West of Berkshire Safeguarding Adults Board
Annual Report 2015-16

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West of Berkshire Safeguarding Adults Board Annual Report 2015-16

1. *Message from the Independent Chair*

I have welcomed the opportunity to take over as interim Independent Chair for the Board and have enjoyed working across three Councils and partner organisations to ensure that safeguarding adults is embedded across the West of Berkshire. I have been impressed by the excellent attendance of Partners and the full participation at Board meetings. The agenda items have been varied and challenging, including learning from Safeguarding Adults Reviews and ensuring that such learning is embedded into practice and not "one off events," as well as taking a more thematic approach to Board agendas to reflect the four strategic priorities that underpin the work of the Board.

The Board is very mindful that all efforts going into making adults safe need to reflect on the experience of adults who may be subject of a safeguarding enquiry. Making Safeguarding Personal, an initiative led by the Directors of Adults Social Services, has proven to be a helpful reminder to us all to take stock of all documents, literature and services available to the public to highlight the importance of adult safeguarding and where to go to seek further information.

Closer links with the Local Safeguarding Children's Boards remain a priority, recognising that adult safeguarding will often involve working with families and we need to ensure that, given the challenges all organisations face in respect of finance, we learn from each other, share good practice and avoid duplication.

The Board is working well but we are not complacent and know there is much more to do. We have streamlined the Annual Report in an attempt to explain more simply what the Board has been set up to achieve as well as progress made over the last year. I would welcome your views as to whether we have managed to achieve this aim. The Partner organisations will be seeking to appoint a permanent Chair over the forthcoming year and I welcome the opportunity to work with the new Chair to ensure that a smooth and effective handover of responsibilities takes place.

I would like to extend my thanks to all Partners who have attended Board meetings and have invested time, energy, and professional commitment to adult safeguarding across the West of Berkshire and look forward to a continued excellent working relationship.

Brian M Walsh

Interim Independent Chair West of Berkshire Safeguarding Adults Board

1. Our vision for safeguarding adults

People are able to live independently and are able to manage risks and protect themselves; they are treated with dignity and respect and are properly supported when they need protection.

2. Who we are

The West of Berkshire Safeguarding Adults Board covers the Local Authority areas of Reading, West Berkshire and Wokingham. The Board is made up of local organisations which work together to protect adults at risk of abuse or neglect. From April 2015 mandatory partners on the Board are the Local Authority, Clinical Commissioning Groups and Police. Other organisations are represented on the Board, such has health, fire and rescue, ambulance service, HealthWatch, probation and the voluntary sector.

A full list of Partners is given in Appendix A.

3. Who we help

Any person 18 or over at risk of abuse or neglect because of their needs for care and support and as a result of those care and support needs is unable to protect themselves.

4. What we do

Safeguarding means looking out for and trying to protect others in our community who are vulnerable, or may be at risk of harm. We work together to ensure there are systems in place to keep vulnerable people in the West of Berkshire safe; we hold partner agencies to account to ensure they are safeguarding vulnerable people; we work to ensure agencies and organisations are focused on outcomes, performance, learning and engagement. There are many different forms of abuse:

Physical
Domestic
Sexual
Psychological
Financial / material
Modern slavery
Discriminatory
Organisational
Neglect or acts of omission
Self-neglect

For more information, go to the Board's website: http://www.sabberkshirewest.co.uk/
or click on the links: What is abuse?   Signs of abuse   Concerned about an adult?

How to get help and advice:

In an emergency situation call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101.

If you are concerned about yourself or another adult who may be being abused or neglected, contact Adult Social Care in the area in which the person lives, on the numbers below:

Reading 0118 937 3747

West Berkshire 01635 519056

Wokingham 0118 974 6800

Out of normal working hours, contact the Emergency Duty Team 01344 786 543

5. Trends across the area

The number of safeguarding concerns continues to increase year on year.

Over half the concerns are raised by social care and health staff.

As in previous years, the majority of enquiries relate to older people over 65 years.

More women were the subject of a safeguarding enquiry than males, as in previous years,

Individuals with a White ethnicity are more likely to be referred to safeguarding and the proportion is higher than for the whole population.

The most common types of abuse were for Neglect and Acts of Omission followed by Physical Abuse and Psychological Abuse.

For the majority of cases the primary support reason was physical support.

The most common locations where the alleged abuse took place were a person's own home and a care home.

The majority of concluded enquiries involved a source of risk known to the individual in Reading and West Berkshire but the source of risk in Wokingham was social care support.

Further details are presented in the Safeguarding Performance Annual Reports by partner agencies, Appendix E.

6. How we have made a difference by working together

The *Berkshire Multi-Agency Safeguarding Adults Policy and Procedures 2016* were launched and support staff to respond appropriately to all concerns of abuse or neglect they may encounter, providing a consistent response across the county.

The annual joint conference was held on 9 October 2015, based on the theme of *Challenging Cultural Assumptions in Safeguarding*. Topics included: cultural sensitivity in safeguarding, radicalisation, forced marriage, working with interpreters, witchcraft and possession, supporting traveller communities, anti-trafficking, and providing culturally sensitive care.

Stronger links between health, adult safeguarding teams and local authority Care Governance teams has enabled the timely access to information and expertise, such as the Berkshire West Federation of CCGs pharmacy and infection control involvement in section 42 enquires.

Partnership working through the Integrated Care Home Project Board promotes integration in the commissioning of care homes, best practice and the recognition of patients' rights, choices, needs and safety.

A joint health and social care conference, *Embedding the MCA in Practice*, was held in September 2015; positive feedback included carers' perspectives and evidenced direct impact on front line practice.

A joint Training in Practice (TIPS) event for primary care included LA and voluntary sector representatives as speakers or stall holders.

Peer review of safeguarding services in local authorities, to which all partner agencies contributed.

Development of a Care Governance Framework to promote Care Act accountabilities and joint responses to organisational safeguarding concerns. Health agencies supported LAs and CCGs with the management of concerns in care homes.

Raising awareness of adult safeguarding by community groups and people who use services by means of *experts by experience* delivering talks and designing easy read literature.

Engagement in the development of female genital mutilation (FGM) multiagency protocol and pathway; raised awareness of FGM through a new RBH intranet webpage; an RBH midwife who had undergone FGM supports victims.

Through the Independent Trauma Adviser Steering Group, partners work with Rahab to support victims of modern day slavery, particularly in relation to Brothel warrants. This gives specialist support to the victims who are potentially trafficked, and support officers with addressing the welfare needs.

Partnership working between Police and Mental Health Nurse in response to mental health calls has led to a reduction in detentions and provision of more appropriate mental health support for the individual.

Multi-agency partnerships (Sex Workers Action Group and Street Population) identify health, housing and financial support to meet the needs of vulnerable people.

World Cafe Planning with partners to obtain community views and ideas in relation to vulnerable and exploited individuals.

Joined Up Front Line Action (JUFA) initiated in March 2016 and piloted in Whitley, is a partnership between Police, Fire Service, Health, Voluntary Sector agencies and others to make better use of visits by professionals. Other partners are informed of an individual's needs, for example a Police visit may identify the need for a smoke alarm.

Problems in Practice meetings are held monthly to discuss issues in relation to partnership working across health, mental health and the Police. Discussions enhance knowledge of other organisations' processes and procedures and allow a platform to improve practice.

How we have embedded Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. Locally, steps have been taken to develop person centred, outcome-focused practice, including:

- Partners implemented a standard audit template reflective of MSP requirements, with an aim to provide consistent measures of safeguarding quality assurance reporting to the Board.
- Promotion of MSP in safeguarding training; training has been reviewed to ensure that obtaining consent and desired outcome is central to safeguarding practice; joint commissioning of specific MSP training for frontline workers and managers.
- Safeguarding newsletters promoted MSP and the importance of asking service users what their desired outcomes are.
- Computer systems, templates and practice guidance for staff and service users have been amended to reflect MSP; safeguarding forms have a requirement to include service users' desired outcomes and whether they were achieved.
- Quality Assurance measures incorporate MSP.
- MSP is promoted through coaching and conversations with the workforce and wider stakeholders.
- Incident reporting processes have been refocused to give prominence to the adult's voice.

Case study 1: The Involvement of the individual at a safeguarding meeting with her family and staff from the police, mental health, social care, her GP

and an external provider was a positive way of getting everyone to appreciate each other's involvement and identify a plan to support the individual. The meeting provided a forum for open discussion and prevented any miscommunication between both professionals and the services user. Early multi–agency planning and discussion between the safeguarding leads from both health and adult social care provided the leadership and direction to move the case forward.

Case study 2: Multi-agency approach to a significant safeguarding situation led to client being supported to continue leisure pursuits that had previously been a source of high risk.

Further achievements by partner agencies are presented in Appendix B.

7. Safeguarding Adults Reviews

The Board has a legal duty to carry out a Safeguarding Adults Review when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died and abuse or neglect is suspected to be a factor in their death. The aim is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The West of Berkshire Safeguarding Adults Board has a Safeguarding Adults Review Panel that oversees this work.

During the reporting year, the Board commissioned two Safeguarding Adults Reviews both of which involved practitioners. We cannot publish information about one of the cases as there is a criminal investigation underway. An executive summary about the second case and the full report can be found on the Board's website at http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/

8. Key priorities for next year

Develop our oversight of the quality of safeguarding performance through the Board's Quality Assurance Framework and the annual self-assessment audit completed by partner agencies.

Develop a Performance and Quality Assurance framework to support and promote Making Safeguarding Personal.

Promote the new Berkshire Multi-agency Safeguarding Adults Policy and Procedures, ensuring agencies are compliant through case audits and multi-agency thematic reviews.

Continue to learn from Serious Adults reviews and embed lessons learnt across all organisations which can be monitored and reviewed at regular intervals.

Raise awareness of the Board's function and of local safeguarding processes.

Continue to ensure staff receive an appropriate level of safeguarding adults training.

Develop mechanisms to measure outcomes for individuals who have been through the safeguarding process and ensure service user feedback is collected and understood.

Ensure person centred responses are promoted through the involvement of advocates and Independent Mental Capacity Assessors.

Ensure successful recruitment to permanent Chair and effective handover of responsibilities.

Continue closer working with three Local Children's Safeguarding Boards to identify joint priorities, learning and effective communication.

Review the infrastructure that supports the Board, streamline subgroups where possible to avoid duplication and utilise more effectively the use of Partners' time.

Learn from other Safeguarding Adults Boards and share, more widely, examples of good practice from the West of Berkshire Board on a local, regional and national level.

Appendices

Appendix A **Board member organisations**

Appendix B **Achievements by partner agencies**

Appendix C **Completed Business Plan 2015-16**

Appendix D **Business Plan 2016-17.**

Appendix E Safeguarding Performance Annual Reports from partners agencies:
Berkshire Healthcare Foundation Trust,
Reading Borough Council,
Royal Berkshire Foundation Trust,
West Berkshire Council,
Wokingham Borough Council

Appendix F Training activity

Board Membership

Under the Care Act, the Board has the following statutory Partners:

Berkshire West Clinical Commissioning Group

Reading Borough Council

Thames Valley Police

West Berkshire Council

Wokingham Borough Council.

Other agencies are also represented on the Board:

Berkshire Healthcare Foundation Trust

Community Rehabilitation Service for Thames Valley

Emergency Duty Service, National Probation Service

Royal Berkshire Fire and Rescue Service

Royal Berkshire NHS Foundation Trust

South Central Ambulance Trust

HealthWatch Reading

The voluntary sector is represented by Reading Voluntary Action, Involve Wokingham and Empowering West Berkshire.

Achievements by Partner Agencies

Berkshire Healthcare Foundation NHS Trust

- Achieved training targets.
- Established Safeguarding Forums for updating on policy, legislation and lessons learnt from SARs.
- Received positive feedback from CQC about safeguarding practices and knowledge.
- Strengthened reporting of inpatient incidents.
- Achieved greater clarity on how CMHT support the management of safeguarding concerns.

Berkshire West Federation of CCGs.

- Increased safeguarding training for primary care in level 1 and 2 and commissioned training in the Mental Capacity Act.
- Supported the fire safety check awareness campaign on twitter.
- Improved links between Continued Health Care and LA Care Governance teams by sharing expertise and undertaking joint reviews in nursing homes.
- Raised the profile and pathway of Female Genital Mutilation across primary care.

National Probation Service

- Launch of a Safeguarding Adults partnership framework which sets out a commitment to engaging in adult safeguarding.
- Made safeguarding referrals to the local authority when NPS staff have concerns.
- Attendance of NPS representative at Safeguarding Adults Board meetings.

Reading Borough Council

- Established a new safeguarding team.
- Increased the learning lunches and safeguarding workshops for staff and increased the amount of safeguarding training available.
- Reduced the amount of outstanding DoLS and created a pathway for community DoLS.

Royal Berkshire Fire and Rescue Service

- RBFRS is committed to adopting the principles of Making Safeguarding Personal.
- Provided awareness and duty to report training to staff on types of abuse.
- Completed a range of actions following audit recommendations including robust reporting and recording procedures.

Royal Berkshire NHS Foundation Trust

- Safeguarding training figures consistently compliant; quality of training evaluated. Enhanced Mental Capacity Act and DoLS training (0 - 63% compliance in a year.) Bespoke training programme for investigating safeguarding concerns and allegations for senior managers – a skilled cohort of investigators who listen, are non-judgemental, adapt their communication style and are responsive when investigating service users concerns.
- Safeguarding adult medical leads appointed and Safeguarding Adult Governance meetings established.
- From NHS choices; "*I came to A&E Tuesday evening which was mental health related and I was treated like any other physically unwell patient. I can't appreciate it enough of how well the professionals treated me*" December 2015.

South Central Ambulance Service NHS Foundation Trust (SCAS)

- SCAS safeguarding referrals are now completed electronically from electronic patient records (EPR) system.
- All patient facing staff undertook safeguarding level two training.
- SCAS integrated the Care Act 2014 into policies and working procedures.
- We started a process to complete internal and multi-agency reviews of safeguarding referrals completed by SCAS.
- SCAS undertook a large number of information requests with regard to safeguarding adults from partner agencies, feeding directly into case conferences when required.

Thames Valley Police

- SAVE training – online training provided through the Protecting Vulnerable People Directorate aimed at increasing officer knowledge and practice around vulnerability and exploitation.
- Female Genital Mutilation / Honour Based Abuse classroom based training.
- Problem solving weekly meetings to oversee identification of vulnerable people and support around them, in particular Operation Eraser to support vulnerable people subject of "cuckooing" (a crime which involves a drug dealer befriending a vulnerable individual who lives on their own and taking over their property).

West Berkshire Council

- Set up a Safeguarding Service User Forum.
- Established a learning log for all Partners to share learning from SARs.
- Delivered presentations at Provider Forums and Neighbourhood Watch meetings to increase awareness of adult safeguarding.
- Maintained performance in managing the DoLS authorisation process, the demand on which increased by over 140% during the last reporting year.

Wokingham Borough Council

- Framework and practice developments to provided preventative support to services in circumstance of organisational abuse and quality assurance concerns.
- Designed and implemented a Quality Assurance and triage framework for operational services with measurable outcomes process.
- Co-production work on the safeguarding agenda with people who use services and advocacy groups.

BUSINESS PLAN 2015-16

Priority 1 - Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and Boards.					
Objective	**Action**	**Lead**	**Timescale**	**Outcome**	**Progress**
1.1 Develop oversight of the quality of safeguarding performance	a) Programme of internal spot audits to be undertaken on randomly selected safeguarding cases managed within the operational teams in West Berkshire.	Sue Brain West Berks Council	December 2015	Planned programme of spot checks will provide an overview of quality across the range of disciplines and enable more targeted training to be developed.	Compete, utilising Wokingham's audit tool approved for use. *Green*
	b) Document templates for S42 Enquiries to be developed for use both internally and for provider services in West Berkshire. Programme of dissemination and implementation to be planned and executed.	Sue Brain West Berks Council	May 2015	Approved templates to use where appropriate and relevant will provide some consistency across S42 enquiries.	Completed and shared at the provider forum in May 2015. We also use some of those templates in our level 2 training to demonstrate the practical application of some of those templates. They are optional only. *Green*
	C) Utilise the recently agreed Quality Assurance Audit for a large cohort of cases selected proportionately across the social care teams who carry out safeguarding investigations.	Jo Wilkins, Reading BC	April 2015	Assure officers, members and the community that all investigations are carried out to a high standard and comply with legislation in terms of quality and timeliness.	Audits were started in April with fewer complete than we have aimed for. The local framework has been reviewed and work has begun to a new and revised timetable with a target of 10% of all cases to be audited. This work is now on track. *Green*
	d) Utilise the Reading	Debra Cole	June 2015	Staff feel confident in	Forum took place 16.6.15 and attended by cross

	Safeguarding Working Group and Forum to encourage group conversation and reflective practice.	Reading BC		their practice and explore issues of concern / share best practice in a safe environment. The Safeguarding Team will have an overview of where training is needed.	section of PVI sector and a service user. Workshop type meeting to discuss – • The purpose or function of the forum • Running of the forum • Membership • Engaging service users • Making safeguarding personal Regular forums booked and work to develop the above themes is on-going. Information and topics for future discussion suggested. *Green*
	e) Establish a RBFT multidisciplinary adult safeguarding clinical governance committee with responsibility for over sight clinical performance: • KPIs • Audit • Analysis of themes from safeguarding referrals out of and concerning the organisation • Clinical incidents, partnership reviews, SCR – lessons learnt • Complaints • Allegations where appropriate • Case feedback, celebrating success, promoting best practice	Senior Nurse for Children and Safeguarding, RBFT	September 2015	Improved clinical governance, assurance and accountability ward to board for adult safeguarding in the RBFT.	Adult Safeguarding clinical governance committee has been set up. Terms of reference have been agreed and the committee will meet quarterly. This committee is to be chaired by a Trust consultant (Currently an ICU consultant). Adult Safeguarding Clinical Governance C *Green*
	f) Review adult safeguarding KPIs and audit programme to ensure it reflects internal, SAB and national policy.	UCG Director of Nursing and Corporate Lead for	April 2015	Improved clinical governance, assurance and accountability ward to board for adult	Completed. Adult Safeguarding KPIs are included in the RBFT /Berkshire West CCG contracted Quality Schedule 15/16 are reported monthly to the Board and as

		Safeguarding, RBFT		safeguarding in the RBFT.	scheduled to the CCG and include:
					    MH minimum data set for all detained and informal patients;
					    > 90% of staff to receive Adult Safeguarding Training which includes introduction to DoLS & MCA;
					    All A&E staff to have conflict resolution training including restraint;
					    Identified staff will receive Prevent training from a Prevent trainer;
					    DoLS applications, granted/not granted reported;
					    MCA policy to be written;
					    Audit of MCA assessments;
					Processes in place to safeguard vulnerable adults:
					Key responsibilities:
					    • Evidence of implementation of SAB policy and guidelines;
					    • Ensure the local Safeguarding Adults Policy and Procedures are adhered to at all times;
					    • Ensure participation at a senior level in the Local Safeguarding Adults Board;
					    • Ensure patients and visitors are made aware of how to report harm.
					Green

	g) Review the capacity and capability of the RBFT Safeguarding Team including adult safeguarding medical input and administrative support against the requirements of the Care Act 2014 and the Jimmy Saville NHS investigations: lessons learnt Report Feb 2015.	UCG Director of Nursing and Corporate Lead for Safeguarding, Senior Nurse for Children and Safeguarding, RBFT	June 2015	A multidisciplinary Safeguarding Team with the capacity and capability to deliver the safeguarding duties agreed by the Trust and detailed in its policies, procedures and process.	Cross cover for the safeguarding team has been assured. A review of safeguarding administration is underway. Three Consultants have identified time in their job plans for safeguarding including delivery of MCA training. They are members of the Adult safeguarding clinical governance committee. The consultant's specialities are Intensive care, Anaesthetics, Elderly care/surgery. An external benchmarking exercise has been undertaken. *Green*
	h) Safeguarding to be included on	UCG Director of	April 2015	Appropriate management	Completed.

	all care group clinical governance agendas.	Nursing and Corporate Lead for Safeguarding RBFT		lines of accountability.	The monthly Safeguarding Board report is sent to and considered at each Care Group Clinical Governance Board meeting and at the Trust Quality and Learning Committee that reports directly to the Trust Clinical Governance Board. *Green*
	i)Safeguarding group in place to monitor compliance. Review requirements for the Trust post Care Act and Jimmy Savile.	BHFT Deputy Director of Nursing	May 2015	Robust safeguarding processes in place.	TORs for the group have been reviewed. Policies and procedures being reviewed in light of Care Act. Savile Actions now complete. All agency staff recruited through NHSP *Green*
	J) Consider outcomes of safeguarding audit and implement agreed recommendations.	D Phillips with Safeguarding Working Group (SWG), and Organisation's policy groups	September 2015	Improved oversight of the quality of safeguarding performance.	Actions implemented and audit superseded by pan Berkshire audit where assurance was provided in all areas – there will be on going actions as part of further development work. *Green*
	k) A quality assurance framework is in place with provider health services to enable oversight of serious incidents requiring investigation (SIRI). Review SIRI report documentation include written section on form to include consideration of safeguarding children and adults and potential referral for SCR or SAR.	Jenny Selim, CCG	June 2015	Evidence of consideration of safeguarding is documented in all SIRI reports.	The CCG Serious Incident Panel, is part of the Quality team within the CSU and is the platform for discussion and closure of Serious Incidents (SIs) logged by provider health services. The SI Panel is chaired by the CCG Director of Nursing (who has CCG executive lead responsibility for safeguarding) and is attended by Directors from the relevant provider health service. Since July 2015 confirmation was received that safeguarding and complex case consideration has been a standard agenda item for the panel. Confirmation sent to the SAB in July 2015. *Green*
	l) Site visits are made by the Nurse Director in the CCGs to all health service providers.	Debbie Daly Nurse Director & CCG Federation Executive Lead for Safeguarding	Ongoing	List of site visits and outcome can be provided	These visits are essentially quality assurance visits to eg. Hospital wards and departments made by the CCG Nurse Director and a member of the CCG Quality Team. Patient care and interaction is observed. *Green*

	m) All contracted health service providers complete an annual safeguarding self-assessment tool which is monitored by the Safeguarding Team in the CCGs.	Jenny Selim, CCG	July 2015	Completed self-assessment returned via contracts with accompanying action plan. CCGs assured of safeguarding compliance of commissioned health services	All contracted health service providers have returned their completed safeguarding self-assessment tool to the CCG safeguarding team. These have been reviewed and feedback given to providers and any action plan is being monitored between the provider and CCG. Overall average compliance calculation from CCG providers indicated compliant. *Green*
	n) From 2015 there will be exception reporting to the CCGs Safeguarding Committee and a written report provided to the Quality Committee of the CCG Federation	Jenny Selim, CCG	August-September 2015	Exception reporting to Berkshire West CCG Federation Safeguarding Committee quarterly.	A report from the safeguarding committee has been provided for each Quality Committee meeting. *Green*
	o) Quality performance measures being developed by PVP Senior Managers	D/Supt Kidman, Thames Valley Police	Summer 2015	To review size of current investigations, workloads and themes	TVP have introduced a quarterly Vulnerabilities Steering Group and monthly thematic Risk Meetings across a range of adult and child vulnerabilities, chaired by a Chief Officer. Local Police Area Commander and specialists are held to account against multiple performance indicators. This process has already led to the development of self-service performance tools (e.g. DAIMS) and to the design & delivery of additional tailored training (e.g. Karma Nirvana to PVP specialist officers for HBA, Broken Rainbow for DA staff dealing with LGBT). *Green*
	p) Internal QA framework is established and gives direct feedback to staff and managers both qualitative and quantitative feedback.10% monthly audit across all services.	Sarah O'Connor, Wokingham BC	On-going	Informs on-going training and development needs. Improves practice around standards in line with Berkshire safeguarding policy. Improves staff recording	Complete. *Green*
1.2 Have in place	a) Social Care policies and	Sue Brain	May 2015	Local policies and	Safeguarding procedure updated and implemented

an effective framework of policies, procedures and processes for safeguarding adults.	procedures in West Berkshire Council to be reviewed and amended to accommodate changes imposed by the Care Act	West Berks Council		procedures will reflect the changes to safeguarding Adults as required by the Care Act	through team talks by the safeguarding team. The procedure and implementation remains under review and other procedures are being managed through the appropriate teams. *Green*
	b) As part of the new operational process for: • Individual safeguarding Investigations • Organisational Investigations • Safeguarding team duties new processes and procedures have been designed. These will need to be reviewed following the go live date which is the beginning of March.	Service Manager Reading BC	June 2015	Following the start date of the new procedures a review of the overarching processes and procedures will allow amendments to be made based on real issues that have occurred as opposed to an assumption of the way that it will work. This should offer reassurance that all policies, procedures and processes are robust.	Pan Berks Policy and Procedures reviewed and replaced with a new process. Local Reading process has been reviewed and replaced following local independent review and is now compliant with pending Pan Berks P&P. *Green*
	c) As part of the Quality Assurance Audit, the safeguarding team will be reviewing compliance with mandatory Care Act processes and with the Berkshire Safeguarding Adults Boards policy and good practice guidance.	Jo Wilkins Reading BC	April 2015	The outcome of this action will be that RBC will be able to assure officers, members and the community that RBC safeguarding is compliant with the Care Act and if audited would be able to evidence that we follow our overarching policy and good practice guidance.	Audit process has been revised; latest audits evidence a much improved compliance with Care Act principles: • Empowerment –largely good or outstanding • Partnership –largely good • Protection – largely adequate with the key issue being timescale/ process • Proportionality- largely good or outstanding *Green*
	d) Review Adult Safeguarding Policy, procedures and processes and Restraint Policy against the Care Act 2014 (gap analysis)	Lead Nurse for Adult Safeguarding Lead Consultant	June 2015	Assurance that the RBFT is compliant and working effectively with partners to implement the Care	Completed. Please see RBFT Annual Report 2014/15.

		for Adult Safeguarding RBFT		Act 2014	*Green*
	e) Draft a Trust Mental Capacity Act Policy for approval by the Executive	Lead Nurse for Adult Safeguarding Head of Legal Affairs RBFT	June 2015	Clarity concerning the MCA including training to support knowledge, audit of practice and interdependency with other policies.	New deadline agreed with CCG for a combined MCA and Consent Policy, Jan 15. MCA is discussed in restraint and safeguarding adult's policy. *Green*
	f) Report on Jimmy Saville NHS investigations: lessons learnt, Feb 2015, review current practice, gap analysis report and action plan to the Trust Board, CCG and for partner agencies.	Executive Director of Nursing RBFT	June 2015	Additional assurance and clear lines of accountability concerning the lessons learnt in other organisations.	Completed. Response sent to Monitor with a prioritised and affordable action plan on June. *Green*
	g) Review Adult Safeguarding Policy in response to Care Act 2014	Deputy Director of Nursing BHFT	May 2015	Compliant policy in place	Revised policy issued April 2015 *Green*
	h) Since the inception of the four CCGs in April 2013 each CCG has had in place a Safeguarding adults and children policy. Reference is made in the policies to the Berkshire Safeguarding Adults procedures and Child Protection Procedures. The policies will be reviewed in response to the Care Act 2014	JS/Kathy Kelly, Named Professional Safeguarding Adults for the CCGs (KK)	Safeguarding Policy review by May 2015	Revised policy will include changes from Care Act 2014	Policy has been reviewed and is on the CCG website. *Green*
	i) All CCG employed staff and GPs have contact details for Named and Designated Safeguarding Professionals for advice and support in all matters relating to safeguarding children and adults	Kathy Kelly, CCG	June 2015	Include in Safeguarding Policy	This is included in the CCG's Safeguarding Policy and is shared with all GP Practices via the intranet, newsletters and face to face meetings with GP Practice leads for safeguarding, across Berkshire West. *Green*
	J) External review of safeguarding practice. WBC have	Stuart Rowbotham,	April/May 2015	To have a safeguarding process fit for purpose in	Complete.

	commissioned an external review of safeguarding process across teams to highlight handoffs in service/risk and inform reorganisation of duty services and staffing.	Lynne McFetridge. Sarah O'Connor, Wokingham BC		light of the Care Act , social care and health integration agenda	***Green***
Priority 2 – Making safeguarding personal					
2.1 The views of adults at risk, their family/carers are specifically taken into account concerning both individual decisions and the provision of services.	a)Documentation to be amended to ensure the focus on the individual is at the forefront of S42 enquiries in West Berkshire	Sue Brain West Berks Council	April 2015	Amended documentation with mandatory requirement for completion will ensure the inquiry officer will be prompted at appropriate intervals to focus on the wishes of the individual.	S42 inquiry documentation updated to include outcomes consistent with the making safeguarding personal initiative. The effectiveness of outcomes is being measured and reported on at Corporate Board in readiness for statutory reporting during 2016/17 ***Green***
	b)Programme of external information and support planned for providers and service users in West Berkshire to ensure the MSP agenda is central to their understanding when raising safeguarding concerns.	Sue Brain West Berks Council	March 2016	Appropriate understanding across all sectors will ensure MSP is central to both referrals and enquiries	MSP has been included within all levels of safeguarding training from April 2015. Talks to provider forum and teams which highlights the focus of MSP being undertaken. Specific MSP training delivered throughout Q3 and 4. Reporting focus in West Berks established to capture clients' wishes. ***Green***
	c)The views of adults at risk and their family/carers will be reviewed as part of the Quality Assurance Audit. Any non-compliance will be discussed with the case investigator and their line manager and any patterns of non-compliance will be addressed with all staff via training.	Service Manager and Jo Wilkins Reading BC	July 2015	Adults who have been subject to an individual or part of an organisation investigation will feel safer on their own terms and that no presumption will be made around what is in their best interests.	Outcomes met. Audit evidences improvement in adult's voice being central to enquiry (see 1.2, c). MSP training complete. System for feeding back audit outcomes to Team Manager. ***Green***
	d)The Council has signed up to the Making Safeguarding Personal programme overseen by	Service Manager and Jo Wilkins	July 2015	Nationally we will be able to state that we have achieved a certain level of	Complete.

	Local Government Association and will work with them to ensure at least Bronze level compliance with the programme.	Reading BC		making Safeguarding Personal which will be ratified.	*Green*
	e)Ensure that representatives of service users and/or their families/carers are invited to each Safeguarding Forum and feel safe to express their experience and feelings there.	Debra Cole Reading BC	June 2015	This will ensure that our work is service user lead and that we can learn from the experience of those service users and/or their families/carers.	This action is monitored via the audit action above. Feedback is offered to workers via line management. In Q1, practice gave rise to concern in relation to this action which is not embedded in practice. Training is necessary to advance this vital action and is being planned as above with local partner authorities. Service users and carers are now attending safeguarding forums – latest subject covered was "Hoarding and Neglect" with contributions from Environmental Health and the Lead AMHP. *Green*
	f)MCA and DoLS review and audit at least 2 patient individual journeys to include patient and family experience and views.	Lead Nurse for Adult Safeguarding & Learning Disability Coordinator RBFT	September 2015	Identify good practice and gaps, improve learning, patient focused actions, celebrate good practice	MCA and DoLS Training is on going. Awareness training forms part of staff induction and core mandatory training day. Enhanced training is offered to identified staff – senior clinical staff. Compliance is reported via the quality schedule to the CCG. The safeguarding team continue to apply for DoLS, with the ward areas identifying patients who require a DoLS. Gathering of patient stories is on-going. 2 MCA audits completed through review of patient notes. *Green*
	g)Review and audit patient at least 2 patient individual journeys MHA to include patient and family experience and views.	Mental Health Coordinator & Named Nurse for Child Protection RBFT	September 2015	Identify good practice and gaps, improve learning, patient focused actions, celebrate good practice	Patient stories are collected and discussed at the safeguarding team meeting. *Green*

	h) Review adult safeguarding information leaflets with a Patient Leader	Senior Nurse for Children and Safeguarding RBFT	September 2015	Review adult safeguarding information leaflets with a Patient Leader	Patient leaflets have been reviewed by patient leaders / patient reviewers. This was undertaken by the patient information manager to ensure that all information is to an appropriate standard and uses suitable language. There is a planned scheduled review for all patient information. *Green*
	i) Ensure Duty of Candour is applied to safeguarding investigations	Deputy Director of Nursing BHFT	September 2015	Duty of Candour appropriately applied	Duty of candour applied and register in place. To audit by end of year.
	j) Consider feedback as a result of the implementation of the fire safety guide for adults	D Phillips with Safeguarding Working Group (SWG), and Organisation's policy groups. RBFRS	Dec 2015	Identify good practice and gaps	Excellent feedback – task and finish groups being formed to co-ordinate training of front line staff and to enable referrals. The guide is being linked to GP practices across Berkshire West. A report will be provided to the Board as a recommended 6 monthly period to report on – agencies trained, referrals received and safeguarding alerts raised. The guide is being well received in all SABs and the approach is being used as an example of good prevention / safeguarding work adding value to the work of sub groups. *Green*
	k) Peer review with SE ADASS	Sarah O'Connor Wokingham BC	September 2015	To provide benchmarking and review of Making Safeguarding Personal agenda	Complete. *Green*
	l) Documentation to be amended to ensure the focus is on the individual's wishes and outcomes. MSP implemented into level 1,2 and 3 safeguarding training	Sarah O'Connor Wokingham BC	April 2015		Complete. *Green*
	m)Programme of workshops arranged for providers and staff of the council to ensure MSP is central to their understanding when raising safeguarding concerns	Sarah O'Connor Wokingham BC	Autumn 2015		Complete. *Green*

	n) Cases will be randomly selected for detailed review and feedback from the safeguarding team to ensure the change in process is being adhered to and understood by staff and providers	Sarah O'Connor Wokingham BC	Autumn 2015	As above	Initiated via 10% audit and practice consultation. Complete and ongoing.

Priority 3 - Raise awareness of safeguarding adults, the work of the SAPB and improve engagement with a wider range of stakeholders

3.1 Raise awareness of safeguarding adults and the work of the Board within all organisations.	a) Redeveloped safeguarding adults forum in West Berkshire with renewed focus on membership and action planning to reflect the priorities of the SAPB	Sue Brain West Berks Council	June 2015	Re-crafting the membership and focus of the Forum will ensure it aligns with the business plan of the Board increasing awareness and understanding across the professional sector.	Updated safeguarding training to include information on the SAB. ToR and action plan developed and approved by the local safeguarding forum which aligns with strategic direction of the SAB. Actions within the plan include plans for awareness raising. Regular reviews of the action plan take place within the forum setting. This is now a well-established forum and set up as the operational arm of the SA Board in West Berkshire. *Green*
	b) RBC will attend all board and sub group meetings and provide good links to the board and the Berkshire Safeguarding Adults Boards policy and good practice guidance on our website. We will also ensure that safeguarding retains a presence within the Care Junction newsletter which goes to Council employees and local health and social care providers.	Service Manager Reading BC	June 2015	This will ensure that safeguarding remains visible and at the forefront of organisations and communities minds. It will also provide information about what we do and how well we have done in order to offer reassurance of a safe and effective service.	All actions complete. RBC is well represented on all sub groups with a record of good attendance. Care Junction newsletter has just received the latest update outlining MSP, FGM and Modern Slavery and publicity updates. *Green*
	c) Review Trust intranet Safeguarding page to include link to SAB website when available	Senior Nurse for Children and Safeguarding RBFT	When SAB website available	Improved awareness of the role of SAPB amongst RBFT staff	Communication team asked to add link to internet Oct 15. *Green*

	D) Link to SAB website from Trust intranet	Deputy Director of Nursing BHFT	When website available	BHFT staff more aware of SAB	Link added to intranet *Green*
	e) Consider publicising RBFRS work in relation to safeguarding adults externally and internally	D Phillips with SWG and Corporate Communications	June 2015	Staff and public are more aware of RBFRS safeguarding work and the work of the SAB.	RBFRS has been carrying out a safeguarding audit and is in the process of providing further internal training / awareness. RBFRS has been promoting its prevention work with vulnerable adults. *Green*
	f) Team meetings to have quarterly invitation to safeguarding team to update and raise awareness improve learning and practice	Lorna Willis Mechelle Adams Ron Brown Christine Dale, Wokingham BC	Summer 2015 onwards	Raise awareness and improve communications across the organisation	Ongoing. *Green*
	g) Review feedback systems within adult social care and joint health and social care teams	Lynne McFetridge Sarah O'Connor Wokingham BC	Summer 2015 onwards	Review feedback systems within adult social care and joint health and social care teams	Ongoing. *Green*
3.2 Increase public awareness of safeguarding adults and the work of the Board.	a) Develop a service user safeguarding adults forum in West Berkshire	Jennifer Symons West Berks Council	October 2015	Development of this forum will enable the dissemination of information and exploration of safeguarding issues and solutions with various service user groups	Two meetings have taken place since the Autumn, with a third booked for early March 2016. Focus to date has been on raising awareness in the local community. *Green*
	b) Review literature and promotional material to ensure its details and message are still correct and change its appearance so that it is not overlooked through familiarity.	Jo Wilkins Reading BC	September 2015	The outcome of this action should be that more referrals are made to safeguarding as new material will raise the profile of safeguarding.	Complete – updated publicity material due for dissemination by end August. *Green*
	c) Review Trust internet (public) Safeguarding page to include a statement about the importance of partnership working through	Senior Nurse for Children and Safeguarding	When SAPB website available	Improved awareness of the role of SAPB amongst RBFT patients, families and visitors	Links to the website and the policies and procedures are on RBFT's internal site. Statement about the importance of partnership working through SAB and link to SAB website is expected to

	SAB and link to SAB website when available	RBFT			be published early 2017. *Green*
	d) Support the SAB in raising awareness of safeguarding adults and the work of the Board	D Phillips with SWG and Corporate Communications. RBFRS	June 2015	Staff and public are more aware of RBFRS safeguarding work and the work of the SAB.	RBFRS has been carrying out a safeguarding audit and is in the process of providing further internal training / awareness. RBFRS has been promoting its prevention work with vulnerable adults. *Green*

Priority 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.

4.1 Continue to ensure staff receive appropriate and effective level of safeguarding and other relevant training.	a) West Berkshire to continue to contribute to the Learning and Development subgroup of the SAB and support the peer observations and reviews of training across the SAB patch	Neil Dewdney West Berks Council	April 2015	Contribution to the L&D subgroup will ensure that safeguarding training in West Berkshire meets agreed standards and supports the development of future training options	Level 2 safeguarding training redrafted and brought back in house. In line with the L&D sub group training standards. Completed by 1st June Level 3 due to be brought back in house by end of this financial year. Level 3 dates agreed and planned for 2016/17, delivered by WBC safeguarding staff in line with the SAB L&D subgroup standards. *Green*
	b) West Berkshire will contribute to and facilitate learning events across the District from SAR's, as agreed within the Partnership subgroups (either L&D or Partnership and Best Practice)	Sue Brain West Berks Council	September 2015	Support for a variety of learning opportunities will ensure that staff across West Berkshire will have the opportunities to access learning events outside of the formal training programme	Workshops for safeguarding case law review, including learning from SAR's across the country, delivered in September 2015. New workshops commissioned for April/May 2016 with an option for another one in September/October 2016. Final agreement on format of learning log for forum approved and in use from December 2015. *Green*
	c) Continue to attend and feed into the Learning and Development Subgroup.	Jo Wilkins Reading BC	April 2015	The outcome will be that Reading can feed into identified training needs and ensure that staff are skilled and knowledgeable in	Complete –continued attendance. *Green*

				carrying out and identifying safeguarding cases.	
	d) Continue with our rolling programme of training offered.	Jo Wilkins Reading BC	April 2015	Again this will ensure that staff and external organisations are skilled and knowledgeable in carrying out or identifying safeguarding cases.	Complete – Training continues as planned. *Green*
	e) Review all safeguarding training and have a written strategy and training plan for 2015/16 which will include Adult Safeguarding Awareness, Adult Safeguarding Level 2, MCA, DoLS, Prevent and MHA and allegations management	Senior Nurse for Children and Safeguarding RBFT	June 2015	Continue to improve the level of safeguarding knowledge, competence and confidence in RBFT workforce	Completed – please see RBFT Annual Report 14/15 and action plan 15/16 for details. *Green*
	f) Review training requirements in light of the Care Act	BHFT	July 2015	Maintenance of training targets	Training reviewed in light of Act. Compliance targets maintained. *Green*
	g) Communicate and train internally and externally on the content and intentions of 'Adult At Risk and Associated MoU' documents	DP with SWG	Mar 2016		Excellent progress being made with providers being identified and training taking place. Reading BC are providing a good practice model of a task and finish group which is ensuring RBFRS are connecting to all the service providers and the group is ensuring records are kept. RBFRS would recommend this approach in all local authority areas. RBFRS will provide a report to the Board on training carried out, referrals received as a result as well as safeguarding concerns raised – this to ensure that the training and approach is sustained and can identify on-going training needs. *Green*
	h) Safeguarding lead to undertake Lead review training Learning Together -SCIE	Sarah O'Connor Wokingham BC	Autumn 2015	Resource within the service to undertake lead review work	Complete. *Green*

	i) Internal review of all training completed in relation to MCA/Dols and Safeguarding inclusive of levels 1/2/3/ for adults and level 1 for children	Hazel Leggett Wokingham BC	Early May 2015 – essential to fit in with appraisal framework	All staff to be up to date on mandatory training – this will provide feedback to team managers and supervisors to ensure training is picked up within the DIALS appraisals as an action. Improved governance regards mandatory training.	Complete. *Green*
4.2 Improve mechanisms to critique good and bad practice and share learning more widely.	a) West Berkshire will fund the accreditation of a member of staff to become a SCIE lead reviewer	June Graves West Berks Council	December 2015	This will enable West Berkshire to maximise the learning from reviews by using the Learning Together model and to support other organisations in the partnership in completing their reviews.	Complete. *Green*
	b) West Berkshire to continue to support the development of the Care Quality Intelligence partnership group (operational) and Care Quality Board (strategic)	Maria Shepherd West Berks Council	April 2015	The operational and strategic groups will support the process of identifying and unpicking practice and sharing the learning across the partnership members	Both groups are now operational with agreed ToR's, structures and governance. Second meeting taken place with third booked for early March 2016. Focus to date has been on raising awareness in the local community. *Green*
	c)The Quality Assurance Audit has been created and will be used to identify and critique good and bad practice.	Jo Wilkins Reading BC	April 2015	RBC will be able to assure officers, members and the community that all investigations are carried out to a high standard which complies with legislation in terms of quality and timeliness.	Target is now being met and exceeded. *Green*
	d)Utilise the Reading Safeguarding Working Group and Forum to share learning.	Debra Cole Reading BC	June 2015	Staff will feel confident in their practice and in a safe environment will be	Information sharing will be integral to the running of the forum. A range of specific topics will be

				able to explore issues of concern or to share best practice.	presented/discussed at the forums as requested by members, the Safeguarding Board, service users and managers. ***Green***
	e) Evaluation of safeguarding training, ensure good and bad practice is used to inform training and included as scenarios.	Senior Nurse for Children and Safeguarding Lead Nurse for Adult Safeguarding RBFT	June 2015	Training will be more relevant and practitioners will contribute to improvement	Completed at Safeguarding Team Away day June 2015. ***Green***
	f) Safeguarding practice to be included in trust CQC peer review of wards/units	UCG Director of Nursing and Corporate Lead for Safeguarding RBFT	Started Oct 2014	Testing of knowledge and practice and targeted improvement	Completed. Pertinent questions including knowledge of MCA and DoLS included in several rounds CQC peer review have demonstrated improvement in knowledge and allowed for targeted improvement. This approach is on-going. ***Green***
	g) Review process for sharing learning from SCRs	Head of Adult Safeguarding BHFT	July 2015	Improved learning from SCRs	Published on intranet. Learning from SCRs incorporated into training ***Green***
	h) Embed a 'fatal fires and near misses' process and associated communications (internal and external)	DP with RBFRS critical event management team	Dec 2015	Improved learning from incidents and identification of poor practice.	Very good progress being made with reviews taking place in Reading providing reports with clear direction and actions that are taking place to implement learning. The coroner has provided good feedback on RBFRS' approach. It is strongly recommended that the approach taken in Reading with an effective partnership review and task and finish group is implemented following fire fatalities to ensure learning is identified and actioned. ***Green***

Priority 5 – Coordinate and ensure the effectiveness of what each agency does

5.1 Challenge staff and organisations where poor	a) Improve information sharing processes between Care Quality, Safeguarding Adults and	Service Managers West Berks	March 2016	Improvements to intelligence sharing and agreed co-ordinated	One CQ officer has been designated as the safeguarding link and works as an integrated member of safeguarding in relation to

practice is identified.	Commissioning and Contracts teams in West Berkshire to co-ordinate opportunities to challenge poor practice in a variety of forums	Council		action across departments increases the opportunities and forums in which poor practice can be challenged at the earliest opportunity and in a variety of settings with a variety of responses.	investigations and subsequent action plans. Care Quality Intelligence Group and Care Quality Board now well attended. Contracts and Commissioning are well represented in all settings. *Green*
	b) Continue to support the development of the Care Quality Intelligence partnership group (operational) and Care Quality Board (strategic)	Maria Shepherd West Berks Council	April 2015	The operational and strategic groups support the process of identifying poor practice and have the mechanisms to challenge those individuals through their strategic and operational links with commissioning and CQC	Safeguarding is a key integral member of both the CQ intelligence and strategic board. Matrix of risk has been developed via care quality in relation to providers we commission drawing information from safeguarding, deficiencies and complaints and delivers information critical to planned interventions. *Green*
	c) Provide PI information as required by the Board.	Service Managers Reading, West Berkshire and Wokingham	Sept 2015	LA's will be held accountable and can be challenged on poor performance.	Agreed PI set developed. Q1 data collated and presented to the Board. Mechanisms in place for quarterly recording and submission of data. *Green*
	d) Work with Contracts and Commissioning to review practice in organisations.	Service Manager and Jo Wilkins Reading BC	April 2015	The outcome of this will be that Reading will be able to confirm the appropriate and timely identification of potential organisational abuse and take the appropriate action.	Update – August 2015. Safeguarding Roles and Responsibilities was approved by DMT in March 2015. The document and associated guidance have been comprehensively reviewed and amendments are due to go back to DMT by end September. Further perspective has been provided by an on-going independent review of safeguarding process and practice which has begun to provide very useful feedback including on RBC's processes compliance with SAB agreed processes. *Green*
	e) Review the pathway and processes: oversight of the Safeguarding decision and	Sarah O'Connor Lynne McFetridge	Summer 2015	Local Authority has oversight of the processes within Optalis	Complete.

	ensuring appropriate action is taken remains the duty of the LA although work can be delegated to the LATC.	Mette Le Jakobsen Wokingham BC		its LATC, to ensure pathways and responsibilities are clear, understood and agreed by all parties.	**Green**
	f) The independent external review recommendations will be taken into account by the leadership team and inform discussions around pathway change and system design.	Sarah O'Connor Lynne McFetridge Wokingham BC	Summer 2015	Evidence from the external review used to improve service design	Complete. *Green*
5.2 Develop the role of the Forums to provide feedback on the effectiveness of what each agency does.	a) Redeveloped safeguarding adults forum in West Berkshire with renewed focus on membership and action planning to reflect the priorities of the SAB	Sue Brain West Berks Council	June 2015	Re-crafting the membership and focus of the Forum will ensure it aligns with the business plan of the Board increasing awareness and understanding across the professional sector.	ToR and action plan developed and approved by the local safeguarding forum which aligns with strategic direction of the SAB. Actions within the plan include plans for awareness raising. Regular reviews of the action plan take place within the forum setting. New working group to develop action plan for 2016/17 set to be convened after the SAB planning workshop in Feb 2016. *Green*
	b) Develop a service user safeguarding adults forum in West Berkshire	Jennifer Symons West Berks Council	October 2015	Development of a well facilitated forum creates a safe space for feedback on local safeguarding practice and suggestions for improvement or sharing new ideas	First meeting planned for 9th September 2015. First meeting has taken place and was reasonably well attended for a first meeting. Next meeting due 10th December 2015. *Green*
	c) Re-launch the forum in Reading and provide opportunity for feed-back in a structured way by organisations and service users	Debra Cole Reading BC	June 2015	The outcome will be that Reading can ensure that their practice is aligned to what works best for partners and service users and this forum can be used to explore new initiatives.	Forum re-launched in June. *Green*
	d) Share forum details in the	Nancy Barber,	July 2015	Improved attendance	BHFT representative attended the launch of

Trust	BHFT		from BHFT	Reading's Forum. Forum now included on BHFT training schedule Multi-agency input for forum speakers ***Green***
	e) Re-establish staff engagement with the Wokingham Safeguarding Forum through team meetings	Sarah O'Connor Johan Baker Wokingham BC	Summer 2015 onwards	Improve attendance and representation	Complete. ***Green***

West of Berkshire Safeguarding Adults Board Business Plan 2016-17

PRIORITY 1 ESTABLISH EFFECTIVE GOVERNANCE STRUCTURES, IMPROVE ACCOUNTABILITY AND ENSURE THE SAFEGUARDING ADULTS AGENDA IS EMBEDDED WITHIN RELEVANT ORGANISATIONS, FORUMS AND BOARDS.				
Outcome	**Action**	**Lead**	**Timescale**	**Success criteria**
1.1 Develop oversight of the quality of safeguarding performance.	a) Review and implement the Board's Quality Assurance Framework.	Governance Subgroup	Sept 2016	The QA Framework is reviewed and published. Identified actions are implemented.
	b) Annual self-assessment audit to be completed by partner agencies, results received and action plans monitored.	Governance Subgroup	Dec 2016	Results of self-assessment audit evidences improvements on previous completion.
	c) Develop a Performance and Quality Assurance framework to support and promote MSP.	Performance and Quality Subgroup	Oct 2016	Outcome information has a focus on wellbeing as well as safety, and reflects the six safeguarding principles.
1.2 Have in place an effective framework of policies, procedures and processes for safeguarding adults.	a) Approve amendments to the Pan Berkshire Multi-Agency Policy and Procedures twice yearly.	Governance Subgroup	July 2016 and ongoing	The Berkshire Multi-Agency Policy and Procedures are accurate and up to date.
	b) Implement a Tracker to monitor how learning from local reviews and national developments is embedded across the partnership.	Governance Subgroup	Sept 2016	Board is assured that learning from reviews and national developments is shared across partner agencies.

1.3 Raise awareness of the work of the Board within partner organisations	Present Board's Annual Report to Health and Wellbeing Boards and other committees.	Independent Chair and Board members	January 2017	Evidence that the Annual Report is presented to the HWBs and other committees.

PRIORITY 2

RAISE AWARENESS OF SAFEGUARDING ADULTS, THE WORK OF THE SAFEGUARDING ADULTS BOARD AND IMPROVE ENGAGEMENT WITH A WIDER RANGE OF STAKEHOLDERS

Outcome	Action	Lead	Timescale	Success criteria
2.1 The Board is confident that professionals are accessing the online Berkshire Policy and Procedures	a) Publish and promote new Berkshire Policy and Procedures.	Communication Subgroup	April 2016 publication, with review scheduled for July.	Audit trail of emails promoting Policy and Procedures from Board members to teams.
	b) Evaluate awareness of and use of Policy and Procedures through survey and website analytics.	Communication Subgroup	Findings from survey and website analytics reviewed in December.	Survey monkey reveals 75% of respondents are familiar with Procedures. Website analytics evidence improved no. of hits on the relevant page.
2.2 All partner agencies have agreed and implemented the Board's revised Communication Strategy.	Review and promote the Board's Communication Strategy.	Communication Subgroup	June 2016	Board endorsement of the Communication Strategy. Clear communication processes and joint working in the event of a significant safeguarding incident.
2.3 All Board members	Review and promote the Board's Induction Pack.	Communication	Sept 2016	Evidence that members have

Outcome	Action	Lead	Timescale	Success criteria
understand their role.		Subgroup		received the Induction Pack and understand their role as Board members.
2.4 Managers and staff are aware of the learning from SARs in order to keep people safe.	Publish and disseminate learning from Safeguarding Adults Reviews and other partnership reviews.	Communication Subgroup	Sept 2016 and ongoing	Executive summaries and briefing papers published and disseminated upon completion of review.
2.5 Practitioners are aware of the Board's function and local safeguarding processes.	Conduct survey and make recommendations to help the Board raise awareness of its function and local safeguarding processes.	Communication Subgroup	Dec 2016	Survey completed by 200 practitioners. Recommendations endorsed by Board and actions to implement recommendations in place.
2.6 Printed information is available to guide people through the safeguarding process.	a) Provide clear explanations for people about what is meant by safeguarding and outcomes.	Communication Subgroup	March 2017	People are involved more effectively in the safeguarding process.
	b) Promote the principles of Making Safeguarding Personal.	Communication Subgroup	January 2017	Information on MSP published and disseminated via website, briefing notes and publicity material.

PRIORITY 3: ENSURE EFFECTIVE LEARNING FROM GOOD AND BAD PRACTICE IS SHARED IN ORDER TO IMPROVE THE SAFEGUARDING EXPERIENCE AND ULTIMATE OUTCOMES FOR SERVICE USERS.				
Outcome	Action	Lead	Timescale	Success criteria

3.1 Continue to ensure staff receive appropriate level of safeguarding adults training.	a) Review Levels 2 and 3 safeguarding training standards to ensure alignment with Pan-Berkshire Policy and Procedures.	Learning and Development Subgroup	December 2016	Updated training standards agreed and used in developing training programmes
	b) Refresh Workforce Development Strategy to map to revised social care competence framework and to intercollegiate document.	Learning and Development Subgroup	March 2017	Refreshed Strategy (including updated training standards) produced & published on SAB website
	c) Deliver Safeguarding Adults Train the Trainer programme (Wokingham BC.)	Learning and Development Subgroup	April 2016 (achieved)	Course delivered by Wokingham BC and offered across west of Berkshire
	d) In conjunction with the LSCBs, support development and delivery of the Joint Children's and Adults Safeguarding Conference on 23 September.	Learning and Development Subgroup	23 September 2016	Conference held with attendance from adult sector
	e) Deliver Making Safeguarding Personal awareness training for private, voluntary and independent sector.	Learning and Development Subgroup	December 2016	Awareness workshops delivered to the local PVI sector
	f) Trading standards tailored training.	Learning and Development Subgroup	20 June 2016	Tailored training developed and delivered
	g) Deliver core training programmes at all levels to support the sector. Report on training activity for 2015-16 for SAB annual report.	Learning and Development Subgroup	Ongoing June 2016	Training programmes delivered and evaluated. Training data collated
3.2 Improve mechanisms to share learning from	Support the development of workshops and network meetings to share learning from SARs and	Learning and Development	March 2017	Information sharing sessions coordinated to respond to SARs to

good and bad practice more widely.	other partnership reviews.	Subgroup		support Effectiveness Subgroup

PRIORITY 4

COORDINATE AND ENSURE THE EFFECTIVENESS OF WHAT EACH AGENCY DOES

Outcome	Action	Lead	Timescale	Success criteria
4.1 Agencies are implementing, and are compliant with, the new Berkshire Policy and Procedures and areas for learning and development across agencies and standards of best practice are identified.	a) Twice yearly case audit on S42 enquiries are undertaken. Themes and areas for development from S42 audits reported to the Board in June and December. Board to take required actions to address areas of identified concerns across partner agencies. Audit sample of cases against the MCA code of practice.	Effectiveness Subgroup	May and November 2016	Baseline established in May and areas for improvement identified; second audit in November evidences improvements in results of S42 case file audits outcomes.
	b) Undertake and publish multi-agency thematic reviews.	Effectiveness Subgroup	February 2017	Results of thematic reviews are published and areas for development are identified for the Board to take appropriate action.
4.2 Service user feedback indicates that clients' desired outcomes are met, in line with MSP and the well-being principle.	a) Develop processes to ensure service user feedback is collected and understood.	Effectiveness Subgroup	September 2016	Robust, practical processes are in place across partner agencies.
	b) Develop mechanisms for measuring outcomes for individuals who have been through the safeguarding process.	Effectiveness Subgroup	March 2017	Increase in number of individuals whose desired outcomes have been met as a result of the safeguarding

				process.
4.3 Involvement of advocates and IMCAs ensure person centred responses are promoted.	Identify where there is a shortfall in the use of advocates and raise staff awareness as to how and when to involve advocates.	Effectiveness Subgroup	September 2016	New approaches to person centred responses are promoted. Quarterly PI data indicates improvement in use of advocates.
4.4 The Board is assured that learning from SARs has been responded to appropriately by agencies.	The SAR Learning Monitoring Tool is used to monitor response to findings by partner agencies upon publication of SARs.	Effectiveness Subgroup	October 2016 and ongoing	The SAR Learning Monitoring Tool is completed and presented to the Board quarterly showing that learning from SARs is embedded within partner agencies.
	Subgroup to receive action plan developed by the SAR Panel, monitor completion by partner agencies and provide assurance to the Board that actions have been met.	Effectiveness Subgroup	October 2016 and ongoing	Learning from SARs is embedded within partner agencies. Actions are completed within identified timescales.

Safeguarding Adults Annual Report 2015/16

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Date: July 2016

Berkshire Healthcare NHS Foundation Trust

Purpose

This paper provides assurance to the Trust that all issues related to safeguarding adults, like those of children and young people are being satisfactorily managed within Berkshire Healthcare Foundation Trust (BHFT).

Document Control

Version	Date	Author	Comments
2	July 2015	Suzannah Johnston	
		Kate Harte	

This document is considered to be Commercial in Confidence and is therefore not to be disclosed outside of the Trust without the prior consent of the Author or a Director of the Trust.

Distribution:

All Trust Directors

All relevant staff

Document References

Document Title	Date	Published By
Lampard report on Saville enquiry	2015	TSO
Care Act	2014	TSO
Care and Statutory Guidance	2014	Department of Health
Making Safeguarding Personal	2014	LGA
The Cheshire West and Chester Council V P(2014) UKSC19, (2014) MHLO16	2014	Mental Health on Line (MHOL)
Mid Staffordshire Foundation Enquiry- *Francis Report*	2013	TSO
Mental Capacity Act	2005	Department of Health
No Secrets	2000	Department of Health
Building Partnerships, Staying Safe	2011	Department of Health
Mental Capacity Act 2005 Deprivation of Liberty Safeguards	2007	Department of Health

Berkshire Healthcare NHS Foundation Trust

Safeguarding Adults - Annual Report 2015/16

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1. Introduction

Adult Safeguarding practice has come into sharp focus for all NHS organisations in the wake of large scale enquiries such as the Mid Staffordshire Foundation Enquiry, the *Francis Report (2013)* and the Lampard report on Saville enquiry (*Lampard K & Marsden 2015*)

With the introduction and implementation of the Care Act (2014) on 1st April 2015 this has been the first year that Safeguarding Adults has operated with the benefit of a legal framework.

The Care Act identifies an Adult at risk as:

•   *someone who is aged 18 and over, who has needs for care and support (whether or not the local authority is meeting any of those needs); and*

•   *is experiencing, or is at risk of abuse or neglect; and*

•   *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*

The Care Act 2014 enshrines the six principles of safeguarding practice.

1.   Empowerment –presumption of person led decisions and informed consent.

2.   Prevention- it is better to take action before harm occurs.

3.   Proportionality – proportionate and least intrusive response appropriate to the risk presented.

4.   Protection- support and representation for those in greatest need.

5.   Partnership- local solutions through services working with their communities.

6.   Accountability – accountability and transparency in delivering safeguarding

The Act places a duty on local Authorities to establish Safeguarding Adult Boards (SABs). All Berkshire Local Authorities already had established boards, the Act means they are now statutory, bringing Adult Safeguarding more in-line with Children's Safeguarding.

The Act places a legal duty on local authorities to make enquiries or ensure others do so, if it suspects an adult is subject to, or at risk of abuse or neglect. It places a legal duty on organisations including BHFT to comply with requests to supply information to support the SAB exercise its functions.

2. Safeguarding Vulnerable Adults in Berkshire

2.1 Safeguarding Adult Boards

There are four SABs serving Berkshire: West of Berkshire SAB serving Reading, West Berkshire (Newbury) and Wokingham, Bracknell SAB, Royal Borough of Windsor and Maidenhead SAB and Slough SAB.

Section 44 of the Care Act puts a duty upon the Safeguarding Adults Board (SAB) to arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

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I. There is reasonable cause for concern about how the SAB, its members or other persons with relevant functions worked together to safeguard the adult, and
II. The adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).
Or
III. If the adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

BHFT are represented at all Boards with, the Deputy Director of Nursing sitting on the West Board and the relevant Locality Directors for each of the East Boards.

2.2 Safeguarding Adult Review's

During 2015/16 there have been 2 new Safeguarding Adults Reviews (previously referred to as Serious Case Reviews). Both reviews were undertaken by West of Berkshire SAB. It is anticipated that the final report for Mr I will be published around September 2016. There is an ongoing criminal investigation in the case of Mrs H, so no date for publication has been agreed.

One case in Slough EE has concluded and the findings and actions are detailed below. Another Slough case known as Mr F was initially considered for SAR but on review it was agreed that it would met the Criteria for a Domestic Homicide Review. The report has been completed and is awaiting sign off from the Department of Health prior to publication.

Slough SAR

Summary:

At the time of her death Mrs. EE was a 93yr old woman living with her son aged 58 in a Council flat with very limited contact with statutory services and in receipt of no services. Mrs EE had been a tenant of Slough Borough Council for many years and prior to that her husband was the tenant. There was a long running dispute between the household and their upstairs neighbour which revolved around noise, usually at night. Most contact between Mrs EE/EE's son and the Housing Department was via letter and these were usually about complaints by EE or EE's son about noisy neighbours. This was escalated on a number of occasions to Councillors and also to their MP. However both parties refused any attempts at mediation. There had been intermittent Anti-Social Behaviour complaints by her neighbour upstairs over a long period of time about Mrs EE about noise nuisance (along with other complaints by the neighbour against other tenants in the building). In 2009 Housing served notice on Mrs EE as a means of improving Mrs. EE's engagement with the alleged noise issues. Mrs EE and her son strongly denied the allegation and spent some time trying to clear their name. The household was known to the Antisocial Behaviour Service for at least 9 years because of this. Mrs EE never visited her GP surgery after 2007 and was rarely seen by anyone from the practice. Mrs EE continued repeat prescriptions for minor ailments via letter. Mrs EE refused any services offered by Adult Social Care on two occasions. In June 2014 her son called an ambulance and the crew found Mrs EE in a poor state allegedly having lived in her chair for 4 years. She subsequently died in hospital of sepsis the next day.

Findings:

Finding 1: The assumption from professionals is that other services will 'keep an eye' on people even after their case is closed due to non-engagement and will refer back if risks escalate, but as there are no formal systems for monitoring people who disengage from services, in reality risks remain unknown.

Finding 2: The specific remits of the various panels for discussing cases means that there is no clear route for escalation to consider alternative options for people who do not fit a defined category of need leading to no safety net for professionals

Finding 3: In Slough there is no public health promotion of common health problems affecting older people (e.g. continence, lack of mobility), leaving family carers and professionals with limited understanding of the risks involved in managing them effectively

Finding 4: In initial contact, professionals are focused on what they can provide, so they tend not to prioritise issues that are outside their role, even if they are very important to the service user, resulting in disengagement by the service user.

Finding 5: There is a lack of clarity about the relationship between safeguarding adult and domestic abuse procedures, particularly in non-stereotypical domestic abuse cases, leading to risks not being investigated thoroughly.

Actions:

As well as engaging in a number of multi-agency actions including the development of information leaflet for patients and carers and a mapping exercise of the various multi-agency panels and meetings in Slough. The main actions are around communication with partners, particularly in relation to the risk of non-engagement. A BHFT action plan was developed and is monitored though the BHFT Safeguarding Group.

West of Berkshire SAR

1. Summary:

Mrs H was living in an annexe of her son's home. She had a private carer who visited four times daily to provide meals, housework and to take her shopping. It was understood that Mrs H son was not actively involved in her care; he worked long hours and left the responsibility for his mother's care with her private carer who was also a family friend.

Over the course of a two and a half year period Mrs H was seen periodically by a range of health and social care professionals starting in May 2012 when she was referred to Reading Social Services for an assessment for day services by the consultant at the Hazelwood Memory Clinic.

In August 2012 a day service was offered and declined by Mrs H's son; there was no further recorded involvement until late in 2013 when Circuit Lane surgery received an urgent referral for pressure sores. The surgery was involved in treating the sores and prescribing a course of pro shots, Reading Social Services OTs supported with the provision of a chair and mattress.

There was no further recorded involvement apart from a blood test between end of January 2014 and November 2014 at which time Mrs H was admitted to Royal Berkshire Hospital from home by the GP. Safeguarding alerts at the time said that Mrs H had been hospitalised. She was described as being severely

malnourished, needing blood fluids and feeding. Mrs H passed away in hospital on 29 November 2014. It is not possible to include the findings in the report as they are yet to be published.

2. Summary:

Mr I had suffered a brain injury and had a lower leg amputation. He was prone to depression and developed an increasingly severe dependence on alcohol. He resented contact from the services and was aggressive to visitors including the regular care staff who had been commissioned by the Local Authority to provide daily support and monitoring. His case was transferred from the Local Authority Long Term Team (LTT) to the Mental Health Review and Reablement (R&R) Team in June 2013, but despite their best efforts the new keyworkers struggled to develop a working relationship with him. Mr I was assessed as having the mental capacity to make decisions about his health and welfare. The keyworkers took his case to the Risk Enablement Panel (REP) in April 2014 hoping that the case would be transferred, however the REP instead encouraged them to continue with their work to try to engage Mr I. No active work was possible due to Mr I's use of alcohol and reluctance to engage, and so it proved very difficult to reduce the risks involved.

The daily carers continued to call but often did not manage to see Mr I, so the police would occasionally undertake welfare checks. In July 2014 it was agreed by the workers and managers of both teams that the case should be transferred back to the LTT and held on duty (as opposed to being allocated), however due to other work pressures the mental health keyworker did not progress the transfer. In April 2015 the keyworker took the case back to the REP who agreed that the decision to transfer the case back to the LTT should be progressed. However the usual procedures for handover recording and case transfer on the health and the Local Authority IT systems were not completed correctly.

At this time a significant re-structure of the Local Authority teams resulted in the LTT duty function being provided by the Single Point of Access (SPOA) team. A period of confusion and increasing frustration followed. The case began to be managed by the SPOA but they had no access to the recent mental health records and the transfer had not been formally confirmed. This led to a lack of clear accountability for the case. During this period the teams were unaware that Mr I's physical health was significantly deteriorating. He died unexpectedly in June 2015 and was found in his home several days later by the police. It is not possible to include the findings in the report as they are yet to be published.

2.3 BHFT Safeguarding Structure

Information from the SABs is shared at the quarterly BHFT Safeguarding Adults group which is chaired by the Deputy Director of Nursing. This group leads and monitors all Safeguarding Adult work within the Trust. It is a sub group of the Safety, Experience and Clinical Effectiveness Group chaired by the Director of Nursing which reports to the Quality Executive group and ensures a direct line of communication up to the Board. The Board also receives a monthly update on safeguarding cases of concern.

The named Executive for safeguarding adults in the Trust is the Director of Nursing and Governance. The current Lines for accountability are as follows:

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                    ┌──────────────────────────┐
                    │          CEO             │
                    │      Julian Emms         │
                    └──────────────────────────┘
                                │
                    ┌──────────────────────────┐
                    │   Executive Director of  │
                    │  Nursing and Governance: │
                    │      Helen Mackenzie      │
                    └──────────────────────────┘
                                │
                    ┌──────────────────────────┐
                    │ Deputy Director of Nursing│
                    │       Nancy Barber        │
                    └──────────────────────────┘
                                │
                    ┌──────────────────────────┐
                    │   Safeguarding Adults     │
                    │       Team Lead           │
                    │   Suzannah Johnston       │
                    └──────────────────────────┘
              ┌──────────────┴──────────────┐
  ┌──────────────────────────┐   ┌──────────────────────────┐
  │ Safeguarding Adults Named │   │ Safeguarding Adults       │
  │       Professional        │   │ Co-ordinator &            │
  │                           │   │ Prevent Lead              │
  │     Catherine Haynes      │   │   Kate Harte (Interim)    │
  └──────────────────────────┘   └──────────────────────────┘
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Berkshire Healthcare NHS Foundation Trust
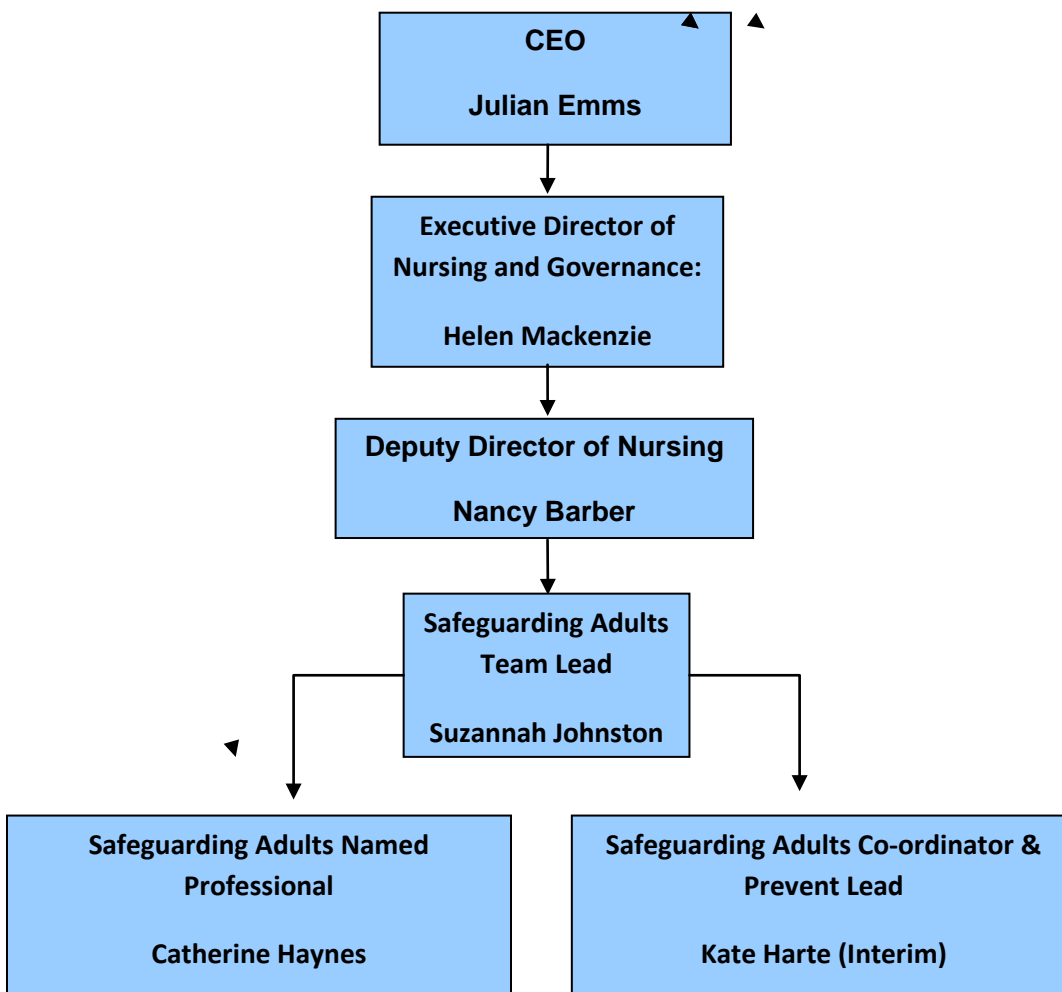
2.4 Serious Incidents (SI)

There have been several SI's within BHFT where there has been a safeguarding aspect, this report will not detail these incidents as they are detailed and reported to the Board separately.

The safeguarding team are often involved in discussions where there has been an allegation against a member of staff. Common themes that have arisen are staff approach and attitude and training needs. The team have offered several bespoke training session to services where such themes have been identified.

BHFT have a responsibility to consider any incident where an individual with care and support needs, dies or experiences significant harm meets the Criteria for a SAR, if so a referral should be made to the relevant SAB.

3. Development and achievements in Adult Safeguarding during 2015- 2016

The trust had a CQC inspection in December 2015 and the CQC reported that they found overall there was a good understanding and awareness of Safeguarding Adults. This is a reflection of the hard work and continued attempts by the safeguarding adult team to ensure that Safeguarding remains at the forefront of practice across the organisation. The CQC did highlight MCA as an area for development across a number of services. The Safeguarding Adults team do not have any more resource to commit to the application to practice of the Mental Capacity Act so are planning to look for creative ways to improve compliance. Difficulties in the application to practice of the Mental Capacity Act are a theme that has been present in all of the Safeguarding Adult Reviews mentioned above, particularly the 2 cases reviewed by the West of Berkshire SAB during this year. It is recognised nationally that the MCA is not well embedded in practice across health and social care and this is definitely an area for development across BHFT.

The team have continued to work towards the Action Plan set out in last year's report:

- Continue to work closely with Local Authorities and other external agencies to continue to improve and develop safeguarding adult practices.
    - *BHFT have continued to work closely with external agencies to improve and develop safeguarding adult practices. BHFT are represented on all 4 SAB and all SAB sub-groups across Berkshire.*
    - *The BHFT safeguarding adult team have organised a quarterly peer support session for all safeguarding colleagues working in Health across Berkshire.*
    - *The Trust continues to host a quarterly partnership group to which all six Local Authorities, both CCG leads and the acute Trust leads are invited*

- Continue to raise awareness of the multi-agency safeguarding adult's policies and procedures across the trust.
    - *The Berkshire wide safeguarding adult policies and procedures were fully reviewed to ensure that local procedures were care act compliant. The safeguarding team and the Tissue Viability service supported in the review and development of the Safeguarding pressure Ulcer pathway. The new procedures were re-launched on 1ˢᵗ April "016, information went out in Team Brief and the link is available to all staff on team net.*
    - *The team continue to provide tailored adult safeguarding support in practice areas where Serious Incidents Requiring Investigations (SIRI)s have highlighted learning needs with regard to adult safeguarding practice.*

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- Continue to work with the training and development department to ensure that training targets are achieved for Adult Safeguarding and Mental Capacity Act training for relevant staff groups and volunteers within the trust.
  - *The team continue to work hard delivering training in Safeguarding Adults level 1&2, Mental Capacity Act, Deprivation of Liberties and PREVENT. Training continues to be a challenging area in terms of the capacity of the team and their ability to keep up with demand whilst balancing other priorities. There are plans to explore alternative training methods during 2015/16. This has started this year with the development of a level 2 Safeguarding Adult Refresher forum which will allow more staff to refresh per session than a current level 2 course. Options such as live streaming these sessions are going to be explored next year.*

- Complete the Mental Capacity Act train the trainer course and then roll out staff training in Mental Capacity Act and DOLS practice.
  - *8 Members off staff completed the MCA& DoLS train the trainer course that was commissioned by the CCG's. This has enabled us to bring the MCA and DoLS training in house.*

- Monitor practice in Mental Capacity Act by auditing the use of a mental capacity assessment tool to monitor improvements and identify areas where practice support is required.
  - *The safeguarding team found that there was no consistency across the trust in relation to which if any MCA tools were being used so rather than undertaking an MCA Audit it was agreed to work with the Clinical Transformation team to develop a single MCA tool in Rio that can be used by all services that use Rio. It has been designed in such a way that it will be easy to replicate for services that do not use Rio.*

- Complete work to audit safeguarding practice and use the information to improve standards within the trust
  - *An internal audit was completed by RSM which found that safeguarding adult policies and processes were relatively well imbedded across the organisation. It did identify two areas for improvement which have both now been actioned. These were the dissemination of lessons learnt from SARs, which is now done through the level 2 Forums. A number of cases that were still open to the safeguarding team on Datix, following review a gap in the teams closing procedures was identified and this has now been altered to prevent this occurring again.*

- Explore strategies to increase service user awareness and participation in safeguarding adults practice.
  - *The team worked with the trust Communications team to develop a range of posters aimed at raising awareness of Safeguarding Adults amongst service users and carers. These were sent out to all services across the trust for display in patient areas.*
  - *Work was done with the Risk team to amend the Datix form to give greater prominence to the section where staff record the views and desired outcomes of the patient as part of the work to embed the Making Safeguarding Personal principles*

- Continue to ensure that the Trusts PREVENT contractual requirements are met including the delivery of WRAP3 to identified staff groups.
  - *A significant amount of effort was put into achieving the Quality schedule target for WRAP3 training, unfortunately despite best efforts the target was not achieved. It was identified that this was mainly as a result of the number of staff that join each month and require the training so to address this the PREVENT lead was able to negotiate with the L&D team and it has been agreed that WRAP3 will be included in induction from July 2016*

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4. Senior Management Engagement and Partnership working

Continued senior management engagement with safeguarding adult's multi-agency SABs and the trusts internal group supports the implementation and embedding of safe practice and process undertaken by the trust and ensures that any concerns raised staff are fed back and appropriately actioned.

The Safeguarding Adult Team attends both East and West Learning & Development sub groups and various other sub groups including the partnership and best practice group in the West and the SCR committee in Slough. The Deputy Director of Nursing attends the West Quality Assurance sub group.

Trust representation at the sub-groups enables timely and effective sharing of information and learning from partner agencies. It also ensures the trust's practices align with the expectations of the boards in relation to training delivery, quality assurance procedures and best practice

Trust safeguarding adult activity is fed up to senior management through the quarterly Safeguarding adult monitoring and review group chaired by the Deputy Director of Nursing, this information initially filters to the quality governance group and then to the executive governance group as appropriate.

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5. Safeguarding Concerns raised and referred

5.1 Safeguarding Concerns recorded by the trust

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Bracknell	5	1	4	6	5	2	6	6	4	8	4	3	**54**
Reading	20	37	41	41	32	34	36	40	29	39	30	24	**403**
Slough	5	5	1	4	4	6	9	9	7	7	4	7	**68**
West Berks	3	3	4	6	6	6	15	8	12	7	7	6	**83**
Windsor, Ascot and Maidenhead	6	6	5	7	6	6	8	13	6	14	12	6	**95**
Wokingham	6	2	8	10	10	7	8	17	12	23	9	10	**122**
Other	1	0	0	0	0	0	0	0	0	0	0	0	**1**
Oxfordshire	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Total	**46**	**54**	**63**	**74**	**63**	**61**	**82**	**93**	**70**	**98**	**67**	**56**	**827**

5.2 Safeguarding Concerns referred to the Local Authorities

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	**Total**
Bracknell	4	1	4	6	5	3	5	6	2	8	4	1	**49**
Reading	13	15	27	22	17	18	14	22	21	27	15	11	**222**
Slough	3	3	1	4	3	6	7	7	5	5	4	7	**55**
West Berks	3	2	4	3	5	5	14	8	10	6	7	3	**70**
Windsor, Ascot and Maidenhead	6	6	4	6	5	6	8	11	6	11	11	5	**85**
Wokingham	5	2	8	9	10	7	7	13	12	20	9	10	**112**
Oxfordshire	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Total	**34**	**29**	**48**	**50**	**45**	**45**	**55**	**67**	**56**	**77**	**51**	**37**	**594**

6. Mental Capacity Act (MCA) 2005 and Deprivation of Liberties Safeguards (DOLS) (2007)

The Safeguarding Adults team have led the Trust's responsibility for co-ordinating and raising awareness of Mental Capacity Act & Deprivation of Liberty Safeguards (DOLs) since 2012/13.

Following the attendance of 8 staff on a MCA/DoLS train the trainer course it has been possible to reduce the use of an external trainer to deliver MCA and DoLS training. Since January 2016 all MCA and DoLS session have been delivered by BHFT staff.

The issue of assessing an individual's mental capacity is often a central part of the safeguarding process and often the advice that is sought initially as a safeguarding concern frequently is actually more about supporting staff to recognise that some individuals make what may be considered as an unwise decision

and that they have a Right to do that. Support is also often required around making best interest decisions for individuals who lack capacity to make specific decisions.

An understanding of the MCA is crucial to the implementation of DoLS as awareness has been raised, staff are more frequently contacting the Safeguarding Adults team for specific advice about the MCA.

The Law commission carried out a full review of the current DoLS framework and found the current system to be 'deeply flawed', they proposed that they be replaced with a new system, to be called 'Protective Care'. Broadly speaking, protective care had three aspects: the supportive care scheme, the restrictive care and treatment scheme, and the hospitals and palliative care scheme recommended a significantly different process. The review went out to consultation which closed in November 2015. There was a significant amount of feedback given regarding the proposed changes. It is anticipated that a final report and draft Bill will be published in December 2016. It is unlikely that there will be any noticeable changes to practice until 2019 at the earliest.

6.1-DOLS Applications for 2015-2016.

There have been 33 DoLS applications during 2015/16 which a similar number as there were in 2014/15. 30 applications were authorised, 3 were not, 2 because the person was not eligible for DoLS and 1 application which went to the court of protection as it was a complex case. All applications for DOLs require a BHFT signatory and the locality directors or their designated deputy has responsibility to ensure the application to the local authority is complete and appropriate.   The Safeguarding Adults team continue to provided support and guidance to locality on DOLs applications. The CQFC must be notified of all DoLS Applications and the Outcome. This should be done by the Locality Directors or agreed deputy.

	Q1	Q2	Q3	Q4	Total
Total number of applications received:	5	10	5	13	33
Applications Authorised:	4	9	5	12	30
Applications Declined:	1	1	0	1	3

	Q1	Q2	Q3	Q4
Henry Tudor Ward	1	1		
Windsor Ward	1			
Donnington Ward			1	
Little House	1	1		
Rowan Ward	1	3	4	9
Campion Unit	1	2		2
Orchid Ward		1		1
Oakwood Unit		1		1
Jubilee		1		
Total	5	10	5	13

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7.Prevent

'Prevent' is part of the UK's counter-terrorism strategy, CONTEST. The Prevent agenda is outlined in the Department of health document 'Building Partnerships, staying safe –the Healthcare Sector's contribution to HM Government's Prevent Strategy: for Healthcare Organisations'. The Trust has a duty to adhere to the Prevent duty. Its aim is to stop people being drawn into terrorism or supporting terrorism. Terrorist attacks have continued to take place across the world in 2015/16 and individuals are still being radicalised. In August 2014 the UK's terrorist threat level was increased to 'Severe', meaning a threat is 'highly likely', the threat level remains at severe at the time of this report.

During 2015-16 the trust has established strong links with the Local Authorities and the police in every area of Berkshire. The trust has representation on all six of the Prevent Management Groups and is a standing member of all six Channel Panels. There is a mutual respect for each organisation within the groups and Channel Panels which has ensured effective management of Prevent cases. The trust will continue to be represented at the Channel Panel and Prevent Management meetings across the six Localities in Berkshire throughout 2016-17. The trust approved a Prevent Policy in 2015-16, this has been made available for staff to view on the trust intranet site (teamnet); this includes guidance on information sharing, how to make a referral and general information around Prevent.

Staff have demonstrated an awareness of Prevent and its purpose, with several concerns being discussed with the Prevent Lead and some of those referrals meeting the threshold to be considered by the Channel Panel and in turn being adopted by the panel. In these cases support has been put in place for the client to divert them away from being drawn into or supporting terrorism. Due to the Prevent Duty being newly established and the nature of the types of concerns the management of cases has been a learning exercise for all services involved. This has highlighted additional needs of patients, their families and staff and so the trust will be making information leaflets regarding PREVENT available to patients and their families or carers. A Frequently Asked Questions sheet will also be made available to staff.

The baseline training requirement set for Quarter One identified 1937 staff to be trained, this comprised of all staff deemed to be working with the most vulnerable clients, clinical managers and those working in isolation. At the end of Quarter One, 20% had been trained and by the end of Quarter Four this had raised to 75%. A total of 1744 staff have been trained since April 2015. This equates to 90% of the baseline figure of 1937. However, with new starters this has meant an achievement of 75%. In addition to those staff who have attended Prevent, 1138 staff have undertaken Channel General Awareness training which is 50.3% of the required number of staff.

From July 2016 Prevent(WRAP3) will be delivered in the trust induction to address the issue of new starters, in addition we will be delivering 20 scheduled courses throughout the year for existing staff who have not yet been trained. The Prevent Lead and other approved facilitators will also be providing additional training sessions to teams on an AdHoc basis as necessary.

Prevent will continue to be embedded into general practice during 2016-17.

8. Safeguarding Adults Audit

Along with the internal audit as described above. The safeguarding team undertook an audit of safeguarding response to alleged sexual assault/inappropriate behaviour on MH Inpatient Wards. The audit

has identified several areas where policy has not been followed. There are several places where standard practice needs to be changed to ensure policy is followed and patients are appropriately safeguarded and risks managed. The risk of reoccurrence of these types of incidents is high due to transferable risk not being identified and managed.

The services are currently developing an action plan to address the audit findings. The safeguarding team have been providing additional support and training to wards and staff. The Mental Health audit will be repeated six monthly to ensure an improvement is made.

The Safeguarding team will also undertake a quality audit of the new format induction training during quarter two to ensure the effectiveness of the training.

9. Training and Development of staff

9.1 Safeguarding Adults Training

In relation to safeguarding adult training and as a partner of the four SAB's in BHFT is guided by the workforce development strategies' developed by the East and West Learning and development subgroups and all level 1 training adheres to the standards identified to ensure that all staff have appropriate knowledge and competencies in relation to the:

- Potential for the occurrence of abuse and neglect

- Identification of abuse and neglect

- Safeguarding adults policy and procedures

- Requirement to report any concerns of abuse or neglect

- Internal reporting structure for such concerns

Continued training and development of trust staff on safeguarding vulnerable adults forms a primary responsibility for the Safeguarding Adults Team. Lessons learned from national and local enquiries in Safeguarding Adults Reviews have been incorporated into our training programme which is delivered at two levels. Level 1 is aimed at staff whose work brings them into regular contact with patients who are in need of services whether or not the local authority are aware of them. It comprises awareness on the different types of abuse, how to recognise signs of abuse and how to manage situations of witnessed abuse and disclosures of abuse by patients in our care. Level 2 is targeted at senior clinicians.

Level 1 training has now been provided by the trust to all volunteers in response to the recommendations of the Lampard report (2015) as part of a wider BHFT action plan that includes strategy to manage visits by celebrities, VIPs and other official visitors to hospital sites and patient areas as well as HR and recruitment policies review.   On-going statistics for staff numbers trained is included on the quarterly reports submitted to the Deputy Director of Nursing.

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Level 1 Basic Awareness

Org L4	Level 1 Req	Level 1 Trained	%
371 Community East Bracknell Services	402	355	88%
371 Community East Slough Services	382	352	92%
371 Community East WAM Services	556	512	92%
371 Community West Newbury Services	441	410	93%
371 Community West Reading Services	545	500	92%
371 Community West Wokingham Services	376	350	93%
371 Corporate Services	219	206	94%
371 Head of Inpatient (MH) & Urgent Care Service	282	261	93%
371 Other Health Services Service	155	141	91%
Grand Total	3358	3087	92%

Level 2 Training

Org L4	Level 2 Trained
371 Community East Bracknell Services	137
371 Community East Slough Services	149
371 Community East WAM Services	154
371 Community West Newbury Services	167
371 Community West Reading Services	236
371 Community West Wokingham Services	152
371 Corporate Services	100
371 Head of Inpatient (MH) & Urgent Care Service	77
371 Other Health Services Service	71
Grand Total	1243

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9.2 MCA & DOLS Training

Significant effort and resource has been put in by the Safeguarding Adult team to ensure that the Quality schedule targets of 75% for both MCA and DoLS training were achieved.

Mental Capacity Act Training

2014/15

Org L4	Compliance %
371 Community East Bracknell Services	46%
371 Community East Slough Services	55%
371 Community East WAM Services	44%
371 Community West Newbury Services	64%
371 Community West Reading Services	61%
371 Community West Wokingham Services	58%
371 Corporate Services	28%
371 Head of Inpatient (MH) & Urgent Care Service	61%
371 Other Health Services Service	44%
Total	**54%**

2015/16

Org L4	MCA
371 Community East Bracknell Services	75%
371 Community East Slough Services	82%
371 Community East WAM Services	70%
371 Community West Newbury Services	78%
371 Community West Reading Services	74%
371 Community West Wokingham Services	75%
371 Corporate Services	50%
371 Head of Inpatient (MH) & Urgent Care Service	79%
371 Other Health Services Service	61%
Trust Wide	**75%**

Deprivations of Liberty Safeguards

2014/15

Org L4	Compliance %
371 Community East Slough Services	57%
371 Community East WAM Services	72%
371 Community West Newbury Services	64%
371 Community West Reading Services	65%
371 Community West Wokingham Services	70%
371 Corporate Services	17%
371 Head of Inpatient (MH) & Urgent Care Service	47%
371 Other Health Services Service	27%
Total	**55%**

2015/16

Org L4	DOLS
371 Community East Bracknell Services	**N/A**
371 Community East Slough Services	95%
371 Community East WAM Services	75%
371 Community West Newbury Services	82%
371 Community West Reading Services	75%
371 Community West Wokingham Services	76%
371 Corporate Services	80%
371 Head of Inpatient (MH) & Urgent Care Service	81%
371 Other Health Services Service	52%
Trust Wide	**79%**

10. Summary

The Care Act (2014) and *Care and Support Statutory Guidance (Chapter 14-Safeguarding)* has clarified our responsibilities relevant to safeguarding adults vulnerable to abuse or neglect. This legislation underpins the standards and principles of Safeguarding practice at the heart of patient care at Berkshire Healthcare NHS Foundation Trust (BHFT) and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response.

The changes to terminology, categories of abuse and making safeguarding processes personal to the individual concerned are being incorporated into training and development of trust staff and volunteers and policy documents. The adult safeguarding team continue to work closely with external partners, developing local relationships and ensuring that adult safeguarding practices reflect local and national guidance.

Safeguarding Adult Boards have a statutory status directed by the Care Act (2014) with clearly defined roles and responsibilities to co-ordinate strategic safeguarding adult activity across all sectors and service user groups, to prevent abuse and neglect occurring and where it does, it is recognised and responded to appropriately. The SABs forms a view of the quality of safeguarding locally and challenges organisations where necessary. Senior representation on all four Berkshire SABs ensure a direct link to the Board regarding Safeguarding Adult concerns, enquiries and lessons learned as well as future development in practices and policies.

Application of the Mental Capacity Act is a topic that continues to be identified as an area for development both nationally and locally through SAR's, staff feedback and the recent CQC inspection.

Berkshire Healthcare NHS Foundation Trust

11: Team Plan 2016/17

Our **core values**: **caring** for and about **you** is our top priority **committed** to providing **good quality, safe services** working **together** with **you** to develop **innovative solutions**

Berkshire Healthcare **NHS**
NHS Foundation Trust

Team Plan 2016 - Safeguarding Adults Team

Our vision: To be recognised as the **leading community** and **mental health** service provider by our staff, patients and **partners**.

The safeguarding adult's team strive to support the delivery of safe and effective care by working with partners and services to ensure that all staff are aware of their Safeguarding responsibilities including application of the Care Act, Mental Capacity Act and PREVENT duty.

Goal 1: To provide accessible, safe and clinically effective services which improve patient experience and outcomes of care.

We will do this by:

- Being available to offer clinical advice and support to all services across BHFT
- Providing dedicated safeguarding resources to Inpatient Mental Health and Learning Disability services
- Ensuring that allegations against staff and episodes of poor care are investigated and appropriate actions are taken
- Delivering training that includes lessons learnt from Local and National Safeguarding Adult Reviews
- Embedding the principles of Making Safeguarding Personal MSP across services
- Continually reviewing training to ensure that it reflects local and national guidance

Goal 2: Deliver sustainable services based on sound financial management.

We will do this by:

- Continuing to review and where possible streamline processes to avoid duplication of work for services
- Working closely with the complaints and governance team to avoid duplication and streamline investigation processes
- Providing information to partners and services electronically to reduce the need to print multiple or large documents

Goal 3: Be the provider of choice for people who use and commission our services.

We will do this by:

- Ensuring that sufficient training is available to staff
- Providing reports and statistical information as required to evidence compliance with the Quality Schedule targets
- Supporting practice to ensure that the views, wishes and feeling of people using our services are taken into account in all safeguarding work
- Undertake annual self-assessment audit for commissioners and SAB's

Goal 4: Establish an extensive range of integrated "out of hospital" services.

We will do this by:

- Working with developing services to highlight the appropriate safeguarding adult pathway
- Providing safeguarding, MCA, DOLs and PREVENT advice and support to clinicians
- Raising awareness of services to our partner agencies

Goal 5: Work with our partners to develop more caring and compassionate communities.

We will do this by:

- Continuing to ensure that BHFT are represented on all Berkshire Safeguarding Adult Boards (SAB)
- Working with Local Authority safeguarding teams to ensure robust processes are in place for reporting, managing and feeding back concerns.
- Attending all relevant SAB sub groups and ensuring information is disseminated across BHFT through the Safeguarding Adults group
- Providing appropriate information and BHFT representation for Safeguarding Adult reviews
- Hosting the Berkshire wide Health peer support network
- Chairing the Berkshire Partnership group

Berkshire Healthcare NHS Foundation Trust

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 s42 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
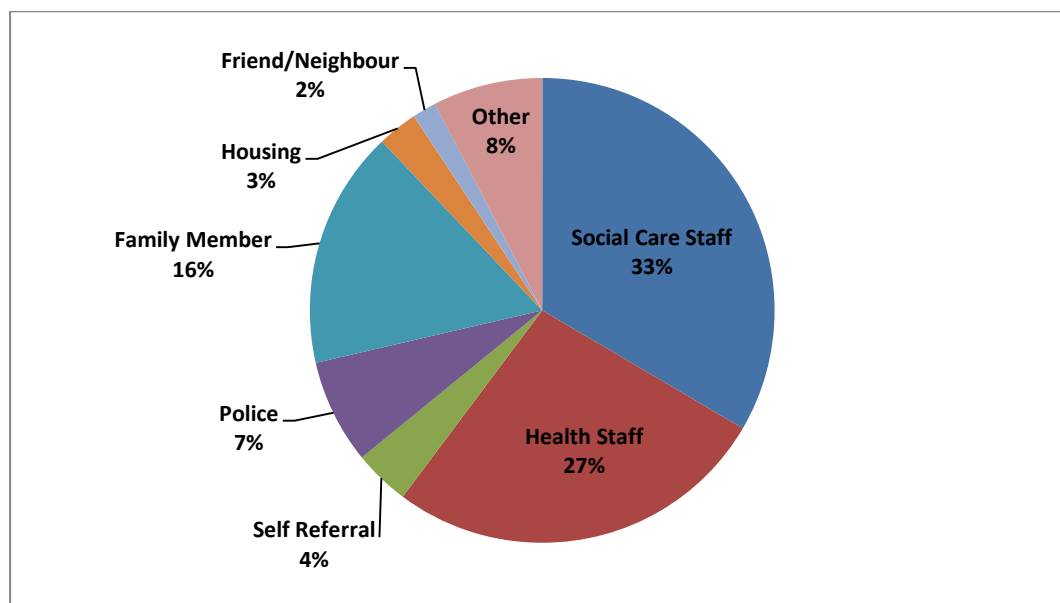
Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2013/14. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where available, so a clearer picture can be provided of the numbers 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
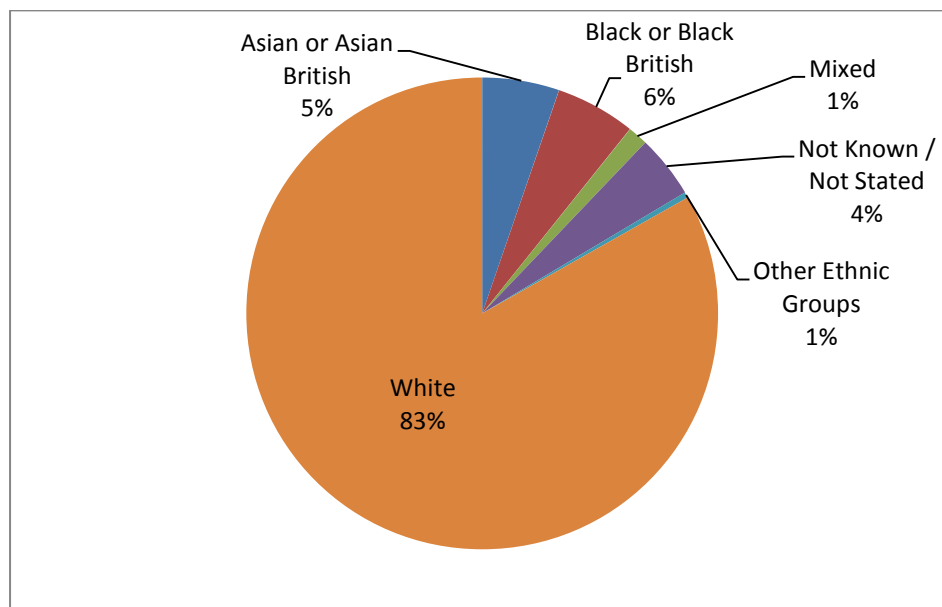
Table 6 shows the ethnicity split for the whole population of Reading based on the ONS Census 2011 data. Any Enquiries where ethnicity was not obtained/stated have been excluded from this table.

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
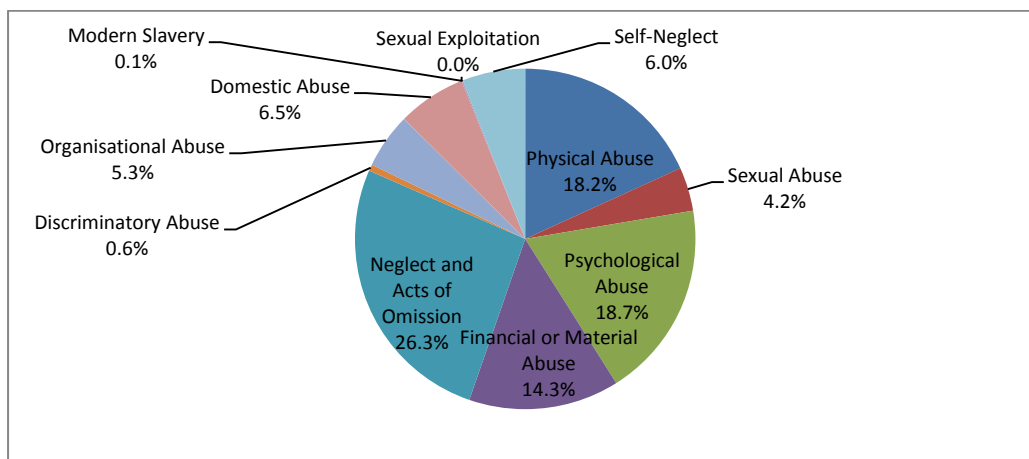
Location of alleged abuse

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
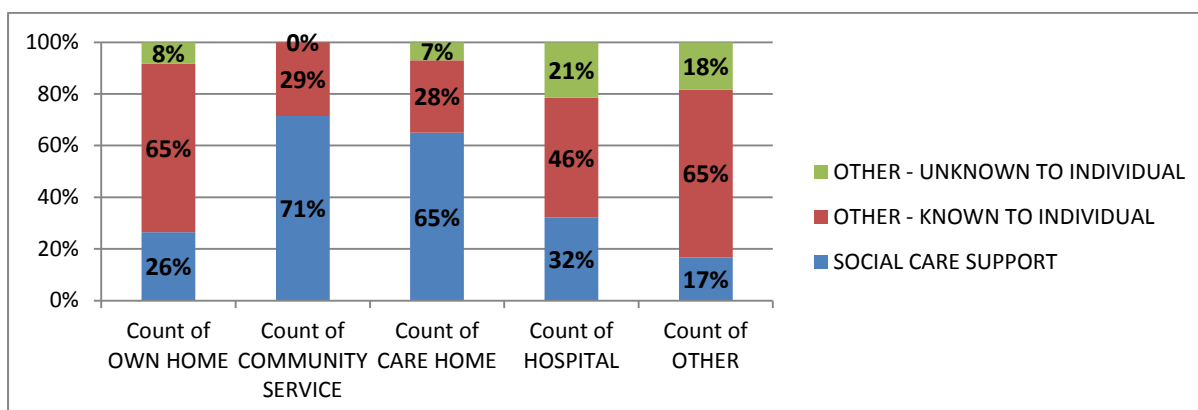
Source of risk

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
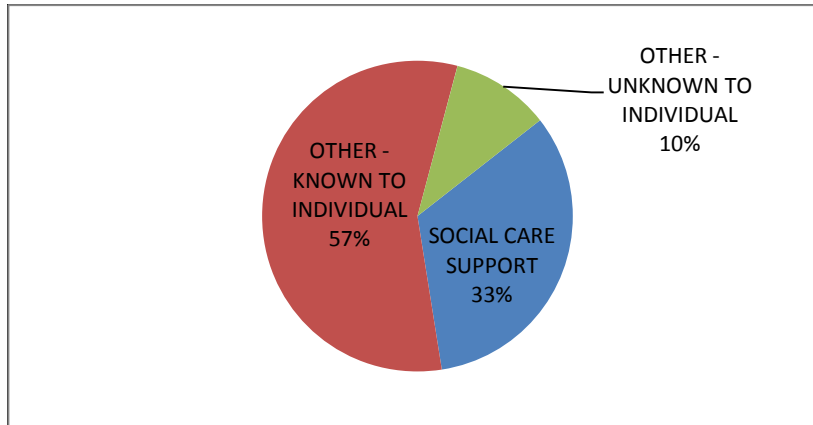
Action taken and result

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
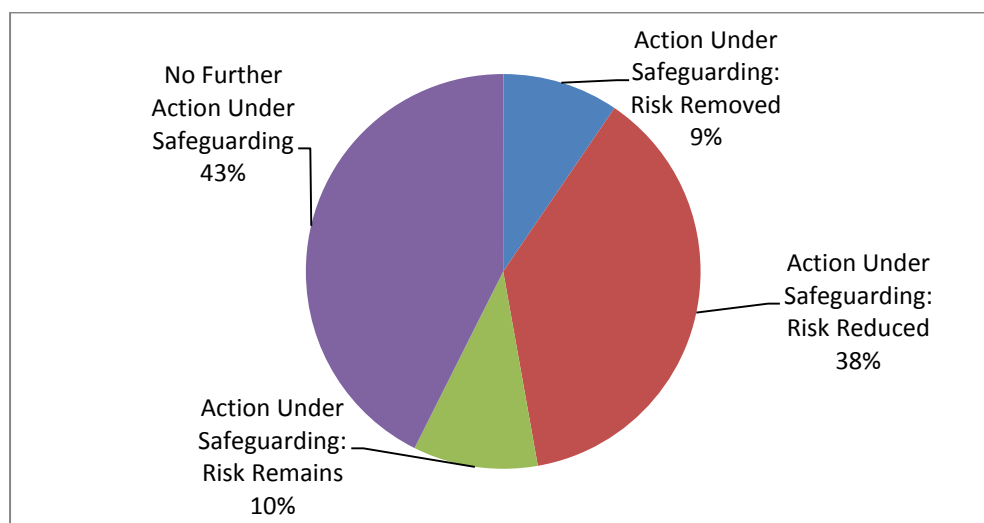
Figure 7 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2015/16. For the majority of cases where action was taken and the risk was reduced or remained the main source of risk was other individuals known to that individual. This is especially noticeable 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
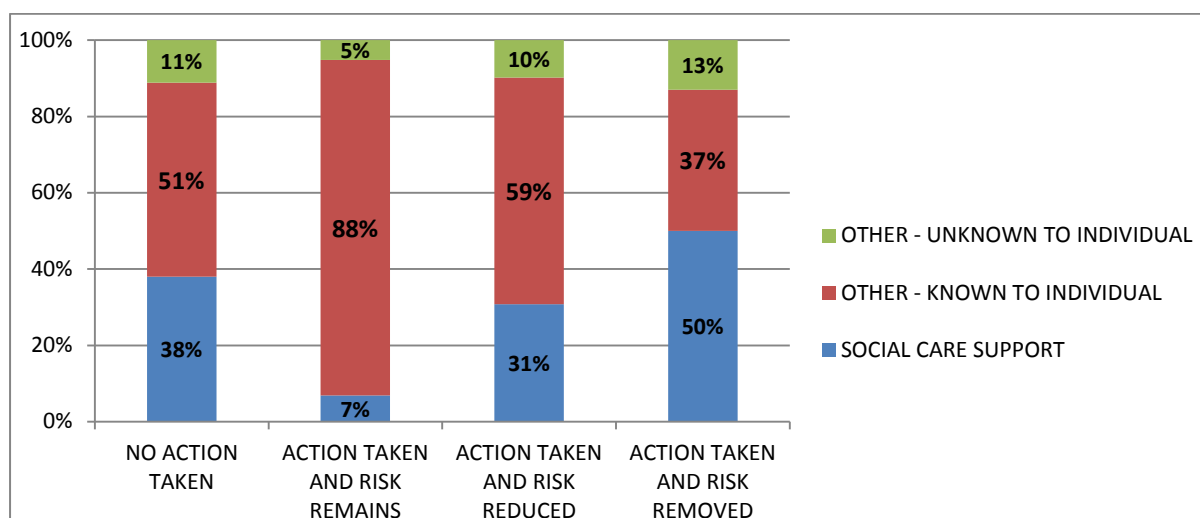
Outcomes for the person at risk

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
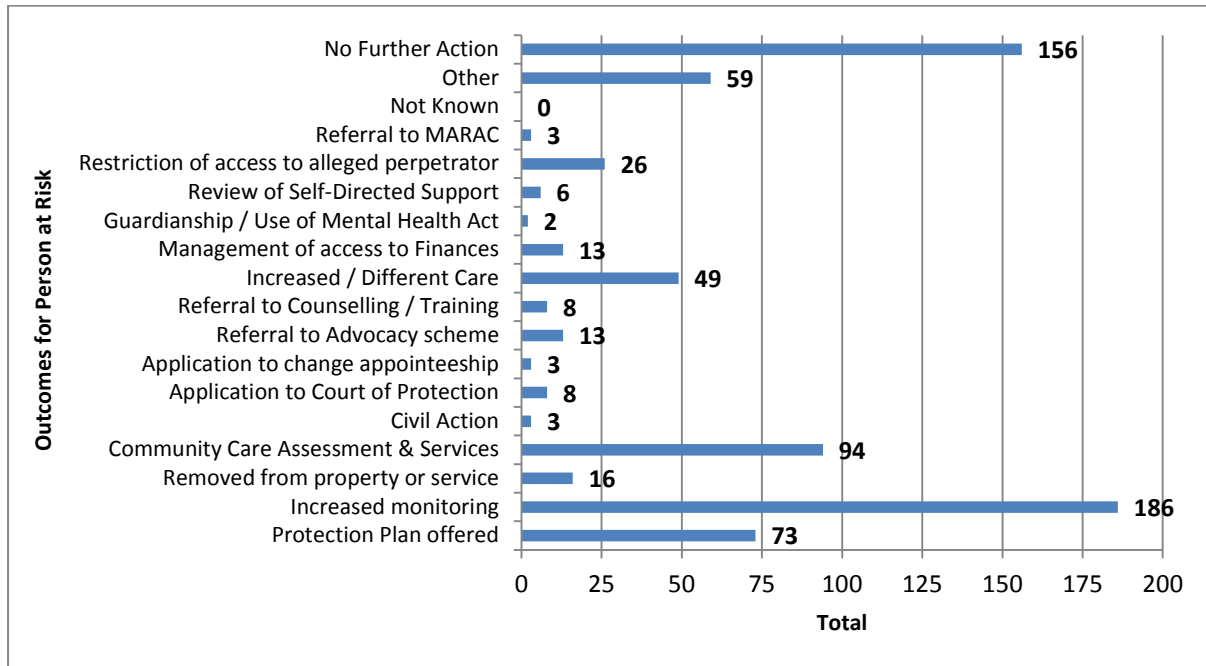
Section 5 - Mental capacity

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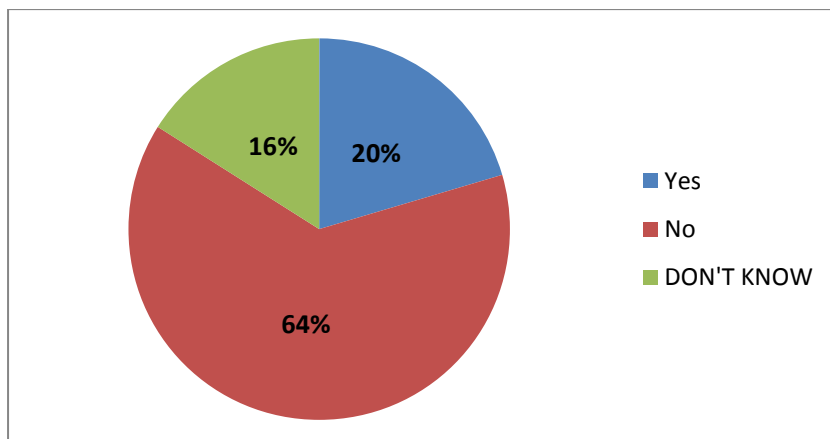
Figure 10 shows a breakdown of individuals lacking mental capacity of the person at risk by age group. The figure shows the likelihood of the person lacking capacity increases with age, with people aged 75+ being most likely to lack capacity. Those 95+ had a figure of 29% for those lacking capacity which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

Figure 10 – Mental capacity by age group of person at risk, 2015/16
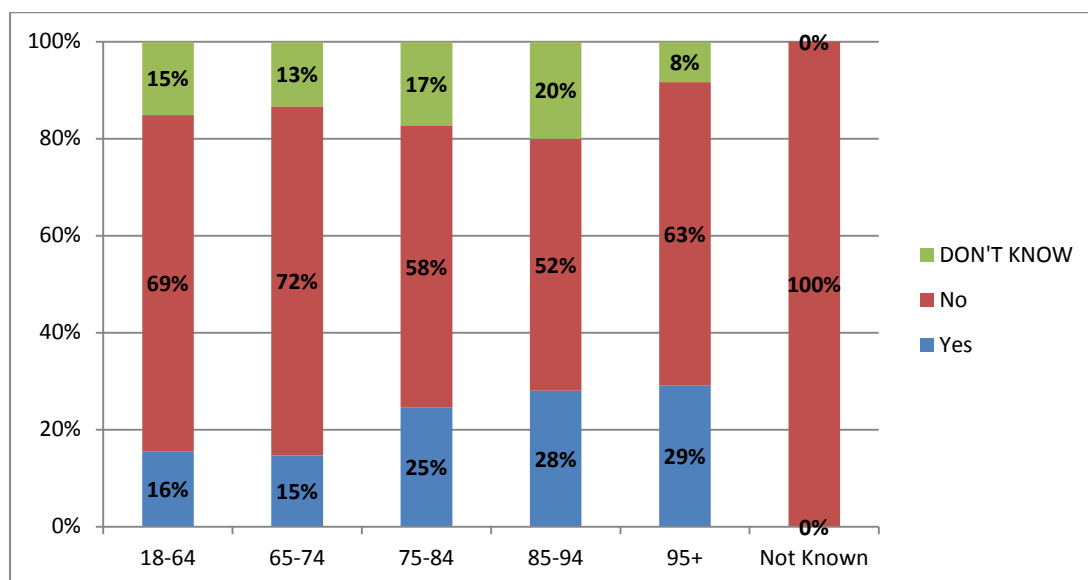
Section 6 - Making Safeguarding Personal

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
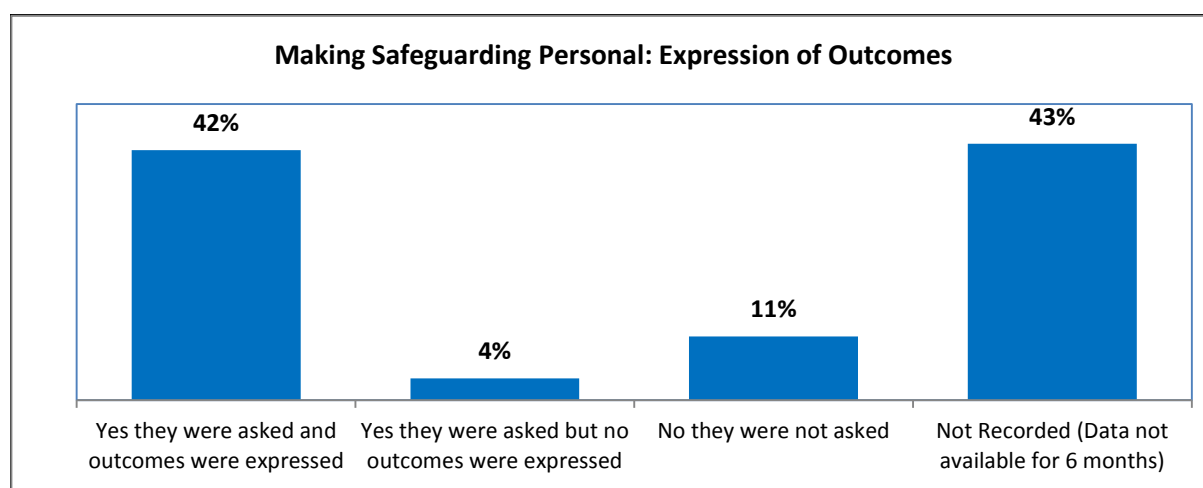
Figure 12 – Concluded enquiries by expressed outcomes achieved, 2015/16
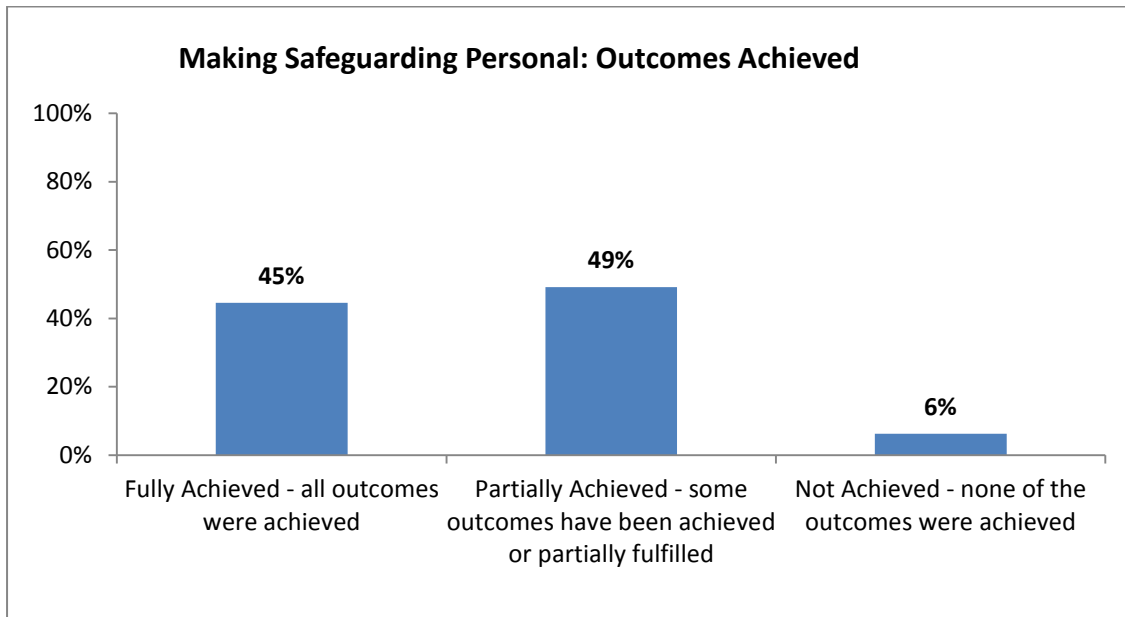
Of those who were asked and expressed a desired outcome, 45% were able to achieve those outcomes fully, with a further 49% partially achieved. Only 6% did not achieve their outcomes.

Royal Berkshire NHS
NHS Foundation Trust

Safeguarding Annual Report 2015/16

The Safeguarding Team

An 'Oscar' received for services provided for people with learning disabilities

Executive Summary

The Royal Berkshire NHS Foundation Trust (RBFT) is proud of its approach to safeguarding. It has an experienced safeguarding team representing the different specialties of vulnerable adults, children, people with a learning disability, people with mental health problems and maternity. Together the team provides a cohesive approach to training and support of staff to ensure the needs of vulnerable people are met. In line with national guidance on multi agency working the safeguarding team represent the Trust on a variety of partner agency groups. They also work with individual patients to support 'making safeguarding personal' and coordinate a planned multi-disciplinary and multiagency agency approach where the principles of empowerment and autonomy enshrined in the Mental Capacity Act (MCA), 2005 are balanced with the responsibility to safeguard.

There have been achievements and improvements in safeguarding since the publication of the Francis and Lampard inquiries, the reports related to child sexual exploitation in Rotherham, Oxford and Cambridge University Hospitals (Myles Bradbury) and the focus on female genital mutilation as child abuse. However the essence of good safeguarding is continuous learning, quality improvement, professional curiosity and challenge. We are already working with our partners to implement the recommendations from the CQC inspection of health providers, child safeguarding and looked after children report for Wokingham CCG, May 2016 and Ofsted Inspection reports for West Berkshire, Wokingham and Reading Local Authorities Children's Services and LSCBs published in May 2015, February 2016 and August 2016.

The RBFT has obligations under the Children Act 1989 and 2004, Care Act 2014, MCA, 2005, Mental Health Act (MHA), 1983 and other relevant legislation and guidance in order to ensure it provides safe effective and well led services which safeguard the vulnerable. Compliance with Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework, July 2015 and CQC regulation 13 Safeguarding Service Users from Abuse and Improper Treatment, 2014 are the standards that we employ to focus on our declared aim of 'promoting the safety and well-being of all children, young people and adults' who have contact with our services. Training, audit and review of against those standards are the cornerstones of our assurance mechanisms; we have submitted our annual safeguarding standards self-assessment which includes our Section 11 of the Children Act 2004 to our commissioners.

Challenges include training all staff in all aspects of safeguarding, consistency of knowledge and application in practice of the MCA, MHA, Deprivation if Liberties (DoLS), best interest assessments and consent, transition for children to adult services including Child and Adolescent Mental Health Services (CAMHS), a year on year increase in activity for vulnerable groups, elderly patients living with dementia and adults with learning difficulty who are delayed in hospital, high numbers of mental health patients of all ages with complex psycho-social needs in the acute setting, an increase in the number of these patients delayed in hospital and self-harm and suicide prevention. Monitoring the impact of health and social care budget cuts and workforce sufficiency on services to children, families and vulnerable adults and gaps in services for disabled children are emerging themes.

Patricia Pease, Associate Director of Safeguarding, September 2016

Introduction

This is the annual safeguarding report for the Royal Berkshire Foundation Trust (RBFT) it covers all areas of safeguarding work across the Trust and through multiagency working and sets out our priorities for further work

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (CQC 2016). Safeguarding at the Royal Berkshire Hospital is fundamental to high-quality health care. Safeguarding is everybody's responsibility.

The Safeguarding Team Structure

The safeguarding team structure (nursing and administration) and lines of responsibility and accountability for the RBFT is shown on the diagram below:

Adult Safeguarding: Medical Leads	• Dr Chris Danbury Urgent Care Group • Dr Kim Soulsbury Planned Care Group • Dr Sane O'Hanlon Networked Care Group
Child Protection: Medical Leads	• Dr Ann Gordon, Named Doctor Child Protection • Dr Niraj Vashist, Designated Doctor Looked After Children • Child Protection Examinations provided y a team of Paediatricians based at Dingley Specialist Children's Centre
Child Death	• Patricia Pease, Designated Healthcare Professional Child Death
Human Resources	• Suzanne Emmerson-Dam, Designated HR Officer Safe Recruitment & Allegations Management
Sexual Health	• Janice Burnett, Nurse Consultant
Transition	• Polly Schofield, Lead Nurse Transition

The Safeguarding service is accountable to the RBFT SMT and Board, Berkshire West CCG, Reading, West Berkshire and Wokingham Local Safeguarding Children Boards (LSCBs), Berkshire West Safeguarding Adult Board (SAB) and participates in Mental Health, Learning Disability, Strategic Disability and Transition partnership meetings.

Safeguarding Governance Committee Structure

Trust Board

Audit and Risk Committee | **Quality Governance Committee**

Senior Management Team (SMT)

Quality Assurance and Learning Committee Bimonthly Meetings

Strategic Safeguarding Committee Biannual Meetings | **Children and Young Person's Forum Biannual Meetings**

Self-Harm and Suicide Prevention Group | **Adult Safeguarding Clinical Governance Committee** | **Child Protection Clinical Governance Committee**

The Strategic Safeguarding Committee, chaired by Caroline Ainslie, meets twice a year. The Trust has a non-executive Director with a responsibility for safeguarding and mental health.

Safeguarding quality indicators are reported monthly to the Board and CCG. A bi-monthly safeguarding and mental health report including key performance indicators is submitted to the Board as part of the Quality and Learning Committee report.

Multidisciplinary child protection clinical governance is held every 2 months; this is chaired by the Named Nurse for Child Protection. Safeguarding Adult Clinical Governance is held every 3 months chaired by Dr. Chris Danbury. The Mental Health Coordinator chairs a quarterly Suicide and Self Harm Prevention Group, which reports by exception to the Health and Safety Committee.

The Children and Young People's Committee monitors work streams to benchmark and improve the quality and safety of Trust services for children: this group meets every 6 months.

The safeguarding nursing team meets monthly to discuss operational safeguarding issues and prepare performance reports; agendas and minutes are kept for these meetings.

Statistics/Activity - The table below sets out indicative statistics for the RBFT for information and background.

	2013/14	2014/15	2015/6	Comment
Population number served	1,000,000	1,000,000	1,000,000	↔
% of population under 18 years	20%	24%	24%	↔
Number of adult attendances to ED	83,298	87,288	89,711	↑3%
Number of attendances by under 18s to ED	26,686	27,864	29,087	↑4.5%
No of over 65s attending ED	22,644	24,569	25,635	↑ 4.5%
No of mental health attendances at ED all ages	2169 (from July)	2810	2809	↔
Number of adult admissions	80,766	84,434	90,933	↑ 7.7 %
Number of admissions to paediatric wards	7,146	7181	7607	↑ 6 %
Number of under 18s admitted to adult wards			550	Validated data
No over 65s who were admitted	32,821	35142	39515	↑12.5%
No over 75s admitted for >72 hrs	5,301	5288	5451	↑3 %
No over 75s admitted for >72 hrs with cognitive issues	1602	1483	1195	↓ 19%
Number of in-patients with a learning disability	227	289	315	↑9 %
No of patients admitted because of mental health issues		798	1596	↑100%
Number of babies born	5,689	5681	5596	↓ 1.5 %
Number of under 18s attending out-patient clinics	65,296	62,767	62,437	↓ 0.5 %
Number of under 18s attending clinics providing sexual health services	2,959	2016	2356	↑17%
Number of employees	Approx. 5000	Approx. 5000	5360	Validated data

Training

Training is reported monthly to the CCG as part of the quality schedule. A Trust annual training plan for child and adult safeguarding 2016/17 has been completed. At the end of September 2016 safeguarding training was at or above the expected and agreed level with the exception of:

- Safeguarding Children Level 1 Training – 93% against a target of 95%
- Enhanced MCA and DoLS – 69% against a target of 80%
- Conflict resolution training for Emergency Department staff compliant at 80%, however trust wide uptake as 61%

All training programmes are regularly reviewed to ensure they include learning from serious case reviews and changes to national policy and guidelines.

Safeguarding Adults training

Level 1 training has been reviewed and amended with reference to the Learning and Development sub group of the SAB to reflect the Care Act 2014.

Safeguarding Children training

Levels 1 and 2 have been reviewed and amended. A review of level 3 training against 'Intercollegiate document, Child Protection Roles and Competencies for Health Staff, 2010' including the number of hours of update training annually for specialist groups is underway.

Child Sexual Exploitation (CSE) Training

CSE has been embedded into safeguarding children training at all levels. Four CSE one hour updates at level 3 are available annually. The Department of Sexual health holds a one hour CSE case study peer review bimonthly. All staff can access E learning via the CSE intranet pages.

Domestic Abuse

Domestic abuse is raised in adult and all levels of child safeguarding mandatory and statutory training, specific domestic abuse training is available for maternity staff. Level 3 days for the children's workforce include clear guidance for staff who are working closely with children and families on how to support and refer to other agencies where there are parental risk indicators.

Prevent (Anti-terrorism Training)

Prevent awareness forms part of the level one training for all staff and is included in adult and child safeguarding training. 1 hour Wrap training is delivered to selected staff the focus this year is to paediatric staff. An E learning has also been promoted for use with in the Trust.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs).

MCA and Dols Training continue to form part of the core mandatory training day and induction training for patient facing staff. Multidisciplinary Enhanced MCA training was delivered on a monthly basic throughout 2015 and continues throughout 2016, compliance figures for the identified staff groups is 69% at the end of August 2016. This training has been well evaluated by participants.

Mental Health Training

The Mental Health Coordinator (MHC) continues to provide training to staff on the Mental Capacity Act, the Mental Health Act, mental health disorders, stigma, and the processes in place within the hospital to ensure good patient care. The MHC provides training to Emergency Department (ED) Senior House Officers, ED Middle Grades and Health care assistants at induction. In 2016 the MHC secured a mental health training day for ED nurses, allocated two mental health champions in ED and is working with ED practice educators for them to be able to provide teaching for staff. In May 2016 our staff attended a 136 protocol interagency workshop; the MHC was a panel member.

Allegations and Safer Recruitment training

A bespoke training programme for investigating safeguarding concerns and allegations for 11 senior managers was designed and delivered, April 2016. 66 staff have received Safer Recruitment training in the last 2 years. This was reviewed against lessons learnt from Saville and Bradbury. Work is underway to determine the number of managers (numerator) who should receive Safer Recruitment training.

Conflict management training and training in physical restraint

Security Staff are trained in physical restraint; in February 2016 all achieved their qualification in Caring Intervention level 3 Control and Restraint. Conflict management training is available and mandatory for all clinical staff and includes breakaway techniques. This training has been reviewed to ensure that a range of trainings and delivery methods appropriate to different specialty staff needs are available. This includes understanding of the application of the Mental Capacity Act. Restraint and treatment is discussed in Level 1 adult safeguarding training and Level 3 child protection training.

Transition training

Transition of young people to adult services is an area of focus for the safeguarding team during 2016/17. Training for the Ready, Steady, Go! Transition toolkit. Transition Awareness training and RBFT Transition Plan, training will be delivered as part of the CQUIN in 20161/7

Learning Disability

A DVD shown at core induction, there are raising awareness sessions for RNs and HCAs as part of nurse/HCA induction. A communication session is delivered on 1:1 day for care crew teams. LD awareness is included in junior doctor induction

Ongoing Challenge/Risks:

- **Training all of our staff in all aspects of safeguarding**
- **Consistency of knowledge and application in practice of the Mental Capacity and Mental Health Acts and Deprivation of Liberties Safeguards**

Safeguarding Audit

A comprehensive self-audit has been completed for the CCG in September 2016. The audit is RAG (Red, Amber, Green) rated; there are 8 "amber" areas for improvement in 2016/17. The other 42 areas are green for compliance. Programmes of work and/or action plans are in place for each amber.

Additionally the Safeguarding Team coordinates an agreed audit program that includes single and multiagency audits monitored through our internal governance systems and the quality and performance sub groups of the LSCBs and SAB.

Safer Recruitment and Allegations Management

Key Achievements
- A full and thorough review of the Managing Safeguarding Concerns and Allegations Policy has been undertaken.
- Design and delivery of specific Managing Safeguarding Concerns and Allegations Training Programme.
- Regular review of live concerns or allegations to ensure appropriate and timely management of cases.
- Action plan in relation to recommendations from the NHS Lampard/Savile report, completed in June 2016. As a result governors are now Disclosure and Barring Service (DBS) checked. DBS checks for all volunteers are undertaken as part of their pre-employment check. Staff requiring DBS checks on a 3 yearly basis have been reviewed and prioritised. These checks will commence in Quarters 3 and 4 2016/17 as resources allow.
- A gap analysis and action plan against the lessons learnt following the Myles Bradbury case (October 2015) at Cambridge University Hospitals NHS Foundation Trust has been completed. This included a review of our Chaperoning Policy. A presentation to raise awareness of the case and learning from it was circulated through specialty clinical governances and to all out patient departments in June 2016.

Summary of Cases

In the financial year 2015/16 a total of 11 allegations were made; 3 relating to children and 8 relating to vulnerable adults. Over the same period a total of 5 concerns were raised; 2 relating to children and 3 relating to vulnerable adults. All bar 3 of the allegations/concerns related to Trust employees; the other related to a student, a volunteer and an agency worker. One of the allegations related to historical issues. In comparison with the previous year the number of allegations increased from 8 to 11 and the number of concerns rose from 4 to 5.

Key Areas of Work for 2016/17
- To ensure that concerns/allegations lessons learnt exercises are conducted as cases close.
- To review the Recruitment and Selection Policy.
- To review the content of the Safer Recruitment Training Programme and the number of staff to be trained.
- To agree a process for the review of 3 yearly DBS checks for staff/volunteers.

Ongoing Challenge/Risks:

- **Capacity which has prevented the lessons learnt exercises following concern/allegation investigation being undertaken.**
- **Capacity to release clinical managers to undertake safer recruitment training**
- **Affordability/resource implications of implementing 3 yearly DBS checking**

Child Protection and safeguarding

Key achievements

- CQC report following a review of health services for children looked after and safeguarding, in Wokingham, May 2016 described RBFT leadership and management of safeguarding activities as strong with clear governance and accountabilities, with good engagement by senior managers and safeguarding staff in the work of the LSCB.
- The Named Nurse continues to meet regularly with partner agencies, where good strong relationships develop and feedback on our service has been invited and valued.
- An audit of the process for children who are not brought for health appointments demonstrated this was being followed and used effectively in all specialties.
- The annual audit of child protection referrals to Local Authorities identified staff referring appropriately, engaging with child protection thresholds, demonstrating more confidence in raising concerns and using more effective information sharing.
- New pathway process for notifications to Heath Visitors and School Nurses for children who attend ED agreed with BHFT following decommissioning of CH-IS in primary care, this will audited by December 2016.
- Level 3 Multi-agency Child protection training has been embedded, delivered and has adapted to the changing safeguarding environment. Partner agencies teach on the day and are invited to participate. The evaluations have been positive.
- RBFT was an active participant in 2 partnership reviews with Reading LSCB. Learning has been disseminated through the Trust.
- A pilot of a CAMHS Urgent Response Service has been commissioned, is fully recruited to enable 8-8 Mon-Fri; 10-6 Sat and Bank holidays plus in place from September 2016
- Following the establishment of a task and finish group the monthly audit of young people attending adult ED with mental health issues being discussed with Children's Social Care has improved.

Fig 1: referrals to local authority per month 2015/16 from RBFT:
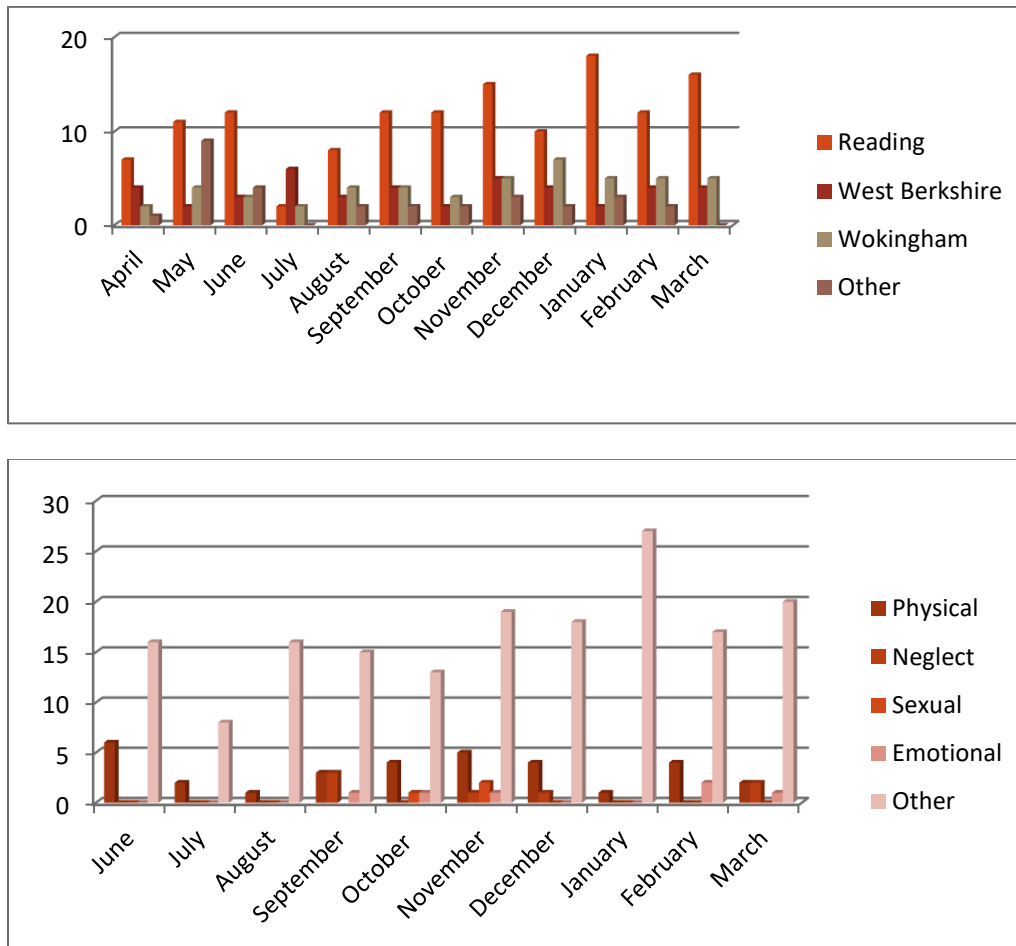
Figure 2: Referrals by category of abuse per month 2015/16 from RBFT

"Other" abuse is child protection referral for risk factors such as mental health concerns, domestic abuse, substance misuse, Female Genital Mutilation (FGM) and parenting concerns.

Key Areas of Work for 2016/17

- Continue working with Information Management and Technology (IM&T) Services to ensure Child Protection Information Sharing (CP-IS) is fully integrated into EPR. September 2016 major upgrade of EPR will allow our electronic patient record to link directly with CP-IS when it is introduced.
- Named Midwife and Named Nurse for Child Protection undertaking qualitative research to understand staffs' knowledge of child safeguarding with reference to the competences set out in the Intercollegiate Document (2014).

Ongoing Challenge/Risks:

- **The numbers of children and young people with mental health problems at risk from self-harm and suicidal ideation attending ED have risen in the last year**
- **A rise in the number of < 16s being admitted to the paediatric unit and 16/17 year olds to ED Observation Bay, Acute Medical Unit or Short Stay Unit requiring admission to Tier 4 Child and Adolescent Mental Health Service bed and delayed in the Royal Berkshire hospital**
- **The Trust does not have an adolescent or young person inpatient facility so that young people aged 14-18 years are either admitted to a paediatric or adult ward.**

Maternity Child Protection

Key achievements

- Kick clinic continues to provide an improved service for Reading maternity patients who misuse substances. It is an opportunity for patients to access maternity care and complete key-work sessions with staff from the iRiS partnership (adult drug and alcohol treatment service, Reading) who also contribute to the vulnerable pregnancy meetings chaired by Named Midwife for Child Protection.
- Multiagency vulnerable pregnancy meetings have an agenda which is sent securely to agencies prior to the meeting so they can bring proportionate information. From April 2016 professionals from Reading Multi-Agency Safeguarding Hub (MASH) have attended.
- A safeguarding supervision guideline developed by the Named Midwife for Child Protection has been approved and implemented. The Named Midwife and Poppy Team midwives are offered supervision at least every 3 months. The Named Midwife has formally moved to join the safeguarding team and is co-located with them.
- Attendance at Child Protection Conferences for unborns has remained high throughout the year despite pressure on staffing within community midwifery. There were 67 child protection conferences held for unborn babies and 54 (80.6%) of these were attended by a midwife. There were 57 babies born whilst subject to Child Protection Plans between April 2015 and March 2016.
- Flagging of electronic records is in place for women who have an unborn baby subject to a child protection plan and for high risk victims of domestic abuse. Alerts 'pop up' when a patient's records are accessed; staff have to acknowledge this before returning to the patient record. Multi-Agency Risk Assessment Conference (MARAC) flags for residents of Reading, West Berkshire and Wokingham are used for all high risk victims for six months after they were last discussed at MARAC an information sharing forum for the highest risk domestic abuse cases.

Key Areas of Work for 2016/17

- Establishment of the Poppy Team is increasing which should improve access to this service for local women particularly in West Berkshire. Community midwifery services have been reviewed providing a more streamlined management structure. Working patterns will be reviewed over the coming year to ensure services are able to adapt to meet patients' needs.

- Named Midwife for Child Protection to consider setting up group supervision/ reflective sessions for ward staff to facilitate level 3 updates and provide regular updates.

Ongoing Challenge/Risks:

- **Maintaining compliance/ staff competence for Level 3 Safeguarding Children Training**
- **Capacity of the Named Midwife to provide 1:1 supervision for increased Poppy Team and group supervision for other staff groups and newly qualified midwives.**
- **Significantly increased load now all three local authorities in Berkshire West hold a DARIM (Domestic Abuse Repeat Incident Meeting) alongside MARACs.**

Looked After Children (LAC) Initial Health Assessments

The RBFT was commissioned to provide the Doctors to run Initial Health Assessment (IHA) clinics in 2014. The clinics have the capacity to see 6 children in 2 clinics per week. In April 2016, we took over providing the administration and chaperoning of IHA clinics from BHFT.

Statutory Requirement

The Initial Health assessment should result in a health care plan being available at the time of the child/young person's first LAC review (28 days).

Key achievements
CQC report following a review of health services for children looked after and safeguarding, in Wokingham, May 2016 described our IHAs and healthcare plans for children placed within area as 'of a good standard'.

Key Areas of Work for 2016/17
Continue working with partner agencies to have shared data, information and understanding of issues for individual children coming into care to report to Corporate Parenting Boards

Ongoing Challenge/Risks:

- **Performance against statutory requirements**
- **Timely IHAs for Out of Area children (placed by our LAs in other areas)**
- **Poor quality IHAs from other areas**
- **Fluctuation in numbers of LAC**
- **Numbers of Unaccompanied Asylum Seekers coming through Kent to be distributed across local authorities**
- **Timely notification from Children's Social Care (CSC) and receipt of British Association for Fostering and Adoption (BAAF) forms and consent**
- **Data validity and conformity between CSC, RBFT and Berkshire Healthcare Foundation Trust (BHFT)**

Female Genital Mutilation (FGM)

The Trust had an FGM task and finish group during 2015/6 led by Dr Ann Gordon (Named Doctor for Child Protection). The group ensured that the Trust was complaint with mandatory reporting of FGM to the Health and Social Care Information Centre (HSCIC). All processes and guidance are on a new intranet page (Clinical Care/F/Female genital Mutilation).

Due to the adverse impact that FGM has on the physical and emotional health, safety and wellbeing of girls and women, it was identified as an area for priority work by the three Local Safeguarding Children Boards in the West of Berkshire. A sub group of the LSCBs was established and RBFT had representation on that group. A launch event of the work and updated guidance and support documents can be found on their website. Work is planned for 2016/17 to explore commissioning a clinic in the Reading area following the model of the Oxfordshire Rose clinic.

Child Death

49 deaths of Children and Young People < 18 years were reported to the Berkshire Child Death Overview Panel (CDOP) in 2015/16. 17 of those deaths were unexpected where 'the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which led to the death'.

22 Children and Young People < 18 years resident in Berkshire West died 01/04/15-31/03/16
- 7 neonatal deaths due to extreme prematurity, chromosomal, genetic, congenital anomalies
- 6 expected due to chronic medical conditions, chromosomal, genetic and congenital anomalies or malignancy
- 1 expected child death waiting to go to inquest and CDOP
- 8 unexpected child deaths

Rapid Responses were initiated for all unexpected child deaths and for the case of a still birth where the baby was born unexpectedly at home. The 2015-16 Rapid Response audit demonstrated good multiagency practice in the quality of the services offered to children and families in Berkshire West, following the unexpected death of a child.

Coroner classification/CDOP category:

- 0 deliberately inflicted injury, abuse, neglect, suicide, deliberate self-inflicted harm
- 1 trauma and other external factors – 2014/15 presented in 2015/16
- 1 malignancy
- 0 acute medical or surgical condition
- 3 chronic medical condition, chromosomal, genetic & congenital anomalies
- 1 perinatal/neonatal event
- 2 Sudden Unexpected Deaths in Infancy (SUDI) – one 2014/15 presented 2015/16
- 1 death classified by the Coroner but not yet reviewed by CDOP
- 1 death waiting to go to inquest

Key achievements from Rapid Response audit and CDOP case review include:

- The Rapid Response Protocol for Unexpected Child Death reviewed regularly to include learning from individual cases to better support frontline practioners in all agencies
- Training about CDOP and Rapid Response process delivered to Reading Children Social Care Team Managers
- Learning from the Warwick Training Programme in Unexpected Child Deaths has been disseminated and influenced practice
- Building on previous work - continuous learning and quality improvement about the early recognition of neonatal & paediatric sepsis and escalation in all settings
- Out of area death following 2013 Reading Festival, inquest conclusion natural causes, a rare metabolic disorder (MCAD), led to learning and festival medical facilities improvement
- Multiagency case review meetings arranged for all cases has improved learning opportunities
- Unexpected deaths child deaths where there was contact with acute health services were reviewed at a Paediatric Morbidity & Mortality and unexpected full term neonatal deaths were reviewed at a Neonatal Morbidity and Mortality meetings
- Where concerns were identified about practice by an NHS health service providers the case was considered against Serious Incident Requiring Investigation (SIRI) criteria – 0 reported
- Where any case did not reach SIRI criteria local root cause analysis (RCA) investigations conducted for learning – 1 RCA has been completed and submitted to the Coroner.
- One Youth Offending critical learning review completed presented to the LSCB case review sub group and submitted to the Coroner.

Modifiable factors identified for learning and improvement included:

- Antenatal steroids and neonatal temperature
- Smoking, co-sleeping, alcohol, prone sleeping, low birth weight
- Previous domestic violence and other safeguarding concerns
- Medical procedure regarding intubation

Characteristics within families that put children at greater risk identified:

- Overcrowding, multiple siblings, animals
- Deprivation, parents unemployed and on benefits
- Elective Home Education
- Vulnerable teenage mother
- Prematurity

Ongoing Challenge/Risks:

- **Provision of joint home visit and immediate family support – unexpected death**
- **Quality of life issues for children with complex/chronic conditions**
- **Berkshire wide approach to SUDI protocol update**
- **Supporting schools following an unexpected death**
- **Knowledge, skills, competence and confidence of multi-agency frontline managers and practioners who rarely encounter unexpected child death**

Sexual Health

- Clinical delivery in the hub at 21a Craven Rd provides open access from 7am – 7pm Mon to Fri and Saturday mornings. There are satellite clinics in Thatcham and Wokingham.
- There are 10 specific outreach clinics for young people across the three LA's of Berkshire West, provided in educational and non-educational settings. Staff work with multi agency partners to deliver holistic care from these venues.
- Expanded outreach team to include a specialist outreach nurse for boys and young men.
- 2015 – 16 the outreach posts dealt clinically with 214 vulnerable cases who would otherwise not have accessed mainstream delivery.
- Designated sexual health outreach nurse for young people and nurse consultant have the lead roles in managing CSE issues. The outreach nurse is the key front line member of staff exposed to, and dealing with, operational issues and the clinical care of young people affected by, or at risk of CSE.
- Safeguarding process - all young people under the age of 16 (and anyone under 18 with vulnerabilities identified during history taking) have a full safeguarding assessment carried out at time of consultation. Work undertaken to update the assessment tool in line with best practice. This included consideration of young people's views on the clinical approach to information gathering and recognition of their desire for a 'conversational approach' and 'enquiring tone' to be adopted to enable wider conversations. The assessment tool has been rolled out across the Trust.

Key achievements
Child Sexual Exploitation (CSE) information sharing and governance
- Provision of equal input across all three Berkshire West local authorities which involves:
  - Preparation for and monthly attendance at each of the CSE operational group meeting in all 3 unitary authorities.
  - Attendance at each locality strategic group meeting, approx. every 3 months.
  - Attendance at CSE workshops, review meetings, audit and challenge meetings
- Internal CSE Information Sharing processes have been finalised used to guide practice.
- The arrangements for the exchange of information, Information Sharing and Assessment Protocol, embedded within Berkshire Child Protection Procedures to which all LSCB statutory partner agencies, including the RBFT are signatories

- Work undertaken by the CSE task and finish group has been completed. CSE is now embedded into the Trust Child Protection Clinical Governance agenda as a standing item
- A thematic review in readiness for any OFSTED inspection has been undertaken and shared with all LSCB CSE strategic groups.

Ongoing Challenge/Risks:

- **Management of CSE continues to be a challenge in relation to capacity**
- **Review of Berkshire Information Agreement not yet approved by all LSCBs**

Safeguarding Adults

Key achievements

- Safeguarding (adults) clinical governance has been established this year and the safeguarding team welcome three new medical clinical leads one from each care group.
- Safeguarding concerns are now raised via the Datix incident reporting system this assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns
- As a result of learning from a Safeguarding Adult Review (SAR) the fire service has provided training and information concerning referrals for assessments as part of safe discharge planning an Occupational Therapists (OT) and is working with a volunteer from the fire service who comes in to Elderly care once a week to pick up referrals, there is a plan to extend
- The Lead Nurse adult safeguarding is part of the review team for two current SARs

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

One of the key findings of the CQC inspection published in June 2014 (http://www.cqc.org.uk/location/RHW01/reports) highlighted that knowledge of the Mental Capacity Act was not sufficient. The CQC recommended that the RBFT must "increase staff knowledge of Deprivation of Liberty Safeguards (DOLs) and the Mental Capacity Act (MCA) through necessary training to improve safeguarding". The safeguarding team has worked with support of the CCG to improve staff knowledge and competence around the MCA and DoLS. The number of DoLS applications is a key performance indicator report to the CCG as part of the Quality Schedule and in the integrated Board report monthly.

Fig 3: Deprivation of Liberty Safeguards applications for 2015/16.
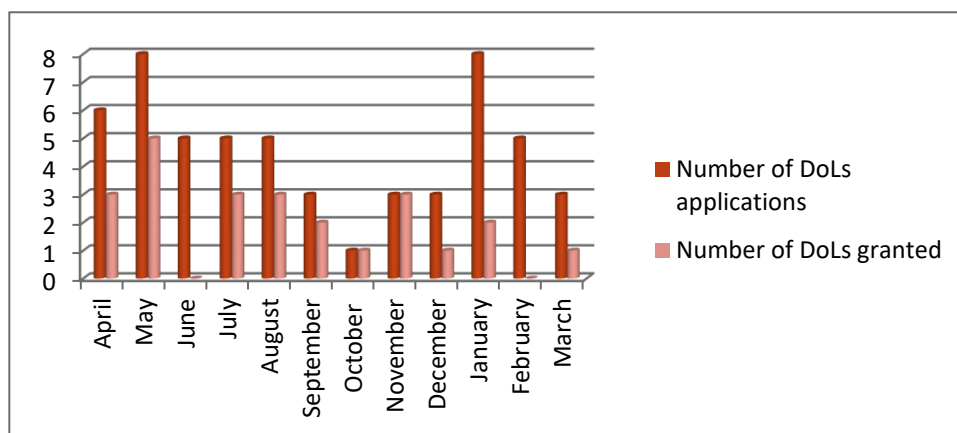
Adult safeguarding concerns

All concerns raised by our staff about potential harm or abuse outside of the Trust are reviewed by the local authority and if necessary investigated through the Safeguarding process.

There is a fact finding exercise carried out by the Safeguarding Nurse (Adults), if substantiated they are passed to the local authority, approx. 50% are due to pressure damage, in the majority of cases there is poor discharge documentation.

Concerns reported within the Trust are investigated under our Managing Safeguarding Concerns and Allegations Policy.

Fig 4: Adult Safeguarding alerts raised in 2015/16

	Concerns raised by the Trust where harm occurred outside the Trust.	Concerns raised against RBFT	Concerns reported by RBFT where harm alleged to have occurred within RBFT
April	7	1	0
May	11	0	1
June	10	2	1
July	16	3	0
August	20	1	1
September	20	3	1
October	25	2	1
November	17	2	1
December	22	6	4
January	24	1	1
February	19	2	0
March	26	9	0

Prevent (anti-terrorism)

There was 1 possible Prevent concern discussed with outside agencies related to a patient. Appropriate action was taken there was no further involvement or action for the Trust.

Ongoing Challenge/Risks:

- **Year on increase in activity for vulnerable groups with multiple co-morbidities and complex psycho-social problems**
- **Elderly patients living with dementia delayed in hospital**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act and DoLS**
- **Supporting patients and the staff caring for them where there is homelessness or other external service/resource issues beyond our control**

Mental Health Service Provisions

Activity

Activity data provided by the RBFT ED department shows that on average 250 people per month attended with a primary mental health presentation in 2015/16, 56% were subsequently admitted. This sharp rise from the previous year (in 2014/15 admissions were approximately 28%) has been attributed by the CCG to the use of the ED Observation Unit.

Monmouth Mental Health Activity within the ED Observation Unit Audit October 2016 showed:

• 48% of mental health patients were high complexity/resource intensive

• 10% of the mental health patients had a LOS of 2+ days. - 'These tend to be patients that are in crisis (psychotic, manic, suicidal or self-harming) which require psychological assessment and treatment, continuous observation and sometimes one-on-one care.' 'mental health patients staying in the unit longer than for a day due to delays in onward referral/discharge planning and to difficulties with coordinating social care packages outside of the hospital'.

• The overall review highlighted a number of wider system issues across mental health services and their configuration within the Berkshire area

• Some of the key system issues observed indicate a need to review services and staff resourcing in order to:

1. Better meet mental health patients' needs in the community and avoid admissions to A&E and the Observation unit for patients in crisis who could be better cared for under specific mental health services

2. Assist RBFT to be better equipped/resourced to meet the high influx of mental health patients attending A&E – various system/pathway configurations and staffing options could be explored.

South Central Ambulance Service (SCAS) activity data 1st February – 30th July 2016 showed:

Royal Berkshire Hospital (RBH) received 202 mental health patients; Wexham received 62 and Frimley 23 by ambulance from the 7 Berkshire CCGs. The RBH appears to receive considerably more patients from Berkshire than other acute trusts.

Fig 5: Mental Health presentations to ED 2015/16
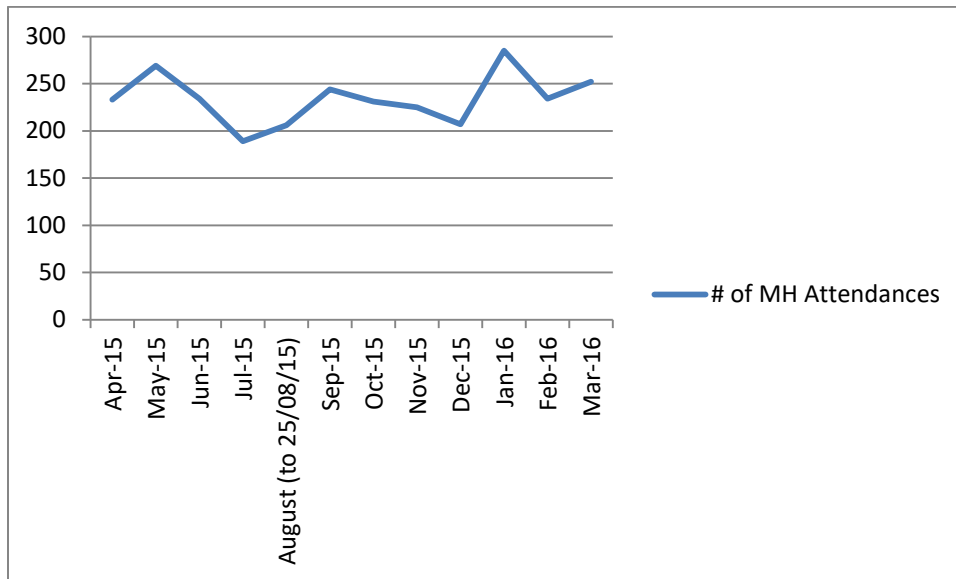
Fig 6: Mental Health presentations to ED April – September 2016 including security man hours
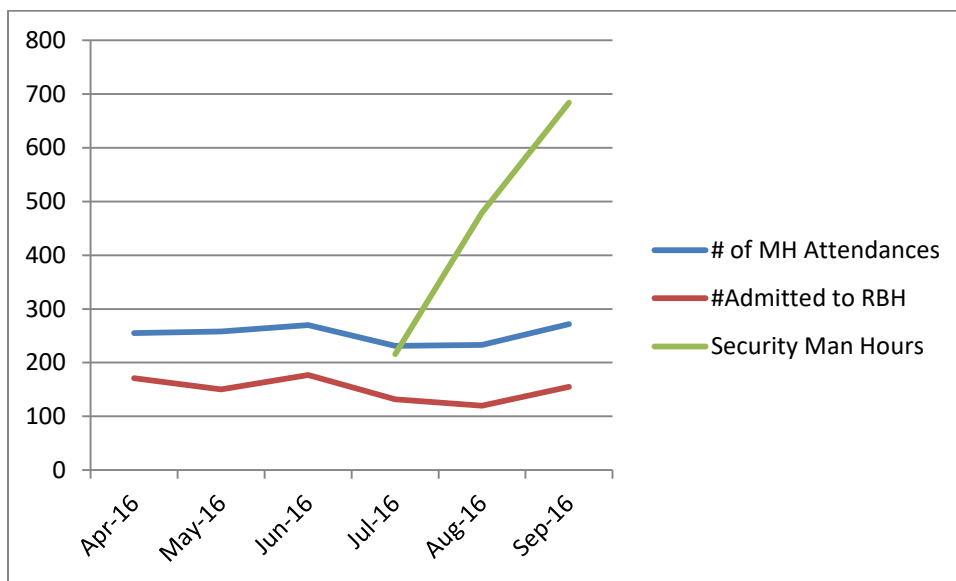
Mental Health Act Detentions

There were 12 patients detained under the Mental Health Act to the Trust during 2015/16, in comparison to 32 detentions the previous year.

NB whilst a number of these patients were detained to the RBH as they required treatment for both their mental and physical disorder, there were a number of patients who had no physical disorder and were awaiting a mental health placement.

Key achievements

Liaison Psychiatry in A&E – Psychological Medicine Service (PMS)

There continues to be a high level of support for patients presenting with mental health needs. The team works collaboratively with the Emergency Department (ED) staff to ensure that those with mental health needs are adequately assessed, treated and signposted as necessary. ED and PMS attend weekly operational meetings in order to achieve a collaborative way of working.

Older People Mental Health Liaison and PMS

The OPMHLT became part of the PMS earlier this year together they continue to deliver high standard assessments across the hospital.

Suicide and Self Harm Prevention

The Suicide and Self Harm Prevention Group and action plan works towards a zero tolerance of suicide attempts within the Trust. The group has been instrumental in:-

- Overseeing the Trust wide roll out of the ligature audit
- Drafting the paper that gained Executive approval for funding for compliance works to the multi-story car park
- Regular audits of the Adapted Australian Triage Tool (AATT)
- Working alongside the Samaritans who now provide support within the ED, as well as training for hospital staff
- Development and approval of the Mental Health Policy and associated guidelines

The Mental Health Coordinator attends the Suicide Prevention and Intervention Network, a nationwide network aims to work collaboratively across the Thames Valley to create and support local suicide prevention plans and strategies led by Public Health/CCGs/H&WBs.

Section 136 of the Mental Health Act Audit

The Police can use a section 136 to take a person to a place of safety from a public place if they assess that they have a mental illness and are in need of care. A place of safety can be a hospital. The section 136 can last for up to 72 hours. Correct procedures need to take place including: a S136 form being completed by police; the S136 being recorded on the Electronic Patient Record (EPR); a report being received by the Mental Health Coordinator (MHC) from Thames Valley Police (TVP)

There continues to be some discrepancy between the monthly figures that TVP report to us, and the completed forms and records of S136 reported on EPR.

Reattenders project and follow up clinic

The MHC has worked successfully with BHFT and other agencies to develop client case management plans for top 20 reattenders to reduce the number of unnecessary visits to the RBH. BHFT data demonstrating reductions in Quarter 3 & Quarter 4 of 48% and 52% is encouraging, frequent attenders make up 1% of patients attending ED.

Berkshire Mental Health Crisis Care Concordat

The Trust contributes to and to date has delivered all improvements in care on time. The key areas of focus for 2016/17 are:

- Review the mental health training needs analysis.
- Review the resilience of Trust security arrangements to manage the consistently high number of patients with a mental health disorder who are triaged as a red risk.
- To look at the needs within maternity for training and support.
- Review of the Suicide Prevention action plan, this will include any outstanding actions, incidents/near misses during 15/16, and the ligature audit to be undertaken.
- Agree and approve the Mental Health Policy and associated guidelines.
- Work with the BHFT PMS to ensure continuous improvement in patient/staff experience, patient safety and outcomes.
- To ensure that a governance system for patients that have been 'flagged' on the electronic patient record system and have a crisis/admission avoidance plan is in place

Ongoing Challenge/Risks:

- **No reduction in the number of mental health patients of all ages presenting to ED and being admitted, increase in complexity**
- **Lack of robust community services for patients who are in crisis, leading to individuals attending ED with no physical health needs**
- **Shortage of beds in mental health hospitals, patients being delayed in the acute setting**
- **Will lead to an increase in number of patients detained to Royal Berkshire Hospital under the Mental Health Act**
- **Shortage of Approved Mental Health Professionals (AMHPs)**
- **Risk of errors on out of hour section papers, due to staff's lack of expertise and knowledge of the MHA, increasing the likely hood of a patient appealing**
- **Capacity of the security services and nursing teams to provide a safe environment for high risk patients**
- **Increase use of rapid tranquilisation protocol to manage challenging behaviour**
- **Increase in absconders, self-harm and suicide attempts**

Learning and Complex Disabilities

There were 315 in-patients with learning and complex disabilities supported during 2015/16. Very few patients required no input at all and a number of patients required significant input. Those who are having planned medical interventions often require input from the Learning Disability Coordinator (LDC) prior to admission. The LDC provides support to hospital staff involved with the patient who request advice with strategies in order that the patient receives the most effective care and best outcomes.

Key achievements

Patient experience

The LDC represents the Trust on the Learning Disability Partnership Boards (LDPB) and the LDPB health sub groups for Reading, Wokingham and West Berkshire. The presence of the LDC at these meetings is valuable in terms of people using our services and their carers feeling able to discuss issues that have affected them when they have been patients. It is also useful for people to discuss concerns they may have before coming to hospital.

The Enter & View team, part of Reading Healthwatch, continues to visit the Royal Berkshire Hospital every 3 months or so to talk with in-patients with a learning disability about their experiences. The team consists of two people with a learning disability and a supporter.

The Enter & View team participated in the Patient Standing Conference in November 2015. They presented their findings using a paper roll and lively explanations to describe the experience of patients with a learning disability. The group had identified that very few staff are able to communicate with patients using sign language.

Two members of the Wokingham LDPB came to the hospital in September 2015 to do some filming with medical photography for a DVD to illustrate what it was like coming to hospital to have an x-ray. The DVD can be shown to people with a learning disability who might be anxious coming to hospital and it is hoped to make more films featuring a variety of departments.

A patient with a learning disability has been involved in filming for the Quality Time Research Project which is looking at patient experience in ED. The patient described the positive care she had received in ED and compared that with some poor communication. The LDC supported the patient to enable her to take part.

Familiar carers

RBFT continues to fund 1:1 familiar carers for in-patients with a learning disability who require that level of support to make them feel less anxious and more likely to comply with medical and nursing interventions in the hospital environment. Social care will not fund this type of support when an individual is in hospital as their responsibility for funding only applies to people who have been assessed as eligible for funding at home or in the community.

Audit of the use of 'Information about me' folders in Acute Medical Unit (AMU)

A snapshot audit was in AMU during February 2016 which highlighted that 'Information about me' folders were not routinely being given to the carers or family members of patients with a learning disability to complete. As a result a large batch of folders was supplied to AMU and information flyers about the folders put up. The importance of using the folders about the unique needs of those patients with a learning disability is highlighted in every training session for Registered Nurses and Health Care Assistants. The audit will be repeated 2016/17.

Changing Places toilet

Work is now underway with the conversion of an existing toilet in a public area to a Changing Places toilet. A hoist and a changing plinth suitable for adults is incorporated into a Changing Places toilet so that disabled

people can be assisted by their carers in using the toilet and being changed. This has been funded by the League of Friends. The facility is expected to be completed by Christmas 2016.

Transition clinics

The LDC attends the neuro-rehabilitation transition clinics to meet young people and their parents who are about to start using adult services within the Royal Berkshire Hospital. This provides an opportunity to explain what they can expect in adult services and to reassure young people and their families that reasonable adjustments will be made for them. There are 3 -4 clinics each year.

Planned work for 2016 / 2017

Payment process for familiar carers needs to be redesigned in such a way that it is straightforward for staff in clinical areas and delays in payment are avoided.

Maintaining a high profile with the family carers agenda

Ongoing Challenge/Risks:

- **Year on increase in activity for this vulnerable group**
- **Patients with LD being delayed in hospital waiting for appropriate social care placements**
- **Affordability of funding familiar carers**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act, consent and best interest assessments**

Carers

A Trust Carers group was established in 2015/6. The purpose of the group is to improve the experience of visiting the Royal Berkshire Foundation Trust for carers. This includes when the person being cared for is admitted or attends an outpatient appointment or the carer themselves is the patient. During 2015/6 the group developed a charter, the carers orange booklet was updated, and a carer's survey initiated. Carer's week 2016 was marked at the hospital with a stand outside the staff restaurant all week. Orange booklets were given out to staff members and carers who passed the stand. From September 2016 the group has been led by the Head of Patient Experience.

Ongoing Challenge/Risks:

- **Staff awareness of the rights of carers, orange booklet and survey**
- **The Trust recognises that we need to improve the support we give to carers, this has been identified in our Quality Account for 2016/17**

Transition

In December 2015, a Lead Nurse for Transition (0.6wte) was appointed at the Royal Berkshire NHS Foundation Trust (RBFT) to carry out a 12 month pilot of the nationally recognised transition programme 'Ready Steady Go' in 2 cohorts of patients; diabetes and neurodisability. The post was funded by the Thames Valley Strategic Clinical Network (TVSCN) and formed part of a Thames Valley wide project to develop transition services for young people with long term conditions.

Key Achievements 2015/16

- Transition Policy and Guidelines complete (approved January 2016)
- Trust Transition Steering group has been established.
- Ready Steady Go (RSG) Pilot completed January 2016. Successful pilot with approx. 100 young people now on the RSG programme.
- *RBFT Transition Plan* developed by steering group to support RSG and encourage compliance with transition planning.
- Improved cross agency working for Special Educational Needs and Disability (SEND) transition services : following a pan-Berkshire joint agency conference in April 2016, representatives for adult and child social care, special schools and SEND local Authority teams have agreed to work together to adopt the principles of the RBFT transition pathway. This will mean young people with SEND will only have to navigate one transition pathway for all services.

Plan for 2016/17

Roll out RBFT Transition Plan and RSG to all of Paediatrics and adult services

The 'Ready Steady Go' pilot project ended in January 2016 and has been fully evaluated. The pilot involved hard work and determination on the part of the lead clinicians and good engagement from the transition steering group. There have been some challenges in implementing the new paperwork, however, throughout the project, the lead clinicians have been positive about developing their transition services and believe that rolling out the newly developed RBFT Transition Plan, would benefit their patients in the long term.

The transition nurse post continues to be funded by the TVSCN and has been extended to March 2017. The nurse will be spending the 1.5-2 days per week based at the RBFT working to embed the new RBFT transition plan and deliver training across the trust and the remaining 1.5-2 days working for the TVSCN to support 4 other trusts to develop their transition services (Oxford University Hospitals, Wexham Park, Stoke Mandeville and Milton Keynes). A Transition CQUIN has been agreed for 2016/17 which will ensure transition is embedded in practice for paediatrics and those specialties to whom children transition.

Ongoing Challenge/Risks:

- **Funding for the transition nurse post ends in March 2017**
- **Preparation, readiness and capacity to engage for Ofsted inspections of SEND**

Disabled Children and Young People

Dingley Child Development Centre provides multi-disciplinary specialist paediatric neurology/epilepsy and community paediatric services, a child protection medical service and initial health assessment service for looked after children resident in Berkshire West. They also provide tertiary services including assessment of visual impairment and spasticity and a botulinum service. The specialist paediatric inpatient therapy services are provided by the team based in Dingley. BHFT are selling the land where Dingley is located, it will need to be vacated early in 2017. Respite care for children with complex health needs is provided by BHFT at Ryeish Green in July 2016 they notified the CCG that they were no longer able to sustain provision.

Ongoing Challenge/Risks:

- **No arrangements for relocation of Dingley services**
- **No respite service would impact on children and families and lead to increased admissions and length of stay**

Risk Based Priorities for 2016/17

1. Continue working with partners to reduce unnecessary attendances to ED and delayed transfer of care for patients of all ages who have a mental health or learning disability but no physical disorder, this will include understanding demand
2. In line with the Care Act and the principles of Making Safeguarding Personal new evidence review our approach to ensuring the knowledge and competency of our staff in practice in relation to the Mental Capacity and Mental Health Acts, DoLS, best interest assessments and consent
3. Continue to working with our LSCB and SAB partners on multiagency priorities e.g. neglect, domestic abuse, initial health assessments for looked after children, emotional health and well-being of children, making safeguarding personal
4. Work with multiagency partners to understand demand and develop a disabled children strategy for Berkshire West including transition services
5. Review the current Safer Recruitment Training Programme and to commence the 3 yearly DBS checks
6. Further develop the carers work and strategy within the Trust
7. Review the capacity and resilience of the Safeguarding team in relation to work load and capacity to attend external meetings using a transformational approach
8. Review the safeguarding strategy and governance structures to ensure they are robust

Appendix1

Responding to feedback: Making Safeguarding Personal

The safeguarding team aim to ensure that it is responsive to feedback from both patients and colleagues. Feedback is collated from all training delivered and staff are keen to ensure that the voice of the adult or child is heard, both in training and through supervision.

Feedback about the Mental Health Coordinator

"The safeguarding team is a useful source of advice and professional support in dealing with safeguarding issues, but more recently in dealing with acute Mental Health patients and issues. Tanya has been pivotal in facilitating working relationships between ED and PMS and as a team I know that we value this support.

With her extensive ED background and MH experience she is able to understand the issues and complexities of some patients who attend ED and the issues when they managed in the ED and has been proactive in helping us with the strategies for on-going care.

She has also been very valuable in developing management plans for patients that can enable in-hospital services and community services to work more cohesively in providing suitable care for the patient and is often my first "port of call" when dealing with complex patients or delays for beds.
She has provided teaching for us in ED which I know the team found very useful, however as her role has developed it has been a challenge for her to manage this on an on-going basis."

Feedback on training

All safeguarding training is evaluated. The following were evaluations from level 3 CSE training: out of the 19 people who attended: 14 said session was "excellent" and 5 said it was "Good" Free text comments for "What I have learnt" included:

- "Examine more carefully, ask questions and listen".

- "Don't dismiss challenging behaviour as just being stroppy teens!".

- "Really useful session: reminds me what we are looking out for".

- "To use the proforma for questions".

- "Films were excellent in getting messages across".

- "Pay close attention to challenging teenagers".

- "Take time to listen to the young person".

Paediatric ward areas use "pants and tops" to encourage children to identify what is good and could be improved for clinical areas.
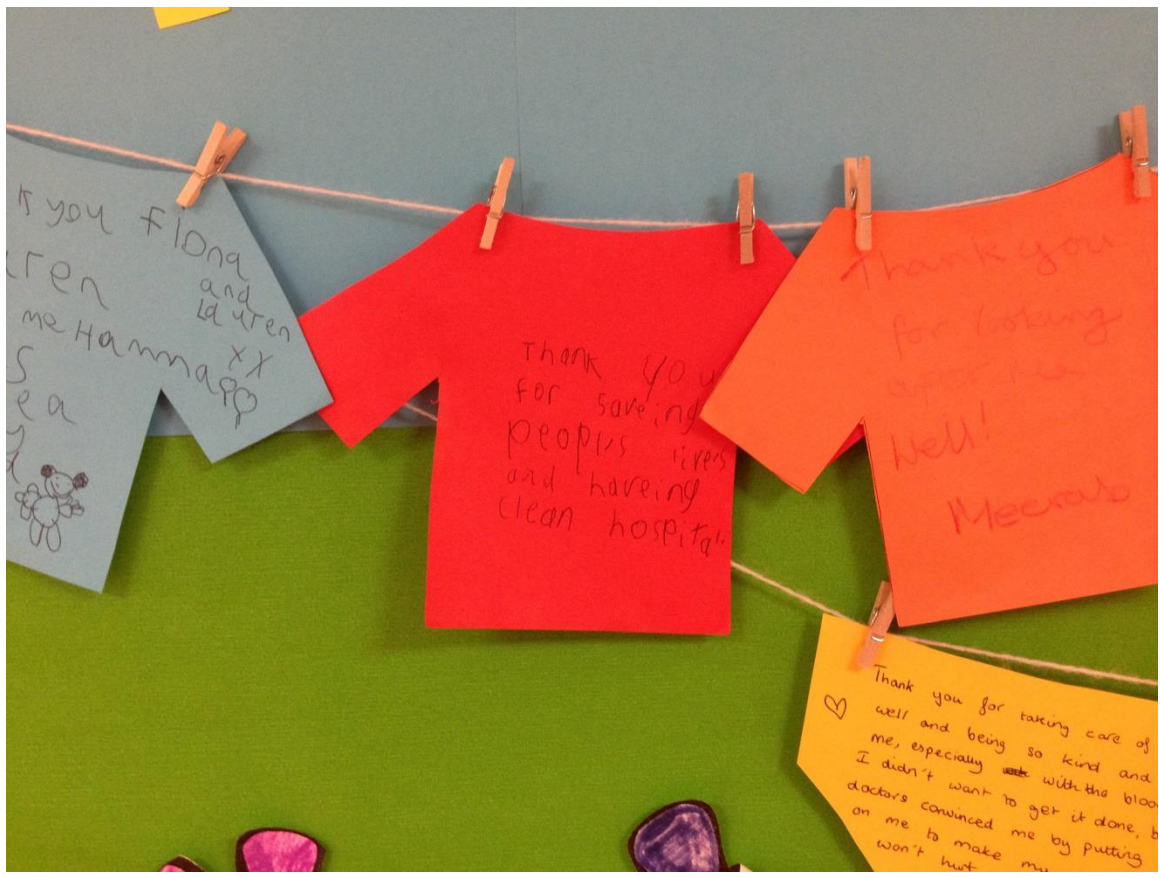
Patient Story

A new mum emailed the trust to thank the team for caring for her and her new baby. She has given permission for this to be shared [written as emailed].

My name is Samantha and I gave birth to a baby girl, named Emily, on the last 10th of October at 2:42 AM.
My experience at the hospital been amazing and has a huge impact in my life.. Personally I think has changed the life and future of my daughter and myself forever.. I been suffering abused by my husband over the last 3 years, in silence, with fear, thinking of surviving day by day.. Doing and saying what he wanted to hear and see, afraid of he could hurt me really badly.
The situation turned worst after I got pregnant. He never wanted this baby, he used to push me, insult me, taking all my money, bullying me, abused me no mercy.. Until the point to left me homeless nearly 8 months pregnant. When this

happened, his mother had me at hers for few weeks but like he was used to come around to argue and fight to me, she kicked me off too, saying if I wanted a healthy baby I should scape from him.

I hide myself, I did not have where to go, I was desperate.. Nearly to delivery and no place to stay. A friend rescued me and 3 weeks before Emily was born I moved in with her.

After I gave birth, that morning on the 10/10, around 7 o'clock in the morning, a lovely midwife, which I don't know her name, and I will give my life to know it, asked why my husband wasn't there. So I was honest to her and I speak up telling that he was a violent abuser.. She said I should report it, and I got scared, as I was used to living in fear, so I did try to stop it.. But this lady looked into my eyes and told me: "I must to do it, to protect your baby".. That moment was magic to me. I felt my blood running so fast! I understood my attitude should change, I was having my tiny baby in my arms and this gentle lady was the light in the end of the tunnel.

From that all staff was absolute wonderful.. Every single person I met, been concern and bringing all support and help, psychically, emotionally and making me feel safe and free.

I stayed in the Marsh Ward and I would love to give to you all name, which I don't have unfortunately, because you should be so so very proud of the hard work you do daily.

Once out from Hospital, with the Police, Berkshire Women's Aid and NSPCC involved I could put my baby and I in a better place, safe and far away from him.

In fact I presented at the Family Court in Reading a non molestation order and the judge made it and served to my husband.

But I got so much to do still. I just would like to ask if it's possible to get a copy of the report I did at the hospital, as my solicitor requested it to me.

I'm externally grateful for the integral caring, support and attention the staff brings, I can not say thanks enough..

You guys listened to me, believing on me and have changed my life.

I become a free person, enjoying my daughter, all full of love around, giving to her a peaceful and safe life, as every child who came to this world should have..

From NHS choices

"I came to A&E Tuesday evening which was mental health related and I was treated like any other physically unwell patient. I can't appreciate it enough of how well the professionals treated me. Thank you." Visited in December 2015. Posted on 09 December 2015

Safeguarding Adults
Annual Report
2015/16

CONTENTS

Executive Summary

2015/16 has been a busy year for the Safeguarding Adult service. It has managed an increase in numbers of concerns raised, number of S42 enquiries initiated and completed and a significant increase in the number of DoLS applications received and processed.

Despite this increase in activity the service has raised awareness of safeguarding across West Berkshire by developing and engaging with a Safeguarding Service User Group, delivering awareness sessions and hosting stands at events in the local community, participated in a peer review in which our partners, providers and staff played a key role and actively supported training opportunities provided by the West of Berkshire Safeguarding Adults Board.

The Safeguarding Adults Forum developed an action plan based on the priorities of the Safeguarding Adults Board.

1. Raising awareness of safeguarding adults, the work of the SAB and improving engagement with a wide range of stakeholders
2. Making Safeguarding Personal
3. Ensuring effective learning from good and bad practice is shared
4. Developing an oversight of safeguarding activity

The Forum has progressively worked through the action plan during this reporting year and has developed plans for 2016/17. The partnership working developed through this forum was recognised in the peer review carried out by ADASS into the safeguarding function. This forum continues to develop its role as the operational arm of the Safeguarding Adults Board for West Berkshire.

The Making Safeguarding Personal initiative continues to be promoted and embedded in practice through training and monitoring, with local data indicating improvements are being made.

Performance data analysis is carried out on a regular basis. Rigorous interrogation ensures there continues to be a grasp of both current and emerging issues. The impact of a proactive approach by the Care Quality team with local providers appears to be having a positive impact on the types of safeguarding enquiries and source of risk.

The service continues to strike a balance between daily operations dealing with incoming safeguarding concerns and applications for Deprivation of Liberty Safeguards authorisations with raising awareness of safeguarding.

Introduction

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care. It is now, as a result of the enactment of the Care Act 2014, a statutory responsibility for Local Authorities as well as the assessment and authorisation of Deprivation of Liberty Safeguards.

This annual report evidences the key quarterly measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising a new set of indicators and statutory reporting requirements for 2015/16, analysis of performance has developed comprehensively across the year to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

Networks, Boards and Forums

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. This includes the commissioning of Safeguarding Adults Reviews when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect. West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the local Clinical Commissioning Group. The SAB has produced its own annual report which can be viewed on its website www.**sabberkshirewest**.co.uk

The West Berkshire Safeguarding Adults Forum is the local operational arm of the SAB and consists of local partners signed up to address safeguarding matters specifically in West Berkshire. The forum produces an action plan annually drawn from the priorities set by the SAB. For 2015/16 those priorities were:

1. Raising awareness of safeguarding adults, the work of the SAB and improving engagement with a wide range of stakeholders
2. Making Safeguarding Personal
3. Ensuring effective learning from good and bad practice is shared
4. Developing an oversight of safeguarding activity

In order to achieve those priorities a number of objectives were developed into an action plan and delivered by forum members.

The Service User Safeguarding Forum was formed in 2015/16, the development of which was a key objective of the Safeguarding Adults Forum action plan. This group, made up of service users with an interest in safeguarding, meet quarterly.

Volumes and Performance

Safeguarding activity

Concerns and enquiries

There were 767 safeguarding concerns received in 2015/16. The number of concerns has increased for the last couple of years. In some cases it is sufficient for the Local Authority to note the concern with no further action required. Noting those concerns that require no further action enable the Local Authority to spot trends and monitor patterns across the District. Those that require greater scrutiny or input are opened as a S42 enquiry. We monitor the % of concerns that subsequently require a S42 enquiry. This is known as a conversion.

292 s42 enquiries were opened during 2015/16, with a conversion rate from concern to s42 enquiry of 38 %. This is an increase on previous years. The increase is attributed to better recording methods and greater awareness of the safeguarding process. During the reporting year West Berkshire worked closely with its partners in South Central Ambulance Service and Thames Valley Police to improve the quality of concerns raised. This improvement is partly reflected in the increase in conversion rate recorded.

Note the change in terminology as a result of the Care Act; alerts are now referred to as concerns, and referrals as enquiries.

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

Year	Alerts/Concerns received	Safeguarding referrals/s42 enquiries opened	Conversion rate of concern to s42 enquiry
2013-14	543	148	27 %
2014-15	601	207	34 %
2015-16	767	292	38 %

Individuals with safeguarding enquiries

Age group and gender

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last three years. The majority of enquiries continue to relate to older people - the 65 and over age group accounted for 66 % of enquiries in 2015/16. The majority of enquiries were related to female clients, 57 %, a continuation of a trend seen in the last 3 years.

Table 2 – 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	28 %	29 %	34 %
65-74	9 %	12 %	15 %

75-84	26 %	25 %	23 %
85-94	33 %	31 %	24 %
95+	4 %	3 %	4 %

Table 3 – Gender of individuals with safeguarding enquiries, 2015-16

Gender	2013/14 % of total	2014/15 % of total	2015/16 % of total
Male	41 %	38 %	43 %
Female	59 %	62 %	57 %

Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR). The majority of individuals had a PSR of Physical Support, 37 %, although this does represent a slight drop on last year's proportion. There was an increase in enquires where the individual has a PSR of Mental Health Support. The increasing number of those presenting to safeguarding with a PSR for memory and cognition, although the proportion of overall presentations has not changed, is indicative of a gradually ageing population locally.

Table 4 – Primary support reason for individuals with a safeguarding enquiry

Primary support reason	2014/15	% of total	2015/16	% of total
Physical support	77	44 %	100	37 %
Sensory support	3	2 %	4	1 %
Support with memory and cognition	48	27 %	78	29 %
Learning disability support	30	17 %	46	17 %
Mental health support	10	6 %	30	11 %
Social support	7	4 %	9	3 %
No support reason	0	0 %	0	0 %
Not known	0	0 %	5	2 %

Case details for concluded enquiries

Type of alleged abuse

Table 5 shows enquiries by type of alleged abuse in the last three years. Additional categories were added to the 2015/16 with the implementation of the Care Act 2014. Those additional categories were domestic abuse, modern slavery, self neglect and sexual exploitation (a derivative of sexual abuse/modern slavery and/or domestic abuse). It should be noted that more than one category of abuse can be attributed to any single concern as often incidents are complex and comprise of various elements.

The most common types of abuse for 2015/16 were for neglect and acts of omission, 22 %, and physical abuse, 19 %. Neglect and act of omission cases are attributed to the provision of care given either by a paid or unpaid carer. The category of physical

abuse also includes incidents where there has been a physical altercation between two or more residents in a domestic, care home or hospital setting.

Self neglect as a defined type has now accounted for 12% of cases into which enquiries have been made. This is reasonably substantive, and is broadly as predicted at the beginning of the year. It is worth noting the threshold set for a safeguarding intervention into a case of self neglect is relatively high, including consideration of mental capacity. Those cases not meeting the threshold are passed through to adult social care teams for screening and assessment.

The Care Quality team in West Berkshire has been very proactive working in partnership with providers locally to improve standards of care. The reduction in organisational abuse is considered to be an indicator of this proactive approach taken.

Table 5 – Concluded enquiries by type of abuse

Concluded enquiries	2013/14	2014/15	2015/16
Physical Abuse	66	51	74
Sexual Abuse	15	12	20
Psychological Abuse	41	44	66
Financial or Material Abuse	39	40	62
Neglect and Acts of Omission	59	73	85
Discriminatory Abuse	0	1	0
Organisational Abuse	14	10	7
Domestic Abuse	-	-	28
Sexual Exploitation	-	-	1
Modern Slavery	-	-	0
Self-Neglect	-	-	44

Figure 1 – Type of abuse 2015/16
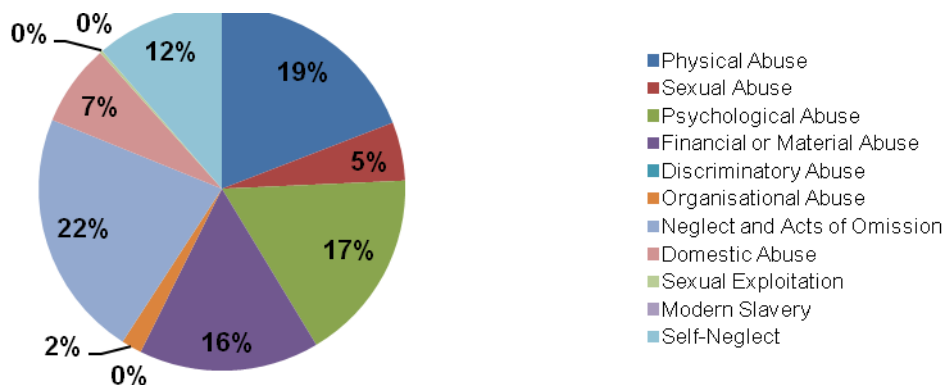
Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place were a person's own home, 66 %, and a care home, 17 %. A person's own home consistently remains the place in which an abusive incident is more likely to occur. This demonstrates the continual need to raise awareness of safeguarding amongst all sectors of society and improving mechanisms to report those incidents.

Table 6 – Location of abuse

Location of abuse	2013/14	2014/15	2015/16
Care home	31	41	45
Hospital	2	3	14
Own home	72	98	172
Community service	9	11	6
Other	8	14	23

Figure 2 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, 73 %, the source of risk was an individual known to the adult at risk.

Figure 2 – Concluded enquiries by location of alleged abuse and source of risk for 2015/16
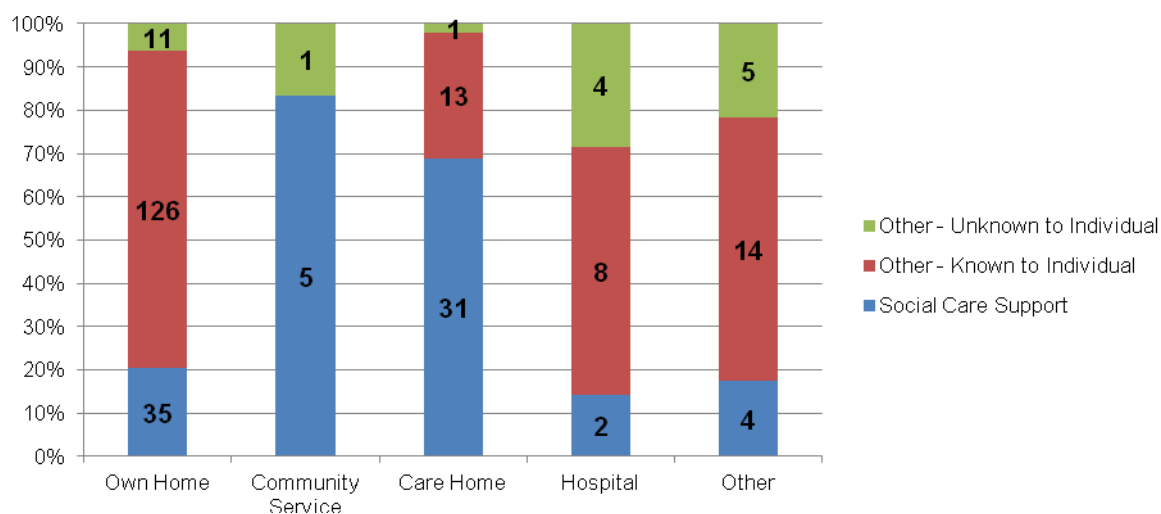
Source of risk

The majority of concluded enquiries involved a source of risk known to the individual. The social care support category refers to any individual or organisation paid, contracted or commissioned to provide social care. Figure 3 demonstrates those sources of risk captured.

Whilst 30% of source of risk attributed to the provision of social care support remains of concern the pro active provision of support from the Care Quality team gives some assurance that issues which could result in a safeguarding enquiry in such settings are being addressed at an early stage.

Figure 3 – Concluded enquiries by source of risk
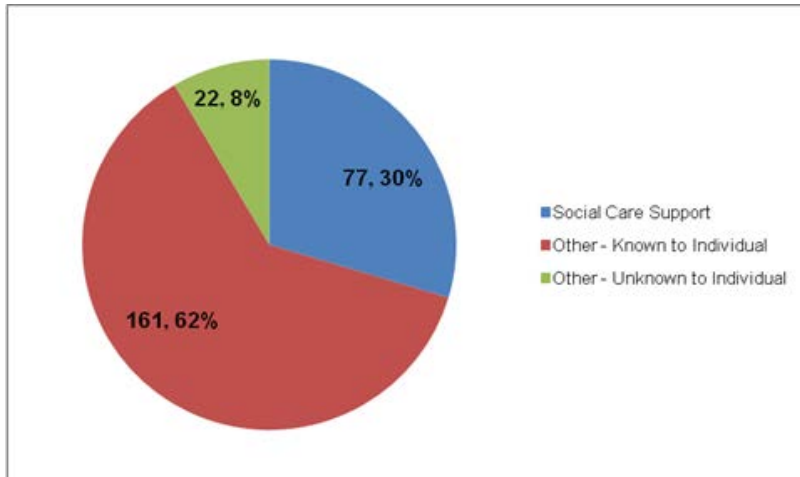
Action taken and result

The table below shows concluded enquiries by action taken and result for the last three years.

Table 7 – Concluded enquiries by result

Result	2013/14	2014/15	2015-16
Action Under Safeguarding: Risk Removed	6	11	88
Action Under Safeguarding: Risk Reduced	36	83	134
Action Under Safeguarding: Risk Remains	15	21	11
No Further Action Under Safeguarding	65	32	27
Total Concluded Enquiries	122	162	260

Figure 5 shows concluded enquiries by result for 2015/16. No action was taken under safeguarding in 10 % of cases, while the risk was reduced or removed in 86 % of cases.

Figure 4 – Concluded enquiries by result, 2015-16
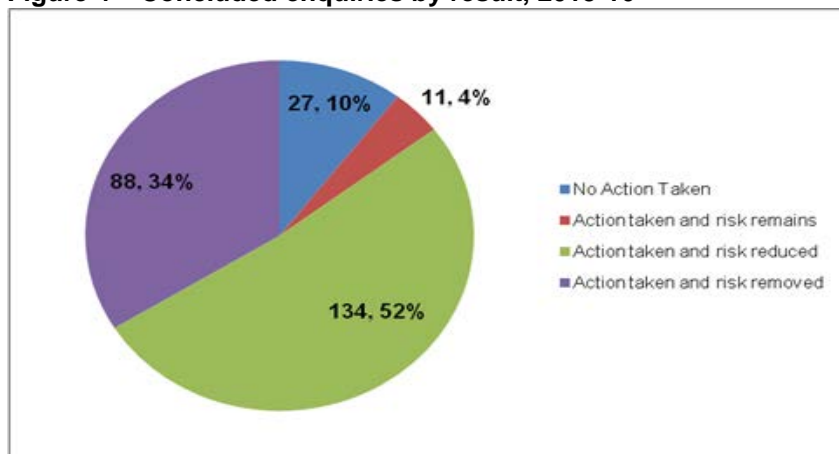
No action may be taken where the client requests that the enquiry come to an end before it has been completed. We are bound to respect the wishes of the client in the majority of cases. In a few exceptional cases the safeguarding team may need to override those wishes. For example where there is a wider public interest in pursuing an enquiry because the alleged perpetrator may pose a risk to others. It is important to recognise the service works with adults who are entitled to make choices, irrespective of how unwise those choices may seem to be, and therefore it is not possible to always remove risk.

Figure 6 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2015/16.

Figure 5 – Concluded enquiries by result of action taken and source of risk
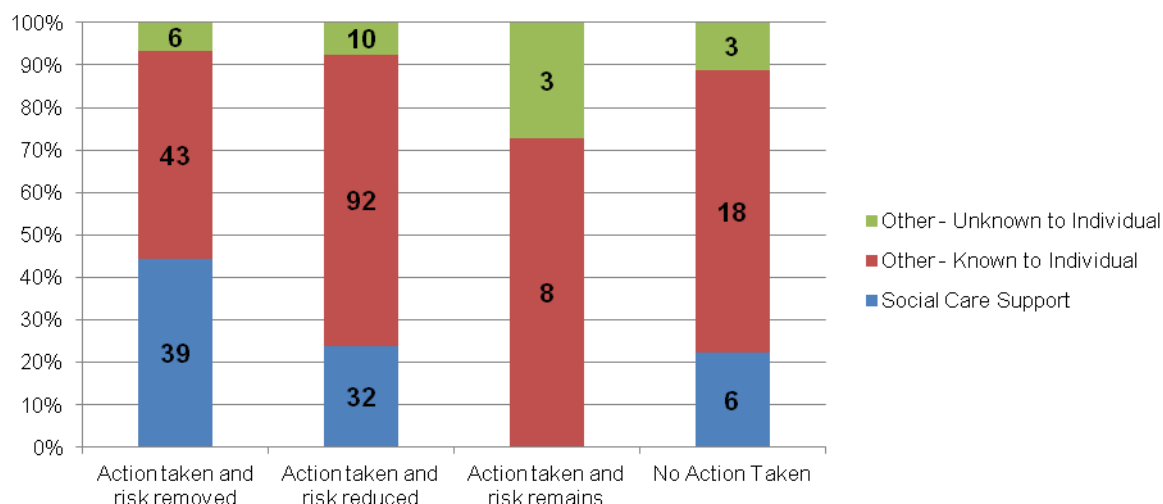
Making Safeguarding Personal

Making Safeguarding Personal (MSP) was a national industry led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. This initiative was adopted by the Government and enshrined in the Care Act 2014. Local Authorities are not currently statutorily required to report on MSP.

Notwithstanding, West Berkshire Council has chosen to monitor performance in this key area.

Figure 6 – Concluded enquiries by expression of outcome
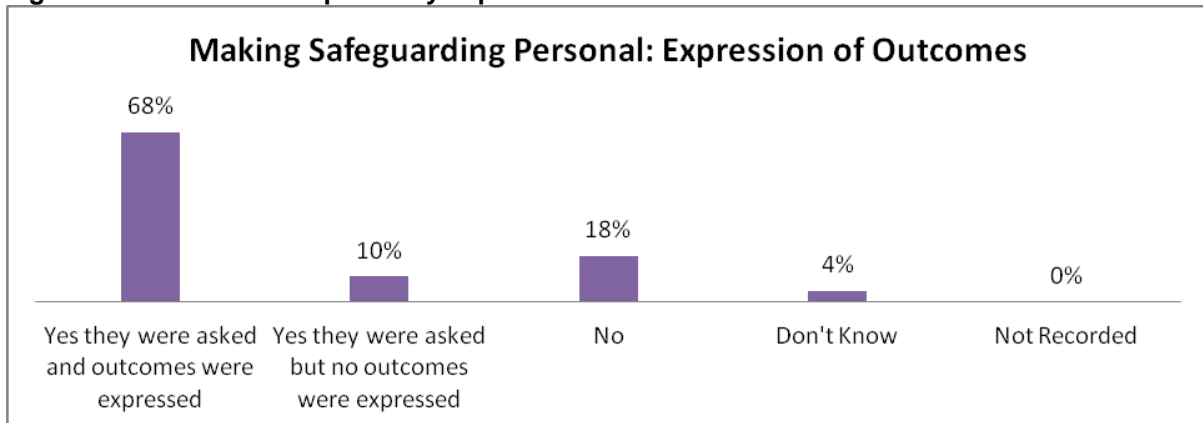
By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining baseline data for outcomes has presented challenges this financial year. Figure 7 demonstrates the outcome of this challenge.

As at year end, 78% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate). In order to benchmark usefully, options for outcomes were included as a guide, with an additional box for free text to capture those desired outcomes and wishes that were not reflected in the options provided. Clients can choose as many outcomes as they wish and so multiple choices are normal. The option 'to be and to feel safe' was most frequently selected. Of those asked, 10% did not express an outcome. Whilst this is positive, there remains 22% who did not engage in this process. These cases have been subject to further scrutiny to establish the reason engagement was not achieved and where necessary lessons learned going forward.

Figure 7 – Concluded enquiries by expressed outcomes achieved.

Of those who were asked and expressed a desired outcome, 60% were able to achieve those outcomes fully, with a further 37% partially achieved. We anticipate this to settle as the MSP method of working becomes more embedded in the new reporting year and aligns with the New Ways of Working in Adult Social care – a strengths based approach to working with adults who may have social care needs. In 16/17 further work will be carried out to audit the quality of the work done with service users to identify their outcomes.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the persons circumstances to be assessed in order to determine whether to grant or refuse an authorisation for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection.

Figure 8 – Total number of DoLS applications received by outcome

DoLs Applications - YTD Summary (2015/16 - Q4)

11
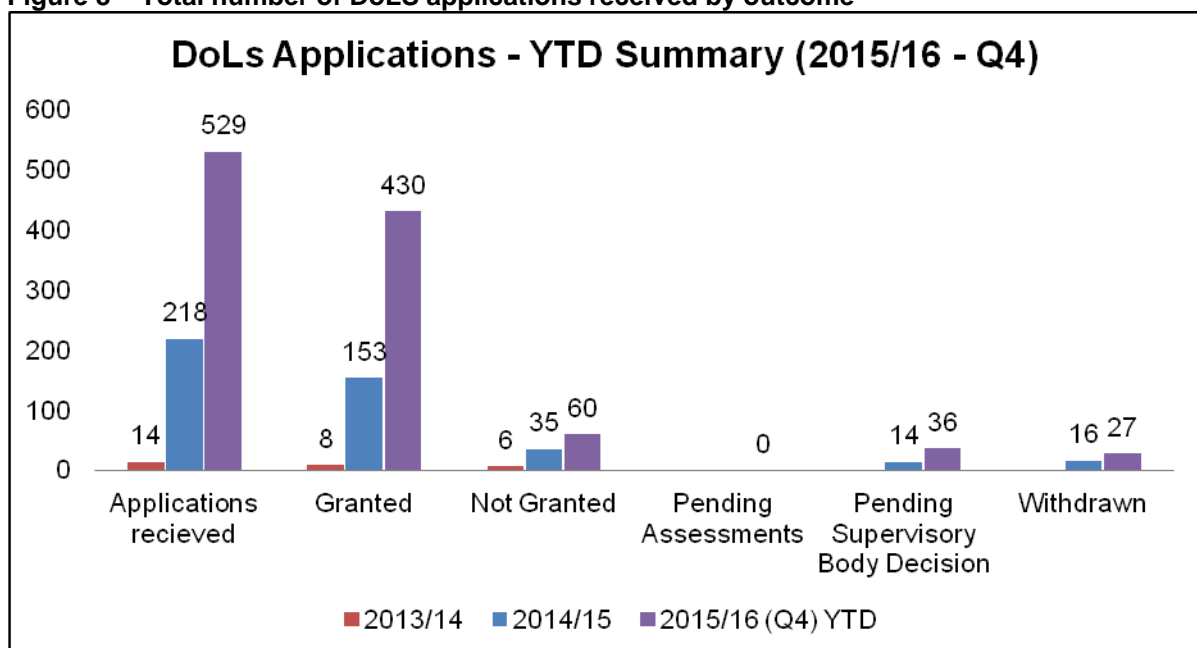
As at the end of 2014/15 there were 218 DoLS applications in total and a predicted total of 525 for cases for 2015/16. The actual final figure was 529 with 430 of those authorised, 60 not authorised (for example a person is assessed as having capacity), 27 withdrawn (for example an application from a hospital where the patient is discharged before the assessment process is completed) and 36 pending a decision as at year end. The figure of 529 represents a 142% increase of applications received in 2014/15.

The increase in West Berkshire is reflective of increases nationally following a Supreme Court judgement in March 2014 known as Cheshire West which significantly increased the scope of the scheme. It is expected the demand for 2016/17 will see a further increase of approximately 30%.

Activities

A Safeguarding Service User Group was set up In West Berkshire to provide a setting in which service users across the spectrum of adult social care needs could engage with the safeguarding team direct, share information, solve problems and increase awareness through a cascade process.

The group was consulted on a Safeguarding Adults publicity campaign planned for early 2016/17. They were integral to the development of the publicity material including posters and leaflets, commenting on language, visuals and accessibility. In addition the group developed a safeguarding alert card for people to carry with them when they are in the community. The card has been designed to support a person to ask for help from the community if they feel unsafe.

A series of talks and events were attended by members of the safeguarding team in order to increase awareness of safeguarding across a range of settings including an evening talk to the Newbury Neighbourhood Watch scheme, delivery of an interactive session on safeguarding for service users of a supported living scheme locally and a hosting a stall at the Parish Councillors Conference.

A peer review of the safeguarding adults function was conducted by the Association of Directors of Adult Social Services (ADASS). The peer review was conducted over three days in December 2015 and included consultation with staff, external partners and providers. Feedback from the review was positive. An action plan was developed as a result of the recommendations made and the actions will be carried out during the 2016/17 period.

In partnership with our fellow Safeguarding Adults Board members a series of Making Safeguarding Personal training sessions for all Adult Social Care practitioners was held across the partnership area during the reporting period. West Berkshire hosted two full days of training in Newbury. Further to this, a series of workshops on this topic for our providers is planned for 2016/17.

The service supported a joint conference for adult and children's social care staff organised by the West of Berkshire Safeguarding Adult Partnership Board and the 3 Local Safeguarding Children's Boards in the Berkshire West area. This conference is an annual event.

The Future

Plans for 2016/17 include the launch of the community alert cards and the new publicity campaign developed in partnership with the Service Users Safeguarding Group.

There are also plans to develop an effective feedback process for those who have experienced a safeguarding episode. It is intended the Service User Group will be instrumental in designing the tools that may be used to capture the feedback

A new action plan for 2016/17 developed by the Safeguarding Adults Forum will be carried out. This includes partnership working with our colleagues in Trading Standards to tackle scams; doorstep and online scams and to support them in raising awareness with banks and building societies of coercive tactics to get vulnerable adults to withdraw large sums. This plan can be seen at Appendix 1.

The recommendations of the ADASS peer review have been drawn into an action plan that will continue to be carried out supporting the service to improve the safeguarding experience for people through the continued development of Making Safeguarding Personal across the Council and its partners.

SAFEGUARDING ADULTS FORUM
WEST BERKSHIRE

ACTION PLAN 2016/17

This action plan is drawn from the West of Berkshire Safeguarding Adults Partnership Board 2015-18 Strategic Priorities and the principles underpinning safeguarding activity. This plan is a living document and may alter according to changing priorities identified through the West of Berkshire SAPB and any local issues arising.

Priority 1 – Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and Boards			
Objectives:	**Purpose:**		
Support the safeguarding adults service user forum to develop the skills and capacity to review and quality assure our customer facing information and consider their recommendations in our responses.	To ensure a third party is scrutinising safeguarding adults communications, for example our web site interface, for ease of access, user friendliness and impact	Jenny Symons	30.09.16
Develop a mechanism for routinely auditing safeguarding cases against the 6 principles, utilising the Wokingham documentation	To ensure consistent responses and interventions within the safeguarding framework are achieved across West Berkshire underpinned by the 6 core principles, and to learn from examples of good and poor practice.	Sue Brain	Ongoing
To submit the 2016/17 action plan to the Safer Communities Partnership for their information and to submit a short report at year end to advise on progress	To ensure the Safer Communities Partnership are sighted on the safeguarding adults action plan and to embed the principles and actions across multi agency settings	Susan Powell/Sue Brain	End of July 2016

To audit local providers and partners to establish how the profile of safeguarding adults is maintained within their organisations	To be assured that the subject of safeguarding adults is actively promoted and acted upon within our partner organisations	Sue Brain	31.12.16
Priority 2 – Making Safeguarding Personal			
Objectives:	**Purpose:**		
Develop a provider appropriate MSP workshop in partnership with the Learning and Development Subgroup of the SAB and deliver those workshops throughout partner agencies	To improve understanding and knowledge of MSP; the principles and application of the concept	Safeguarding Adults Team	31.03.17
Work with partners to develop internal resources within each agency to facilitate feedback from service users in relation to a safeguarding intervention they have experienced.	To collect information, including anecdotal evidence, pertaining to a person's recent experience of the safeguarding process in a consistent and user friendly way. To enable the partnership to consider the anonymised data drawn from this feedback to enable any changes to procedure etc to be considered.

To use the information and evidence gathered to learn lessons and subsequently reassure people who are entering the process that their interests are of primary concern. | All forum members | 31.03.17 |
To provide information on a quarterly basis that can be developed into a blog currently being progressed by the Safer Communities Partnership communication process.	Share information to a wider audience about safeguarding, the personalisation agenda in safeguarding and various approached available that can be adapted to suit presenting needs. This might be themed by abuse type	Safeguarding Adults Team/Safer Communities Partnership	31.08.16
Priority 3 – Raise awareness of safeguarding adults, the work of the Safeguarding Adults Board and improve engagement with a wider range of stakeholders			

Objective:	Purpose:		
Publish and promote new Pan Berkshire Policy and Procedures through Provider Forum, website and Care Quality newsletter	To increase awareness of the multi agency policy and procedures throughout the provider market and improve rates of compliance.	Safeguarding Adults Team	30.04.16
Agencies to review and where necessary update policies and procedures for safeguarding to reflect changes to practice or process captured within the Pan Berkshire Policies and Procedures	To ensure consistency in safeguarding policy and practice across the West Berkshire area	All forum members	31.05.16
Develop a communications strategy to share best practice and learning from SAR's including circulation of the Forum Learning Log	To improve knowledge of best practice and share learning from local and nationally published SAR's	MDT working group	30.06.16
Launch the safeguarding adults publicity campaign and service user community alert cards in partnership with the safeguarding adults service user group	To improve knowledge of safeguarding adults, facilitate greater knowledge of the reporting process and provide a mechanism to develop a safety network for service users in communities across the West Berkshire district.	Safeguarding Adults Forum/Safeguarding Adults Service User Group/Safer Communities Partnership	15.05.16
Priority 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users			
Objective:	Purpose:		
Develop a communications strategy to share best practice and learning from SAR's including circulation of the Forum Learning Log and network meetings	To improve knowledge of best practice and share learning from local and nationally published SAR's	MDT working group	30.06.16

Develop and deliver a training programme specifically for Trading Standards and Environmental Health to support the safeguarding process and improve outcomes for people who are at risk from rogue traders and scammers	To increase the understanding of safeguarding and mental capacity within the wider workforce and disciplines within the Local Authority with a statutory function and to deliver a coordinated response to those at risk from scams and rogue trading.	West Berkshire LA/Wokingham LA training teams	30.06.16
To work in partnership with the LA's Principal Social Worker, Adult Social Care and key partners to develop and implement processes that improves the responses for those individuals who do not meet thresholds for a safeguarding response, yet remain at risk	To re-evaluate the pathways that exist for individuals who are not captured by traditional service referral routes and implement a process that takes account of their risk factors	TVP/Principal SW/Safer Communities/Safeguarding Team	
Priority 5 - Coordinate and ensure the appropriate application of safeguarding processes across agencies			
Objective:	**Purpose:**		
Coordinate a joint process between TVP and West Berkshire ASC, including other relevant parties as required, to ensure those who have a history of wandering are identified and linked into all appropriate services as quickly as possible	To improve the outcomes for people who wander with an overall outcome to support a reduction in the number of non crime related call outs for TVP.	ASC/TVP	
Promote greater understanding of the principles of coercion and control within the context of	To be assured agencies are able to identify and respond consistently and sensitively to situations of coercion and control.	Safer Communities/A2 Dominion/Safeguarding Team	

Domestic Abuse, through DASH/MARAC training, DA champion's network and other routes.			
Work with other agencies to improve knowledge and understanding of self neglect, thresholds and responses, by including appropriate case studies in L2 & 3 safeguarding training, sharing the national clutter index and tools available and clarifying options for support.	To ensure consistency in identifying, reporting and responding to cases of self neglect. To be assured that agencies are conversant in the different interventions available and sources of appropriate help for any clients they have concerns for.	Safeguarding Team/Sovereign Housing/WBC	31.03.17
Develop and deliver training to professionals in the banking sector to enable them to identify financial abuse through targeting unusual transactions of elderly and/or vulnerable clients and supporting them to respond appropriately	Raise awareness of financial abuse and encourage professional responses to concerns identified when it occurs at the earliest opportunity	Trading Standards	31.12.16
Embed requirements of the Prevent agenda in safeguarding processes through appropriate inclusion in L2 safeguarding training	To maintain knowledge about the Prevent agenda, its principles and the routes to refer.	Safeguarding Adults Team	30.04.16

Wokingham Borough Council

Annual Safeguarding Report 2015-2016

EXECUTIVE SUMMARY

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities under its enactment have new safeguarding duties and must:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.

- Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.

- Establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy.

- Carry-out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.

- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

As such safeguarding adults at risk is a strategic and operational high priority for Wokingham Borough Council and remains a core activity for Adult Social Care services.

This report evidences the key performance indicators and measures taken to enable more accurate analysis, monitoring and assurance of our strategic and operational developments within the Borough to ensure outcomes for adults at risk of abuse or neglect.

This year has seen significant developments in its performance indicators by implementation of the quality assurance frameworks and has demonstrated a significant commitment from staff and leaders within the council to meet the requirements of the Care Act 2014. This supports business planning improvement objectives for the coming year and improvement in the area of adult safeguarding has been demonstrable in systems and practice.

Prevention and awareness raising work has always been a key priority for the borough and many innovative initiatives of co-production work within our community and with people who use services have gained local, regional and national recognition. This area of work continues to grow in strength with the support and commitment of the Safeguarding Adult's Forum.

A full review was undertaken by the Association of Directors for Adult Social Services (ADASS) in the form of a peer review, and whilst areas for further consideration and development as a "critical friend" were identified, the report noted the innovation of the council and its workforce in particular relating to its strategic and operational developments of risk matrix management in the area of provider services and its interface with preventative safeguarding responses. In addition, the strategic developments within the Deprivation of Liberty Safeguarding service were cited as innovative in design to manage the unprecedented impact on finances, resources and quality assurance post the significant Cheshire West ruling delivered this year. This model has been shared and adopted by a neighbouring authority.

The meeting of Statutory responsibilities and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) remain an ongoing challenge and area of high impact on operational services however we are benching marking well against other authorities and have actively supported our health partners in their development, support and design to meet

their duties in this area. The development of DOLS referral officer post has been instrumental in risk mitigation work for the authority.

With an established quality assurance and improvement programme a key focus for the coming year will be to further progress the Making Safeguarding Personal agenda and ensuring our communities and people who use services are empowered to be as participatory as possible in shaping and progressing this agenda.

Wokingham continue to be active participants on the work of the West of Berkshire Safeguarding Adults Board. Initiatives and models of our quality assurance framework in qualitative audit have been adopted by the Board to measure impact and ensure quality in direct safeguarding practice in line with the principles of the Care Act 2014 and Making Safeguarding Personal across the three boroughs.

ADULT SAFEGUARDING SERVICE AND PREVENTION WORK SUMMARY FOR ANNUAL REVIEW 2015-16

The West of Berkshire Safeguarding Adults Board (WoBSAB) has 4 priorities and objectives to its business plan. WBC Safeguarding and Prevention Service Work has been summarised under the appropriate priority of the Safeguarding Adults Business plan and Objectives.

Overall this year's Adult Safeguarding and Prevention Service strategy, has been one of fruition, i.e. many projects and initiatives have successfully come to an end or are embedded into ongoing strategy and practice.

Priority 1: Establish effective governance structures, improve accountability & ensure the safeguarding adults agenda is embedded within relevant organisations, forums & boards.

- ADASS Peer Review undertaken and action plan devised with positive recognition of the creative initiatives and work undertaken in WBC.
- Framework for Quality Assurance in provider services implemented where serious concerns relating to quality of care and impact are identified.
- Quality Assurance and triage framework for operational services designed and implemented with measurable outcomes for improvement and delivery.
- Coproduction work undertaken on the wider safeguarding agenda with people who use services, advocacy groups and the local community**.**

Specific prevention work detailed below

The ***Joint Children's & Adults Safeguarding E-Learning*** module was successfully implemented across the whole council and is now included as part of the Corporate Induction. A joint presentation was made to 20 members in September 2015. This was a joint piece of work with Children's Services to support them in meeting their Section 11 requirements.

The ***Wokingham Adult Safeguarding Partnership Forum*** (WASPF) has over 60 members & continues to hold quarterly meetings. Average attendance per meeting is 19.5 with an equal amount of apologies. Discussions continue to be led by members and as well as the standing local and SAB Adult Safeguarding Update, over the past year have included a presentation from Scottish & Southern Electric about their 'Priorities Register: https://www.ssepd.co.uk/PriorityServices/ National Personal Safety Day an annual event hosted by the Suzy Lamplugh Trust: http://www.suzylamplugh.org/personal-safety-tips/npsd2014/ Presenting the SAB's Annual Report & reviewing the forums priorities, as well as presentations from providers outlining how safeguarding is addressed within their organisations.

Supporting partners - Support from WBC was given to West Berkshire Council to advise as to how West Berks could design and facilitate their own forum.

As a member of the WoBSAB L&D Subgroup, WBC have representation in the ***Workforce Development Strategy*** with the aim to make the standards for the Level 1 Train the Trainer and other training standards more robust and in line with changes required to meet the Care Act.

Support with Confidence a nationally recognised scheme continues to grow within the borough, safeguarding remains a key element throughout the accreditation process.

Priority 2: Raise awareness of Safeguarding Adults, the work of the board & improve engagement with a wider range of stakeholders.

Adult Safeguarding Level 1, 2 & 3 training sessions continue to occur monthly (this is in line with other neighbouring authorities). Sessions are specifically adapted for people with a learning disability and other community groups for level 1 raising awareness.

In May 2015 our Prevention Service supported CLASP to facilitate a workshop ***'Keeping People Safe from Abuse'***. Over 25 self-advocates attended and the session included small group exercises, discussion and a role play. Whilst there was some confusion between the self-advocates as to the definitions of the different types of abuse, all present recognised when something was wrong and knew who and where to go for help. Following on from this workshop CLASP have presented others within the learning disability community and have been given a certificate of recognition by our Prevention Service, valid for 3 years.

In December 2014 the co productive prevention work began working with the ***Chartered Trading Standards Institute*** to develop a toolkit for Trading Standards Officers. The purpose of the toolkit is for their officers to have a framework to support them with their understanding of Adult Safeguarding and when to refer their concerns. The toolkit also gives examples of good practice. The toolkit was launched at a workshop during their annual conference in June 2015. The Prevention worker attended this workshop, supporting the presentation & implementation.

WBC continues to be a member of the steering group for the West of ***Berkshire Joint Children's & Adults Safeguarding Conference*** and in September we held our fourth conference about 'Challenging Cultural Assumptions in Safeguarding'. We continued on the steering group contributing to the planning of the next conference in September 2016 which was hosted by WBC.

Throughout the year we have hosted a number of ***community events*** and supported partners, i.e. the police, Your Voice in Action, Community Wardens etc. to raise awareness of what adult safeguarding is and personal safety in general. This has involved hosting stands, giving out information at the local railway station and supermarkets as well as visiting community groups. Events supported have included "Mental Health Awareness", "National Personal Safety Day" and "Have a Safe Christmas".

Priority 3: Ensure effective learning from good & bad practice is shared in order to improve the safeguarding experience & ultimate outcomes for service users.

Partnership working

- Design, commission and delivery of joint health and social care "***Embedding the MCA in practice"*** conferencing with keynote speakers and interactive application to practice workshops. Outcome - sharing skills and knowledge to promote better outcomes and safeguards for individuals who may lack capacity in daily practice and in a variety of multi-agency settings.
- ***Promotion of Care Act organisational accountabilities in safeguarding*** and commissioned services, by delivery of training and joint response to wider organisational safeguarding concerns via care governance frameworks. Outcome - more expedient and proportionate response to concerns utilising multidisciplinary skills and proactive prevention work on an individual and wide scale.
- ***Working with community groups***, people who use services to raise awareness of safeguarding and prevention of harm by means of experts by experience delivering talks, presentations and design of easy read literature within organisations and the community. Outcome - prevention of harm and awareness raising promotion of service user voice and empowerment to recognise report and advocate when a safeguarding issue arises.

How are we ***Embedding Making Safeguarding Personal and good practice***?

- MSP training was attended by 154 frontline workers and managers
- Templates and practice guidance amended and provided for staff and people who use services.
- All Quality Assurance Measures incorporate the MSP agenda.
- Via coaching and conversations with the workforce and wider stakeholders.
- Partners have agreed to accept and implement a standard audit template reflective of MSP requirements, with an aim to promote and provide consistent measures of safeguarding quality assurance reporting to the SAB.
- Partners have reviewed the TOR for all subgroups to ensure the MSP agenda is a "golden thread" running through all work of the board and partnership agencies.
- All Partners identified that specific MSP training needed to be commissioned for frontline workers and commissioned appropriate training to meet this need.
- Our easy read leaflet 'Keeping Adults Safe from Abuse' was formally launched at CLASP's AGM in July. CLASP is a self-advocacy group for people with a learning disability who supported us with its development: http://www.wokinghamclasp.org.uk/cm/ CLASP's members contributed to the design and wording of the leaflet and proof read the final version to ensure that it was in easy read.

In December we launched our Easy Read Guide to the Adult Safeguarding Process at The Wokingham Learning Disability Partnership Boards Big Meeting. The board supported us with its development and design: http://www.wokinghampartnershipboard.co.uk/ and again ensured that it was in easy read.

Also during RiPfA (Research in Practice for Adults) a national organisation asked that a blog about the prevention work be written and work being undertaken in Wokingham relating to 'User-involvement in Adult Safeguarding': https://www.ripfa.org.uk/blog/user-involvement-in-adult-safeguarding-what-are-you-doing/

To support colleagues with putting the MCA & DoLS into practice our prevention worker became accredited as a MCA & DOLS Train the Trainer, funded by our local CCG. Modular workshops to frontline practitioners from both WBC & Optalis staff have been delivered. The sessions received positive feedback and gave staff an opportunity to examine individual and organisational practice.

Priority 4: Co-ordinate & ensure the effectiveness of what each agency does.

Where required through our Care Governance, Level 1 training is provided for specific providers. Review and support is given to providers in relation to their own 'in-house' Adult Safeguarding Training in line with the Berkshire policy and procedures.

Due to an increase in requests for support a guidance framework for an Adult Safeguarding Policy for providers has been developed. The framework makes references for the need to consult with the Care Acts' Care & Support Statutory Guidance and the CQC as well as ensuring where relevant there is a statement relating to Safeguarding Children.

Additionally to the SABs' 4 priorities we have:

Continued to oversee the Safer Places Scheme; unfortunately the funding for the Champions has come to an end. Attempts have been made to try and secure new funding. An application has been made to the LDDF (Learning Disability Development Fund) with an announcement to be made in May. There are now 40 shops & local businesses actively engaged and signed up to the scheme across the Wokingham Borough.

To support the council in achieving its statutory requirements relating to the *PREVENT* agenda. We now support the Community Wardens to facilitate these sessions across our wider workforce.

Update from last year's Prevention work priorities:

● Easy read version of the adult safeguarding process completed.
● The amount of Safer Places premises was increased and initiative shared with Children's Services ongoing.
● Presented 'Dignity' workshops – complete and occurring approximately twice yearly.
● Accredited MCA Train the Trainer Course undertaken – completed, workshops held and an ongoing training initiative.

Prevention Work Priorities for 2016-17:

● Continue to increase the amount of Safer Places premises and support Children's Services to utilise the scheme for vulnerable children.
● Introduce the new Safer Places Scheme Cards for vulnerable adults in the community.
● Co-produce and present PREVENT workshops to providers and the wider community.
● Support CLASP to facilitate a PREVENT workshop to the learning disabled community.
● Develop formal process to gain feedback from individuals who have experienced safeguarding enquires with focus on measuring MSP outcomes.
● Improve outcomes measures for individuals.

Safeguarding Activity
Concerns and Enquiries

There have been some changes to the safeguarding adult's terminology as a result of the Care Act implementation 2014. Safeguarding alerts are now referred to as concerns and safeguarding referrals as enquiries. These take the form of Sec 42 Enquiries where the criteria defined in the statutory guidance is met, or non-statutory enquiries, where the criteria is not met, but the Authority still has a Power to coordinate an enquiry if decides to do so. Another mandatory change from last year's return is to collect information about statutory section 42 safeguarding enquiries only, to replace counts of all safeguarding referrals. This means only those concerns that progress to statutory enquiry are reported on, those that close at concern stage, are not.

There were a total of 1495 safeguarding concerns raised in the period 2015-16. The number of concerns has increased year on year and the overall increase suggests that we are improving awareness on safeguarding and giving information to everyone on what to do if they come into contact with adults who are at risk. In WBC the significant increase is also representative of implementation of operational Quality Assurance framework, in that all alerts received by the authority are now imputed into the correct work streams and performance reporting frameworks.

39% of these concerns progressed to a s42 enquiry. This is a lower conversion rate compared to 57% last year demonstrating improved understanding of the safeguarding thresholds with quality assurance via the operational triage system which has resulted in more consistent and proportionate responses, reduced caseload impact and more efficient use of staffing resources.

S42 enquiries were opened for 479 individuals during 2015-16, which is a 17% increase from previous year. This is demonstrates a lower number of repeat concerns for one individual, which would be indicative of better safeguarding of people the first time round.

Table 1 – Safeguarding Activity 2014-16

	Concerns	Safeguarding referrals/S42 enquiries	Individuals who had safeguarding referral/s42 enquiry	Conversion rate of concern to s42 enquiry
2013-14	577	441	373	76%
2014-15	868	499	408	57%
2015-16	1495	586	479	39%

Source of safeguarding enquiries

The highest proportion of safeguarding enquiries (52%) came from social care staff followed by 19% of enquiries referred by health staff. Social care staff category includes LA and independent sector staff. The percentage of self-referrals and referrals from family members, friends or neighbours was 17% which shows a good level of awareness within the general community and is indicative of good preventative work in the community.

Figure 1 – Safeguarding enquiries by referral source, 2015-16
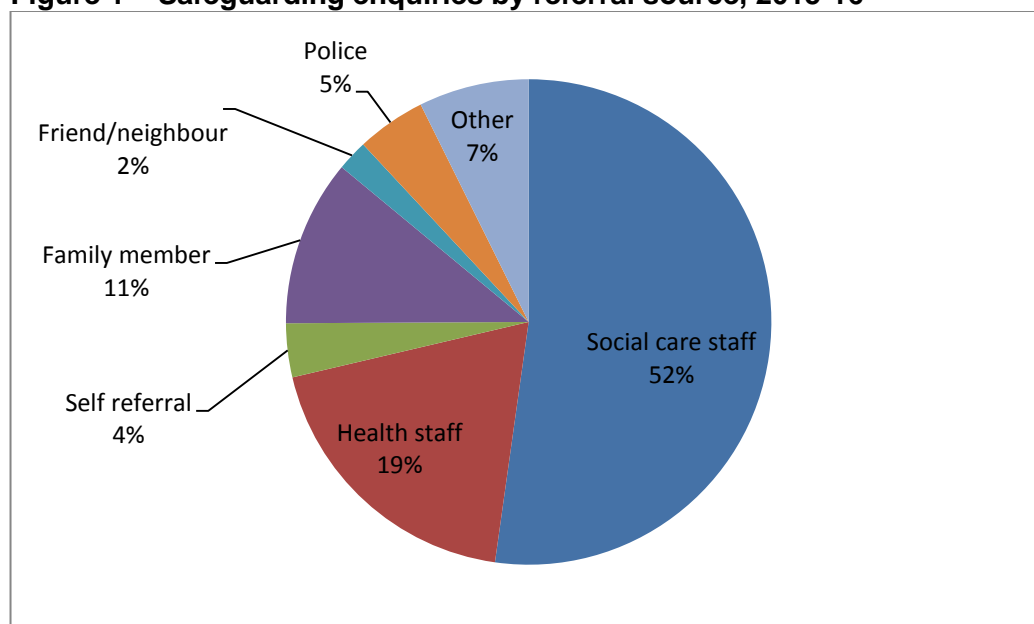
The table below shows comparison of safeguarding enquiries over the past 3 years. As with previous years the majority of enquiries continue to come from social care staff.

- **This demonstrates good identification of Safeguarding concerns in the Social Care Workforce due to training initiatives and awareness-raising.**

Table 2 – Safeguarding enquiries by referral source, 2014-16

	Referrals	2013/14	2014/15	2015-16
Social Care Staff	Social Care Staff total (CASSR & Independent)	249	259	306
	Of which: Domiciliary Staff	37	48	46
	Residential/ Nursing Care Staff	155	139	186
	Day Care Staff	12	21	15
	Social Worker/ Care Manager	25	25	35
	Self-Directed Care Staff	2	3	4
	Other	18	23	20
Health Staff	Health Staff - Total	65	77	112
	Of which: Primary/ Community Health Staff	41	38	51
	Secondary Health Staff	10	21	40
	Mental Health Staff	14	18	21
Other sources of referral	Self-Referral	16	33	21
	Family member	56	68	65
	Friend/ Neighbour	5	12	12
	Other service user	2	0	1
	Care Quality Commission	2	3	1
	Housing	5	8	3
	Education/ Training/ Workplace Establishment	2	0	2
	Police	8	6	27
	Other	31	33	36
	Total	**441**	**499**	**586**

- **A demonstrable increase in referral rates from friends and neighbours (the**

community) since 2014 demonstrates an increased awareness of identifying and reporting safeguarding concerns. In addition a significant increase of referrals from police can be demonstrated reflecting better partnership working and awareness raising with their organisation.

- **A year on year increase is demonstrated by referral source as residential/nursing care. This is reflective of a combination of factors, such as, increased awareness of reporting thresholds, promotion of transparency and proportionate response to providers, in addition to increased quality assurance activity within provider services and local initiatives such as care home support team and rapid response and treatment team.**
- **A 50% increase is demonstrated from secondary health staff this was a previous area of low referral rate and may well be indicative of the appointment of safeguarding leads and quality assurance measures within health services.**

Individuals with safeguarding enquiries
Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous three years. Following last year's trend there were more referrals from individuals aged 65 years or over than those aged 18-64. The 65 and over age group accounted for 73% of enquiries. This is indicative of an older age demography within Wokingham and is the same as national trends and may also be symptomatic of increasing awareness amongst the general population of abuse or older people following national campaigns.

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	143	38%	117	29%	128	27%
65-74	31	8%	36	9%	61	13%
75-84	81	22%	98	24%	120	25%
85-94	106	28%	131	32%	141	29%
95+	12	3%	23	6%	26	5%
Age unknown	0	0%	3	1%	3	1%
Grand total	373		408		479	

As with previous years more women were the subject of a s42 safeguarding enquiry than males. 63% of safeguarding enquiries started in the year were for females. The number of safeguarding enquiries for women was more than men in every age group.
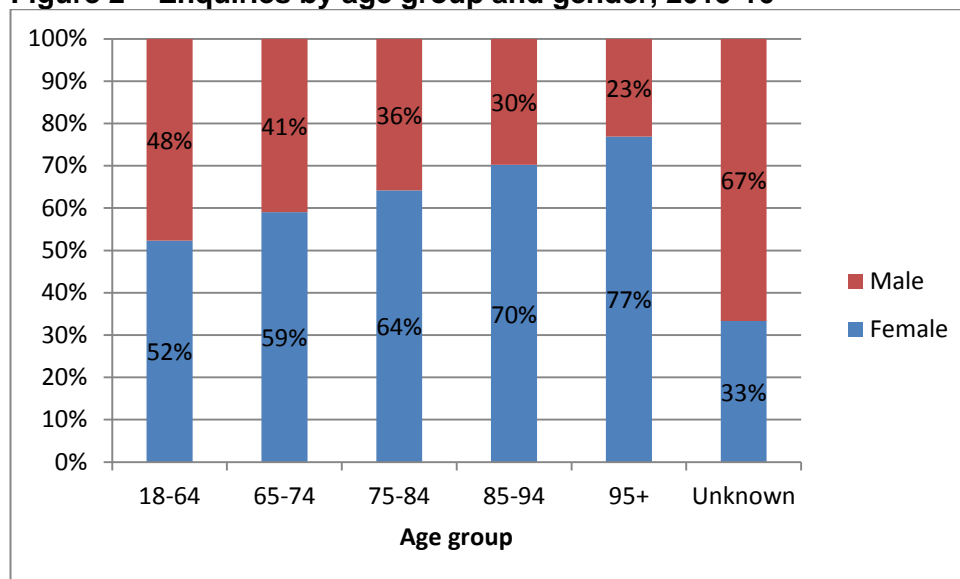
Table 4 – Age group and gender of individuals with safeguarding enquiries, 2015-16

Age group	Female	Male
18-64	67	61
65-74	36	25
75-84	77	43
85-94	99	42
95+	20	6
Unknown	1	2
Total	300	179

The chart below shows safeguarding enquiries increases with age for women indicating increased likelihood of abuse for older women.

**Figure 2 – Enquiries by age group and gender, 2015-16**

Ethnicity

Eighty three percent of all individuals who had a safeguarding enquiry were of white ethnicity. 12% did not have any ethnicity recorded.

- **Wokingham borough has a predominantly white British population with other ethnicities only representing … % of the local population.**

Figure 3 –Ethnic group of adult at risk, 2015-16
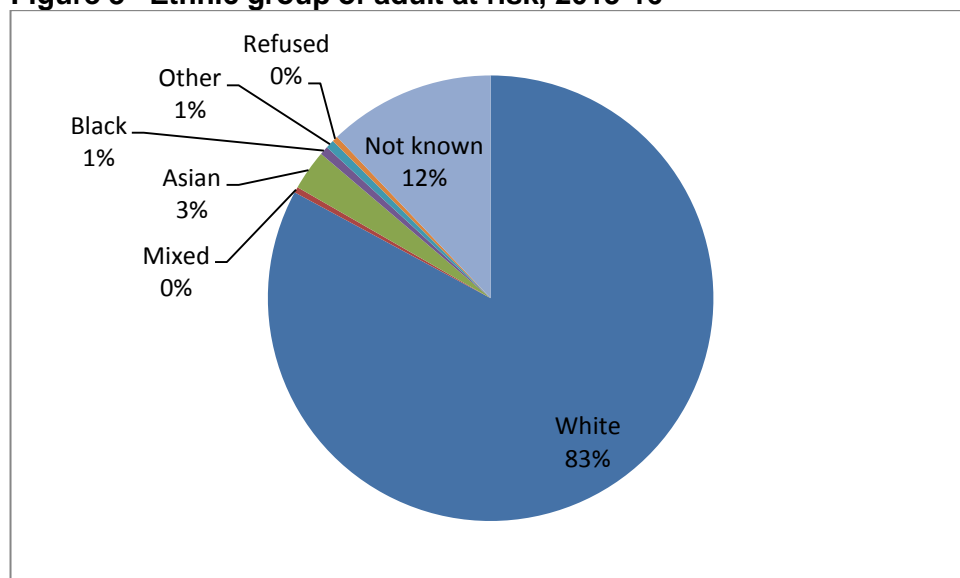
The table below shows ethnic group by Wokingham population and safeguarding enquiries for 2015-16

Table 5 – Ethnic group by population of Wokingham & safeguarding enquiries 2015-16

Ethnic group	Population aged 18 & over	Percentage of population	Percentage of safeguarding enquiries
White	107307	90%	95%

Mixed	1319	1%	0%
Asian or Asian British	7989	7%	3%
Black or Black British	1516	1%	1%
Other ethnic group	789	1%	1%

Source: ONS 2011 Census data

Please note that 60 enquiries were excluded from this table as the population data for ethnicity refused or not known categories was not available.

The numbers evidence that individuals with white ethnicity are more often being referred to safeguarding and people with Asian or Asian British ethnicity are less often being referred although this is likely to be heavily influenced by the locality demographic make-up.

Primary support reason

The table below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. For the majority of cases the primary support reason was physical support (47%).

Table 6 – Primary support reason for individuals with safeguarding enquiries, 2015-16

Primary support reason	2014-15	% of total	2015-16	% of total
Physical support	197	48%	225	47%
Sensory support	8	2%	13	3%
Support with memory and cognition	69	17%	87	18%
Learning disability support	99	24%	101	21%
Mental health support	17	4%	24	5%
Social support	6	1%	9	2%
No support reason	12	3%	19	4%
Not known	0	0%	1	0%
	408		479	

The chart below shows enquiries broken down by age group and primary support reason. Individuals who had physical support were more likely to be aged 65 and over whereas those who had a primary support reason of learning disability were aged 18-64. This may be because even though older people may have a learning disability due to increasing frailty their primary need may be for physical support.

Figure 4 - Individuals who had safeguarding enquiry by primary support reason and age group, 2015-16
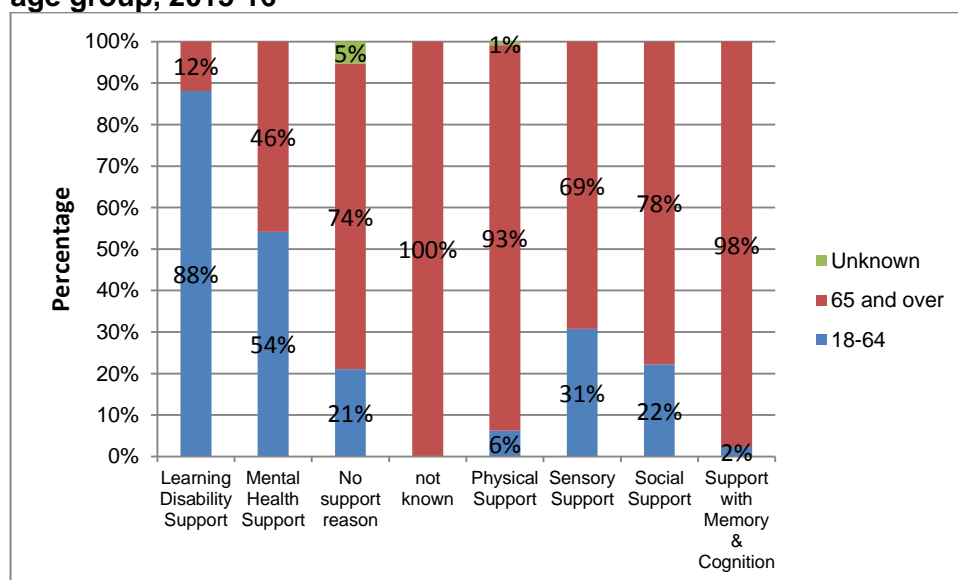
Case details for concluded enquiries
Type of alleged abuse

Four new categories which have been added on a voluntary basis in the 2015-16 return are domestic abuse, sexual exploitation, modern slavery and self-neglect.

- **The distinction in categories and recording remains an ongoing area of monitoring to ensure practitioners are aware of the definitions and reporting is accurate.**

The table below shows enquiries by type of alleged abuse in the last three years.

Table 7 – Concluded enquiries by type of abuse, 2015-16

Concluded enquiries	2013-14	2014-15	2015-16
Physical	185	150	165

Sexual	17	19	9
Emotional/Psychological	92	78	94
Financial	70	58	57
Neglect	162	195	254
Discriminatory	5	6	4
Institutional	13	13	23
Domestic abuse	-	-	8
Sexual exploitation	-	-	0
Modern slavery	-	-	0
Self-neglect	-	-	10

The majority of concerns raised related to potential neglect, accounting for 41% of all recorded risks followed by physical abuse at 26%.

- **Wokingham has a high density of residential and nursing care settings these statistic include domiciliary care services and micro providers. As such many concerns that are reported in these environments are of neglect by omission.**

 Wokingham have dealt with two cases of alleged modern slavery with positive outcomes under home office guidance however these were for multiple victims and therefore are not captured in individual safeguarding performance data.

Figure 5 – Type of abuse, 2015-16
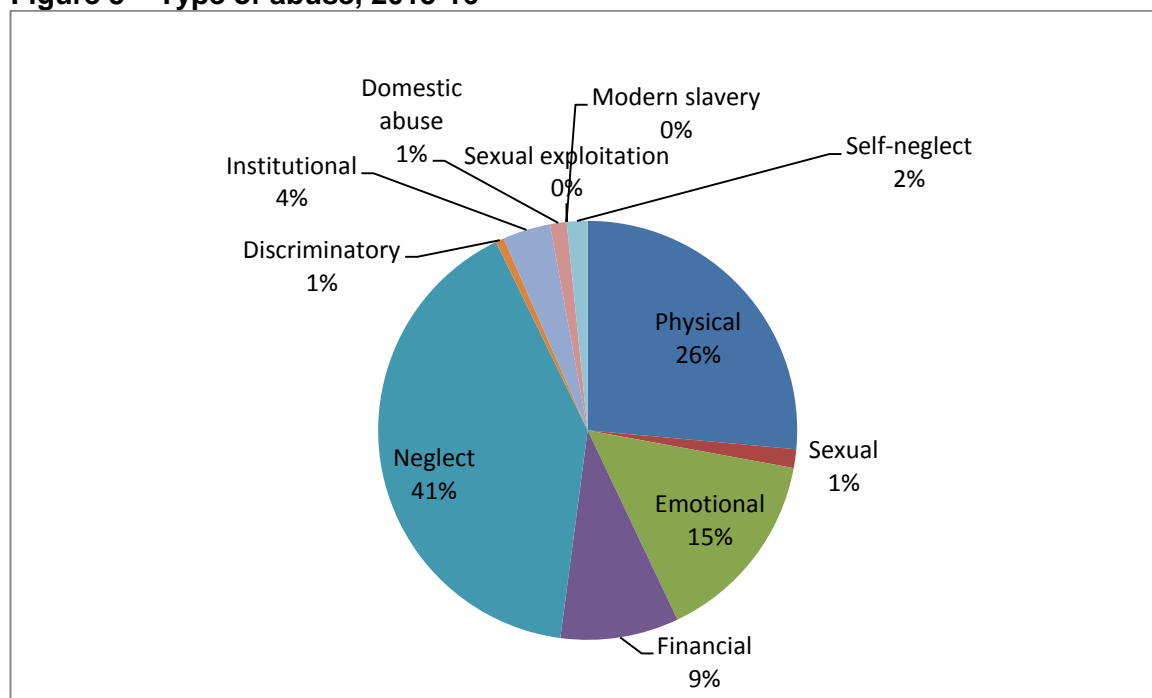
Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place was a care home or the person's own home. These statistics reflect the improved quality assurance framework in commissioned services and proactive safeguarding work under Care Act requirements.

- **Wokingham have in excess of 1300 residential and nursing beds in the borough as such 225 of concerns would only represent as 17.3 % of concerns being within care home provision. Increased identification of concerns within care**

home settings is also likely to be reflective of increased actively and monitoring within such settings due to significant increase in Deprivation of Liberty Safeguards assessment in addition to commentary under Table 2.

Table 8 – Location of abuse, 2015-16

Location of abuse	2013/14	2014/15	2015-16
Care home	195	172	225
Hospital	6	5	15
Own home	166	195	211
Community service	38	17	4
Other	40	26	36

The figure below shows location of alleged abuse by source of risk. Where the alleged abuse took place in the persons own home in the majority of cases (55%) the source of risk was an individual known to the adult at risk.

- **A 75% increase in hospital settings demonstrates an improved identification of safeguarding concerns and accountability within hospital setting.**
- **In comparison community services (a range of day services, leisure etc) demonstrates a substantial year on year reduction which requires further exploration.**

**Figure 6 – Concluded enquiries by location of alleged abuse and source of risk, 2015-16**
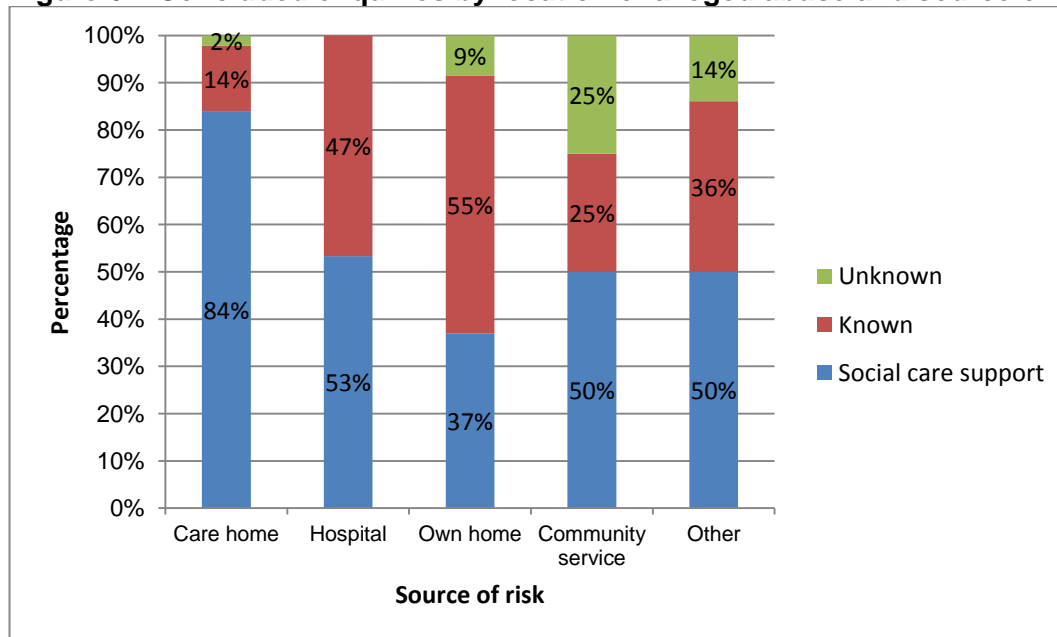
Source of risk

In sixty percent of cases the source of risk was social care support. Social care support refers to any individual or organisation paid, contracted or commissioned to provide social care support regardless of funding source and includes services organised by the council and residential or nursing homes that offer social care services. This category includes self-arranged, self-funded and direct payment or personal budget funded services. Health or social care staff who are responsible for assessment, commissioning and care management do not fall under this category.

The chart below shows breakdown of social care support category.

- **Where the source of risk was social care support, residential and nursing care staff was most commonly reported as the alleged abuser (69%). This again, is likely influenced by the high density of residential and nursing care settings in the locality. Domiciliary care staff accounted for 18% of this category.**

- **Increase in the area of source of risk being social care support would be expected in view of additional category of Neglect and Acts of Omission under The Care Act implementation,. In this respect the alleged source of risk is mainly the social care provider as appose to individual social care staff**

Figure 7 – Breakdown of alleged social care support to have caused harm, 2015-16
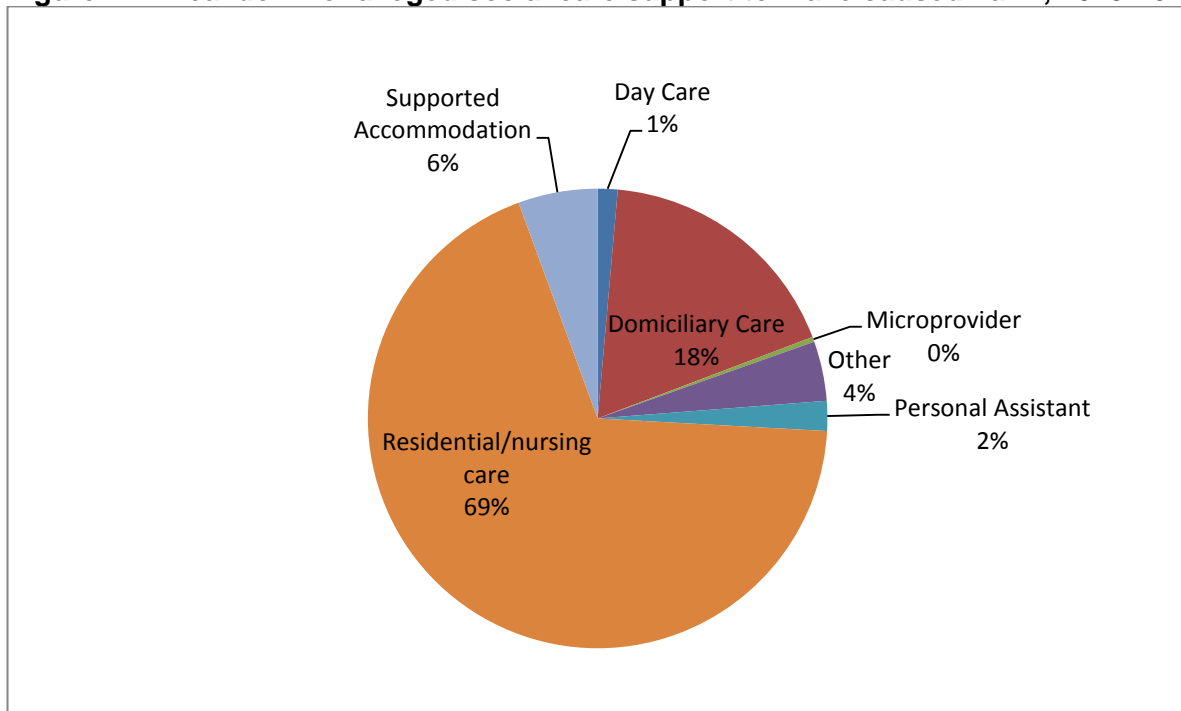
The chart below shows the relationship between the age of the person at risk and the service type of social care staff as alleged abuser. Where the alleged abuser was residential, nursing care or domiciliary staff the abuse was related to adults aged 65 and over.

Figure 8 – Alleged abuser social care support by age group of adult at risk, 2015-16
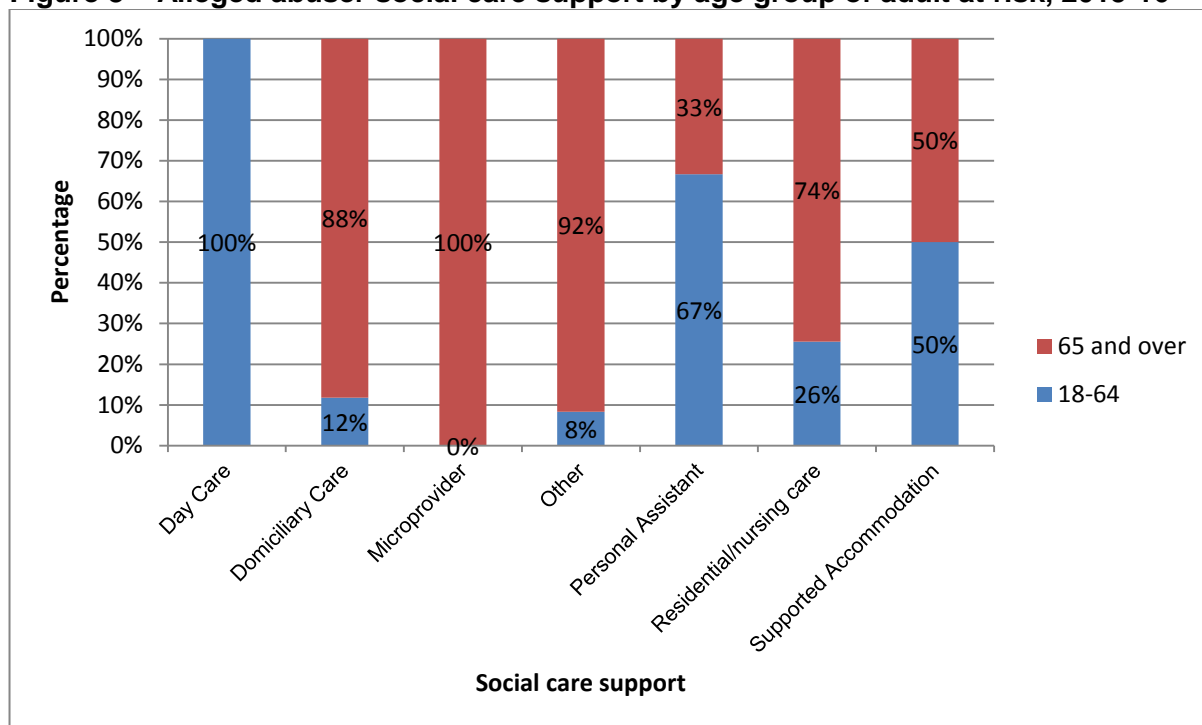
Action taken and result

The table below shows concluded enquiries by action taken and result for the last three years.

- **Statistic demonstrate a 50% reduction in no further action being taken reflecting a more robust risk management and appropriate care pathway for individuals subject to safeguarding concerns.**

Table 9 – Concluded enquiries by result, 2014-16

Result	2013/14	2014/15	2015-16
Action Under Safeguarding: Risk Reduced	333	265	373
Action Under Safeguarding: Risk Removed	40	46	46
Action Under Safeguarding: Risk Unchanged	14	20	21
No Further Action Under Safeguarding	38	76	33
Total	425	407	473

The chart below shows concluded enquiries by result for 2015-16. In a small number of cases no action was taken under safeguarding. In some cases this would be at the request of the person concerned or as a result of other factors. In the majority of the cases the risk was reduced or removed..

Figure 9 – Concluded enquiries by result, 2015-16

Concluded enquiries by result, 2015-16
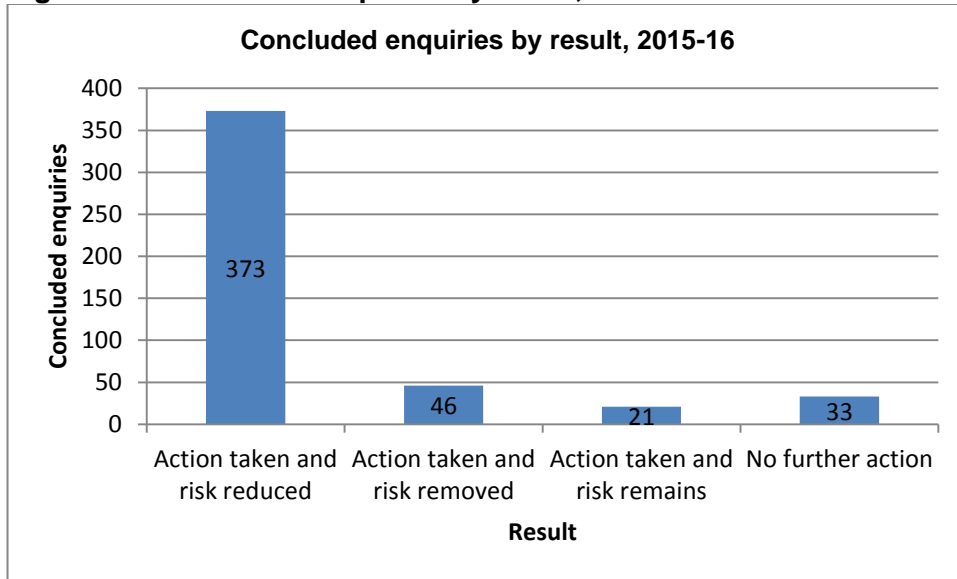
The chart below shows results of action taken for concluded enquiries by source of risk. For the majority of cases where action was taken and risk was reduced or removed the source of risk was social care support. For safeguarding enquiries where action was taken and risk remained in 48% of cases the individual was known to the person at risk.

- **In case of risk remaining were a source of risk is known to the individual, this includes cases of self-neglect and reflects making safeguarding personal principles of achieving the desired outcomes for the individual with capacity in line with positive risk taking principles.**

Figure 10 – Concluded enquiries by result of action taken and source of risk, 2015-16
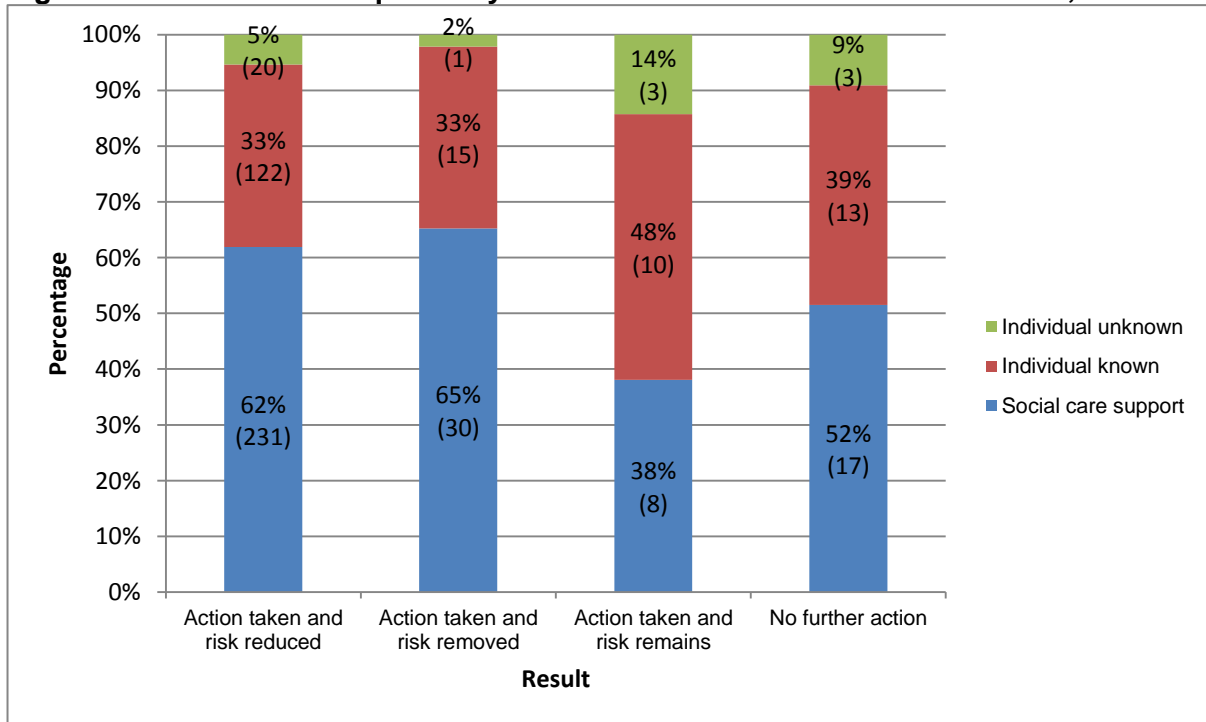

Outcomes for the person at risk

The most common outcome for concluded enquiries was increased monitoring. As the chart below includes concluded enquiries which were not substantiated or inconclusive there are a

number of no further action outcomes for the person at risk. This may well reflect application of Making Safeguarding Personal and decisions of capacitated individuals in line with positive risk taking principles.

- **A focus in staff training has been to encourage practitioners to think about supporting people to recover from abuse and neglect and there is some indication of this with outcomes such as 'referral to counselling/training' and 'referral to advocacy scheme', albeit in small numbers.**

Figure 11 - Outcomes for person at risk 2015-16
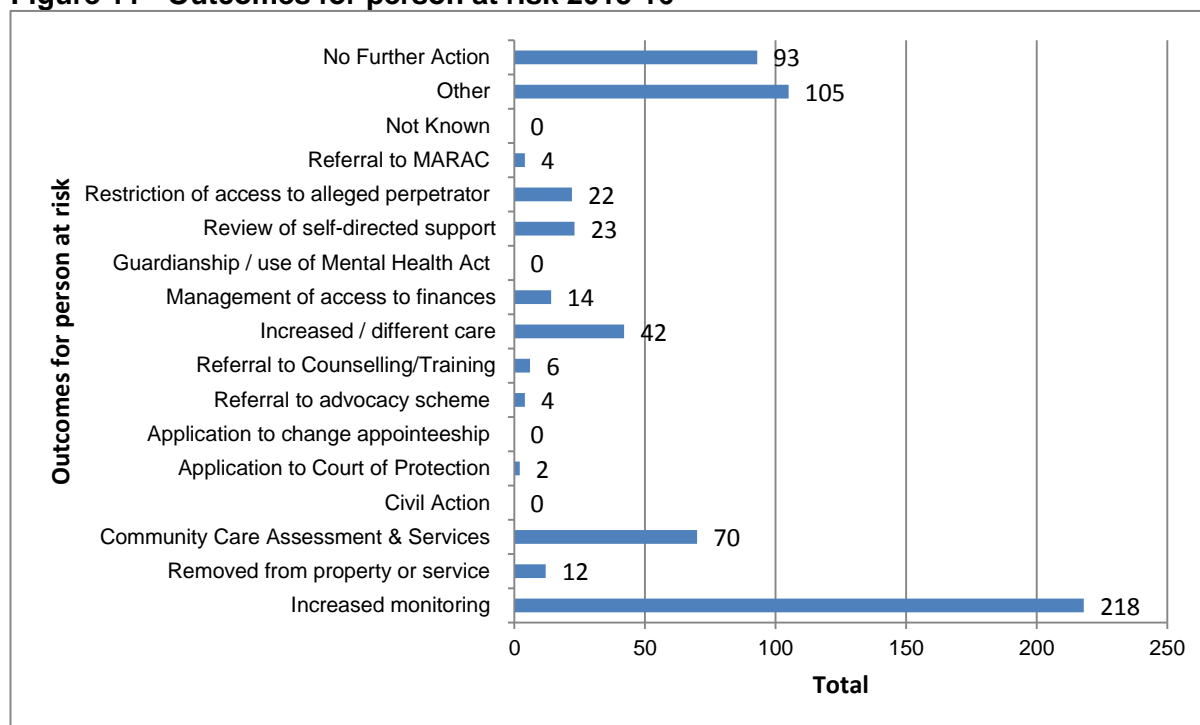
Outcomes for alleged perpetrator

Table 10 – Outcomes for alleged perpetrator, 2015-16

| Outcomes for alleged perpetrator	Total
Criminal prosecution/Formal caution	2
Police action	21
Community care assessment and services	27
Removed from property/service	22
Management of access to person at risk	38
Referred to ISA/POVA	14
Referred to registration body	3
Disciplinary action	47
Action by CQC	1
Continued monitoring	153
Counselling/training/treatment	146
Referral to court mandated treatment	0
Referral to MAAPA	1
Action under MHA	0
Action by contract compliance	38
Exoneration	2
NFA	113

Not known	10

- **Outcomes such as continued monitoring which is demonstrated as a high percentage at 153 outcomes is reflective of ongoing monitoring requirements via the care governance and quality assurance framework. This is also reflective of improved partnership and preventative measure in cases of provider's services**.

Mental Capacity Act and Safeguarding Requirements

The chart below shows were mental capacity was assessed for concluded enquiries. In fifty percent of cases the individual was found to lack capacity.

- **This demonstrates improved identification of the need to assess Mental Capacity in line with Mental Capacity Act and statutory safeguarding requirements.**

Figure 12 – Mental capacity, 2015-16
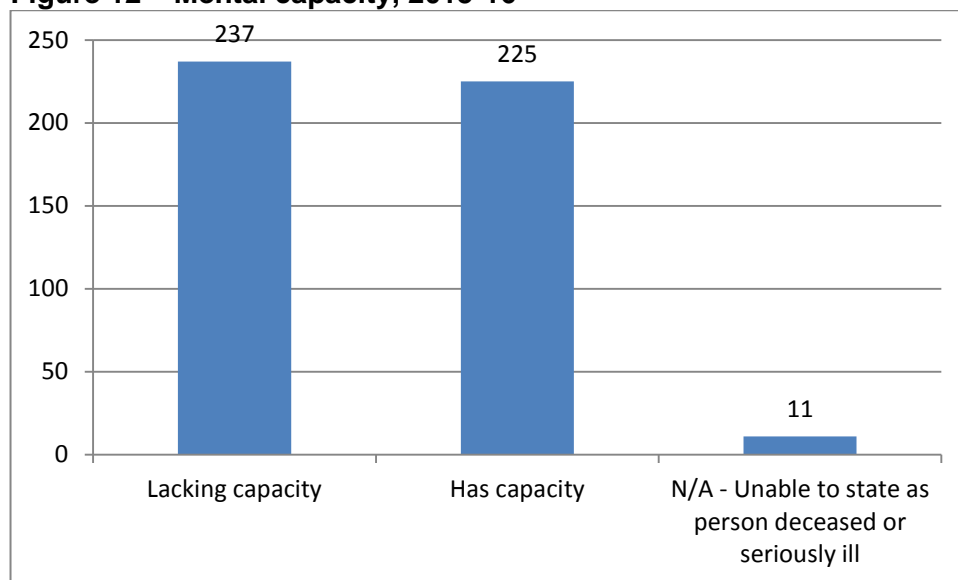
The chart below shows mental capacity of the person at risk by age group. The figure below shows the likelihood of the person lacking capacity increases with age with people aged over 95 were most likely to lack capacity at 58% compared to 32% for people aged 65-74. The majority of people who lacked capacity in the 18-64 age group had a primary support reason of learning disability.

**Figure 13 – Mental capacity by age group of person at risk, 2015-16**
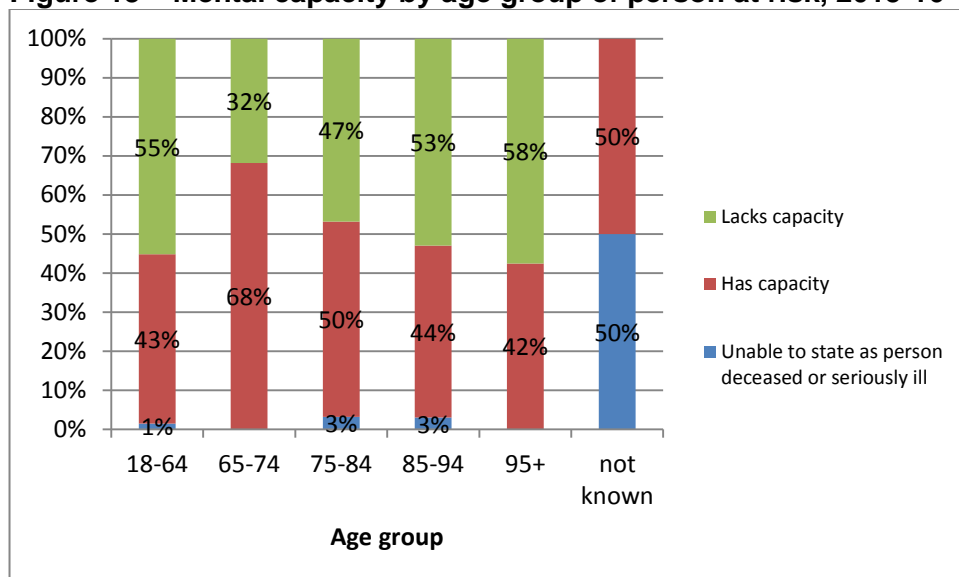
Of the 237 concluded enquiries where the person at risk lacked capacity in 212 of these cases support was provided by an advocate, family or friend.

- **Audit is evidencing that in a high proportion of cases an advocate is being identified when required this is a substantial improvement in both the protection and promotion of the person's rights and legal frameworks.**

DEPRIVATION OF LIBERTY SAFEGUARDS

During the period 2015-2016 Wokingham have performed mainly above the national average and broadly in line or above our peer group comparators. The DOLS service is an area of continuous improvement and review which has led to more successful practice and compliance with the legal framework and achievement of statutory rights and protection of individuals who lack capacity's Human Rights. This has been achieved through a combination of initiatives such as targeted training, support, development of a specific quality assurance framework and redesign of the whole and systems to support service delivery. It is also reflected in the improved awareness and understanding of the workforce more generally where the interface of safeguarding Mental Capacity Act 2005 and Deprivation Of Liberty Safeguards 2007 meet.

**Chart 1: Proportion of DoLS applications received during 2015-16 for Wokingham and England, by month**
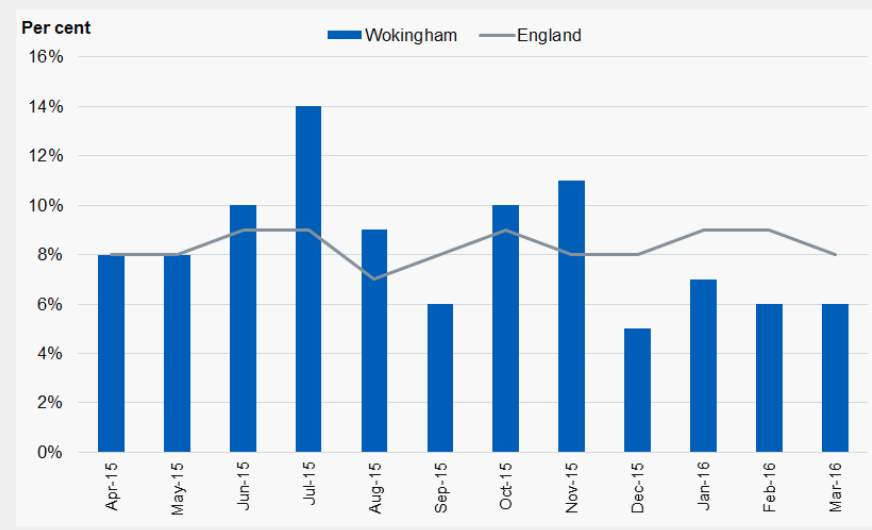
In periods were WBC exceed the national average this correlates to the delivery of Conferences embedding MCA and DOLS in practice this shows increase understanding of legal requirements and DOLS in provider service and the wider workforce leading to surge in applications being received.

Table 1: DoLS applications received and application rate for Wokingham, its peer group and England, 2015-16

Local authority	Count of applications received in 2015-16	Applications received per 100,000 adults
Wokingham	565	458
Windsor and Maidenhead	575	504
West Berkshire	530	440
Bracknell Forest	350	386
Central Bedfordshire	955	445
Bath and North East Somerset	1,055	702
Wiltshire	2,095	548
Cheshire East	1,900	633
Solihull	995	603
Bedford	1,115	870
South Gloucestershire	1,120	516
Rutland	175	570
North Somerset	965	576
Stockport	920	406
Cheshire West & Chester	1,320	493
Herefordshire	1,350	888
Peer group average	1,030	565
England	195,840	454

See Table 1 footnotes

This chart demonstrates a broadly similar amount of applications in our peer group comparators and nation average for the year period.

Chart 2: Total number of DoLS applications that were received prior to, but were not completed by, the end of each month for Wokingham, 2015-16
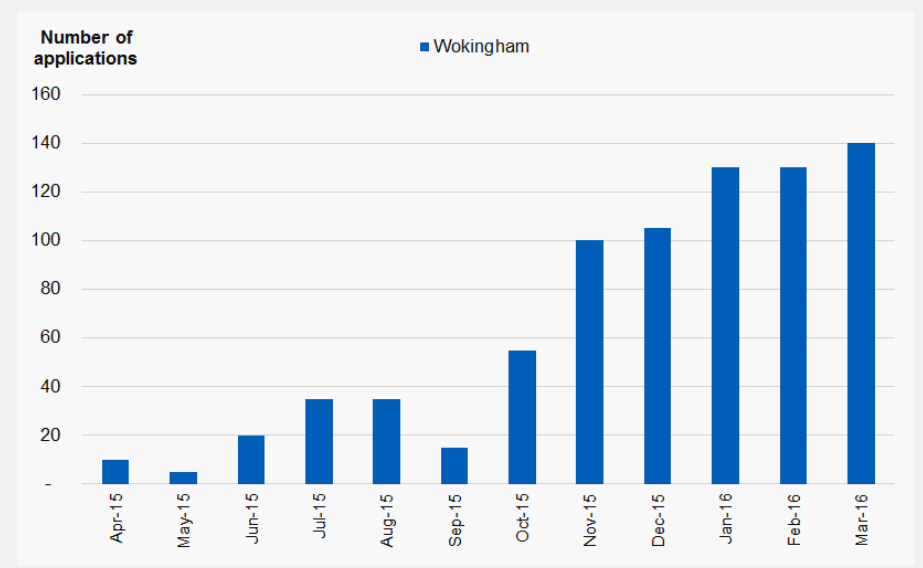

The significant difference and increase in applications not completed are indicative of reduction in the use ,funding and availability of independent Best Interest Assessors in addition to internal capacity of BIA's being restricted. The implementation of a waiting list was required and a formal action plan is currently being monitored and regularly reviewed to mitigate risk.

Table 2: Incomplete applications as of 31 March 2016 and Percentage change between April 15 - March 16 for Wokingham, its peer group and England, 2015-16

Local authority	Count of incomplete applications on 31 March 2016	Change in the count of incomplete applications between April 15 - March 16 (%)
Wokingham	140	1,164
Windsor and Maidenhead	290	109
West Berkshire	20	29
Bracknell Forest	35	62
Central Bedfordshire	165	-20
Bath and North East Somerset	310	-12
Wiltshire	1,735	117
Cheshire East	250	85
Solihull	310	-1
Bedford	50	-12
South Gloucestershire	635	122
Rutland	120	78
North Somerset	555	207
Stockport	775	379
Cheshire West & Chester	655	971
Herefordshire	530	517
Peer group average	430	123
England	101,740	135

The significant variation to the change in the count of incomplete applications in comparison to other authorities and the national average again reflect the above reduction in resource allocation to target this particular are of work and risk in respect of DOLS applications.

Chart 3: Proportion of DoLS applications that were submitted as urgent authorisaton requests by month for Wokingham and England, 2015-16
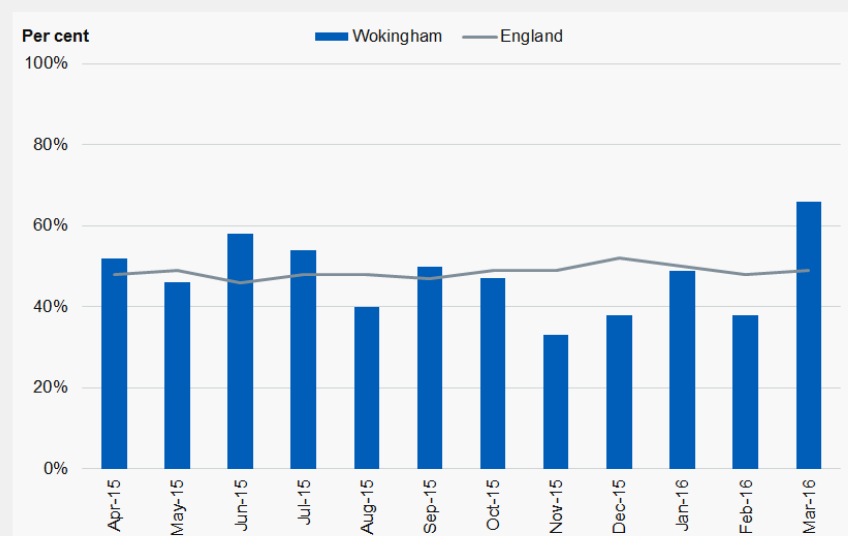

In the main WBC align with the national average however the increase in March 2016 is likely a result of regulatory inspection and year end audits by provider or commission services inclusive of Health partners.

Table 3: Proportion of urgent applications received and urgent applications received that were granted for Wokingham, its peer group and England, 2015-16

Local authority	Proportion of applications that were submitted as urgent (%)	Proportion of urgent applications that were granted (%)
Wokingham	48	61
Windsor and Maidenhead	24	42
West Berkshire	28	70
Bracknell Forest	15	69
Central Bedfordshire	66	59
Bath and North East Somerset	63	45
Wiltshire	80	4
Cheshire East	59	68
Solihull	65	41
Bedford	54	67
South Gloucestershire	83	10
Rutland	73	11
North Somerset	72	14
Stockport	82	18
Cheshire West & Chester	30	62
Herefordshire	65	7
Peer group average	61	32
England	49	32

The proportion which was submitted to WBC were in line with the national average, however the proportion of applications granted were 50 % greater than the national average. This is due to Urgent applications being a priority in legal and practice risk terms and therefore immediate allocation is made.

23

Chart 4: Proportion of completed DoLS applications that were granted per month for Wokingham and England, 2015-16
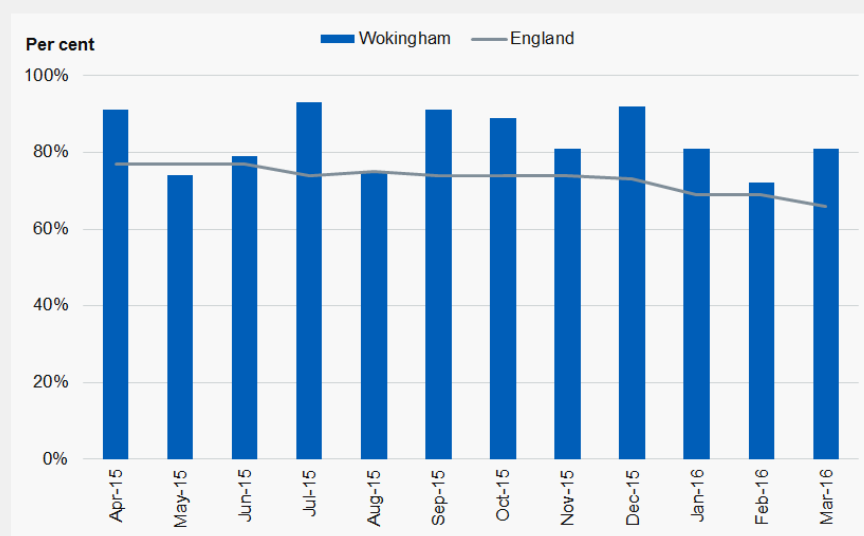

In all month with the exception of May WBC either met or exceeded the national average of completed DOLS applications per month.

Table 4: Proportion of completed applications that were granted and the proportion of those that were completed within the designated time frame for Wokingham, its peer group and England, 2015-16

Local authority	Granted (%)	Completed within the designated time frame (%)
Wokingham	84	64
Windsor and Maidenhead	62	5
West Berkshire	88	54
Bracknell Forest	84	42
Central Bedfordshire	89	7
Bath and North East Somerset	67	19
Wiltshire	21	8
Cheshire East	95	27
Solihull	68	7
Bedford	79	24
South Gloucestershire	87	4
Rutland	54	28
North Somerset	77	8
Stockport	96	6
Cheshire West & Chester	93	59
Herefordshire	99	18
Peer group average	75	21
England	73	22

WBC are performing well above the national average and also broadly in line with or above their peers in respect of the proportion of completing applications within designated time frames.

Chart 5: Proportion of granted applications that were completed more than 6 months after being received by month for Wokingham and England, 2015-16

Per cent | ■ Wokingham ── England
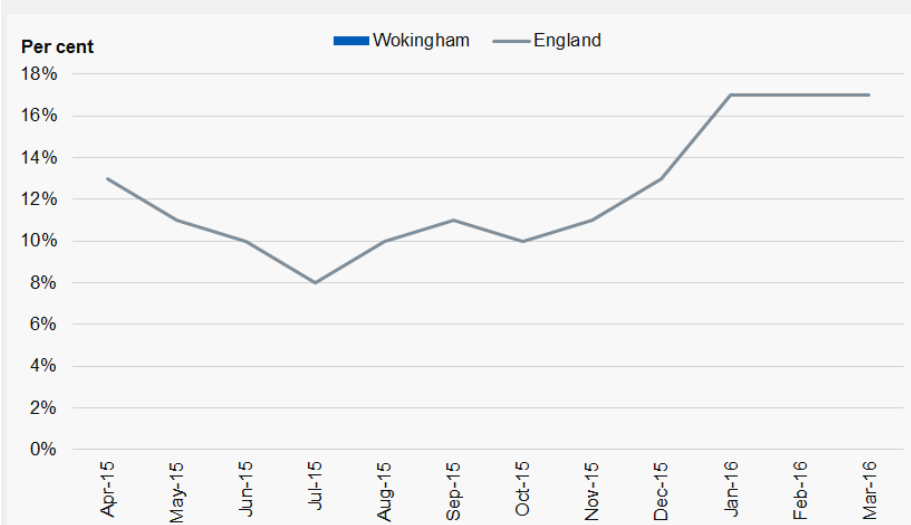
Table 5: Proportion of granted applications by duration of application completion for Wokingham, its peer group and England, 2015-16

Local authority name (code)	Less than 3 months (%)	3-6 months (%)	More than 6 months (%)
Wokingham	98	2	-
Windsor and Maidenhead	48	30	22
West Berkshire	100	-	-
Bracknell Forest	98	2	-
Central Bedfordshire	66	24	10
Bath and North East Somerset	60	12	28
Wiltshire	50	18	33
Cheshire East	96	1	3
Solihull	44	31	25
Bedford	100	-	-
South Gloucestershire	24	26	50
Rutland	89	10	2
North Somerset	60	24	15
Stockport	62	19	20
Cheshire West & Chester	100	-	-
Herefordshire	77	13	11
Peer group average	77	11	12
England	76	12	12

WBC exceed the national average by 22% by completing applications within a three month period in addition to being broadly in line or exceeding our members of our group. Only two applications were outstanding after the three month period and none exceed six months wereas the national average was 12% both at three and six months.

Chart 6: Proportion of authorisations that ended early for Wokingham and England, 2015-16
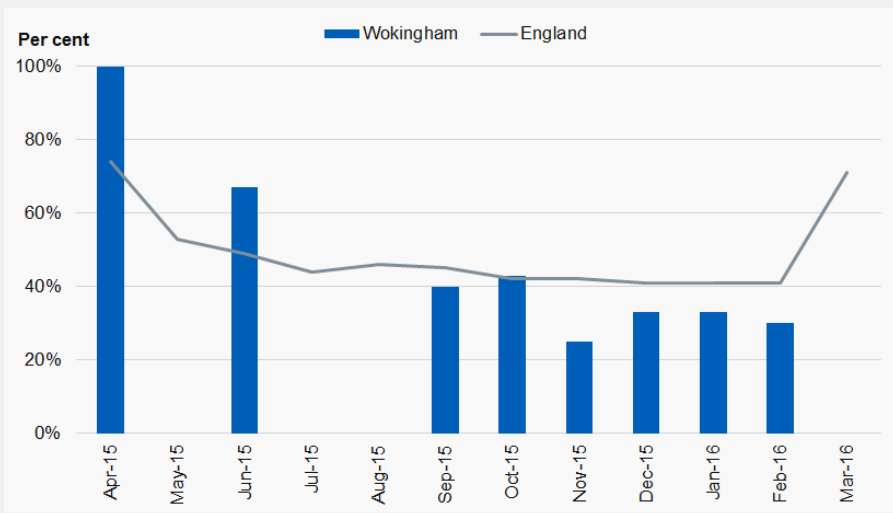
Table 6: Proportion of authorisations which ended early for Wokingham, its peer group and England, 2015-16

Local authority	Authorisations ended early (%)
Wokingham	29
Windsor and Maidenhead	37
West Berkshire	39
Bracknell Forest	73
Central Bedfordshire	68
Bath and North East Somerset	38
Wiltshire	19
Cheshire East	43
Solihull	48
Bedford	61
South Gloucestershire	46
Rutland	52
North Somerset	90
Stockport	100
Cheshire West & Chester	41
Herefordshire	-
Peer group average	46
England	50

The proportion of authorisations ending early for Wokingham was 21% less than the national average and also less that all peer groups in our comparator. It is possible this is reflective of Wokingham being one of the "top ranking" places to live and keep well in the country.

Prioritise for Wokingham Borough Council 2016-2017

Priority 1.: Continued community engagement and awareness raising of safeguarding adults agenda by:

- Continued focus to increase the amount of Safer Places premises and support Children's Services to utilise the scheme for vulnerable children in the Borough. Including the Introduction of the new Safer Places Scheme Cards for vulnerable adults in the community.
- Co-produce and deliver PREVENT workshops to providers and the wider community. Including focused support to CLASP to facilitate a PREVENT workshop to people with a learning disability in community.
- A defined programme of community events for the coming year utilising existing partnership arrangements, joint initiatives and events.
- Ongoing promotion and engagement of the Wokingham safeguarding adults forum.

Priority 2: Measuring outcomes and impact by:

- Developing more formal processes to gain feedback from individuals who have experienced safeguarding enquires, with a focus on measuring Making Safeguarding Personal outcomes
- Improve methods of measuring those outcomes for individuals against the impact safeguarding work has achieved.
- Support and develop methods of better service user engagement with the work of the Safeguarding Adults Board.
- Continue to monitor and review how the local authority respond to high demand and need for development in practice and process to ensure individuals human rights are upheld in the context of Deprivation of Liberty Safeguards.

Safeguarding Adults Training Activity - 1st April 2015 to 31st March 2016

	Number of staff attended training in 2012-13, per sector					
Reading Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	70	208	0	0	0	214
Level 1 Refresher N/A	0	0	0	0	0	
Level 1 E-learning						
Level 2	34	29	2	0	0	
Level 3	4	15	1	0	0	
Level 1 Train the Trainer	0	6	0	0	0	
RBC Total	**108**	**258**	**3**	**0**	**0**	**214**
West Berkshire Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	42	93	1			132
Level 1 Refresher	34	15				
Level 1 E-learning	56	92				
Level 2	26	9				
Level 3	12	7				
Level 1 Train the Trainer						
WeBC Total	**170**	**216**	**1**	**0**	**0**	**132**
Wokingham Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	75	91	0	0	0	131
Level 1 Refresher N/A						
Level1 E-learning N/A						
Level 2	55	41	2	0	0	
Level 3	18	5	2	0	0	
Level 1 Train the Trainer	2	7	0	0	1	
WoBC Total	**150**	**144**	**4**	**0**	**1**	**131**
Berkshire Healthcare NHS Foundation Trust	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	
Level 1	993				32	
Level1 E-learning	548					
Level 2	481				3	
BHFT Total	**2022**				**35**	
Royal Berkshire Hospital NHS Foundation Trust	**Staff**	**PVI**	**BHFT**	**RBH**	**Others**	
Level 1				91.40%		
Level 1 E-learning						
Level 2						
RBH Total	**0**	**0**			**0**	
West Berkshire CCG	**Staff**	**PVI**	**BHFT**	**RBH**	**GPs**	
Level 1					259	
Level 1 E-learning						
Level 2					49	
West Berks CCG Total	**0**	**0**	**0**	**0**	**308**	