

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

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| TO: | ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE | | |
| DATE: | 13 DECEMBER 2016 | AGENDA ITEM: | 19 |
| TITLE: | UPDATE ON ADULT SAFEGUARDING AND THE DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) | | |
| LEAD COUNCILLOR: | COUNCILLOR EDEN | PORTFOLIO: | ADULT SOCIAL CARE |
| SERVICE: | ADULT CARE | WARDS: | ALL |
| LEAD OFFICER: | WENDY FABBRO | TEL: | 0118 937 2094 |
| JOB TITLE: | DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES | E-MAIL: | Wendy.fabbro@reading.gov.uk |

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides an updated summary of Adult Safeguarding and the Deprivation of Liberty Safeguards within Reading Borough Council since the last report.
- 1.2 This is set against a backdrop of rising demand nationally in this area of work. Reading has seen a rise in the number safeguarding Concerns from 702 in 2014/15 to 1075 in 2015/16, an increase of 153%.
- 1.3 The report includes:
 - Updated information around the Safeguarding Recovery Plan developed as a result of the findings of an audit of the Adult Safeguarding function commissioned in September 2015.
 - The updated proposed restructure of Adult Safeguarding within Reading.
 - The Safeguarding Annual performance report 2015/16 completed for the Safeguarding Adults Board.
 - An outline of the new SAQAF (Safeguarding Adult's Quality Assurance Framework) that has been developed to ensure the quality of Safeguarding Adults in Reading.

2. RECOMMENDED ACTION

2.1 That the Committee notes the improvement set out in the report and endorses the plans to secure continuing improvement in the Safeguarding service.

3. SUMMARY OF ADULT SAFEGUARDING AND DoLS.

- 3.1. The Safeguarding Adults function continues to be delivered by the care management teams in Single point of access (SPOA), Long term care, Learning Disability and Mental Health. The central Safeguarding Team provides advice and guidance, and oversees the safeguarding process, auditing a percentage of the safeguarding enquiries completed.
- 3.2. The Care Act 2014 has seen both a local and national increase in the number of Safeguarding Concerns and Enquiries. This has led to senior management considering how best to meet our statutory duties in line with the Care Act and ensuring we are Safeguarding effectively. The independent report commissioned by the Director of Adult Care and Health Service in 2015 highlighted areas of improvement to the service, and a Safeguarding recovery plan was developed with project management oversight to ensure delivery of outcomes and timescales.
- 3.3. The Safeguarding Recovery Plan has been further developed since the last report to include further development of local procedures in line with the Care Act, ensuring teams and practitioners have the tools to effectively practice Safeguarding. (Appendix 1)
- 3.4. A further development, which will support and ensure we are Care Act compliant, is an updated proposal for the restructuring of the Safeguarding Adult Team. This would ensure Safeguarding in Reading is able to proactively respond to any strategic safeguarding concern being raised, supporting both prevention and wellbeing. (Appendix 2)
- 3.5. The safeguarding auditing system will now be supported with a SAQAF (Safeguarding Adults Quality Assurance Framework) that is currently being developed. This will provide further assurance of the quality of Safeguarding Adults within Reading. (Appendix 3)
- 3.6. The Safeguarding Adults Board are currently considering how we can obtain independent feedback from those that have been safeguarded to further improve and develop practice, to ensure we are Care Act Compliant with respect to being person centred in our approach, and are working in accordance with MSP (Making Safeguarding Person) and the six principles of Safeguarding.
 - Empowerment
 - Protection
 - Prevention
 - Proportionality
 - Partnership
 - Accountability.

- 3.7. Currently our performance is variable against the first four principles which monthly audits where 20% of Safeguarding Enquiries are looked at. Comparison across the past two months highlights inadequate performance against the Protection principle. Although there is evidence people are being protected, recording of the work being carried out is not being used to complete the necessary safeguarding forms in a timely fashion resulting inadequate scoring during audit.
- 3.8. The SAT (Safeguarding Adults Team) continues to provide a training programme that includes Level 1, Level 2 and Level 3 Safeguarding Training. There are also monthly workshops for practitioners within Adult Social Care on the following topics: The Care Act, Mental Capacity Act, DoLS, Legal Updates for practitioners, Domestic Abuse, Types of abuse in line with the Care Act, Hoarding and self-neglect. Workshop Themes continue to be developed and delivered to support practitioners.
- 3.9. The volume of Deprivation of Liberties Safeguards (DoLS) is still a challenge nationally and we are awaiting further developments from the recent Law Commission Review and the likely changes and recommendations.
- 3.10. Reading currently has less than 40 down from 71 at the beginning of the financial year outstanding DoLS and is working hard to reduce this number further. Unfortunately the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (England), Annual Report 2015-16 does not allow comparisons on this particular KPI. This benchmarks well against our statistical neighbours. All requests for authorisation are screened and risk assessed.
- 3.11. Best Interest Assessors have a statutory duty to establish whether deprivation of liberty is occurring or is going to occur, and if so, whether it is:
- In the best interests of the relevant individual to be deprived of liberty
 - Necessary for them to be deprived of liberty in order to prevent harm to themselves
 - A proportionate response to the likelihood of suffering harm and the seriousness of that harm.
- 3.12. They are qualified social workers or OT's and must have at least 2 years post qualifying experience and have a completed an approved course to be able to.
- 3.13. An internal Best Interest Assessor Rota is being implemented to allow Reading to better meet its statutory duties under the Mental Capacity Act. An internal rota will enable better quality management and accountability for this work, whilst doing so in a more cost effective way by not relying on independent BIA's.

4. SAFEGUARDING RECOVERY PLAN

- 4.1. The safeguarding Recovery Plan (Appendix 1) has been further developed to ensure improvements are made to safeguarding in Reading. The plan includes the development of local Procedures for operational teams and ensures practitioners have the tools to safeguard adult effectively. A total of 20 procedures have been updated or introduced. The plan is regularly reviewed

and any gaps that are identified are addressed to ensure continuous improvement in this area of practice.

- 4.2. The Safeguarding Recovery Plan also includes further development to the Reading Borough Council website to raise awareness of Adult Safeguarding. There will be a staff hub within the intranet containing all Policies, Procedures and Pathways for Safeguarding supported by awareness training.

5. RESTRUCTURE OF SAFEGUARDING TEAM

- 5.1. An Options Appraisal (Appendix 2) has been developed and approved proposing that Safeguarding Concerns are triaged by the Safeguarding team, ensuring the Care Act 2014 and the Mental Capacity Act 2005 is implemented appropriately. This suggested option will ensure there is only one entry point for Safeguarding adults, which will help mitigate and manage risk whilst ensuring continuity of practice and discharge of our duty of care.
- 5.2. The plan would include the Deputyship Team being managed by the Safeguarding team manager within the proposed restructure, due to the continual overlap between safeguarding, deputyship and appointee-ship.

6. SAFEGUARDING ADULTS ANNUAL PERFORMANCE REPORT

- 6.1. The Safeguarding adult's annual performance report (Appendix 4) for Reading has been shared with the SAB (Safeguarding Adult Board).
- 6.2. This report enables the Safeguarding Adults team to identify areas to further developing practice for Safeguarding adults in Reading and create a Reading Borough Council Safeguarding business plan in accordance with the SAB business plan.
- 6.3. Analysis of key performance indicators against our Local Authority comparator group demonstrates gains in improvement. The overall safeguarding activity levels as demonstrated by the number of Enquiries per 100,000 population for Reading is 408 against the group average of 306 and the national rate of 239; a high rate of reporting in Reading.
- 6.4. The conversation rate from Concern to Enquiry is a critical indicator of improved quality; as the reduced rate reported indicates that the ability to make the correct decision about what is a safeguarding matter and what needs to be dealt via a different approach is improving. This is also a strong PI for measuring progress in implementing Making Safeguarding Personal (MSP), the conversion rate is down from 75% to 50% i.e. a low conversion rate being desirable.
- 6.5. How risk is identified and managed is contained in the PI Action and Result, here Reading performs well against the comparator group. Cumulatively reducing risk in 67% of cases compared with the comparator group average of 56%.

7. THE SAQAF (SAFEGUARDING ADULTS QUALITY ASSURANCE FRAMEWORK).

- 7.1. A draft SAQAF has been developed and is currently awaiting senior management approval.
- 7.2. The SAQAF provides a framework to ensure that practitioners are assessed against the competences that are relevant to their occupational role.
- 7.3. The SAQAF is also an ongoing quality assurance, performance management and CPD (continual professional development) tool. It should be used as part of supervision and should form part of the annual appraisal process.

8. SAFEGUARDING CONCERNS

- 8.1. Should you have any safeguarding concerns, do not hesitate to make contact with Adult Social Care: 0118 937 3747.

Project Plan

| | Task | Planned Start Date | Planned End Date | Actual Start Date | Actual End Date | RAG Status | Comments | % Complete | Status | Lead | Ops | Commissioning | ICT | Legal | Finance | HR |
|---|--|--------------------|------------------|-------------------|-----------------|------------|---|------------|-------------|------|-----|---------------|-----|-------|---------|----|
| Project 2: Safeguarding Recovery | | | | | | | | | | | | | | | | |
| Rebecca Flynn/Harvey Campbell | | | | | | | | | | | | | | | | |
| Work stream 1 Produce local Policy & Procedure documents | | | | | | | | | | | | | | | | |
| 1 | Operational Safeguarding Procedure including review stage and 6 principles are embedded throughout | | | 18/07/2016 | 13/12/2016 | Amber | Original draft needs to be revised to take into account ASC 'to be' structure. | 80% | IN PROGRESS | HC | | | | | | |
| 1.1 | Self-Neglect Hoarding | 01/12/2015 | 01/02/2016 | 18/07/2016 | 13/12/2016 | Amber | A clear pathway and Guidance for self neglecting and hoarding is required to support staff to manage the risk. Consultation with colleagues from Housing and Environmental Health now completed and agreed. To progress to DMT for sign off | 90% | IN PROGRESS | HC | | | | | | |
| 1.2 | Chairing meetings Procedure and Agenda's | 01/12/2015 | 01/02/2016 | 18/07/2017 | 13/12/2016 | Amber | The current Guidance and Agendas are pre Care Act and not in line with the 6 principles of Safeguarding and Making Safeguarding Personal. Draft completed to go to DMT for sign off | 90% | IN PROGRESS | HC | | | | | | |
| 1.3 | Large Scale/Organisational P&P (N.B. Needs to be written with Commissioning) | 01/12/2015 | 01/02/2016 | 17/08/2016 | 13/12/2016 | Amber | A local P&P needs to be developed in addition to PAN Berkshire to support the operation and implementation of large scale/organisational investigations. Draft completed to go to DMT for sign off. Being shared with SAB | 90% | IN PROGRESS | HC | | | | | | |
| 1.4 | Risk assessment document safeguarding plans document and review document and procedures to support these forms | 01/12/2015 | 01/02/2016 | 08/08/2016 | 13/12/2016 | Amber | Risk Enablement procedure in final draft ready to go to DMT for sign off. MSP compliant. | 80% | IN PROGRESS | HC | | | | | | |

Project Plan

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|------|--|------------|------------|------------|------------|-------|--|------|-------------|----|--|--|--|--|--|--|--|
| 1.5 | Hate crime/ mate crime/ cuckooing/Disability crime procedure | 01/12/2015 | 01/02/2016 | 08/08/2016 | 13/12/2016 | Amber | Procedure on local support, processes etc. Liaise with CSP to ensure co-ordinated approach. | 70% | IN PROGRESS | HC | | | | | | | |
| 1.6 | Domestic Abuse procedure/Pathway | 01/12/2015 | 01/02/2016 | 08/08/2016 | 13/12/2016 | Amber | Detailed pathway and process linking to MARAC etc. Final draft nearly complete | 90% | IN PROGRESS | MO | | | | | | | |
| 1.7 | FGM Guidance/Pathway (National) | 01/12/2015 | 01/02/2016 | 17/08/2016 | 13/12/2016 | Red | Detailed pathway and process to meet National Pathway requirements | 30% | IN PROGRESS | HC | | | | | | | |
| 1.8 | Adult Slavery Guidance/Human Trafficking Pathway/CSE | 01/12/2015 | 01/02/2016 | 17/08/2016 | 13/12/2016 | Red | Detailed pathway and process. Needs to align with CSP arrangements | 50% | IN PROGRESS | RF | | | | | | | |
| 1.9 | Forced Marriage/ HBV (National and Local) | 01/12/2015 | 01/02/2016 | 08/08/2016 | 13/12/2016 | Red | Detailed pathway and process. | 30% | IN PROGRESS | HC | | | | | | | |
| 1.10 | Digital abuse/exploitation | 01/12/2015 | 01/02/2016 | 01/08/2016 | 13/12/2016 | Red | Detailed pathway and process. | 30% | IN PROGRESS | HC | | | | | | | |
| 1.11 | REP/High Risk P&P | 01/12/2015 | 01/02/2016 | 18/07/2016 | 13/12/2016 | Amber | RBC Currently has a REP (Risk Enablement Panel) that functions as a high risk meeting, these are two different things. Therefore, the panel and process have been streamlined with multi-agency sign up. <i>Dependant on consultation with other Directorates</i> | 70% | IN PROGRESS | HC | | | | | | | |
| 1.12 | Develop a competency based procedure that clarifies who can hold safeguarding cases-Including a QA framework | 04/01/2016 | 42401 | 18/08/2016 | 13/12/2016 | Green | [Refers to point 7 in old plan] The MCA 2005 and the code of practice 2007 underpins everything we do in adult social care. RBC do not have a local P&P or documents to support this. Therefore, this is an urgent piece of work. | 100% | COMPLETE | HC | | | | | | | |
| 1.13 | Update a MCA P&P | 05/01/2016 | 02/02/2016 | 18/08/2016 | 13/12/2016 | Amber | The MCA 2005 and the cod of practice 2007 underpins everything we do in adult social care. RBC do not have a local P&P or documents to support this. Therefore, this is an urgent piece of work and is now a final draft satge and waiting to go to DMT. | 90% | IN PROGRESS | RF | | | | | | | |

Project Plan

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|--|--|------------|------------|------------|------------|----------|---|------|-------------|-------|--|--|--|--|--|--|--|
| 1.14 | Develop a DoLS P&P | 12/10/2015 | 01/11/2015 | 15/08/2016 | 13/12/2016 | Amber | Standard and judicial DoLS procedures in final draft waiting to go to DMT. | 30% | IN PROGRESS | SR | | | | | | | |
| 1.15 | Intranet website to evidence all documents and function as a safeguarding manual | 04/01/2016 | 01/02/2016 | TBC | TBC | Amber | As the P&P are developed. They will need to be uploaded onto Iris as a electronic manual- a monthly update on what has been added and developed will be included. Once sign off has been achieved, procedures will then be placed on IRIS dates tbc.Discussions have taken place with ICT | 20% | IN PROGRESS | RF/HC | | | | | | | |
| 1.16 | Develop policy procedures for investigating colleagues, staff and professionals | TBC | TBC | TBC | TBC | Red | Investigating allegations against people who work with vulnerable adults employed in statutory services , who are registred professionals working in non-statutory settings, people in positions of trust or Elected Members | 0% | NOT STARTED | HC | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Work stream 2 Improve efficiency and embed quality assurance | | | | | | | | | | | | | | | | | |
| 2.1 | Improve NHS/RBC IT interface including transfer of data and reduction in recording stages | 01/05/2016 | 01/08/2016 | 01/05/2016 | TBC | Complete | Cross boundary safeguarding pathway agreed between SAT/Mental Health services as part of new safeguarding Triage arrangement; using Datix format as part of Berks P&P | 100% | Complete | GW | | | | | | | |
| 2.2 | Develop a feedback loop for safeguarding outcomes using Healthwatch. ADASS Silver level as MSP | TBC | TBC | TBC | TBC | Red | To be considered, if sufficient resources available. ADASS have three levels of MSP. Intention for RBC to become 'Silver' level. Involves collating independent feedback-Consideration on if Healthwatch could support us with this? | 0% | NOT STARTED | RF | | | | | | | |

READING BOROUGH COUNCIL

REPORT BY SAFEGUARDING ADULTS MANAGER

| | | |
|---------------|---|---------------------------------------|
| TO: | ASC SUPPORT FOR COMPLEX NEEDS PORTFOLIO BOARD | |
| DATE: | 29/09/16 | AGENDA ITEM: |
| TITLE: | SAT RESTRUCTURE | |
| LEAD OFFICER: | REBECCA FLYNN | TEL: 01189 373 210 |
| JOB TITLE: | Safeguarding Service Manager | E-MAIL: Rebecca.flynn2@reading.gov.uk |

1. PURPOSE AND SUMMARY OF REPORT

- 1.1 This report proposes a revised structure for the Safeguarding Adults Team subsequent to the consultation of the previous proposal that ended in April.

2. RECOMMENDED ACTION

- 2.1 That the Board approve the recommended option to restructure the Safeguarding Adults Team as outlined in 4.3.

3. BACKGROUND

- 3.1 Following changes to service delivery, the implementation of the Care Act, case law affecting Deprivation of Liberty Safeguards (the "Cheshire West Case") and recommendations from an independent Review of safeguarding adults in Reading, the current Safeguarding Adults Team structure requires review in order to discharge Reading Borough Council's statutory duties.
- 3.2 In March and April 2016, a consultation was held to encourage feedback on a proposal to restructure the Safeguarding Adults Team the consultation received a limited response.
- 3.3 ASC Senior Management Team have reviewed the initial proposal and consultation outcomes and concluded that there are more effective ways to restructure the Safeguarding Adults Team, In light of the ongoing

transformation in Adult Social Care and recent changes to the supporting legislation as mentioned above.

3.2 This report and appraised options considered and makes recommendations for the restructure of the Safeguarding Adults Team

4. OPTIONS

4.1 OPTION 1: Remain as it is:

4.1.1 Positive Impact of Option 1

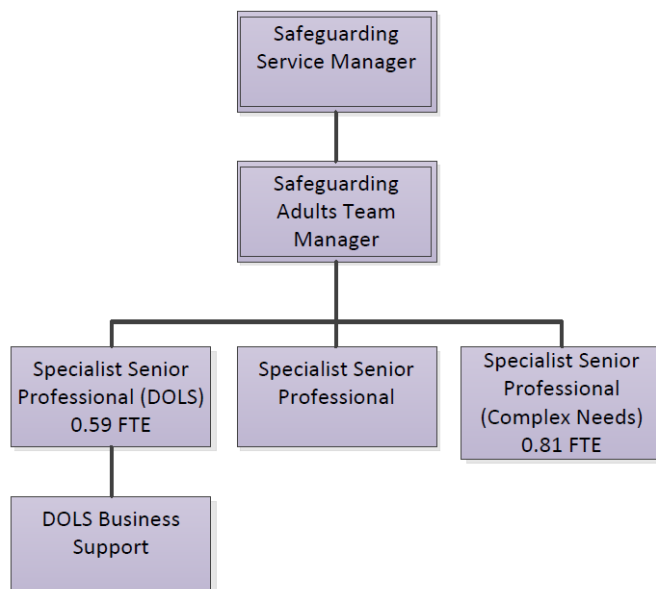
There is no 'positive impact' with the structure remaining as it is. We have been advised through an independent report that this structure requires improvement to be in line with legal and statutory duties such as the Care Act 2014 and the Mental Capacity Act 2005.

4.1.2. Negative Impact of Option 1

Reading Borough Council continues to have an inconsistent approach to safeguarding and we do not fulfil the aims of the Adult Social Care Transformation Programme to make services cost effective, efficient and fit for purpose.

The current structure is not in line with legal and statutory duties such as the Care Act 2015 and the Mental Capacity Act 2005.

4.1.3 Please see diagram of the current structure below:



4.1.4 The cost of the current structure:

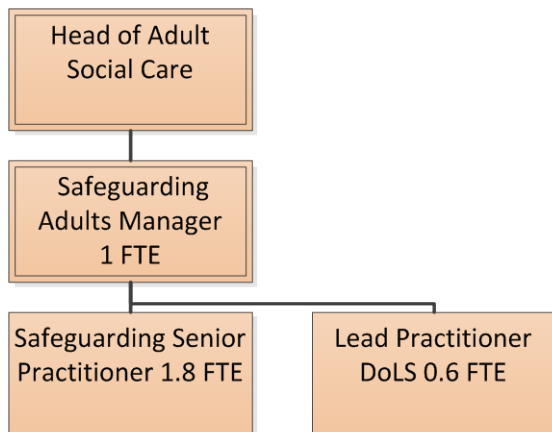
| | Current Situation | | |
|---|-------------------|------|---------|
| | Hrs | FTE | Budget |
| Safeguarding Adults Service Manager | 37 | 1.00 | 68,100 |
| Safeguarding Adults Team Manager | 37 | 1.00 | 55,700 |
| Senior Specialist Professional (Safeguarding) | 37 | 1.00 | 44,800 |
| Senior Specialist Professional (Safeguarding) - new | | | |
| Senior Specialist Professional (Safeguarding) - new | | | |
| Senior Specialist Professional (Safeguarding) | 30 | 0.81 | 39,300 |
| Specialist Senior Professional (DoLS) | 22 | 0.59 | 26,600 |
| Business Support | 37 | 1.00 | 32,400 |
| Total FTE/Budget | | 5.41 | 266,900 |
| BIA Budget (Assessments/Doctors) | | | 144,300 |
| Staff Training | | | 1,300 |
| Other Expenses | | | 1,200 |
| Total | | | 413,700 |
| Budget | | | 413,700 |
| Overspend | | | 0 |

4.2 OPTION2: Initial proposal

4.2.1 Implementing the initial proposal would entail the following changes to the Safeguarding Adults Team:

- The Safeguarding Adults Service Manager and SAT Team Manager posts will be deleted and a new post of Safeguarding Adults Manager will be created that fulfils the core functions of both roles
- All Adult Safeguarding concerns across Adult Social Care and Mental Health services will be reviewed and signed off by the Safeguarding Adults Manager for progression to Enquiry
- The Specialist Senior Professional (Complex Needs) will be deleted
- The current Safeguarding Specialist Senior Professional will be renamed Safeguarding Senior Practitioner
- An additional Safeguarding Senior Practitioner post will be created
- The Specialist Senior Professional (DoLS) post will remain the same.

4.2.2 Please see diagram of option 2.



4.2.3 Positive Impact of option 2:

This option would reduce the team by 1 FTE and achieve savings of £55,159 p.a. It would require locating the Safeguarding Adults Manager to the Children’s Multi Agency Safeguarding Hub (MASH), which should enable the delivery of realigned duties, such as agreeing Safeguarding Procedures across Adult Social Care. This would ensure consistency in decision making by checking and signing off all Adult Safeguarding Concerns across Adult Social Care and Mental Health services.

Both Safeguarding Senior Practitioner posts would be located with the Quality Performance Management Team, enabling greater information sharing and improved interface between commissioning, quality and safeguarding.

4.2.4 Negative Impact of option 2:

The initial proposal, which was developed in December 2015, no longer reflects the changes to the Safeguarding Team necessary to ensure appropriate and efficient service delivery for the following reasons:

- The Deputy Team has not been included and it has since been agreed that they will be managed by safeguarding.
- It is not sustainable for the proposed management arrangements to oversee the team, oversee the Deputyship team, organisational safeguarding, develop safeguarding in Reading and sign off over 100 Safeguarding Enquiries a month.
- There is no working agreement between the children’s MASH and adult social care. It is a colocation currently, rather than a working relationship. In view of the implications of the recent Ofsted report this would not be an appropriate or prudent option to consider due to the focus being on ensuring an effective children’s service at this time.
- The independent review highlighted 11 points of entry and the potential risk this posed for practice, it also evidenced the inconsistencies this caused across the organisation which would not be resolved with this model.
- A structure and pathway needs to be put in place to reduce the number of safeguarding adult ‘transactions’ that currently exist, whilst at the same time ensuring quality and consistency of approach.

- The structure would mean that there would be an absence of a clear overview of safeguarding in Reading, particularly in provider services, as the knowledge will be in different areas of the service.
- We will continue to have difficulties extracting data to monitor performance, and provide local and national data returns.
- This approach monitors safeguarding at the end of the process; therefore it is unlikely to 'streamline' practice.
- The model has not taken into consideration research into the MASH model for adults, which has evidenced better outcomes and reduced risk to service users.
- The model was developed prior to the restructure plans for adult social care and needs reviewing to capitalise on these changes

4.2.5 The costs of option 2.

| | Proposed Structure Option 2 (in report) | | |
|--|---|-------------|----------------|
| | Hrs | FTE | Budget |
| Safeguarding Adults Service Manager | 37 | 1.00 | 68,100 |
| Safeguarding Adults Team Manager | | | |
| Senior Specialist Professional (Safeguarding) | 37 | 1.00 | 44,800 |
| Senior Specialist Professional (Safeguarding) - new (SPOA) | | | |
| Senior Specialist Professional (Safeguarding) | 30 | 0.81 | 39,300 |
| Specialist Senior Professional (DoLS) | 22 | 0.59 | 26,600 |
| Social Worker - new (SPOA) | | | |
| Social Worker - new (SPOA) | | | |
| Business Support | 37 | 1.00 | 32,400 |
| Business Support (new post) - work placement | | | |
| BIA Assessor Post | | | |
| BIA Assessor Post | | | |
| BIA Assessor Post | | | |
| Total FTE/Budget | | 4.41 | 211,200 |
| BIA Budget (Assessments/Doctors) | | | 150,000 |
| Staff Training | | | 1,300 |
| Other Expenses | | | 1,200 |
| Total | | | 363,700 |
| Budget | | | 413,700 |
| Overspend | | | -50,000 |

4.3 OPTION 3: New Proposal

4.3.1 There are three elements of the Safeguarding Adults Team that will be addressed by this proposal:

4.3.2 DoLS element of SAT

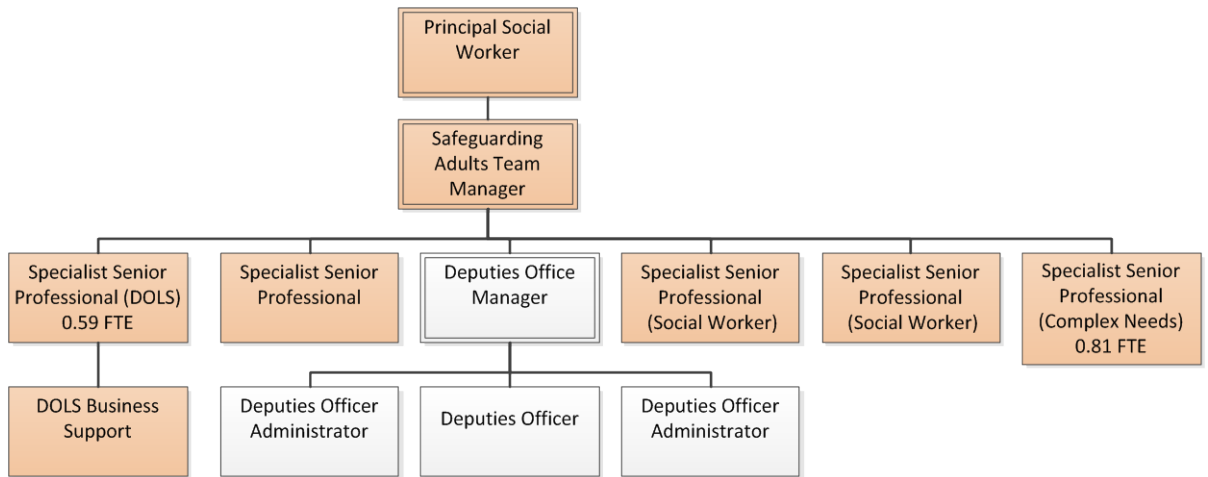
The Law Commission is currently reviewing DoLS. There is unlikely to be any change to the current systems and legal requirements until 2018. Any changes are anticipated to involve a Best Interest Assessment (BIA)-and scrutiny of those that are deprived of their Liberty. However new proposals may be more cost effective, less time consuming and complex. If we look at those that are placed within Reading, there is likely to be an annual need for 600 Best Interest Assessments. We are currently using a large amount of external assessors at a cost of £300 per assessment. This is a total of £180,000 per year, if we are to for fill the statutory requirement for DoLS assessments. If we were to structure the team differently we could maximise the use of internal BIA's reducing the annual cost for this requirement. With the restructure of adult social care operational teams the plan is to have a rota of internal BIA's and AMHP's that can undertake a large amount of the DoLS's assessments internally, reducing the need for independent BIA's. This rota will include an 'on call' BIA to undertake emergency Best Interest Assessments.

4.3.3 Deputyship Team

The Deputyship team fits within the structure of adult Safeguarding due to the frequent overlap of work between safeguarding and finances. This is an expanding area of safeguarding and a growth area of core business (See Deputies Transformation draft)

4.3.4 Safeguarding element of SAT

The Care Act 2014 has made safeguarding a statutory duty for the local authority. This has caused a huge increase in referrals and changed the way we need to protect adults at risk. There is an emphasis on Wellbeing throughout the Care Act and the six principles of safeguarding mean we need to work in a different way and streamline our approach, offering consistency and ensuring we have discharged our duty under the new statutory framework.



The proposal would bring the three elements of safeguarding together, with one manager who will be responsible for the management of the DoLS, safeguarding team and Deputyship team manager.

The Deputyship team manager would be responsible for the deputy officer and two deputy office administrators.

The safeguarding team manager would be responsible for DoLS Lead (22 hour post) Safeguarding Lead (30 hour post) Safeguarding Lead (37 hour post) and an additional two senior professionals, 1FT DoLS Co-ordinator (37 hours).

The two new senior professional posts are to ensure that the safeguarding team have the capacity to triage all new safeguarding. These posts need to be senior staff to ensure they have the skills and capability to work alone and make complex safeguarding decisions. These posts will move from other areas within the adult social care restructure.

Under this option, there would be one front door for New Safeguarding concerns. All new concerns will be triaged within the Safeguarding team; a decision will be made if it is safeguarding. It will then be forwarded to the appropriate team, with a plan on how to proceed (See Appendix 1 safeguarding Triage examples).

Should the safeguarding concern be in relation to an existing case that already has an allocated worker within one of the locality teams? The team manager within that team will work with the worker, using the safeguarding team for advice and/or support. However, the overall accountability will remain with the locality team.

The safeguarding team will need to be informed of ALL safeguarding concerns within Reading and will keep this intelligence on a spreadsheet (See Appendix 2). The purpose of the spreadsheet is to enable us to build intelligence around providers, predict our market and prevent. Currently Mosaic does not collecting data in an easily accessible format.

The community Mental Health Team (CMHT) will forward all safeguarding concerns in the format of a DATIX. The Safeguarding team will add these to Mosaic, Triage the concern and make the decision if it needs to proceed to an enquiry. The initial plan and guidance (see Appendix 1) will be sent to the CMHT. Monitoring of the Enquiry will remain with the safeguarding adult team should it be allocated to a health professional.



Safeguarding
Pathway.pdf

Should the concern be around a professional, politically sensitive and/or could have reputational risk, or if the concern potentially meets the threshold for an organisational Enquiry it will remain within the safeguarding team.

Team Mangers and the adult social care teams will be responsible for the Enquiry and the sign off of the Enquiry.

The safeguarding team will continue to audit 20% of all safeguarding closures to ensure quality of the work undertaken, ensure the Enquiry was effective and in line with MSP, and the 6 principles of Safeguarding were evident throughout. The outcomes of audits will be feedback to the appropriate team manager.

4.3.1 Positive Impact of Option 3:

This proposal will ensure consistency in the approach to adult safeguarding, the implementation of MSP (Making Safeguarding Personal) and overall practice. It will also ensure that intelligence around concerns and data and performance management is all in one place and monitored appropriately. We will be able to develop adult safeguarding processes and develop preventative work through continuity of the team, as it is currently 'chaotic' with 11 entry points and people managing safeguarding in different ways. Staff will be more accountable for their actions if they don't follow the given advice and plan (See Appendix 2 for examples).

It will ensure that the MCA 2005 is implemented appropriately, reducing the risk to the authority through either legal challenge in Court of Protection, or other issues.

This model will ensure that operational staff feel empowered and supported on how to proceed in line with the Care Act 2014, Mental Capacity Act and other key legislation when safeguarding, while continuing to hold safeguarding cases. This will develop staff skills, and enable team managers to have more accountability for the safeguarding within their teams, while knowing they will have the support, scrutiny and feedback.

As a result, the service will be more efficient by reducing the number of safeguarding for the same person with the same themes. Rather than driving inefficient processes, it will put more emphasis on safeguarding the person. Safeguarding is likely to be more effective and meaningful, improving service delivery. In practice, this will reduce the number of 'hand offs' from teams as well as the huge email chains, involving a large number of staff, which breach data protection and increase the likelihood of delays, lack of accountability and action among staff.

4.3.2 Negative impact of option 3:

Initially it was envisaged that the new structure would be in place by the beginning of June. The departure of the lead officer delayed the implementation of changes to the team. Consulting on and implementing the new proposal would cost additional resources and further delay the restructure of the Safeguarding Adults Team for several months. Yet, another consultation would ensure that staff get a better chance to have their say about any impact on their team, which would ultimately reduce loss of morale among staff.

This option will delay SAT being part of the MASH (Multi Agency Safeguarding Hub) that is in existence within children's services. However, this needs to be worked towards in the future when there is sign up and commitment from both children's and adult's services, including other agencies, which is currently not in place.

4.3.3. Cost Implications of Option 3.

| | Current Situation | | | Proposed Structure | | |
|---|-------------------|------|---------|--------------------|------|---------|
| | Hrs | FTE | Budget | Hrs | FTE | Budget |
| Safeguarding Adults Service Manager | 37 | 1.00 | 68,100 | | | |
| Safeguarding Adults Team Manager | 37 | 1.00 | 55,700 | 37 | 1.00 | 55,700 |
| Senior Specialist Professional (Safeguarding) | 37 | 1.00 | 44,800 | 37 | 1.00 | 44,800 |
| Senior Specialist Professional (Safeguarding) - new | | | | 37 | 1.00 | 44,800 |
| Senior Specialist Professional (Safeguarding) - new | | | | 37 | 1.00 | 44,800 |
| Senior Specialist Professional (Safeguarding) | 30 | 0.81 | 39,300 | 30 | 0.81 | 39,300 |
| Specialist Senior Professional (DoLS) | 22 | 0.59 | 26,600 | 22 | 0.59 | 26,600 |
| Business Support | 37 | 1.00 | 32,400 | 37 | 1.00 | 32,400 |
| Total FTE/Budget | | 5.41 | 266,900 | | 6.41 | 288,400 |
| BIA Budget (Assessments/Doctors) | | | 144,300 | | | 144,300 |
| Staff Training | | | 1,300 | | | 1,300 |
| Other Expenses | | | 1,200 | | | 1,200 |
| Total | | | 413,700 | | | 435,200 |
| Budget | | | 413,700 | | | 435,200 |
| Overspend | | | 0 | | | 0 |

5. PROPOSAL

- 5.1 It is recommended that the Board approve Option 3 to restructure the Safeguarding Adults Team. It is proposed that this option will be subject to a staff consultation of 45 days from 31st October 2016 to 14th December 2016.
- 5.2 While this option entails an additional consultation and further delays the implementation of a Team restructure, it would ensure that the team's service delivery is in line with legislation, more efficient and streamlined, appropriately meeting the current needs of the organisation and services users.
- 5.3 The adult social care restructure is unlikely to be implemented until early March 2017. Therefore, is proposed that the initial phase of re-design of the SAT function and structure, to establish the Triage function, should commence week beginning 5th December 2016 to mitigate current risks around consistency and quality. This would also allow any initial snagging issues to be resolved prior to the whole restructure going live to the public.
- 5.4 HR have advised that it is possible to advertise for an internal secondment for a specialist senior practitioner and have someone in post, enabling the SAT to take back the safeguarding function. This would not compromise the overall adult social care consultation and would manage risk in the safeguarding adults process.
- 5.5 The wider issues with MOSAIC are unlikely to be resolved in the required time, therefore, we will continue to work with the current system. However, we will be mitigating risk by managing safeguarding in one place.
- 5.6 The suggested timeline is:
20/10/16-Approval by Transformation Board, advertisement of secondment, via expression of interest to Rebecca Flynn.
28/10/16-Secondment closing date
07/11/16-Interviews.
07-11/16-02/12/16 prep systems, align processes, support staff, ensure systems are in place. Address business support, shadow SPoA to build further business intelligence.

05/12/16-Go live with new system!

5.7 SPOA staff have highlighted business support as a possible risk and options within the overall restructure proposals are being explored.

6. FURTHER READING

Appendix 1: Triage Example

From the information reported in this Care Act 2014 s.42 enquiry, the threshold in relation to alleged harm is met.

Allocated Investigating Manager consideration of the following:

- Please liaise with last allocated worker for further information.
- Police referral for consideration re:
- Please inform commissioning of the concerns via.....
- Please liaise with CQC - are there wider concerns?
- Consideration of capacity assessment in relation to 's capacity to understand
- Referral to Advocacy, if does not have independent support within the remit of this investigation.

For consideration of progression to investigation under multi-agency safeguarding procedures. I advise the following;

1. Contact the alerter to ascertain the context of the disclosure and any information available re the alert in particular achieving contact with
2. views re the alleged harm should be established including what actions/outcomes **she / he** may wish to be achieved by any investigation or intervention. Please complete the Safeguarding Outcomes questionnaire on Mosaic prior to Early Strategy Meeting (ESM).
3. capacity to consent to the process of a multi-agency safeguarding investigation should be established. Best interest process should be followed if appropriate.
4. Investigating Manager to review information gathered and consider if alert requires progression to ESM.

Please contact Safeguarding Adult Team (SAT) if further advice/support required.

For consideration of progression to investigation under multi-agency safeguarding procedures. I advise the following;

1. Please contact the referrer to gather further information in respect to the alleged concerns.
2. views re the alleged harm should be established including what actions/outcomes may wish to be achieved by any investigation or intervention. Please complete the Safeguarding Outcomes questionnaire on Mosaic prior to Early Strategy Meeting (ESM).
3. capacity to consent to the process of a multi-agency safeguarding investigation should be established. Best interest process should be followed if appropriate.

4. Investigating Manager to review information gathered and consider if alert requires progression to ESM

NB; to be aware of the balance of 'duty to care' verses Human Rights Act, Article 8 - Right to respect for his / her private and family life.

Please contact Safeguarding Adults Team (SAT) if further advice/support required.

The Mental Capacity Act creates the criminal offences of ill-treatment or wilful neglect under Section 44 based on existing principles (under Section 127 (1) of the Mental Health Act 1983). The offences can be committed by anyone responsible for that person's care.

They are offences punishable 'either way' in the Magistrates' or Crown Court as follows:

- on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding the statutory maximum or both;
- on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine or both.

The elements are that the offender:

- has the care of the person in question OR is the donee of a power of attorney OR is a court-appointed deputy;
- reasonably believes the person lacks capacity (or they do lack capacity);
- ill-treats or wilfully neglects the person.

It can be expected that ill-treatment will require more than trivial ill-treatment, and will cover both deliberate acts of ill-treatment and also those acts reckless as to whether there is ill-treatment.

Wilful neglect will require a serious departure from the required standards of treatment and usually requires that a person has deliberately failed to carry out an act that they were aware they were under a duty to perform.

In consequence, defences could be raised to the effect that the elements of the offence set out in Section 44 are not made out in the following terms:

- there is no Section 44 relationship (no care/power of attorney/court-appointed role);
- the person does not lack capacity and/or there was no reasonable belief in such a lack of capacity;
- there was no ill-treatment or wilful neglect.

If customer lacks capacity to consent to the process of an investigation a best interest decision will need to be made/recorded, taking in consideration the BI checklist re procedure to investigation.

Please also consider 'situational capacity in this instance;

The inherent jurisdiction can be exercised in relation to a vulnerable adult who, even if not incapacitated by mental disorder or mental illness, is, or is reasonably believed to be, either (i) under constraint or (ii) subject to coercion or undue influence or (iii) for some other reason deprived of the capacity to make the relevant decision, or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent.

Sections 20 – 25 of the Criminal Justice and Courts Act 2015 set out the new offences.

- an individual who 'ill-treats or wilfully neglects' another individual of whom he has care 'by virtue of being a care worker' (s20)
- a care provider if:
 - someone who is part of the care provider's arrangements for the provision of care ill-treats or wilfully neglects an individual under the provider's care;
 - the way in which the care provider manages or organises its activities amounts to a gross breach of a relevant duty of care owed by it to the victim; and
 - if that breach had not occurred the ill-treatment or wilful neglect would have been avoided, or less likely (s21).

Section 20 – it is an offence for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual.

Section 21 - 21(1) A care provider commits an offence if -

- (a) an individual employed or otherwise engaged by the care provider ill-treats or wilfully neglects someone to whom they are providing health care or adult social care and to whom the care provider owes a relevant duty of care; and
- (b) the way in which the care provider manages or organises its activities amounts to a gross breach of that duty of care; and
- (c) if that breach had not occurred, the ill-treatment or wilful neglect would not have happened, or would have been less likely to.

Self Neglect

1. Does meet the criteria for CARE and SUPPORT? There are no recorded needs on his/her care records.
2. Is capacitated to understand her care, treatment and support?

Given that there has not been any previous safeguarding in relation to these concerns, in terms of taking a proactive and proportionate response - it would be advisable to address concerns under the care management remit in the first instance to ascertain if will engage with mental health team to address any concerns. ie. Any support that she is eligible to receive under care management etc....

Please refer to Ripfa - Practice tool (working with people who self neglect).

If does not hold capacity, then the safeguarding procedure should be instigated to ensure that the risks are managed using a multi agency approach.

From the information reported this Care Act s.42 enquiry, further information is required to ascertain if this meets the threshold of harm in relation to alleged self neglect resulting in physical harm..

**READING BOROUGH COUNCIL
HEALTH & ADULT CARE
SAFEGUARDING ADULTS QUALITY ASSURANCE FRAMEWORK**

Introduction:

It is important for practitioners and managers at all levels to be aware of the quality and performance so that their interventions, supervision and management can contribute to and work towards continuous improvement in safeguarding adults in Reading.

The Reading Safeguarding Adults Quality Assurance Framework (SAQAF) is designed to ensure that safeguarding adults arrangements, procedures and practice meet statutory requirements in a way that are consistent with Council's stated strategic objectives. That they are person-centred and effective i.e. they involve people in a meaningful way and make a real difference to people's lives and this can be evidenced through quality monitoring. The framework also allows the Council to be able to demonstrate its statutory accountability to the West of Berkshire Safeguarding Adults Board (WSAB).

Legal compliance relates to ensuring that specific duties under the Care Act 2014 and the Mental Capacity Act 2005 in relation to safeguarding adults and mental capacity are met. Furthermore, assurance to the West of Berkshire Safeguarding Adults Board about the quality and effectiveness of safeguarding arrangements of Reading Borough Council is part of its statutory duty under section 43 (3) of the Act.

Purpose:

The purpose of this document is to bring together the various safeguarding activity and data that combines to provide quality assurance and performance in relation to safeguarding adults practice and arrangements to provide a comprehensive dashboard.

Safeguarding Adults Outcomes:

It is vitally important that social care practice is outcomes focussed, by adopting this approach to practice it ensures that it is person-centred and that the voice of the person with care and support needs is heard and acted upon.

| High Level Outcomes | PEOPLE: How well are my desired outcomes being met? | PRACTITIONERS: How effectively am I supporting people at risk / being harmed? | SENIOR LEADERS: How effectively am I meeting my accountabilities? |
|----------------------------|---|---|---|
| People are | People have safe | Practitioners are | Senior leaders |

| | | | |
|--|---|--|---|
| safeguarded in our communities and institutions | communities and services that respect their dignity | skilled in creating climate /relationships to enable awareness, understanding, rights | promote good community relations and ensure that services are of sufficient quality to safeguard people's rights and dignity |
| People are aware of safeguarding and know what to do if they have a concern | People know where to go to get advice / information; know how to recognise abuse | Practitioners are skilled in creating climate / relationships to enable awareness, understanding, rights | Senior leaders show visible leadership, including community and political leadership, strategic planning, partnership and collaboration to promote safeguarding |
| People are able to report abuse and be listened to | People have someone they trust to go to; can define the outcomes they want | Practitioners can recognise harm; know what to do; can facilitate, advocate, access expertise | Senior leaders secure resources/inputs to ensure sufficient trained staff, information, systems |
| Concerns about harm or abuse are properly investigated and people can say what they want to happen | People can define their desired outcomes; are supported to weigh up risk/benefits; best interest decisions/MCA used | Practitioners work in a person-centred way; timely, informed, risks managed; capacity addressed; desired outcomes explicit | Senior leaders monitor and act on information about reporting, referrals, sources, services, responses, training needs of staff |
| People feel and are safer as a result of safeguarding action being taken | People feel safe and in control of their own circumstances; in establishments and community settings | Practitioners can offer support to people who have experienced abuse or neglect- skills and services-to achieve desired outcomes | Senior leaders- same as above; and know how competent their organisation/SAB is; organisational and partnership hotspots |
| The wider well-being of people is maintained or | People are treated with respect; quality of life is improved; relationships/contacts | Practitioners can offer to help people achieve wider personal | Senior leaders can demonstrate safeguarding outcomes as part |

| | | | |
|----------|--|--|---|
| enhanced | maintained; policing activity is aware of and supportive to more vulnerable members of the community | goals- social, emotional, health/well-being and community safety | of wider community safety and well-being priorities; demonstrate outcomes focus |
|----------|--|--|---|

Locally these high level outcomes are broken down for quality purposes and auditing using four of the six principles of safeguarding:

- Empowerment
- Protection
- Partnership
- Proportionality

The case auditing process uses these four principles to 'drill down' into case files to look for evidence that practice is effective and that the principles of Making Safeguarding Personal (MSP) have been adhered to.

Empowerment

1. Has it been identified whether the individual has Mental Capacity in relation to the Safeguarding issued and if they lack capacity, has the reasoning for this been clearly articulated and evidenced?
2. If the individual has Mental Capacity, have they been consulted and asked for their views and desired outcomes?
3. If the individual lacks Mental Capacity has an appropriate advocate been identified and contacted and asked for a view and desired outcome?

Protection

1. Does initial response within first 48 hours (Concern stage) demonstrate risks and protective factors have been fully considered?
2. Have procedural timescales at Concern stage been adhered to (decision within 2 working days of referral)?
3. Is the decision at the end of Concern stage appropriate, clear, well-articulated and evidenced?
4. If ending at Concern stage is there a clear protection plan in place or if progressing to Enquiry stage is there an Interim Safety Plan in place?
5. If progressed to Enquiry stage, has a full risk assessment been completed and is it appropriate?

6. Is there adequate detail in the assessment and safeguarding plan to evidence the assessment undertaken and the rationale for decisions made / actions taken?
7. Has the individual been safeguarded and is there a robust protection plan in place?
8. Has transferrable risk been considered and responded to and is this evidenced?
9. If the alleged perpetrator is a vulnerable adult, have their needs been addressed?

Partnership

1. Has the funding Authority been notified if not RBC funded or self-funded individual?
2. Has Care Governance been notified?
3. If the allegation constitutes a possible criminal offence, has the matter been reported to Police and have they been consulted with regard to any strategy?
4. Were relevant agencies consulted and appropriate information shared (and if no strategy meeting and were these recorded as strategy discussions)?
5. Was a strategy meeting convened at the appropriate time?
6. Were relevant agencies represented, including service users view?
7. Was the discussion and outcome / action plan clearly recorded?
8. Is there evidence of a coordinated multiagency response?

Proportionality

1. Has the approach been proportionate i.e. least intrusive possible whilst fully discharging Duty of Care?

The Voice of the Individual with Care and Support Needs

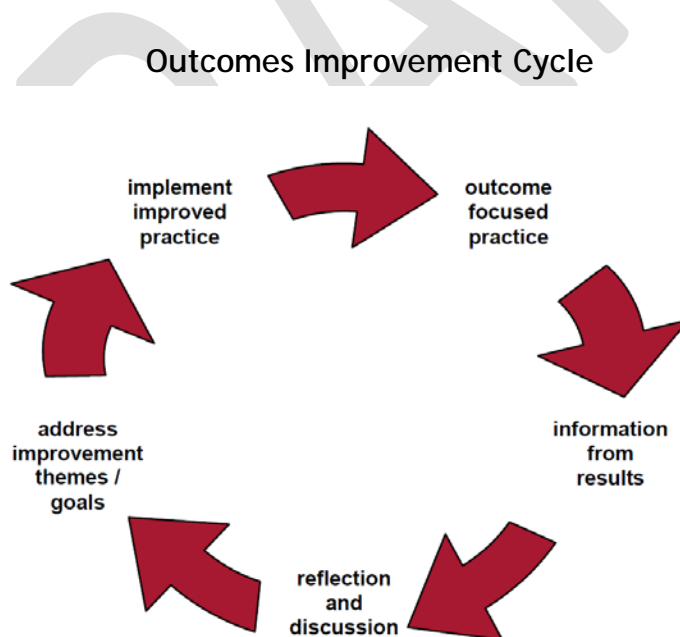
To ensure that practice and processes are MSP compliant it is important to be able evidence explicitly that the person with care and support needs has been actively involved in the safeguarding process at every stage; unless the person chooses otherwise. If the person chooses not to, this needs to be recorded with the reasons the person chose not to.

The kinds of outcomes that people might want as part of a safeguarding Concern or Enquiry are:

- I want the abuse to stop and to feel safer
- I want to help protect myself in the future
- I want help to feel more confident
- I want the abuser to stay away from me
- I want to be involved in what happens next
- I want people involved in my case to do what they say they will
- I want the Police to prosecute
- I want to access the support available to me
- I want to make more friends

This list is not exhaustive and will vary depending on individual wishes and circumstances.

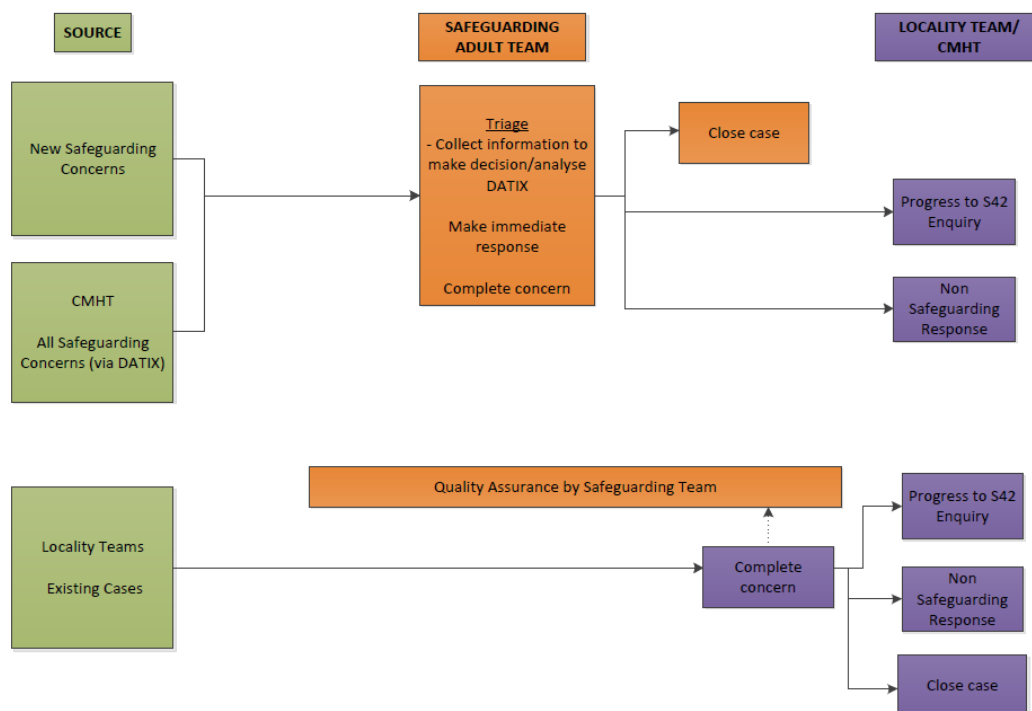
Advocacy plays a key part in involving the person in the process and there is guidance set out in Berkshire Multi-Agency Adult Safeguarding Policy & Procedures



The quality assurance and improvement cycle for adult safeguarding adults is currently being developed within the framework outlined below.

Safeguarding Adults Team (SAT) Triage and Quality Monitoring:

Ensuring effectiveness and consistency of approach in safeguarding adults is a key priority in Adult Social Care and structure, processes are designed to ensure that practice and interventions operate to a high standard. The SAT has a pivotal role to play in this. Namely, through the arrangements that are place to triage and quality monitor individual Concerns and Enquiries. See pathway below:



The pathway is explicitly designed to ensure that responses are compliant with the 6 principles of safeguarding and so that thresholds are consistently applied across the whole of adult social care.

Practice and Management Competence:

The starting point to begin to measure performance is staff competence and Reading has produced a Safeguarding Competency Framework & Procedures. The competency framework is an ongoing quality assurance, performance management and CPD tool. It should form part of any new recruit's induction programme and allows the practitioners supervisor to use it at this stage benchmark of the level of competence the new worker brings to their role. Thereafter, it should be used as a regular supervision tool and it should form part of the annual appraisal process. Reading is currently not compliant with the professional supervision requirements

under the employer standards for Social Workers, so it will need to review the supervision policy to ensure that it is. This should include the appraisal policy to make sure both reflect the Professional Capabilities Framework (PCF)

The NCF provides practitioners and managers with a detailed set of measurable competencies by which to evidence strengths and needs of the level of practice at both an individual, team and service levels. It contributes vital information to enable individual Continuing Professional Development plans to be updated and also acts as a source of data in the preparation and completion of team and service area annual training needs analysis.

Competence Framework and Training:

Each ASC team will be required to complete a profile of staff roles and

| TEAM | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|
| Staff Group(competence) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 1(1-5) | | | | | | | | | | | | | | | | | | | | |
| 2(6-12) | | | | | | | | | | | | | | | | | | | | |
| 3(13-15) | | | | | | | | | | | | | | | | | | | | |
| 4(16-20) | | | | | | | | | | | | | | | | | | | | |

This will then be used to highlight which members of staff have achieved the required level of competence for their role, highlight strengths and needs and ensure that people get the appropriate training to ensure that they have the knowledge base to achieve the competence.

Data can be collated across teams and triangulated using training completion data to build up a service wide picture of competence.

The data can also be used to support supervision, performance, appraisal and CPD.

It should be used in conjunction with safeguarding case audits to identify any needs identified as a result of the audit and support staff or teams to address these needs via training and/or supervision.

Training:

Safeguarding training in Reading is delivered within the overall framework of the Multi-Agency West of Berkshire Workforce Development Strategy. This provides a

common set of standards and set of training across the SAB area. There are 3 levels plus 'Train the Trainer', the latter being the method that some of the training is cascaded through the overall social care workforce. The PCF is the basis for the overall structure of the training.

Level 1 Awareness

Audience: All who have direct contact with adults whose circumstances make them vulnerable to abuse.

To be able to respond in accordance with Berkshire's Multi-Agency Safeguarding Adults Policy and Procedures

Level 2 Assessment and planning

Audience: Those who contribute to or lead in assessment and/or investigation of safeguarding alerts.

Delegates should have completed Level 1 training or have equivalent knowledge

To gain a working knowledge of Berkshire's Multi-Agency Safeguarding Adults Policy and Procedures and to understand their role in investigating under safeguarding

Level 3 Managing staff and making decisions

Audience: Those who manage staff and make decisions in safeguarding adult investigations in local authorities, health trusts and provider services. Delegates should have completed Levels 1 & 2 training.

To provide managers with an overview of Berkshire's Multi-Agency Safeguarding Adults Policy and Procedures and an understanding of their role in managing the safeguarding adult investigation process

Train the Trainer Level 1 Awareness

Audience: Managers/ senior staff with responsibility for delivering in-house training. Participants must have completed Level 1 training and have knowledge of Berkshire Safeguarding Policy and Procedures.

To equip participants with the tools and knowledge to independently deliver Level 1 training

In addition Reading provides supplementary training to support the development of skills and competence in adult safeguarding including the following. Contact the individual agency for further information:

- Deprivation of liberty safeguards
- Dignity and respect
- Domestic abuse including DASH assessment and MARAC awareness
- Mental Capacity Act

- Mental health awareness
- Risk assessment
- Role of the appropriate adult under PACE
- Safeguarding children
- Substance use and misuse awareness

It is the responsibility of each team manager to ensure that staff undertake the training appropriate to their role and that they have refresher training every 3 years as per the SAB recommendation. Learning & Workforce Development record attendance and can provide teams with training reports.

Procedures:

Safeguarding Adult's performance needs to be supported by a set of legally compliant procedures. Staff can then be given a framework about different processes and aspects of safeguarding that will enable them to practice to a high standard and against which practice can be measured.

In addition to the Berkshire Multi-Agency Adult Safeguarding Policy & Procedures Reading has produced a comprehensive set of local safeguarding adult's procedures, these are listed below and are available on the RBC Intranet:

- Safeguarding Competency Framework & Procedures
- Operational Safeguarding Procedure
- Self-Neglect & Hoarding
- Chairing Safeguarding Meetings
- Provider Concerns Investigation
- Mental Capacity Act
- DoLS Procedures
- FGM
- Hate, Mate Crime & Cuckooing
- High Risk
- Domestic Abuse
- Risk Enablement
- Modern Slavery & Human Trafficking
- Financial Abuse-Scams

Measuring Safeguarding Adults Performance:

There are three methods of collecting data about safeguarding adult's performance, two via audit and another based on competence and training. Reading carry out a monthly audit of safeguarding cases targeting 20% of all Enquiries carried out in that month and the Safeguarding Adults Board carries out an audit of a small percentage of cases on a quarterly basis across the WSAB area, including Reading.

Reading internal audit:

Cases are rated as Good, Adequate or Inadequate. The judgement matrix for grading the audit is set out below:

Good:

Practice is of a good standard, risks are identified and reduced. Decisions are made so that delay is avoided and adults are supported to live safely and with the least restrictions. There is clear evidence that the person with care and support needs has been involved in a meaningful way the safeguarding process.

Requires improvement:

Minimum standards have been achieved, adults are not at risk of abuse or neglect and the person's views have been sought as part of the safeguarding process

Inadequate:

Practice is below standard and may cause risk of abuse or neglect to the adult. The adult has been consulted or involved in the safeguarding process.

Further work is needed to develop a framework for implementing improvement. This could be achieved by doing the following:

Use information at two levels to highlight performance and address issues- locality team and individual worker. Differences in team and individual performances will be evident.

- The ratings for teams are used at team meetings to identify themes, issues and then to discuss and agree how performance can be improved and problems solved. Each Team can then draw up team service improvement plan. SAT team members will be available to support this and take any process issue away for resolution directly or via the appropriate mechanism e.g. Adult Systems Development Group (ASDG)
- Ratings for individual practitioners to be used in supervision for reflective discussion around performance improvement, learning needs and any appraisal actions.
- ASC and Team Training Needs Analysis should reflect feedback provided through case audits.
- Safeguarding Manager and Team managers to meet in 6 week cycle as part of quality monitoring process
- SAT Team Manager/Principal Social Worker to review team performance twice per annum as part of the overall quality assurance framework.

Audit sample 20% of all safeguarding enquiries

Total number of cases

Cases per Team

Scoring of cases against 4 principles of safeguarding on scale: Good, Adequate, and Inadequate.

Narrative- thematic analysis and actions required to address issues highlighted or cascade good practice.

Performance based upon % of all cases that are rated Adequate/Good and % rated Inadequate and analysed by team. All to be reported on a quarterly basis.

SAB Audit:

The audit is undertaken as part of the SAB audit programme as a mandatory audit to provide assurance to the Board that the quality of S42 enquires are meeting and agreed cross boundary that demonstrates compliance with the Care Act 2014. To meet a standard of achieved which will provide assurance of a good standard in meeting the minimum requirements in all six areas of best practice in the Care Act 2014.

RBC Performance Dashboard:

This is a monthly report to Corporate Management Team (CMT) on:

- Number of Safeguarding Concerns started
- Number of Safeguarding Enquiries started

Safeguarding Adults Board KPI's:

This is a quarterly report in three sections:

- Prevention which includes-% of nursing and residential homes where the LA is not placing individuals where there are quality assurance and / or safeguarding concerns; number of DoLS applications; number of referrals to court of protection
- Access and Involvement which includes- of those people that lacked capacity, number of people referred to an advocate; % of people who are asked what they want the outcome of the safeguarding investigation to be; % of people who were asked their desired outcomes and outcomes were expressed; %of those that gave feedback in 2.3 for whom the outcome of the enquiry has been achieved either in full, in part or not at all
- Protection which includes - PREVENT Initiative training, FGM, total number of Safeguarding Concerns for individuals started in period - per 100,000

population and a range of KPI's included in the Safeguarding Adults Collection detailed below

- Partnership which includes- attendance levels at SAB meetings and at subgroups by identified partners; number of full Safeguarding Adults Reviews (SAR) undertaken; number of reviews of significant incidents undertaken and submitted to the Board for consideration as a SAR

Safeguarding Adults Collection:

The Safeguarding Adults Collection (SAC) is a national recording and reporting framework which records details about safeguarding activity for adults aged 18 and over in England, reported to, or identified by, Councils with Adult Social Services Responsibilities (CASSRs or "councils"). The collection includes demographic information about the adults at risk and details of the incidents that have been alleged.

The SAC has 4 broad categories of information that it collects and reports on:

- Section 1 Demographic which includes- age, gender, ethnicity, primary support reasons, health conditions (incl. disability), safeguarding activity
- Section 2 Case Details which includes-enquiries by type & source of risk, enquiries by location and source of risk, risk assessment outcomes, risk outcomes
- Section 3 Mental Capacity which includes- capacity in relation to S42 enquiries, capacity to other concluded safeguarding Enquiries
- Section 4 MSP which includes- whether the person or representative was as about outcomes for S42 Enquiries, whether the person or representative was as about outcomes for other concluded safeguarding enquiries

The Quality Assurance Framework detailed above provides Reading with a comprehensive performance dashboard that allows staff at all levels to understand and contribute to providing a quality safeguarding service.

Author: Harvey Campbell

Date: November 2016

Review Date: November 2016

Appendices:

Appendix 1:

Multi-Agency West of Berkshire Workforce Development Strategy



wob-sa-workforce-development-strategy-20

Appendix 2:

Safeguarding Adults Procedures- Competency Framework



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Appendix 3:

Safeguarding Adults Collection



Copy of SAC_Proforma_2016-

Appendix 4:

SAB KPI's



Copy of Key PI SAB 2016-17.xlsx

Reading Annual Performance Report 2015/16

The 2015-16 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England. It includes demographic information about the adults at risk and the details of the incidents that have been alleged.

The Safeguarding Adults Collection (SAC) is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013/14 and 2014/15 reporting periods so has some areas where there have been significant changes to the categories of data collected.

Section 1 - Safeguarding activity

Concerns and enquiries

As a result of the Care Act changes the terminology of some of the key data recorded in the Safeguarding Return in its various formats has changed over the past year or so. Safeguarding Alerts are now being referred to as Concerns and Safeguarding Referrals are now known as Enquiries.

Another change made to the return as compared to last year is the mandatory requirement to collect information about 'individuals involved in section 42 safeguarding enquiries' which has replaced the collection of 'individuals involved in safeguarding referrals'. Therefore any data relating to 2015-16 contained within this report relates to s42 enquiries.

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of Concerns raised and Enquiries opened and the conversion rates over the same period.

There were 1075 safeguarding concerns received in 2015/16. The number of concerns has increased over the past couple of years with a large increase of 373 over the previous year (from 702 in 2014-15) which demonstrates the work being carried out in the authority to highlight the importance of recording safeguarding incidents.

538 s42 enquiries were opened during 2015/16, with a conversion rate from concern to s42 enquiry of 50% which is still slightly higher than the national average of around 40%. This is however a decrease on previous years which had seen conversion rates of around 75%. This demonstrates a positive shift away from the Risk Averse outlook the authority had shown historically.

There were 511 individuals who had a s42 enquiry opened during 2015/16 which is an increase of 36 which is a 7.6% rise since 2014/15.

Table 1 – Safeguarding activity for the reporting period 2014-16

| Year | Alerts / Concerns received | Safeguarding referrals / s42 enquiries | Individuals who had safeguarding referral / s42 enquiry | Conversion rate of concern to s42 enquiry |
|---------|----------------------------|--|---|---|
| 2013/14 | 654 | 491 | 410 | 75% |
| 2014/15 | 702 | 527 | 475 | 75% |
| 2015/16 | 1075 | 538 | 511 | 50% |

Section 2 - Source of Safeguarding Enquiries

As Figure 1 shows the largest percentage of safeguarding enquiries for 2015/16 were referred from both Social Care staff (33%) and also by Health staff (27%) with Family members also providing a larger than average proportion (16%). The Police have also been responsible for referring 7% of all 542 enquiries over the past year.

The Social Care category encompasses both local authority staff such as Social Workers and Care Managers as well as independent sector workers such as Residential / Nursing Care and Day Care staff. The Health category relates to both Primary and Secondary Health staff as well as Mental Health workers.

Figure 1 - Safeguarding Enquiries by Referral Source - 2015/16

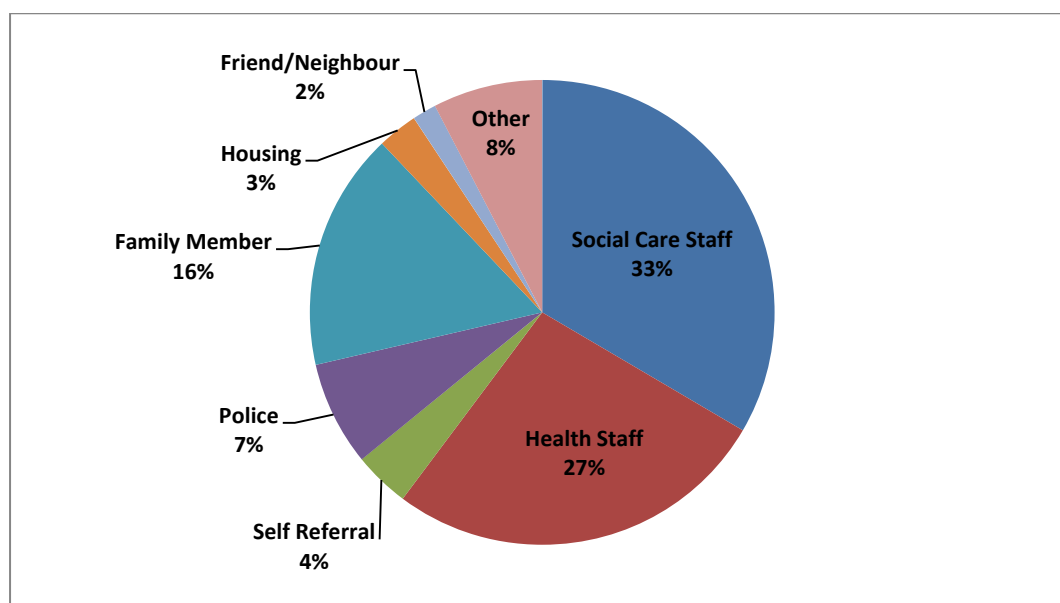


Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2013/14. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where available, so a clearer picture can be provided of the numbers coming in from various areas.

For Social Care the actual numbers coming in have remained consistent over the period at around 180-185 per year. The numbers coming in from domiciliary staff have risen by nearly 31% from 26 to 34 whereas the numbers have fallen by 17% from 58 to 48 for Residential / Nursing staff.

The numbers of referrals coming in from Health Staff have steadily risen over the period with a rise of over 24% from 116 to 144 referrals since 2014/15. This is made up of a 29.4% rise in those coming from Primary / Community Health staff (up from 51 to 66) and a 51.6% rise from Secondary Health staff (up from 31 to 47).

The numbers of Self Referrals have steadily decreased over time with a fall of 34% over the past year (from 32 to 21). There has been an increase however in the numbers of referrals coming from Family members (up 6%) and the numbers coming from the Police have more than doubled which shows the work being carried out in that area (up from 17 to 39 in the past year).

Table 2 - Safeguarding Enquiries by Referral Source 2014-16

| | Referrals | 2013/14 (All) | 2014/15 (All) | 2015/16 (s42 only) |
|---------------------------|--|---------------|---------------|--------------------|
| Social Care Staff | Social Care Staff total (CASSR & Independent) | 185 | 185 | 180 |
| | Domiciliary Staff | - | 26 | 34 |
| | Residential/ Nursing Care Staff | - | 58 | 48 |
| | Day Care Staff | - | 7 | 5 |
| | Social Worker/ Care Manager | - | 60 | 56 |
| | Self-Directed Care Staff | - | 3 | 2 |
| | Other | - | 31 | 35 |
| Health Staff | Health Staff - Total | 108 | 116 | 144 |
| | Primary/ Community Health Staff | - | 51 | 66 |
| | Secondary Health Staff | - | 31 | 47 |
| | Mental Health Staff | - | 34 | 31 |
| Other sources of referral | Other Sources of Referral - Total | 198 | 226 | 214 |
| | Self-Referral | 50 | 32 | 21 |
| | Family member | 73 | 84 | 89 |
| | Friend/ Neighbour | 9 | 8 | 9 |
| | Other service user | 3 | 3 | 1 |
| | Care Quality Commission | 4 | 2 | 2 |
| | Housing | 28 | 12 | 15 |
| | Education/ Training/ Workplace Establishment | 2 | 2 | 0 |
| | Police | 12 | 17 | 39 |
| | Other | 17 | 66 | 38 |
| | Total | 491 | 527 | 538 |

Section 3 - Individuals with safeguarding enquiries

Age group and gender

Tables 3, 4 and 5 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last 3 years. The majority of enquiries continue to relate to the 65 and over age group which accounted for 57% of enquiries in 2015/16. Between the ages of 65 and 94 the older the individual becomes the more enquiries are raised. The 18-64 age cohort has seen a fall of 9% proportionately since 2013/14 whereas the other age groups have stayed fairly consistent over the past year.

Table 3 – Age group of individuals with safeguarding enquiries, 2014-16

| Age band | 2013/14 | % of total | 2014/15 | % of total | 2015/16 | % of total |
|-------------|---------|------------|---------|------------|---------|------------|
| 18-64 | 210 | 51% | 197 | 41% | 216 | 42% |
| 65-74 | 38 | 9% | 55 | 12% | 66 | 13% |
| 75-84 | 75 | 18% | 103 | 22% | 97 | 19% |
| 85-94 | 78 | 19% | 106 | 22% | 108 | 21% |
| 95+ | 9 | 2% | 10 | 2% | 21 | 4% |
| Age unknown | 0 | 0% | 4 | 1% | 3 | 1% |
| Grand total | 410 | | 475 | | 511 | |

In terms of the gender breakdown there are more Females with enquiries than Males (59% compared to 41% for 2015/16) and the gap between the two is getting larger year on year i.e. it was 10% in 2013/14 and rose to 12% in 2014/15. By 2015/16 this gap had risen to 18%.

Table 4 – Gender of individuals with safeguarding enquiries, 2014-16

| Gender | 2013/14 | % of total | 2014/15 | % of total | 2015/16 | % of total |
|--------|---------|------------|---------|------------|---------|------------|
| Male | 183 | 45% | 209 | 44% | 208 | 41% |
| Female | 227 | 55% | 266 | 56% | 303 | 59% |
| Total | 410 | 100% | 475 | 100% | 511 | 100% |

When looking at the two categories together for 2015/16 the number of females with enquiries is larger in almost every age group but is especially high comparatively in the 85-94 one (Females - 26.7% and Males - 13%). For Males the figures peak in the 75-84 age group and then fall whereas for Females the peak is at the 95+ stage where it then drops.

Table 5 – Age group and gender of individuals with safeguarding enquiries, 2015/16

| Age group | Female | Female % | Male | Male % |
|-----------|------------|----------|------------|--------|
| 18-64 | 119 | 39.3% | 97 | 46.6% |
| 65-74 | 34 | 11.2% | 32 | 15.4% |
| 75-84 | 48 | 15.8% | 49 | 23.6% |
| 85-94 | 81 | 26.7% | 27 | 13.0% |
| 95+ | 18 | 5.9% | 3 | 1.4% |
| Unknown | 3 | 1.0% | 0 | 0.0% |
| Total | 303 | 100.0% | 208 | 100.0% |
| | 59% | | 41% | |

Ethnicity

83% of individuals involved in s42 enquiries for 2015/16 were of a White ethnicity with the next biggest groups being Black or Black British (6%) and Asian or Asian British (5%).

Figure 2 – Ethnicity of individuals involved in enquiries for 2015/16

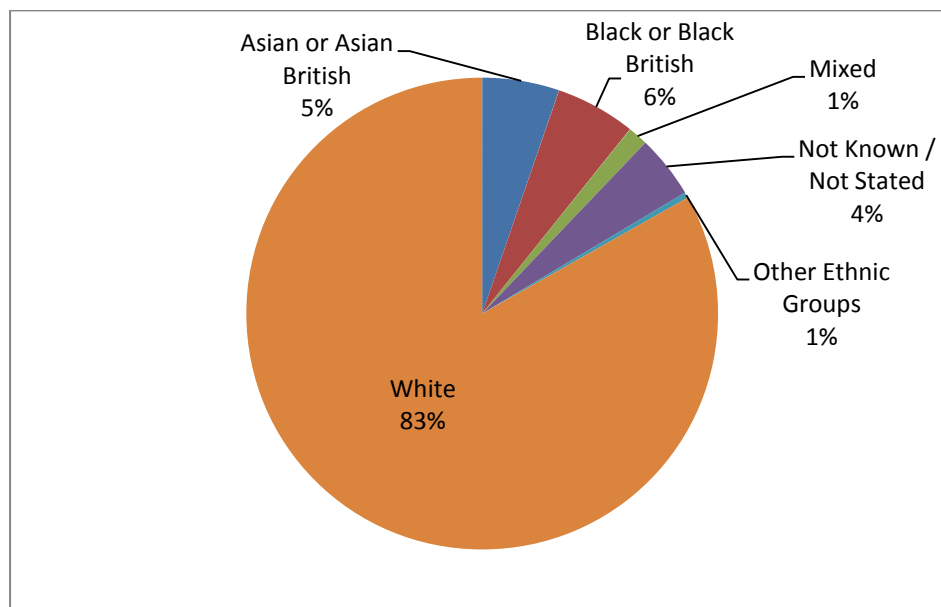


Table 6 shows the ethnicity split for the whole population of Reading based on the ONS Census 2011 data. Any Enquiries where ethnicity was not obtained/stated have been excluded from this table.

Table 6 – Ethnicity of Reading population and safeguarding enquiries

| Ethnic group | Percentage of whole population | Percentage of safeguarding enquiries |
|------------------------|--------------------------------|--------------------------------------|
| White | 75.0% | 87.0% |
| Mixed | 4.0% | 1.0% |
| Asian or Asian British | 13.0% | 5.5% |
| Black or Black British | 7.0% | 6.0% |
| Other ethnic group | 1.0% | 0.5% |

Source: ONS 2011 Census data

The numbers suggest individuals with a White ethnicity are more likely to be referred to safeguarding and the proportion is much higher than for the whole population. It also shows that those individuals of an Asian or Asian British ethnicity are far less likely to be engaged in the process (13% in whole population whereas those involved in a safeguarding enquiry is only 5.5%).

Primary support reason

Table 7 shows a breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR). The majority of individuals in 2015/16 had a PSR of Physical Support (51%), which also represents a 10% increase on the 2014/15 figure (was at 41%). There was also a decrease in enquires where the individual has a PSR of Support with memory and cognition (from 18% to 9% proportionately).

Table 7 – Primary support reason for individuals with a safeguarding enquiry

| Primary support reason | 2014/15 | % of total | 2015/16 | % of total |
|-----------------------------------|---------|------------|---------|------------|
| Physical support | 193 | 41% | 262 | 51% |
| Sensory support | 13 | 3% | 8 | 2% |
| Support with memory and cognition | 84 | 18% | 44 | 9% |
| Learning disability support | 83 | 17% | 84 | 16% |
| Mental health support | 70 | 15% | 83 | 16% |
| Social support | 28 | 6% | 30 | 6% |
| No support reason | 4 | 1% | 0 | 0% |
| Not known | 0 | 0% | 0 | 0% |
| Total | 475 | 100% | 511 | 100% |

Section 4 – Case details for concluded enquiries

Type of alleged abuse

Table 8 shows concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types were added to the 2015/16 return so there are no comparator figures for those, although 103 have been recorded this year in those categories (12.3% proportionately of the total).

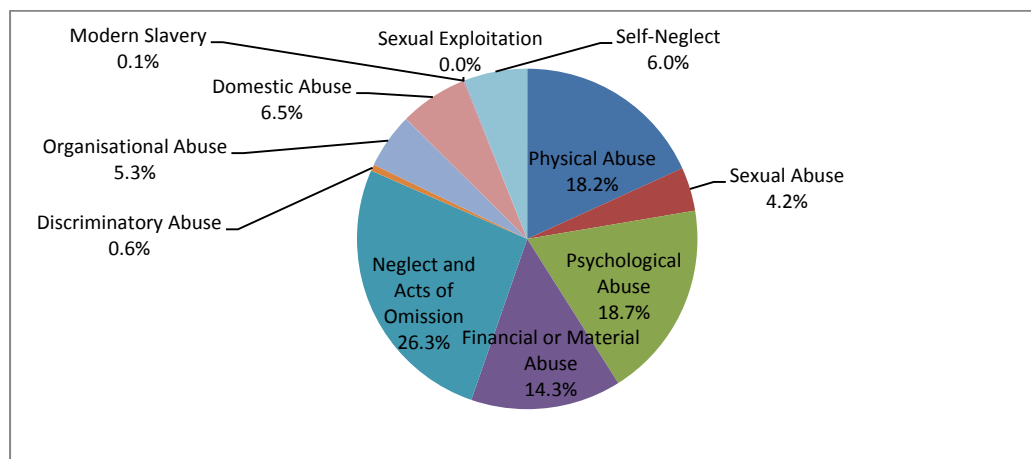
The most common types of abuse for 2015/16 were for Neglect and Acts of Omission (26.3%), Psychological Abuse (18.7%) and Physical Abuse (18.2%).

The numbers with a Physical Abuse type however have dropped by 25 since last year (down 14%) and there has been a similar drop in those recorded as being of a financial nature also (down 12%).

Table 8 – Concluded enquiries by type of abuse

| Concluded enquiries | 2013/14 | 2014/15 | 2015/16 |
|------------------------------|---------|---------|---------|
| Physical Abuse | 134 | 174 | 149 |
| Sexual Abuse | 24 | 29 | 34 |
| Psychological Abuse | 133 | 153 | 153 |
| Financial or Material Abuse | 141 | 138 | 117 |
| Neglect and Acts of Omission | 144 | 214 | 215 |
| Discriminatory Abuse | 4 | 3 | 5 |
| Organisational Abuse | 12 | 38 | 43 |
| Domestic Abuse | - | - | 53 |
| Sexual Exploitation | - | - | 0 |
| Modern Slavery | - | - | 1 |
| Self-Neglect | - | - | 49 |

Figure 3 – Type of abuse 2015/16



Location of alleged abuse

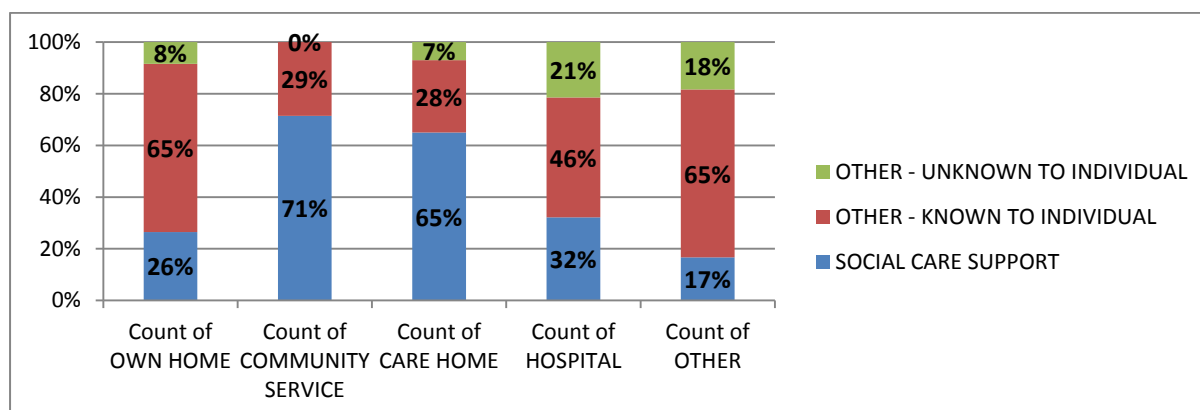
As shown in Table 9, as with previous years by far the most common location where the alleged abuse took place for Reading clients has been the individuals own home (62% in 2015/16) which has shown a 5% rise (up by 63 individuals) proportionately as compared to last year.

Table 9 – Location of abuse 2015-16

| Location of abuse | 2013/14 | % of total | 2014/15 | % of total | 2015/16 | % of total |
|-------------------|---------|------------|---------|------------|---------|------------|
| Care home | 78 | 17% | 112 | 21% | 100 | 17% |
| Hospital | 23 | 5% | 51 | 9% | 56 | 9% |
| Own home | 292 | 65% | 307 | 57% | 370 | 62% |
| Community service | 8 | 2% | 14 | 3% | 7 | 1% |
| Other | 50 | 11% | 56 | 10% | 60 | 10% |

Figure 4 shows the breakdown of location of alleged abuse by source of risk. Where the alleged abuse took place in the persons own home, for the majority of cases (65%), the source of risk was an individual known to the adult at risk. This group was also the most common for those taking place in a Hospital and in other locations. For those taking place in a Community Service or a Care Home the biggest source of risk was from Social Care Support staff.

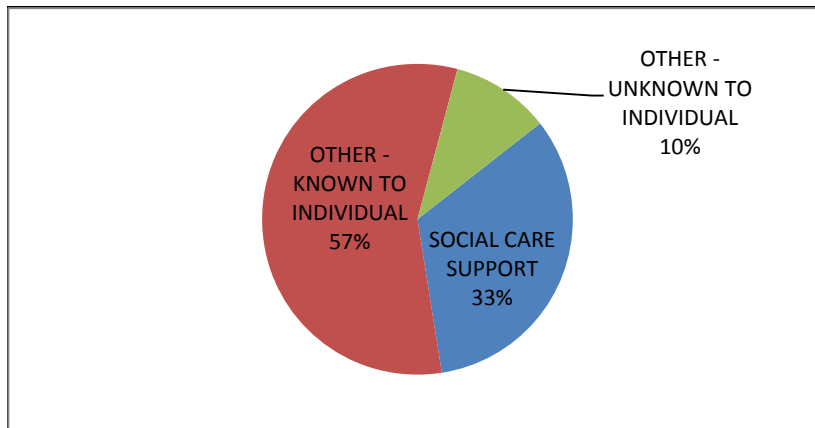
Figure 4 – Concluded enquiries by location of alleged abuse and source of risk for 2015/16



Source of risk

The majority of concluded enquiries involved a source of risk known to the individual (57%) whereas those that are unknown to the individual only make up 10%. The Social Care Support category refers to any individual or organisation paid, contracted or commissioned to provide social care. This is shown below in Figure 5.

Figure 5 – Concluded enquiries by source of risk 2015/16



Action taken and result

Table 10 below shows concluded enquiries by action taken and the results for the last three years.

The figures for those cases where the risk was reduced or removed saw a rise between 2013/14 and 2014/15 and then a fall between 2014/15 and the current year. Those with a risk remaining have stayed fairly consistent over the period. Those with no further action decreased between the first 2 periods but have risen again over the last year (from 21% to 43% proportionately).

Table 10 – Concluded enquiries by result 2014-16

| Result | 2013/14 | % of total | 2014/15 | % of total | 2015/16 | % of total |
|---|------------|-------------|------------|-------------|------------|-------------|
| Action Under Safeguarding: Risk Removed | 29 | 6% | 75 | 15% | 54 | 10% |
| Action Under Safeguarding: Risk Reduced | 146 | 32% | 284 | 55% | 214 | 38% |
| Action Under Safeguarding: Risk Remains | 34 | 8% | 48 | 9% | 58 | 10% |
| No Further Action Under Safeguarding | 242 | 54% | 106 | 21% | 242 | 43% |
| Total Concluded Enquiries | 451 | 100% | 513 | 100% | 568 | 100% |

Figure 6 shows concluded enquiries by result for 2015/16. No action was taken under safeguarding in 43% of cases, while the risk was reduced or removed in 47% of cases.

Figure 6 – Concluded enquiries by result, 2015/16

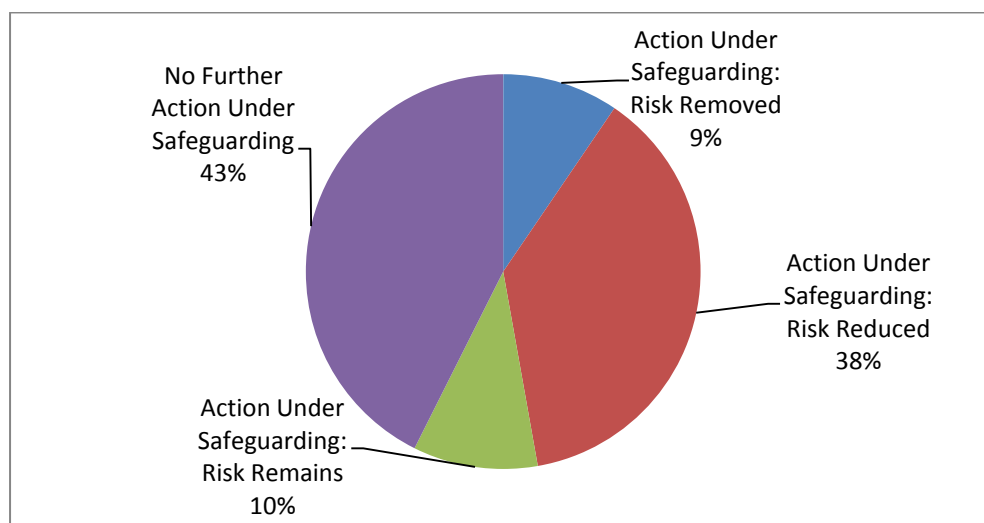
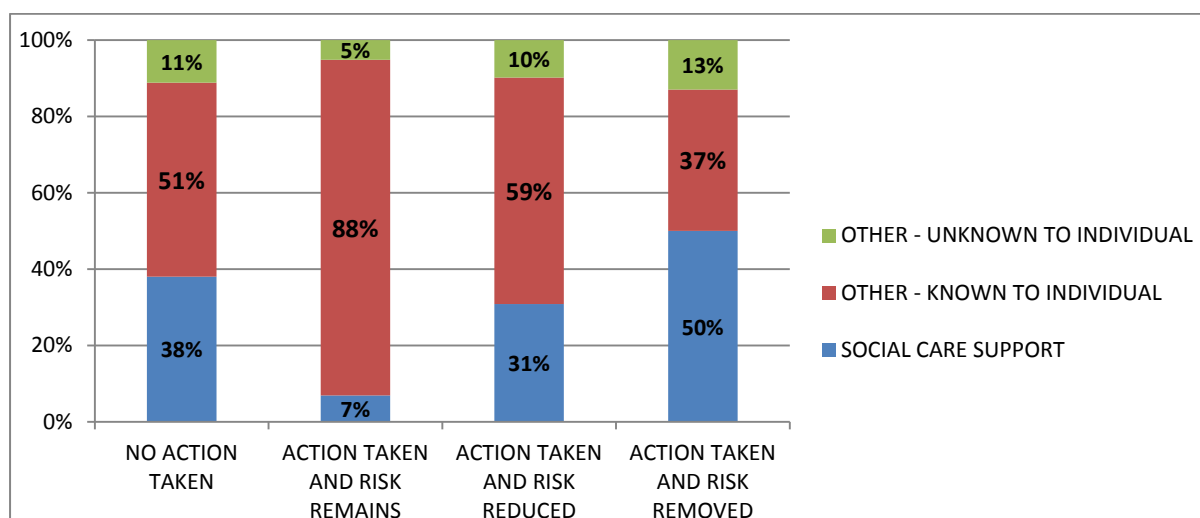


Figure 7 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2015/16. For the majority of cases where action was taken and the risk was reduced or remained the main source of risk was other individuals known to that individual. This is especially noticeable in cases where the risk remains (88% of alleged perpetrators were known to the individual).

Cases where the risk was removed show a higher proportion in the Social Care Support group demonstrating maybe those cases where alleged abuse has taken place in a person’s own home by paid staff contracted or commissioned to provide social care.

Where no action was taken the largest proportion (51%) was attributed to people known to the individual so probably relates to family members for example where an enquiry was raised but not substantiated.

Figure 7 – Concluded enquiries by result of action taken and source of risk 2015/16

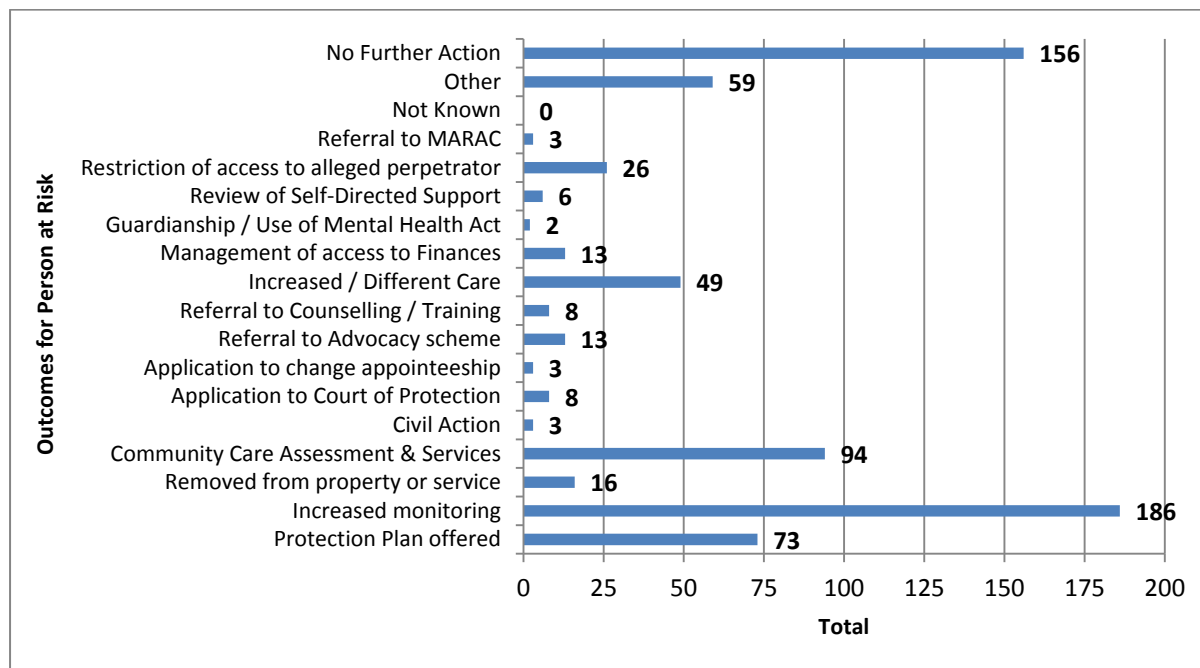


Outcomes for the person at risk

Figure 8 shows the Outcomes for the person at risk for concluded enquiries for 2015/16.

The most common outcomes for concluded enquiries by far were an increase in monitoring (26%), No further Action (22%) and Community Care Assessment & Services (13%). As the chart below includes concluded enquiries which were not substantiated or inconclusive this would explain some of the No further action outcomes for the person at risk.

Figure 8 - Outcomes for person at risk, 2015/16



Section 5 - Mental capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries. In 20% of cases the individual was found to lack capacity. 68 of the 116 individuals (59%) assessed as lacking capacity were supported by an advocate, family or friend.

Figure 9 – Does the individual lack capacity – 2015/16?

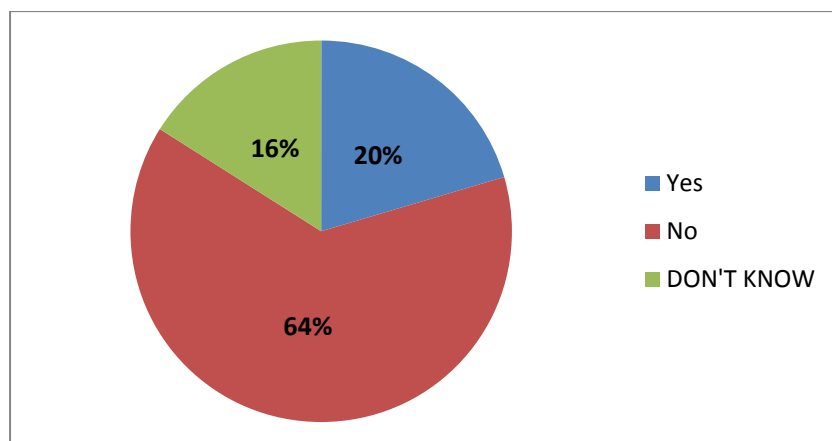
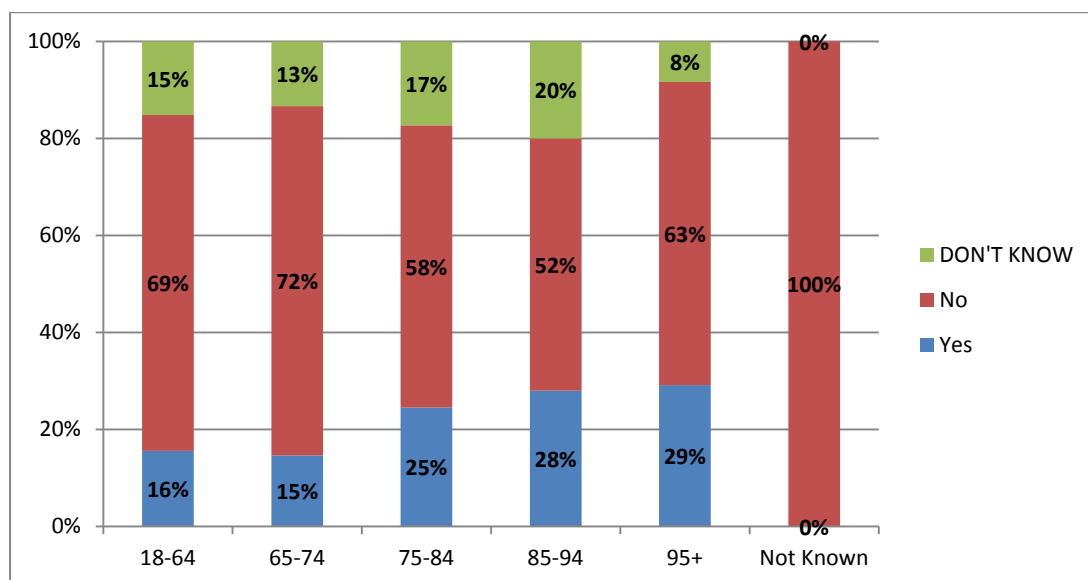


Figure 10 shows a breakdown of individuals lacking mental capacity of the person at risk by age group. The figure shows the likelihood of the person lacking capacity increases with age, with people aged 75+ being most likely to lack capacity. Those 95+ had a figure of 29% for those lacking capacity which was marginally larger than the 2 younger age groups.

Figure 10 – Mental capacity by age group of person at risk, 2015/16



Section 6 - Making Safeguarding Personal

Making Safeguarding Personal (MSP) was a national led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. This initiative was adopted by the Government and can be found within the Care Act 2014. Local Authorities are not currently statutorily required to report on MSP but as members of the West Berkshire Safeguarding Adults Board; Reading has chosen to monitor performance in this area over the past 6 months or so.

As at year end, 46% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative).

Figure 11 – Concluded enquiries by expression of outcome, 2015/16

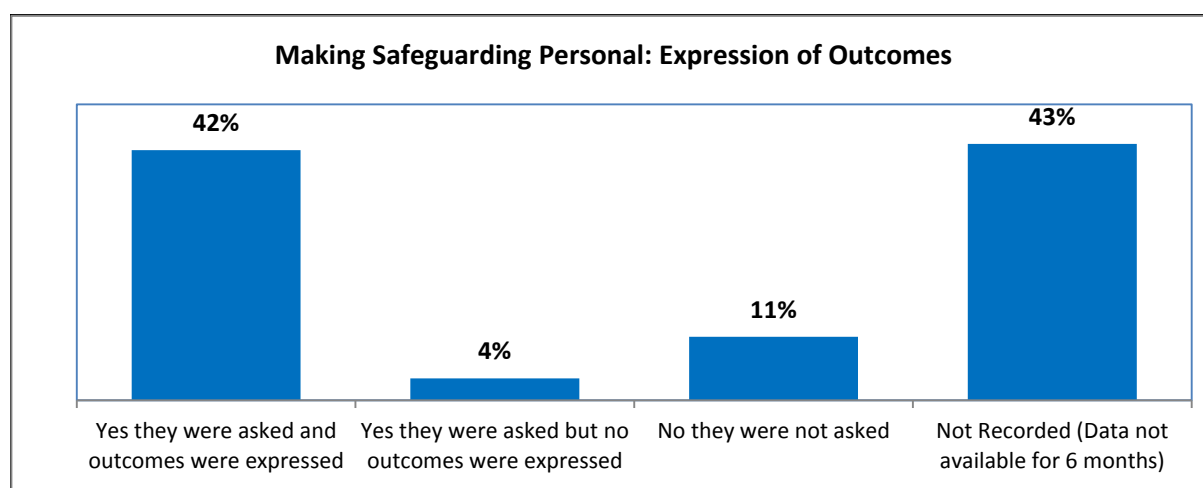
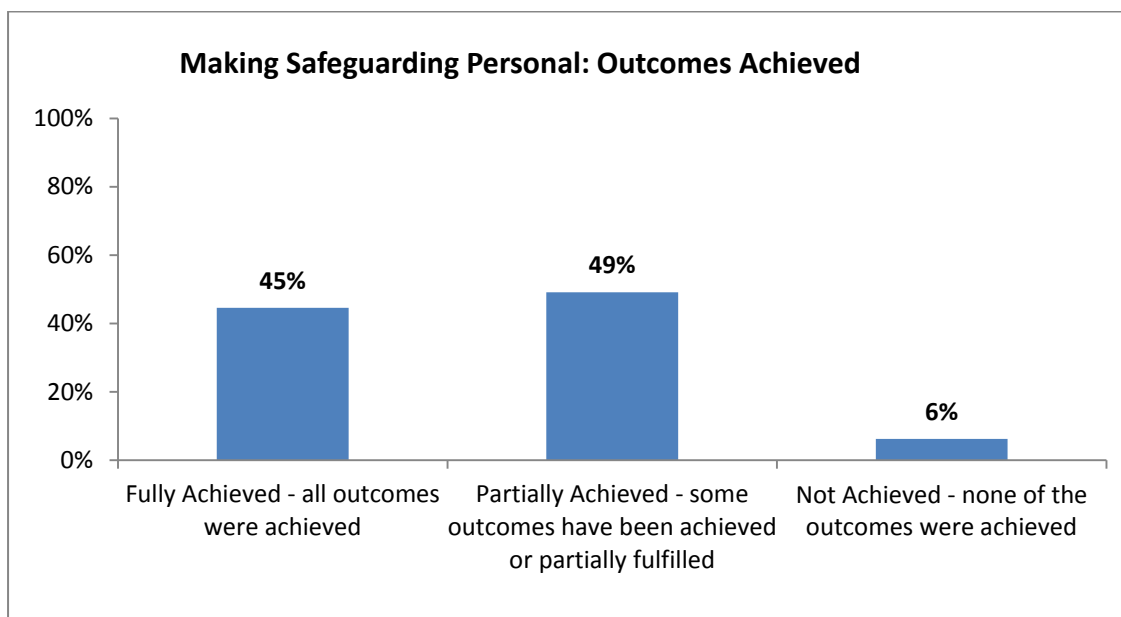


Figure 12 – Concluded enquiries by expressed outcomes achieved, 2015/16



Of those who were asked and expressed a desired outcome, 45% were able to achieve those outcomes fully, with a further 49% partially achieved. Only 6% did not achieve their outcomes.