



**Norfolk Safeguarding Adults Board**  
**Minutes of meeting held on Tuesday 14 November 2023**  
**Virtual Meeting**

**PRESENT:**

Heather Roach, Independent Chair, Norfolk Safeguarding Adults Board (chair) (HR)  
Victoria Aspinall, Head of Safeguarding, NCH&C (VA)  
Chris Balmer, Detective Chief Superintendent, Norfolk Constabulary (CB)  
Paul Benton, Director for Quality and Care, N&W ICB (PB)  
Becky Booth, Deputy Board Manager, NSAB (BB)  
Kelly Boyce, Head of Safeguarding, James Paget University Hospital (KB)  
Saranna Burgess, Director for Nursing for CFYP, Patient Safety Specialist, NSFT (SB)  
Craig Chalmers, Director of Community Social Work, NCC (CC)  
James Kearns, Chief Executive, Build Charity (JK)  
Trevor Key, Co-Chair, Norfolk Autism Partnership Board (TK)  
Walter Lloyd-Smith, Board Manager, NSAB (WLS)  
Leon McLouglin-Smith, Head of Norfolk Probation Service, NPS (LMS)  
Claire Pratt, Associate Director for Wellbeing, UEA (CP)  
Mike Pursehouse, District Council Representative (MP)  
Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk (JS)  
Gary Woodward, Designated Lead Professional for Adult Safeguarding, N&W ICB (GW)  
Petra Alford, Executive Support Assistant, NSAB (minutes) (PA)

**GUESTS:**

David Harris, Project Manager, Norfolk Horizons, Norfolk Constabulary  
Paul Nicholls, Independent Author, SAR P  
Andy O'Connell, Senior Nurse – LeDeR, Quality in Care Team, N & W ICB  
Sue Smith, Independent Chair, Wigan Safeguarding Adults Board Business Unit  
Lisa Sutherland, Nurse Consultant for Wound Management & Tissue Viability, NNUH  
Paul Whitemoss, Service Manager, Wigan Safeguarding Adults Board Business Unit

Item	Minute	Action
<b>1</b>	<b>Welcome, apologies for absence and declarations of interest</b>	
1.1	HR welcomed everyone to the meeting and introductions were made.  HR welcomed Claire Pratt to her first meeting. Paul Whitemoss and Sue Smith were observing the Board meeting as part of the peer review.	
1.2	Thanks were given to Saranna Burgess for all the work she had undertaken chairing SARG, Saranna will be moving out of county in the New Year. Board were asked for a volunteer interim chair to cover SARG for a few months until it has been decided whether to source an external chair or remain within the Board group. Any volunteers to contact HR. SB added that she had really enjoyed the role and would be happy to discuss the role with any interested parties.	
1.3	The task and finish group, involving the local authority and health colleagues, who created a framework to provide practitioners and managers with guidance in relation to four specific areas of safeguarding, have been successful in their application for 'Mini Kintsugi' project funding from Norfolk Initiative for Coastal and Rural Health Equalities (NICHE) to undertake a pilot. HR and WLS will be meeting with Dr Jonathan Webster, Professor of Practice Development for NICHE, UEA, in the next couple of weeks to progress this. Thanks were given to everyone involved with this piece of work.	
1.4	Apologies were received from: Lisa Barraclough, Laura Bloomfield, Debbie Bartlett (Craig Chalmers attending as rep), Chris Butwright, Andy Collier, Carolyn Fowler (Victoria Aspinall attending as rep), Emyr Gough, Helen Thacker, Mark Kiddle-Morris, Ben Reed, Gavin Thompson	
1.5	There were no declarations of interest made.	
<b>2</b>	<b>Review of minutes &amp; matters arising from meeting on 11 July 2023</b>	
2.1	The minutes were reviewed and <u>AGREED</u> .	
2.2	HR provided an update on actions which are shown on the actions log at the end of these minutes.	
2.3	NSAB have nominated Becky Booth for a partnership champion award at the Annual SAB "We see you – We hear you" Excellence Awards. The awards are announced on 23 November 2023.  Thanks were given to Becky for all the hard work she undertakes on behalf of the Board.	

Item	Minute	Action
<b>3</b>	<b>Peer Review with Wigan - sign off / confirmation of NSAB self-assessment form</b>	
3.1	<p>The self-assessment form had been completed and circulated to Board in advance of the meeting. Thanks were given to those involved in completing the form. HR asked whether there were any comments from Board, no comments were given.</p> <p>Board <b>AGREED</b> to sign off this document and hand it over to Wigan.</p>	
<b>4</b>	<b>LeDeR Annual Report 2023-24 / Position for Norfolk &amp; what are emerging safeguarding themes</b>	
4.1	<p>Andy O'Connell was introduced and presented to the group, the presentation slides will be circulated with the meeting minutes for information.</p> <p><a href="https://improvinglivesnw.org.uk/our-work/healthier-communities/mental-health/learning-disabilities-and-autism/">https://improvinglivesnw.org.uk/our-work/healthier-communities/mental-health/learning-disabilities-and-autism/</a></p>	
4.2	SB highlighted that she had thought LeDeR had more power than they did and queried whether it should be lobbied for them to be statutory and have more power rather than cases being sent to SARG and reviewed again.	
4.3	SB noted that SARG were seeing the same issues again and again in the LeDeR reviews which came to them and queried where the accountability was. There had been cases at SARG with professional conduct issues which SARG were not able to address and had to raise through the agency concerned.	
4.4	PB agreed with this and thanked Andy for his work on this report. He noted that a long term strategy for providers was urgently required so the same issues were not being seen again.	
4.5	WLS highlighted that the system needed to think carefully about avoiding duplication and queried whether there was an opportunity to further develop the ICB Evidencing the Impact meeting or within the ICS development on how learning was implemented.	
4.6	CC noted this highlighted that a range of highly complex people were being 'accommodated' in often non specialised residential care, cared for by some of the poorest trained and paid staff. Which was, at its heart, a fundamental problem of picking up health and lifestyle issues and associated access to medical intervention.	
4.6	Andy shared that an organigram had been created to show how learning is shared so there are clear lines of communication.	
4.7	TK will link in with Andy to discuss how the Autism Partnership Board can help LeDeR.	

<b>Item</b>	<b>Minute</b>	<b>Action</b>
4.8	GW will meet with Andy to share information on the ICB Evidencing the Impact meetings.	
4.9	HR thanked Andy for his presentation and noted that there were shared themes such as mental capacity which the Board could link with LeDeR on. HR noted that clarity was required on where reviews sit, which the Board will consider further.	<b>HR</b>
<b>5</b>	<b>Safeguarding issues related to pressure sores / wound care</b>	
5.1	Lisa Sutherland was introduced and presented to the group, the presentation slides will be circulated with the meeting minutes for information.	
5.2	GW would be keen to support in any way from a health perspective and queried whether EEAST were involved due to the issues with long stays in ambulances and the potential impact of this on pressure care.	
5.3	Lisa confirmed that the QEH and NNUH have trolley specific overlays, when patients arrive and are triaged, if deemed necessary, they have one of these put underneath them if they will have a wait on the ambulance trolley. This isn't yet in place at the point of initial contact though.	
5.4	It was shared that on occasion due to bed availability patients are treated in "out laying beds" and queried whether this caused any issues. Lisa confirmed that this was not seen as an issue in regard to pressure ulcers at present and noted that staff were applying the principles well regardless of the ward they were on.	
5.5	GW noted that there had been concern regarding the withdrawal of the guidance document with no further information on the reason for this therefore it was helpful to know that there would be something coming out soon.	
5.6	<p>PB raised that it would be helpful to have some data regarding community pressure ulcers and how many of these were due to a missed opportunity, which may be a symptom of system pressures.</p> <p>Lisa shared that when a patient is under the care of the community nurses not much was missed. The challenge was more for those who weren't under the community nurses and the professionals they see not asking the key questions or undertaking skin checks.</p>	
5.7	HR invited Lisa to return in 12months with an update on this.	<b>HR</b>
	<b>BREAK</b>	
<b>6</b>	<b>Data Priorities</b>	
6.1	Becky Booth presented an update to the group following the data presented in July, slides attached.	

Item	Minute	Action
	Becky shared that the assistance from I&A was greatly improving the data the Quality and Assurance subgroup could access.	
6.2	To view the interactive dashboard – click on: <a href="#">Safeguarding Adults, England, 2022-23 - NHS Digital</a> – then click on the link under ‘Adult Social Care Data Hub - Safeguarding Adults dashboard’ – then click on the green button to ‘view the interactive dashboard’	
6.3	KB highlighted that self-neglect had been covered previously with some good guidance produced following this. BB clarified that the focus of this would be on why cases weren’t progressing through to s42 and what was being done in these cases. KB queried why the guidance wasn’t being used by the LA when concerns were referred.	
6.4	HR highlighted that Board needed assurance that agencies were putting in an appropriate response.	
6.5	CB noted that the gap between Norfolk’s referral rate and the peer group was wide whereas the gap between Norfolk’s s42’s and the peer group was much closer. CB queried whether it was a good thing that there wasn’t an excess of referrals that don’t lead to s42’s or whether there were concerns that there was an excessively high threshold to refer in Norfolk.	
6.6	BB shared that there had been deeper dives into other areas such as ambulance referrals which didn’t go through to s42 and therefore what different organisations see as self-neglect.	
6.7	WLS reminded the group that the Board were still actively involved in the research study by Dr David Orr on improving collaborative interagency engagement.	
6.8	HR and BB to consider looking at this overarching question on data first before looking at the self-neglect issue as the Board doesn’t have assurance on this.	HR/BB
<b>7</b>	<b>SARG Update</b>	
7.1	SB presented an update, the presentation slides will be circulated with the meeting minutes for information.	
<b>8</b>	<b>SAR P Report</b>	
8.1	Paul Nicholls, independent author, presented to the group, the presentation slides will be circulated with the meeting minutes for information. Board had been sent a copy of the SAR P report with the meeting papers.  Paul commended the recommendations to the Board.	

Item	Minute	Action
8.2	PB clarified that the ambulance system do not undertake welfare checks.	
8.3	<p>It was queried whether any actions from the recommendations had already been undertaken. WLS confirmed that for recommendation 3, Careline 365 had already started this piece of work. Evidence had been shared that changes had been made to the way they work as a provider. The Head of Service for Assistive Technology, who was part of the panel, was also assured that these changes had been made and they were already seeing the benefit of this across the County.</p> <p>The work around housing providers and the district councils had also started.</p>	
8.4	JK asked for clarification on the “was not brought” policy. JK queried the information provided to Careline and whether there was anything within the system that highlighted whether that person was vulnerable and lacked a support system. Paul shared that this was one of the learning points from the review and was an area where individuals could be supported more to fill in the information more appropriately.	
8.5	WLS shared that for recommendation 2, work on a county wide protocol for all community alarm providers was actively being progressed by Chris Metcalf from NCC.	
8.6	GW explained that a “was not brought” template had been rolled out to the GP practices within the region for use but this was not mandatory.	
8.7	HR highlighted that this was a key point for development on the action plan following the recommendations.	
8.8	CB asked whether the wording for recommendation 4 could be tightened to improve measurability and suggested: "Housing providers and district councils to review the approach, which ensures a more effective handover of background and safety information, particularly for high-risk clients when they move between providers. Success to be measured through either introduction of an updated policy or confirmation through dip-sample audit that current process, if followed, is fit for purpose."	
8.9	SB added that all health providers have to have a “was not brought” policy as this was mandatory. For NSFT this had initially been brought in around children and then expanded to include vulnerable adults and those at risk of coercion.	
8.10	Board <b>AGREED</b> to the report content and recommendations.	

Item	Minute	Action
8.11	An action plan will be created in the next 4 weeks. It was suggested that publication may be better in the New Year so it does not become lost in the holiday period.	
<b>9</b>	<b>Business Group Update</b>	
9.1	WLS presented an update, the presentation slides will be circulated with the meeting minutes for information.	
<b>10</b>	<b>Key safeguarding messages from meeting</b>	
10.1	<ul style="list-style-type: none"> <li>• Positive aspects of links between LeDeR and safeguarding – understanding key themes and similarities, were we can work together</li> <li>• Pressure ulcer group – really assured that there is a significant amount of work being taken on preventing, reducing and safeguarding in this area</li> <li>• Better data analysis – good to be discussing</li> <li>• SAR P – raises some issues that we have not looked at before such as cuckooing and “was not brought”</li> </ul>	
<b>11</b>	<b>Any other business including safeguarding impact on any organisational change or reduction of services (SAR Mr AA/rec 13.5)</b>	
11.1	David Harris, Project Manager for Right Care Right Person (RCRP), joined the group to update on the implementation of RCRP. The presentation slides will be circulated with the meeting minutes for information.	
11.2	TK asked what training had been provided around communication, autism awareness and supporting people with autism. David to look into this further and feedback.	
11.3	HR asked for David to give a further update in the New Year on progression and any challenges.	<b>HR</b>
11.4	<p>JS shared that it was good to hear that there was much work in progress and raised that it would be helpful to understand exactly what measures were being put in place to ensure people do not fall into gaps and how the patients voice was being brought into the design of new/amended services.</p> <p>David confirmed that they have evidence by experience representatives at every meeting and working group.</p>	
	<b>Date of next meeting:</b> 16 January 2024 at 9.30am – virtual	

<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
14/11/2023	4.9	LeDeR Annual Report 2023-24 - clarity required on where reviews sit, Board to consider further.	<b>HR</b>
14/11/2023	5.7	Safeguarding issues related to pressure sores / wound care - Lisa Sutherland to be invited to Board in 12months to update.	<b>HR</b>
14/11/2023	6.8	Data priorities - HR and BB to consider looking at the overarching question on data first before looking at the self-neglect issue as the Board doesn't have assurance on this.	<b>HR</b>
14/11/2023	8.11	SAR P - action plan to be created in the next 4 weeks.	<b>WLS/PN</b>
14/11/2023	11.3	Right Care Right Person - David Harris to be invited back to Board in the New Year to give a further update on progression and any challenges.	<b>HR</b>
16/05/2023	6.11	HT to present an update on the safeguarding review in 9 months. Update 11/07/2023: carry forward to March. <b>Update 14/11/2023:</b> carry forward to March.	<b>HT</b>
16/05/2023	7.14	AM to update Board on the Welsh single unified review system in November. Update 11/07/2023: carry forward to November. <b>Update 14/11/2023:</b> The last meeting was stood down to await the outcome of the resource & capacity issues of a Single Unified Review System (SURS) in January 2024. CB raised the link to the request for an interim SARG chair.	<b>AM</b>
15/11/2022	9.1	SARs update – Decisions required on the composite action plan (CAP) to be carried over to the January meeting. Update 10/01/23: 15.1, 2 and 3 – SAR F&G. SARG are assured that all agencies are working very hard to lower the number of out of area admissions. HR queried how out of area providers were monitored. SB confirmed that, from a Health perspective, this is covered in the regional quality surveillance meeting. Action: SB to ask the LA how they monitor this and report back to Board.	<b>SB</b>

Open actions			
Date of meeting	Item	Action	Responsible
		<p>Update 14/03/2023: HT had provided some narrative on social care, a response is awaited from the Quality Assurance team.</p> <p>Update 16/05/2023: Following the meeting Tim Weller confirmed that IQS has no remit for care services outside of Norfolk (with the exception of the Quality Improvement Nurses and himself who have ICB responsibilities for care settings in Waveney).</p> <p>Update 16/05/2023: Board agreed for this to be covered at the 4 July progress summit rather than July Board meeting.</p> <p>Update 11/07/2023: Position statement to be requested from ICB. Safe and wellbeing reviews were a one off following the Cawston Park SAR, in the new CTR policy there are scrutiny powers every quarter. AH to bring update to next meeting.</p> <p>Oversight is the annual review of the person and the provider would be the responsibility of the area. HT to ask how many out of county placements there are. HR/HT to meet to discuss.</p> <p><b>Update 14/11/2023:</b> update from AH circulated with meeting papers. Data on the number of people placed out of county still to be received. HR to follow up with CC.</p>	<p>HT</p> <p>TC/CC</p> <p>AH</p> <p>HR/HT</p> <p>HR</p>

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
11/07/2023	9.7	<p>HR will follow up on who will take forward the recommendations from the Scrutiny Report.</p> <p><b>Update 14/11/2023:</b> HR has discussed with NSCP. A letter has been prepared to go out to strategic leads, MASH oversight group and both partnership reps. One of the recommendations asks for all partner agencies to do their own small dip sample of concerns. LMS noted that at times they have issues regarding consent when raising concerns due to them dealing with the probationer and not the family. HR asked for this to be fed back as part of this request. Close action.</p>	HR

<b>Actions closed during this meeting</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
11/07/2023	2.9	NSFT would like to be part of the work that the ICB are undertaking on delayed discharge. AH to follow up on where NSFT would fit within this piece of work. <b>Update 14/11/2023:</b> PB confirmed a nominated lead has not yet been assigned to this due to the ICB consultation but NSFT will be included in this. WLS highlighted the number of SAR referrals with discharge as a feature, PB to update when a nominated lead is made. Close action.	<b>AH</b>
11/07/2023	4.6	Board members were asked to return any comments on the draft annual report by the end of Monday 17 July 2023. <b>Update 14/11/2023:</b> Completed, close action	<b>ALL</b>
11/07/2023	8.15	Board members were asked to flag the lack of resource for data analysis with their executive leads. HR to then follow up. <b>Update 14/11/2023:</b> on agenda. Following discussion in July NCC I&A team are now supporting the Quality and Assurance sub-group. Thanks to Debbie Bartlett for this resource. Close action.	<b>ALL</b>
11/07/2023	9.3	HR/BB to follow up on whether there have been discussions regarding the thresholds guidance and the continuation of needs work. <b>Update 14/11/2023:</b> LSCP have just published their continuation of needs document which replaces the threshold guidance. Close action.	<b>HR/BB</b>
16/05/2023	7.7	WLS to contact SABs within the Eastern region regarding SAR referral numbers. Update 11/07/2023: data has been collated and will be shared. <b>Update 14/11/2023:</b> completed and circulated. Close action.	<b>WLS</b>
16/05/2023	11.1	7MB on fire risk emollient - risk for LD and autism. HR/WLS/TW to discuss. Update 11/07/2023: meeting on 27/07/23. <b>Update 14/11/2023:</b> at a meeting with fire colleagues it was agreed that a task and finish group would be put together to look at this piece of work. Contact has also been made with Norfolk Pharmacy Committee which has been very positive. GW had approached the acutes for data on the number of burns attendances related to emollient creams but this data is not currently available. Close action as task and finish group will feed into Business Group.	<b>HR/WLS/TW</b>

