

Attachment 1

**BATH & NORTH EAST SOMERSET
LOCAL SAFEGUARDING ADULTS BOARD**

**NOTES OF MEETING HELD ON
Tuesday 1st October 2013
2 p.m. – 5 p.m.**

**in the Board Room
Trust HQ, St Martin's Hospital, Bath.**

Those Present

Robin Cowen – Independent Chair B&NES LSAB
Lesley Hutchinson – Head of Safeguarding Adults, Assurance & Personalisation
Jane Shayler – Deputy Director Adult Care, Health & Housing Strategy/Commissioning, B&NES
Ashley Ayre – Strategic Director, People & Communities Dept, B&NES Council
Val Janson – Associate Director of Quality & Patient Safety (Commissioning), B&NES CCG
Janet Rowse – Chief Executive Officer, Sirona Care & Health
Damaris Howard – Director, Regulated Services, Freeways (Health & Wellbeing Network Rep)
Janet Goodfellow – Regional Manager, Four Seasons Health Care
Sonia Hutchison – Chief Executive Officer, Carers Centre B&NES (Carers rep)
Jenny Theed – Director of Operations, Sirona Care & Health
Mary Lewis – Associate Director of Nursing, Quality and Patient Safety, RUH NHS Trust, Bath
(*and sub for Helen Blanchard, Director of Nursing, RUH*)
Mick Dixon – Head of Risk Reduction and Operational Training, Avon Fire & Rescue
DI Matt Iddon – Avon & Somerset Constabulary, Public Protection Unit
Andrew Snee – Interim Head of Tenancy Solutions, Curo Group
Kevin Elliott – Patient Experience Manager, Bath, Gloucs, Swindon & Wilts NHS England
Rayna McDonald – Director of Operations & Clinical Practice, RNHRD
Bill Bruce-Jones – Clinical Director for B&NES, AWP Mental Health Trust
Dawn Clarke – Director of Nursing & Quality, NHS Bath & North East Somerset CCG (*attended from Item 11*)
Claire Littlejohn – Healthwatch (for Agenda Item 3)
Dominic Morgan – B&NES CCG (for Agenda Item 4)
Clare Tozer – Administrator/Notetaker for LSAB

Apologies

Geoff Wessell – Det Superintendent, Avon & Somerset Constabulary PPU
David Trethewey – Divisional Director, Policy & Partnerships, B&NES Council
Sophie Kent-Leger – Asst Head Teacher, Threeways Special School (B&NES)
Cllr Simon Allen – Cabinet Member for Wellbeing, B&NES Council
Kevin Day – Senior Probation Officer, Avon & Somerset Wiltshire Probation Service
Liz Richards – Managing Director (B&NES), AWP Mental Health Trust
Janet Dabbs – CEO Age UK (B&NES) representing Supporting People Forum in B&NES
Kirstie Mann – Manager, Your Say Advocacy Service
Julie Evans – Director of Neighbourhoods, Curo Group
Kate Purser – Adults Safeguarding Lead, NHS BaNES CCG
Helen Blanchard – Director of Nursing, RUH NHS Trust

	SUBJECT	DISCUSSION
1.	Apologies & Introductions	Robin Cowen welcomed everyone to the meeting and asked each person to introduce who they were and the organisation they were representing.
2.	Notes & Actions from last meeting & Matters Arising (25.06.13)	<p>Notes of 25th June 2013 – agreed.</p> <p>A222: With regard to LSCB/LSAB Training sub-groups merging. This is unlikely to happen in the short term however the LSCB/LSAB Joint Interface Group will continue to work closely together.</p> <p><u>ACTIONS LIST UPDATE</u></p> <p>A246 (b): Page 4 Executive Summary under “Risks” - Janet Rowse to draft a clause. This was done by Damaris Howard. Change “Actions List” to reflect this. [Removed]</p> <p>A225 Trigger Protocol: This is an on-going piece of work - delete this from Actions List. [Removed]</p> <p>A224 Whistleblowing and examples of good practice, where organisation has learnt from the process: Remove from Actions List. If LSAB members come across a suitable example, let the Policy & Procedures sub-group know. Claire Littlejohn (Healthwatch) offered to check some examples from their organisation. [Removed]</p> <p>A221 – Delete this action from the Actions List [Removed]</p>
3.	Agenda Item 3	Presentation from Healthwatch (Bath & North East Somerset) see slides [Claire Littlejohn]
		<p>Sonia Hutchison introduced this item and Claire Littlejohn from Healthwatch. Sonia explained that Healthwatch have experience with engaging with service users and can assist the LSAB with the process of involving service users and can also provide training. The purpose of Claire Littlejohn’s presentation is to introduce the Board to the work remit of Healthwatch.</p> <p>Claire Littlejohn works for the Care Forum delivering Healthwatch contracts. The Care Forum is a charity infrastructure which supports and works with the voluntary sector. Healthwatch gives children, young people and adults the power to improve their local health and social care services – every voice counts. It is independent, transparent and accountable; it has statutory powers and can tell services about the experiences of service users and hold those services to account. Healthwatch B&NES comes under the umbrella of Healthwatch England and is funded by the Dept of Health. It comprises Healthwatch Volunteer champions, x2 member of staff, Clinical Commissioning Group lay representative, advocacy rep and voluntary and community sector rep. The Stakeholders are: Health & Wellbeing Board, Clinical Commissioning Group, Local Authority, Voluntary and Community Sector, NHS Trusts, Healthwatch England, Independent Health & Care Providers, National Commissioning Board and the general public.</p> <p>Healthwatch can only provide help and advice to constituted bodies or to members of the public via a constituted body. There are Healthwatch Champions and members of the public can access them to put their point of view or case forward. Healthwatch would support a service user to attend an LSAB and could circulate the LSAB agenda to various bodies for comments.</p>

Healthwatch also has the power/remit to do 'enter and view' visits. This is not an inspection but a lay person's observation of a service. They might do unannounced 'spot' checks, but this is rare – it is usually announced visits with the co-operation of the service. Healthwatch then reports back to Managers of elderly person's homes and the Commissioners.

Questions were asked from the Board with regard to what happens when there are no Local Authority (B&NES) residents in a particular home at the time Healthwatch did an 'enter and view' visit; or where it is a privately run residential care home where the Local Authority doesn't have a commissioning contract; also hospital settings. How does feedback happen, how would the Local Authority's commissioning team be advised on any given situation? (particularly relevant in respect of self-funders in residential care homes). Claire Littlejohn said that Healthwatch would report back to the appropriate Local Authority for the resident; however, acknowledged where there are self-funders it was more difficult, but overall Local Authorities would be kept informed. The process of doing this feedback needs to be ironed-out. Currently Healthwatch compile a quarterly 'top 20' list of themes and key priorities which is made available to Local Authorities. Comment from Board that we had not seen any feedback. Claire Littlejohn said that their report is usually sent (within Bristol) to the head offices. **Action: Need to check how B&NES receives this information. [A247]**

Healthwatch are looking for 50 volunteer champions for the area and would like to help 'seldom heard groups'. Currently have 12 volunteers so on-going process in recruiting.

Janet Rowse asked if Healthwatch see themselves in any relationship with Providers (referring to previous Community Health Councils which were independent bodies made up from local community reps and links with other organisations). Building relationships with organisations is important and this element seems lacking in the Healthwatch structures.

Claire Littlejohn accepted this comment, but added that Healthwatch does have good relations with organisations (e.g. Teresa Hegarty at the Royal United Hospital; and Martha Cox at Sirona). Janet Rowse said that 'providers' needed to know where they can help. Claire Littlejohn said that systems are developing and that Healthwatch is receptive to understanding how providers, organisations and the LSAB relate.

Mary Lewis asked if Healthwatch had a remit around private hospitals. Claire Littlejohn said that if something was commissioned by the Local Authority then Healthwatch can go in, but if not, then it was more difficult. Robin Cowen added that The Circle (Bath) do have patients commissioned by the Clinical Commissioning Group.

Sonia Hutchison asked, given Healthwatch require a link to an organisation in order for 'a voice to be heard', what happens to those groups of people (e.g. people with disabilities) who are not attached to a specific organisation, for their voice to be heard. How are Healthwatch going to manage this? Claire Littlejohn said that individuals can tell Healthwatch their story and they can do targeted engagement work with those individuals. Healthwatch will always find a group for an individual/s if they want to be represented.

Robin Cowen thanked Claire Littlejohn for her presentation on Healthwatch. He invited Claire to stay for the rest of the meeting as an observer.

4.	Agenda Item 4	Urgent Care Issues
		<p>Dominic Morgan - Urgent Care Network Programme Lead, BaNES CCG</p> <p>Dominic Morgan talked through his presentation. Last year 'winter pressures' demand caused an imbalance in the systems set up to cope and this resulted in 'black escalation' with decisions being made in crisis and some patients having to be moved quickly from hospitals into residential and nursing care homes in the community, or directly to their own homes. In or to improve the 'winter pressures' flow for 2013/14, two categories have been set up: Planned Escalation; and Unplanned Escalation.</p> <p>Janet Rowse provided more background and commented on the provision of urgent care in 2012/13 and that patients were waiting in A&E for over 4hours. Ambulances were picking people up, queuing, but patients not being assessed and the ambulances then had to leave them. Patients who were in hospital and had to be moved out quickly (unplanned discharge) either to their own homes or into residential care, were at higher risk. Not least, those patients who were discharged to their own homes also needed help with feeding and general care – the whole system cracked and stress levels were high. Patients can be placed in the wrong establishments as a result of these crises and there were safeguarding issues in one of the homes because of the influx.</p> <p>Dominic Morgan said that operation managers in Avon, Wiltshire and B&NES faced significant problems in 2012/13 as the winter was prolonged (finished in April 2013). Winter plans were not robust enough with all organisations and there were 'safety' issues.</p> <p>As a result of the problems with winter 2012/13, the B&NES Clinical Commissioning Group (CCG) was asked to look at the issues and develop a framework so that a similar situation could be avoided for 2013/14. The term "winter pressures" will no longer be used. All providers will be required to predict their demand ("demand prediction") and will need to assess and provide very clear identifiers around winter planning.</p> <p><u>New CCG Assurance Process</u></p> <ul style="list-style-type: none"> - Review of provider demand predictors - Review of Demand & Surge plans for this winter - CCG led provider workshops to enhance individual provider plans - Peer to peer winter plans review forum (CCG led and Area Team attended) - Health Care System Leadership Forum - Demand & Surge capacity monitoring with system escalation framework <p>Decisions around new workstreams have taken into account Safeguarding.</p> <p>Jane Shayler said she had attended a simulation event which raised the importance of accurate and timely information from organisations. Last year raised a number of safety concerns was around information-sharing. Have we got a solution now around capacity and information-sharing.</p> <p>Jenny Theed said that timely information-sharing should be better this year. Last year patients were elderly and providers struggled to meet the need for more capacity.</p>

		<p>Robin Cowen asked when does pressures, planning and contingency tip into safeguarding – how is this anticipated.</p> <p>Janet Rowse raised oversight assurance ('safety' into 'safeguarding') and criteria around this – what's the definition. The process Dominic Morgan has put in place has cemented providers and this is better – stronger relationships to build on.</p> <p>Dominic Morgan said the new process may need to re-visited, depending on how it works for providers. There is a problem with capacity and that could impact tipping over into safeguarding.</p> <p>Damaris Howard asked about 'providers' and who this was referring to. Janet Rowse said her understanding was all providers including domiciliary care.</p> <p>Damaris Howard made the point that B&NES people will also be admitted to Bristol hospitals (e.g. BRI and Frenchay).</p> <p>Janet Goodfellow said that Four Seasons has had conversations with Bristol about winter pressures but not yet had conversations with B&NES.</p> <p>Jenny Theed said Sirona are meeting with RUH. There were acknowledged safety risks for patients if the whole health and social care system comes under significant pressures which need to be managed to minimise patient safety risks. Providers, including Sirona and the RUH are involved in regular meetings to try and proactively mitigate these risks</p> <p>Rayna McDonald - Enhanced safeguarding decisions/processes; enhanced level of assurance are required</p> <p>Robin Cowen asked Val Janson to look at issues around safeguarding assurance and winter pressures via the QAA&PM sub-group. [A248]</p> <p>Mary Lewis asked that people were clear when they were talking about using the terms 'patient safety' or 'safeguarding', as there is a fundamental difference and therefore required very different actions.</p>
5.	Agenda Item 5	Sub-Group Chairs Report + Business Plan [Attachment 4 – for discussion]
		<p>Updates and amendments made to the LSAB Business Plan</p> <p>1.1 Information Sharing Protocol: need to bring to LSAB in December. Trigger Protocol: now removed</p> <p>4.2 Multi-Agency Policies & Procedures: P&P sub-group to bring back to LSAB. [A249]</p> <p>Media Policy: Being looked at by Awareness & Comms sub-group and back to LSAB in December.</p> <p>Consent Policy: To MCA/DOLS sub-group to look at. Lesley Hutchinson to check this. [A250]</p> <p>Review of the Thresholds Policy: P&P sub-group agreed that this can be done next year in line with South West Network.</p> <p>Large Scale Investigation Policy: To LSAB in December. [A251]</p>

		<p><u>Updates from the LSAB sub-Groups</u></p> <p>S.A. Training & Development sub-group [Chair = Jenny Theed] Jenny Theed updated on the Training & Development Audit. Have had x21 responses but more coming in. Need LSAB to agree if wish to expand the audit for next year and whether have same themes. Jenny Theed to update again on this at the LSAB in December. [A252]</p> <p>The Stakeholder Event held on Friday 27th September at Frys was well attended, with representation from a cross-section of agencies and organisations. Positive feedback, particularly from practitioners who found the day very helpful. One particular theme of the day was “whistleblowing”, which raised a number of difficult issues.</p> <p>S.A. QAA&PM sub-group [Chair = Val Janson] On track with the Business Plan and have re-designed the Audit Tool for auditing safeguarding cases to make it more relevant. Also had a presentation around Francis Report and Winterbourne View.</p> <p>S.A. Awareness & Comms sub-group [Chair = Sonia Hutchison] The service user feedback questionnaire has been checked by the Sirona Service User Group who have made helpful changes/suggestions and these will be incorporated into the revised form. Also, “Your Say Advocacy” have checked the ‘easy read’ version of the questionnaire and suggestions made will be included in the revised version. Thanks to both for their input.</p> <p>Calendar of Events: Gradually getting this together and opportunities to promote safeguarding in the community are emerging. On-going process to complete. Melanie Hodgson (Information Officer, B&NES Adult Social Care) is in the process of identifying Newsletters where safeguarding information can be included.</p> <p>Healthwatch: Will be working closely with Healthwatch in future and would be pleased to invite a representative from Healthwatch on to the Awareness & Communications sub-group.</p> <p>Agreed to write an Awareness & Communications Strategy paper. [A253]</p> <p>MCA/DOLS Quality & Practice sub-group [Chair = Lesley Hutchinson] Assurance arrangements to LSAB in December. [A254]</p> <p>RUH, Sirona, Council development indicators need to come back to the Board. LSAB agreed that dates to slip back until March 2014.</p>
6.	Agenda Item 5	Induction Pack (Attachment 5 refers)
		<p>Following amendments/changes to be made to Business Plan</p> <ul style="list-style-type: none"> • Robin Cowen introduction needed and make reference to Business Plan and to Care Bill • Names of LSAB representatives on the Board to be included. Clare Tozer to check names are updated when necessary. • Attendance at Board meetings should be 75%: Need to agree this. Bill Bruce-Jones said that Liz Richards as Managing Director of AWP will

		<p>share attendance at Board meetings; therefore it would be better to say “senior representative from the organisation to attend, etc.....”]</p> <p>Action: Lesley will do changes on the ToR to include AWP and Healthwatch representatives; plus titles need to be removed. [A255]</p> <ul style="list-style-type: none"> • Page 3 - Missions Statement: B&NES one to stay, other LA’s to come out. • Page 5 - Diagram: Need ‘solid line’ to indicate Council and Health & Wellbeing and have an arrow at either end to show it is a two-way relationship. ‘Dotted line’ to indicate relationship with other statutory bodies. • Page 8 - Confidentiality Statement: If someone from Healthwatch attending LSAB, need to check confidentiality of papers before sending to them (but papers are ‘open’ unless LSAB say otherwise). Healthwatch will share Induction Pack when it’s ready. <p>Action: LH to amend [A256]</p>
7.	Agenda Item 5 cont	Update on LSCB/LSAB Joint Interface Group (verbal update)
		<p>Lesley Hutchinson updated the Board.</p> <p>A joint LSCB/LSAB training group not going ahead now, but the interface group does look at joint training work as part of its remit. Also, a joint Chair for LSCB /LSAB is not viable at the moment. LSCB has appointed a new Chair and details of this will be released shortly.</p>
8.	Agenda Item 5 cont	Making Safeguarding Personal Pilot
		<p>Lesley Hutchinson updated. The LGA South West Regional group held a workshop on Monday 30th September to scope the level of involvement required from local authorities in the area to engage in the “Making Safeguarding Person” pilot. Requirement is to randomly identify 20 service users who, over a 12 month period, have been subject to safeguarding and to look at the levels of engagement with them; the timescale for this is over 3 months starting from Monday 21st October. Concerns, though, from LA’s that this is too short a timescale especially with capacity issues for staff to do the work and also coming into a time of “winter pressures”. The LGA have come up with three categories/levels of involvement – bronze, silver and gold. B&NES likely to do the ‘bronze’ category but still to be decided.</p>
9.	Agenda Item 6	LSCB Update
		<p>Jenny Theed reported the LSCB had a presentation from Liz Spencer (Avon and Somerset MAPPA Coordinator) about MARAC – very helpful.</p> <p>Healthwatch offered to attend LSCB to talk about the work they do with children and young people. Action: Ashley Ayre to check this would be o.k. [A257]</p> <p>Jenny Theed to send LSCB’s Chairs “Key Messages” to Clare Tozer for distribution to LSAB [A258]</p>

10	Agenda Item 7	LSAB Chair's Report
		<p>Robin Cowen raised the following:-</p> <ul style="list-style-type: none"> • GoogleAlerts: Jenny Theed to check with Richard Tarring (Sirona) about using "Huddle" and "Google Alerts", costs and process. [A259] • Scoping Joint Policy & Procedures with Bristol, South Glos and North Somerset: Meeting scheduled for November. • LSAB Away Day on Friday 8th Nov - Agenda: Miriam Maddison will be facilitator for the day. Miriam has previously been a Director of Children's Services in Somerset. LSAB Business Plan and SCR action plan to be sent to MM. [A260] • Note agreement for Sirona Safeguarding Level 2 training to be every 3 years from 2014, this would then match the requirements of the LSCB. This was agreed by the Board and to be effected from April 2014. • Stakeholder Event on Friday 27th Sept: Very successful day and thanks to Jenny Theed and her P.A. Pat Serrell for organising this event.
11.	Agenda Item 8	LSAB Annual Report 2012-13 [Attachment 6 refers] Feedback on Health & Wellbeing Board and Wellbeing, Policy & Development Scrutiny Panel
		<p>Lesley Hutchinson reported to the LSAB.</p> <p>The LSAB Annual Report 2012-13 went to the H&WB Board and B&NES Scrutiny Panel for approval and some amendments made - the version presented at this LSAB is the amended version and needs to be agreed by the LSAB as the final version to go on the Council's website.</p> <p>H&WB Feedback: Commended the work of the LSAB and the report's content. Request an Executive Summary highlighting key issues from the report, but Scrutiny Panel said it was important to have the detail. An Exec Summary will be provided next year at the beginning of the report.</p> <p>The volume of adult safeguarding work has increased but it also evidences that safeguarding systems are working.</p> <p>Scrutiny Panel also discussed the following:</p> <ul style="list-style-type: none"> • Self-funders – wanted assurance on self funders in care homes • ADASS report on carrying out a Serious Case Review shows the costs can be up to £15k and possibly Councils will need to look at different ways to manage serious case reviews in future. However, the Panel noted that the costs shouldn't be prohibitive and it was more important that a thorough investigation was carried out, recommendations made and lessons learned. Robin Cowen said that the SCR process does need to be refined as it takes a lot of time and resourcing – SCIE (Social Care Institute for Excellence) are doing some work on this. • Rates of convictions need to be better than national average.

		<ul style="list-style-type: none"> Jenny Theed raised the issue around General Practice being subject to CQC inspections. How do we engage with GP's on this? Dr Louise Leach will be joining the BaNES CCG in October as GP Safeguarding Lead and would be the person to liaise with. <p>Robin Cowen said the LSAB needed to find better ways to link with the Health & Wellbeing Board. Ashley Ayre said that the sub-group structure from the H&WB was being looked at with Cllr Simon Allen.</p>
12.	Agenda Item 9	Serious Case Review Action Plan [Attachment 7 refers]
		<p>Robin Cowen updated – making good progress.</p> <ul style="list-style-type: none"> The 'red' categories were now in hand. MASH – a meeting is being held on Frid 4th October to discuss this further and the possibility of setting one up in this area. MASH's could hold a key to managing Safeguarding and SCR's more efficiently. Looking at national models already up and running (Nottingham, Devon). MARAC – Matt Iddon has put a scoping paper together about MARAC (an action arising from the recent SCR). Recommendations will need some funding. Jenny Theed said that Sirona (together with Southside*) will be doing some specific training session for practitioners around domestic violence. <p><i>*[Southside is an independent charity in B&NES supporting families and dealing with issues like physical disability, domestic abuse, sexual violence, substance abuse or long-term mental health problems. Southside focuses on strengthening communities and development support networks. They work with partners including the Council, social care, schools, churches, health professionals and the Police].</i></p>
13.	Agenda Item 10	The Care Bill and Adult Safeguarding [Attachment 8 refers]
		<p>Lesley Hutchinson reported. Action on Elder Abuse is looking at three new clauses/amendments to the Bill.</p> <ol style="list-style-type: none"> Power of access: LSAB sent a response in stating that it supported this clause Duty to report an adult at risk of abuse: to be put in a specific clause Neglect or ill-treatment of an adult at risk of abuse <p>Board agreed to 'support' (1) and (3), but 'not supportive' of (2).</p> <p>Action: Lesley Hutchinson to respond on behalf of the LSAB. [A261]</p>
14.	Agenda Item 11	Avon Fire & Rescue [verbal update by Mick Dixon]
		<p>Mick Dixon outlined what the Fire & Rescue Service does, which is: Prevent, Protect and Respond.</p> <p>Protect: This is about the built environment, fire safety and people's lives. Fire Officers go into properties on a regular basis (e.g. residential care homes, nursing homes) to do fire safety checks; they could also observe and alert on any 'safeguarding'.</p>

		<p>Prevent: Improve/increase independence of adults; educating children about fire risks and fire safety. Avon F&R already have a Children’s Policy; now have one on Safeguarding and on training staff (Levels 1, 2 and 3). Also looking at demographics of older people in B&NES in relation to fire safety. Mick will be writing a strategy.</p> <p>Respond: Call outs to fires and fire-fighting.</p> <p>New interventions:-</p> <ul style="list-style-type: none"> ○ fitting smoke alarms ○ free fire blankets ○ would like to look at portable sprinkler systems (cost around £2k) <p>MD asked the LSAB consider what it would like F&R to do over the next 5 years? They are educating officers of what to look for (around safeguarding) when they go into homes is already happening.</p> <p>Robin Cowen thanked Mick for his update. Important links with Avon F&R and we would like this to continue – being attached to the Board itself, but also LSAB sub-groups (Mick currently on QAA&PM sub-group). Another sub-group that would be useful to attend is the Awareness & Communications. Mick Dixon said the difficulty for Avon F&R was that it covered all LSCB/LSAB’s across a wide area; however, Avon F&R Comms might be able to be involved – Mick will check this out. [A262]</p> <p>Robin Cowen mentioned Information protocols, but not confident in using them. Dawn Clarke said the Welsh model is a good one to look at. Ashley Ayre said Information Governance as interpreted within the Local Authority means we cannot always disclose information. Need to make Information Protocol more accessible and easier to use.</p> <p>Mary Lewis asked about the Ambulance Service and representation on the LSAB. Robin Cowen said there was a capacity issue with SWASFT and attending the LSAB and that he had circulated some emails to LSAB recently attaching correspondence between SWASFT and himself.</p> <p>[Note: Sue Smith who was representative on the LSAB has now left SWASFT]</p>
15.	Agenda Item 13	AOB
		<ul style="list-style-type: none"> ○ Chair’s Key Messages: To be circulated via Clare [A263] ○ Operation Shield: Matt Iddon informed the Board this was an initiative identifying vulnerable adults who fall prey to scams and on-line fraud. Police are working with the Banks so that when they identify suspicious emails they will report it to the Police. In turn, the Police will let “safeguarding champions” know so that they can contact the person/s concerned and check this out. ○ SCR Acton Plan: MARAC Panel now has good representation from AWP and from Housing – good contributions at MARAC.

16.	Agenda Item 14	Dates of future meetings
		<p>Tues 10th Dec 2013, 2pm – 5pm NEW VENUE: Avon Fire & Rescue Command Centre, Lansdown, Bath.</p> <p>2014 dates – these have now been confirmed</p>

These minutes can be available in an accessible format if required – contact 01225 477180