



## Teeswide Safeguarding Adults Board

Meeting Date: **10<sup>th</sup> February 2022**

Time: **9.30am – 12pm**

Venue: **Teams**

### Minutes

Attendees		
Name	Role	Representing
Karen Agar	Associate Director of Nursing Safeguarding	Tees Esk & Wear Valley NHS Foundation Trust
Jane Bell	Administration Officer	TSAB Business Unit
Sarah Bowman-Abouna	Director of Public Health	Stockton-on-Tees Borough Council
Mike Brierley	Director of Commissioning & Strategy Mental Health & Learning Disability	NHS County Durham CCG
Jon Carling	Chief Executive	Catalyst Stockton
Paula Dewell	Detective Superintendent – Head of Safeguarding	Cleveland Police
Cllr Tim Fleming	Lead Member	Hartlepool Borough Council
Joanne Gamble	Assistant Director of Nursing Safeguarding	South Tees Hospitals NHS Foundation Trust
Lorraine Garbutt	Business Manager	TSAB Business Unit
Elaine Godwin	Admin Officer	TSAB Business Unit
Jean Golightly	Director of Nursing & Quality	Tees Valley CCG
Stuart Harper-Reynolds	Named Nurse (Adult Safeguarding)	North Tees and Hartlepool NHS Foundation Trust
Jill Harrison	Director of Adult and Community Based Services	Hartlepool Borough Council
Neil Harrison	Head of Safeguarding & Specialist Services	Hartlepool Borough Council
Steve Johnson	Area Manager – Prevention and Protection	Cleveland Fire Brigade
Jill Lax	Designated Nurse Safeguarding Adults	Tees Valley Clinical Commissioning Group
Alyson Longstaff	Advanced Customer Support Senior Leader	Durham Tees Valley Department for Work and Pensions
Gina McBride	Temporary Project Officer	TSAB Business Unit
Cllr Ann McCoy	Lead Member	Stockton-on-Tees Borough Council
Jennifer Metcalfe	Project Coordinator	Healthwatch Stockton
Mike Milen***	Chief Executive	Redcar & Cleveland Voluntary Development Agency
Elizabeth Moody	Director of Nursing and Governance	Tees Esk & Wear Valleys NHS Foundation Trust
Jen Moore	Designated Nurse Safeguarding Adults	Tees Valley Clinical Commissioning Group
Cllr Mary Ovens	Lead Member	Redcar & Cleveland Borough Council
Andy Preston	Mayor / Lead Member Adult Social Care	Middlesbrough Borough Council
John Rafferty	Compliance Business Partner - Safeguarding	Thirteen Group
Helen Richmond	Safer Custody and Equalities Hub Manager	HMP Holme House Prison
Erik Scollay	Director of Adult Social Care	Middlesbrough Borough Council
Linda Sergeant	Project Coordinator	Healthwatch South Tees

Angela Storm	Data Analysis and Performance Monitoring Officer	TSAB Business Unit
Chloe Swash	Temporary Administration Officer	TSAB Business Unit
Katie Tucker	Inspector	CQC Hartlepool
Robin Turnbull	Area Manager	Cleveland Fire Brigade
Stephen Thomas	Development Officer	Healthwatch Hartlepool
Victoria Wilson	Assistant Director of Adult Care	Redcar & Cleveland Borough Council
Ann Workman	Director of Adults and Health	Stockton-on-Tees Borough Council

<b>Apologies</b>		
<b>Name</b>	<b>Role</b>	<b>Representing</b>
Darren Best	Independent Chair	Teeswide Safeguarding Adults Board
Mark Davis***	Chief Executive	Middlesbrough Voluntary Development Agency
John Lovatt	Assistant Director	Hartlepool Borough Council
Judith Mackenzie	Inspection Manager	CQC (Middlesbrough, Stockton-on-Tees and Redcar & Cleveland)
Patrick Rice	Corporate Director of Adults and Communities	Redcar & Cleveland Borough Council
Ann Powell	Head of Stockton & Hartlepool PDU	National Probation Service

<b>Absent</b>		
<b>Name</b>	<b>Role</b>	<b>Representing</b>
Mike Fleet	Principal Lecturer (Programmes) Department of Nursing & Midwifery	Teesside University
Stephen Green	Associate Director of Risk and Clinical Governance	North Tees and Hartlepool NHS Foundation Trust
Natasha Judge	Healthwatch Manager	Healthwatch Stockton
Rachelle Kipling	Temporary Assistant Chief Executive	Office of Police & Crime Commissioner
Michelle Monty	Inspector	CQC Hartlepool
Darren Redgwell	Head of Middlesbrough, Redcar & Cleveland PDU	National Probation Service
Karen Sheard	Deputy Chief Nurse	North Tees and Hartlepool NHS Foundation Trust
Leanne Stockton	Business Manager	Hartlepool & Stockton Safeguarding Children Partnership
Gary Watson	Business Manager	South Tees Safeguarding Children Partnership
Sarah Wilson	Head of Safer Prisons and Equality	HMP Holme House Prison

\*Attends for specific agenda items only; \*\* Attends 2 times per year; \*\*\*Attends on behalf of MVDA, RCVA & Healthwatch South Tees

**Copies:** Chris Brown; Rebecca Duce; Caroline Gallilee; Emily Gibson; Suzanne Glass; Lorna Harrison; Nigel Hart; Kay McGowan; Suzanne Metcalfe; Judith Oliver; Laura Poppleton; Angela Pringle, Mike Sharman; Karen Sproston; Rachael Surtees; Lyndsay Waddington

<b>Agenda Item 1</b>	<b>Introductions and Apologies</b>	<b>Presenter: Chair</b>
Deputy Chair, Jill Harrison (JH), chaired the meeting on behalf of Darren Best. Apologies were noted. Board Members expressed their condolences to the Chair on his recent bereavement.		

<b>Agenda Item 2</b>	<b>Update from the VCSE Sector</b>	<b>Presenter: Jon Carling &amp; Mike Milen</b>
Jon Carling (JC), Chief Executive of Catalyst Stockton, and Mike Milen (MM), Chief Executive of Redcar & Cleveland Voluntary Development Agency, provided a presentation on the work of the Voluntary Sector		

across Tees, which includes parallel organisations in Middlesbrough and Hartlepool, and also Tees Valley Rural Action, who cover the more rural parts of the Tees Valley.

The Voluntary Sector have involvement in a wide range of areas including coordination of food parcels, food banks, delivering shopping and prescriptions to those self-isolating during the pandemic, befriending services, mentoring to pupils in schools and environmental projects. The sector is made up of a mixture of paid staff and volunteers. In Stockton over 300 organisations are involved. Collaborative working amongst these organisations helps the sector to achieve greater results than they would if they worked in isolation. The Voluntary Sector help to deliver a wide range of training including accountancy, first aid and social media, help organisations to locate and secure funding to support their work and encourage sharing of good practice. They also have a representation role, attending local Health & Wellbeing Boards and Community Safety Partnerships. The Voluntary Sector organisations across the Tees Valley meet every two weeks and produce a weekly bulletin that goes out to over 1000 people in Stockton. Training sessions are delivered on a regular basis, with the most recent one taking place on 8<sup>th</sup> February covering the topic of Safeguarding for both Adults and Children.

The sector makes up a significant part of contracted service delivery across Tees in areas including drug and alcohol and domestic violence. There has been a significant increase in the delivery of mental health services by the Voluntary Sector, including a collaboration to deliver mental health support in schools. The Voluntary Sector are involved in crisis intervention, such as helping the Red Cross deal with incidents of flooding and providing a neighbourhood response to individual crisis. The sector is able to offer long-term engagement with individuals, which often results in individuals becoming volunteers themselves. There are a number of specialists working within the sector who are able to offer support to some of the most challenging individuals. The small size of the sector in comparison to some of the statutory partners enable them to have an innovative approach to their work. A trusted advocate role is provided, with the voluntary sector delivering a service to an individual, but also acting as advocate for them in multi-agency forums. It was noted that this can sometimes create tensions, but any issues raised do stem from a desire to see things improved.

Two case studies were shared with members:

John had accessed services for most of his adult life which started with drug use in school at the age of 14. He experienced relationship issues which resulted in him losing contact with his children. He had made several suicide attempts which ended in hospitalisation. He had a social landlord debt of over £8,000 resulting in him being unable to access this service for a period of time. Things began to improve when a discharge nurse took the decision to refer John outside on the usual pathway. Leaving hospital sober allowed the Voluntary Sector services to engage with John which resulted in a period of 10 months sobriety. John attended parenting classes and was able to reconnect with his family. He built good relationships with other services including social workers. Benefit payments were organised with the help of an advisor. This also highlighted that John was entitled to a Personal Independence payment (PIP) claim. Nine months after his application he received a large payment of several thousand pounds, which coincided with a return to alcohol and John is no longer engaged with Voluntary Sector services. The positives from this case are that the discharge nurse used her knowledge to refer John for a different channel of help and that trusted relationships with other stakeholders improved the level of support available to John. The problems stemmed from the large PIP payment that John received. The claim was not handled at a local level so failed to take into account the potential risks involved in making a large payment to a recovering addict.

Sharon had been alcohol dependant for 30 years, was homeless and suffered with Pancreatitis. She was both a perpetrator and survivor of domestic abuse. Following a hospitalisation, she was referred to the Local Authority homeless team who helped her to secure temporary accommodation. She was removed from the accommodation after just 48 hours due to her lifestyle and was then picked up by the Police. The custody sergeant had known Sharon for a number of years and decided that the formal route was not working so made contact with community-based support. New accommodation was secured, and peer support provided for 4-6 hours per day. Sharon did experience some relapses as a result of feedback from a court case but has now been sober for six months and is getting to know her grandchildren. The positives from this case are that the custody sergeant treated Sharon as a person rather than a problem

and that the social worker and private landlord were willing to work with Sharon due to the support from the Voluntary Sector. Sharon herself also became willing to work towards her own recovery. The negatives are around statutory services relying on evidence from Sharon that she wanted to engage, and that providing a tenancy without support is not able to solve all problems.

The presentation concluded by highlighting that the Voluntary Sector covers a board spectrum so is able to offer choice. The Voluntary Sector don't just seek to be a support to the system, they should be an integral part of it. They acknowledge that they need to take a more proactive and engaged approach to TSAB. Over the past year the Voluntary Sector do feel that engagement has improved and that the Board are open to hearing their views but queried what could be done to improve upon this further.

JH thanked JC and MM for their presentation and added that this was a timely discussion to have ahead of the TSAB Development Session taking place next week where part of the agenda will consider priorities for the Board going forward, and where relationships can be strengthened. JH added that there have been numerous examples of cases where Voluntary Sector involvement with Statutory Partner organisations has made a positive difference and that from Hartlepool Borough Council's perspective the response to the COVID pandemic has helped to strengthen relationships.

Ann Workman noted that Stockton Borough Council have a strong working relationship with the Voluntary Sector, which has resulted in some members of staff becoming volunteers themselves. The case studies were powerful and highlighted the point that tenancy alone is not able to fix everything. The TSAB development session will provide a good opportunity for discussion and challenge.

Jill Lax is new to her role in the CCG and the area. The Voluntary Sector is not always considered as often as it should be and could be something that the CCG should consider more in order to support people.

Jean Golightly (JG) acknowledged the challenges involved in commissioning different packages of care. The CCG have done a lot of work to look at this. The CCG support the VCS by giving grant funding to a range of organisations. Whilst there is already a highly developed system in place there is always the opportunity for further development.

Erik Scollay queried what made the Voluntary Sector feel that they are not part of the system and how this could be rectified. With the introduction of the Integrated Care System (ICS) there may be the opportunity to build this involvement into systems, particularly in relation to longer term preventative work in the community.

Alyson Longstaff has only been in her role with the DWP since October and was not aware of the work of the Voluntary Sector and is keen to see how links can be improved. In relation to the John case study the DWP do have Vulnerable Customer Champions. JH added that there was a previous case on Tees with a similar issue and DWP did attend Board to provide a presentation. It may be helpful to have an update at a future meeting, or for the information to be shared with Voluntary Sector colleagues.

Members agreed that it would be useful to receive the Voluntary Sector Newsletter and for items to be included in the TSAB newsletter.

JH summarised that there is a willingness and commitment across partners to explore further opportunities. The Development Session will be a good opportunity to look at this, but some of the items can be picked up outside of the Board.

Action Points	Action Owner	Deadline
1. Voluntary sector Newsletter to be circulated to Board members and key points incorporated in to the TSAB Newsletter	BU	Ongoing

Agenda Item 3	TSAB Development Session	Presenter: Chair
The TSAB Development Session is taking place on Thursday 17 <sup>th</sup> February. A copy of the agenda is attached for information. The aim for the day is to start considering the Strategic Plan for 2022/23, looking		

at priorities, challenges and ways of working together effectively. The agenda includes a presentation by People First which will be an opportunity to consider the voice of the adult.

<b>Agenda Item 4</b>	<b>TEWV CQC Report</b>	<b>Presenter:</b> Elizabeth Moody
----------------------	------------------------	-----------------------------------

Elizabeth Moody (EM), Director of Nursing and Governance, for Tees Esk & Wear Valley NHS Foundation Trust (TEWV) provided a presentation on the Care Quality Commission (CQC) Report from the core service and Well-led inspections which took place between June and August 2021. The core services included Adult Mental Health Community Teams including psychosis and perinatal teams, Crisis and Health based urgent care teams, secure inpatient services (SIS) which consists of 17 wards which are medium secure and low secure learning disability, mental health and autism services and Community Child and Adolescent Mental Health Services (CAMHS). The report was published in December 2021 and highlighted 27 Must Do Actions and 21 Should Do Actions. For this presentation EM focused particularly on the actions relevant to safeguarding. TEWV are now in the early stages of working through an action plan which was submitted to the CQC in January 2022.

When an overview of ratings is considered in comparison to the previous inspection in 2019 the only change is the Well-Led category which has been downgraded from Good to Requires Improvement. Four core services were inspected and rated against the CQC domains. Forensic Inpatient Services have seen a significant reduction from Good. Crisis Services and Health Based Places of Safety have improved and are now rated as Good across the categories. The report on Community Mental Health Services for Working Age Adults was a positive report but concerns were identified regarding case management and caseloads due to the demands on the service. The report on CAMHS was rated Inadequate in the Safe category due to oversight on the size of caseloads.

The 'Must Do' actions cover the regulatory breaches and there are four that relate to safeguarding:

***The trust must ensure there is a safeguarding policy which clearly outlines the governance and accountability at each level within the organisation. (Regulation 17)***

A policy is in place for children, but for adult services the Trust have adopted a safeguarding procedure rather than a policy with the intention of making it easier for staff to understand. The procedure does not include clear guidelines for governance and accountability for each member of staff within the organisation. This is being worked on and a Safeguarding Adults Policy will be put in place, but EM stressed that the procedure does clearly set out for staff how to raise concerns and make referrals.

***The trust must ensure that it responds appropriately to allegations of bullying, discrimination, racial abuse or hate crimes. (Regulation 17)***

This action was a result of CQC meeting with the BAME group within the Trust. On a national level staff felt that they were not always treated the same as other groups of staff within the organisation. The Trust are aware of this issue and do have the BAME working group where feedback is provided. In response to this action the Trust will review policies and processes around this to ensure that it is addressed. Nationally there have been improvements in this area over the last year.

***The trust must ensure it reviews its freedom to speak up and whistleblowing policy and processes to ensure they are effective. (Regulation 17)***

There is a whistleblowing policy in place and the Trust do have a Freedom To Speak Up Guardian. There was awareness of these, but in some areas of the service, particularly secure inpatient services, staff didn't feel able to raise concerns through the process or were not aware of it. The Trust will review these policies and has developed freedom to speak up champions in local areas, with the aim of creating a culture where staff feel safe and able to deal with any concerns.

***The trust must ensure that learning from incidents and complaints is implemented effectively to improve the safety and quality of care patients receive. (Regulation 17)***

Where incidents occurred within one area of the Trust all areas need to be aware so that services can be improved for patients.

There was one Should Do Action in relation to safeguarding:

***The trust must ensure there is a named doctor for safeguarding adults. (Regulation 13)***

There are named individuals in place for safeguarding adults, in addition, there is a named doctor and associate named doctor for safeguarding children. This is something that the Trust are keen to take forward for adults as it is in their plan for this year.

Secure inpatient services received the majority of the Must Do Actions. Concerns around the application of safeguarding and the process of referrals from the service to the Local Authority, use of restraint within the service and staffing. TEWV are aware that they have had some significant staffing issues in this area since the last inspection in 2019 and the impact of COVID have significantly impacted on the delivery of care as well as cultural issues within the service which they are trying to address.

Some actions were already underway at the time of the inspection, but all have now been completed. There is a Quality Improvement Board chaired by the Chief Executive which has oversight of these.

- Leadership capacity has been increased including a new Director of Operations and a Deputy Director of Nursing who has been in place for six months and has expertise in safe staffing and safeguarding.
- There has been a focus on Multi-Disciplinary Team working and improving decision making. Senior clinical leaders are on site 7 days a week to support this at ward level.
- A revised quality assurance schedule has been put in place to ensure that the actions taken are having a positive effect on patient safety.
- 'see and feel' visits have been put in place at a local level where Matrons and Directors speak to staff to ensure that they are confident to report concerns and feel safe to do so.
- The implementation of the Safe Care staffing module across all units provides a daily oversight of staffing any issues in relation to the delivery of care.
- The Trust has invested over £8 million in staffing, with approximately £2 million in Secure Inpatient Services. There are still some significant workforce gaps both nationally and regionally around the recruitment of nurses. Within the investment the Trust have looked at skill mix, providing 7 day per week administration and lived experience roles; looking outside the registered nursing roles to support effective care.
- A Safeguarding Practitioner has been placed within SIS. These are closed units so this has been beneficial in building relationships with staff, providing training and to provide assurance around referrals. Positive feedback has been received from partners and internally on this role.
- Restrictive interventions have been reviewed to try and provide a more individual approach to care.
- Training in relation to boundaries has been successful, but progress has been hampered over the Christmas period due to COVID.

Adult Mental Health Community Must Do actions focus on caseloads and case management. There has been an increase in caseloads, not just in terms of numbers but also in the complexity of cases which impacts on how quickly assessment and treatment can be offered. A trust wide caseload management tool is being piloted. There was one Must Do Action in Crisis around the safe management of medicines. CAMHS Must Do actions, although less relevant for TSAB, were similar in terms of waiting list management and mandatory training.

Some areas of good practice were identified. The majority of issues from the previous inspection have been addressed and there is a positive leadership culture within the organisation. Staff are caring and compassionate and have a good knowledge of their patients and their needs. Significant improvements have been made around risk management and staff are happy despite the demands on the service.

A number of key actions have been taken including replacing the Human Resources Director with a Director for People and Culture, demonstrating the focus for the organisation. Restructuring has provided increased leadership capacity and clinical involvement. Recruitment and retention have been identified

as a cause of some of the issues that the Trust has experienced. TEWV are expanding their own apprentice programme, looking at international recruitment and focusing on wellbeing in an attempt to improve retention. Mandatory training has been expanded, but it is acknowledged that this may take a while to put in place following COVID restrictions. The Electronic Safe Staffing Module has been introduced and an electronic patient record system is scheduled to be in place by September 2022.

Councillor Ann McCoy declared that she is the lead Governor for TEWV and queried how TEWV plan to repair their reputation. Positive work is being done, but this needs to be communicated to service users and their families so that confidence is restored. Working well with partner organisations will help to share the message as well as improving the relationship of staff with their teams including GPs and both carer and user groups within the community. A newly appointed Director of Corporate Affairs has been appointed to assist with this process. EM added that providing good quality safe care will be key to repairing TEWV's reputation.

Members agreed that having a named doctor for safeguarding would be beneficial. Job descriptions from other areas that already have this role have been requested to help decide what the focus for the role should be. JH added that this has been discussed at Board previously and suggested that it would be useful for an update to be provided to Board once this is in place.

JG acknowledged that it is important to recognise both the challenges and the good work that has been done. As TSAB's role is to seek assurance JG added that TEWV do not work in isolation and are part of a larger NHS and Social Care system. TEWV sit in a wider setting of assurance and where areas of challenge are identified there is a system response. There is a Quality Board that is chaired by the Chief Nursing Officer of NHS England which includes a number of NHS related organisations including Health Education England, commissioners of services and representatives from social care. Colleagues are sighted on the work that is being done and the progress that is being made. The system provides a check and challenge approach and adds another layer of assurance and confidence in the progress that is being made. TSAB colleagues from CQC also attend the Quality Board. JG added that it should be noted that assistance has been provided to TEWV by other NHS colleagues where capacity has allowed both from North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

Ann Workman advised that herself and Jane Robinson, the Director of Adult Services in Durham, represent the 12 North East Local Authorities on the Quality Board. TEWV have been good at including colleagues in their recruitment process for senior executives. AW queried staff morale within TEWV and EM responded that wellbeing will be an important part of the challenge.

Action Points	Action Owner	Deadline
1. TEWV to provide an update to Board on the role of Named Doctor for Safeguarding	KA/EM	Once role in place

Agenda Item 5	Sub-Group and Task & Finish Group Update	Presenter: Sub-Group Chairs
---------------	------------------------------------------	-----------------------------

**Communication & Engagement – Neil Harrison**

- **NSAW Evaluation Report:** National Safeguarding Adults Week took place between 15<sup>th</sup> and 21<sup>st</sup> November 2021. The key points from the report were highlighted. Nationally the campaign reached over 79 million people through a range of activities and social media campaigns. Locally the TSAB website and social media channels saw a 500% increase in activity over the week. The link to the full report was included on the agenda.
- **Self-Neglect Awareness Campaign:** The week-long event ran from 31<sup>st</sup> January until 4<sup>th</sup> February and included social media campaigns, a number of Self-neglect resources were shared including MCA and Multi-Disciplinary Team Guidance, a Self-Neglect webinar training session took place during the week, the e-learning courses and workbooks were promoted, and a Self-neglect focused Newsletter was circulated. Full page articles were secured in Hartbeat, Love Middlesbrough and We are Redcar and Cleveland Magazines. Stockton News had already finalised their content, but Stockton-on-Tees Borough Council did provide a case study for inclusion in the TSAB Newsletter. At the start of the week TSAB launched their Safeguarding Vulnerable Dependant Drinkers webinar training, which was well

attended and received good feedback. A full analysis report of the campaign will be compiled and shared at the next CE Sub-Group meeting.

- **TSAB Literature:** Two new animations have been produced on Social Isolation and Trauma Informed Practice. There is a hold on new documentation at present pending some changes to contact details within Redcar and Cleveland Borough Council.

JH thanked the group for their work and noted that the reach of the Group appears to be growing and the profile of adult safeguarding is being raised.

### Operational Leads – Lorraine Garbutt

- **Quality of Concerns:** As part of the usual business of the Sub-Group there is a themed discussion held at every meeting. At the meeting held on 13<sup>th</sup> January the Sub-Group discussed the quality of concerns. Previously an audit had taken place in each LA to look at the quality of concerns received, and work followed to improve this. The group agreed that it was not currently viable to undertake a further deep dive into Concern forms due to resource issues but anecdotally LAs felt that the quality of concern forms had improved, other agencies confirmed that they had completed targeted training with staff groups when there was evidence that practice could be improved, and some internal auditing had supported this. The group agreed that it would be helpful to have a range of exemplar concern forms for the different types of abuse that would support staff if they were completing a concern form; this work is ongoing. It should be noted that at the regular Multi-Agency audits one section of the audit does focus on the quality of the concern submitted and feedback is given to the referrer following this process; in cases of good practice as well as where there could be improvements. In connection with some Domestic Abuse training that NTHFT have carried out Stuart Harper Reynolds has some examples of completed Concern forms which he will forward to the Business Unit
- **Regional Work – Self-Neglect Resources:** The SAR Champions are doing some work regionally to develop a suite of 7-minute briefings covering the different aspects of self-neglect; it is anticipated that these will be released throughout the year in the run up to National Safeguarding Adults Week and will be a useful resource for professionals. A video, similar in format to the Tricky Friends video, is being commissioned. A bid has been made to ADASS for funding to support this work.
- **Welfare Discussions:** Following the Sub-Group meeting a number of representatives attended a meeting to discuss welfare issues. This was an issue raised through OLSG and relates to concerns about people in the community where there are concerns for their safety and potential suicide. Initially the meeting was set up to provide clarity on the routes available to staff for support when faced with a crisis situation and which service should be contacted (police or MH services). Further information was shared about risk assessment processes which would influence the action to be taken. From this meeting it has been agreed to develop a learning briefing for practitioners which could include a quick reference flowchart to support staff to access the right service response.

### Safeguarding Adults Review – Jill Harrison

Part of this section has been removed due to its confidential nature

- **Case 4/21 Learning Briefing:** The link to the Learning Briefing was included on the agenda. The case was considered by the SAR Sub-Group as a result of a Coroner’s inquest. It was agreed that, while a SAR or Lessons Learned Review was unlikely to provide any further learning, it would be beneficial for a learning briefing to be shared on the issues that had been highlighted. JH thanked Ruth Musicka from Middlesbrough Borough Council who has worked with the Business Unit to produce the learning briefing and encouraged all members to share this within their own organisations and networks to ensure that the learning is disseminated.

The Learning, Training and Development and Performance Audit and Quality Sub-Groups have not met since the December Board meeting so there is no update to provide for this meeting.

Action Points	Action Owner	Deadline
---------------	--------------	----------



1. Forward example Concern forms to the Business Unit	SHR	28/02/2022
2. Learning Briefing from Case 4/21 to be shared within organisations	All	28/02/2022

<b>Agenda Item 6</b>	<b>Private Mental Health Hospitals - Update</b>	<b>Presenter: Mike Brierly</b>
----------------------	-------------------------------------------------	--------------------------------

DB is linked into the National SAB Chairs Network and issues have been highlighted through this network regarding private hospitals and the work that is taking place following the Cawston Park report. It has been suggested that SABs should seek some assurance around the situation in their local area. Mike Brierly (MB) from the Clinical Commissioning Group (CCG) joined the meeting to provide an update on the work that is taking place in Tees.

In response to the Cawston Park SAR safe and well reviews are being undertaken nationally with all patients within learning disability or mental health hospitals. On Teesside there are 23 reviews to carry out, of which 12 have been completed. This work is being carried out alongside Care and Treatment Reviews (CTRs), so is not being done in isolation. Site visits are taking place to build a full picture of the safety and quality of care. Results are being collated onto a national template covering a range of areas including safety in hospitals, family involvement, physical and mental health, treatment and how the individual feels in their environment. This data is considered alongside admission dates, whether patients were admitted under a Section 3, primary diagnosis and planned discharge dates. An oversight panel will then consider four areas in terms of assurance; Is a person safe where they are? Are they getting the right care? What is the plan for the future? and Does the person need to be in hospital for their care and treatment? The panel will also involve the commissioner who has completed site visits and has a knowledge of the individual to gain a full picture. Themes are being collated and although the process is only around halfway through, some common themes are emerging such as weight management for individuals who may have been in hospital for long periods of time, the way that patients may be affected by the behaviour of other patients in their environment, and failure to meet planned discharge dates due to the availability of resources and workforce. A thematic review will be carried out to establish if there is any work that can be started ahead of the project being fully completed.

JH thanked MB for providing an oversight of the work that is being done and it was agreed that the CCG will provide further updates to Board once they are in a position to do so.

<b>Action Points</b>	<b>Action Owner</b>	<b>Deadline</b>
1. Private Mental Health Hospitals – Further updates to be provided to Board	CCG	TBA

<b>Agenda Item 7</b>	<b>SAR Champions Group – Update on Regional SAR Library</b>	<b>Presenter: Gina McBride</b>
----------------------	-------------------------------------------------------------	--------------------------------

The regional SAR Champions Group originally formed in 2018 as part of the SCIE / CHIP programme aimed at developing a National SAR Library and Quality Markers Framework. This was a national initiative with every region of the UK represented, however due to the slow progress in taking this project forward many of the groups now cease to exist; the NE SAR Champions are one of the few remaining.

The group has grown in strength and numbers and has a good representation from across the North East Region, with a clear focus on sharing and embedding learning. They meet bi-monthly and consider a range of topics raised both regionally and nationally including work to address the recommendations from Local Government Association’s Report for National Analysis of SARs (2017-19). A bi-monthly update is provided to the Regional Safeguarding Network who may also request the SAR Champions to undertake projects of interest, although capacity issues are considered.

Due to the lack of progress in the development of a National Library, a key piece of work that has been developed by the SAR Champions Group is the North East Regional SAR Library which is hosted on Microsoft Teams by Gateshead Council, but is an accessible resource for all members of the SAR Champions group and their associated Boards. Originally this was to share published SAR and LLR reports but has evolved over time and now includes comprehensive learning resource tools such as learning briefings, forms, templates and national reports. The TSAB’s Rapid Review Briefing Session

presentation has also been shared, as colleagues were interested in this approach and the TSAB learning briefing template formed the basis of the regional template for the SAR Library uploads. The Regional SAR Library has been recognised as good practice nationally and the SAR Champions group were invited to present at a recent LGA Webinar. Work is ongoing to develop the National SAR Library which at the present time is held on the National SAB Chairs Network website.

The National SAR Quality Markers Framework is a quality assurance benchmarking tool to support SABs who commission reviews and ensure that there is consistent quality across all SARs undertaken. The work, started by SCIE in 2018, has been slower than anticipated and in response to this the regional SAR Champions produced their own Quality Marker Checklist which can be used as a quality assurance tool when looking at cases that meet the SAR criteria. All the regional Boards have signed up to use the checklist which will help to ensure that there is a more consistent approach to SARs and this also fits with the recommendations from the National SAR Analysis.

The SCIE National Quality Markers are still being reviewed and it is hoped that the final version will be available sometime in March with the launch via a designated LGA Webinar. The SAR Champions have been invited to provide further input around the quality markers and the Northeast Quality Marker Checklist has also been provided to SCIE to assist with this.

The group is also an excellent resource in terms of peer support, colleagues raise questions and queries, seek advice, feedback and share information and learning.

JH noted that it was good to see that the work being done in the North East is being recognised and shared nationally as good practice.

Members queried if it would be possible for the Regional SAR Library to be made available to a wider cohort. Although key learning is identified and shared at the SAR Sub-group what is identified as being 'key' is subjective and can be viewed differently by different people.

Action Points	Action Owner	Deadline
1. Establish if access to the Regional SAR Library can be extended	GMcB	26/04/2022

Agenda Item 8	VEMT Training Framework	Presenter: Lorraine Garbutt
<p>Through the Strategic Vulnerable, Exploited, Missing and Trafficked Group, a number of work streams have been developed. One of these groups is tasked with developing a training framework across Children and Adults; the document was attached to the agenda for information. The Board have been asked to consider and approve this from an adults' perspective.</p>		
<p><b>Tier 1:</b> there are 3 suggestions as to how this may be covered. The existing E-Learning programme across adults and children which is free and accessible to all. It has been suggested that there are a number of webinars available which could be hosted in one place, for example, we have recordings from the recent Trauma Informed Practice event. Leanne Stockton is carrying out some work on how viable it would be to host these on existing websites or if it would be better to have an external site with the Partnerships and Boards having access via weblinks from their websites. As a further option it is suggested that facilitated learning is jointly commissioned across the Partnerships / Board and delivered on a multi-agency basis; this would also promote the Think Family approach. This option would require a contribution from TSAB's training budget.</p>		
<p><b>Tier 2 - Foundation level:</b> Currently the Children's partnerships deliver training specifically on child sexual exploitation and child criminal exploitation. The Task &amp; Finish Group propose through the framework that TSAB commission similar training for adult workers; it was agreed in principle by VEMT that there is a need for this specific training. Also, initial learning from the current SAR indicates that further development work is required across adult workers; so, this would seem to be a relevant proposal. It has also been highlighted through the TSAB's recent Training Needs Analysis process. If the framework is agreed, further work will be required to explore training providers and costs which would be taken from the TSAB training budget. Additional funding may be required for this.</p>		

<b>Tier 3 - Advanced level:</b> The proposal is that any specialist and advanced training should be identified and provided through individual organisations.		
Members approved the proposal.		
<b>Action Points</b>	<b>Action Owner</b>	<b>Deadline</b>
1. VEMT training framework to be discussed at LTD Sub-Group and a plan for delivery of identified training agreed.	PR	31/03/2022
<b>Agenda Item 9</b>	<b>Any Other Business</b>	<b>Presenter: All</b>
<b>Format for Future Meetings</b>		
The Board has been meeting on a virtual basis for 2 years, but consideration now needs to be given to the meeting format going forward. Members were asked to consider the option of returning to face to face meetings, continuing on a virtual basis or moving to a hybrid style meeting where members could either attend in person or join virtually. A Teams poll was conducted during the meeting and produced the following results. 4% of members wished to return to face to face meetings, 59% wished to continue on a virtual basis and 37% were in favour of adopting a hybrid approach. Members commented that virtual meetings work well and allow for greater flexibility when managing diary commitments but recognised that there is value in the Board coming together face to face for Development Days.		
<b>Cleveland Fire Brigade Representation</b>		
Stephen Johnson (SJ) advised that this will be his last TSAB meeting as representative from Cleveland Fire Brigade. Robin Turnbull (RT) has been appointed as SJ's replacement and is currently shadowing SJ prior to taking over the role in March. JH thanked SJ for his contribution to the work of the Board and wished him well for the future, and also welcomed RT to his new role.		

Next Meeting Date: **Tuesday 26<sup>th</sup> April 2022**  
 Time: **9.30 – 12pm**  
 Venue: **Teams**

Minutes approved by Deputy Chair:



Date: 16 February 2022

**Appendix 1 – Attendance Matrix**

The table below reflects named members of the TSAB, although deputies have been shaded.

Company	10/02/2022	17/02/2022	26/04/2022	28/06/2022	27/09/2022	18/10/2022	06/12/2022	1
Catalyst Stockton	1	0	0	0	0	0	0	100%
CCG Board Member (Tees Valley CCG)	3	0	0	0	0	0	0	100%
Cleveland Fire Brigade	2	0	0	0	0	0	0	100%

Cleveland Police	1	0	0	0	0	0	0	100%
CQC Board Member (Mlbro, Redcar, Stockton) (committed to attend 2 meetings per year)	0	0	0	0	0	0	0	0%
CQC Board Member (Hartlepool)	1	0	0	0	0	0	0	100%
Durham Tees Valley CRC	0	0	0	0	0	0	0	0%
DWP	1	0	0	0	0	0	0	100%
Hartlepool and Stockton Safeguarding Children Partnership	0	0	0	0	0	0	0	0%
HBC Board Member (Director)	1	0	0	0	0	0	0	100%
HBC Board Member (Assistant Director)	0	0	0	0	0	0	0	0%
HBC Lead Member	1	0	0	0	0	0	0	100%
Healthwatch Hartlepool	1	0	0	0	0	0	0	100%
Healthwatch South Tees	1	0	0	0	0	0	0	100%
Healthwatch Stockton	1	0	0	0	0	0	0	100%
HMP Holme House Prison	0	0	0	0	0	0	0	0%
MBC Board Member	1	0	0	0	0	0	0	100%
MBC Lead Member	1	0	0	0	0	0	0	100%
Middlesbrough & Redcar Voluntary Development Agency	1	0	0	0	0	0	0	100%
National Probation Service Cleveland	0	0	0	0	0	0	0	0%
North East Ambulance Service (attend for specific agenda items only)	0	0	0	0	0	0	0	0%
North Tees & Hartlepool NHS Foundation Trust	1	0	0	0	0	0	0	100%
Public Health	1	0	0	0	0	0	0	100%
Office of Police & Crime Commissioner (committed to 2 meetings per year)	0	0	0	0	0	0	0	0%
RCBC Board Member (Director)	0	0	0	0	0	0	0	0%
RCBC Board Member (Assistant Director)	1	0	0	0	0	0	0	100%
RCBC Lead Member	1	0	0	0	0	0	0	100%
RCBC Guest	0	0	0	0	0	0	0	0%
SBC Board Member	1	0	0	0	0	0	0	100%
SBC Lead Member	1	0	0	0	0	0	0	100%
South Tees Hospitals NHS Foundation Trust	1	0	0	0	0	0	0	100%
South Tees Safeguarding Children Partnership	0	0	0	0	0	0	0	0%
Teesside University	0	0	0	0	0	0	0	0%
Tees Esk & Wear Valleys NHS Foundation Trust	2	0	0	0	0	0	0	100%
Thirteen Housing	1	0	0	0	0	0	0	100%
TSAB Independent Chair	0	0	0	0	0	0	0	0%
TSAB Business Unit	6	0	0	0	0	0	0	100%