a SAR with an independent author be undertaken.

AGREED that a SAR is conducted by an independent author.

01-23 AA - The SAR Panel recommends that the referral meets the criteria for a SAR and recommends that a SAR be undertaken with an independent author. If the SAB agrees to a SAR, chronologies are to be requested from involved agencies.

AGREED that a SAR is conducted by an independent author.

SW stressed the importance of confidentiality when discussing SARs.

Actions Agreed	Lead	Deadline
2.1 Peter Maddocks to be approached regarding his capacity to conducting any of the recommended SARs.	Julie Wilburn	Completed
2.2 Prioritising of the SARs to be discussed dependent on the availability of SAR authors.	Julie Wilburn / Stewart Watson	Completed
2.3 Panel members to be asked to contribute to undertaking reviews (single agency/ table top/ lower level reviews)	Julie Wilburn	Completed
2.4 An MoU to be agreed with the independent author in respect of undertaking a review.	Julie Wilburn	Ongoing
2.5 The NHS Significant Incident (SI) process to be circulated to the SAB for information.	Jan Haxby	Outstanding

3. Minutes of Previous Meeting/Matters Arising (1st December 2022)

The minutes of the meeting held on 1st December 2022 were accepted as a true record. A redacted version had been produced for publication on the SaferNEL website.

Actions Agreed	Lead	Deadline
3.1 The redacted version of the Minutes of the meeting held on 01.12.2022 to be published on the SaferNEL website if no objections/issues have been raised by 23 rd February 2023 to julie.hamilton@nelincs.gov.uk	Julie Hamilton	Published on SaferNEL website 07.03.2023

All outstanding actions had been completed, except the following:

4.1 (13.10.22) SG to discuss the Transition Protocols (both current and draft) with Janice Spencer with a view to presenting to the Tri-Board.

Update 01.12.2022 – The meeting has been held but the outcome is not known.

Update 09.02.2023 – The Group is being led by Nick Fripp and is well attended.

ACTION: KB to provide an update to the April 2023 meeting of the SAB, if deemed necessary.

8.13 (01.12.22) A Development Day to be held at the April 2023 meeting following the inaugural meeting of the new full Board.

ACTION: To be discussed with the independent Chair, once appointed.

4. SAB Exploitation Sub-Group – Rhodri Troake

Discussion	RT i	introduced	himself	as	the	Sub-Group	Chair	and	gave	а	brief
Discussion	over	view of the	Sub-Gro	up's	s pric	orities and p	rogress	to da	ate, inc	lud	ing:

- Local and national strategies including Modern Day Slavery and Criminal Exploitation Strategies
- Property deprivation and homelessness
- Victims of exploitation
- Quarterly reporting to the SAB to identify any trends/themes [any cross-cutting trends/themes are considered by the Tri-Board]
- Use of the Humberside Police vulnerability tracker
- Sharing information via the Humberside Police dashboards
- Workforce development and training to reflect changes to legislation
- Involvement in SARs, mental health reviews, domestic homicide reviews
- The 4 Ps approach Prevent, Prepare, Protect and Pursue

Issues include:

- "Patchy" attendance by Sub-Group members statutory and voluntary agencies have a collective responsibility to attend [reflected in the Risk Register]
- Collection of meaningful and supportive data [reflected in the Risk Register]

[Tri-Board = Safeguarding Adults Board, Safeguarding Children's Partnership and Community Safety Partnership]

Actions Agreed	Lead	Deadline
4.1 Any agencies requiring workforce development/training on Exploitation to contact the Sub-Group Chair rhodri.troake@humberside.police.uk	ALL	Completed

(E Overton joined the meeting at this point.)

5. SAB Neglect Sub-Group - Katie Chadwick

KC introduced herself as the Sub-Group Chair and gave a brief overview of the Sub-Group's priorities and progress to date, including:

- Embedding Self Neglect Protocols into practice
- The development of pathways for self-neglect cases
- The use of High Risk Panel (HRP) and Operation Risk Management Meeting (ORMM) Protocols across agencies/partners
- Collaboration between adult and children's services
- Quarterly reporting to the SAB to identify any issues
- Workforce development and training safeguarding is essential for all partners, not just social care agencies
- Membership of the Sub-Group has increased

Issues include:

- The lack of professional curiosity which is a recurring theme in both self-neglect cases and SARs
- Collection of meaningful and supportive data [reflected in the Risk Register]

Discussion

(SRMG) Chair. The SRMG meets quarterly inbetween the settings with representatives of the Sub-Groups and the ICE provide assurance to the SAB. The risk owner is invited to the Group to share any issues and to provide "downward" management of the The updated Risk Register was attached at Agenda Item No. 14. Group met on 30.01.2022 at which each risk was discussed updated. The 'red' risks were discussed. **Actions Agreed** **Actions Agreed** **Actions Agreed** 6.1 The risk matrix is to be updated. **Capadity Act. Spencer Hunt** **Completed** **Completed** **Completed** **Capadity Act. Local policies are developed and specialist actions undertaken by the Group e.g. an audit of MCA assessments which to improvements across health and social care agencies. **EO reported on progress of the MCA Group's work:** **Redrafting the clause included in NEL's MCA policy regarreliance on the statutory presumption of capacity. **Clarification of the process for non-standard/ community Evia creation of a DoL Operational Handbook.** **Revision of the BIA Competencies Framework, based on national framework.** **Revision of the MCA and Safeguarding Multi-Agency Trait Strategy.** **Significant discussion has been generated around ethical legal issues connected with cardio-pulmonary resuscitation.**	Actions Agreed		Lead	Deadline		
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behaviour changing medication, and in particular a psychotics, have been raised via the BIA Forum.	Discussion	 Redrafting the clause included in NEL's MCA policy regarding reliance on the statutory presumption of capacity. Clarification of the process for non-standard/ community DoL via creation of a Standard Operating Process (SOP). Creation of a DoL Operational Handbook. Revision of the BIA Competencies Framework, based on the national framework. Revision of the MCA and Safeguarding Multi-Agency Training Strategy. Significant discussion has been generated around ethical and legal issues connected with cardio-pulmonary resuscitation (CPR). Concerns around prescription and review of controlling, behaviour changing medication, and in particular anti- 				
Issues raised included:		, , , , , , , , , , , , , , , , , , ,	_	•		

• Work on developing a process to offer assurances regarding

MCA Group members have been asked to put forward staff to act as MCA Champions but no Champions have been put

MCA training across providers has not yet progressed

forward to date.

Events this quarter included:

- The MCA Annual Update event took place on 6th December and focused on the links between the MCA and safeguarding.
- The third MCA Philosophy and Practice session was held on 11th January and focused on DoL.
- Further events will take place on 23rd and 24th January, 9th February and 16th March.

The DoLS Activity Report for Q3 2022/3 was also shared which provided an overview of the authorisation of deprivations of liberty within NEL over the period Oct - Dec 2022.

It was noted that MCA training for health and care staff provided by Focus is FREE. Level 1 is for all staff and the next three modules should be undertaken where appropriate.

EO referenced previous SAB training audits which identify which health and care provider organisations secure training from where, the results of which SAB may wish to revisit.

With regard to the pending Liberty Protection Safeguards (LPS), VT asked how well embedded is MCA? EO feels that much more could be done to embed the MCA. EO reported that the uptake of safeguarding training is monitored and that a system is being developed to monitor the uptake of MCA training across agencies. This will help ensure that those staff who need it are accessing the right training.

SZ raised the issue of the role of carers and that they are assumed to have capacity; also why does someone have a carer if they have capacity? There is a general lack of professional curiosity when a carer is involved; the carer often speaks for the cared for person but this is rarely questioned. Neither is there an assessment of a person who becomes a carer.

Actions Agreed	Lead	Deadline
7.1 Any difficulties with accessing Safeguarding and MCA training to be reported to EO emmaoverton@nhs.net	ALL	Completed

(K Brown left the meeting during the above item.)

8. Cloverleaf Advocacy – Francine Evans – circulated prior to meeting – DEFERRED due to the absence of FE

Discussion SS asked how the statistics relate to NEL?

9. Migration/NRPF Update Report – Caroline Barley – DEFERRED due to the absence of CB

10. DASM Report - Stewart Watson

SW introduced himself as the DASM for NEL, and presented the DASM Report for 2022. The DASM is a statutory function and the Person in a Position of Trust (PiPoT) Protocol has been in place in NEL since 2018. The report highlights included:

135 referrals received					
	98 closed 54 when the stantists of				
	54 unsubstantiated42 substantiated				
	12 odbotamatod				
11. Forward Plan 202	23 - Stewart Watson – circu	llated with Agenda			
Discussion	The Forward Plan for 202	23 was presented for	r information.		
12. Budget Report –	Stewart Watson - circulated	d with Agenda			
Discussion	The Budget Report was p	presented for informa	ation.		
13. Risk Register –	Stewart Watson – circula	ited with Agenda			
Discussion	The Risk Register was pr	esented for informa	tion.		
14. Performance Re	eport (Trends) – Joe War	ner – circulated with	n Agenda		
Discussion	The Performance Report	was presented for in	nformation.		
15. Training Report - Stewart Watson - circulated with Agenda					
Discussion	The Training Report was presented for information.				
16. Any Other Business					
16.1 Briefing Note on CQC Assessment of Local Authority Adult Services – Jan Haxby					
 circulated prior to the meeting for information SW reported that Nick Fripp is drafting a paper on the self-assessment 					
	which will be presented to the SAB once completed.				
Discussion					
VT suggested that one tool should be used for all areas e.g. the S11 Audit.					
Actions Agreed Lead Deadline					
16.1 A suggestion to be made that, where relevant, a shared tool to be created/used for audits/self-assessments. Ongoing					
	Professional Resolution a or information - WITHDRAWI		dure – circulated		
17. Future Meetings	2023 – Meetings have been	arranged for the follo	wing dates/times:		
	l 2023, 9.30am-12noon join meeting at start of meet	ting – first items after	apologies and		
minutes)	,		. 0		
Via Microsoft Teams					

(Meeting closed at 3:20pm)