



Norfolk Safeguarding Adults Board
Minutes of meeting held on Tuesday 10 May 2022
Virtual meeting

PRESENT:

Heather Roach, Independent Chair, Norfolk Safeguarding Adults Board (chair) **(HR)**
Victoria Aspinall, (deputising for Carolyn Fowler) Interim Head of Safeguarding (Children and Adults), NCH&C **(VA)**
Lisa Barraclough, North & East Midlands Group Senior Safeguarding Leader, DWP **(LB)**
Becky Booth, Deputy Board Manager, NSAB **(BB)**
Saranna Burgess, Chair of Safeguarding Adults Review Group, NSAB and Director for Patient Safety and Quality, NSFT (partial attendance) **(SB)**
Ian Callaghan, Chief Resource Officer, UEA **(IC)**
Craig Chalmers, Director of Community Social Work, NCC **(CC)**
Andy Coller, Detective Superintendent, Norfolk Constabulary **(AJC)**
Kim Goodby, (deputising for Nancy Fontaine) Associate Director for Complex Health and Safeguarding, NNUH **(KG)**
Sally Hughes, Public Health Commissioning Manager, NCC **(SH)**
James Kearns, Chief Executive Officer, BUILD Charity **(JK)**
Walter Lloyd-Smith, Board Manager, NSAB **(WLS)**
Leon McCloughlin-Smith, Head of Norfolk Probation Service **(LMS)**
Amanda Murr, Head of Community Safety, OPCCN **(AM)**
Mike Pursehouse, District Council Representative **(MP)**
Ben Reed, Chief Executive Officer, Equal Lives **(BR)**
Helen Thacker, Head of Service – Safeguarding, NCC **(HT)**
Sarah Jane Ward, Associate Director for Quality in Care, N&W CCG **(SJW)**
Tony White, Safeguarding Lead, NFRS **(TW)**
Gary Woodward, Safeguarding Adults Lead Nurse, N&W CCG **(GW)**
James Butler, Board Coordinator, NSAB (minutes pre-break) **(JAB)**
Andrea Smith, Board Coordinator, NSAB (minutes post-break) **(AS)**

GUESTS:

Dr Melanie Bruce, Clinical Psychologist and Clinical Lead – Starfish Plus, NCH&C **(Item 8)**
Nathan Jarvis, Lead Communications Officer, NSAB **(Item 10)**

Item	Minute	Action
1	Welcome and apologies for absence	
1.1	HR welcomed everyone to the meeting and introductions were made.	
1.2	Apologies had been received from Chris Balmer, James Bullion, Cllr Penny Carpenter, Nancy Fontaine, Carolyn Fowler, Diane Hull, Michael Millage, Judith Sharpe, Gavin Thompson and Lynne Wiggins.	
1.3	HR advised she had invited Stuart Richardson, Chief Executive of NSFT to the meeting following the recent publication of the CQC report. HR wanted to offer NSAB's support as a partnership and ask about NSFT's action plan and the impact on safeguarding. Stuart is currently on jury service and has been invited to the July meeting.	
1.4	<p>SB commented that she is disappointed for patients and staff re the outcome of the report and its impact on confidence in services and morale for staff. NSFT has accepted the report and its findings and knows it needs to do better. The report acknowledged some positive areas such as staff, co-production and working with partners.</p> <p>The focus now is on rising to the challenge, working with NHSE/I and CCG colleagues, who are providing incredible support across Norfolk and Suffolk. NSFT is putting together an improvement plan, ahead of a quality summit in two weeks' time, overseen by CQC and NHSE/I.</p>	
1.5	<p>SB said that stakeholders are being invited to the summit where CQC will present its findings and NSFT will present its improvement plan. The summit provides an open forum for refining the plan, working together to improve things for patients in Norfolk and Suffolk. There are also some required regulatory responses to the report, some of which have already been taken since the inspection in November.</p> <p>KG highlighted how critical the support of the whole system will be, noting that in time CQC will look at the acute trusts and social care too.</p> <p>HR thanked SB for providing an initial update to NSAB.</p>	
2	Declarations of interest	
2.1	There were no declarations of interest made.	
3	Review of minutes & matters arising from meeting on 15 March 2022	
3.1	The minutes were not reviewed in detail during the meeting. Nobody raised any issues with accuracy.	
3.2	WLS and HR provided an update on actions arising from the last meeting, which is shown on the actions log at the end of these minutes.	

Item	Minute	Action
3.3	<p>GW presented a brief update on the Norfolk perspective for Honour Based Abuse (HBA), in answer to the action from 11 January 2022, Item 4.8. GW's presentation will be circulated with the minutes of the meeting.</p> <p>GW outlined the context of the HBA subgroup of the Domestic Abuse and Sexual Violence Group (DASVG), which had been created in answer to recommendations arising from two Domestic Homicide Reviews (DHRs) with Norfolk connections. GW summarised actions taken by the group, which found there is: limited HBA training resource available; variation in awareness training; variation in policies supporting HBA recognition and response; variation in policy, process and access to interpretation services; and, that cultural competency needs to include HBA.</p>	
3.4	<p>GW presented the next steps, which included presenting findings and proposed actions to DASVG for agreement. Quite a few members of NSAB are also on the DASVG, but anyone who isn't, can contact GW or AJC (as co-chair of the DASVG) in chat or via email, if they want to be involved.</p> <p>In the meeting chat, IC offered to put GW in touch with the University of East Anglia's (UEA's) Student Services Team. IC said the UEA is noticing a change in the countries of origin of international applicants and that is impacting the number who seek to bring their partners and families with them (if they are able within visa regulations).</p>	
3.5	<p>The NSAB discussed what success might look like eg. more reporting, improved quality of reporting. GW said the subgroup was considering a hard launch of the action plan and possibly a short audit which could be revisited to measure change.</p> <p>AM highlighted that as part of DHR action planning and monitoring, Norfolk must be able to demonstrate to the Home Office and DA Commissioner that action has been taken.</p>	
4	Locality Safeguarding Adults Partnerships (LSAPs) update	
4.1	BB presented an update following the March round of LSAP meetings; the presentation slides will be circulated with the meeting minutes for information.	
4.2	<p>BB thanked NSAB members for promoting participation in the LSAPs, noting that there were several new faces at the March meetings. BB presented to each LSAP on the DHR for Daisy, with a focus on recognising the needs of carers and the need to utilise professional curiosity. The presentation is available on the NSAB website at the link below:</p> <p>https://www.norfolksafeguardingadultsboard.info/publications-info-resources/domestic-homicide-reviews-dhrs/</p>	

Item	Minute	Action
4.3	At the end of April, a combined LSAP and Local Safeguarding Children Groups (LSCGs) workshop took place, focusing on trauma and curiosity. The workshop received positive feedback and was a welcome opportunity for joint discussions between partners involved in the groups.	
5	Business Group update; NSAB Business Plan for 2022/23	
5.1	<p>WLS provided an update from the NSAB Business Group and following the meeting held on 14 April 2022. The presentation slides will be circulated with the meeting minutes for information.</p> <p>WLS thanked AJC for offering to co-chair the Business Group; as part of this change, the terms of reference for the group are being refreshed. There will be a standing item on each NSAB meeting agenda to receive an update on the work the Business Group is managing on board's behalf.</p>	
5.2	The NSAB Business Plan for April 2022 to March 2023 had been circulated with the agenda and advance papers. WLS highlighted the plan had been updated with 15 areas of work identified for the year ahead, arranged around the three pillars in NSAB's strategic plan.	
5.3	<p>HR thanked WLS and BB for their work on the business plan, noting that the areas of work are all relevant and reflect NSAB's strategy and emerging risks and issues. No amendments to the business plan were identified by members of the board.</p> <p>Decision: The NSAB <u>AGREED</u> the Business Plan for 2022/23, which will be published on the NSAB website and monitored by the Business Group.</p>	
6	Board effectiveness	
6.1	<p>HR introduced the item, asking board members to consider proposals for enhancing the way the NSAB's effectiveness is demonstrated. As a board we need to be assured that we are fulfilling our statutory remit under the Care Act 2014 and that we are doing the right things for the right reasons. The proposals were outlined in documents circulated with the agenda and advance papers.</p> <p>In addition, HR presented some slides which will be circulated with the minutes of the meeting.</p>	
6.2	<p>HR highlighted the constituent parts identified as necessary to demonstrate NSAB's effectiveness:</p> <ul style="list-style-type: none"> • Safeguarding data – a basic level of information everyone can see, which can be used to identify key issues across the county and drive activity. Discussions have taken place with HT and the Norfolk Office of Data Analytics (NODA), to 	

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	<p>explore how we can build this up starting with statutory information reported by the local authority.</p> <ul style="list-style-type: none"> • NSAB Strategy – a clear vision and strategy to prevent abuse and neglect; manage and respond to concerns and enquiries about abuse and neglect; and learning lessons and shaping future practice. • Risks and Issues management – a simple process supported by a risks and issues register, based on that used by Lincolnshire’ SAB; owned by the Business Group with reporting to NSAB; a process by which board members can identify and submit risks to be monitored. • Assurance framework – designed to be reactive and flexible, listening to people’s experience and based on that used by Lincolnshire’s SAB; using some of the development day for a light-touch assurance review; setting up a subgroup to drive this work on behalf of NSAB. 	
6.3	<p>NSAB discussed the proposals and there were no objections or amendments.</p> <p>Decision: The NSAB <u>AGREED</u> to the proposals for enhancing the way the NSAB’s effectiveness is demonstrated, including the constituent parts and suggested actions; setting up a subgroup for the assurance approach and using half of the development day for a light-touch assurance review.</p>	
6.4	<p>HR asked for volunteers to form the subgroup and the following people put themselves forward: VA, HT, and SJW.</p> <p>Action: Board effectiveness – board members to send any additional comments, suggestions, or feedback to HR or the NSAB business team.</p>	ALL
6.5	<p>Regarding strategic and business planning, WLS highlighted that the NSAB business team had reviewed the cycle-of-business and how we operate around the 5 board meetings and 1 development day per year, and the team believe it is working quite well. As strategic leaders in safeguarding, WLS asked members whether they were happy with the current approach. No suggested changes were raised at this time, but it would be reviewed again in due course.</p>	
7	Safeguarding Adults Reviews and Domestic Homicide Reviews update	
7.1	Official/sensitive: text redacted.	
7.2	Official/sensitive: text redacted.	
7.3	Official/sensitive: text redacted.	

Item	Minute	Action
	BREAK	
8	Restrictive Practice / Restraint (RPR)	
8.1	MB is a clinical psychologist and works with the national disability and autism team within NHS England as well. She shared her presentation with the board.	
8.2	MB had five questions to ask the board. KG mentioned that she had done a lot of work around restrictive practice and restraint at NNUH. On average at the hospital, they capture around 400 restrictive practices a month and around 12-15 full restraints per month which proportionately, she said, were not that many. KG offered to share information with MB as the hospital had a lot of governance, reporting and auditable training on the subject.	
8.3	CC pointed out that, for those under DoLS, it is an unclear process regarding restraint. He was concerned about safety measures in the private sector. HT highlighted the work carried out a few years ago relating to Cawston Park and safeguarding. A process was set up whereby those in long term segregation were reported into the local authority, recorded on the system and shared with the CCG so that the individual could be monitored. They held training sessions for the independent hospital sector but have only had one report of long term segregation since this process was set up. HT didn't feel that there was any engagement in the process of monitoring.	
8.4	MB said that the DHSC and NHS England currently have a clear process around people who are in long term segregation and anyone within must come under that process. She said that in all other areas of the country the number of people in long term segregation have increased but there is a real disparity in what people consider to be long term. SJW echoed that and pointed out that this would be a good piece of work to share with providers as some won't understand that what they're doing is restrictive. Further, it's all about what is happening in care homes or somebody else's home. SJW thanked MB for bringing this to the attention of the board and for the work that she was doing.	
8.5	HR agreed that it was a very wide subject area and different across organisations. From her previous career within the police force, restraint can be a daily issue. She said that police were often asked to assist health colleagues with restraint. There needs to be real clarity on what you can and cannot do and there was certainly a role here that the board could play.	
8.6	In the chat box, BB suggested putting together a seven minute briefing on restrictive practice. This idea was a popular idea with strong agreement that it would be helpful.	

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8.7	<p>Action: KG will provide MB with contact details of two of her colleagues who will be able to provide information, as mentioned in 8.2 (above). MB will pull together key people across Norfolk to meet. BB will be invited to the first working group meeting to get some ideas for the seven-minute briefing.</p>	KG/BB
9	Complex case guidance	
9.1	<p>The complex case management guidance document and associated briefing document had been shared prior to the meeting. BB restated the purpose of the update to the complex case guidance.</p>	
9.2	<p>BB explained that GW, AJC, HT as well as colleagues from district councils and NCH&C had been involved in updating the guidance to ensure that the criteria for pushing the case up to senior manager/multi-agency review was quite strict. It was also clear that cases should be worked through the multi-agency processes first.</p>	
9.3	<p>The process relies on the NSAB business team doing the initial triage of such cases and then sharing the information with the statutory partner group/business group to see which managers need to form part of the initial discussion. It was agreed to trial this as a six-month pilot to see the value that it brings. HR had agreed a pilot as she was concerned about the amount of administration coming through to the board business team, which is not an operational team. Six months will provide enough time to see how it goes.</p>	
9.4	<p>Care needs to be given as to how this is communicated, and it must be emphasised that this is not a new process. WLS stressed that, in seeking the board's agreement to run the pilot, consideration must be given on how to brief key individuals across the partnership to ensure that they have all the information needed. It won't be a wide dissemination; it will be about identifying the right people across the partnership and briefing them specifically. Action: WLS will consider how this can be done.</p>	WLS
9.5	<p>SJW asked where the governance sat and whether it was explicit. Action: BB said that she will review again and see if it can be made more explicit but made clear that the guidance isn't any different in that sense as to what happens currently. Referrals shouldn't be made unless those at a more senior level are aware, and interventions are already in place. There should be robust monitoring and checking. HR asked that, subject to that area being reviewed, were board members happy to sign off the updated guidance?</p>	BB
9.6	<p>KG had some concerns around the escalation route and sign-off processes, which SJW echoed. KG was pre-empting challenges that she may get within her own organisation.</p> <p>It was expected that each organisation would check their own escalation route before the case was forwarded on to NSAB for triage.</p>	

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9.7	<p>In responding, AJC said that this work had started some time ago. He was a little worried that what has been said now will set things back if the board were to look at standard operating procedures from different agencies. The name of the person at the agency signing off the case will undoubtedly be recognised – they're highly likely to be part of the safeguarding network – if not, then the referral will be returned. AJC reiterated that this wasn't a new practice; it's where ongoing safeguarding work has reached a level where all avenues had been exhausted and a decision at a senior level was required.</p> <p>Decision: It was <u>AGREED</u> that agencies should agree their own procedures and that a 6-month trial would commence.</p>	
10	Communications strategy discussion	
10.1	<p>NJ shared his presentation. A draft version of the NSAB comms strategy had been circulated. He acknowledged that there was some editing required, but he is very keen for feedback and comments. He is keen to develop an annual calendar for comms campaigns. As for the strategy, he suggested that this could be reviewed annually.</p>	
10.2	<p>GW was pleased that the board had a dedicated comms person now. He acknowledged that podcasts were a good medium for bringing information to life. He was aware that the Suffolk partnership were using them.</p>	
10.3	<p>JK agreed with what was covered in the presentation. He felt that engagement/accessibility was going down a route of one size fits all. He suggested that materials were produced not just for those with limited literacy skills but those for whom safeguarding is culturally inaccessible. There is a need to reach those hard-to-reach places.</p>	
10.4	<p>WLS suggested that, once the document has been amended, it would be recirculated and, in time, publish on the website.</p>	NJ
11	Any other business	
11.1	<p>VA had noted an increase in S42 enquiries around pressure sores and wound care. Some of this related to strains on the system. Safeguarding leads are involved in regular meetings where the concerns are raised around pressure ulcers and wounds. KG said that this is a big issue at NNUH as well as JPUH and QEH. She and VA will catch up offline.</p>	
11.2	<p>SJW said that this issue had been picked up at what was known as the quality surveillance group. She said that all the directors of nursing were aware and that there is some work that they want to do across Norfolk and Waveney. WLS asked if it would be appropriate for this to come back to the board. SJW agreed that once everybody had been brought together then, yes, it should come back.</p>	

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	<p>KG said that she had a PowerPoint presentation on the subject which she hoped to share at the next local authority and health workshop (8 June).</p> <p>Action: SJW to provide update to board on issue of pressure sores/wound care after work in this area has been completed.</p>	SJW
11.3	<p>As HR was experiencing some technical issues, WLS brought the meeting to a close and thanked everybody for their positive contributions. He also reminded members that the next meeting, in July, will be face to face.</p>	

Representative seats, summary of information sharing:	
Acute hospitals (via NNUH)	10/05/2022
VCSE sector (vis BUILD charity)	11/05/2022

Open actions			
Date of meeting	Item	Action	Responsible
10/05/2022	6.4	Board effectiveness – board members to send any additional comments, suggestions, or feedback to HR or the NSAB business team.	ALL
10/05/2022	8.7	Restrictive practice/restraint – KG will provide Dr Melanie Bruce with contact details of two of her colleagues who will be able to provide information. Melanie will pull together key people across Norfolk to meet. BB will be invited to the first working group meeting to get some ideas for the seven-minute briefing.	KG, BB
10/05/2022	9.4	Complex case guidance – care needs to be given as to how this is communicated, and it must be emphasised that this is not a new process. It won't be a wide dissemination; it will be about identifying the right people across the partnership and briefing them specifically. WLS will consider how this can be done.	WLS
10/05/2022	9.5	Complex case guidance – SJW asked where the governance sat and whether it was explicit. BB said that she will review again and see if it can be made more explicit (but made clear that the guidance isn't any different in that sense as to what happens currently).	BB
10/05/2022	10.4	Comms strategy – document to be proofread/amended and circulated to board members.	NJ
10/05/2022	11.2	Pressure sores/wound care – acknowledgement by senior nursing colleagues that this is a critical issue and a piece of work on the subject will be carried out. SJW to provide update to board on the issue after work completed.	SJW

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
11/01/2022	4.7	ICS locality hubs and PCNs – GW <u>AGREED</u> to contact BB to discuss LSAP engagement and involvement with these groups. <i>Update 15/03/2022: Not yet discussed. Carry forward.</i>	GW

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
		Update 10/05/2022: GW and BB had discussed and will revisit over the next 6 to 12 months. Action closed.	
11/01/2022	4.8	HBA subgroup work re safer cultures – GW <u>AGREED</u> to share an update with board members, on work undertaken by the HBA subgroup of the DASVG. <i>Update 15/03/2022: CB noted GW is not yet in the meeting and will be joining a bit later. Carry forward.</i> Update 10/05/2022: GW presented a brief update as noted in the minutes. Action closed.	GW
11/01/2022	4.9	Additional suggestions and thoughts – board members <u>AGREED</u> to contact BB with further ideas, suggestions for LSAP chairs and/or requests to attend LSAP meetings. <i>Update 15/03/2022: BB advised no new chairs identified, any further thoughts welcome. Missing in Western LSAP particularly, and South co-chair. Carry forward.</i> Update 10/05/2022: Southern LSAP co-chair now in place; will pick up re western LSAP as part of standing LSAP agenda item. Action closed.	ALL
15/03/2022	8.5	Care providers and registered managers – it was <u>AGREED</u> that there would be a follow-up meeting to examine how the Norfolk Care Association, Integrated Quality Service and NSAB could influence and work with care providers. Update 10/05/2022: Meeting held on 03 May; will work together during July and August to establish what would make providers more confident reporting safeguarding concerns, and then develop a plan. Action closed.	HR, WLS, MM, Tim Weller
15/03/2022	10.2	Annual Report diversification / accessibility – HR and WLS to follow up with Nathan Jarvis who is producing a communications strategy; we need to ensure we engage effectively with the diverse range of people, cultures and generations. Update 10/05/2022: To be addressed as part of the agenda item re the communications strategy. Action closed.	HR, WLS

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
15/03/2022	11.3	<p>Free venues across the county – the Co-Production Alliance of the No Homelessness in Norfolk project needs free venues to use across the county; if NSAB members are aware of any suitable venues, please let Lisa know:</p> <p>lisaOakley@norwich.gov.uk</p> <p>Update 10/05/2022: Lisa Oakley has now left. Further request and context to be shared in future if required. Action closed.</p>	ALL
15/03/2022	11.9	<p>Safeguarding those with multiple vulnerabilities – HR, WLS, AJC, HT and GW to meet with SH, Lisa Oakley and Andy Tomlinson for further discussion.</p> <p>Update 10/05/2022: Meeting took place and agreed focus should be on learning; if SAR criteria are met, then a case would be reviewed as a SAR. SH and Lisa Oakley's replacement will review what can be done where SAR criteria are not met and consider bringing a revised proposal to board – probably in early autumn. Action closed.</p>	HR, WLS