



## Teeswide Safeguarding Adults Board

Meeting Date: **Wednesday 13<sup>th</sup> December 2023**

Time: **9.30am – 12pm**

Venue: **Microsoft Teams**

### Minutes

Attendees		
Name	Role	Representing
Janet Alderton	Assistant Director of Nursing & Patient Safety	North Tees and Hartlepool NHS Foundation Trust
Jane Bell	Administration Officer	TSAB Business Unit
Gordon Bentley	Designated Nurse Safeguarding Adults	North East and North Cumbria Integrated Care Board
Kevin Bradshaw (Part)	Supported Living Manager	Beyond Housing
Cllr Bob Buchan	Lead Member	Hartlepool Borough Council
Jon Carling****	Chief Executive	Catalyst Stockton
Mayor Chris Cooke	Lead Member	Middlesbrough Council
Elsbeth Devanney	Group Director of Nursing & Quality	TEWV
Mike Fleet	Principal Lecturer (Programmes) Department of Nursing & Midwifery	Teesside University
Ami Fraser (Part)	Access and Safeguarding Lead Officer	Middlesbrough Council
Elaine Godwin	Admin Officer	TSAB Business Unit
Jill Harrison (Deputy Chair)	Director of Adult and Community Based Services	Hartlepool Borough Council
Neil Harrison	Head of Safeguarding & Specialist Services	Hartlepool Borough Council
Gina Hurwood	SAR Co-Ordinator	TSAB Business Unit
Chris Hogben (part)	Independent Reviewer	
Amanda Kelton (Part)	Key Worker	Middlesbrough Council
Alyson Longstaff	Advanced Customer Support Senior Leader	Durham Tees Valley Department for Work and Pensions
Amy Mahoney	Business Manager	TSAB Business Unit
Cllr Ann McCoy	Lead Member	Stockton-on-Tees Borough Council
Caroline McGlade (Part)	Detective Superintendent	Cleveland Police
Sam Midgley	Project Officer	TSAB Business Unit
Beverley Murphy	Chief Nurse	Tees, Esk and Wear Valleys NHS Foundation Trust
Carolyn Nice	Director of Adults and Health	Stockton-on-Tees Borough Council
Kay Nicolson	CEO	A Way Out
Julian Penton****	Development Officer	Hartlepower
Patrick Rice	Corporate Director of Adults and Communities	Redcar & Cleveland Borough Council
Angela Storm	Data Analysis and Performance Monitoring Officer	TSAB Business Unit
Chloe Swash	Admin Officer	TSAB Business Unit
Stephen Thomas	Development Officer	Healthwatch Hartlepool
Robin Turnbull	Area Manager	Cleveland Fire Brigade

Helen Wilson	Superintendent	Cleveland Police
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<b>Apologies</b>		
<b>Name</b>	<b>Role</b>	<b>Representing</b>
Richard Baker	Assistant Chief Constable	Cleveland Police
Darren Best	Independent Chair	Teeswide Safeguarding Adults Board
Angela Connor	Assistant Director Adult Social Care/PSW	Stockton-on-Tees Borough Council
Kati Cowley	Safer Custody and Equalities Hub Manager	HMP Holme House Prison
Mark Davis***	Chief Executive	Middlesbrough Voluntary Development Agency
Paula Dewell	Detective Superintendent – Head of Safeguarding	Cleveland Police
Natasha Douglas	Healthwatch Manager	Healthwatch Stockton
Jean Golightly	Director of Nursing & Quality	North East and North Cumbria Integrated Care Board
Dr Hilary Lloyd	Chief Nurse	South Tees Hospitals NHS Foundation Trust
John Lovatt	Assistant Director	Hartlepool Borough Council
Jen Moore	Designated Nurse Safeguarding Adults	North East and North Cumbria Integrated Care Board
Cara Nimmo	Assistant Director for Adult Care Operations	Redcar & Cleveland Borough Council
Ann Powell	Head of Stockton & Hartlepool PDU	National Probation Service
John Rafferty	Compliance Business Partner - Safeguarding	Thirteen Group
Darren Redgwell	Head of Middlesbrough, Redcar & Cleveland PDU	National Probation Service
Erik Scollay	Director of Adult Social Care	Middlesbrough Borough Council

<b>Absent</b>		
<b>Name</b>	<b>Role</b>	<b>Representing</b>
Sarah Aspinall	Inspector	CQC (Middlesbrough, Stockton-on-Tees and Redcar & Cleveland)
Cllr Lisa Belshaw	Lead Member	Redcar and Cleveland Borough Council
Sarah Bowman-Abouna	Director of Public Health	Stockton-on-Tees Borough Council
Lindsay Britton-Robertson	Assistant Director of Safeguarding	South Tees Hospitals NHS Foundation Trust
Kate Duncan	Head of Safer Prisons & Equality	HMP Holme House Prison
Dean Johansen-Berg		Healthwatch South Tees
Rachelle Kipling	Temporary Assistant Chief Executive	Office of Police & Crime Commissioner
Michelle Monty	Inspector	CQC Hartlepool
Peter Neal	CEO	Redcar and Cleveland Voluntary Development Agency
Karen Sheard	Deputy Chief Nurse	North Tees and Hartlepool NHS Foundation Trust
Nicki Smith	Associate Director of Safeguarding	Tees, Esk and Wear Valleys NHS Foundation Trust
Leanne Stockton	Business Manager	Hartlepool & Stockton Safeguarding Children Partnership
Katie Tucker	Inspector	CQC Hartlepool
Gary Watson	Business Manager	South Tees Safeguarding Children Partnership

\*Attends for specific agenda items only, \*\* Attends 2 times per year; \*\*\*Attends on behalf of MVDA, RCVA & Healthwatch South Tees,  
 \*\*\*\* Attendance will be shared between Catalyst and Hartlepower

**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

Agenda Item 1	Introductions and Apologies	Presenter: Chair
<p>Deputy Chair, Jill Harrison (JH), welcomed members to the December meeting.</p> <p>A number of apologies have been received and will be recorded within the minutes.</p> <p>JH started the meeting by passing on congratulations to Thirteen Housing who were successful in winning the Innovation Champions Award at the National Safeguarding Adults Board Excellence Awards.</p>		

Agenda Item 2	Safeguarding Adult Review	Presenter: Chris Hogben
<p>Chris Hogben (CH) joined the meeting to provide a summary of the Bernadette Safeguarding Adult Review (SAR). CH acted as Independent Reviewer and Author for the SAR, and was joined in the meeting by the appointed family Key Worker.</p> <p>CH provided an overview of the Terms of Reference and Methodology used for the review, a summary of family involvement, the background to the case and details of the practitioners' workshop sessions that took place. The presentation concluded with the key themes that were identified leading on to a number of questions for the Board to consider.</p> <p>Julian Penton noted that issues in relation to silo working and information sharing have been a recurring theme in reviews over a period of time, and queried if there was a piece of work that practitioners could carry out in order to address this. JH acknowledged that this is an issue that has been identified nationally, and despite organisations having protocols in place, there is still a fear over data protection when passing information to other agencies.</p> <p>Jon Carling queried if the Community and Voluntary Sector could have a greater role to play in providing support, particularly over weekends or out of working hours. In this review CH agreed that although there may have been opportunities for the voluntary sector to help support Bernadette her reluctance around engagement may still have prevented this.</p> <p>A copy of the Overview Report and Learning Briefing were circulated with the agenda for approval. Both documents have been shared with the organisations involved for sign off and legal checks. Feedback was received from the Probation Service, and the necessary amendments have been made. No queries were raised by members so both documents were taken as approved.</p> <p>The report will now be shared with the Coroner and the Key Worker will continue to support family through the publication. There is conflicting information on Bernadette's date of birth, with this being recorded as either 9<sup>th</sup> or 19<sup>th</sup> January. In order to be sensitive to these dates, and allowing time for the Christmas break, the proposed publication date is Monday 29<sup>th</sup> January 2024. If any members have concerns regarding the publication date, please let the Business Unit know.</p> <p>With support from the Business Unit CH is happy to provide a recorded Powerpoint presentation to help disseminate learning from the SAR. The aim will be to have this available by the publication date.</p> <p>JH thanked CH for his work on the review, noting the positive feedback from the staff that were involved in the process. Thanks were also passed to the Key Worker who has supported the family through the process and to Gina Hurwood for her support.</p>		

Action Points	Action Owner	Deadline
1. Advise Business Unit of any issue in relation to the Bernadette SAR publication date	All	15/01/2024

Agenda Item 3	Missing From Home - Update	Presenter: Caroline McGlade	
<p>Caroline McGlade (CM) attended the June TSAB meeting to give a presentation on the work that Cleveland Police were doing in relation to Missing From Home (MFH). An agreed action from the June meeting was for CM to provide a 6 month update to the Board.</p>			
<p>CM shared a presentation with members detailing the current MFH figures across Tees as of the end of October 2023. The presentation gave a comparison of figures for the month of October and for the previous 12 month period. A copy of the presentation will be shared with the minutes of the meeting.</p>			
<p>The number of incidents involving missing adults and the number of high risk incidents involving missing adults have both shown a decrease during the October period, whilst the figure for the 12 month period has shown an increase in both cases. The repeat incident rates involving adults missing from home is decreasing which suggests an increasing trend in first time missing from home adults. This creates a greater challenge as these incidents are harder to problem solve.</p>			
<p>A significant number of adults go missing from care settings and Cleveland Police have identified a number of key themes in relation to this. It is anticipated that some of the work being done in relation to Right Care Right Person (RCRP) will help to address some of these issues.</p>			
<p>Work has been done to look at different models in use across the country in order to improve the service, and from this the Cleveland Police Improvement Model has been created. MFH currently falls within the work of the response policing teams and takes up a considerable amount of their time. On average Cleveland Police are managing a similar volume of MFH cases as some of the Metropolitan services. The improvement model is subject to funding but proposes to increase the existing team from 1 sergeant with 4 staff to 1 sergeant and 12 staff which will provide capacity to support the response teams, particularly in relation to the medium risk MFH cases. Higher risk cases would remain with the response teams. It is hoped that within 12 months this model will help to reduce the figure and allow a bid for further resources. Cleveland Police have recognised the value of including partner resources within their MFH hubs and are open to suggestions for ways to take this forward. The first multi-agency problem solving meeting around adult missing from home has now taken place in Cleveland and demonstrated good partnership working. Cleveland Police would like to continue to improve the mental health pathways that result from Public Protection notices to ensure that individuals receive the necessary support.</p>			
<p>The first partnership meeting in relation to RCRP took place at the end of November. Four sub-groups have been created to take the work forward, with CM leading on the Partnership element. CM encouraged members to consider the National Partnership Agreement in the context of their own organisations to identify any commissioning gaps or problems that may need to be considered. The next partnership meeting is taking place on 24<sup>th</sup> January and will start to look at the problem solving aspect. Any members that are not currently represented would be welcome to attend.</p>			
<p>JH thanked CM for the update and noted the positive link with the RCRP work, and encouraged participation from any partner organisations that are not already involved.</p>			
<p>Councillor Ann McCoy queried if the reduction in figures for the October period may be a result of RCRP, and people having the opinion that police would no longer respond to incidents of MFH. CM advised that the RCRP meetings that have taken place have given the opportunity to bring to the fore existing TEWV policies that staff may not have been aware of. The reduction in calls to the control room may be a result of staff now being more aware of existing processes that are in place.</p>			
<p>JH requested that a further update is provided in 6 months time unless there are any issues that emerge prior to then and that the Board will be happy to assist with engagement if required.</p>			
Action Points	Action Owner	Deadline	
1. Missing From Home presentation to be shared with the meeting minutes	BU	02/01/2024	
2. Update on Missing From Home to be provided in 6 months time	BU/CM	12/06/2024	

<b>Agenda Item 4</b>	<b>TEWV – Update on Inspection Framework</b>	<b>Presenter:</b> Beverley Murphy	
<p>TEWV have provided updates to the Board previously in relation to their Care Quality Commission (CQC) Inspection. Chief Nurse, Beverley Murphy (BM), attended the meeting to provided members with a presentation on TEWV’s progress.</p> <p>The CQC inspection process commenced in March 2023 across a number of services, looking at the quality of service and the executive leadership. The draft report was received in July and final publication then took place on 25<sup>th</sup> October. Whilst the overall rating has remained unchanged there are a number of positive changes behind this. When compared to the previous inspection the current ratings are now more predictable across all services, providing assurance to the public that when accessing services, they are more likely to have a good experience of care. Of the six core services inspected three ratings remained the same and three ratings improved.</p> <p>From the inspection a number of Must Do and Should Do Actions were identified, with Must Do Actions signifying regulatory breaches. Only 2 Must Do Actions were identified across the community inspection of Adult Mental Health teams, 1 for older adult inpatients and 1 for the ALD community. BM stressed that the rating of Requires Improvement does not mean an unsafe service, but a number of learning themes have been identified around staffing, training, supervision and physical health monitoring to improve the consistency of safe provision of care. Some changes need to be made around complaints and Duty of Candour in relation to serious incident processes. A number of improvements have already been made and TEWV are now working towards maintaining these. The CQC recognised that the organisation has changed culturally with care being more evident and person centred, good multi-disciplinary and governance teams in place and that all staff recognised TEWV’s vision and Strategic Direction.</p> <p>The presentation detailed the process for Improvement Plan Reporting and listed all of the Must Do and Should Do Actions. BM advised that a number of these have already been completed. A number of Should Do Actions were in relation to Safeguarding. In response to these TEWV will continue to raise awareness of the safeguarding standards and as the organisation moves to a new electronic recording system (CITO) in February 2024 there will be a number of forms included to improve the quality and consistency of working. The Safeguarding Public Protection Team will receive reports on compliance with the standards to ensure that TEWV are practising as required across all services. Work is already underway to strengthen safeguarding links across the organisation and to continue to support staff via supervision, training, and resources.</p> <p>The improvement plan is governed with a system in place to receive the actions, work them into the care groups and report on progress to the Quality Assurance Committee and the NHS England Quality Board. The Board of Directors receive reports on progress and have the opportunity to challenge if actions are not delivering.</p> <p>JH thanked BM for the update and requested that a further update is provided when appropriate.</p>			
<b>Action Points</b>		<b>Action Owner</b>	<b>Deadline</b>
1. Further update on TEWV Inspection Framework to be provided when appropriate		BU/BM/ED	TBA

<b>Agenda Item 5</b>	<b>Q2 Performance Report</b>	<b>Presenter:</b> Angela Storm	
<p>The Q2 Performance report is the first report to be shared with Board members using the Power BI system. The report has not been shared with the agenda, but Angela Storm (AS) advised that she is working with the IT and Information Governance teams to create a secure workspace where all members, including those without a Power BI licence, can access the data and interactive dashboard. The reports will be published in an App and AS will circulate a link to enable members to access this.</p> <p>The new format aims to replicate the previous reporting style.</p> <p>Strategic Aims:</p> <ul style="list-style-type: none"> <li>• Joint Working – Information on the Multi agency audits that have taken place, the number of cases referred into High Risk Adult Panel (HRAP) (Previously Team Around the Individual) and the percentage of individuals satisfied with their outcome.</li> </ul>			

- People – Figures are provided for the number of people that have accessed the Board’s training provision and the number of Safeguarding Adult Review notifications considered within the period.
- Communication – The number of individuals asked about their desired outcome and figures for social media and website activity, reflecting the amount of work carried out during National Safeguarding Adults Week (NSAW).
- Services – Progress with the Non-Statutory Partners QAF process and the number of Care Providers subject to the Responding to and Addressing Serious Concerns process.

**Performance Indicators:**

Three out of the four Performance Indicators are being met and the report now includes a breakdown by Local Authority area. AS advised that this provoked good discussion within the Performance, Audit and Quality Sub-Group meeting and helps to provide confidence that work is being done in any areas that may not be meeting the target.

**Concerns & Enquiries:**

The number of Concerns has increased during the reporting year. Some of the reporting mechanisms and the way that Concerns are recorded in the systems have changed which has impacted on the overall figure. Concerns leading to a Section 42 Enquiry has seen an overall decrease. The Power BI dashboard allows this information to be broken down by Local Authority area. The main categories of abuse remained as Physical, Neglect and Acts of Omission, Financial, Domestic Abuse and Self-Neglect. Again, the dashboard allows this information to be broken down further by Local Authority area, location of risk and source of referral.

**Comparison to Previous Year:**

The type, location and source of risk can be split by Local Authority area and filtered by both age and gender to give a clear picture across Tees. The data is similar to both the previous quarter and the previous year, with no significant changes to highlight.

**Outcomes:**

Action was taken in the majority of enquiries. In over half of concluded Section 42 Enquiries the source of risk was known to the individual. Risk was removed or reduced in the majority of cases. In most cases individuals were asked about desired outcomes and these were achieved.

**Multi Agency Data:**

Multi Agency data still needs to be incorporated into the Power BI reporting system.

For this quarter Multi Agency data has been compiled using the old reporting style and a copy of this will be circulated with the minutes.

Action Points	Action Owner	Deadline
1. Multi Agency data to be circulated with the minutes	BU	02/01/2024

Agenda Item 6	Sub-Group and Task & Finish Group Update	Presenter: Sub-Group Chairs
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**Safeguarding Adults Review Sub-Group – Jill Harrison**

Sunderland SAB SAR notifications – A briefing note was circulated with the agenda for information. This item was discussed at the recent Statutory Partners meeting and a number of questions were raised around concerns when the host Local Authority does not commission a service but has Safeguarding responsibility. Members were asked to carry out checks as to whether there are any other individuals from across Tees placed with the provider in Sunderland. Darren Best will be making contact with the Sunderland SAB Chair in terms of their oversight of the named care provider.

Update on SAR Thematic Report (ASE) - Mapping of appropriate housing and support services for victims of Adult Sexual Exploitation (ASE) was raised at the recent Adult Exploitation Task & Finish Group as well as the challenges around data gathering linked to exploitation. The ASE Learning Briefing has been drafted and circulated to relevant colleagues with a specific request to voluntary sector colleagues to seek feedback from service users and support groups. Kay Nicholson updated that representatives from the

STAGE project were in Parliament for the Changing the Narrative event around ASE and linking the policy and influencing work to the Victims and Prisoners Bill. An amendment was added to the Bill to consider a definition of ASE and they are working with local MPs to progress this further.

A number of documents were circulated with the agenda for approval:

- James Action Plan – Progress has already been made on several of the actions.
- MDT Guidance – The guidance has been reviewed considering learning from the James SAR.
- SK Action Plan - Progress has already been made on several of the actions. Elements of learning from the Whorlton Hall SAR have been incorporated where appropriate.

A range of SAR documents were also attached to the agenda for approval, with changes highlighted in yellow.

- Notification Form
- Learning Reviews & Processes Linked to Incidents of Serious Harm or Death
- Initial Chronology
- Recommendation Summary
- Family Leaflet

All documents have been aligned to the revised SAR Policy & Procedures. A new TSAB webpage has been created: *Learning Reviews and Processes Linked to Incidents of Serious Harm or Death*. Members were asked to confirm if they are happy with this wording and Local Authority leads were requested to check that Public Health are happy with the Drug and Alcohol Related Death Reviews.

JH advised that the Business Unit have received a number of SAR Notifications in error that should have been Safeguarding Concerns. There is a clear process in place for raising a concern and JH requested that members remind colleagues of this. The SAR form is only to be used for SAR referrals.

No queries were raised by members so all documents were deemed to be approved.

### **Operational Leads Sub-Group – Amy Mahoney**

The Sub-Group last met on 16<sup>th</sup> November. Key items of discussion were:

- Concern Forms on Local Authority websites and whether a more consistent approach could be taken. Some host the Concern Form, some direct to the TSAB website and some provide details for their First Contact Team. Members were asked to review their own website to ensure that the process is clear. Work has also been done on the TSAB website to ensure the process for reporting abuse is clear.
- Stockton-on-Tees Borough Council presented a case study in relation to safeguarding procedures that had been used to address an issue that was more of a care management issue. This prompted a lot of discussion and a number of actions were taken away, including the sharing of contact details with other organisational teams to ensure that feedback could be provided.
- HRAP, which was launched on 6<sup>th</sup> November, and the ASE Toolkit which was launched during NSAW were discussed and members were asked to share across their networks.
- The Unseen Care Sector Report highlighting concerns around abuse and exploitation of workers in care settings was discussed. Members were asked to raise the concerns discussed and share intelligence with their commissioning and management teams.
- Guidance for the Child Carer Pathway for Domestic Abuse was discussed with a plan to promote this further.
- An update was provided on the Policy, Procedures and Practice work. A number of documents have now been reviewed.
- Annual Consultation Survey – This closes on 31<sup>st</sup> January and members were encouraged to promote further. A copy of the link will be shared with the minutes from this meeting.

## Middlesbrough Borough Council (MBC) Multi-Agency Audit Report on Hospital Discharge – Ami Fraser

Ami Fraser presented the report from MBC’s Multi Agency Audit.

The key findings from the enquiry were:

- Only Local Authority and James Cook University Hospital (JCUH) partners were involved in the enquiry.
- A Matron report was completed, which explored all of the areas of concern and highlighted actions and learning. This report was shared with MBC, and this was highlighted in the audit as good practice.
- The District Nursing Service acted quickly to support the service user and the care home staff.

What was done well:

- The S42 had been processed without delay, leading to a very prompt response to the Concern.
- Following the concerns being raised, the care home received the service needed the day after the referral was submitted.
- The service user’s wife was involved throughout and felt reassured at the end of the process.
- An Investigation report completed by JCUH was sighted as part of the audit process. Those involved in the audit felt that the actions taken by health staff were positive and also felt it was good practice to share this report with the Local Authority.

No areas were highlighted for improvement.

Outcome:

The service user received a swift response through the District Nursing Team and the issues were resolved.

JH thanked AF for presenting the report and noted that the audits provide a good opportunity to share examples of good practice and positive learning.

### Performance, Audit and Quality Sub-Group – Angela Storm on behalf of Erik Scollay

The Sub-Group last met on 27<sup>th</sup> November and the following items were discussed:

- An update was provided from the September and October TSAB meetings.
- Each Local Authority presented their Q2 Performance Report which prompted good discussion around the way that Concerns are reported. Hartlepool Borough Council have moved away from recording No Further Action and now report as Other. The Sub-Group will look further at ways to record what happens to Concerns that don’t meet the criteria for a S42 Enquiry but are then progressed via different routes.
- The Q2 TSAB Report was presented using Power BI and an update was provided on progress. Each Local Authority currently provide data in Excel format, but from Q3 will start to use Power Bi as the reporting mechanism. Further work needs to be done on how to include the narrative that accompanies the data.
- An update was provided on the Non-Statutory Partners QAF process.

There was no update from the Communication and Engagement Sub-Group and the Learning, Training and Development Sub-Group as they have not met since the October Board meeting.

JH commented that it is good to see that No Further Action is being considered in order to provide assurance that other routes are taken in these cases.

Action Points	Action Owner	Deadline
1. Members to remind colleagues of the process for raising a concern	All	02/01/2024
2. Link to annual survey to be shared with the minutes	BU	02/01/2024

<b>Agenda Item 7</b>	<b>QAF Evaluation Reports</b>	
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A number of Non-Statutory Partners have completed the QAF process and attended the meeting to provide a summary of the findings.

### **Cleveland Fire Brigade (CFB) – Robin Turnbull (RT)**

CFB received a green rating from the audit process. CFB deliver services in 3 key areas – Prevention which includes fire safety visits, school education etc, Protection which helps Business communities through fire safety regulations and emergency response. Key findings from the process were:

*Good link to Safeguarding within Cleveland Fire Brigade’s strategic plan.* The plan was reviewed last year and received good feedback from the inspectorate.

*Good work in relation to the cascading, and the sharing of the learning from SARs which has continued to take place within the organisation.* CFB ensure that learning from any incidents or SARs are cascaded to the right audience.

Good practice was identified in the following areas:

Street Link Work - Operational crews attend incidents in remote locations during unsociable hours and may encounter people sleeping rough. In these circumstances, the StreetLink application is used by either the operational crews or Flexible Duty Officer(s) to send an alert to local support services.

Regional Fire Group Talks - CFB regularly attends incidents in neighbouring fire authority areas, such as County Durham and Darlington and North Yorkshire Fire and Rescue Services. In the event of operational crews identifying any safeguarding concerns in neighbouring fire and rescue service geographic areas, mechanisms are in place to ensure that a referral is made to other local authority areas, if necessary.

Training - CFB attended four accidental dwelling fires during the 2022/23 reporting year where a resident lost their life as a result of a fire. Following comprehensive internal debriefs and learning reviews a number of actions were established, one of which involved additional training for operational crews on delivering a Safer Home Visit and types of referrals to be submitted. Home Safety Officers, Community Advocates and the Brigade’s safeguarding lead officer all delivered training to raise awareness throughout the organisation, in addition to training materials provided through the Brigade’s Learning Management System.

RT thanked the Business Unit for their support in completing the process.

### **Thirteen Housing – Angela Storm on behalf of John Rafferty**

AS noted that as with CFB, the submission from Thirteen Housing was made by colleagues completing the process for the first time. In both cases they found the process to be beneficial.

Thirteen made an excellent submission that was easy to navigate, which was commended by the evaluation group. Thirteen were also commended for the work around their Interactive Training Tool which received the award at the National Safeguarding Adults Board Excellence Awards. Thirteen’s proactive approach to safeguarding was demonstrated within the submission by the new policies that they have introduced. One area for improvement was identified in relation to linking new policies with existing ones in order to make them easier for colleagues to apply.

### **Beyond Housing – Kevin Bradshaw (KB)**

This is the second time that Beyond Housing have completed the QAF process and KB noted that it provides a good opportunity to reflect on practice and to have it reviewed by the evaluation group. Beyond Housing received a rating of amber which they felt to be a true reflection, as they acknowledge that they still have work to do in some areas. The submission included pieces of work completed throughout the year, including a renewal of the existing Safeguarding Policy and Procedure, and also took into

consideration the existing action plan for their first submission. The recommendations from the submission along with an internal audit have been used to formulate a new action plan.

Key points were identified in relation to sharing the learning for SARs and Reviews. Although they do have an agreed process for this it is not formally documented within any of their procedures. It was evidenced that all front-line colleagues undertake formal training and induction in respect of safeguarding, including the “Something’s Not Right” alert process. Case management is currently completed manually which is recognised as being labour intensive. Work is underway to move to an automated system.

Areas of good practice were noted around the mandatory reporting tool that must be completed for each home visit, and before cases are closed two fields need to be completed around any concerns in relation to the customer or property. This would then trigger a flag for follow up work if required. Monthly audits are carried out to ensure that any alerts are acted upon with 24 hours and that referrals are made to the Local Authority within 48 hours where applicable.

A further action was identified in relation to the Code of Conduct. Guidance will be introduced on Professional Boundaries and training will be provided to accompany this.

JH thanked the organisations for their presentations and to those involved in the process. JH noted that submissions are open and honest and are being viewed as a learning opportunity to reflect on good practice and identify areas for future work.

<b>Agenda Item 8</b>	<b>Any Other Business</b>	<b>Presenter: All</b>
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A number of documents were included on the agenda for information:

- Right Care Right Person: Cleveland Police Structure – this is provided in response to an action from the October meeting.
- Learning from Regional & National SAR: Whorlton Hall – The report considers learning from a Tees perspective, and members are welcome to share this with colleagues.
- North East SAR Champions Network: Diabetes Awareness and Links to Safeguarding Adult Reviews – Diabetes was identified as a theme within the SAR annual report and a link is included to a webinar session that took place during NSAW.
- NENC ICB LeDer Annual Report 2022-23 – Any questions in relation to this should be forwarded to Jen Moore.
- Information Sharing Agreement – Members are requested to provide signatures if they have not already done so.

The TSAB Development Day is taking place on 14<sup>th</sup> February at the River Tees Watersports Centre. If there are any items that members would like to have included on the agenda these should be forwarded to the Business Unit.

Neil Harrison advised that the Business Unit are compiling a report from NSAW and also reminded members that the Annual Survey is still open and requested that it is shared where possible.

JH thanked attendees for their time and contributions to the meeting and wished everyone a Merry Christmas.

<b>Action Points</b>	<b>Action Owner</b>	<b>Deadline</b>
1. Signatures to be provided for the ISA where still outstanding	All	02/01/2024
2. Development Day agenda items to be forwarded to the Business Unit	All	02/01/2024
3. Annual Survey to be shared where possible	All	31/01/2024

Next Meeting Date: **Wednesday 14<sup>th</sup> February – Development Session**  
 Time: **9.30am – 1pm**  
 Venue: **River Tees Watersports Centre**

Minutes approved by Deputy Chair:

A handwritten signature in black ink, appearing to read "J. Hamson". The signature is written in a cursive style with a large, looping initial "J".

Date: 21/12/2023

<b>Appendix 1 - Attendance Matrix</b>								
The table below reflects named members of the TSAB, although deputies have been shaded.								
<b>Company</b>	<b>16/02/2023</b>	<b>07/03/2023</b>	<b>19/04/2023</b>	<b>14/06/2023</b>	<b>13/09/2023</b>	<b>11/10/2023</b>	<b>13/12/2023</b>	<b>7</b>
Catalyst Stockton / Hartlepower	2	1	1	1	2	1	0	86%
ICB	2	2	3	1	2	3	1	100%
Cleveland Fire Brigade	1	0	1	1	1	1	1	86%
Cleveland Police	1	1	2	1	2	1	1	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)	0	0	0	0	0	0	0	0%
Durham Tees Valley CRC	0	0	0	0	0	0	0	0%
DWP	0	1	1	0	1	1	1	71%
Hartlepool and Stockton Safeguarding Children Partnership	0	0	0	0	0	0	0	0%
Hartlepool Borough Council	2	2	3	2	1	2	2	100%
HBC Lead Member	0	1	1	1	1	0	1	71%
Healthwatch Hartlepool	0	0	1	1	0	0	0	29%
Healthwatch South Tees	1	0	0	1	1	1	0	57%
Healthwatch Stockton	1	1	1	0	0	1	0	57%
HMP Holme House Prison	1	0	1	1	1	1	0	71%
Middlesbrough Borough Council	1	1	2	1	2	1	1	100%
MBC Lead Member	1	1	1	0	1	0	1	71%
Middlesbrough VDA / Redcar & Cleveland VDA	2	0	0	0	0	0	0	14%
National Probation Service Cleveland	1	0	0	0	0	0	0	14%
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	1	1	1	1	1	1	100%
Public Health	0	1	0	1	1	0	0	43%
Office of Police & Crime Commissioner (committed to 2 meetings per year)	1	1	0	1	1	0	0	57%
Redcar & Cleveland Borough Council	1	1	1	2	1	1	1	100%
RCBC Lead Member	0	1	1	1	0	1	0	57%
Stockton on Tees Borough Council	1	1	2	1	1	2	1	100%
SBC Lead Member	0	1	1	0	1	0	1	57%
South Tees Hospitals NHS Foundation Trust	1	1	1	1	1	1	0	86%
South Tees Safeguarding Children Partnership	0	0	1	0	0	1	0	29%
Teesside University	0	0	0	0	0	1	1	29%
Tees Esk & Wear Valleys NHS Foundation Trust	1	1	1	1	1	1	2	100%
Thirteen Housing	1	1	0	1	1	0	0	57%
TSAB Independent Chair	1	1	1	1	1	1	0	86%
TSAB Business Unit	5	6	7	6	7	6	7	100%