



Norfolk Safeguarding Adults Board
Minutes of meeting held on Tuesday 10 September 2024

PRESENT:

Heather Roach, Independent Chair, NSAB (chair) (HR)
Chris Balmer, Head of Safeguarding and Investigations, Norfolk Constabulary (CBa)
Lisa Barraclough, Advanced Customer Support Senior Leader, DWP (LB)
Kelly Boyce, Head of Safeguarding, JPUH (KB)
Chris Butwright, Assistant Director Public Health Prevention & Policy, NCC (CBu)
Jane Christmas, Director of Nursing, Patient Safety and Safeguarding, NSFT (JC)
Carolyn Fowler, Director of Nursing and Quality, NCH&C (CF)
Kim Goodby, Director for Complex Health, Safeguarding and Professional Standards, NNUH (KG)
Emyr Gough, Area Manager / Head of Prevention and Protection, NFRS (EG)
Rebecca Hulme, Director - Children, Young People and Maternity, N&W ICB (RH)
James Kearns, Chief Executive, Build Charity (JK)
Trevor Key, Co-Chair, Norfolk Autism Partnership Board (TK)
Mark Joyce, Safeguarding and Investigations Command, Norfolk Constabulary (MJ)
Walter Lloyd-Smith, Board Manager, NSAB (WLS)
Pauline Parke-Chatten, Acting Head of Norfolk Probation Delivery Unit (PP)
Michael Millage, Director, NorCA (MM)
Amanda Murr, Assistant Director Policy & Partnerships, OPCCN (AM)
Mike Pursehouse, District Council Representative (MP)
Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk (JS)
Andrea Smith, Board Co-ordinator, NSAB (AS)
Helen Thacker, Head of Service – Safeguarding, NCC (HT)
Petra Alford, Board Co-ordinator, NSAB (minutes) (PA)

GUESTS:

Kate Brolly, Deputy Designated Professional Safeguarding Adults/Clinical MCA Lead, N&W ICB (KBr)
Stacy Felgate, Deputy Director, St Martins

Item	Minute	Action
1	Welcome, apologies for absence and declarations of interest	
1.1	<p>HR welcomed everyone to the meeting and introductions were made.</p> <p>Thanks were recorded to Debbie Bartlett for all the support she had given the Board and her commitment to safeguarding. NSAB wish her well in her retirement at the end of October.</p> <p>Board were reminded that the deadline for sign off of the updated ISA has passed. Members were asked to return this in the next 10 days if they hadn't already done so.</p>	ALL
1.2	<p>Apologies were received from Paul Benton, Laura Bloomfield, Becky Booth, Mark Kiddle Morris, Paul Morris, Claire Pratt and Gary Woodward.</p> <p>Emyr Gough advised that he will have to leave the meeting early to attend another meeting after which he will return.</p>	
1.3	There were no declarations of interest made.	
2	Review of minutes & matters arising from previous meeting	
2.1	The minutes from 9 July 2024 were not reviewed, amendments to be sent to PA.	
2.2	HR provided an update on actions which are shown on the actions log at the end of these minutes.	
3	Business Group Update	
3.1	WLS presented an update, presentation slides will be circulated with the meeting minutes for information.	
3.2	Walter reminded the group of the topics for Safeguarding Adults Week and asked for boards assistance to promote the planned activities.	
3.3	AM highlighted that the PCC Sarah Taylor's consultation is joint with the CSP - Police and Crime Plan 2025/29 Consultation Norfolk PCC (norfolk-pcc.gov.uk) .	
3.4	<p>AM shared that there will be a webinar on the CSP DHR Helen on 19 September from 11am to 4pm - https://events.teams.microsoft.com/event/1d3ab1f7-97d9-4e5c-85c5-8f99c21f5c59@63c6bc72-b093-42db-bf8a-14e2a998e211</p> <p>This event will be made available to download for professionals. The DHR will be used by the police college for learning.</p>	
3.5	HR asked that future Business Group updates are given under the 3 pillars and linked to the priority.	WLS/MJ

Item	Minute	Action
4	Risk and Issues Register	
4.1	HR presented an update, presentation slides will be circulated with the meeting minutes for information. Business group have reviewed the risks and issues and agreed with the current scoring.	
4.2	There are currently 2 risks and 3 issues. If board members wish to add something to the risk register there is a process for this – NSAB risk assessment and quality assurance Norfolk Safeguarding Adults Board	
4.3	Risk 3: The MASH task and finish group meeting set for 2/10/24 will be cancelled as the agenda for the NSCP Leadership Exchange and Learning Event regarding MASH on 4/10/24 meeting covers all necessary agenda items. It will therefore be rearranged following this meeting to move actions forward.	
4.4	Risk 5: WLS highlighted that there will be a cluster of work over the next 6 – 9 months which will have an impact due to their being a number of SARs being published this year. The SAR L, M & N action plan will be looked at in the November Board meeting.	
4.5	Issue 1: Quality of care There is a lot of work going on in this area but there are concerns about the join up across the ICS when there are issues arising. HR will be meeting with Paul Benton to discuss this further.	
4.6	CF agreed that this area can be disjointed and there was also some duplication.	
4.7	CB noted there was also an issue with weariness around this area as it had been an issue for some time in Norfolk. The system has become used to working in an environment where there are so many inadequate/requires improvement care homes.	
4.8	RH agreed that early monitoring was so important as linking cumulative concerns enables support to be put in place before it becomes a crisis.	
4.9	KBr highlighted that the research undertaken by Vikki Bunting was very helpful in this area.	
4.10	A roundtable event is being held on 6/12/24 to look at LD residential services within the County and the challenge of who picks up issues and leads on them when issues are highlighted. Margaret Flynn will be facilitating this event. Board members have all been sent an invite for this in person event.	

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4.11	Issue 2: System pressures WLS to create a guidance note for frontline practitioners on care and support needs criteria.	WLS
4.12	JK queried whether feedback on safeguarding concerns should be on the risk register as Business Group have raised this as an ongoing issue. HR suggested developing a challenge log for these types of issues. Once identified on the log Board can look at what they are going to do with it. JK highlighted that feedback was like an iceberg and we were only seeing the tip. Colleagues had shared concerns with him regarding the amount of frustration that is felt with comments such as “what’s the point of making a referral when there’s no feedback received” which creates a risk. HR confirmed that if this were a multi-agency issue it would go on the risk register otherwise it will be added to the challenge log.	HR
5	Transitional Safeguarding Joint Scrutiny Report	
5.1	HR presented an update, presentation slides will be circulated with the meeting minutes for information. The report and recommendations have been agreed by the Children’s Board leads.	
5.2	HR recommended the book “Transitional Safeguarding” by Christine Cocker, Dez Holmes and Adi Cooper.	
5.3	A leadership exchange and learning event on transitional safeguarding is being held on 12/02/25.	
5.4	Finding 3, recommendation 5 HR highlighted that due to funding issues this could not be agreed. CB noted that it was right to use the MASH review to look at this further to see whether a dedicated post was required as it may be that policy and training will cover this.	
5.5	Finding 3, recommendation 6 HR agreed that a resource was required but highlighted that a briefing sheet would quickly become out of date. It was queried whether a one stop shop for transitional safeguarding would be more appropriate. KG queried whether Just One Number and FYI could be used for this.	
5.6	HR shared that she was passionate about this age group acknowledging that it was a difficult and challenging time for the person and also for professionals therefore it was important to recognise the gaps which hopefully the recommendations will go some way to filling.	
5.7	AM shared that they had also recognised that work in the area of transitional safeguarding was required. Therefore it was agreed to allocate £35,000 of Serious Violence Duty funding to Future Projects to provide a dedicated pilot Transitional 1-2-1 Advocate (“Life Connector”) Support for children and young people identified as high risk and high harm	

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	<p>from serious violence, including those at risk of Child Criminal Exploitation and Child Sexual Exploitation, aged 17.5 - 25yrs, transitioning to adulthood.</p> <p>This service aims to reduce serious violence by promoting protective factors and reducing risk factors that are known to be associated with or drivers of serious violence. The Life Connector Support and will be piloted from the 1 April 2024 until 31 March 2025.</p> <p>Risk factors being addressed are:</p> <ul style="list-style-type: none"> • Drug and alcohol use • Accommodation issues and homelessness • Benefit entitlements and financial resilience • NEET • Mental Health and Wellbeing <p>The service has had some really positive impact with individuals being identified by predominately Children's Services working with the Police. AM shared some case studies with members.</p>	
5.8	RH queried whether an economic evaluation was being undertaken, noting that future savings from this work would be considerable. AM confirmed that they aim to have social return and investment as much as possible.	
5.9	MJ highlighted the link with the Vulnerable Adolescents Group who were looking at how to build upon this work.	
5.10	RH shared that the ICB have just appointed a transitional safeguarding professional. Whilst recognising the 16 - 25 age group they are also looking at other vulnerabilities such as people who have been in long term LD provision moving back into the community and other points of change for people.	
5.11	LB noted that the DWP were also looking at this area as they were seeing a large amount of people who were disengaged with the service so were looking at how they can pull them back in and reengage.	
5.12	CBu highlighted those who are quiet in the system, those who are missing education, out of training / not employed, who may have a number of issues but are not known to children's / adults services. HR agreed that going forward this would be a good challenge for the subgroup to look at.	
5.13	CBa shared that a priority this year was children missing education. He noted the challenge that will come for agencies once this cohort is identified if they are siloed. It may be known that they will struggle with transitions but they may have mild issues which don't reach the threshold for formal services. Therefore how do you find the right agency to support that person as the police are not the right agency.	

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5.14	MP shared that for Norfolk this group are less likely to be in employment. He noted that you could look at the cohort from a number of directions but it would potentially be helpful to look in terms of where the long term ambition is for that person to be in long term employment to enable them to have a stable life going forward. He noted that those children who skip out of education at around 16/17 are largely unknown so may be a good cohort.	
5.15	KBr queried how the cohort would be targeted acknowledging that literacy rates were known to be poor and in terms of social media - what do they access as its unlikely to be the platforms that other generations use. Consideration would need to be given to what they want or need to access services.	
5.16	TK highlighted that for people with autism any transition was extremely difficult.	
5.17	CBu noted that there is a lot of good preventative work taking place so how do we make people aware of this. This cohort could potentially be more vulnerable to scamming/exploitation so how do we make more professionals aware of this cohort of people.	
5.18	MJ offered some reassurance regarding hidden voices noting that every child within Norfolk who is identified as at risk of exploitation will receive screening and support.	
5.19	MM noted that there was a lot that could be done that isn't. He works with people day in day out who are seeing people with trauma, people on the spectrum, people not taking medication or who have missed education. Many struggle with their own life and struggle to maintain relationships and work so they end up in the criminal justice system. He noted that this was a big piece of work but that it was exciting to do something in this space.	
5.20	Partners agreed the recommendations, subject to recommendation 5 being deferred to the MASH review sub-group. HR will take forward the recommendations via the subgroup.	HR
6	Homelessness and Safeguarding	
6.1	HR shared the DLUCH recommendations from the ministerial letter. Stacy Felgate presented to the group, presentation slides will be circulated with the meeting minutes for information.	
6.2	Stacy shared that St Martins were seeing a significant increase in the level of needs. The organisation is heavily involved with the LA to provide outreach services and street count.	

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	A MEAM (making every adult matter) role was created to assess and evaluate ongoing concerns about the unmet needs of individuals with complex and multiple system barriers.	
6.3	See attached for further information on the MEAM role, MEAM assessment and case studies.	
6.4	<p>Stacey asked for the boards support in two areas:</p> <ul style="list-style-type: none"> • Returning the focus to the individual with less focus and back and forth on budgets and who pays for what. • To be part of a panel to discuss high level cases. This panel needs people with the authority to make system changes and influence system change. 	
6.5	TK queried the demographics Stacy had shared and asked whether autism could be added to these statistics as it has been reported that in the UK up to 19% of homeless people are autistic. Stacy shared that they had seen a slight increase in the numbers of people with autism in some of their services. St Martins would like to signpost and find more appropriate housing for this group and have started rolling out neurodiversity training for teams who are seeing more people with a diagnosis or who need a diagnosis.	
6.6	<p>JS shared that Healthwatch undertook a piece of work regarding the change in provision from Cityreach to VAS, gathering responses a year later from people who used the services. This had been some time ago but had been positive at the time. JS queried whether St Martins had noticed any change.</p> <p>Stacy confirmed that this was not seen as an issue. They work very closely with VAS and a high percentage of those they support access VAS. They have also seen more support workers from VAS working alongside the priority target group to support them with health/medical services.</p>	
6.7	Stacy shared that they also fund a post for a health navigator to support people within their services navigate health services as it had become increasingly difficult for the people they support to gain access to the services they require. There were a lot of system barriers and a lot of hurdles to jump over for people who can't meet the expectations of these services.	
6.8	KBr raised with regard to mental capacity it was a difficult message to get across that this was not a lifestyle choice to live on the street, just because someone has capacity doesn't mean that they shouldn't still be supported. KBr queried whether those who had died in a St Martins service should be referred to SARG.	

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6.9	<p>KG noted that it was important to acknowledge that when all other services have said they can't work with this group of people it generally falls to the acutes and police to become involved.</p>	
6.10	<p>KBo raised that St Martins don't have anywhere to escalate to when they are hitting these barriers therefore it was important to have a person on the board who could provide a voice for these non-statutory partners.</p>	
6.11	<p>MP shared that he had a huge amount of respect for St Martins and the work they do. There are people with incredibly complex needs due to trauma in childhood which has escalated throughout adulthood so how can St Martins be supported with not just the people on tier 2 and 3 but also tier 1 who are so complex.</p> <p>MP noted that 4 yrs ago they had an average of 25 on their temporary accommodation needs list, they now have 43. The current system is based on budget control and management, accommodation isn't necessarily the issue its more about the services that are needed to wrap around those people. How can the system support that group of c.50 individuals.</p>	
6.12	<p>HR shared that she would be attending the Housing Strategic Board meeting and will ask how much homelessness features on what is being referred into safeguarding. HR is also presenting at the Norfolk Homelessness Solutions Forum in November.</p>	
6.13	<p>CC shared that NCC commissioners attend the meetings Stacy mentioned so there wasn't a lack of understanding on this as commissioners were constantly raising this with him but the complexity defeats all. Everyone is doing their utmost but it can also become easy to say "we are doing our bit" when actually they are just applying a temporary patch and passing the person to another agency. CC noted that it was about getting the right people in the right space to look at this minority. He noted that Norwich had bucked the trend and is one of only 3 areas that had managed to reduce numbers but the focus remained on the majority not the minority and the amount of money that was costing was high.</p> <p>CC noted that the LA utilise No Homelessness in Norfolk for meetings.</p>	
6.14	<p>CBa highlighted that taking national recommendations locally was complex and that people were already aware of the target priority group. His worry was how much NSAB could drive this forward.</p>	
6.15	<p>HR queried whether it would be helpful to have Lesley Burdett join board rather than ask someone already on the board to take this on. HR to discuss further with Lesley to gain a better understanding of the landscape.</p>	<p>HR</p>

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6.16	HR highlighted that NSAB don't reference homelessness in their annual report or strategic plan. They had previously discussed with Public Health reviews of deaths which don't meet the SAR criteria – how are these captured, what is the learning and how is this disseminated. SARG to be asked to follow up on this.	HR/GW
6.17	It was agreed that it would be helpful to ask the MEAM coordinator to present feedback to board on a future agenda. Thanks were given to Stacy for her presentation.	
7	BREAK	
8	Probation Reset and SDS40 Changes	
8.1	PP presented to the group, presentation slides will be circulated with the meeting minutes for information.	
8.2	Norfolk has 11 releases in the first tranche. PP raised the issue of how to improve the level of information that probation are given for the pre-release work to be undertaken, acknowledging that the prison setting can mask some issues.	
8.3	CBa queried with regard to the MAPPA cases whether the work reduction under the probation reset was sufficient to give enough resource for SDS40. PP noted it was too early to say, for some officers who have med/low risk cases they have seen an impact, but practitioners who manage high level cases are not seeing an impact.	
8.4	PP highlighted that this would be learning process for probation, in the next tranche there are 7 releases in Norfolk but this is on top of other people coming out earlier as well as business as usual work.	
9	SARG Update	
9.1	KB presented the SARG update on behalf of Gary Woodward, presentation slides will be circulated with the meeting minutes for information.	
10	Key safeguarding messages from meeting	
	<ul style="list-style-type: none"> • Transitional safeguarding – NSAB members are enthusiastic about accepting the recommendations from the TS scrutiny and saw significant benefit in enhancing the support services can offer to this cohort of people to keep them safe • Homeless and safeguarding – links between homelessness and safeguarding clearly understood and commitment to adopt the recommendations from the Ministerial letter • Risks and issues – NSAB clearly sighted on risks and issues that affect all partners ability to carry out safeguarding effectively 	

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11	Any other business	
11.1	SARG policy The revised SARG policy was shared with board by email with no comments received back. Board formally AGREED to sign off the SARG policy which will now be published on the website.	
12	Date of next meeting: 12 November 2024 at 9.30am - virtual	

FINAL DRAFT

Open actions			
Date of meeting	Item	Action	Responsible
12/03/2024	5	<p>DoLS update: Alison to follow up with Donna Hewitt on restrictions on health staff undertaking BIAs. Alison to query with Mark Payne whether s12 capacity is on the ICB risk register</p> <p>Update 09/07/2024: Confirmed that s12 capacity is on ICB risk register. Norfolk and Suffolk County Council are going to be asked to attend the System Quality Group to present a DoLS update. Therefore as this is covered on the ICB risk register it will be removed from the board risk register. Action: ICB to bring an update paper to the board, on the impact and mitigation across the system.</p> <p>Update 10/09/2024: KBr shared that the issues regarding BIA's in acutes would be raised at the SQG meeting at the end of September. KG had highlighted that when acutes apply for DoLS they do not receive any feedback, they have between 50-80 people under DoLS at NNUH who have not had formal assessments. CF noted this was also an issue for NCH&C. It was acknowledged that the extra BIA's who were trained are only able to undertake assessments in their own setting as NCC have stated that they would only be signed off as BIA's if they joined the DoLS rota which they cannot be released for. It was highlighted that the new CQC portal has higher governance when uploading DoLS which asks for the application acknowledgement which is not being received. Action: HR to revisit this with the relevant people.</p>	HR
12/03/2024	5.8	<p>HR to draft proposal for board funding of MCA work to upskill practitioners</p> <p>Update 09/07/2024: No update as yet however WLS is working with a number of colleagues on job description for an MCA practitioner. To be added to September agenda.</p> <p>Update 10/09/2024: HR is meeting with TD at end of September to discuss the funding for this post.</p>	HR/WLS
14/11/2023	5.7	<p>Safeguarding issues related to pressure sores / wound care - Lisa Sutherland to be invited to Board in 12months to update.</p> <p>Update 16/01/2024: Carry forward</p>	

Open actions			
Date of meeting	Item	Action	Responsible
		<p>Update 12/03/2024: GW/HT had discussed the LA's review of s42 consideration around pressure area damage, which often occur in care homes and domiciliary settings, and how best to support non health professionals determine whether it's substantiated neglect or something of that nature. Guidance has now been released but there are issues regarding resourcing and capacity to undertake this work. HT has checked with regional colleagues who have similar issues, they want to follow the guidance but this is challenging without extra resource in Health. If funding is received from the ICB for a Health representative to sit within the LA front door this would help considerable. CF noted that this was an important area and therefore she will take this back to her colleagues and look to bring something back to Board. GW shared that he had received an email from the Deputy Director of Nursing at the Suffolk ICB who was proposing a review of their local protocol on pressure ulcers, mapped against the revised PU and safeguarding guidance, they will be doing this alongside the Suffolk Safeguarding Board, so this may be an opportunity to consider some joint work. GW to keep board updated on this.</p> <p>Update 09/07/2024: ICB are working with NCC safeguarding team on this to support care homes and domiciliary care providers around whether this is deliberate neglect or not. Lisa presented at the last System Quality Group meeting and it was felt as a system more could be done. There had been a 'Stop the pressure' campaign a few years ago and the ICB are committed to reinvigorating the work around pressure ulcers. Lisa is being invited back in November to give an update on the work being undertaken. Action: schedule an update for November board.</p>	
14/11/2023	6.8	<p>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.</p> <p>Update 16/01/2024: HR had a discussion with Chris Balmer and this was also raised with the Quality & Assurance Group. BB has met with the insight and analytics team who are going to look at numbers for the top 10 types of abuse and how many of these then turn into safeguarding enquiries. This will then be brought back to the</p>	

Open actions			
Date of meeting	Item	Action	Responsible
		<p>Q&A group for further discussion to identify a key focus which will then be brought back to board.</p> <p>Update 12/03/2024: Carry forward to the next board meeting in May.</p> <p>Update 09/07/2024: executive group to agree the wording of the recommendation from the Q&A subgroup.</p> <p>Update 10/09/2024: Awaiting response from Anthony Deery, NSFT on planned area of focus.</p>	HR
14/11/2023	11.3	<p>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.</p> <p>Update 16/01/2024: Carry forward, potentially to be covered in March.</p> <p>Update 12/03/2024: This has currently been paused. HR shared that she has been invited to sit on the Home Office Oversight Panel for RCRP which is an opportunity to look at any themes, trends and learning which can be fed back into Norfolk.</p> <p>Update 09/07/2024: On agenda to discuss at the Executive board next week. CB confirmed it has been up and running since 30 May, from a Police perspective going okay and partners meetings have been stepped down to weekly. KG agreed it was going really well, there had been some issues highlighted from the acutes which have been worked through, communication has been very good. Action: CB to ask Nick Davison what data can be shared. Update to be given at the end of the year.</p> <p>Update 10/09/2024: Cba shared that Mr Davison attended the touchpoint meeting yesterday, from a Policing perspective it has gone okay and they have seen the benefits they thought they would with no major concerns raised. Dave Harris to be asked to give an update in January.</p>	HR
16/05/2023	6.11	<p>HT to present an update on the safeguarding review in 9 months.</p> <p>Update 11/07/2023: carry forward to March.</p> <p>Update 14/11/2023: carry forward to March.</p> <p>Update 16/01/2024: carry forward to March</p>	

Open actions			
Date of meeting	Item	Action	Responsible
		<p>Update 12/03/2024: HT to query whether length of wait can be added to the dashboard. HT to return in 6 months to give an update on the holding lists, which will remain on the board risk register.</p> <p>Each member of the board to consider how the human factors relating to safeguarding could be built into their work as preventative safeguarding actions.</p> <p>Update 09/07/2024: HT shared that they are able to now look at the data for medium and maximum length of wait, which has come down significantly in the last year.</p> <p>Action: HT to update board on data in November.</p>	HT
09/07/2024	4.9	<p>Agenda item to be added: Overview of local arrangements including place boards – what they look like, where they sit and how safeguarding is represented.</p> <p>Update 10/09/2024: HR has met with MP and RH feedback to be given November meeting.</p>	HR
09/07/2024	8.2	<p>MASH scrutiny - HT to follow up with SCCE on whether holding list numbers will be published.</p> <p>Update 10/09/2024: HT had queried this with CC and Mark Lewis, who are looking into how best to gather this data. HR asked for an update to be given on what the numbers are, when they will be published and whether people will be able to access this information.</p>	HT
09/07/2024	9.2	<p>Agenda item to be added: Ministerial Letter – to be added to the agenda for September board to give an overview of what work is being undertaken.</p> <p>Recommendation 4 to be picked up by SARG. Public Health to be included in the conversation.</p> <p>Update 10/09/2024: Carry forward.</p>	HR GW

Closed actions			
Date of meeting	Item	Action	Responsible
16/01/2024	6.5	<p>HR/WLS to liaise with LMS on the gap in the provision and support for general releases from prisons and the link to SAR X.</p> <p>Update 12/03/2024: To be carried forward until completion of the SAR X report. HR shared that HR/WLS have quarterly meetings with prison reps. HR chairs the National SAB subgroup on criminal justice who are undertaking a survey on prison issues which she will share once completed. GW highlighted the “Reconnect” programme which helps those in prisons reconnect with Health services. LB raised an interest in this area due to the connection with DWP.</p> <p>Update 09/07/2024: Acknowledgement of significant issues around prison populations, releases and probation reset implications. TD highlighted that this was burning issue for board. Health were seeing people being released with only 7 days of meds, no support and no GP. HR shared that the national SAB chairs criminal justice subgroup were looking at issues nationally. HR noted that the last NSAB and Norfolk prisons meeting had not been joined by any prison reps so work was needed on building relationships. KG shared that the acutes have ¼ly meetings with prison reps which HR could join. PP offered to raise this issue with Paul Reeve, head of resettlement.</p> <p>Update 10/09/2024: On agenda, close action.</p>	PP
09/07/2024	2.4	<p>Board AGREED to extend the current chair’s contract by 12 months. Action: WLS to arrange for an extension of HR’s contract and set a meeting in 3 months to begin succession planning.</p> <p>Update 10/09/2024: In hand, to be covered in the Executive Board meeting in October. Close action.</p>	WLS
09/07/2024	5.7	<p>Agenda item to be added: Open Doors to be invited to feedback to board next year when they publish their report.</p> <p>Update 10/09/2024: Added to forward plan, close action</p>	HR