West of Berkshire Safeguarding Partnership Adults Board

Annual Report 2018-19

The 2014 Care Act made it clear that safeguarding adults should be everyone's business. The multi-agency partnership across three Council areas (Reading, West Berkshire and Wokingham) which brings together the West of Berkshire Safeguarding Adults Board, remains committed to improving awareness of adults in need of care and support who may be at risk, either from others' treatment of them or from their own lifestyle choices.   During this last year, case reviews brought to the attention of the Safeguarding Adults Board have highlighted important areas of learning for all of our partner agencies and these are summarised in this report. The areas for action are embedded in our business plan which is monitored closely to ensure that improvements are made, to prevent similar tragic incidents occurring in the future. Communication across agencies about safeguarding concerns remains one of the partnerships greatest challenges and should be significantly improved with the agreement and implementation of the Multi Agency Risk Toolkit by practitioners and their managers in the coming year.

Good management information is vital in identifying risks, areas for improvement and evidence of what works. The Safeguarding Adults Board continues to refine its approach to quality and performance monitoring to ensure a focussed approach by all on areas highlighted quarterly reports and from case reviews. 2018/19 data has presented some potential inconsistencies in the way information is recorded across the partnership and we will be commissioning an independent audit to understand how we can bring a more consistent approach to ensure that our management information is as effective and robust as possible.

It is important that, in addition to data, the Safeguarding Adults Board can take into account the experience that local people have of the support they are offered. We benefit from the involvement of voluntary sector and HealthWatch representatives, who are valuable partners in bringing this vital perspective to the Board's work and who are often the 'front line' in identifying safeguarding issues.

I am aware of the ever increasing pressures on partners, as demand for services grow and resources are constrained.   This is reflected in the capacity of Safeguarding Adults Board representatives to maintain adequate involvement in progressing all of our agreed actions, which impedes our ability to meet all priorities. This underlines the need for our activities in the coming year to be all the more sharply focussed, well informed by effective management information and to make the very best use of our collective resources across all sectors.

Teresa Bell
Independent Chair, West of Berkshire Safeguarding Adults Board

Concerned about an adult?

If you are concerned about yourself or another adult who may be being abused or neglected, 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 or contact Adult Social Care in the area in which the person lives:
Reading 0118 937 3747, or online Reading
West Berkshire 01635 519056, or online West Berkshire
Wokingham 0118 974 6863, or online Wokingham

Introduction

Our vision
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.

What is safeguarding adults?
Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs. There are many different forms of abuse, including but not exclusively: Physical, Domestic, Sexual, Psychological or Emotional, Financial or Material, Modern Slavery, Discriminatory, Organisational or Institutional, Neglect or Acts of Omission, Self-neglect.

What is the Safeguarding Adults Board?
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 with care and support needs 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 services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. *A full list of partners is given in Appendix A.*

We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.

Who do we support?
Under the Care Act, safeguarding duties apply to an adult who:
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of their care and support needs, is unable to protect themselves.

Safeguarding Adults Policy and Procedures
Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: https://www.berkshiresafeguardingadults.co.uk/

Number of safeguarding adult concerns 2018-19

- There has been a 20% reduction in the number of safeguarding concerns compared with last year.
- When comparing 2018/19 concern figures with 2016/17 the decrease is 41%.
- The reduction goes against the national trend which saw an 8% increase when comparing 2016/17 data with 17/18 data. Comparisons could not be made with 2017/18 and 2018/19 data as at the time of endorsement of this report 18/19 national data was not published.
- The Local Authorities in the partnership were required to provide an explanation to the Board on the reasons for these reductions responses were as follows:

Reading Borough Council
- Has seen a 37% reduction in the number of concerns from 2018/19 when comparted with 2017/18.
- There has been a change in practice which began in 2017/18 where safeguarding concerns raised that did not meet the safeguarding threshold are no longer counted.
- The number of safeguarding enquires has remained stable, indicating that risks are not being missed by this change in practice, and that recording of concerns has become more accurate as a reflection of safeguarding work required in Reading.
- Audits are to be undertaken in 2019/20 to ensure that safeguarding thresholds are consistently applied.
- From 2019/20 all logging of concerns will be completed by the Safeguarding Team rather than passing this onto Adult Social Care Teams, in order to ensure consistency and centralised oversight.

West Berkshire District Council
- Have seen a 20% increase in the number of safeguarding concerns from 2018/19 comparted with 2017/18.
- The 20% increase is attributed to increase in organisational safeguarding concerns in 2018/19, where all individuals in receipt of a service from a provider where there are organisational safeguarding concerns will have a safeguarding concern logged. This is not the practice Reading Borough Council or Wokingham Borough Council follow.
- There has been a change in practice, which began in 2017/18. The change in practice was that safeguarding concerns received, that did not meet the safeguarding threshold, were not counted as a safeguarding concern, when previously they were. This has led to an increase in the the percentage of safeguarding concerns that progress into a safeguarding enquiry.
- In 2019/20 West Berkshire District Council are to review their data collection methods which is likely to increase the number of safeguarding concerns.

Wokingham Borough Council
- Have seen a 17% decrease in the number of safeguarding concerns from 2018/19 comparted with 2017/18.
- It is Wokingham Borough Council policy that if anything is raised as a safeguarding concern it is counted as one; however this policy was not implemented for all of 2018/19 which would have resulted in the reduction seen. This policy is not consistent with Reading Borough Council and West Berkshire District Council.
- In 2019/20 Wokingham will be launching the Adult Safeguarding Hub, where all concerns will be recorded centrally ensure consistency in recording of safeguarding concerns.

In response to this data and the explanation from the Local Authorities, an independent audit into the safeguarding recording process across each Local Authority will be carried out in 2020/21. To identify the inconsistencies in recording across the partnership and for the West of Berkshire Safeguarding Adults Board to agree to an approach to address these inconsistencies.

Trends across the area in 2018/19

- 67% of enquiries relate to people over 65 years in age, a slight increase when compared with 2017/18 where it was 62%.
- As in previous years more enquiries were in relation to women than men, with 61% of enquiries involving women. There this is an increase of 7% when compared with 2017/18 data where the outturn was 57%.
- 81% of referrals were for individuals whose ethnicity is White. This is consistent with 2017/18 data.
- For 11% of referrals made, the individual's ethnicity was not known, the same outturn as 2017/18.
- As in previous years the most common type of abuse for concluded enquires were for Neglect and Acts of Omission. This was followed by Physical, Psychological or Emotional abuse and Financial abuse.
- For the majority of cases, the primary support reason was physical support. For 16% of cases no primary support reason was identified, in 2017/18 this was 7%. This increase currently being investigated by the West of Berkshire Safeguarding Adults Partnership Boards, Performance and Quality Subgroup.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.

Challenges or areas of risk that have arisen during the year are recorded on our risk register, along with actions to mitigate the risks. These are some of the potential risks that we have addressed:

- A three year business plan was launched by the Board for 2018/19 to address the priorities in the 2018/19, however it was identified this approach meant that the actions were difficult to prioritise and monitor and therefore the Strategy and Business Plan was reviewed to ensure that the our key priorities were the main focus and we have returned to an annual business plan in 2019/20.
- We gained assurance from partners regarding the Emergency Duty Team sustainability, due to the negotiation the current contract.
- 25% reduction in Safeguarding concerns logged in 2017/18 compared with 2018/19, the reasons for this reduction was investigated and we were assured that the reduction was due to a change in the practice of recording of safeguarding concerns that did not meet the safeguarding threshold, which would have previously been counted, but were now logged and managed, through the care management process. An independent audit of this practice will be commissioned in 2020/21 to ensure that there is consistency applying the safeguarding procedures across the partnership.
- Through the Safeguarding Adults Review Process (SAR) we have identified that mechanisms and pathways in place across the locality to support people who Self-Neglect are not widely or fully understood. In response to this a Board priority for 2019/20 is: We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect.
- We want to make sure that local priorities and arrangements to support and minimise risks for people who experience Domestic Abuse are fully understood. In response to this, a Board priority for 2019/20 is: The Board will work collaboratively with Local Safeguarding Children Partnerships,

Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.

- To ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements is presented to the Board on a six monthly basis.
- We are aware of capacity issues within the supervisory bodies to obtain timely Deprivation of Liberty Safeguards (DoLs) assessments and provide appropriate authorisations. This situation and numbers of DoLs applications continue to be monitored by the Board, through our Dashboard. We await national data for 2018/19 to compare performance with 2017/18.
- We have gained further intelligence to support the view that responsibilities under the Mental Capacity Act 2005 are not fully understood or applied in practice as a safeguard for people who may lack capacity. The Board accept that this is a significant challenge in safeguarding practice and will ensure that any work undertaken by the Board will ensure consideration of the Act so it is fully embedded within practice.
- We want to make sure that there is consistent use of advocacy services to support adults through their safeguarding experience. A key performance indicator is in place to monitor performance across the local authorities. Performance in has continued to improve, there has been an increase of 4% compared with the previous year (89% - 93%).
- We want to ensure that people who make safeguarding referrals receive feedback. Our training programme will be relaunched in 2019/20 where there will be emphasis on ensuring feedback is provided where appropriate, this is also checked in our safeguarding audit process where Local Authorities are required to audit 10% of completed Safeguarding Enquiries each month, using a standardised audit template.
- We want to make sure that people who experience the safeguarding adults process as adults with care and support needs, as well as their carers, have appropriate opportunities for involvement or engagement with the Board. A Task and Finish Group was held to identify a strategy, which was presented and approved in June 2019. The implementation of the strategy will take place in 2019-20.

Further safeguarding information is presented in the annual reports by partner agencies in **Appendix E**.

Achievements through working together

Our 2018/21 Strategy outlines what the Board aims to achieve in the next three years. The Board identifies strategic priorities that shape its work. These are reviewed each year and revised to reflect findings from performance information and case reviews.

Our priorities for **2018/19** and outcomes to those priorities were:

Priority 1: We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of a wide range of local people:
- The Board membership arrangements were reviewed and updated.
- There was a full review of all Board subgroups and new terms of references were set.

- A new subgroup was established to ensure that the voluntary and community sector are engaged and inform the work of the Board.
- Links with Local Safeguarding Children Partnerships, Safer Communities, Health and Wellbeing boards have been strengthened.
- A strategy has been approved to ensure that people who use services are able to influence the work of the Board.

Priority 2: We will extend our links with other partnerships to work together to break down barriers across agencies and to promote Think/Family/Think Community approaches.

- Work is in progress to establish a data set for the Board in regards to domestic abuse. A priority for 2019/20 has been agreed as: The Board will work collaboratively with Local Safeguarding Children Partnerships, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.
- The Board review on a six monthly basis to be assured that local safeguarding arrangements for people who have Mental Health issues are effective.
- Framework for the Management of Allegations against Persons in Position of Trust has been launched and is available on our website.
- An audit on Self-Neglect was completed and recommendations used to inform the Boards 2019/20 priorities and business plan.

Priority 3: We will share learning and develop innovative ways to support both paid and unpaid organisations across partnerships to continually build confidence and the effectiveness of everyone's safeguarding practice.

- Safeguarding Adult Reviews (SARs) have been completed and where appropriate published with practise learning notes for professionals.
- Learning from SAR/Audit Implementation plan has been devised in order for the Board to track progress on learning and to test that learning is effective.
- A successful Joint Children's and Adults Safeguarding Conference on the theme of Prevention and Early Intervention was delivered in January 2019.
- The Safeguarding Audit form has been and will continue to be updated to test learning has been embedded into practise.
- Partners completed the Boards Self- Assessment.

Priority 4: We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly

- The Board has a Performance Dashboard and Key Performance Indicator Report which is managed by the Performance and Quality Subgroup and presented to the Board on a quarterly basis.
- Data in regards to Female Genital Mutilation (FGM) and Modern Slavery is being collected and the Performance and Quality Subgroup are reviewing this data to understand what this means for the West of Berkshire.

More information on how we have delivered these priorities:
- Additional achievements by partner agencies are presented in **Appendix B.**
- The completed Business Plan 2018-19 is provided in **Appendix C**.

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; or when an adult has not died but suffered serious abuse or neglect. 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 SAR Panel have worked on 9 SARs of which 3 were endorsed by the Board and 1 was published along with a practice learning note. The Board plans to publish the other 2 safeguarding adult's reviews in 2019/20. Valuable learning has emerged from the all SARs and has fed into the Boards priorities and Business Plan for 2019/20. It is planned for the remaining 6 SARs to be endorsed by the Board in 2019/20. The Board recognised the increase in workload for the SAR Panel and in response increased the frequency of SAR Panel meetings from quarterly to monthly.

The case summaries and the learning from the 3 SARs that have been endorsed are as follows:

Gemma

Gemma had a pressure sore. Gemma was issued with a pressure care mattress to relieve pressure from her skin, as part of the management plan to support her.

Gemma's pressure sore deteriorated to a Category 4 and Gemma sadly passed away the same month. At the time of the deterioration it was identified that Gemma's pressure care mattress was not operating as prescribed. There were incidents reported where the mattress was indicating a fault.

A safeguarding concern should have been raised by the district nurse when the deterioration in Gemma's pressure sore was identified, but was not. A concern was raised by the hospital when Gemma was admitted.

The safeguarding enquiry that was completed by the Local Authority did not meet the required standard.

Findings
- Mattress Settings: it is the responsibility of the prescriber to follow up after installation of a pressure care mattress and to set the controls in line with the persons clinical need.
- Recording keeping: it is essential that clear records are kept, for the safe management of equipment provision and that all information relating to the device is co-ordinated and documented.
- Reporting Faults: information is always provided detailing how to contact the equipment provider, in the event of any issue with the equipment itself. The leaflet has been improved to encourage people not to throw it away.
- Review: of equipment by prescribers, is vital, to ensure that the equipment meets the persons needs.
- Safeguarding Concern: should be raised when there is a lapse in care which has led to a deterioration of a pressure sore.
- Safeguarding Enquiry: all actions taken in safeguarding enquiries must be clearly documented.

Aubrey

Aubrey was a 45-year-old man. He had significant and complex health needs. Aubrey still maintained a high degree of independence and was well known within his community. He had a supportive family network with which he maintained regular contact.

In late 2016 Aubrey was informed that his cancer had spread to his abdomen and lungs. Although offered chemotherapy, Aubrey declined this because he did not want to feel more unwell than he already did.

On June 23rd 2017, Aubrey was admitted to the Royal Berkshire Hospital with back pain, sepsis, and a sudden and marked deterioration in his speech and level of consciousness. A decision was made to provide Aubrey with palliative care to ensure comfort, and he was cared for at the Royal Berkshire Hospital until sadly he passed away on the 29th June 2017.

Aubrey's care provider was judged as an inadequate provider by the Care Quality Commission following their inspection of March 2017. All of the Packages of Care that this provider was supporting with were reviewed as a result.

Lessons Learnt

- Refusals by Aubrey to accept treatment / care and support / equipment were not fully considered.
- No formal capacity assessments recorded to determine whether Aubrey could consent to treatment / refuse equipment / care and support / be admitted to hospital etc.
- Initial assessment, risk assessment and review did not take into account need for multidisciplinary approach to working with Aubrey (given his poor health).
- Agencies did not recognise or fully assess risks resulting in Aubrey directing his own care without the full impact of these risks being mitigated by commissioners.
- Although agencies worked in a person centred way during direct intervention with Aubrey there was a lack of professional curiosity and multi-disciplinary discussion.
- Aubrey's family were heavily involved in his care and provided significant support to him. However their involvement is not reflected in work completed and consultation with Aubrey around this is also missing.
- Review of the care package carried out in late March 2017 (triggered by the CQC inspection) records that that there weren't any concerns regarding the quality of care being delivered. This appears to be solely based on Aubrey's expressed view that he was happy with his care.
- No effort was made to seek Aubrey's agreement to discuss his care with his family in order to

Paul

Paul lived with his cousin Bruce, prior to his death Paul's Uncle/Bruce's father lived with them also. Paul and Bruce had a volatile relationship but were close. When they were required to move from their family home after the death of Paul's Uncle/Bruce's father, their volatile relationship became more problematic.

Both Paul and Bruce were known to Adult Social Care and both had complex needs. Paul did not engage with services, but Bruce did. Paul's son was concerned that his father was self-neglecting.

There were numerous allegations made by Bruce that Paul had hit him, however the response from the local authority in regards to these allegations was not compliant with Section 42 of the Care Act and did not follow best practice in regards to Domestic Abuse.

Paul was discovered on the floor in his home by a visitor. He had been there for more than 24 hours; Bruce did not/could not raise the alarm. Paul passed away in hospital. There was an initial concern that Bruce had caused harm to Paul but a police investigation concluded there was no evidence of this. After his death Bruce struggled to cope and was eventually detained under the Mental Health Act.

Findings
- Paul and Bruce's needs were assessed by Adult Social Care individually but without consideration of them holistically.
- Paul did not engage with services but this was exacerbated by the staff turnover in adult social care which was not conducive to building a relationship with him.
- Commissioning of support could have been improved to provide feedback on the home life situation of Paul and Bruce.
- Pauls' refusal of services was accepted by Adult Social Care without consideration of the risks to Paul and Bruce, or the concerns raised by Paul's family about possible self-neglect.
- Safeguarding processes were not followed, and the risks to Paul and Bruce were not effectively addressed.
- Paul and Bruce were spoken to together regarding the concerns regarding Domestic Abuse, best practice is that perpetrator and victim should never be interviewed together as this can result in greater risk to the person.
- Paul's case was closed by Adult Social Care even though there were ongoing safeguarding concerns.
- Use of advocacy was identified for Bruce but not for Paul.
- Paul and Bruce were not identified as each other's carers. Paul was sometimes identified as Bruce's carer but not the other way round. Neither Paul nor Bruce were offered carers assessments.
- When a strategy meeting was held people who needed to be involved in the case were not at the meeting, meaning that not all the risks were identified or addressed.
- Support given to Bruce after Paul's death was lacking, there was a poor partnership response to Bruce.
- Making Safeguarding Personal principles were not applied.
- Learning from previous SARs, commissioned by the Board, has not been embedded into practice.
- The Board requires assurance regarding the quality of supervision across the partnership

How is learning from SARS embedded within in practice?
The Board accepts that improvements are required in ensure that lessons learnt from SARs are embedded within practice. We have created Learning from SARS/Audit Implementation Plan where all findings from SARS and other Board learning are added and tracked. From the three SARS endorsed by the SAB have identified the following themes:
- Family/Carer Engagement
- Organisational Safeguarding
- Safeguarding Processes
- Support and Supervision
- Training
- Tissue Viability

We are committed to ensuring that our priorities are current and have and will change priorities in order to support learning from its SARs.

There is a dedicated page on the Board's website for case reviews:
http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/

Key priorities for 2019/2020

We understand that priorities will change and as we learn from partner agencies both locally and nationally and that the priorities must be achievable. The priorities for 2019/20 have been reviewed and updated to:

Priority 1: We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect.
- People who use services are able to influence the work of the Board.
- Comprehensive policies and procedures are in place in regards to Self-Neglect, which are accessed and followed by the partnership.
- Safeguarding Training to be reviewed to ensure that it addresses Board Priorities.
- We are assured that there is sufficient management oversight in regards to safeguarding. There is a decision by the Board on the 'SAM' function in Local Authorities and this is implemented.
- We are assured that there is adequate training in pressure care across the partnership.
- There is a standardised approach to risk management across the partnership.

Priority 2: The Board will work collaboratively with Local Children's Safeguarding Partnership, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.
- There is a clear Domestic Abuse Strategy in conjunction with LSCPs, CSPs and H&WBBs.
- There is a clear framework and toolkits to support the partnership with regard to Domestic Abuse.

Priority 3: We will understand the main risks to our local population in regards to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.
- There is a pathway in place to support the partnership in working together to respond to Modern Slavery and Human Trafficking Issues.
- We understand who is most at risk and can agree where focus is needed.

- There is a clear plan on how to support those most at risk from targeted exploitation.

Priority 4: The Board will understand from key stakeholders, why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place that is consistent across the partnership where practical.
- Providers who deliver services are able to influence the work of the Board in regards to organisational safeguarding.
- We are clear on the issues facing the CQC and commissioners in regards to organisational safeguarding.
- We are fully aware of the level of organisational safeguarding across the partnership
- There is an effective framework in place for responding to organisational safeguarding concerns.
- There is a consistent approach to quality monitoring of Adult Social Care Providers across the partnerships. Frameworks are published on our Website.

The Business Plan for 2019-20 is attached as **Appendix D.**

Appendices

Appendix A - Board Member Organisations

Appendix B - Achievements by partner agencies

Appendix C - Completed 2018-19 Business Plan

Appendix D - 2019-20 Business Plan

Appendix E - Partners' Safeguarding Performance Annual Reports:

- Reading Borough Council
- Berkshire Healthcare Foundation Trust
- Royal Berkshire NHS Foundation Trust

![West of Berkshire Safeguarding Adults Board — Reading, West Berkshire & Wokingham]

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Appendix A - Board member organisations

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 Volunteer Centre West Berkshire.

Appendix B
Achievements by partner agencies 2018-19

Berkshire Healthcare NHS Foundation Trust (BHFT)

Berkshire Healthcare NHS Foundation Trust have continued to work closely with partners agencies across all Berkshire localities, participating in serious case reviews and meeting regularly to share information, influence policy change and discuss relevant cases to facilitate continued improvement and increased knowledge in safeguarding. The Trust is represented by named safeguarding professionals at all relevant Safeguarding Adult Board subgroups, with senior management representation provided at the Safeguarding Adult Board.

The safeguarding children and adult teams are fully integrated to facilitate a more joined-up 'think family' approach to safeguarding. During 2018/19 an in-house on-call safeguarding advice line continued to be provided by safeguarding named professionals to enable staff to discuss cases and seek advice on safeguarding matters.

Achieving a high level training compliance is a priority for BHFT and the Trust have achieved compliance above 94% for safeguarding adults training at level one and above 85% at level two with extra courses being facilitated. Training compliance for PREVENT training is 96%.

Improvement in staff understanding of and application of the Mental Capacity Act (MCA) 2005 has been priority for the Trust. Extra training has been facilitated and compliance to training has increased to over 90%. MCA champions have been appointed to further this work and are mentored by the MCA lead for the Trust. A safeguarding named professional joined the team in a secondment post to lead on supporting staff to embed application of the Mental Capacity Act 2005 in practice and has facilitated practical workshops on the wards and with community teams.

A service improvement group has been formed to improve patient experience at Prospect Park Hospital and work has included safety work to prevent absconsions and sexual safety work in response to a CQC report on sexual safety in mental health settings.

Reading Borough Council (RBC)

Have implemented and embedded in 2018-19 the "Conversation Counts" strategy for engaging with adults in Reading. The approach is focused on supporting adults to recognise and develop their own strengths, building resilience in individual's lives and in communities, and improving communication between organisations, so that early responses and solutions are available to resolve situations before they deteriorate. These reflect the principles of Making Safeguarding Personal which are a cornerstone of good Safeguarding practice.

The development of the Advice and Wellbeing Hub, who receive referrals for information, advice, support and assessment for adults currently not in receipt of Local Authority services, has been a key activity in safeguarding residents locally in Reading, by preventing the escalation of risk and harm at an early stage, making appropriate advice and guidance accessible and supporting people to connect effectively with their local networks and communities, increasing independence and resilience.

The social care teams are supported through training, informal learning lunches and support and guidance from the Safeguarding Adults Team to ensure that practice is consistent, led by the adult and reflects the priorities outlined in the Care Act and further outlined by West Berkshire Safeguarding Adults Board.

In 2019/20 RBC S42 recording will be held centrally within the Safeguarding Adults Team in order to ensure greater accountability, transparency and consistency in Safeguarding practice.

Royal Berkshire Fire and Rescue Service (RBFRS)

RBFRS' key achievements for 2018 to 2019 are measured through our Strategic Performance Board and our corporate measure 3, measures the percentage of safeguarding referrals made and signposted through to Local Authorities within 24 hours. 100% of all referrals were signposted within 24 hours during this financial year. All Safeguarding referrals were met within the 24-hour Corporate Measure. There were 46 Safeguarding referrals made during Q1, 49 in Q2, 60 in Q3 and 86 in Q4. These figures are for all 6 Berkshire Local Authorities. The total number of referrals for 2018/2019 was 241 within Berkshire and 11 Over the Border (OTB) resulting in a figure of 252. 50% of these referrals were self-neglect and neglect. Other categories within our Safeguarding remit have included referrals involving domestic violence, acts of omission, sexual abuse/exploitation, Modern Day Slavery, financial/material abuse, emotional/psychological abuse and physical abuse. Since the Safeguarding function began in RBFRS four years ago, we have seen an increase in submitted referrals by 504%. Out of the 252 referrals 20% were signposted to Children's Services and 80% were adult referrals.

RBFRS continue to promote their Adult at Risk Program (ARP) and provide awareness raising training to numerous partnership agencies in order to improve referral rates. This work has generated an increase in vulnerable adult referrals to RBFRS across Berkshire including safeguarding referrals as one of the impacts.

Royal Berkshire Hospital NHS Foundation Trust (RBHFT)
- Safeguarding (adults) clinical governance has continued throughout the year and the safeguarding team medical clinical lead role is a valued part of the safeguarding team. There are vacancies in both NCG and UCG to recruit during 2019.

- Safeguarding concerns continue to be 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.
- Learning from SAR's continues to be included in Safeguarding training.
- The Lead Nurse Adult Safeguarding continues to be part of the SAR panel.
- Safeguarding Champions conference was held in November, this was evaluated positively by participants. A very successful half day champions meeting was held in June 2019 to consolidate learning. Another conference is planned for later in 2019 focusing on Learning Disability.

South Central Ambulance Service NHS Foundation Trust (SCAS)

- The delivery of face to face level 2 safeguarding update training to all patient facing staff
- A completion of new adult and children's safeguarding policies
- The implementation of a new web based referral system for our Clinical Call Centres
- The implementation of new safeguarding referral servers
- A review and update to our Allegation policy, Domestic Abuse policy and Prevent policy
- Assisted the Welsh Ambulance service to develop an electronic safeguarding referral process
- Worked with NHS Digital to develop CP-IS for Ambulance services
- Developed a Trust Modern Slavery statement and training for staff to identify victims of Modern Slavery
- The implementation of a safeguarding governance process for private providers and taxi firms used on our patient transport service

Thames Valley Police (TVP)

Thames Valley Police (TVP) has continued to work in strong partnership with statutory and voluntary organisations focussed on safeguarding. Our Integrated Offender Management (IOM) officers now support MAPPA and have widened their remit to include more women who need support and domestic abuse offenders. We have continued to run effective MARAC meetings involving relevant agencies in the area and over 2018-2019 215 cases were discussed with a view to safeguarding. 118 of these were referrals from TVP so we remain the biggest identifier of domestic risk. 70 of the 215 cases were "repeats" who had already been discussed at MARAC previously and returned following a repeat incident being identified.

Our Domestic Abuse team have held joint training sessions with BWA to ensure officers are well equipped to safeguard individuals as well as investigate. Additional training was delivered by the CQC to DA officers across the Force area to increase understanding of how TVP and CQC can work together to investigate Care Home allegations effectively.

TVP co –chair People Solutions Meeting with RBC where cases are raised where there is concern for an individual who may be at risk, to find a partnership solution. We continue to support MEAM (Making Every Adult Matter), and work with PACT charity to support Women with complex needs. Our neighbourhood teams work closely with RBC to protect adult vulnerable to exploitation

Reading Police and CMHT are piloting a High Intensity User Group meeting to work with partners across health and social care to improve identification and intervention of adults with additional needs due to mental health concerns, and reduce their impact on statutory resources. The Street triage (BHFT / TVP) joint response to MH crisis also continues daily 1700hrs – 0100hrs.

Involve, Bracknell Forest and Wokingham Borough

Involve has continued to provide support to charities and groups across the Wokingham Borough, many of whom work with adults and vulnerable people in our communities.

Involve has attended and supported the Wokingham Adults Safeguarding Forum, as well as the Community Safety Partnership through the year and information and updates relating to safeguarding and awareness raising regarding vulnerability have been shared widely to the sector through our fortnightly newsletter which reaches nearly 600 contacts.

Training specifically in safeguarding has been provided directly to 5 Wokingham Borough charities and other courses have been delivered in the borough on subjects such as: lone working, introduction to mental health, drug & alcohol awareness, introduction to domestic abuse and suicide awareness. All these subject areas increase awareness and support opportunities for people in our communities.

Involve held 2 key Community Awareness events in Wokingham in 18/19. These were on Community Safety and Mental Health. Both were delivered in partnership and had a great reception by the community, partners and attendees.

Reading Voluntary Action (RVA)

Our focus continues to be on Safeguarding Adults training for trustees and volunteers, to ensure that they understand their responsibilities in safeguarding adults. Reading Voluntary Action delivered 3 half-day workshops for a total of 31 trustees and volunteers. Staff and trustees that require more in-depth training, for example as Designated Safeguarding Lead, are signposted to relevant training offered by Reading Borough Council.

RVA's Advice Worker is an accredited Safeguarding trainer, having attended the Train the Trainer course. She attends the BW SAB Learning and Development Sub-group and has shared useful resources such as a video clip on Hoarding to add to existing training programmes. RVA regularly updates advice on Safeguarding which is held on our website - this is freely accessible. http://rva.org.uk/knowledge-base/safeguarding-knowledge/

We continue working with the Safeguarding Adults team at Reading Borough Council to ensure that we work effectively together to support vulnerable adults at risk.

Volunteer Centre West Berkshire

Our Director is a full Board Member of the West Berkshire council Health and Well Being Board and the Safeguarding Adults Partnership Board.

During the last year we ran the suicide prevention action group and trained 68 front line workers from the sector. We ran a volunteer recruitment event called V365 which attracted 275 members of the public visiting 60 charities.

We provided training courses, funding advice and guidance and operated transport services, befriending services, community navigations services and a mental health project. We attend numerous partnership boards and clerk the children and young people's board and the special educational needs board.

We ran four safeguarding courses for the sector between April 18 and March 31st at which 48 People attended. We also trained further 4 Befrienders in safeguarding delivered by West Berkshire District Council.

West Berkshire District Council (WBC)

2018/19 has been an exceptionally busy year for the Safeguarding Adult Service in West Berkshire council. Delivery of the safeguarding function is shared between the operational social care teams who complete the majority of investigations into allegations of abuse and a small safeguarding team that provide a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

The Service has had some significant personnel changes in the past twelve months. There is now a permanent Service Manager in post and investment in the service has led to the recruitment of a Safeguarding Social Worker and a part time admin role within the service. We have now been using our threshold decision making tools for over twelve months and as a result have been able to capture the large amount of work that we do as a service with concerns which so not meet the S42 Inquiry threshold, however do require sign-posting or liaison with other professionals to support the person or their Carer. We have seen an increase in safeguarding concerns of 46% in 2018/19 compared to the previous year. Completed S42 Enquiries has risen by 72% over the same period.

Organisational Safeguarding has been a particular pressure on the service over the past twelve months. We have had one local care home who were under an organisational safeguarding for over six months, two local domiciliary care providers who were also under organisational safeguarding and also one Berkshire wide provider who have been under a police investigation and serious provider concerns framework which West Berkshire Safeguarding Service has led on due to the head office for the provider being in our area.

This has put a great deal of pressure on both the safeguarding service, but also the ASC staff who have assisted in the process to ensure that service users under these providers are safe. We have worked closely with the CQC and our partner local authorities to undertake relevant S42 Inquiries and also undertake the provider concerns process.

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

Service Improvements

- We have recently redesigned the safeguarding forms to make them more user friendly and these are due to go live following training with all ASC staff in the autumn.
- The service manager; alongside the PSW, has run Risk Training to push the agenda of prevention of safeguarding and mental capacity, hoarding and scamming training is being delivered shortly.
- Section 42 audits now being completed on at least 10% of cases. This is now on Care Director and makes this much easier to complete.
- Safeguarding and Care Quality are joining forces to relaunch a joint Intelligence Forum for Providers and ASC, Health and partner staff
- SAR training is being completed locally with findings of local SARs. This is being completed by the PSW and Safeguarding Adults Service Manager
- All safeguarding forms are being reviewed on Care Director and will be much more user friendly and intuitive to assist staff in completing S42 Enquiries. This will include compulsory Risk Assessments being completed at the start and end of the Enquiries.
- DoLS/LPS paperwork will be completed on the Care Director system to share information with ASC staff.
- Development of Risk Management escalation process for both in house staff and those in our partner agencies. This will allow us to prevent safeguarding by working with the wider MDT to put measures in place to protect service users at an earlier stage.

Wokingham Borough Council

Safeguarding Adults is a strategic priority for Wokingham Borough Council (WBC) and a core activity of Adult Social Care.

Wokingham Borough Council achievements for 2018/19 are listed under the SAB priorities for this period:

Priority 1 – to strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the widest range of people

- Proactive work was undertaken to ensure accessible safeguarding information is available for all
- Adult Social Care continued to engage with the community and promote the prevention agenda via quarterly Wokingham Adults Safeguarding Partnership Forum (WASPF) meetings wherein matters relevant to the safeguarding agenda were discussed
- A focus was maintained in independent case file audits on the principle of 'empowerment' and promoting back to the workforce the importance of obtaining feedback from customers in line with principles of Making Safeguarding Personal (MSP) both to deliver effective outcomes for customers and to inform service and strategic development

Priority 2 – to extend links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

- Adult Social Care developed and delivered bespoke training in use of recognised risk assessment tools for Domestic Abuse. This was made mandatory for all adult social care practitioners to support more effective risk assessment and joint working with partner agencies in this context
- A consistent link worker was provided for the Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) to support interagency networking and interfaces
- Mandatory Carers Assessment training was delivered to all staff
- Various events were held to disseminate learning from SARs dynamically
- Mandatory training was delivered for the workforce on working with self-neglect and hoarding, including the provision of toolkits to assist in this complex area of practice

Priority 3 – to share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice

- Wokingham Borough Council actively participated and engaged in SARs commissioned by the SAB, including contributing to designing innovative models of review to generate effective learning
- Organised and participated in bite-size learning events agreed via the Learning and Development subgroup
- Adult Social Care reviewed and developed training plans to ensure mandatory training encompassed priorities of the SAB and was responsive to emerging findings from SARs
- Supervision audits undertaken on regular basis to provide assurance around effectiveness of practice
- Use of Safeguarding Champions Group as means of providing 'subject matter experts' in each service area
- Increased focus on MSP in all training materials relates to safeguarding

Priority 4 – to understand how effective adult safeguarding is across the West of Berkshire, to ensure we identify emerging risks and take action accordingly

- Continuation of 10% audits of completed safeguarding work to understand trends and risks and inform service deliver and development
- Ongoing review of performance data to understand what it tells us about safeguarding activity in the area
- Review of current safeguarding structure and pathways to consider more effective ways of delivering safeguarding in the Borough, thereby improving outcomes for adults at risk. This included submitting a proposal to Leadership on the development of an Adult Safeguarding Hub (ASH) in 2019/20

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Update for 2018-2019

	Priority 1							
	We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people							
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.1	Board membership and arrangements are fit for purpose and reflect a wide and varied group of stakeholders. The voluntary and community sector (VCS) are engaged and inform the work of the Board.	Review Board membership to ensure it is fit for purpose	Independent Chair & Business Manager	Dec 2018	Membership and arrangements will have been reviewed with rationale articulated for any changes made or for no changes made. Attendance rates acceptable.	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	Completed	**COMPLETED**
1.2		VCS and Healthwatch from each Local Authority is engaged in the work of the Board	Independent Chair & Business Manager	Dec 2018	Included in membership and criteria for meeting attendance agreed Attendance rates acceptable.	VCS and Healthwatch subgroup in progress Attendance rates acceptable	VCS and Healthwatch subgroup in progress Attendance rates acceptable	6 monthly subgroup to be held. Remain board members	**Completed**
1.3		Review subgroups, membership of them and Terms of Reference	Business Manager	Dec 2018	Clear structure of subgroups with coherent TORs exist, with clearly articulated interfaces	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	All have been reviewed, due to changes	**Completed**

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Update for 2018-2019

Priority 1									
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
					for sharing of information and co-production of outcomes Attendance rates acceptable.			in priorities ToR they are subject to change.	GREEN
3.4	The SAB has strong links with LSCB, Safer Communities, Health and Wellbeing boards	Reference in ToR	Business Manager / Independent Chair	**Mar 2019**	Revised ToR	Annual review of ToR	Annual review of ToR	Revised SAB ToR to be endorsed	**RED**
3.5		Board are aware of groups business plans and links with Boards priorities are identified and acted upon	Business Manager / Independent Chair	**Mar 2019**	Plans are reviewed and links are highlighted to Board and/or relevant Subgroup to consider joint working arrangements. Increase in collaborative work with other boards			Key documentation is shared across the groups.	**COMPLETED**
1.6	People who use services are able to influence the work of the SAB, including 'seldom heard' groups (including but	Task and finish group to consider models of service user involvement	Business Manager / Independent Chair	**Mar 2019**	Task group will have identified a range of models to be tested by the steering			Task and finish group held in	**COMPLETED**

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Update for 2018-2019

Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	not limited to; those for whom English is a second language, younger adults, faith groups, churches and the traveller community)				group. Participants in the steering group will have been identified (will include VCS) and membership agreed.			March 2019.	GREEN
1.7		Steering group to test and implement models of service user involvement to co-produce the work of the SAB, including exploration of a forum and embedding representatives in the subgroups as a possible option	Business Manager / Independent Chair/Steering Group	June 2019		The steering group will have tested a selection of models and identified the preferred model and what resources or infrastructure will be required to achieve this – this will be provided by delivery of a report and recommendations to the board		Paper to go to Board in June 2019, recommending SU Module.	GREEN
1.8		Formal proposal to Board on recommending model and how to	Business Manager / Independent Chair/Steering Group	Sep 2019		A preferred model for involving service users in co-production around		Detailed in action 1.7	GREEN

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Update for 2018-2019

	Priority 1								
	We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		effectively implement this during next year 2019/20				strategic aims of the SAB will have been agreed and work will be underway to embed service user in co-production with the board around the strategic aims of the SAB			GREEN
1.9		Implementation of service user involvement module	Business Manager / Independent Chair/Steering Group	**March 2020**		Agreed module goes live		Detailed in 1.7	**GREEN**
1.10		Review of service user involvement model	Business Manager / Independent Chair/Steering Group	**Dec 2020**			Review of model presented to the board setting out recommendations		**GREEN**
4.13		The SAB website is kept up to date	Business Manager	**Mar 2019**	Six Monthly check of website information completed and improvement actions set			Audit date scheduled	**GREEN**
2.14		The Board is	S/G Lead in each	**Dec**	Findings of a spot check of a random selection of 'points of			Spot	**Complet**

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Update for 2018-2019

Priority 1									
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people									
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		assured that accessible safeguarding information is available for all	stakeholder agency	**2018**	access' confirms that accessible information was identified. Feedback to Business Manager by 31/12			check complete d	**ed**
2.15			Business Manager	**Mar 2019**	Highlight report to Board , with recommendations on how to improve accessibility of information			Report to go to Junes Board.	**RED**
1.17	Providers who deliver services are able to influence the work of the SAB	Task and finish group to consider models of provider involvement	Business Manager / Independent Chair	**Mar 2020**		Task group will have identified a range of models to be tested by the steering group. Participants in the steering group will have been identified, this will include representation from the voluntary care sector and membership agreed		Carried over to 19/20 BP	**GREEN**
1.18		Steering Group to test and implement models of provider	Business Manager / Independent Chair/Steering	**Sep 2020**			The steering group will have tested a selection	Carried over to 19/20 BP	**GREEN**

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Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		involvement to co-produce the work of the SAB, including exploration of a linking in with existing provider forums and working with the CQC.	Group				of models and identified the preferred model and what resources or infrastructure will be required to achieve this – this will be provided by delivery of a report and recommendations to the board		GREEN
1.19		Formal proposal to Board on recommending model and how to effectively implement this	Business Manager / Independent Chair/Steering Group	Dec 2020			A preferred model for involving providers in co-production around strategic aims of the SAB will have been agreed and work will be underway	Carried over to 19/20 BP	GREEN

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Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
							to embed provider in co-production with the board around the strategic aims of the SAB		GREEN
1.20		Implementation of provider involvement model	Business Manager / Independent Chair/Steering Group	April 2021			Agreed model goes live	Carried over to 19/20 BP	GREEN
1.21		Review of provider involvement model	Business Manager / Independent Chair/Steering Group	June 2021			Review of model presented to the board setting out recommendations	Carried over to 19/20 BP	GREEN

Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.24	We are assured that	Event on Domestic	SAB, with	June	Event held, areas for			Carried	AMBER

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Priority 2								
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control	Abuse for partners to explore issues, understand priorities of the Domestic Abuse Strategy, and identify areas for improvement	partners from LSCB, CSP's.	2019	improvement identified and reflected in updated actions for the SAB or relevant subgroups			over to 2019-20 Business Plan	
1.22	We are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control	All relevant training, guidance and awareness raising activities within partner agencies to include dynamics and impact of coercive control	Learning, Development & Dissemination subgroup	Dec 2019	Partner agencies have moderated all materials and confirmed content is reflective of this			Carried over to 2019-20 Business Plan	GREEN
1.23		Domestic Abuse considered and areas for monitoring or improving practise	Performance and Quality	Dec 2018	The subgroup puts mechanisms in place to 'test' the impact of actions 1.22 and 1.24			Will be added to the Dashboard Carried	RED

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Priority 2									
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community									
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		identified.						over to 2019-20 Business Plan	RED
1.25	We are assured that relevant staff across agencies know how to identify risk of significant harm or escalation in Domestic Abuse and understand the relevance and application of Inherent Jurisdiction in this respect	Use of Safe Lives DASH-RIC to be promoted as best practice for risk assessment in Domestic Abuse and relevant support and training provided to staff	Safeguarding Leads & Principal Social Worker for 3 Local Authorities	June 2019	The workforce will be demonstrating application of appropriate risk assessment tools in practice and referrals being received by MARAC and DARIM will be reflective of this – the board expect to see an increase in referrals to monitor success	Continued increase in referrals	Level of referrals stabilises	Carried over to 2019-20 Business Plan	RED
1.26		Independent audit will be arranged to review model of risk assessment being promoted and content of	Performance and Quality	Dec 2019	The audit will demonstrate inclusion of relevant knowledge and skills in training, effective use of risk	Recommendations from audit 'tested' for compliance	Recommendations from audit 'tested' for compliance	Carried over to 2019-20 Business Plan	GREEN

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Priority 2									
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		training material as assurance. Sample of Safeguarding Concerns for Domestic Abuse to be audited to explore progress and identify remaining strengths and tensions in practice			assessment tools, appropriate responses to identified risk and appropriate referral to MARAC and DARIM, recommendations from audit considered by Board and implemented				
1.27		Monitoring of level of referrals to Multi Agency Risk Assessment Conference (MARAC)	Performance and Quality	**March 2019**	There is an increase of non-police agencies referring to MARAC			As per 1.23	**RED**
1.28	We are assured that staff across all agencies recognise and respond appropriately where there are interdependencies in relationships that mean intervention with one	All agencies to identify and implement appropriate methods to ensure that staff apply *Think Family/Think*	Safeguarding Leads in all organisations	**Dec 2018**		Leads will be able to feedback to the Business Manager and Independent Chair what actions their organisation has taken to achieve		Carried over to 2019-20 Business Plan	**RED**

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Priority 2									
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
	person has implications for another, including recognition and response to carers and other complex relationships	*Community* approaches in their practice				this and what methods have been implemented and how success will be monitored.			RED
1.29		Learning from SARs specific to this context is disseminated to the workforce and a simple survey has been undertaken (e.g. Survey Monkey) to measure what proportion of the workforce this has reached	Learning, Development & Dissemination subgroup	**Jun 2019**		A learning event (or other mechanism) will have been delivered including these elements and a survey will evidence the message has reached an acceptable (to be agreed by the Independent Chair) proportion of the workforce across partner agencies. If success criteria are not achieved, this will inform review of how to more effectively		Carried over to 2019-20 Business Plan	**RED**

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Priority 2									
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community									
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
						disseminate information			
3.31	We are assured that local safeguarding arrangements for people who have Mental Health issues are effective	Review and monitor current governance structures and accountability for safeguarding in local mental health services	Local Authority Safeguarding Leads	**Mar 2019**	A report on the governance structures within each area will have been provided to the Board, with analysis of the strengths and any tensions. This will be used for the Board to consider in conjunction with the outcomes of the independent audit (below)			A Six Monthly governance report is provided to the Board.	**Completed**

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Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
3.32		Independent audit of a random selection of Safeguarding Concerns in the three CMHT areas to be undertaken to measure compliance with policies and procedures and effectiveness of safeguarding interventions in a multiagency context	Performance and Quality	**Jan 2020**		A report on the outcomes of this audit will have been provided to the Board with analysis and recommendations. This will be used for the Board to consider in conjunction with the outcomes of the review of governance structure (above)		Will be removed from Business Plan 2019-20 onwards	**N/A**
3.33	We are assured that partners work together to respond to Modern Slavery and Human Trafficking issues	Modern Slavery and Human Trafficking strategic pathway agreed and published	Business Manager	**June 2020**			The strategic pathway is in place, has been published and is in an accessible format to all stakeholders and the workforce	TVP to provide copy to be published on our policies and	**GREEN**

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Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
								procedures website.	GREEN
3.34		Strategic pathway is referenced and promoted via training and other learning materials/events	Learning, Development & Dissemination subgroup	**Dec 2020**			There is auditable evidence of this in place	Carried over to 2019-20 Business Plan	GREEN
3.35		Audit template to be developed and agreed for audit of relevant cases for local implementation	Safeguarding Leads, 3 Local Authorities	**Dec 2020**			A consistent audit template is in use across the three local authority areas and a copy of the template has been provided to the Business Manager	Carried over to 2019-20 Business Plan	GREEN
3.36		Relevant cases to be audited to confirm whether strategic pathway is being followed and best practice	Safeguarding Leads in Local Authorities, TVP	**Dec 2020**			A sample of cases across the AOR has been audited and both good practice and tensions	Carried over to 2019-20 Business Plan	GREEN

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

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Update for 2018-2019

Priority 2									
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		adhered to locally					identified and collated thematically. The outcome of this will inform further work in this area.		
1.37	Organisations have in place policies and processes to manage allegations against persons in position of trust	Framework for the *Management of Allegations against Persons in Position of Trust – is published*	Policy and Procedures – Berkshire wide	**Dec 2018**	Framework endorsed by Board in 2017/18 is published.			Published on Boards Policies and Procedures Website.	**Completed**
1.38	We are assured that local arrangements to support and minimise risks for people who self-neglect are effective including; clear policies and procedures, recognition of risk, management of	Review to be undertaken to inform the SAB with an objective perspective on current status	Commissioned Independent Auditor	**Dec 2018**	Review will be completed and submitted with clear recommendations			Endorsed by Board in December 2018	**COMPLETED**

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Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.39	complex cases and outcomes for individuals	All agencies to proactively engage with independent review to enable this work to be concluded in a timely manner	Safeguarding Leads all agencies	**Sept 2018**	Reviewer will be provided with access to all information required in a timely manner to enable completion of the work			Information received	**COMPLETED**
1.40		Recommendations from review to be implemented and compliance and outcomes to be audited	All subgroups in context of each groups TORs	**Mar 2019**	Audit tool devised (or current audit tools amended) to measure success on recommendations	Continue measurement	Continue measurement	Added to Learning from SAR/Audit Implementation Plan	**COMPLETED**

Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

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Update for 2018-2019

Priority 3				We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice				
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
	We have considered a range of options for undertaking SARs	A range of (new) models of undertaking SARs will have been considered, including how and when they could be used. Recommendations provided back to the SAB	Safeguarding Adults Review Panel		A range of options will have been considered with evidence as to the rationale for including them or not including them in an agreed list of options. Going forwards, panel minutes will evidence consideration of the most proportionate and effective model in the context of each SAR commissioned, with clear rationale applied	Annual review of SAR models	Annual review of SAR models	Removed from 19/20 BP	**N/A**
4.43	Learning from SARs is shared and agencies embed this in their practice	SARs will be published in a timely manner with learning, recommendations	Safeguarding Adults Review Panel	**Upon sign off of SAR**	There will be evidence of timely sign off a publication of SARs to prevent delay in sharing and embedding of learning. Appropriate timescales to be set by Adults Safeguarding review panel			Endorsement of Learning from SAR/Audi	**Completed**

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Priority 3		We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice							
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		and Action Plans shared with partner agencies and sub groups effectively and efficiently to support effective dissemination						t Implementation Plan	
4.44		Learning from SARS will be logged and monitored on the Boards Learning from SAR/Audit Implementation plan	Business Manager	On Endorsement of SAR	All learning will be tracked and success measures monitored.			Endorsement of Learning from SAR/Audit Implementation Plan	COMPLETED
1.45		Evaluation template for training to include questions to	Learning, Development & Dissemination subgroup	March 2019	Each agency to have provided evidence that their evaluation template for training includes a mechanism for identifying how delegates are going to use and embed their learning – subgroup to consider how success will be measured			Removed from 19/20 Business	N/A

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		evaluate how practitioners have taken on and embedded learning						Plan	Completed
1.47		Learning from SARs completed by other boards	Business Manager/ Subgroup Chair Meeting	**Ongoing**	The Board are aware of published SARS and consider if recommendations made are appropriate for the West of Berkshire and implement			Access to RIPHA National Library	**Completed**
4.48		The Learning from SAR and Audits Implementation Plan is used to monitor response to findings by partner agencies upon publication of SARs	Performance and Quality	**Quarterly**	Quarterly report is provided to the board providing an auditable account of how SARs are being responded to dynamically			Highlight report to be taken to each board.	**Completed**
2.49	Training plans reflect the priorities in the Business Plan	Review training plans to ensure they address agreed priorities	Learning, Development & Dissemination subgroup	**Dec 2018**	Each agency will have provided feedback to the subgroup on how their training plans have been reviewed and what assurances there are that they address agreed priorities. This will be shared with the Independent Chair			A revised action to be presented in the 2019-20 Business Plan	**RED**

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
2.50		Deliver core training at all levels of organisations to support the sector	Safeguarding Lead each organisation	**Dec 2018**	Each lead will confirm to the subgroup that core training is being delivered at all levels of the organisation

The subgroup will define core training and acceptable training levels | | | A revised action to be presented in the 2019-20 Business Plan | **RED** |
| 1.51 | We are assured that effective supervision is taking place within agencies | Audit template to be designed, which includes a range of measurable outcomes on the delivery and effectiveness of supervision, leadership and case oversight in Adult Safeguarding | Performance and Quality Subgroup | **Dec 2018** | An audit template has been agreed, which has been signed off by board and is ready to be used in agencies | Annual review of audit tool | Annual review of audit tool | Audit template finalised March 2019. | **COMPLETED** |
| 1.52 | | Audit to be undertaken within each organisation using agreed tool to look at effectiveness and | Safeguarding Leads all agencies | **June 2019** | Audit has been undertaken in each organisation and a report received for each, including strengths, tensions | Ongoing monitoring of the effectiveness of supervision, with specific priority identified and improvements | Ongoing monitoring of the effectiveness of supervision, with specific priority identified and | Audit Stopped revised action in 2019-20 Business | **N/A** |

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Priority 3		We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice							
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		type of supervision being delivered (e.g. reflective, informal, ad-hoc, peer, clinical, group, observational), frequency and effectiveness (including that safeguarding is being considered), and strengths and tensions. Findings to be reported back to Performance and Quality Subgroup.			and recommendations fed back to subgroup	recommended.	improvements recommended.	Plan	
1.53 a		Results of audits discussed and key themes for learning identified.	Performance & Quality	**Dec 2019**		Key learning identified and shared with LD&D Subgroup		Audit Stopped revised action in 2019-20	**N/A**

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
								Business Plan	(green)
1.53 b		Learning from this exercise to be shared with agencies to encourage use of a diverse range of effective models	Learning, Development & Dissemination subgroup	June 2020		The sub group has reported to the board on what methods of dissemination have been used to share the findings of this audit with stakeholders	The subgroup seek feedback to how useful the information shared with stakeholders has been.	Audit Stopped revised action in 2019-20 Business Plan	N/A (green)
1.54	Staff and volunteers are supported to improve their skills and confidence	Develop opportunities for peer support both within and across agencies	Learning, Development & Dissemination subgroup	June 2019	Implementation plan to board including success targets	Update report to board on outcomes of peer support		A revised action to be presented in the 2019-20 Business Plan	N/A (green)
1.55		Develop opportunities for practitioners to discuss and reflect on cases, including use of quarterly	Learning, Development & Dissemination subgroup	June 2019	Quarterly Adult Safeguarding Forums established and agenda focuses on reflective learning. Key areas of reflective learning are identified. There will be a published programme of events in place.			A revised action to be presented in the 2019-20	N/A (green)

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		Adult Safeguarding forums for managers and practitioners			Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.			Business Plan	
1.56		Develop standardised eLearning and bite sized sessions for VCS	Learning, Development & Dissemination subgroup	**Sept 2019**	Standardised e-learning will be in place, publicised and accessible to VCS. Bite sized sessions on a range of relevant issues will have been made accessible to the VCS. Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.			A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.57		Develop and promote learning opportunities for volunteers	Reading Voluntary Action, Involve Wokingham, Volunteer Centre West Berkshire and the Learning, Development & Dissemination subgroup	**Mar 2020**	Inclusion of volunteers will be considered and implemented where appropriate for all learning opportunities created by the subgroup	Mechanisms for peer support within and across agencies will be in place and opportunities will be publicised and being accessed Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.		A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.58		Joint Children's and Adults Safeguarding	Learning, Development & Dissemination	**Jan 2019**	Learning opportunities for volunteers will be in place across the three locality areas and will have been publicised			Successful conference held	**COMPLETED**

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.59		Conference on theme of Prevention and Early Intervention	subgroup Joint safeguarding conference group	June 2019	The subgroup will review the conference and report back to the SAB highlighted key successes and recommendations for future conferences.			Scheduled for SEPTEMBER 2019	AMBER
4.60		Deliver Safeguarding Adults Train the Trainer programme	Learning, Development & Dissemination subgroup	March 2019	Training delivered which includes key priorities identified in plan, feedback is positive and level of attendance exceeds or matches the previous session.			A revised action to be presented in the 2019-20 Business Plan	N/A
4.61		Report on training activity for 2017-18 for SAB annual report	Learning, Development & Dissemination subgroup	Dec 2018	Report delivered recommendations will steer future business planning			Data received	COMPLETED
1.62	Adult safeguarding services are person led and outcomes focused because people are encouraged and supported to make their own decisions				Training material will have been moderated to ensure Making Safeguarding Personal is embedded but that Duty of Care, Public Interest Duty and Information Sharing are adequately covered

Making Safeguarding Personal is embedded in the culture of Adult Safeguarding, from the point of recognising indicators of abuse or neglect where this is appropriate | | | | |

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
					People are involved in safeguarding interventions from the earliest opportunity ('Nothing about me, without me') and they, or their representative (where appropriate) are active participants in decision-making				
		Ensure that adult safeguarding training is based on Making Safeguarding Personal principles balanced with understanding of Duty of Care and Public Interest Duty	Learning, Development & Dissemination subgroup	**March 2019**	Audit of training content completed and subgroup are satisfied that the criteria has been met, or where is has not been changes have been made.			A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.65	We provide feedback to those who raise a safeguarding concern	Training emphasises the importance of providing feedback to the referrer	Learning, Development & Dissemination subgroup	**Mar 2019**	All agencies understand when feedback should be provided and are active participants in seeking out			A revised action to be presented in the 2019-20	**N/A**

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Priority 3				We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice				
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
					feedback, subgroup will create and implement monitoring process to ensure occurring and highlight issues to the board.			Business Plan	
1.66		Compliance with providing feedback at the point of decision (whether to proceed to Sec 42 enquiry) and at conclusion, to be measured via all (existing) internal and independent audit processes	Performance and Quality	**Mar 2019**	Audit evidences that feedback is being provided to referrers as appropriate, and in a timely manner, subgroup to set timely manner.			On the section 42 audit form	**COMPLETED**
1.67	Independent providers deliver safe, high quality services and the Board is assured that safeguarding processes are adhered to in line with Care Act	Assurances will be provided to the Board that safeguarding processes are robust and fit for purpose in	DASS and other commissioners	**Mar 2019**	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	Annual Self Assessments completed by partners	**COMPLETED**

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	requirements	independent provision, including Home Care.							
1.68	We are assured that all stakeholders are following the *Berkshire Pressure Ulcer Pathway* to ensure effective delivery of care and robust consideration of safeguarding concerns in this context	Recommendations from audit conducted in 2017/18 will be published	CCG Safeguarding Lead / Business Manager	**Dec 2018**	Findings will have been shared with all relevant agencies			A revised action to be presented in the 2019-20 Business Plan	N/A
1.69		Recommendations from that review will be implemented	Pressure Care Task and Finish Group – managed by Performance and Quality	**March 2019**	Task and Finish Group to present progress to the Board in March 2019			A revised action to be presented in the 2019-20 Business Plan	N/A
1.70		Review audit will be undertaken to measure progress in respect of compliance and effectiveness and	Performance and Quality	**June 2019**	There will be improved compliance with application of the pathway and the strengths and			A revised action to be presented in the 2019-20	N/A

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		extended to also include consideration of Grade 2 pressure wounds as well.			tensions around its impact on effective delivery of care and consideration of safeguarding concerns will be understood to inform any further strategic work			Business Plan	

Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
3.71	We have verified that the workforce is accessing and using the Pan Berkshire policies and procedures following their launch	Survey Monkey will be used to obtain subjective feedback from the workforce as to whether they are accessing the policies & procedures and to capture their perspective on the strengths and	Business Manager	**Sept 2019**	An acceptable (to be agreed by Independent Chair) proportion of the workforce will be accessing the policies and procedures			Work is being undertaken by the Pan Berkshire Policies and Procedures Group regarding usage of	N/A

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		tensions						the policies and procedures.	
3.72		Website hits will have been analysed to provide an objective perspective on how often and from where the documents are being accessed	Business Manager	Sept 2019	Analysis will evidence the website is being accessed proportionately across the AOR and that website hits are at an expected/acceptable level			Being undertaken by the Pan Berkshire Policies and Procedures Group	N/A
1.73		Internal and Independent audits of Adult Safeguarding work will include consideration of whether Pan Berkshire policies and procedures are being correctly implemented	Performance and Quality	TBC based on audits	Audit will evidence Pan Berkshire policies and procedures being appropriately applied in practice			Is a Business As Usual Task	N/A
1.74	We understand what the	Audit outcomes are	Performance and	Quart	Audit outcomes are known, are informing relevant action plans			All audit	COMPLETE

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	data tells us about where the risks are and who are the most vulnerable groups	analysed and the Board takes required actions to address identified areas of concern across partner agencies.	Quality and Safeguarding Leads	**erly**	and strategic focus and are being fed into training to ensure required actions are embedded in culture			outcome are added to learning from sar/audit plan.	D
1.75		Dashboard is monitored and developed to ensure Board is informed of the KPI data	Performance and Quality	**Quart erly**	The Dashboard is monitored dynamically and the Board is provided with accurate and timely data			Dashboar d in place	**COMPLETE D**
1.76		Develop understanding of the local level of risk for victims of FGM by reviewing local and national FGM data	Performance and Quality	**Mar 2019**	The local level of risk is known, in order to inform future strategic work and any key messages are disseminated in a timely manner, including in training where required			Data collected as part of dashboar d.	**Completed**
1.77		Develop understanding of local level of risk for victims of	Performance and Quality	**Mar 2019**	The local level of risk is known, in order to inform future strategic work and			Data collected as part of dashboar	**COMPLETE D**

West of Berkshire
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Reading, West Berkshire & Wokingham

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		Modern Slavery by reviewing local and national Modern Slavery data			any key messages are disseminated in a timely manner, including in training where required			d.	
1.78	Feedback from people having experienced intervention via a Sec 42 Enquiry is used to inform practice development and the strategic aims of the SAB	Ensure feedback is routinely obtained from all people subject to a Sec 42 enquiry via mandatory review of desired outcomes expressed at outset	Safeguarding Leads in the 3 Local Authorities	**Mar 2019**	There is evidence that desired outcomes expressed at the start of the intervention are being reviewed with the individual or their representative at the end of an intervention			Will form part of the service user feedback action. 1.6-1.10	**N/A**
1.79		Provide mechanism for collating and analysing this feedback to inform practice development and strategic focus	Performance and Quality	**March 2019**	There is a mechanism in place to collate this feedback and to extract themes for feedback to the board			Will form part of the service user feedback action. 1.6-1.10	**N/A**
1.80		Ensure feedback obtained is being	Learning, Development &	**June 2019**	There is evidence that themes have			Will form part of	**N/A**

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		shared across partners and is informing learning events and training	Dissemination subgroup		been shared with stakeholders and relevant knowledge and information is embedded in training and culture			the service user feedback action. 1.6-1.10	
1.81	The Board is assured that local arrangements to support and minimise risks are effective	A thematic audit programme will be agreed, based on areas of risk and learning from SARs. Audits will use an agreed template and review interventions in a multiagency context and be undertaken consistently across the AOR. Note. For efficiency, this action may incorporate other references to audit in this business	Performance and Quality	Mar 2019	A consistent method for auditing multiagency work across the three Local Authority areas will be in place. Findings are being fed into the board and there is evidence of learning being disseminated across organisations and into the work of the subgroups

Audits carried over 17/18: Tissue Viability | | | Audit schedule will be planned as part of the Learning from SAR/Audit Implementation Plan. | COMPLETED |

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Priority 4		We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly							
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		plan i.e. audits are designed to cover multiple actions			Dementia Abuse in own home				
1.82	The Board is assured that Adult Safeguarding interventions are compliant with the MCA 2005 and that the principles of MSP are adhered to, including; appropriate involvement of advocacy to ensure person-centred responses	Local guidance documents and tools to be reviewed to ensure they promote compliance with formal assessment of capacity to consent to a safeguarding intervention, where required	Safeguarding Leads 3 Local Authorities	**Dec 2018**	Relevant documents will support compliant formal assessment of mental capacity and direct the workforce to evidence rationale for decisions reached			Revised action on 2019-20 business plan	**N/A**
1.83		Audit of completed Safeguarding cases to include analysis whether decisions that service users lack capacity to consent, demonstrate compliance with application of the diagnostic and	Performance and Quality	**Mar 2019**	Audit will evidence that the workforce is correctly applying the MCA and decisions that a person lacks capacity to consent to a safeguarding intervention (or associated decisions) have an auditable			Revised action on 2019-20 business plan	**N/A**

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		functional tests			and lawful rationale recorded				
1.84		Compliance to be raised amongst the workforce about how and when to involve advocacy and how to ensure this is effective		**Jun 2019**	There will be a clear understanding of when access to advocacy must be facilitated and what its role is. Audit will demonstrate application of this in practice			Compliance is increasing reported on Dashboard and as part of section 42 audits.	COMPLETED
1.85	The Board has a comprehensive and effective Quality Assurance Framework	Review, update and implement current SAB Quality Assurance Framework	Business Manager, Performance and Quality	**March 2020**		There will be a revised Quality Assurance Framework in place that partners have completed and summarised to the Board.	Annual review of SAB Quality Assurance Framework, completion of assessment for all partners, key themes and actions presented to the Board.	Removed from BP as is a business as usual task.	n/a

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RAG Criteria	RAG Status	Scenario	Boards Responsibility
Progress against Business Plan	Red	The implementation plan is not in place or there are delays which means the action will not be achieved in timescale.	To understand issues impacts on action and agree how to mitigate the risk, by using risk mitigation log.
	Amber	The implementation plan is in place there is a risk that the deadline will not be met.	To Note
	Green/Completed	The action has been completed or there is an implementation plan in place and the timescale is expected to be met.	To Note

Amendments to the Business Plan
In order to ensure that the plan is reflective of current priorities and incorporates ongoing learning, amendments will be made to the business plan. Any amendments will be approved by the Board.

It was agreed by the Board in June2019, to revert back to an annual business plan, a task and finish group was held in May 2019 where key priorities of the Board was agreed and a revised business plan was presented and agreed by the Board in June 2019.

Subgroups
All subgroup are required to set an action plan to deliver the outcomes within the business plan, providing clear measures for success. Subgroup chairs and West Berkshire lead for the Policies and Procedures group, will meet on a quarterly basis, with the Independent Chair and Business Manager; to discuss business plan progress and to ensure that the Subgroups are working together effectively.

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Performance and Quality

- To set an action plan to deliver the outcomes within the business plan
- Provide an interface with the Pan Berkshire 'Policy and Procedure' group
- Develop a range of mechanisms for measuring outcomes in respect of assuring the SAB about the effectiveness of safeguarding activity in practice, including implementation of Action Plans from SARs and trends being identified through data reporting
- Oversee performance and data quality of all safeguarding activity across the area
- Develop and maintain a framework, which ensures there are effective and accountable quality performance indicators and monitoring systems in place
- Produce regular reports to the SAB, which ensures a consistent approach and good quality of safeguarding provision is maintained across all partner agencies
- Consider trends in safeguarding activity and share these with the SAB and the other subgroups for them to support relevant work, as required

Learning, Development & Dissemination

- Ensure there is a skilled workforce to help protect adults at risk and ensure there is awareness across all organisations, including independent and voluntary sectors
- Develop the training competency framework, ensuring this remains up to date and is informed by practice
- Ensure learning from SARs is embedded in training and that a range of methods are used to disseminate the learning to organisations and the workforce
- Ensure organisations and the workforce are kept informed on the work of the SAB, awareness around relevant information and issues is maintained and that promotional learning messages are delivered ('soft touch learning')

Safeguarding Adults Review Panel

- Develop a range of options/models for undertaking SARs
- Consider all requests for SARs
- Where it is agreed a SAR is required to agree the most effective and proportionate type of SAR to commission
- Commission, manager and monitor any reviews
- Keep the SAB informed of any reviews
- Share Action Plans from reviews with SAB and with relevant

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<u>**Policy and Procedures – Berkshire wide**</u>

The Policy and Procedures Sub Group has the responsibility for undertaking the development and review of Policy and Procedures by:

- Considering suggested changes to the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Approving draft/update Board Safeguarding policies/guidance and procedures which will be sent to the four Boards for final ratification and adoption;
- Addressing gaps in the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Considering the implications of changes to national policy guidance and legislation;
- Considering recommendations arising from local and national serious case reviews, domestic homicide reviews and Safeguarding Adults Reviews;
- Ensuring Making Safeguarding Personal is embedded in the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Ensuring the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures" is subject to appropriate equality impact assessment;
- Presenting policy and procedures to the four SABs in Berkshire for agreement and adoption;
- Making recommendations to the four Safeguarding Adults Boards in Berkshire for hosting, ongoing maintenance and updating of the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Sharing information and good practice and promoting, where appropriate, joint development of common procedures.

The lead for the Berkshire SAB will be responsible for:

- Co-ordination of local policies and procedures updates when the Policy and Procedures Subgroup introduce/update a policy or procedure
- Ensure local standards, policies and procedures are in place and are updated at least annually, both in line with Pan Berkshire developments and wider legislative or guidance changes
- Ensure the importance of safeguarding adults is included in other policy documents, e.g. Domestic Abuse, Safeguarding Children etc.

<u>**Task and Finish Groups**</u>

In order to achieve the actions within the plan the following Task and Finish Groups will be established these will be led by the appropriate subgroup as listed.

Ref	Action	Lead Subgroup
1.6	Task and finish group to consider models of service user involvement	Performance and Quality
1.7	Task and finish group to consider models of provider involvement	Performance and Quality

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Priority 1 - We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect												
Action	Outcome	Who	Target Date	Referenced with other priorities	Making Safeguarding Personal Objective						RAG and Progress Update	
					Empowerment	Prevention	Proportionality	Protection	Partnership	Accountability		
1.1 - To present and implement a Service User Involvement Strategy for the SAB.	People who use services are able to influence the work of the SAB	Task and Finish /Communications Subgroup	Sept 2019	2,3 &4	X						Recommendation report approved by SAB in June 2019, recommendations to be implemented by the Communication Subgroup.	
1.2 - To review and relaunch the Pan Berkshire Policies and Procedures in regards to Self-Neglect.	Comprehensive policies and procedures are in place in regards to self-neglect, which are accessed and followed by the partnership.	Task and Finish Group/ Pan Berkshire Policies and Procedures	Dec 2019		X	X	X	X	X	X	Agreed Task and Finish Group will be arranged by the Pan Berkshire Policies and Procedures Group.	
1.3 – Review and update Safeguarding Training across the partnership.	Safeguarding Training to be reviewed to ensure that it addresses SAB Priorities.	Learning, Development &Dissemination	December 2019	2,3,&4	X					X	Focused meeting to be arranged training must also consider: Feedback to referrer/ MSP/Pressure Care/Recording/MCA/ family and carer involvement/	

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1.4 – Review safeguarding management oversight and consider updating the function of 'Safeguarding Adults Management' across the Partnership.	The SAB are assured that there is sufficient management oversight in regards to safeguarding. There is a decision by the SAB on the 'SAM' function in Local Authorities and this is implemented.	LA Leads/Business Manager	March 2020	2,3,&4						X	Implementation plan to be agreed.
1.5 –The SAB review the quality of Tissue Viability Management training across the partnership to ensure that it is adequately addressed.	The SAB are assured that there is adequate training in pressure care across the partnership.	Learning, Development and Dissemination	December 2019	2,4	x	x	x	x	X	X	Taken from Learning from SAR/Audit Action plan. Implementation plan to be agreed
1.6 To agree and implement a partnership wide Risk Assessment Tool.	There is a standardised approach to risk management across the partnership.	Task and Finish Group	March 2020	2,3,4	x	x	x	x	X	X	SAB approved use of framework in principle in June 2019. Task and Finish Group to be arranged to agree implementation plan.

Business Plan   2019-20

Priority 2 – The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.											
Action	Outcome	Who	Target Date	Referenced with other priorities	Making Safeguarding Personal Objective						RAG and Progress Update
					Empowerment	Prevention	Proportionality	Protection	Partnership	Accountability	
2.1 – Event on Domestic Abuse for partners to explore issues, for a joint Domestic Abuse Strategy.	There is a clear Domestic Abuse Strategy in conjunction with LSCBs, CSPs and H&WBBs.	SAB, with partners from LSCB, CSP's.	December 2019		x	x	x	X	X	X	To cover: Coercive Control/ Risk Framework/ Interdependencies in relationships. Representatives from CSP and LSCB to be invited to Sub Groups Chairs meeting where action to be discussed.
2.2 – To review/update and relaunch policies, procedures and tool kits in light of the Domestic Abuse Strategy.	There is a clear framework and toolkits to support the partnership with regard to Domestic Abuse.	Task and Finish Group	March 2020			X	X	X		x	Implementation plan to be agreed.

Business Plan   2019-20

Priority 3 – We will understand the main risks to our local population in regards to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.											
Action	**Outcome**	**Who**	**Target Date**	**Referenced with other priorities**	**Making Safeguarding Personal Objective**						**RAG and Progress Update**
					Empowerment	Prevention	Proportionality	Protection	Partnership	Accountability	
3.1 - Modern Slavery Pathway is published and promoted.	There is a pathway in place to support the partnership in working together to respond to Modern Slavery and Human Trafficking Issues.	Pan Berkshire Policies and Procedures.	June 2019			x		x	X		TVP presented to Pan Berkshire Policies and Procedures Subgroup, awaiting final version from TVP for sign off.
3.2 - To identify who is most at risk from Targeted Exploitation.	The SAB understand who is most at risk and can agree where focus is needed.	Performance and Quality	December 2019			x	x				Implementation plan to be agreed.
3.3 - To agree how the SAB will address the issues identified in action 3.2.	There is a clear plan on how to support those most at risk from targeted exploitation.	SAB	March 2020		x	x	x	x	X	x	Implementation plan to be agreed.

West of Berkshire
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Reading, West Berkshire & Wokingham

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Priority 4 – The SAB will understand from key stakeholders, why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place that is consistent across the partnership where practical.											
Action	**Outcome**	**Who**	**Target Date**	**Referenced with other priorities**	**Making Safeguarding Personal Objective**						**RAG and Progress Update**
					Empowerment	Prevention	Proportionality	Protection	Partnership	Accountability	
4.1 – An event (s) is held with care providers to understand the issues they are facing in regards to service delivery.	Providers who deliver services are able to influence the work of the SAB in regards to organisational safeguarding.	Business Manager/ Independent Chair	December 2019	2,3,4		x		x	x	x	Implementation plan to be agreed.
4.2 – A meeting is held with CQC, LA's, CCG and SAB Chair to discuss organisational safeguarding across the partnership.	The SAB are clear on the issues facing the CQC and commissioners in regards to organisational safeguarding.	Independent Chair/ LA and CCG DASS's	July 2019								Meeting scheduled for 31st July 2019.
4.3 – The SAB Chair is alerted to all Organisational Safeguarding issues via a briefing note, detailing the concerns, how many people the concerns impact on and the plans in place to safeguard people.	The SAB is fully aware of the level of organisational safeguarding across the partnership	LA DASS's	June 2019			x	x	x	x	x	Email sent to LA DASS's and CCG SAB Lead on the, 2/7/19.
4.4 – Review of the Organisational Safeguarding Policies and Procedures	There is an effective framework in place for responding to organisational safeguarding concerns.	Local Authorities	December 2019		x	x	x	x	x	x	Will take place in conjunction with a lessons learnt review in regards to an organisational safeguarding concern that impacted on

Business Plan   2019-20

											the whole partnership.
4.5 – Partners review together the quality assurance processes (including information sharing) for commissioning of external providers delivering adult social care to ensure that they are consistency with the Pan Berkshire Safeguarding Adults Policies and Procedures.	There is a consistent approach to quality monitoring of Adult Social Care Providers across the partnerships. Frameworks are published on the SAB Website.	LA's/CCG	December 2019			x		x	x	x	Taken from Learning from SAR/Audit Action plan. Request to DASS's and CCG Lead for named person on 2/7/19.

RAG Criteria	RAG Status	Scenario	Boards Responsibility
Progress against Business Plan	Red	The implementation plan is not in place or there are delays which mean the action will not be achieved in timescale.	To understand issues impacts on action and agree how to mitigate the risk, by using risk mitigation log.
	Amber	The implementation plan is in place there is a risk that the deadline will not be met.	To Note
	Green/Completed	The action has been completed or there is an implementation plan in place and the timescale is expected to be met.	To Note

Amendments to the Business Plan

Alongside this Business plan the Board also hold a risk and mitigation log and learning from SAR/Audit Implementation plan. In order to ensure that the plan is reflective of current priorities and incorporates ongoing learning, amendments will be made to the business plan. Any amendments will be approved by the Board.

Safeguarding Adults Annual Report 2018-19

Reading Borough Council

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Reading Borough Council

Directorate of Social Care and Health

Annual Safeguarding Report Reading DACHS 2018/19

1.0 Introduction

Safeguarding is the responsibility of all professionals and partners engaged in working with adults who may be in need of care and support. However, the responsibility for coordinating safeguarding enquiries rests with the Local Authority; in the Directorate of Adult Care and Health Services for Reading Borough Council, although all social care teams are involved in safeguarding enquiries. These are led by the Safeguarding Adults Team who receives the majority of incoming concerns and referrals.

The safeguarding adults team receive incoming safeguarding concerns and referrals and are responsible for screening and prioritising these to identify safeguarding concerns and manage many of the concerns for adults not resident in Reading and organisational abuse enquiries. Through focused information gathering and identification of risks the team are able to direct concerns to the appropriate team for action and enquiry, or resolve and manage without the need for further progression.

2.0 How we are Safeguarding Adults in Reading
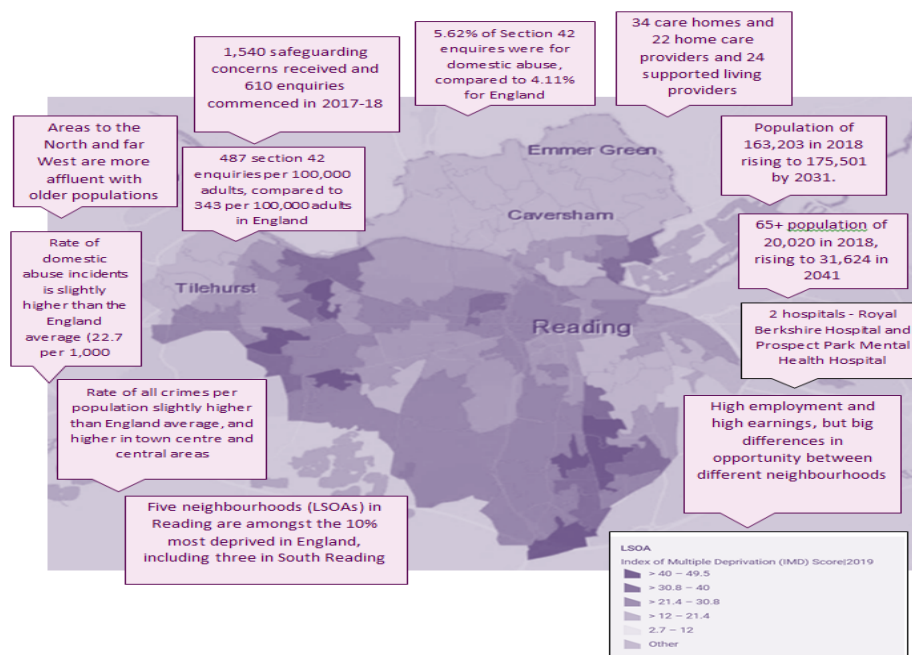
Key principles of Safeguarding practice include **Prevention** and **Empowerment**, principles that are also central to the strengths based **"Conversation Counts"** strategy for engaging with adults in Reading. The "Conversation Counts" approach that has been implemented and embedded over this year is focused on supporting adults to recognise and develop their own strengths, building resilience in individual's lives and in communities, and improving communication between organisations, so that early responses and solutions are available to resolve situations before they deteriorate. These reflect the principles of Making Safeguarding Personal which are a cornerstone of good Safeguarding practice.

In this respect the development of the Advice and Wellbeing Hub, who receive referrals for information, advice, support and assessment for adults currently not in receipt of Local Authority services, has been a key activity in safeguarding residents locally in Reading, by preventing the escalation of risk and harm at an early stage, making appropriate advice and guidance accessible and supporting people to connect effectively with their local networks and communities, increasing independence and resilience.

One of our key activities for 2019/20 will be to align our Safeguarding Adults Team as the access point for all safeguarding adults concerns, with the Advice and Wellbeing Hub. This will support us to work more preventatively and more closely with our community and partner organisations to identify risk and prevent harm before it occurs.

The social care teams are supported through training, informal learning lunches and support and guidance from the Safeguarding Adults Team to ensure that practice is consistent, led by the adult and reflects the priorities outlined in the Care Act and further outlined by West Berkshire Safeguarding Adults Board.

3.0 Positive outcomes from Safeguarding

Where we have identified that abuse or harm is occurring to an adult, working with that person to support them to achieve their outcomes and manage the risks they are experiencing involves working in partnership with them, and their support networks, and with others to provide safer and more sustainable support arrangements.

While our safeguarding performance can be in some respects reflected in the collation of numerical data, practice and quality of safeguarding work is best evidenced through examples of the work that is being undertaken in the teams.

Some of the examples below illustrate not only how interventions by social care practitioners supported adults to manage risks and reduce harm, but also improve quality of life and achieve a positive impact in terms of social and emotional wellbeing outcomes. They indicate that even in situations where an adult is facing multiple risks and challenges to their safety and wellbeing, a person centred and partnership approach to working can support them to maintain the aspects of their life that matter to them, whilst reducing harm.

All names and identifiable details have been changed to maintain confidentiality

3.1 Archie: Working in Partnership

Archie is a young man with Learning Disabilities. It became apparent that there was a long history of verbal and psychological abuse from his mother with whom he lived. Archie's mother had advanced dementia and was struggling to continue to care for him but lacked insight into this. He was very unhappy at home and drank heavily, putting himself at risk by walking in the streets at night after arguments with his mother. He was targeted by people in his area and was financially and sexually abused as a consequence. We worked closely with him, his family, voluntary and commissioned providers, to help him address these issues. We helped him to move from his mothers' home to emergency respite, to manage the immediate risks, and from there to supported living, finding a setting that suited him and his needs for longer term support. He is now settled, has stopped drinking, is much healthier and happier and has recently returned from a joint holiday with other residents living in his accommodation. Archie's mother has accepted that she can no longer care for him and he is in regular contact with her – their relationship is much improved and she approves of the placement now**.**

3.2 Bernard: Protection and Empowerment

Bernard is an older man with a brain injury, memory issues and alcohol dependence. He was physically and financially abused and ended up being evicted from his flat after being cuckooed by drug dealers. He ended up street homeless. Following notification through safeguarding, he was offered a place of safety in a care home as an emergency, and from there was assisted to identify longer term accommodation in supported living. After a difficult transition, he has now settled really well, and is in regular contact with his family who live abroad. He is attending Ridgeway Gardening club twice a week and is going to the local church and library, having built up connections with his local community that support his interests and social needs, much improving his quality of life.

3.3 Chris: Partnership and Proportionality

Chris was referred to the local authority with concerns regarding his health, self-neglect and an unsafe living environment. His health was poor, with ulcers on his legs that were untreated, continence issues and a persistent cough. His home was cluttered, with dirty clothing and food waste, damp with a lack of heating, and a rat infestation was apparent. It was reported that he was low in mood and feeling that life was not worth living. However, Chris' main fear was that someone would take him away from his home, so he had been reluctant to allow any professionals to be involved. Chris was reassured and supported by the social worker to address the issues that concerned him the most. He allowed the worker to introduce him to Environmental Health colleagues, who were able to deal with the rat infestation, and then to clean his home. Chris agreed to visit the GP but had demonstrated capacity with regards to his health and social care needs, so did not accept some interventions despite concerns raised. However, the improvement in his home, and his sense of autonomy regarding the help he had received, enabled him to accept assistance to maintain relationships with involved professionals. He has since received treatment for his ulcers and has additional equipment in his home to support his personal care. Chris is able to access the community and visit his GP when needed.

4.0 Overview of Performance Data

Included in this report is a summary and analysis of the performance data for the period 2018/19, which supports an understanding of an overview of safeguarding activity in Reading, and how this might be more effectively delivered in coming years.

Some of the key themes from this data influence our delivery priorities for 2018/19

Most notable in the data there is the drop in number of concerns recorded, which continues a trajectory from the previous year. It was noted that robust information gathering and engagement prior to identifying a concern impacted positively on reducing concerns, and this practice has continued, supported by the proactive approach of the Conversation Counts model. The fact that the number of enquiries resulting from concerns has not fallen supports the interpretation of the figures as a

positive trend towards more accurate recognition of safeguarding, rather than a lack of identification. As an authority we have continued to undertake a number of enquiries in line with previous performance levels which would indicate that where risks of abuse and neglect is identified safeguarding intervention is taking place.

However, as part of the development of the Safeguarding Adults Team function in 2019/20, the recording of all concerns will be held centrally within the team, to be actioned as Section 42 enquiries when appropriate by the community teams, rather than be passed for screening or information gathering. This will provide greater accountability and transparency in the data and ensure concerns are consistently captured. An audit of referrals coming into the service that are closed prior to enquiry will be conducted throughout the year to ensure quality and consistency, as well as identify any learning or practice needs.

The recording of organisational abuse incidents has been raised as a point of difference in practice across the board, and the variation in incidents highlights a need to ensure that the process for identifying and responding to organisation abuse is transparent, robust and accountable, so that variances in recording are clearly understood in context.

In Reading we have begun the development of an effective partnership with commissioning teams to work proactively and jointly where concerns arise within provider organisations. This has enabled the Safeguarding Team to establish a process to complete and record enquiries effectively, and share information in a timely way with practitioners and commissioners. This ensures that Providers can be supported to improve and maintain their support and delivery of services to vulnerable people.

The outcomes of safeguarding show some decrease in people achieving any of their outcomes, in terms of adults being asked what their preferred outcomes were and whether they were achieved. It is expected that this will be addressed by the implementation of oversight from the Safeguarding team of enquiry closures, which will be transferred to an audit process once those improvements are evidenced and reflected in data.

5.0 Quality and Safeguarding

5.1 Safeguarding Adults Reviews - There have been no Safeguarding Adults Reviews (SAR's) published in 2018/19.

5.2 Other Reports – The Local Government & Social Care Ombudsman investigated a complaint regarding the quality of care provision to a vulnerable woman living in Reading. They found that care workers did not follow the correct emergency procedure to secure medical attention in a timely manner. The ombudsman wished to ensure that as a result of their findings, councils that outsource domiciliary care,

are responsible for the care delivered. Therefore Reading Borough Council were found to be at fault for the actions of the provider.

The Council devised an action plan and met with the family in order ensure that appropriate steps were taking in relation to the finding of fault.

6.0 The Future – Evolving and Improving our delivery of Safeguarding

Through 2020 the aspiration for Reading Borough Council is to streamline access for all Safeguarding activity and work towards a single point of access for all concerns. This will see closer work and integration with the Advice and Wellbeing Hub, the department's 'front door' for all Social Care queries. We believe that this will bring about some considerable customer and practice benefits such as:

- The creation of a single point of contact & improved service for the customer

- Achieving proportionate responses focused on better outcomes and underpinning of Making Safeguarding Personal (MSP) principles

- Facilitation of improved partnership working with both professionals and the third sector

- Ensuring greater links with preventative approaches

In addition to the commitments already outlined in this report and in order to deliver a consistent, person centred and enabling safeguarding experience to support adults and partners in Reading, a series of practice forums for Managers and Practitioners are being established which will assist with improvement in the following areas:

- Communication with partner, statutory and voluntary organisations with regards to safeguarding referrals and joint working partnerships
- Enablement and Management of Risk, particularly where the capacity of the adult to understand the risks to them is unclear or not present.
- Recording of enquiries and outcomes to ensure our work is reflected in the records and data that we hold.
- Learning and development needs are identified and responded to at the earliest opportunity

These forums allow practitioners to explore themes around Safeguarding, ask questions and assess case studies. This can only lead to greater awareness of the wide range of Safeguarding issues and also lead to more effective practice.

In November 2018 for National Safeguarding Adults Week there were a series of talks, events and learning opportunities across key areas of Safeguarding practice. These reflected the priorities of the West Berkshire Safeguarding Adults Board and

supported our practitioners and partners to ensure a comprehensive and joined up response to safeguarding across the Borough. The intention is to continue to grow and expand 'Safeguarding Week', showcase the work that we do in Safeguarding adults and bring this to a wider audience both internally and outside of the Council.

7.0 Reading Annual Performance Report 2018/19

The 2018-19 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) has been collected since 2015/16 and is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013/14 and 2014/15 reporting periods.

Section 1 - Safeguarding Activity

Concerns and Enquiries

As a result of the Care Act 2014, changes over recent years the terminology of some of the key data recorded in the Safeguarding Return in its various formats has changed. The data relating to 2016-17 onwards contained within this report therefore relates specifically to Concerns and s42 Enquiries.

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of Concerns raised, s42 Enquiries opened and the conversion rates over the same period.

There were 1109 safeguarding concerns received in 2018/19. The number of Concerns has decreased considerably over the past 2 years with a decrease of 433 over the previous year (from 1542 in 2017-18).

549 s42 Enquiries were opened during 2018/19, with a conversion rate from Concern to s42 Enquiry of 50% which is higher than the national average was for 2017/18 which had been around 38%. This also continues the upward trajectory of this indicator for Reading as compared to previous years although it does bring us more into line with other West Berkshire authorities.

There were 458 individuals who had an s42 Enquiry opened during 2018/19 which is only an increase of 1 over the year and shows that whilst Concerns received was falling the number of s42 Enquiries has remained quite stable over the previous year.

Table 1 – Safeguarding Activity for the past 3 Years since 2016/17

Year	Safeguarding Concerns received	Safeguarding s42 Enquiries Started	Individuals who had Safeguarding s42 Enquiry Started	Conversion rate of Concern to s42 Enquiry
2016/17	2049	481	416	23%
2017/18	1542	542	457	35%
2018/19	1109	549	458	50%

Section 2 - Source of Safeguarding Enquiries

As Figure 1 shows the largest percentage of safeguarding enquiries for 2018/19 were referred from both Social Care staff (32.8%) and also by Health staff (32.1%) with Family members also providing a larger than average proportion (12.8%). The Police have also been responsible for referring 7.3% 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 - 2018/19
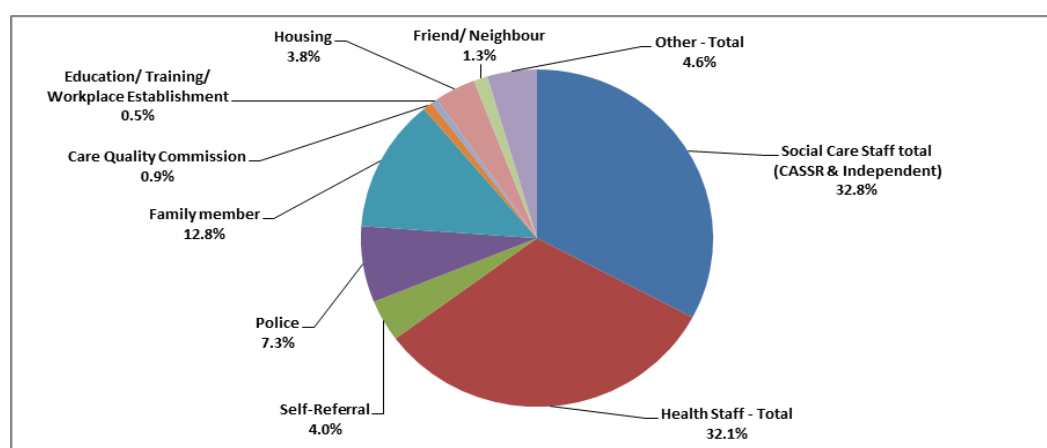
Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2016/17. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where

available, so a clearer picture can be provided of the numbers coming in from various areas.

For Social Care actual numbers coming in have decreased over the year by 34 which proportionately makes this group 32.8% of the total (down from 39.5% in 2017/18). The biggest decrease in numbers can be found for both Domiciliary and Residential / Nursing staff which have seen a 33% and 43% decrease in numbers over the year respectively. Referrals coming in from Day Care Staff are the only group in this area where referrals have increased (up from 6 to 15 referrals).

The numbers of referrals coming in from Health Staff have increased from 137 to 176 since 2017/18. Proportionately it now makes up 32.1% of the total (up from 25.3% in 2017/18). This is mainly due to a 62.1% increase in numbers coming from Secondary Health staff (up 41 referrals over the year) and a 77.8% increase in those coming from Mental Health staff (up 14 referrals over the year). Primary / Community Health referrals however have fallen over the year (down 16 referrals over the year).

Other Sources of Referral over the year have remained fairly stable in terms of numbers and make up 35.1% of the total. There has been an increase in those coming in from the Police (up 2.1%) and for Self-Referrals (up 0.9%). We have also seen a slight decrease for those coming via Family (down 1.6%), Friends (down 0.9%) and Housing (down 1.4%).

Table 2 - Safeguarding s42 Enquiries by Referral Source over past 3 Years since 2016/17

	Referrals	2016/17 (s42 only)	2017/18 (s42 only)	2018/19 (s42 only)
Social Care Staff	**Social Care Staff total (CASSR & Independent)**	**147**	**214**	**180**
	Domiciliary Staff	36	60	40
	Residential/ Nursing Care Staff	31	51	29
	Day Care Staff	3	6	15
	Social Worker/ Care Manager	44	60	52
	Self-Directed Care Staff	3	7	5
	Other	30	30	39
Health Staff	**Health Staff - Total**	**123**	**137**	**176**
	Primary/ Community Health Staff	59	53	37
	Secondary Health Staff	43	66	107
	Mental Health Staff	21	18	32
Other sources of	**Other Sources of Referral - Total**	**211**	**191**	**193**

referral	Self-Referral	22	17	22
	Family member	83	78	70
	Friend/ Neighbour	8	12	7
	Other service user	0	3	0
	Care Quality Commission	4	1	5
	Housing	13	28	21
	Education/ Training/ Workplace Establishment	4	1	3
	Police	46	28	40
	Other	31	23	25
	Total	**481**	**542**	**549**

Section 3 - Individuals with Safeguarding Enquiries

Age Group and Gender

Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. The majority of enquiries continue to relate to the 65 and over age group which accounted for 58% of enquiries in 2017/18 which is exactly the same as last year. Between the ages of 65 and 84 the older the individual becomes the more enquiries are raised. Overall most age groups have stayed fairly consistent over the past year.

Table 3 – Age Group of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2016/17

Age band	2016-17	% of total	2017-18	% of total	2018-19	% of total
18-64	160	38%	192	42%	191	42%
65-74	60	14%	65	14%	66	14%
75-84	83	20%	95	21%	91	20%
85-94	96	23%	90	20%	93	20%
95+	17	4%	15	3%	17	4%
Age unknown	0	0%	0	0%	0	0%
Grand total	416		457		458	

In terms of the gender breakdown there are still more Females with enquiries than Males (57% compared to 43% for 2018/19). The gap however between the two has stayed fairly stable over the past 2 years having doubled initially between 2016/17 and 2017/18. This is shown in Figure 2 below *(See Table A in Appendix A for actual data).*

Figure 2 – Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2016/17

Gender of Individuals with S42 Enquiries Started
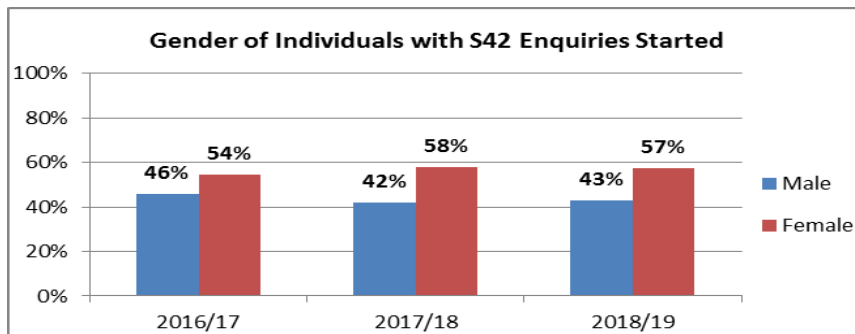
When looking at Age and Gender together for 2018/19 the number of Females with enquiries is larger and increases in comparison to Males in every age group over the age of 65. It is especially high comparatively in the 85-94 (Females – 25.6% and Males – 13.3%) and the 95+ age groups (Females – 5.3% and Males – 1.5%). For Males there is a larger proportion in the 18-64 group which makes up 50.5% of that total whereas the proportion is only 35.1% for the Females in that group. This is shown below in Figure 3 *(See Table B in Appendix A for actual data).*

Figure 3 – Age Group and Gender of Individuals with Safeguarding s42 Enquiries – 2018/19

Age group by Gender of individuals with S42 Enquiries Started - 2018/19
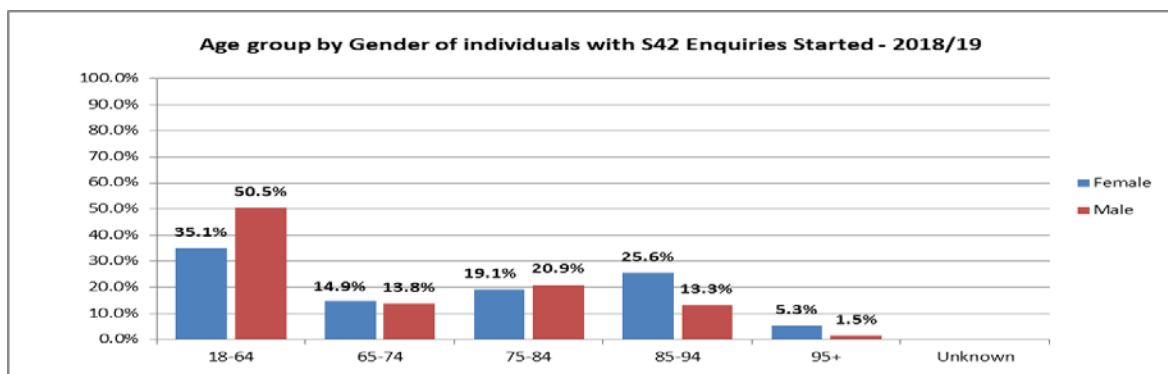
Ethnicity

82.7% of individuals involved in s42 enquiries for 2018/19 were of a White ethnicity with the next biggest groups being Black or Black British (6.8%) and Asian or Asian British (6.8%). The White Group has fallen this year by 4.4% (87.1% in 2017/18) whereas the Mixed / Multiple and Asian or Asian British Groups have risen by 2% and 1.7% respectively. The Black British and Other Ethnic Groups have remained at a similar proportion over the past year. This is shown in Figure 4 below.

Figure 4 – Ethnicity of Individuals involved in Started Safeguarding s42 Enquiries - 2018/19

13
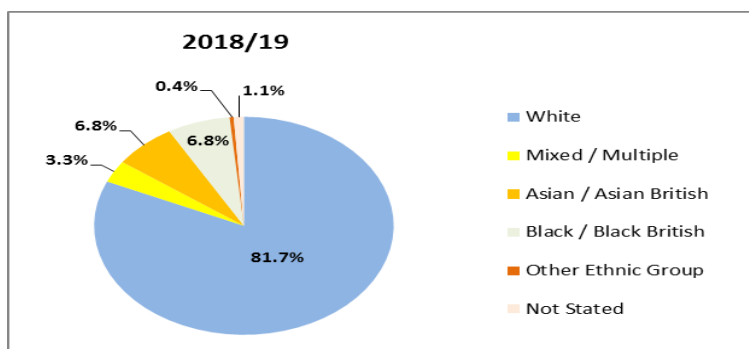
2018/19

Table 4 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2018/19 compared to 2017/18. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

Table 4 – Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2017/18

Ethnic group	% of whole Reading population (ONS Census 2011 data)	% of whole England population (ONS Census 2011 data)	% of Safeguarding s42 Enquiries 2017/18	% of Safeguarding s42 Enquiries 2018/19
White	74.5%	85.6%	87.1%	82.7%
Mixed	3.7%	2.3%	1.3%	3.3%
Asian or Asian British	12.6%	7.7%	5.1%	6.8%
Black or Black British	7.3%	3.4%	6.3%	6.8%
Other Ethnic group	1.9%	1.0%	0.2%	0.4%

The numbers above suggest individuals with a White ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for the whole Reading population although are now slightly lower in comparison to the England Population from the 2011 Census data.

It also especially shows that those individuals of an Asian or Asian British ethnicity are less likely to be engaged in the process especially at a local level although this has improved over the past year (12.6% in whole Reading population whereas those involved in a safeguarding enquiry is still only 6.8%). Once again the Black or Black British Ethnic Group is more comparable to the local picture but is higher than that at a national level.

Primary Support Reason

Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2018/19 had a PSR of Physical Support (52.6%) which has seen a big increase in its proportion of 9.7% over the year. Most Primary Support Reasons have seen a small proportionate drop or increase of approximately 1-2% over the last year, whereas the Support with Memory and Cognition one has halved this year (from 16.2% in 2017/18 to 8.1% in 2018/19) which brings it more in line with the 2016/17 proportions. *(See Table C in Appendix A for actual data).*

Figure 5 – Primary Support Reason for Individuals with Safeguarding s42 Enquiry over past 3 years
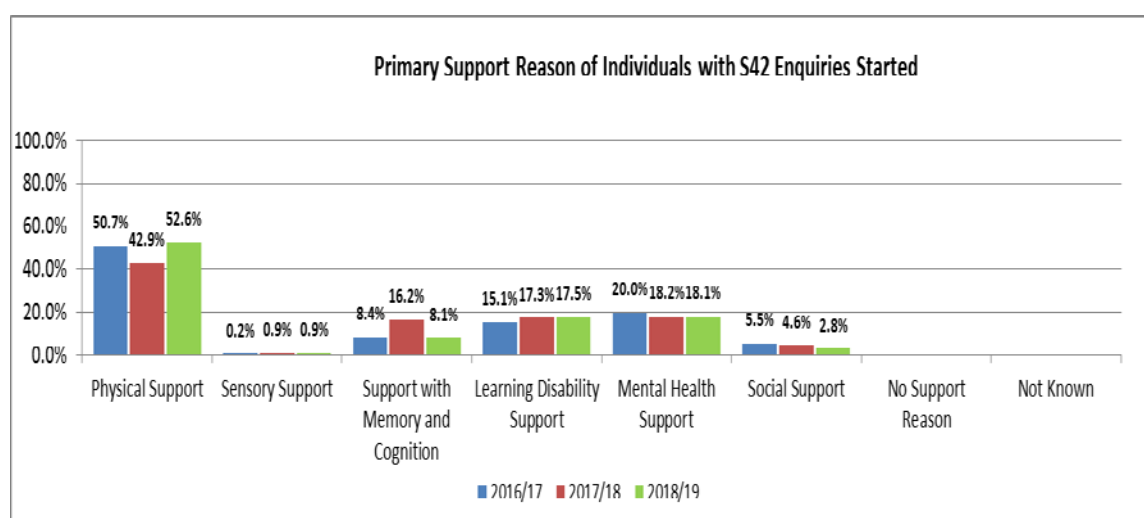
Section 4 – Case details for Concluded s42 Enquiries

Type of Alleged Abuse

Table 5 and Figure 6 show 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 only comparator figures since then.

The most common types of abuse for 2018/19 were still for Neglect and Acts of Omission (38.3%), Financial or Material Abuse (22.6%) and Psychological Abuse (21.3%) with the former decreasing since last year by 2.2%.

The main type of abuse that saw a decrease since last year is for Organisational Abuse (down 10.8%). Self-Neglect was one of the newer abuse types added in 2015/16 and has seen a proportionate decrease for the second year running (down 2.8% to 12.7% of all concluded enquiries).

Table 5 – Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2016/17

Concluded enquiries	2016/17	%	2017/18	%	2018/19	%
Neglect and Acts of Omission	187	39.3%	233	40.5%	236	38.3%
Psychological Abuse	104	21.8%	125	21.7%	131	21.3%
Physical Abuse	99	20.8%	113	19.6%	126	20.5%
Financial or Material Abuse	91	19.1%	130	22.6%	139	22.6%
Self-Neglect *	90	18.9%	89	15.5%	78	12.7%
Organisational Abuse	48	10.1%	107	18.6%	48	7.8%
Domestic Abuse *	35	7.4%	52	9.0%	46	7.5%
Sexual Abuse	17	3.6%	31	5.4%	34	5.5%
Discriminatory Abuse	4	0.8%	6	1.0%	9	1.5%
Sexual Exploitation *	4	0.8%	7	1.2%	7	1.1%
Modern Slavery *	0	0.0%	1	0.2%	0	0%

Figure 6 – Type of Alleged Abuse over past 3 Years since 2016/17
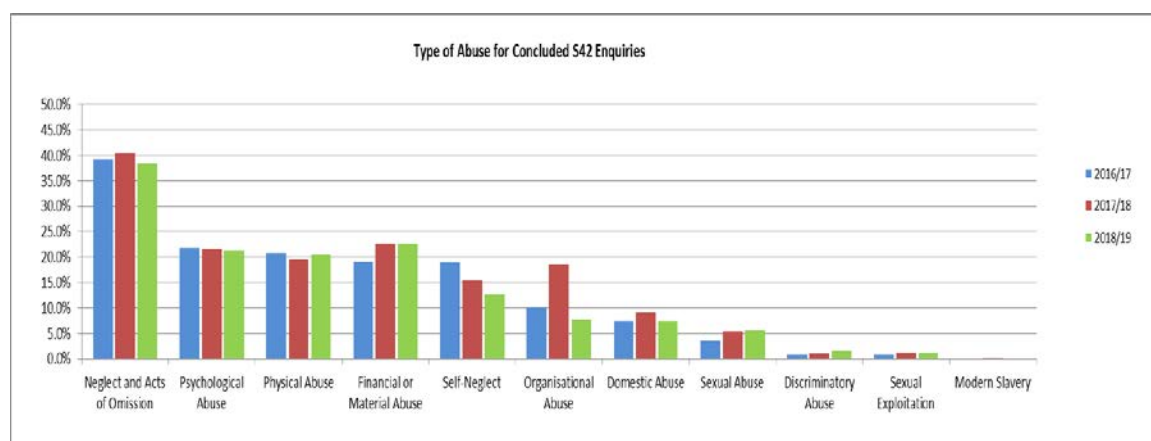
Location of Alleged Abuse

Table 6 shows concluded enquiries by location of alleged abuse over the last two years only.

As shown below; as with previous years, still by far the most common location where the alleged abuse took place for Reading clients has been the individuals own home (64.9% in 2018/19) although this has seen a 1.1% decrease proportionately as

16

compared to last year. The only other abuse locations which have seen larger proportionate changes are for Mental Health Hospitals and Residential Care Homes which have both decreased proportionately (1.7% and 2.5% respectively).

Table 6 – Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2017/18

Location of abuse	2017-18	% of total	2018-19	% of total
Care Home - Nursing	42	7.3%	42	6.8%
Care Home - Residential	63	10.9%	52	8.4%
Own Home	380	66.0%	400	64.9%
Hospital - Acute	31	5.4%	36	5.8%
Hospital – Mental Health	25	4.3%	16	2.6%
Hospital - Community	3	0.5%	4	0.6%
In a Community Service	5	0.9%	4	0.6%
In Community (exc Comm Svs)	40	6.9%	43	7.0%
Other	21	3.6%	19	3.1%

Source of Risk

The majority of concluded enquiries involved a source of risk 'Known to the Individual' which is 2.4% up on last year (currently 55.4%) whereas those that were 'Unknown to the Individual' only make up 6.5% (was 4% in 2017/18). The 'Service Provider' category which was formerly known as 'Social Care Support' refers to any individual or organisation paid, contracted or commissioned to provide social care. This makes up 38.1% of the total (down 4.9% on 2017/18). This is shown below in Figure 7.

Figure 7 – Concluded Enquiries by Source of Risk 2018/19
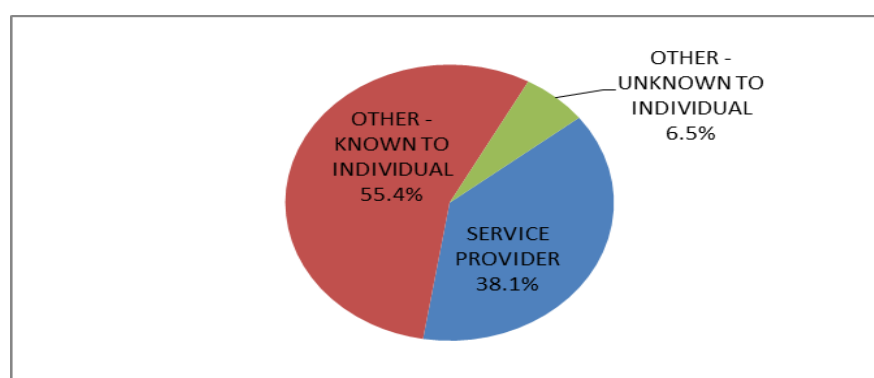
Action Taken and Result

Table 7 below shows concluded enquiries by action taken and the results for the last three years whereas Figure 8 compares the last 2 years directly in terms of the concluded enquiry outcomes.

As predicted in 2017/18 the data has changed significantly due to the outcomes of concluded enquiries being looked at closely for the current year. As a result those with 'No Further Action' have reduced considerably to 20% of all concluded enquiries as compared to being 55% of the total in 2017/18.

The risk was only reduced or removed in 38% of concluded enquiries in 2017/18 whereas this has increased to 73% of the total in 2018/19.

Table 7 – Concluded Enquiries by Action Taken and Result over past 3 Years since 2016/17

Result	2016-17	% of total	2017-18	% of total	2018-19	% of total
Action Under Safeguarding: Risk Removed	41	9%	45	8%	113	18%
Action Under Safeguarding: Risk Reduced	139	29%	173	30%	336	55%
Action Under Safeguarding: Risk Remains	31	7%	43	7%	43	7%
No Further Action Under Safeguarding	265	56%	315	55%	124	20%
Total Concluded Enquiries	476	100%	576	100%	616	100%

Figure 8 – Concluded Enquiries by Result, 2017/18 and 2018/19

2018/19

- Action Under Safeguarding: Risk Removed 18%
- No Further Action Under Safeguarding 20%
- Action Under Safeguarding: Risk Remains 7%
- Action Under Safeguarding: Risk Reduced 55%
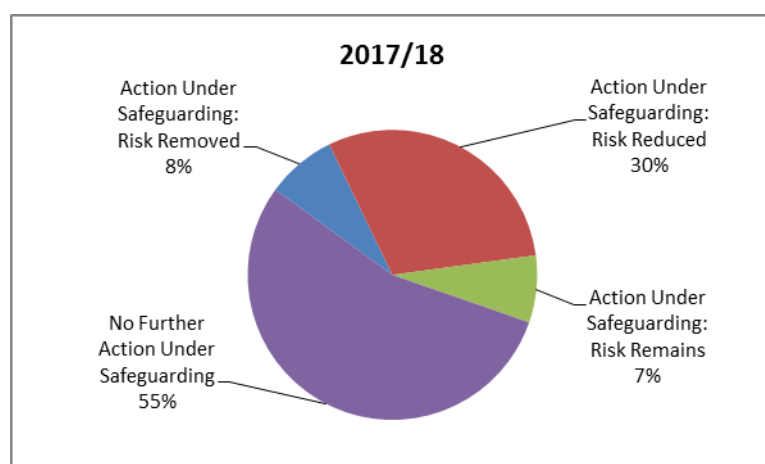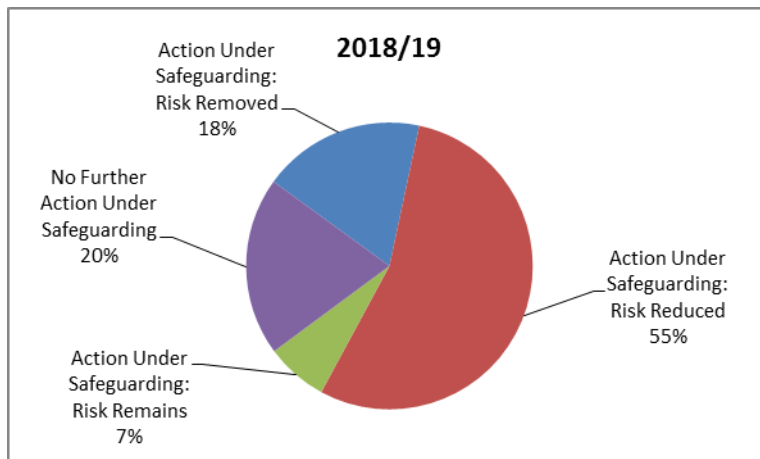
Section 5 - Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2017/18 and shows if they lacked capacity at the time of the enquiry.

The data shows that over time those that lacked capacity has increased slowly year on year with a 6% increase since 2017/18. Those who do not lack capacity however have also increased but at a higher rate. For 2018/19 only 63% now did not lack capacity whereas in 2017/18 it was at 50%.

These figures are in some part due to the large reduction in those concluded enquiries where the Mental Capacity was still not fully identified. In 2017/18 approximately 24% of cases still had an unknown level of Mental Capacity whereas by 2018/19 this figure had reduced to 5% of the total.

Figure 9 – Concluded S42 Enquiries by Mental Capacity over past 2 Years since 2017/18

2017/18
- 24% Don't Know
- 26% Yes
- 50% No

2018/19
- 5% Don't Know
- 32% Yes
- 63% No
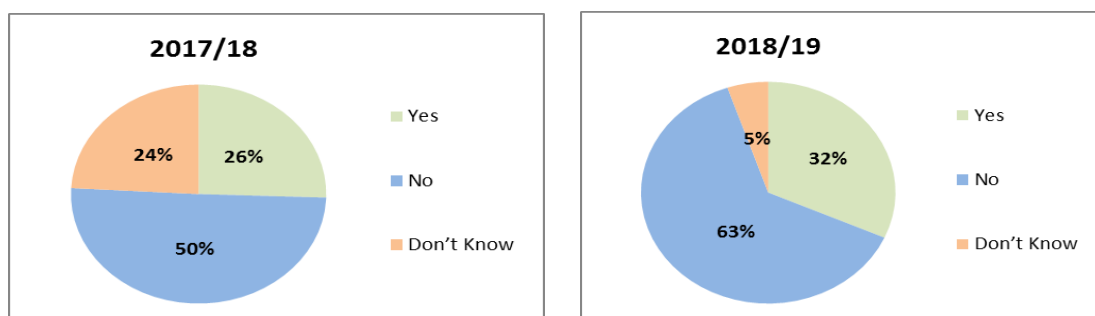
Of those 195 concluded enquiries where the person involved was identified as lacking capacity during 2018/19 a larger proportion (86.2%) are being supported by an advocate, family or friend than in the previous years (up 11.4% for the current year and up 16% in total since 2016/17). Table 8 and Figure 10 show how the numbers and proportion have continued to rise over the previous 3 years due to a focus on this area locally.

Table 8 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2016/17

Lacking Capacity to make Decisions?	2016-17	2017-18	2018-19
Yes	114	147	195
Of which: how many supported by an Advocate?	80	110	168
Of which: % supported by an Advocate?	70.2%	74.8%	86.2%

Figure 10 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2016/17
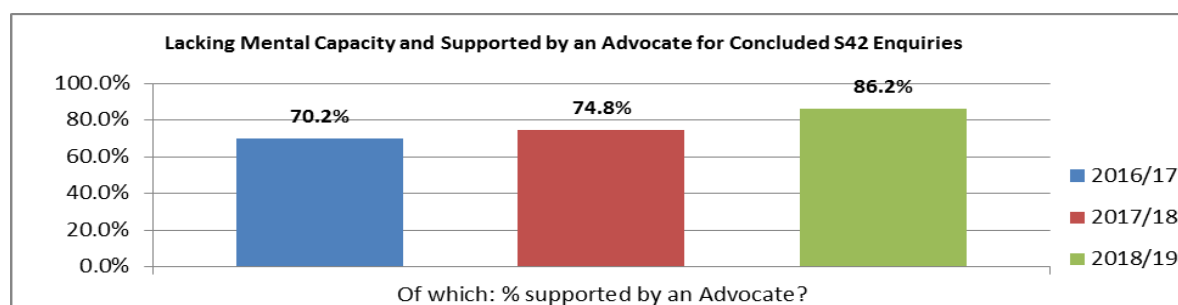
Section 6 - Making Safeguarding Personal

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.

As at year end, 84% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 9% of those did not express an opinion on what they wanted their outcome to be (in 2017/18 this figure was 79% of which 10% did not express what they wanted their outcomes to be). This is shown below in Figure 11.

Figure 11 – Concluded Enquiries by Expression of Outcome over past 3 Years since 2016/17
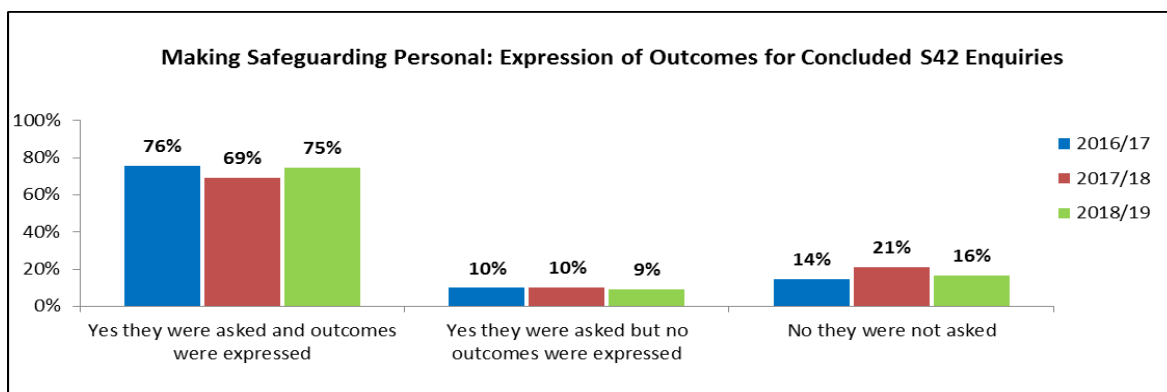
Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2016/17
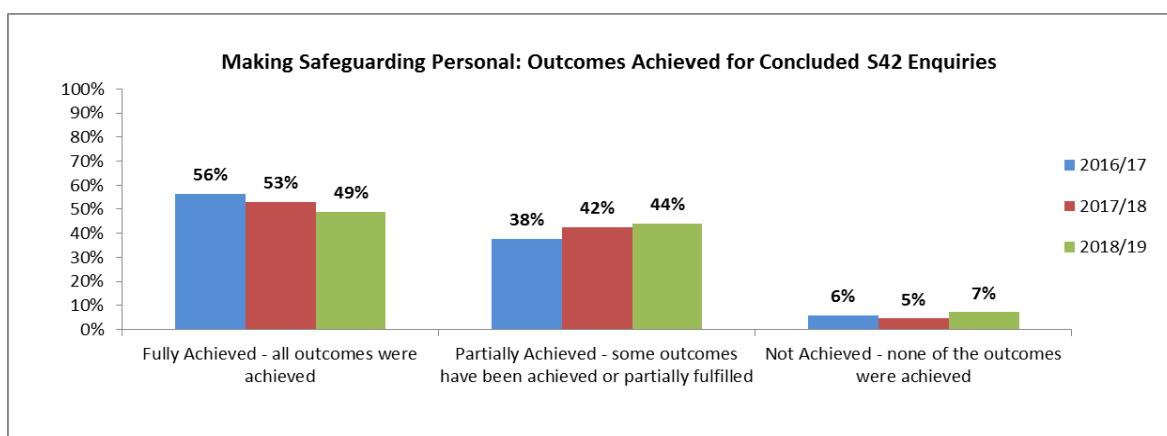
Of those who were asked and expressed a desired outcome, there has been a drop of 4% (from 53% in 2017/18 to 49% in 2018/19) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

However a further 44% in 2018/19 (up 2% since 2017/18) managed to partially achieve their stated outcomes meaning 7% did not achieve their outcomes during the previous year which is a 2% increase. This is shown above in Figure 12.

Appendix A

Table A – Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2016/17

Gender	2016-17	% of total	2017-18	% of total	2018-19	% of total
Male	190	46%	192	42%	196	43%
Female	226	54%	265	58%	262	57%
Total	416	100%	457	100%	458	100%

Table B – Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2018/19

Age group	Female	Female %	Male	Male %
18-64	92	35.1%	99	50.5%
65-74	39	14.9%	27	13.8%
75-84	50	19.1%	41	20.9%
85-94	67	25.6%	26	13.3%
95+	14	5.3%	3	1.5%
Unknown	0	0.0%	0	0.0%
Total	262	100.0%	196	100.0%
	57%		**43%**	

Table C – Primary Support Reason for Individuals with a Safeguarding s42 Enquiry over past 3 years

Primary support reason	2016/17	% of total	2017/18	% of total	2018/19	% of total
Physical Support	211	50.7%	196	42.9%	241	52.6%
Sensory Support	1	0.2%	4	0.9%	4	0.9%
Support with Memory and Cognition	35	8.4%	74	16.2%	37	8.1%
Learning Disability Support	63	15.1%	79	17.3%	80	17.5%
Mental Health Support	83	20.0%	83	18.2%	83	18.1%
Social Support	23	5.5%	21	4.6%	13	2.8%
Total	416	100%	457	100%	458	100%

Berkshire Healthcare NHS
NHS Foundation Trust

Safeguarding Annual Report

April 2018 – March 2019

Author: Jane Fowler – Head of Safeguarding

<u>Contents</u>

1. Introduction

The purpose of this report is to provide assurance to the Trust that it is fulfilling its statutory responsibilities in relation to safeguarding children and adults at risk and to provide a review of recent service developments highlighting areas of ongoing work and any risks to be noted.

Since September 2016, Berkshire Healthcare has amalgamated safeguarding children and adult work under one team to promote a 'Think Family' approach to safeguarding.

2. The Statutory Context

All organisations who work with children and young people share a responsibility to safeguard and promote their welfare. This responsibility is underpinned by a statutory duty under Section 11 of the Children's Act 2004, which requires all NHS bodies to demonstrate substantive and effective arrangements for safeguarding children and young people.

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 and the *Francis Report (2013)* and safeguarding work operates within the legal framework of the Care Act 2014.

Since April 2010, all health organisations have to register and comply with Section 20 regulations of the Health and Social Care Act 2008, meeting essential standards for quality and safety. The Care Quality Commission periodically assesses the performance of all health care providers.

3. Governance Arrangements

The Chief Executive Officer holds responsibility for safeguarding for the Trust which is delegated to the Director of Nursing and Governance. This responsibility is clearly defined in the job description. The structure for the Safeguarding Team and current lines of accountability are attached as Appendix one.

The Safeguarding and Looked After Children Group and the Safeguarding Adults Group are chaired by the Deputy Director of Nursing. These are formal sub-groups of the Safety, Experience and Clinical Effectiveness Group (SECEG) which reports to the Quality Executive Group and ultimately to the Trust board. These groups are established to lead and monitor safeguarding work within Berkshire Healthcare and meet quarterly. The board also receives a monthly update on safeguarding cases of concern.

The Head of Safeguarding works as a full time manager for the safeguarding team and chairs monthly safeguarding team meetings where shared visions, standardised practice and future plans are agreed and monitored. An annual plan on a page written by the team clearly identifies work priorities and continuous improvements to be achieved (attached as Appendix Two). The Head of Safeguarding is supported by the Assistant Head of Safeguarding who holds enhanced responsibilities as part of her named professional role. There are currently 2.8 whole-time equivalent (WTE) adult safeguarding named professional posts divided between three staff members, and 5.6 WTE posts for child safeguarding. A one year secondment was

agreed to support Mental Capacity Act work within the Trust from April 2018. It has been agreed that this post will become a permanent safeguarding adult named professional post following the end of the secondment. The team is supported by three part-time administrative posts and is based at two locations, St Marks Hospital in Maidenhead and Wokingham Hospital in Wokingham. The Specialist Practitioner for Domestic Abuse works within the safeguarding team. Three specialist practitioners and two nursery nurses also work within the team providing information from across the health economy to the six Multi-agency Safeguarding Hubs (MASH) across Berkshire. The Trust also has a named doctor for child protection who is a consultant working within CAMHS and who works closely with the safeguarding leads. There are named leads for the following areas:

- PREVENT (including Children and Adults)
- Missing, Exploited and Trafficked
- Looked After Children
- Female Genital Mutilation
- Safeguarding Manager for Managing Allegations
- Mental Capacity Act and Deprivation of Liberty Safeguards

The Deputy Director of Nursing and the Head of Safeguarding attend the quarterly East and West Berkshire Health Economy Safeguarding Committees chaired by the Directors of Nursing for the East and West Berkshire Clinical Commissioning Groups (CCG's). The Head of Safeguarding and the named professionals attend the East and West Berkshire Named and Designated Safeguarding Groups, which report to the health economy safeguarding committees. The purpose of these groups is to communicate local and national safeguarding issues. These meetings encourage shared learning from safeguarding practice and include case discussion and monitoring of action plans from inspections, serious case reviews and partnership reviews to provide assurance.

Safeguarding representation is also provided as required at patient safety and quality groups (PSQ) and other working groups providing advice and oversight on safeguarding matters. The Head of Safeguarding is a member of the Child Death Overview Panel for Berkshire.

4. Assurance Processes, including Audit

Section 11 Audit.

This is a working document measuring statutory compliance required under Section 11 of the Children's Act 2004. It is monitored and updated by the safeguarding team on a biannual basis. The Section 11 audit for Berkshire Healthcare is submitted as required to the designated LSCB Section 11 monitoring group. This group has responsibility for monitoring all statutory and non-statutory organisations that are required to complete Section 11 audits across Berkshire. This document is available for submission during Local Authority Ofsted/CQC inspections; The Berkshire Healthcare Section 11 was presented to the Pan-Berkshire Section 11 Panel in March 2019. All categories were considered effective. Berkshire Healthcare received the following feedback: '*The s11 Panel agreed that the* Berkshire Healthcare *self-assessment was of a high standard and that the Trust are compliant with the s11 responsibilities. All categories of the self-assessment are RAG rated green and the organisation understands their duty to continuously improve and shape*

services to safeguard children. The Panel were assured by the level of safeguarding governance and practice within the organisation and assured the s11 action plan is monitored regularly.'

The Section 11 is also monitored by the safeguarding children team and the Safeguarding Children and Looked After Children Group.

Self-assessment Safeguarding Audit

In addition Clinical Commissioning Groups (CCGs) are expected to ensure that safeguarding is integral to clinical and audit arrangements. This requires CCGs to ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to safeguard children and vulnerable adults, and that service specifications drawn up by CCGs include clear service standards for safeguarding which are consistent with Local Safeguarding Board policies and procedures. The Trust completes a contracted annual self-assessment audit for adult and child safeguarding arrangements to the CCGs in September each year to provide assurance to commissioners that safeguarding standards are met. Following submission, the Head of Safeguarding meets with commissioners to discuss the audit and answer sample questions.

Quality Schedule

The Trust submits a quality schedule report for safeguarding to the CCG's on a quarterly basis which measures Trust safeguarding performance against nine standards.

Safeguarding Audits.

Audit is an effective means of monitoring compliance with policy and procedure as well as analysing the effectiveness of current practice. Four internal safeguarding audits were undertaken during 2018/19 and named professionals participated in multi-agency audits across the localities.

Audit	Completion
Audit of Child Protection Record Keeping	April 2018
Repeat Audit of Patients who go Absent Without Leave (AWOL) at Prospect Park Hospital	August 2018
Audit of Child Protection Supervision	In progress
Audit of Compliance to Mental Capacity Act 2005	March 2019

Audit of Child Protection Record Keeping

The aim of this audit was to establish if the key actions from the previous audit (August 2015) have been adhered to in Berkshire Healthcare NHS Foundation Trust (BHFT), for children subject to a child protection

plan. That the standards set out are demonstrated in practice for health visitors, school nurses and CAMHS practitioners.

A total of fifty children subject to a child protection plan were included in the data. Forty children were known to school nursing or health visiting. CAMHS data had not been included in the previous audit. For this audit data from ten children was taken from CAMHS records.

The audit showed that there has been a notable overall improvement in the recording of demographic data. The audit demonstrates that the introduction of the safeguarding form allows for the current detail of the child's status and their social worker details to be easily accessible. This form is well maintained; the audit found that high standards have been achieved of 95% and 100% for health visitors/school nurses and CAMHS practitioners respectively.

There has also been an improvement in the recording of case conference safety plans and that actions for health practitioners in the child protection plans are progressed.

Sharing of the case conference report with the child's parents/carer by health visitors and school nurses prior to conference has improved from 66% to 77.5%; however, this remains short of the standard of 100%. It is possible that some practitioners have not evidenced this in the records, or not recorded any unsuccessful attempts made.

The recommendations and action plan have been shared with the health visiting and school nursing improvement groups and with the CAMHS leadership team.

Repeat Audit of AWOL at Prospect Park Hospital

Patients on the four acute wards, detained under the Mental Health Act, who left the hospital site, were included in the audit. There were thirteen AWOL incidents recorded for August that fitted the inclusion criteria. Of these, four related to the same patient on Bluebell and three related to the same patient on Daisy ward.

Findings:

Overall the audit found that there has been improvement in staff correctly following the trust policy and procedure on missing/absent patients from mental health inpatient settings(CCR144) since the previous audit in August 2017. However, there have been some inconsistency and gaps in the way the policy has been followed by staff. The policy aims to ensure that Berkshire Healthcare staff effectively report AWOL incidents, learn from incidents and minimise risk. Paying particular attention to the gaps identified in the 2017 audit, there has been some improvement particularly with number of return to the ward interviews conducted. Findings included:

- In every case where the police were informed that a patient was missing they were also informed when the patient returned to the ward.
- 70% of patients were offered a one to one on return to the ward to establish why they had gone AWOL and to try to prevent further AWOL. This was an improvement but needs to improve further.

- CRHTT were informed in each case that the patient was missing as per policy. However, there appeared to be confusion in regard to the expected action by CRHTT and there was no evidence of a visit being made to the patients last known residence.
- Although it is likely that the ward doctor is aware of the AWOL through discussion with the nursing team, there is no specific documentation that they were informed.

Recommendations

Process for visiting the patient's home to be clarified in discussion with police colleagues and in consideration of safe staffing levels

Ward staff to complete a printed checklist for every AWOL which is uploaded to the Document list on Rio when complete. This will need to be attached to the daily allocations board and completed by the nurse in charge.

Acute wards to have mobile telephones issued that staff are to carry with them on escorted walks. This will enable the staff to contact both the police and the ward quickly if a patient's absconds on escorted leave, enabling quicker location of patient and reduction of harm. Mobile phones have now been provided to all ward settings for use on escorted leave.

All actions to be discussed with Prospect Park Hospital senior leadership team for implementation. The action plan is monitored at Patient Safety and Quality meetings. This action has been completed.

Mental Capacity Act 2005 Audit

This audit is summarised later in the Mental Capacity Act 2005 section of the report.

5. National and Local Reports

The safeguarding team review significant reports, recommendations and guidance in relation to safeguarding and these are considered as part of the safeguarding teams annual planning. Any new guidance is disseminated to managers and frontline staff through team meetings, safeguarding forums, the safeguarding newsletter and screen savers. New guidance is also brought to Patient Safety and Quality meetings, the Safeguarding and Looked after Children Group and the Safeguarding Adult Group.

Setting out Shifting Policy Direction

Working Together to Safeguard Children 2018

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' is the government's statutory guidance for all organisations and agencies who work with, or carry out work related to, children in the United Kingdom. The guidance aims to set the goalposts for inter-agency working and for promoting the welfare of children from all backgrounds, in all settings. All staff who work with or around children have a responsibility to be aware of Working Together to Safeguard Children and to follow the expectations outlined in the guidance. The 2018 update to Working Together followed a consultation that began in October 2017 to establish what would need to change in support of the new Children and Social Work Act 2017 multi-agency safeguarding arrangements. The

document was published in June 2018 and a summary was presented to the Safeguarding and Looked after Children Group in November 2018. The document has been reviewed by the Safeguarding team and the following noted:

- There is more emphasis on threats to children from outside the family such as online abuse and exploitation, sexual exploitation, radicalisation and involvement in organised crime, especially 'county lines' drug-dealing. The 2018 guidance includes a new section headed '**Contextual Safeguarding'** about children who may be vulnerable to abuse or exploitation from outside their families.
- Greater recognition of the safeguarding risks flowing from substance misuse, including alcohol misuse, by children.
- There is more detailed guidance about safeguarding children in the criminal justice system.
- Modern slavery and human trafficking are now included as risks to be aware of, with a reminder to practitioners that a referral should be made to the National Referral Mechanism as soon as possible, if they have concerns about possible modern slavery or human trafficking.
- Working Together 2018 adds to the section about professionals with concerns about a child's welfare making a referral to children's social care with a statement that they should "always follow up their concerns if they are not satisfied with the result".
- The emphasis remains that when safe, the aim should be to obtain consent but "information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner."
- There is a new section describing the role of health professionals in strategy discussions.

Berkshire Healthcare safeguarding children training has been reviewed and updated in response to the publication. Five safeguarding forums were arranged for Berkshire Healthcare staff during 2018/19 in response to this with external expert speakers on child exploitation, child sexual abuse and vulnerability of looked after children.

One of the most significant changes in *Working Together 2018* is the replacement of Local Safeguarding Children Boards (LSCBs) with Safeguarding Partners who will consist of three agencies: local authorities, clinical commissioning groups, and chief officers of police. These Safeguarding Partners will work with relevant appropriate agencies within their locality to safeguard and protect children. All three Safeguarding Partners have equal responsibility for fulfilling the role and are responsible for selecting the relevant agencies in the area to work with to safeguard and protect children in the locality. To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies by September 2019.

The guidance also sets out the new process for national and local reviews. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel and at local level with the safeguarding partners. The Panel is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance. The Panel must decide whether it is appropriate to commission a national review of a case or cases

Local safeguarding partners must make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area.

A copy of the rapid review should be sent to the Panel who decide on whether it is appropriate to commission a national review of a case or cases. The safeguarding partners are responsible for commissioning and supervising reviewers for local reviews.

Working Together 2018 sets out changes in arrangements for Child Death Reviews as set out in the Child Death Review Statutory and Operational Guidance. The guidance replaces the requirement for LSCBs to ensure that child death reviews are undertaken by a Child Death Overview Panel (CDOP) with the requirement for "child death review partners" (consisting of local authorities and any clinical commissioning groups for the local area) to make arrangements to review child deaths.

The Child Death Review Statutory and Operational Guidance

This guidance was published October 2018. This guidance sets out changes to the child death review process and governance arrangements; the CCG and Local Authorities had to publish their arrangements by 29th June 2019 for implementation by 29th September 2019.
This guidance specifies there should be reviews of all deaths children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.

Mental Capacity Act Amendment Bill 2018.

The Mental Capacity Act 2005 was amended in 2018 and passed into statute in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (LPS). The main changes will be as follows:

- DoLS only applied to people over the age of 18. LPS will be for people aged 16+ (18+ if in a care home).
- DoLS applied to hospital and care homes only. LPS will apply to people deprived of their liberty anywhere.
- LPS may also include the arrangements for the means and manner of transportation for the cared for patient to from or between particular places (not included under DoLS).
- DoLS has both urgent and standard applications. Under LPS urgent applications will only be for life sustaining treatment or any vital act. All other applications will be standard.
- Currently all DoLS applications are assessed/approved by the Local Authority (Supervisory Body). Under LPS the process will be the responsibility of the NHS Trust, CCG, Health Board or Local Authority – whoever is providing or mainly commissioning care will become the Responsible Body. Berkshire Healthcare will be responsible for arranging assessments, authorising the detention, monitoring it and will hold responsibility for reviews and appeals to the Court of Protection for patients in inpatient units (and any community placement funded by Berkshire Healthcare)
- Local authorities will remain responsible LPS for self-funding individuals and in private hospitals.
- DoLS applications are for a maximum of one year only and then require a full reassessment. LPS is renewable after one year and then again for one year and then for three years before a full assessment is required where the Responsible Body has a reasonable belief the person lacks capacity + mental disorder + arrangements are necessary and proportionate.
- All conditions have been removed.

- All DoLS applications are assessed by specially trained best interest assessors and mental health assessors. LPS assessments will be carried out by regulated professionals such as doctors, nurses and occupational therapists. The pre-authorisation review will be carried out by an AMCP who will only meet the client and family where an appeal is lodged.
- The specialist mental health assessor role is removed but there remains a requirement for medical evidence of a mental disorder but does not require a specialist assessor for this, e.g. GP reference that a person has dementia or other condition.

The LPS process will be as follows:

1. **Assessment**: The Responsible Body (such as Berkshire Healthcare) can use any staff with the necessary skills and knowledge to undertake the assessments and use previous mental capacity assessments and mental disorder assessments by appropriate professionals.
2. **Pre-authorisation Review:** The Responsible Body assigns a member of staff, who has had training and is not involved in the day to day care or treatment of the patient. They read the assessment but do not meet the patient. An AMCP is required to complete the review where the person is objecting or where the responsible body asks them to. The AMCP must meet the patient and consult others (if considered appropriate and practicable to do so
3. **Authorisation:** This is a two tier process, the assessment and the authorisation by the Responsible Body. No detail on profession or qualification so could be anyone considered appropriate by the Responsible Body. It could be anyone considered appropriate by the responsible body.

The Deprivation of Liberty Supreme Court ruling of Cheshire West will continue to be the criteria for LPS following amendment of the Mental Capacity Act 2019. As with DoLS, LPS is for detention only and excludes care/treatment or Article 8 decisions. Much of the existing DoLS case law will continue to apply. Appeals will continue to be heard by the Court of Protection.

Any patients who are receiving care from a private provider at home who are identified as being deprived of their liberty will be the responsibility of the local authority. NHS staff providing care in people's homes will be responsible for identifying and reporting to the local authority.

Responsibilities of NHS Trusts:
Currently DoLS applications are completed by Berkshire Healthcare staff and the authorisation process is undertaken by the local authority with administration of the applications and notification to CQC overseen by the safeguarding team.

When LPS is introduced the trust will be responsible for the following:
1. Identifying patients/clients that the trust are funding care packages for (supported living, domestic care packages, and care homes) who lack capacity and could be deprived of their liberty.
2. LPS Assessments: have enough staff trained and able to undertake the necessary LPS assessments at a defensible standard. Allocate time for the assessments.
3. Pre-authorisation: Have enough staff to undertake pre-authorisation reviews. These staff will need time to critically read the assessments and judge whether they meet the standards to withhold future appeal. They will also need to be willing to take on the role of authorising detention. Staff will need to be trained to be AMCPs.

4. Administer and advise: this will include sending back inadequate assessments, record the appropriate person, appoint IMCA's, monitor LPS expiry dates, produce statistics, and inform CQC, produce authorisation record.
5. Review: undertake and monitor planned and responsive reviews.
6. Appeals: a small number of cases will go to appeal at the court of protection requiring written reports and attendance at hearings plus formal legal advice.

Any backlog of DoLS applications not yet assessed will become the responsibility of the provider/commissioner once LPS comes into operation. The Code of Practice will further clarify roles and responsibilities and knowledge and training requirements for these. LPS is expected to be implemented by October 2020.

Consideration is currently being undertaken as to whether the LPS remains as part of the Safeguarding team, with the need for an additional band 7 member of the team to fulfil this change. The alternative which is being considered by the Divisional Director for mental health in patients, Director and Deputy Director of Nursing is whether a mental health law team could be developed to include the Mental Health Act, Mental Capacity Act professionals and ultimately the liberty protection standard leads. This team would become the hub for excellence in mental health laws for the Trust. New posts are being reviewed with the possibility of supporting this innovation and are currently at the developmental stage.

Intercollegiate Document Safeguarding Adults: Roles and Responsibilities for Healthcare Staff 2018 and Intercollegiate Document Safeguarding Children: Roles and Responsibilities for Healthcare Staff 2019

Revised NHS safeguarding training roles and competencies for Healthcare staff were published in late 2018 and early 2019. The new guidance has increased the levels of training and hours required for many staff groups. These documents were reviewed by the Safeguarding Team and the team have reviewed competencies to ensure all aspects are covered in Berkshire Healthcare training. The Head of Safeguarding and the learning and development team are working together to put together a strategy for ensuring the training of all staff will be updated to meet the intercollegiate guidance. The training strategy has been updated to reflect which staff groups will move to a higher level of training. Information about new training requirements has been cascaded to managers and staff via Patient Safety and Quality groups and through Teamnet.

Homeless Reduction Act 2017 and Duty to Refer.

The Homelessness Reduction Act 2017 came into force on 3rd April 2018, with the final section (s.10: duty to refer), published on 1 October 2018. The act places renewed emphasis on the prevention of homelessness with the introduction of the new "prevention" duty. Section 10 of the Act mandates public authorities in England to notify a local housing authority of service users they think may be homeless or at risk of becoming homeless. The statutory "Duty to Refer" applies to organisations that provide inpatient care, emergency departments and urgent treatment centres but emphasises that it would still be beneficial for all NHS organisations to promote the referral system. Information has been added to safeguarding training and a screen saver is planned to raise this issue with staff.

Domestic Abuse Bill January 2019

The Home Office published a landmark bill on Domestic Abuse in January 2019 aimed at supporting victims and their families in pursuing offenders. The bill initiates the government's commitment to: dedicate new funding to support services working with domestic abuse case; identify economic and non-physical abuse within legislation; provide additional training to frontline services; and support victims through the family court. The Bill is aimed at improving the support for victims of domestic abuse and their families and pursuing offenders.

It is estimated that around two million adults experience domestic abuse each year, affecting almost 6% of all adults. Women are twice as likely to be victims as men. The cost of domestic abuse to health services is estimated at 2.4 billion pounds per year.

Independent Inquiry into Child Sexual Abuse

This inquiry which opened in June 2015 continues to progress in England and Wales. The inquiry was established to examine how the country's institutions handled their duty of care to protect children from sexual abuse. The enquiry is unlikely to be completed for several years but an interim enquiry was published in April 2018. Recommendations for the health economy include ddeveloping a national policy on the training and use of chaperones in the treatment of children in healthcare services.

The 2018 Care Quality Commission (CQC) report on Sexual Safety in Mental Health Wards

This report identified multiple concerns and areas for improvement relating to in-patient safety in mental health wards, these included allegations of rape, patient on patient and staff on patient assaults. A working group was set up to look at current practice on Berkshire Healthcare mental health and learning disability inpatient units and develop policy and training for staff to help prevent incidents and ensure any reported incidents are dealt with appropriately. The report categorised eight overarching examples of the type of concerns which were raised, and these should form the basis of any training developed.

- Sexual activity between patients that is likely to be consensual – What is the policy in PPH regarding this? Are patients advised on admission (if well enough) that this type of relationship is not permissible?
- Sexual contact made by a person to another person which is unwanted by the individual who is affected. - What is the current guidance around this in PPH.? Are patients encouraged to inform staff? How are staff advised to respond to this type of incident?
- Sexual activity where one party did not have capacity to consent – What is the current guidance for staff regarding this type of incident?
- Sexual assault by patients on staff – How are these incidents currently managed?
- Allegations of sexual incidents which are likely unfounded – E.g. Staff member accused not on shift, patient known to be psychotic at the time of making the allegation – Is there an existing SOP for this type of concern? Is this managed under the allegations against staff guidance?
- Sexualised behaviour triggered by a patient's mental state – How are these managed currently? Is this part of the patients care plan and risk assessment?
- Allegations by patients that they have been sexually assaulted by a staff member- Is there an existing SOP for this type of concern? Is this managed under the allegations against staff guidance?
- Sexual language used as insults- How is this currently managed?

The report identified that individuals who have been in-patients in mental health services and their families feel that staff do not always keep them safe. Response times to disclosure can be slow and patients are not always kept updated with the progress of their concern/complaint. Patients should be involved if possible,

in completing the Datix/ Incident form and in agreeing actions to be taken. Sexual safety Incidents need to be taken seriously and investigated appropriately. If it is established that the incident did not take place, staff must try to understand why it was made and the distress caused to the patient. Staff must be supportive of patients and provide opportunities for 1-1 conversations where a patient would feel safe in making a disclosure. (Access to staff members of the same gender if this is requested/indicated). Patients must have access to advocates, helplines Rape Crisis, Victim Support, Survivors Trust (non-current sexual abuse), Survivors UK (for male victims of sexual assault), Galop (LGBT victims of sexual abuse/assault). Also, patients should have access to ISVAs', Sexual Assault Referral Centres (SARC) as appropriate.

To encourage a safe environment within the acute setting and to ensure boundaries are maintained staff must communicate clearly to patients which behaviours are not acceptable and how the ward will respond to sexual safety incidents.

The working party put together an action plan in line with the guidance for staff including training for all clinical staff and a flow chart for staff to follow when reporting incidents and supporting patients following an incident. The action plan is being progressed.

Improving knowledge from national reports, research and guidance:

The safeguarding team review national Serious Case Reviews (SCR) through SCR sub-groups and relevant actions are considered for health.

Exploitation

Information and research about exploitation of children and adults at risk continues to increase at a fast pace. Trust representation is provided across the six LSCB localities at all operational and strategic exploitation sub-groups including Modern Slavery. The Head of safeguarding attends the pan-Berkshire Child Exploitation group.

Learning from local serious case reviews and partnership reviews:

During 2018/19, there were five child serious case reviews and two partnership reviews conducted across Berkshire and seven safeguarding adult reviews, one adult partnership review and three domestic homicide reviews. It is of note that there has been a rise in the number of adult reviews in the last two years which have been diverse and have covered a wide range of groups. Berkshire Healthcare are committed to learning from reviews and fully engage in the SCR SAR and DHR process. Named professionals have provided reports and chronologies for all the reviews and supported practitioners throughout the process. Changes in the way both adult and child serious case reviews are conducted have meant more practitioner involvement through learning events and feedback around this process has been positive. The Head of Safeguarding or the deputy attend all serious case review and safeguarding adult review sub-groups across Berkshire and serious case review panels and are responsible for ensuring lessons are disseminated to Berkshire Healthcare staff and action plans are developed, completed and reported on. Many of these reviews are currently on-going and action plans have been formulated from identified learning for Berkshire Healthcare and are in progress.

Clear pathways are in place to disseminate learning, monitor action plans and ensure oversight at board level. The Head of Safeguarding reports to the quarterly Safeguarding Groups and sits on the Children, Young People and Families (CYPF) and Adult and Community Patient Safety and Quality Groups. The Assistant Head of Safeguarding attends the Children and Adolescent Mental Health (CAMHS) leadership groups and the Safeguarding Adult Named Professional (mental health) attends the Prospect Park Hospital Patient Safety and Quality Group. Learning has also been cascaded through Learning Curve. Audit processes have been strengthened and operational managers are leading audits monitoring the quality of documentation within children's services. Action plans are also monitored externally through safeguarding committees, LSCB sub-groups and CQC.

6. Safeguarding Policies/Protocols

The following policies and procedures have been reviewed and implemented during 2018/19: in accordance with the policy scrutiny group and the safety and clinical effectiveness group

- **Mental Capacity Act and Deprivation of Liberty safeguards Policy CCR096 –** new policy which including update and incorporation of DoLS published on 6th April 2018;
- **CCR029 The Management of Sexual Relationships involving In-patients in the Mental Health Setting** – amendments following recommendations from sexual safety working group;
- **CCR123 Child Protection Supervision for identified key practitioners who work alongside children within Berkshire Healthcare** – minor updates and changes;
- **CCR089 Safeguarding Adults from Abuse** – extensive changes.

There are also safeguarding children protocols and guidance designed by the safeguarding team and disseminated to relevant teams as appropriate and where a need arises. All Berkshire Healthcare policies incorporate the themes of safeguarding.

Safeguarding Procedures Online

Berkshire Healthcare, alongside multi-agency partners, are governed by the Berkshire child protection and adult safeguarding procedures online. The Head of Safeguarding and Assistant Head of Safeguarding are members of the Pan-Berkshire sub-committees who oversee and update the procedures.

7. Local Safeguarding Children's Boards (LSCBs) and Safeguarding Adult Boards (SABs)

Berkshire Healthcare regularly reviews its membership of the six Berkshire LSCBs and three SAB's to ensure it fully participates in the statutory mechanism for agreeing how organisations in each area co-operate to safeguard children and adults at risk. The Trust is represented by a Divisional or Clinical Director or the Deputy Director of Nursing at each board and members of the safeguarding team are actively engaged and valued sub-committee members.

The Head of Safeguarding or Assistant Head of Safeguarding are members of the serious case review sub-committees across Berkshire. Named professionals are active members of the quality and performance sub-groups for their locality and the exploitation strategic and operational groups. The Head of Safeguarding is a member of the Pan-Berkshire Child Exploitation strategic group. Named professionals also attend all training and development sub-groups and any safeguarding task and finish groups such as the FGM groups.

Berkshire Healthcare provides a quarterly report to each LSCB.

8. Inspections

Care Quality Commission (CQC) Inspection July 2018

Berkshire Healthcare underwent a focussed CQC inspection and maintained a 'Good' rating overall, and received 'Outstanding' for the Well Led element of the review.

The outcome of the services that were inspected is shown in the table below:

	Safe	Effective	Caring	Responsive	Well led	Overall
Trust Overall CQC rating	Good	Good	Good	Good	Outstanding	Good
Core service	Safe	Effective	Caring	Responsive	Well led	Overall
Older People's Mental Health Services (inpatients)	Good	Good	Good	Good	Good	Good
Acute Mental Health and Psychiatric Intensive Care Unit	Good	Good	Good	Good	Good	Good
Crisis Response and Home Treatment team and Place of Safety	Good	Good	Good	Good	Good	Good
Adult Service Community	Good	Good	Good	Good	Good	Good
Children and Young People (community)	Good	Good	Good	Good	Good	Good
Urgent Care (Minor Injuries Unit)	Good	Good	Good	Good	Good	Good
Learning Disability Inpatients	Good	Outstanding	Good	Good	Outstanding	Outstanding

JTAI Child Sexual Abuse in the Family environment.

In January 2019, Berkshire Healthcare participated in a Joint Targeted Inspection of child sexual abuse in the family environment in Bracknell. The report has been published and was a positive report. Learning was identified in relation to monitoring of the quality of referrals into MASH and multi-agency inclusion in MASH work. An action plan has been formulated and is in progress.

9. Domestic Abuse

Domestic abuse remains a key feature in many child protection cases and serious case reviews. The negative health impact of domestic abuse is huge both for the victim and the children so health input in protection and support plans are crucial. The amalgamation of the adult and children's safeguarding teams has led to improvements in joined up working between adult and child services. Knowledge and expertise can be shared between the teams which can enhance the safeguarding support for both Berkshire Healthcare staff and users of the services.

The specialist practitioner for domestic abuse is responsible for:
- Providing consultation and support to staff members working with service users when domestic abuse is an issue;
- Providing support for Berkshire Healthcare staff who may be themselves affected by domestic abuse;
- Developing policy and procedures in relation to domestic abuse;
- Awareness raising and training/continuous development of training courses;
- Representing Berkshire Healthcare community health services at Multi-Agency Risk Assessment Conferences (MARAC) and Domestic Abuse Repeat Incidents Meeting (DARIM)
- Representing Berkshire Healthcare at strategic meetings and forums where appropriate;
- Maintaining and further developing links with CCG's, health and wellbeing boards and other key partners with a view to improving safety and reducing harm to service users.

With the introduction of Multi Agency Safeguarding Hubs (MASH) health representation is provided by Berkshire Healthcare. Domestic Abuse reports are received into the MASH and triaged with the advantage of being able to have prompt access to health information.

Domestic Abuse training can be accessed by all Berkshire Healthcare staff. There are regular training dates for **domestic abuse basic awareness** and **domestic abuse and mental health** available on SLATE but also 'bespoke' training can be delivered for different practitioner groups. All training includes DASH and MARAC training. Berkshire Healthcare nursery managers have been trained and a competency has been attached for health visiting staff to attend Basic Awareness Training. Staff can also be signposted to domestic abuse training via the LSCB training programme and also local authorities who regularly provide DASH/MARAC training.

In December 2015, coercive control in an intimate or family relationship became a crime and as a response the domestic abuse training now includes: identifying controlling behaviours; consequences of this for both those being controlled and the wider family; and also how those being affected may behave in response to the control, particularly around safeguarding. Training has also focused on increasing the use of the DASH (Domestic Abuse Stalking and Harassment) risk assessment tool by staff.

The majority of referrals into Multi Agency Risk Assessment Conference (MARAC) are made by the police and domestic abuse agencies however we are slowly seeing an increase in referrals made from health.

Health Visitor teams routinely ask mothers if they have concerns about domestic abuse in their relationships. Where abuse is reported, health visitors are encouraged to complete a DASH and support families , signposting or referring to other agencies such as children's social care and domestic abuse support agencies or if high risk to MARAC via their Designated MARAC Officer (DMO).

Notifications of Domestic Abuse Incident Reports

Domestic abuse notifications are generated by police for all incidents reported to them and the safeguarding office receives these where there is a child under 5 or the victim is pregnant. The teams are also informed of serious incidents where older children are present. The named professionals and specialist practitioner for domestic abuse review all domestic abuse notifications and discuss any serious incidents with the health visitor and, if applicable, school nurse/community children's nurse/CAMHS worker for the child. The safeguarding team can also offer support to practitioners on how best to respond to domestic abuse incidents. Police incident forms continue to be sent to the health visiting and school nurse teams no longer provided by Berkshire Healthcare.

Looking to the future
The Domestic Abuse Bill published in January 2019 offers tougher sentences for perpetrators where there are children involved and also more support for victims who testify in court. It is also redefining economic abuse and proposed Domestic Abuse Protection Orders (DAPOs) will allow police and courts to intervene earlier, including electronic tagging of perpetrators. There will also be an independent Domestic Abuse Commissioner appointed.

Figures
For 2018 – 2019, the total number of reports received for the West area (Newbury, Reading and Wokingham), were 2102. Total number for the East area (Bracknell, Slough & WAM), were 2205; a total of 4307 for Berkshire. This is a small increase on the previous year. Slough continues to receive the highest number of domestic incidents and also has the highest number of MARAC referrals.

East
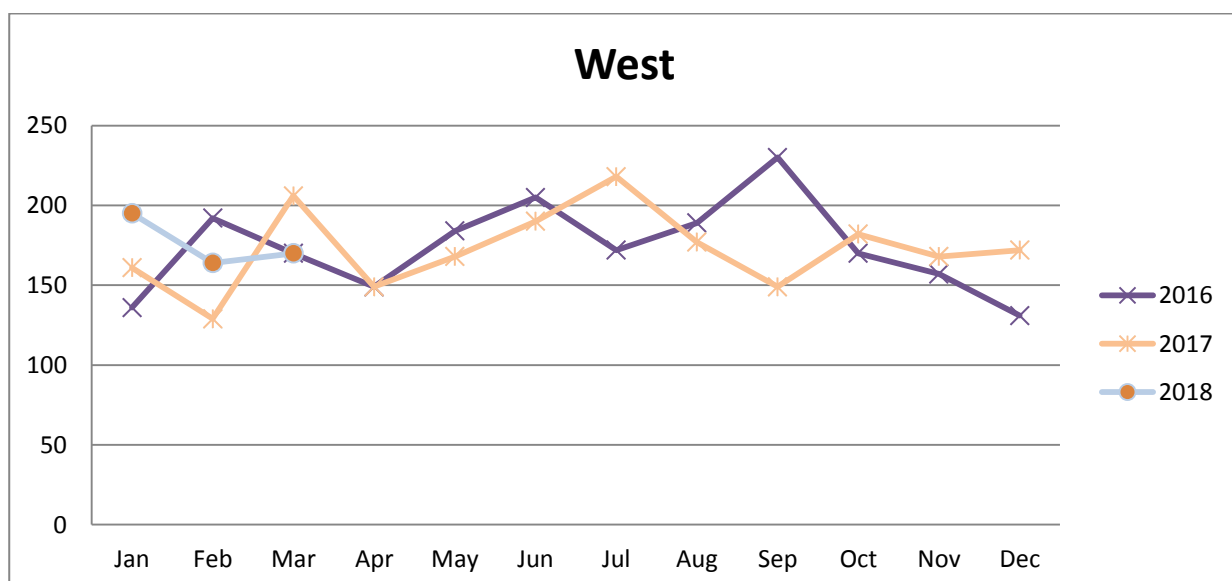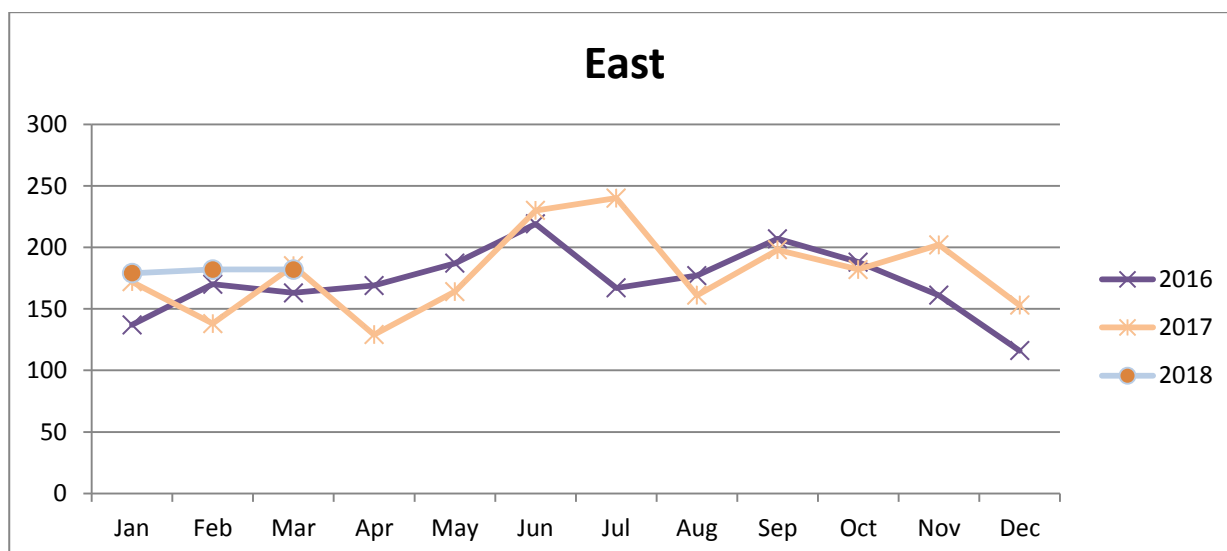
10. Safeguarding Training

All internal safeguarding training in Berkshire Healthcare is facilitated by the named professionals for safeguarding. The safeguarding training strategy has been reviewed in line with publication of the new intercollegiate documents for Safeguarding Adults and Children. The new requirements mean all clinical staff are required to undertake safeguarding adult training at minimum level 2 which means enhanced training for over 2000 staff. Bespoke training sessions have been organised for some staff groups and extra training sessions are in place to ensure all staff are compliant at level two by the end of 2020 as required by the document. All clinical mental health staff who work with adults plus some other staff groups are now required to complete safeguarding children training at level three. Again bespoke training is being organised plus extra sessions for staff plus two extra safeguarding forums to ensure staff are compliant as soon as possible.

Safeguarding training is firmly embedded in the induction programme and the team offer monthly induction courses to all new staff. Combined safeguarding children and adult training with a 'Think Family' focus is provided at level one. All clinical staff also receive level two safeguarding children training at induction, PREVENT, MCA and DoLS training. All volunteers starting with the trust receive safeguarding adults and children training at level one as part of their induction. The provision of training is an area of strength within the team and requires flexibility and commitment. The team acknowledges the need for a positive attitude towards training and operates within the Trust inclusion policy, offering training in accordance with respecting and providing for the diverse need of a large workforce. Bespoke training is facilitated for hard to reach staff groups.

The specialist practitioner for domestic abuse attends induction for all staff to present information about domestic abuse. Domestic abuse awareness training sessions including asking the question about abuse is available for all staff and essential training for clinical staff working directly with children. Bespoke domestic abuse training is also provided by the specialist practitioner for staff working in mental health services. Child sexual and criminal exploitation, forced marriage, honour based violence and FGM including mandatory reporting responsibility are included in all safeguarding training. Regular screen savers in

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relation to these topics are used to remind staff of their responsibilities. The named professionals also co-facilitate shared responsibility targeted training on a monthly basis with the LSCB trainers in Slough.

The safeguarding team facilitate a safeguarding children forum as a level three update for all staff who work directly with children across the Trust. Three forums focussing on domestic abuse and the impact on children were held in April, September and October 2018 attended by approximately 230 staff. Presentations were facilitated by both internal and external staff including a presentation by the looked after children team on the specific vulnerabilities and needs of looked after children, effects of domestic abuse on the emotional development of children by the Named Doctor for Safeguarding Children, coercion and control by the Specialist Practitioner Domestic Abuse and learning from local serious case reviews by the safeguarding team. Domestic abuse was featured in all the serious case reviews which Berkshire Healthcare participated in during the year.

A safeguarding adult's forum at level two will be developed to replicate the safeguarding children model.

Safeguarding training compliancy in 2018/19 was as follows:

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	90.6%	92.8%	91.75%	91.79%	90%
Safeguarding Children	Two	92.8%	92.6%	88.59%	88.94%	90%
Safeguarding Children	Three	87.5%	91.2%	90.55%	88.20%	90%
Prevent	Awareness	94.5%	94.2%	93.90%	95.60%	85%
Prevent	Health Wrap	94.3%	94.7%	94.70%	96.10%	85%
Safeguarding Adults	One	94.8%	94.6%	92.54%	91.28%	90%
Safeguarding Adults	Two	85.9%	87.8%	86.37%	81.67%	90%
DoLS		79%	82.9%	81.77%	86.27%	85%
MCA		87%	89.3%	85.92%	90.69%	85%

Safeguarding training compliance levels are monitored on a monthly basis by the safeguarding team. An action plan is in place to increase the number of safeguarding adult level two training courses available for staff following the recent publication of the Intercollegiate Document Safeguarding Adults: Roles and Competencies for Healthcare Staff. Extra courses are also being facilitated to increase compliance to safeguarding children training at level two and there will be a targeted safeguarding forum in May for level three training. All staff who are non-compliant have been written to and asked to book onto the forum. There has been a delay in receiving training dates from the Berkshire LSCB's which has had on impact on compliance for level three safeguarding children training. The safeguarding forum for 2019/20 is based on the newly published Working Together 2018 and will focus on contextual safeguarding.

A new safeguarding named professional was appointed in April 2018 on secondment to increase understanding of the Mental Capacity Act 2005 and to increase compliance to MCA and DoLS training. Compliance to MCA and DoLS training rose in quarter two. MCA/DoLS training at induction has been reviewed and has been split into two smaller groups following feedback through evaluation and from the facilitators of the training. The training presentation has been modified to make it more case-study based. Staff who are non-compliant to DoLS training have been sent reminders to book on to courses. Training compliance in quarter four was compliant at over 85% for both MCA and DoLS

Compliance to PREVENT training remains high at over 96%. All new staff receive PREVENT training at induction

Multi-agency work

Named professionals for safeguarding children and adults attend quality and performance LSCB sub-groups and SAB effectiveness groups in each locality and participate in multi-agency audits as requested. Examples are as follows:

Named nurses participated in child sexual exploitation audits in Bracknell, RBWM and Slough.

The Head of Safeguarding participated in a case audit following the death of a 6 week old baby from sudden infant death syndrome in Bracknell. An action plan has been developed from the audit which is being monitored by the learning and Improvement sub-group.

The named nurse for safeguarding children (Slough) participated in a domestic abuse audit. The audit is not yet complete. Actions from the audit will be shared with the Children and Young People's Patient Safety and Quality Group.

A named professional for safeguarding adults is participating in an audit with the RBWM safeguarding team to look at quality of safeguarding referrals from Berkshire Healthcare.

A named nurse for safeguarding children is participating in a multi-agency LSCB audit in Reading looking at outcomes for children who have been subject to a protection plan for more than 18 months and children de-registered from a plan after three months.

A named nurse for safeguarding children participated in a multi-agency audit of MASH in RBWM.

A named nurse for safeguarding children participated in a multi-agency workshop looking at levels of need in Wokingham.

The named nurse for safeguarding children for RBWM participated in a multi-agency audit of RBWM MASH.

The Head of Safeguarding represented Berkshire Healthcare at two working groups following learning from local serious case reviews. One group looked at how to promote safe sleeping to fathers following sudden infant death of a baby whilst co-sleeping with father on a sofa. The group have produced a video in conjunction with London Irish Rugby club entitled 'Lift the Baby' and this has been shared widely through health professionals, via social media and through the Lullaby Trust. The second group looked at promoting services for unpaid carers following a safeguarding adult review in Slough and resulted in a cross Berkshire bus campaign advertising a new help line for carers. The Head of Safeguarding chairs the training sub-group in Slough.

The Head of Safeguarding chairs the Slough LSCB Learning and Development group.

11. Developments in Mental Capacity Act Practice

The Mental Capacity Act establishes a framework of protection of the rights for people who may, through disability, injury or illness, have impaired mental capacity, or who are at risk of being wrongly thought to

lack mental capacity because of a diagnostic label or some aspect of their appearance or behaviour. The Act, implemented in 2007, applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who may be unable to make all or some decisions for themselves – around 2 million people. It sets out how professionals in sectors such as health and social care, finance, policing, trading standards and legal services, should support and care for people who may lack capacity. It also describes how people can prepare in advance for a time when they may lack capacity. The role of the MCA lead in the adult safeguarding team is to act as a point of reference for colleagues, to develop and train trust staff and team colleagues, review and develop the training programme and support the trust leadership with regard to the MCA Framework.

A new policy for MCA and DoLS was endorsed by the Berkshire Healthcare Policy Scrutiny Group and introduced in April 2018. The policy includes a flowchart which is displayed in all inpatient wards to support staff in managing the DoLS process.

During 2018/19 a secondment post was secured for a named safeguarding professional to work fulltime with the team to enhance MCA training to trust staff and introduce practical ward based teaching sessions. MCA training was redesigned and made more practical and scenario based and received excellent feedback from staff. Bespoke MCA training sessions were facilitated to district nursing teams across the trust. During 2018/19, oversight of the DoLS application process moved from the Mental Health Office to the Safeguarding Team and work to improve understanding of the DoLS process continued with practical ward-based support. A new clerical system was introduced to monitor DoLS applications with administrative support. MCA champions are allocated to each ward area and supported by the MCA lead. The safeguarding adult advice line was also developed and this supports staff in practice with advice from named professionals for safeguarding adults.

Audit of Mental Capacity Act 2005

Background

Previous audits of the application of the Mental Capacity Act (2005) in clinical practice demonstrate that there is in general a good level of knowledge of the Act amongst staff on inpatient wards. There is particular attention given to ensuring that patients have representation and support. Formal mental capacity is completed mostly when significant decision making is required and these include the patient's ability to return home and care for themselves and accept support if required, decisions to find alternative care arrangements e.g. care home or nursing home and consent to admission and treatment.

Verbal consent is sought for day to day interventions and in general this is documented well within the physical rehabilitation wards and the learning disability inpatient mental health ward. Documentation of day to day consent for interventions is not observed on other mental health inpatient wards. Some consent forms were signed by patient's relatives without a valid reason or any indication of the relative's authority to do so,

Knowledge of the authority of Lasting Power of Attorney (LPA) is not understood by all nurses. Nurses are not undertaking formal mental capacity assessments and the role of assessment is being allocated and owned by the occupational therapists on the wards. This means that nurses are not gaining the skills and competencies in completing assessments with regard to the MCA legal framework.

The responsible clinician undertakes almost all formal mental capacity assessments on inpatient mental health wards. Nurses and other supporting personnel on the inpatient mental health wards are primarily working within the framework of the Mental Health Act (MHA) 1983 and the principles of the MCA (2005) are not prioritised. Following learning from previous audits local leadership for MCA (2005) has been developed and locality directors are advised of incidents and developments in MCA (2005) practice measures.

Development of MCA champions in inpatient units continues with emphasis on sharing good practice and making clinical areas safer with support for staff to become more legally competent.

MCA training is reviewed yearly and a named safeguarding professional with specific responsibility for MCA practice support has been employed by the Trust on secondment to further this work. The role concentrates on supporting and empowering practitioners in clinical practice to consider the MCA (2005) and broaden its application beyond significant decision making practice.

A new Mental Capacity Act (2005) and DoLS policy has been adopted by the trust since 2018 providing clearer direction and guidance for practitioners and a telephone helpline service has been implemented to support staff who require advice regarding specific clinical circumstances.

As part of the audit, structured interviews with staff members from various mental health and community wards were carried out in February and March 2019in regard to understanding of the role of the Independent Mental Capacity Advocate (IMCA) in mental health and community health wards in Berkshire Healthcare.
The questions included what IMCA stands for, what their role is, where staff would find information about advocacy and whether they could think of any patients on their ward who could benefit from a referral.

Key findings from the audit:

1. Practice in the mental health inpatient units are focused on MHA legal framework and use of the MCA framework with reference to consent for daily interventions, medication that is not for mental health treatment, activities is not evidenced in the patient's daily progress notes

2. Campion Unit staff (Learning Disability Inpatient unit) demonstrated the use of MCA more clearly than other areas. The use of the Care Programme Approach (CPA) to make Best Interest Decisions regarding treatment and care, progress of treatment and discharge planning has facilitated a more successful implementation of MCA (2005) in practice. The CPA ensures patient representation, patient involvement, family involvement and clinician involvement. Over the past year communication with patients and use of Makaton has made a positive change to interaction with patients with learning disabilities in the unit and this has improved the ability of the patient to express views and wishes regarding their care and treatment.

3. Of the physical health rehabilitation units, 70% of patients with an identified impairment of the mind or brain did not have an MCA assessment regarding decision making about admission, treatment or discharge planning. There was evidence that verbal consent was requested for day to day interventions and agreed in the patients daily records. Documentation on some physical rehabilitation wards indicates that staff continue to ask next of kin to sign consent forms and make decisions about care, treatment and place of discharge without any evidence that they hold an LPA to make these decisions. There is a lack of

documented evidence of patient involvement in decision making where they have an identified impairment of the mind or brain. A named professional has made regular visits to the wards to improve this standard since the audit.

4. Accurate terminology is not used to indicate that family meetings are Best Interest Decision making meetings and documentation is poor in clarifying the decision to be made, who is responsible for making the decision, and in what capacity the patient representative is making a decision.

5. Mental health inpatient staff in Prospect Park Hospital have a reasonable understanding of the role of an IMCA, but there was evidence that people confused the role of the IMCA and the Independent Mental Health Advocate (IMHA). They were able to explain the role and were aware the IMCA visited the wards. Community inpatient staff were familiar with the expression of IMCA, only three knew what IMCA stands for, however, only two of them were able to explain their role and when they would refer a patient to an advocate. Staff members were confident to find information on TeamNet or speak to their manager. Wards in Prospect Park Hospital are regularly visited by IMCAs from the various advocacy services and posters and leaflets can be found around the wards. Staff members are aware of the visits and some pointed out the photo of the advocate who visits the ward regularly on a poster in the ward office. Campion ward has its own noticeboard with IMHA and IMCA related information on the corridor. Community ward staff were not aware if they were visited by the advocacy service and there was no clearly visible information found on the corridors (Jubilee, Henry Tudor or Oakwood wards).

Key Recommendations.

1. Encourage champions to take a more active role in developing MCA practice on the wards.

2. Work on up-skilling and supporting mental health practitioners on the mental health wards to use the MCA framework. This work is being facilitated by the named professional on secondment to work with staff on embedding understanding of MCA (2005).

3. Review training and make it more practice based including assessment tools, a focus on Human Rights and requirements of documentation, encouraging the correct use of the legal terminology of the MCA framework. This has been completed and a more simplified, case-study based training is in place.

The named professional on secondment continues to work with targeted groups in practice including the community wards in addition to formal MCA training and has developed a stronger system for managing DoLS applications. All DoLS applications are now overseen by the safeguarding team.

Deprivation of Liberty Safeguards - referrals for authorisations 2018-2019

Ward	Q1	Q2	Q3	Q4	Total applied for	Total DOLS not granted	Total DOLS granted
Campion unit							
Application made to Local Authority	2	1	1	0			
Authorisation granted	2	1	1	0			
Authorisation not granted	0	1	0	0			
					4	0	4
Orchid Ward							

Application made to Local Authority	3	0	1	1	5	1	4
Authorisations granted	2	0	1	1	4		
authorisations not granted	1	0	0	0	1		
					5	1	4
Rowan Ward							
applications to the local Authority	3	5	6	11			
authorisations granted	1	2	4	9			
authorisations not granted	1	3	3	2			
					25	9	16
Ascot Ward							
applications made to Local Authority	0	1	6	0			
authorisations granted	0	0					
authorisations not granted	0	1					
					1	1	0
Windsor Ward							
applications made to local authority	0	1	3	0			
Authorisations granted							
Authorisations not granted		1					
					1	1	0
Donnington Ward							
Applications made to local authority	7	4	2	2			
Authorisations granted	4	1					
Authorisations not granted	2	3	1				
					15	6	5
Highclere Ward							
Applications made to Local authority	5	0	2	1			
Authorisations granted	3	0		1			
Authorisations not granted		0	1	0			
					3	0	3
Henry Tudor Ward							
Applications made to Local authority	1	0	0	4			
Authorisations granted	1	0	0				
Authorisations not granted	0	0	0				
					5	0	1
Jubilee Ward							
Applications made to Local authority	1	0	0	1			
Authorisations granted	0	0	0	0			
authorisations not granted	1	0	0	1	2	2	0
Oakwood Ward							
Applications made to local Authority	1	2	1	4			
Authorisations granted	0	0	0				

Authorisations not granted	1	2	1	2			
					8	6	0
Totals					**69**	**26**	**33**

Work is being undertaken by the safeguarding named professional to increase the level of knowledge regarding criteria for referral for DOLs assessment and support staff to identify when a deprivation of liberty is likely to be occurring. There are applications awaiting assessment by the Local Authority. Some applications were not completed before the patient was discharged.

Move to Liberty Protection Safeguards from DoLS

As described earlier following the Mental Capacity Act Amendment Bill 2019 the Trust are working with colleagues across the health economy in Berkshire and with Local Authority colleagues to plan the implementation of the new guidance in close liaison with the Trust board.

12. Child Protection Supervision

A formal process for child protection supervision enables front line staff to review cases, reflecting and analysing current progress, assessing risk, planning and evaluating care and interventions in complex clinical situations. All named professionals working for the trust have received specialist child protection supervision training from the NSPCC.

The Berkshire Healthcare child protection supervision policy CCR123 provides guidance for staff and has standardised child protection supervision across the trust. All health visitors and school nurses receive individual supervision from a named professional at least four monthly, with newly qualified staff receiving supervision two monthly for the first six months. Staff can request extra supervision sessions if required. All health visitors and school nurses received a minimum of three sessions of child protection supervision during 2018/19, a positive achievement for the safeguarding team. Group supervision was provided to all CAMHS teams, community children's nurses and to community children's respite nursing teams. Group child protection supervision was also facilitated to the teams of specialist looked after children nurses and to all allied professionals who work directly with children. Child protection supervision is provided to the young person health advisors at the Garden Clinic and a named nurse attends the bi-monthly safeguarding meeting at the sexual health clinic. Group supervision is also facilitated for staff at the Minor Injuries Unit (MIU) at West Berkshire Community Hospital and to the perinatal mental health team. An on-call advice line manned by named professionals provides safeguarding advice as required.

Named professionals attend health visitor and school nursing locality meetings quarterly to disseminate current safeguarding information to teams and to provide an opportunity for face to face contact with all bands of staff. Child protection supervision is also now provided to the Berkshire Healthcare nursery managers as required, following learning from the Slough partnership review relating to Child MB.

Compliance to child protection supervision by CAMHS staff has continued to rise with all staff receiving at least two sessions in 2018/19 and a much greater engagement in sessions. The Named Professional (mental health) has worked extremely hard to continue to increase compliance offering a flexible service across the Trust to make attendance at child protection supervision easier for staff to access. All supervision sessions

are now dedicated sessions and are no longer an add-on to team meetings. Monthly supervision is now offered to staff at the Tier four Berkshire Adolescent Unit and 100% compliance to three sessions was achieved in the unit.

The safeguarding team receive regular safeguarding supervision from the designated nurses and the Head of Safeguarding, Named Doctor and Named Nurse (Mental Health) have monthly peer supervision. The named doctor has supervision from the designated doctor for child protection.

The provision of telephone advice and support is an integral part of the service delivered by the safeguarding team. The 'On-Call' urgent advice line where a named professional is immediately available for advice across Berkshire Healthcare during the hours of 9 – 5 pm Monday to Friday, is well used by staff with over 600 enquiries from staff during 2018/19 from a wide variety of services across the trust. The Domestic Abuse Specialist Practitioner is also available for individual advice around issues relating to domestic abuse and support to staff across Berkshire Healthcare. An on-call advice line for safeguarding adult enquiries has been developed to replicate the safeguarding children advice line and has been very well received by staff.

13. 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.

The Prevent Lead for the Trust is assisted by two named professionals for safeguarding children. Links with the Local Authority and the police remain strong. The Trust is represented on all six Channel panels and Prevent management meetings across the six Localities in Berkshire. Prevent training is part of induction and compliance to training this year has increased to over 96% of staff for both Wrap and basic awareness training. This is a significant achievement and the team have continued to offer training to groups in their bases as well as part of the general training programme in order to make it easier for staff to access training and increase compliance. Knowledge of PREVENT is refreshed through all the safeguarding refresher courses offered by the Trust.

Staff have demonstrated an awareness of Prevent and its purpose, with several concerns being discussed with the Prevent Leads and some of those referrals meeting the threshold to be considered by the Channel panel and in turn being adopted by the panel. The safeguarding team are available for telephone advice and have seen an increase in calls for advice on Prevent matters.

In November 2017, the Government released guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation. Mental Health services are now required to review a referral within 2-3 days. This fits into our current structure where initial referrals are screened by Common Point of Entry (CPE) and then referred to the correct service.   There are clear pathways for emergency and routine secondary mental health care. For secondary assessment, a contact must be made within one week however, an assessment is then in line with local and national access standards.

14. Modern Slavery

There is now a duty to notify the Home Office of potential victims of Modern Slavery and this came into force in November 2015. This duty is set out in Section 52 of the Modern Slavery Act 2015 and applies to public authorities. Although health organisations are not yet compelled to notify, under safeguarding arrangements, consideration should be given to making a referral to the policy or local authority should a health practitioner have reason to believe a vulnerable adult or child is being exploited or trafficked.

A Modern Slavery Sub-group has been set up in Slough and Bracknell led by the police and the Community Safety Partnership and a named professional for safeguarding adults is a working member of that group. Modern Slavery training has been offered locally and nationally and has been attended by the named professionals. Modern Slavery is included in all trust safeguarding adult and children training.

15. Multi-Agency Safeguarding Hubs (MASH)

During 2016/17 six multi-agency safeguarding hubs were established in each locality across Berkshire and staff were recruited into the safeguarding team to provide health information in the hubs. Named professionals continue to be members of both the strategic and operational MASH sub-groups to develop the way the Hubs function. Two different models have been adopted in Berkshire. In East Berkshire, two health co-ordinators collect health information for the hub from across the health economy supported in the role by Health Visitors who take part in MASH assessments. In the west of Berkshire, three specialist community health practitioners undertake the health role. Management support and supervision is provided by named professionals in the team.

16. Summary

2018/19 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. The Care Act (2014) and Care and Support Statutory Guidance has clarified organisations responsibilities relevant to safeguarding adults vulnerable to abuse or neglect. This legislation along with safeguarding children legislation underpins the standards and principles of safeguarding practice at the heart of patient care in the Trust and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response. Team Achievements 2018 – 2019 have included the following:
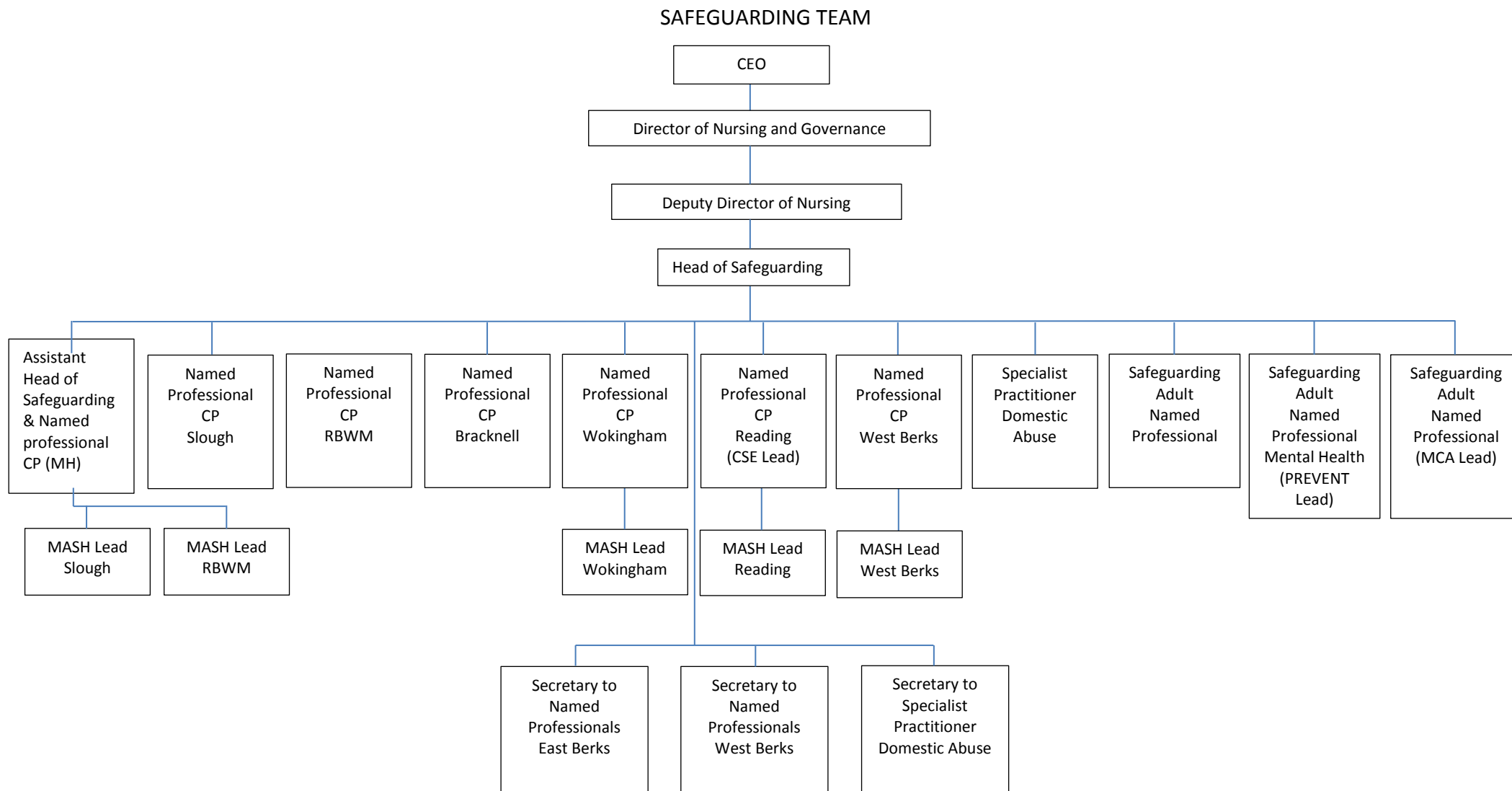
- Continued development of the safeguarding adult named professional role at Prospect Park Hospital to provide daily safeguarding oversight and advice and support to staff;
- Development of an on-call adult advice line to mirror the child protection advice line which is already well established;
- Higher level of compliance to safeguarding training and MCA/DoLS training;
- Drive to increase compliance to PREVENT training resulted in compliance at over 96%;
- New secondment fulltime post to continue the work of improving compliance to the Mental Capacity Act recruited to;
- Increase in compliance to group child protection supervision for CAMHS staff, Willow House staff and allied professionals who work with children;

- Specialist practitioner domestic abuse extended role to support adult safeguarding matters as well as domestic abuse affecting children;
- Active participation in multi-agency adult and child serious case reviews and work to influence change in systems and embed learning;
- Three safeguarding children forums with theme of Domestic Abuse following learning from local serious case reviews;
- Regular screen saver messages to remind staff of key safeguarding issues and production of two safeguarding newsletters;
- Participation in multi-agency safeguarding training and high level of compliance across LSCB's and SAB's and their corresponding sub-groups;
- Four safeguarding audits including monitoring and implementation of action plans;
- Evidence of increased referrals from health into MARAC.
- Sexual safety work at Prospect Park Hospital
- Reduction of number of patient absconsions from Prospect Park Hospital and improved reporting/follow-up
- Improved system for monitoring section 42 investigations and staff skills in producing reports;

Future Plans

- Continue to embed good practice in safeguarding;
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line;
- Secondment post to become permanent named professional for adult safeguarding post to continue to support staff in application of the Mental Capacity Act;
- All safeguarding training to be minimum 90% compliant across the Trust;
- Align all training to intercollegiate document requirements:;
- CAMHS child protection supervision compliance to three sessions annually to be minimum 85%;
- Share learning across the Trust in multi-media formats and through patient safety and quality groups and the leadership sub-groups;
- Continue to provide strong representation on the Multi-Agency Safeguarding Arrangements and Local Safeguarding Adult Boards;
- Continue to develop services in regard to prevention, disruption and reporting of exploitation;
- Embed making safeguarding personal into practice;
- Train Adult safeguarding named professionals in reflective safeguarding supervision;
- Offer joint group adult and children supervision at PPH to encourage think family approach

APPENDIX ONE

SAFEGUARDING TEAM

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                                    CEO
                                     |
                    Director of Nursing and Governance
                                     |
                          Deputy Director of Nursing
                                     |
                            Head of Safeguarding
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| Assistant Head of Safeguarding & Named professional CP (MH) | Named Professional CP Slough | Named Professional CP RBWM | Named Professional CP Bracknell | Named Professional CP Wokingham | Named Professional CP Reading (CSE Lead) | Named Professional CP West Berks | Specialist Practitioner Domestic Abuse | Safeguarding Adult Named Professional | Safeguarding Adult Named Professional Mental Health (PREVENT Lead) | Safeguarding Adult Named Professional (MCA Lead) |

| MASH Lead Slough | MASH Lead RBWM |

| MASH Lead Wokingham | MASH Lead Reading | MASH Lead West Berks |

| Secretary to Named Professionals East Berks | Secretary to Named Professionals West Berks | Secretary to Specialist Practitioner Domestic Abuse |

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Adults and Children Safeguarding

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

True North: goal 1 - Harm-free care

✓ **To provide safe services, prevent self-harm** and **harm to others**

We will do this by:

- ·Monitoring and updating compliance to Section 11 of Children Act 1989 and Safeguarding self-assessment audit, reporting to Board and providing assurance to LSCB monitoring groups.
- Continuing to utilise screensavers to highlight key messages
- Ensuring the safeguarding team maintain skills and knowledge through attendance at local and national training opportunities.
- Continuing to align training to intercollegiate documents
- Continuing to participate in multi agency audits, serious case reviews and partnership reviews and to share learning with staff through forums etc.

True North: goal 2 - Supporting our staff

✓ **To strengthen our highly skilled and engaged workforce and provide a safe working environment**

We will do this by:

- Building on the "think family" approach to all training.
- Working alongside staff to embed knowledge of MCA and DOLS into everyday practice.
- Offering joint group adult and children reflective supervision at PPH to encourage a think family approach.
- Maintaining the presence of the adult safeguarding lead during the working week at Prospect Park Hospital providing support and advice.
- Maintaining and reviewing the children and adult safeguarding advice line to inform future training needs.
- Continuing to monitor safeguarding practice through audit and safeguarding clinical supervision.
- ·Maintaining and improving the safeguarding page on Team net

True North: goal 3 - Good patient experience

✓ **To provide good outcomes from treatment and care**

We will do this by:

·Continuing to provide responsive children safeguarding advice to all Trust staff via the on-call advice line.

·Continuing to implement the Pan Berkshire escalation policy for Safeguarding.

·Accessing specialist training and supervision via Trust and external providers for safeguarding team

.Providing specialist child protection supervision to all staff who work directly with children

·Strengthening team knowledge of Prevent and ways to support staff

True North: goal 4 - Money matters

✓ **To deliver services that are efficient and financially sustainable**

We will do this by:

- Improving the use of Skype and SMART working to reduce travel and maximise team efficiency.
- Evaluating the efficiency of our training through objective auditing.
- Considering eLearning as an option e.g. WRAP , MCA and Level 1 adult.
- Requesting a slot at the leadership forum to promote safeguarding to managers as a fundamental part of all care provided by teams across the Trust

Royal Berkshire
NHS Foundation Trust

Annual Safeguarding Report 2018-19

Contribution to the West of Berkshire Safeguarding Adults Board.

Key achievements

- Safeguarding (adults) clinical governance has continued throughout the year and the safeguarding team medical clinical lead role is a valued part of the safeguarding team. There are vacancies in both NCG and UCG to recruit during 2019.

- Safeguarding concerns continue to be 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.

- Learning from SAR's continues to be included in Safeguarding training.

- The Lead Nurse Adult Safeguarding continues to be part of the SAR panel.

- Safeguarding Champions conference was held in November, this was evaluated positively by participants. A very successful half day champions meeting was held in June 2019 to consolidate learning. Another conference is planned for later in 2019 focusing on Learning Disability.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

- Staff knowledge of the Mental Capacity Act has improved. While this is a good assessment of the status of the Trust, work is still required to embed the knowledge and skills of staff in application of the MCA.

- Training continues with MCA /DoLS sessions on staff induction and as part of the core mandatory training day alongside ad hoc sessions for specific groups of staff.

- Enhanced mental capacity training has been offered on alternate months through 2017-18, and has continued through 2018-19. Mental Capacity training also forms part of the managing 1:1 day.

- Spot check audits undertaken following the introduction of EPR have highlighted a reduction in the documentation of mental capacity assessments, by either the use of paper assessment forms or the electronic assessment.

- The number of DoLS applications was a key performance indicator report to the CCG as part of the Quality Schedule and in the integrated Board report monthly. The number of applications made last year was similar to 2017/18.

- 15 DoLS were granted this year out of the 56 referrals made; reasons for this is :the patient was discharged/ transferred to another hospital or they regained mental capacity before the DoLs assessments had been undertaken or completed by the local authority .

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.

- For externally raised safeguarding concerns a fact finding exercise is carried out by the Lead Nurse Adult Safeguarding. This information is given to the local authority for them to decide on the type of investigation and outcome of the concern. The most cases the safeguarding concerns raised against the Trust continue to be around pressure damage. In the majority of cases there continues to be a lack of information provided re pressure damage as part of the discharge process.

- Safeguarding concerns reported within or raised to the Trust related to staff members are investigated under our Managing Safeguarding Concerns and Allegations Policy.

Prevent (anti-terrorism)

- No Prevent concerns were discussed with outside agencies this year. Members of the Safeguarding team have attended the South East Prevent workshop and regularly attend West Berkshire Prevent steering group.

Domestic Abuse

- The Domestic Abuse Working Group continues with representatives from each care group. This group formed part of the consultation in reviewing the Domestic Abuse Policy. Work is on-going to embed principals of good practice throughout the Trust including raising the awareness, routine enquiry and encouraging the use Domestic Abuse Stalking and Harassment (DASH) forms. The Named Midwife for Child Protection regularly attends the three Local Authority Multi- Agency Risk Assessment Conferences (MARAC's). Victims identified as being High Risk by MARAC representatives, continue to be flagged on EPR for 12 months following discussion.

Key areas of work for 2019/20

- Promote the safeguarding toolkit.

- Support the multi-disciplinary safeguarding champions and care group safeguarding adult leads to embed safeguarding across the Trust.

- Extend the timeframe of the Domestic Abuse Task and Finish Group to support a review of training.

- Supporting the Safeguarding Adult Board work on safeguarding and pressure ulcer prevention and financial abuse

- Promote the importance of clear documentation of mental capacity; this can be by either use of paper or electronic documentation of Mental Capacity assessments.

- Participating in implementation of the Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards

- Participate in a training needs analysis against the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018

On-going challenges / risks:
- Year on year increase in activity for vulnerable groups with multiple co-morbidities and complex psycho-social problems. This inevitably impacts on the capacity of the Safeguarding and clinical teams to respond.
- The number of patients admitted with disordered eating/eating disorders.
- Elderly patients living with dementia delayed in hospital.
- Increasing and maintaining workforce knowledge of the Mental Capacity Act and DoLS and application in practice.
- Increasing and maintaining workforce knowledge of domestic abuse and application in practice.
- Supporting patients and the staff caring for them where there is homelessness or other external service/resource issues beyond our control
- Service users who don't reach thresholds for statutory or voluntary services and the differences between local authorities
- Implementation of new legislation and statutory guidance specifically the Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards and the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018