



### Bristol Safeguarding Adults Board

Meeting:		Date:	Time:	Location:
BSAB		7 <sup>th</sup> March 2018	1:30pm – 4:30pm	City Hall
Attendance				
Member	Ref.	Role/Agency		Attendance
Louise Lawton	LL	Chair of BSAB		Present
Aileen Fraser	AF	Clinical Director, Bristol Community Health		Apologies – Delegated to CO
Anna Smith	AS	CEO, One25		Partially Present
Anne Morris	AMo	Director of Nursing & Quality, BNSSG CCG		Apologies – Delegated to PN
Andy Bennett	AB	Superintendent Neighbourhoods & Partnerships, Avon & Somerset Police		Present
Becky Lewis	BL	Joint Safeguarding Boards Business Unit Manager		Present
Becky Pollard	BP	Director of Public Health		Associate Member not required.
Ben Cheney	BC	Engagement Worker, St Mungo's		Present
Bronwen Falconer	BF	Project Support Officer, JSBU		Present
Charlie Baker	CBa	Head of Bristol & South Gloucestershire LDU, NPS		Absent
Claire Hayward	CH	Director, Freeways		Present
David Elson	DE	Bristol Older People's Forum		Present
Emma Wells	EW	Service Manager for Engagement, Bristol Drugs Project		Present
Fiona Tudge	FT	Service Manager: Safeguarding, Care & Support-Children & Families		Apologies
Gill Brook	GB	Head of Patient Experience, NBT		Present
Gillian Douglas	GD	Head of Housing Options, BCC		Associate Member not required.
Clr Helen Holland	HH	Cabinet Member, People		Apologies
Helen Morgan	HM	Deputy Chief Nurse, UHB		Apologies Delegated to CS
Iwona Greener	IG	Safeguarding Data Analyst, JSBU		Partially Present
Jacqui Jensen	JJ	Service Director, BCC		Present
Jan Little	JL	Care Homes Director, Brunel Care		Present

Leonie Roberts	LR	Consultant in Public Health	Present
Maria Hamood	MH	Adults Principal Social Worker, BCC	Apologies
Mark Dean	MD	Head of Safeguarding, AWP	Present
Matt Peskett	MP	Avon Fire & Rescue	Associate Member not required.
Natalie Chamberlain	NC	JSBU Policy and Projects Officer	Present
Neil Liddington	NL	Avon Fire & Rescue Service	Apologies
Nicholas Rudling	NR	Deputy Safeguarding Lead, NHS England	Associate Member not required.
Paul Chapman	PC	Inspection Manager, CQC	Present
Paulette Nuttall	PN	Designated Safeguarding Adults and MCA Lead Nurse, BNSSG CCG	Present
Pippa Stables	PS	GP Lead, Bristol CCG	Associate Member not required.
Sam Shanks	SS	Bristol Dementia Partnership	Present
Sarah Ambe	SA	Healthwatch	Apologies
Sarah Smith	SSm	Head of Safer Prisons and Equalities, HMP Bristol	Present
Simon Hester	SH	Named Professional for Safeguarding, South West Ambulance Service Trust	Associate Member not required.
Steve Cross	SCr	Governor, HMP Bristol	Associate Member not required.
Stuart Pattison	SP	Crime Reduction Manager, Safer Bristol	Apologies
Sue Jones	SJ	Director of Nursing and Quality, NBT	Absent
Terry Dafter	TD	Service Director, Care & Support, BCC	Present
Tracey Judge	TJ	Strategic Safeguarding Adults / MCA & DoLS Co-ordinator, BCC	Present
Victoria Caple	VC	Head of SCU, Avon & Somerset Police	Present
Kelly Brown	KB	JSBU Administrator	Present until 3:10
Charlotte Cole	CC	JSBU Administrator	Present from 3:10
Carol Sawkins	CS	Safeguarding Lead Nurse, UHB - Representing Helen Morgan	Present
Colette O'Neill	CO	Safeguarding Adult and Prevent Lead, BCH – Representing Aileen Fraser	Present
Tom Hore	TH	Director, Bristol Mind	Present for item

## 1. Introduction

### 1.1 Welcome and apologies

LL welcomed the Board. Apologies were received from Neil Liddington, Maria Hamood, Fiona Tudge, Aileen Fraser, Anne Morris, Sarah Ambe, Helen Holland and Stuart Pattison.

## 1.2 Minutes and matters arising of meeting held on 1<sup>st</sup> November 2017

The minutes from the previous meeting were agreed as correct.

Item	Action	Lead
<b>F.010217.3.5.2</b>	The LDSG & PISG to consider how the board can quality assure single agency training.	<b>PN/TJ</b>
	A Training Survey was circulated and feedback was received. Complete.	
<b>F.100517.2.4.2</b>	A letter specifically for GPs to be developed to provide assurances regarding the Care Act requirements of information sharing in the course of a SAR.	<b>PN/BF</b>
	A template letter has been created but it will need to be amended according to the case. Complete.	
<b>F.090817.2.6.1</b>	TD to bring a report to the Board on organisational safety in BCC.	<b>TD</b>
	Complete.	
<b>F.090817.3.1.1</b>	VC to bring updates on the 'SCR 1' action plan to the March 2018 Board.	<b>VC</b>
	Complete	
<b>011117.2.1.1</b>	BL to identify what safeguarding procedures are currently in place and what work needs to be done regarding sexual exploitation.	<b>BL</b>
	There is now a Sexual Violence Risk Management Group, the details for this are hosted on the BSAB website. Complete.	
<b>011117.2.1.2</b>	Problem profiling to be undertaken by the new data analyst re sexual exploitation	<b>BL</b>
	This is underway; support has been requested from the National Working Group for CSE to help shape the profiling going forward. This will be dovetailed in to the business plan for the board. Carry forward.	
<b>011117.2.1.3</b>	BL to look into multi agency risk management in adult populations regarding sexual exploitation.	<b>BL</b>
	As above. Carry forward.	
<b>011117.2.2.1</b>	Invite Unseen to provide an update for the Board next year.	<b>JSBU</b>
	This is on the thematic schedule. Complete.	
<b>011117.2.5.1</b>	NC to add the amendments to the Multi-Faith Guidance and confirm once the final version is complete.	<b>NC</b>
	This is now live on the website and there is a comms plan in place. Complete.	
<b>011117.2.5.2</b>	NC & CESG to consider how to launch the Multi-Faith Guidance.	<b>NC/CH</b>
	As above. Complete.	
<b>011117.2.6.1</b>	Board to review the organisational change proposal and provide any further comments to BL within two weeks.	<b>ALL</b>
	LL said that no further comments were received. LL reminded the Board that	

	this related to a discussion around the role the Board should play in major organisational change to ensure that there was sufficient focus and assurance. Having listened to the concerns around this, the Constitution will not be changed. LL asked all members to bear this in mind and ensure that as part of their role a sufficient safeguarding role was given to change. This is also on the Risk Register to keep it live and it can be revisited.	
011117.2.6.2	Merging of the Executive Groups to be brought back to the next board.	<b>BL</b>
	Upon review it has been decided that to ensure sufficient focus it would be better to keep the Executive separate but with a period of overlap with BSCB and BSAB Chairs and Core Partners. LL said that she was really keen to look at the crossovers.	
011117.2.8	MD to follow up with AWP for a response to the actions from the joint meeting.	<b>MD</b>
	Response received. Complete.	

## 2. Business Items

### 2.1 Strategic Plan

TH and AB joined the meeting.

BL explained that we did not have the full Strategic Plan at the Board today. It was felt that we needed to embed the voice of adults and carers that use our services. A consultation has been sent out to contribute to the strategic direction. The full Strategic Plan will come to the June Board. The early findings from engagement with adults and carers have been used as an opportunity to consult with the Board that we are going in the right direction and has formed part of today's presentation. The plan will not be finalised until there has been a full consultation.

PN joined the meeting.

BL gave a presentation on the findings so far. BL highlighted that 43% of adults had reported feeling safest in Hospital. JJ asked if they reported feeling safe in different places and BL explained that they were asked if they felt safe or unsafe. Results so far had also shown that the biggest proportion had said that they would speak to their GP if they had concerns. BL said that we need to continue to support our GP colleagues.

There are four priorities being recommended as strategic building blocks: Making Safeguarding Personal in Bristol, Improving Quality of Care Provision, Preventing Harm and Responding Early and Enabling a Skilled Workforce.

Questions

DE asked if this included safeguarding of older people who live in their homes or if it was also people who live in care homes, if so, DE said that many old people in homes will not know about this. BL said that it related to adults at home, care homes and inpatient units; we know that lots of people are being cared for by family members. In relation to the reach of the survey, BL said that there are some challenges of how we can engage and hear from adults who aren't involved in groups or don't have access to technology. This is work for the CESG to take forward. If there are ideas about how we can better reach these people that would be good to hear.

MD said that the priorities were sensible. In relation to Preventing Harm and Responding Early MD said that there was a lot of work going on out there, such as the systems analytics being developed by the Police. How do we pull this in and make sure that we are aligned.

BL said that we rely on Board Members, the Executive Group and Sub Group Chairs to engage with us about what work is already under way. The Board will hear later today on the challenges that we have had with hearing these pieces of work. If they are key pieces of work, don't assume that the Board knows about them. When the full plan is sent out, BL requested that Board members check that this reflects these pieces of work. LL said that this was an opportunity to see where the gaps are.

CO said that there was a participation community at BCH of 140 members made of patients, carers and members of the public. The survey has gone out to them.

BL said that NC was going to work on a proposal with CESG about participation and engagement and how we can improve our reach.

GB said that the four building blocks fit really well from an acute care perspective.

LL asked that any additional thoughts were sent to BL. BL also offered to meet with anyone who wished to discuss this.

**Action 2.1: Further comments on the Strategic Plan to be sent to BL.**

## 2.2 Mate Crime Report

LL reminded the Board that this review did not meet the criteria for a SAR and so a non-statutory review was commissioned and is now complete. We are now asking the Board if they agree to the recommendations.

BL introduced TH and thanked him for stepping forward from Safer Bristol to undertake this work with BL. This report has been drafted in partnership with Safer Bristol. It has been identified that Mate Crime sits across the Partnership and the Board. BL said that they are working on the assumption that everyone has read the report and will talk about the key findings and recommendations.

The request from the Board was that this be a thematic review and it has used the individuals experiences in consultation with the partners across the City. The case was looked at in detail

and at what this has taught us about the experiences of adults as a whole. The experiences in this case were not unusual; we are hearing that many adults are experiencing forms of Mate Crime. Many professionals did not know the best way of responding. It was found at a basic level that Mate Crime was not well understood, there are not clear pathways to respond.

There is a challenge with lower level crimes, the cumulative impact is significant and draws upon adults desires for friendship and relationships in the community. BL said that Police don't always know that a setting is one which supports adults with care and support needs; there can be a barrier because there is not automatic flagging. It has reinforced the issue about a lack of support for individuals for identifying that they are vulnerable to this type of crime. Adults moving in to a setting aren't always provided with advice about the risk that this will bring. The degree to which professionals have the skills to equip adults to recognise mate crime was limited; there was limited confidence of professionals.

TH said that there was work to be done with adults and families when adults move on to greater independence. This was an unusual case as the individual was initially moved for a respite period and then in to lower supported accommodation. The family did not have information about what this meant and how much their family member would get in terms of support. It is a balancing act of the rights of the adults for independence and the need for information. After moving, there appears to be little contact between families and providers.

Additionally we need to help adults prepare for increased independence where there is a need to safeguard adults in developing those relationships. Helping adults to know what a good and bad relationship might look like.

BL said that key to this was that they found that there was a lack of reviewing of care. It was reviewed by the single agency provider but not the commissioner. Without this, it limits the opportunity to understand what was happening in the individual's life and the potential community support and resilience. There was also a lack of follow up from providers when they did not get a response from the Safeguarding Team. In the report, it highlights that this may not have been received. Greater ownership of what happens with a safeguarding referral is needed. Some of this has been looked at with the recent audit work, ownership is not maintained, how can we ensure that all partners remain engaged in the process.

TH said that it was not easy for carers and support workers to identify what are abusive relationships and situations. It needs to be built in ways for people to deal with this. Clearer reporting lines are needed of who people should take issues to, it needs a tailored response.

Better sharing of intelligence is needed, even if it is low level, also a better awareness of options for people to be referred on to for additional support. Whereas there are some environmental things that could be put in place to protect people there won't ever be a better way than empowerment and awareness.

Questions

MD said that it struck him that some of this goes back to the way that services work with people who have long term conditions. A lot of the specialist teams have gone. A lot less is put in to reviewing people in circumstances where they are seen as settled. They can often be the most vulnerable people. MD said that they need to build networks for people so that they have someone who advocates for them. They also need to look at lived experiences; it is not about whether the care is good, it is about what is happening to the person.

AS joined the meeting.

EW said that her team had been talking about the impact that Universal Credit will have on the amount of money people have that they cannot manage themselves. Mate Crime is an area that they are concerned about and this flows in to the other voluntary sector services.

LL raised a point about the interpretation of 'vulnerable' and the language, LL asked AB how compatible the Police definition was and the use in comparison to other organisations. AB said that this had come out of other reports, a common language is needed and we need to understand the thresholds. What has been highlighted is that when someone moves from one part of the system to the other, there is a gap. How do we narrow the gap, we need common language so that everyone knows what the handover is. This is one of the most important things that has come out of the review.

SSm said that this was a challenge for the Prison. If someone in a prison setting is being exploited they would class any of the prisoners who are being exploited as vulnerable. It is a challenge for the Prison to set the threshold. They have a policy but they look at vulnerability in a different way. They have a duty of care to the family that are potentially being exploited. SSm said that Mate Crime was really interesting to the Prison setting.

LL said that she thought that training will be really important.

TJ said that linking back to the Strategic Plan, what struck her about the report was that it did not have enough service user voice. It would be helpful and interesting to have their perspective on this. Often this group don't want to make a complaint to the Police.

SSm said that the Prison was part of a piece of research that they may be able to share with the Board. It is about people's perceptions and prisons perceptions. The report is unpublished and SSm will check with the author if they are happy for it to be shared.

**Action 2.2: SSm to share the research report regarding people's perceptions and prisons perceptions if agreed by the author.**

LL asked the Board if they accepted the recommendations. BL added that there was one request from Safer Bristol that the recommendation for BCC regarding reviewing procedures was tightened.

MD asked if recommendations 9 and 10 should be widened to more than BCC and CCG. PN echoed this. BL said that recommendation 9 was only for BCC as they did not hear any evidence of other areas with the same review issues. It was specifically around this type of accommodation setting.

LL said that the recommendations were agreed given the comments made and asked what the next steps would be. BL said that there was an action plan based on the recommendations and this will be monitored through the SAR SG.

### **2.3 Domestic Abuse and DHR Findings**

SP was unexpectedly called away and is unable to attend today. LL asked if anyone had any questions about the circulated report that need to be taken now. If not then this item will be rescheduled. SP was invited to join the Board following a discussion with Safer Bristol about having a closer relationship particularly around these topics.

### **2.4 Prevent and Radicalisation**

As above.

### **2.5 Organisational Abuse and Care Quality**

LL said that this item has been brought on the back of the conversations that have been had about concerns from care settings.

PN presented her report; the first section looks at how they work with providers. PN directed Board members to the link to the full BNSSG Quality & Safeguarding Report as detailed in her report.

PN said that lots of work had been done with care homes behind the scenes and this report had been an opportunity to tell the Board about the work that has been done with colleagues in the Local Authority. There has always been good communication and information sharing with CQC and Commissioning. This was more formalised with the formulation of the Quality Group. There are protocols for internal problems where there are quality issues but not safeguarding.

PN referred Board Members to the success stories in Section 8, in one case they were mentioned in the CQC report as a positive.

The funding for the team of Nurses is ending and the contract is terminating. PN said that it was over to the providers to think about what it is they want. They want to work in partnership. Providers need to step up and take action to work with them. They recognise that this is a really valuable source. LL thanked PN for her report and PN handed over to TD.

TJ left the meeting.



TD said that the report included ratings for providers; this quarterly report is shared with the Board and the Senior Leadership Team. When TD first arrived this report came and there was a lot of concern that there wasn't a proactive enough approach for work with care homes and at homes. The team was reactive. Overall ratings have improved, TD said that they can't claim credit for this; it is a credit to the provider sector in Bristol. There is increased capacity in the team and their role is to be proactive and do outreach work.

There are other initiatives to acknowledge and they are going to revamp the quality framework, this will be shared with the Board to ensure that they are on the right lines.

They have been approached by Age UK, who has volunteers who want to give back to the City. They are interested in a quality check intelligence approach with homes. They are working with them to develop a charter mark in development with the homes as well. This will come back to the Board. They will be looking at more than systems. Something similar has come from Unison with a charter on zero hour contracts and travel time.

Longer term they may become more joined up with the CCG. It hasn't been the right time with the changes going on at CCG.

LL said that she wanted to widen the discussion out to CQC regarding their role with quality. PC said that a lot of credit goes to providers. PC read out some up to date figures which are provided below:

Bristol				
	Outstanding (%)	Good (%)	Requires Improvement (%)	Inadequate (%)
April 2017	1.5	61.2	33.2	4.1
March 2018	2.6	67.1	29	1.3
National	2	67	27	4

The information is based on 171 active locations that are made up of care homes without nursing, domiciliary homes and supported living. The data shows the improvement that is happening locally.

#### Questions

BL commented that as part of the LGA work on MSP, an example of best practice was the Enfield quality checker, which sounds like what TD is starting to set up. This had identified issues with hydration, which led to the SAB doing targeted work on this. BL said that it was about how the Board can support to take forward actions.

PN asked how they learn from what they have done once they have finished working with a care home. Bristol has not had a SAR for a care home. PN felt that we had not had the opportunity to look back and reflect on care homes. They have done an evaluation jointly with the Health & Wellbeing Board and LL said that it would be good for the Board to see.

**Action 2.5.1: PN to bring the evaluation report on work with care homes to the next BSAB.**

LL said that one of the questions that the Board hadn't answered was what do they want regarding Services of Concern. Aside to this, there is a high number of referrals from the Social Care sector in to safeguarding. It is also about the sector recognising its responsibility. While there has been progress, there is still work to do. LL was keen that this was kept on the agenda.

**Action 2.5.2: Board to review the criteria for what comes to the Board regarding Services of Concern.**

CH said that it was not just about services of concern but also themes of concern. JL said that she thought there would be a rise in themes around staffing levels. From a provider perspective, how can the three organisations link up about quality, CQC, CCG and BCC who all come at different times. PN said that they needed to be smarter about how they share information.

TJ re-joined the meeting.

**Action 2.5.3: BCC, CCG and CQC to come back to the Board and provide an update in six months (September Board).**

IG and TD left the meeting.

**2.6 Data Scorecard**

BL explained that this was the first data score card since the appointment of the Data Analyst. This is still in draft as this version hasn't gone through the PISG, they received an initial draft but not the full report. This is also the first report with Police information.

BL said that there may be some initial questions that they need to take away. The major issue remains the lack of information from Health. This has been requested and they have been told that it is being reviewed by AM.

PN said that they need to consider how the information is given to the Board, they are not saying that they are not going to provide it. LL asked how quickly they could have this discussion so that the Board can get on with its work. PN asked for three weeks.

**Action 2.6.1: Health to respond in three weeks with a timeframe for providing Health data.**

MD said that there was a further conversation on mental health in the wider context. This is part of their reporting and the information is shared widely. BL handed over to TJ.

TJ said that she had met with IG and the BCC Data Analyst to build a score card that is accurate and is what the Board wants, this is work in progress and will be built in to the bigger data scorecard. TJ said that they may need to amend the meeting dates of the PISG and the Board may need to consider having the data a quarter behind. LL said that this did not feel

satisfactory; it could then be four to six months late and is then not contemporary data. BL said that it was a risk around data input, the closer we have it the less we can trust the data quality.

LL said that it was great to see the Police data and asked AB about the data for missing adults, which is higher than the national average and if there was a Police response to this, is there anything the Board can do? AB said that there would be. What is driving the enhanced numbers is the hospitals in the City, vulnerable people that walk out of Hospital must be recorded in this way. They are found quite quickly. AB said that they are about to form a coordinated team to manage missing people. This will help to drill down the problem solving in the right place. AB said that once the team was better shaped, they might come back and ask how we can work together. LL said that this was our first look and it would be interesting to see what trends are like.

LL asked about the DOLS data and BL confirmed that this had now been received and circulated copies. TJ said that the issues were the time frame and they are also moving from an admin heavy excel spreadsheet to an automatic, digitalised one. Their forms need to be bespoke built in to the system. The admin team have been uploading but there is still a backlog. This led to a misunderstanding.

LL said that she was sure that there was a lot of work going on behind the scenes but we have not had DOLS data for the last two Boards. We need to know that things are happening to put it right. TJ said that they have a deadline of April to have it all uploaded.

## Questions

Chart 11 – Support Reason in S42 enquiries – EW asked if it was possible to get a breakdown of ‘Social Support’ and ‘Not known’. EW said that there was nothing about domestic abuse or sex work and was assuming it was included in this category. It is difficult for them as agencies to look at the response.

EW also had a question about the rate of DHRs and the amount of cases. The amount of active cases for domestic abuse, looking at the correlation saying is there any work that can be done there. There doesn't appear to be a huge amount of referrals.

PN said that this issue was raised with the LDSG. PN asked what the outcome of the 6% was. TJ said that we need to be careful about language, this would be domestic abuse and safeguarding, not domestic abuse in its entirety. This is different. BL said that this was one of the findings of the S42 audit; the Domestic Abuse Strategy is being rewritten. It is unusual given the high level that adults are not being recognised. It may be that they go through the Police. There may be an issue with referrals. It has also come out of the Perinatal Audit.

EW asked about the triangulation of MARAC, safeguarding and domestic abuse. LL said that this will be picked up through the Sub Groups.

AS said that in relation to the high level of DHRs the MARAC workshop was coming up and to ensure that the findings are brought back. BL said that there are agreed governance routes from the MARAC group to ensure there is representation.

KB left the meeting. CC joined the meeting.

## **2.7 Organisational Abuse Policy**

NC provided a summary of the Organisational Abuse Policy. This was an objective on our business plan; a task group was set up in response to this objective with the aim of looking at what the multiagency response should be when responding to allegations of organisational abuse. The policy incorporates learning from SAR's and risk assessments. It defines everyone's roles and outlines best practice which is in line with SCIE guidance.

NC asked the board to ratify this policy today.

### Comments

VC suggested including the working hours of SCU on page 15 (Monday – Friday). For queries outside of the core business hours 101 should be used.

LL asked NC to think about including more on our expectations of how we work with the family and service users during this process. It is about how you communicate with the family and service user that is critical to its success.

Subject to those two changes the board ratifies the policy.

## **2.8 Early Intervention and Prevention Implementation Plan**

NC provided a summary of the Early Intervention and Prevention Implementation Plan. Most agencies found that this was a huge piece of work that required a dedicated recourse. In the report on page 136 there are details of some of the services commissioned, but this data set is incomplete. 12 recommendations have been put forward for the board to challenge or add additional areas to focus on in the business plan.

A discussion took place between BL and PN regarding the health report and template.

PN has not identified any gaps, but advised that health has not completed the template yet as they produce a report which is available on the public website. PN asked how to populate the template using this information. BL confirmed that the information can be supplied in any form; the template does not have to be used. PN advised that she can the report sent tomorrow or Friday.

LL advised that she had no queries about the recommendations but stated that it does need ongoing reporting so we get information from health and then produce an action plan as a

result of the recommendations. BL advised that this piece of work is a block for our strategic plan so it will come together there.

No further comments on the recommendations.

## **2.9. Board policy updates and sign off**

### **Good practice guidance – Safeguarding older adolescents and young adults**

NC provided a summary of the guidance. It was an objective on the business plan to tighten the practice between transition years. A task group was set up in response to this made of key professionals across the city that work directly with young people and young adults during transition years. This is a practice guide to give top tips to professionals and it will be accompanied with a shorter guide in the next few weeks.

LL stated this is a good piece of work – we can never have enough guidance on transitions. LL asked what NC thoughts on the launch of the document are. NC advised we will disseminate it across senior leaders and ask how they are going to disseminate it in their agency. We will then check and run audits on that. There will also be a news item on the BSCB/BSAB website and an email will be sent to the task group and board.

The board agreed to ratify the guidance.

### **Safeguarding Disabled Children**

NC provided a summary. This was an objective on our business plan because our policy went back to 2002. A task group was set up to create guidance. A learning event took place with over 80 professionals who provided input to this guidance. Children and young adults with disabilities were also consulted on this guidance; this feedback is seen on the front of the guidance and is featured in quotes throughout. An action plan accompanies the guidance which gives actions on how to embed the guidance in practice. Agencies will be asked when reporting back on the annual survey as to how this guidance will be embedded and used in practice. A further task group needs to be set up of enough seniority to make decisions so we can tighten up on practice; for example, there are a lack of picture cards related to safeguarding so children can show if they are being harmed in some way.

The board had no questions and are happy to ratify the guidance.

### **Escalation Policy**

NC provided a summary of the escalation policy. The PISG group did an audit last year and found a lack of clarity around the wording and long timescales in escalation policies. There has been a significant change in timescales and that's why the policy is before the board today.

A discussion took place regarding the timescales of escalation.

VC accepts that we need to add haste to the timescales – however within 5 working days is hard to achieve. LL asked VC if it is worth testing and VC agreed that she will test it and provide feedback.

NC needs to report this back to the PISG and if anything needs to be changed it can. NC will add an item to the PISG agenda. Any deviation from timescales needs to be recorded and sent back to PISG.

NC discussed the change of adult safeguarding referrals and advised this will be added to the policies. A discussion took place about the change in referral forms. LL requested that TJ asks somebody to send a note because this is a not a problem we can solve here. MD requested that once information is inputted to the referral form we need to ensure that a copy can be saved. CS advised it will be a challenge to bring that into practice by April.

**Action 2.9.1: TJ to send information regarding the adult safeguarding referrals form to the board to clarify any issues.**

LL wanted to discuss the National Pressure Sores Protocol published by the Department Of Health. Bristol, led by the CCG, has developed their own protocol taking into account the national one and this is due to be launched in April. PN advised we don't have a health and social care representative on that group. LL requested that this comes to the next board.

**Action 2.9.2: PN to bring an update on Local Pressure Ulcer Protocol to next meeting**

### 3. Standing items

#### 3.1 SAR SG

VC provided an update on the SAR SG.

The SG has received two new referrals neither of which was accepted. LL supported that. There are two existing SAR's nearing the final stages and they have progressed smoothly. In relation to SAR 1 the sub group has a meeting on the 19<sup>th</sup> March in order for the report to be accepted and discuss comms/launch. The SAR 2 sub group has a meeting on 17<sup>th</sup> April.

VC advised that we also have the Thematic Mate Crime Review which we have already touched on.

The changes / amendments to the work of the SAR SG is around the actions. The action plan is largely complete. We have come some way with 'SAR 3' – housing link are going to be asked to join the SG. There are 6 outstanding actions and we are confident that they appear to be partially complete if not fully complete. 'SAR 4' – all recommendations are being addressed, all considered completed bar 3.

MD updated the group on where we are with redesign work. There is a further meeting in April and May; interim solutions have been successful in the experience of service users and meeting legal requirements. From the partnership meeting we discussed what went on from there and there was an agreement that the work has moved forward. The work is 80% complete. MD will provide an update to the board in writing.

**Action 3.1.1: MD to update the board in writing regarding the redesign work.**

VC advised that the SCR 2 action plan was done by the children's board but there is a crossover in the findings with the adult's board. The training needs to be checked with the BSCB trainer to see if the action will do what we want it to do.

VC provided an update on 'SCR 3' – with regards to the letters of consent action we are waiting on an update from ADASS. Managers are receiving guidance it just needs to be checked to see if it's embedded with new activity. With regards to the learning new fringes action the CCG has worked with the GP so we just need to evidence what has happened as a result. AB has identified someone to lead on the police review.

### 3.2 CESG

CH provided an update on the CESG. The SG has completed the majority of actions from the business plan and are now meeting as a joint group with children's board comms group. The group have key ideas whilst being aware that the strategic plan was being updated, that has been finalised to look at the communication strategy – this is an ongoing piece of work.

The group are working on Stop Adult Abuse Week but the last meeting was cancelled due to bad weather. The conference in June is still being planned.

### 3.3 LDSG

PN provided an update on the LDSG.

Providers have been asked to submit case studies to be uploaded on the BSAB website. We have had some success with some of them but we don't have the details of which agency / author they came from. Unseen didn't want to submit a case study but they have provided a link.

The peer review template still needs to be designed; it's an ongoing piece of work.

We have had the training survey back and should be able to sign that off and present it to the next board. 96 organisations provided feedback which is a significant improvement from the 17 organisations that participated last time. This level of reach was great to allow for assurance.

Training standards – the SG looked at South Glos and agreed that it needs to go across the 3 CCGs and LA. BL advised that this is ready to be signed off at the next sub group.

The work on what's a good and bad referral has now changed due to the new referral forms so this will be discussed at the SG.

Professionals not making referrals of domestic abuse and professionals understanding what their role is in a sexual exploitation enquiry will be taken forward in the SG.

### **3.4 PISG**

TG provided an update on the PISG. Probation and CRC have been invited to the next meeting because low level of reporting was picked up so we need to understand that. We are also picking up on MPS work which will be a big part of things going forward.

The prevent radicalisation objective is now complete. The next audit will be on adults who self-neglect.

The PISG worked on the perinatal audit in conjunction with representatives across the city and children's board. The recommendations will go back to the big SG and then an action plan will be developed.

### **3.5 Risk Register**

BL provided a summary of the risk register. There have been some changes throughout the register.

There have been changes to 5 risks and 1 new risk has been added (the making safeguarding personal function of the board is not being fulfilled). It is important that board recognises that risk and how we fulfil that.

The financing of the board risk has been reduced due to secured funding for next year. Low level engagement with services has also been reduced due to new Voscur representatives and better engagement with surveys from range of providers. We have also been linking with golden key.

Two areas of risk have been increased: 1) the coordination of city partnerships – there is a lack of strategic governance but work is underway to respond to that (one being the city plan). 2) Recognition of adult safeguarding concerns – there has been good engagement with providers but we aren't having the increase in carers or self-reporting. That will be focus of the board.

#### **Comments**

MD had a slight challenge of risk 13 remaining a 20 – we had agreed a level of mitigation in the level of reporting on organisational changes. PN asked why this risk is 20. BL explained that before this meeting we hadn't agreed on it and we haven't had any evidence submitted since the last board. Nothing has been brought to the chair or business unit so due to lack of evidence nothing has changed. LL advised that we have touched on it today and is now content to leave it as it is at the moment because it brings it into focus.



### 3.6 Finance Report

BL presented the finance report.

Looking to end quarter four having not much of an overspend or overspend. The key issue is having received identified surplus from BCC. Apart from this there are no major issues and everything is coming in on track.

The board had no questions or challenges.

## 4. Any other Business

### 4.1 GB inspection report published on CQC website

**NBT/CQC Inspection report published on CQC website outcome was 'requires improvement'.**

The key elements of this report for the board – a specific action was around mental capacity assessments and use of DoLS and the quality of those applications. GB will undertake work on this and bring an update to the next board.

**Action 4.1.1: GB to bring an update to next board on the work in response to the CQC report.**

**4.2** LL advised that during the executives meeting the publication of the board meeting minutes were discussed. It's been a desire to publish these on the website for some time because it takes our openness and transparency one step further. There are obvious concerns about data protection and confidentiality but there are ways around that. LL asked if anyone has any dissent on that.

BL advised that the key areas for redaction are the information in relation to the SAR's. However, the names of board meeting attendees would be in the public domain. MD suggested that it might be worth looking at TOR's if this is something we go ahead with. LL asked about legal advice and BL advised that initial discussion have took place, its standard practice and minutes are due care not confidential. The JSBU are looking at accompanying the minutes with newsletters.

No other comments with regards to publishing the board minutes.

**4.3** LL advised that this is MD last meeting. On behalf of the board we would like to thank MD for his attendance and contributions. MD advised that BMH and AWP have not put forward a representative yet.

**4.4** PN wanted to touch on bringing the service users voice into the board meetings; this would cover some elements of making safeguarding personal. LL advised that this has been discussed and it is something to think about going forward.

**Action Grid**

<b>Item</b>	<b>Action</b>	<b>Lead</b>
<b>F.011117.2.1.2</b>	Problem profiling to be undertaken by the new data analyst re sexual exploitation.	<b>BL</b>
<b>F.011117.2.1.3</b>	BL to look into multi agency risk management in adult populations regarding sexual exploitation.	<b>BL</b>
<b>070318.2.1</b>	Further comments on the Strategic Plan to be sent to BL.	<b>ALL</b>
<b>070318.2.2</b>	SSm to share the research report regarding people's perceptions and prisons perceptions if agreed by the author.	<b>SSm</b>
<b>070318.2.5.1</b>	PN to bring the evaluation report on work with care homes to the next BSAB.	<b>PN</b>
<b>070318.2.5.2</b>	Board to review the criteria for what comes to the Board regarding Services of Concern.	<b>BSCB</b>
<b>070318.2.5.3</b>	BCC, CCG and CQC to come back to the Board and provide an update in six months (September Board).	<b>TD/PN/ PC</b>
<b>070318.2.6.1</b>	Health to respond in three weeks with a timeframe for providing Health data.	<b>PN</b>
<b>070318.2.9.1</b>	TJ to send information regarding the adult safeguarding referrals form to the board to clarify any issues.	<b>TJ</b>
<b>070318.2.9.2</b>	PN to bring an update on Local Pressure Ulcer Protocol to next meeting	<b>PN</b>
<b>070318.3.1.1</b>	Update the board in writing regarding the redesign work.	<b>MD</b>
<b>070318.4.1.1</b>	Update the next board on the work in response to the CQC report.	<b>GB</b>