

**WOKINGHAM  
BOROUGH COUNCIL**



**WBC and West of Berkshire  
Safeguarding Adults Partnership  
Board (WBSAPB)**

**Annual Report 2013-14**

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## **Executive Summary**

### **1. Introduction**

- 1.1 The purpose of this report is to present the West of Berkshire Safeguarding Adults Partnership Board Annual report and update the Council and elected Members how WBC Safeguarding Adults Team support strategic delivery of the business plan during 2013-2014.
- 1.2 The report also outlines Wokingham Borough Councils position in relation to the Abuse of Vulnerable Adults national comparator data for 13/14 which demonstrates good levels of performance.
- 1.3 The content is primarily for information and as such identifies the activities of Wokingham Borough Council's Safeguarding Adults Team, and partner agencies, in implementing the mechanisms for Safeguarding within both the Wokingham borough and the Berkshire West area.

### **2. Current position**

- 2.1 Wokingham Borough Council is an active and influential member of the West of Berkshire Safeguarding Adults Partnership Board (SAPB); a multi-agency management committee that has been established to co-ordinate and oversee safeguarding adults work.
- 2.2 The Safeguarding Service sits within the Strategic Commissioning Division, however directly reports supports and quality assures Safeguarding and Care Governance practice to the Director of Health and Wellbeing, the service oversees and co-ordinates the Safeguarding processes, strategic development and our statutory response re Deprivation of Liberty Safeguards (DOLS) under the Mental Capacity Act 2005.
- 2.3 To consolidate the local approach and ensure that Wokingham Borough Council's approach to Safeguarding Adults is robust across the district, the Safeguarding Adults Team provides an active role within the Councils Care Quality framework.
- 2.4 Activity and practice in relation to Safeguarding and Deprivation of liberty continues to increase giving an indication of the expansion and remit of the Safeguarding Adults Service in responding to issues of vulnerability in our communities and wider workforce development requirements.
- 2.5 Local activity in relation to Safeguarding Adults is now being reported through a Quarterly Quality Assurance report to Corporate Board, this ensures any risks are identified and managed.

### **3. Equalities Impact Assessment Outcomes**

- 3.1 There is no decision to be made and therefore no Equality Impact Assessment has been undertaken.

### **4. Conclusion**

- 4.1 Current Safeguarding arrangements continue to feed into the wider strategic work across West of Berkshire and ensure our own local arrangements are as robust as possible by the continual strategic and operational development in quality assurance framework, strategic partnership working community engagement work and practice development.

## Executive Report

### 1. Introduction

- 1.1 The purpose of this report is to present the West of Berkshire Safeguarding Adults Partnership Board Annual report and update the Council and elected Members how WBC Safeguarding Adults Service supported strategic delivery of the business plan during 2013/14.
- 1.2 The report also outlines Wokingham Borough position in relation to the Abuse of Vulnerable Adults national comparator data for 13/14 which demonstrate good levels of performance in the following areas:
  - (1) Volume of episodes for safeguarding adults
  - (2) Repeat referrals
  - (3) Referrals from individuals not known to WBC
  - (4) Referrals by source (who reported the alleged abuse)
  - (5) Referrals by alleged abuse type
  - (6) Action and outcome
- 1.3 The content is primarily for information and as such identifies the activities of the West of Berkshire Safeguarding Adults Partnership Board, Wokingham Borough Council's Safeguarding Adults Service and partner agencies, in implementing the mechanisms for Safeguarding within both the Wokingham district and the Berkshire West area.
- 1.4 Wokingham Borough Council works within the ADASS 'National Safeguarding Adults Framework for Good practice' which builds on the foundation of the 'No Secrets' guidance. As such the Council retains lead responsibility for co-ordinating investigations into allegations or suspicions of abuse of vulnerable adults.

### 2. Governance

- 2.1 The West of Berkshire Safeguarding Adults Partnership Board (SAPB) is the multi-agency Board that co-ordinates safeguarding adults work in the Berkshire West area, the SAPB also maintains links with the Safeguarding Boards in the Berkshire East area. Wokingham Borough Council's remains an active and influential partner on the Board.
- 2.2 In December 2012 the Board commissioned an external assessment of its governance arrangements. There were a range of recommendations with particular tasks around developing a risk register, securing CCG membership and improving data capture. The full sets of recommendations are listed in the annual report and have been embedded in the business plan for 2013/14
- 2.3 Going forward and as part of the Care and Support Bill consultation the Government are continuing to look at proposals to place Adult Safeguarding on a statutory footing in line with arrangements for Child Protection. This will have implications for future arrangements.

### 3. SAPB Business Plan

- 3.1 The Business Plan details how the four goals will be achieved. The plan is delivered through five sub-groups:
  - (1) Partnership and Best Practice
  - (2) Learning and development

- (3) Information and analysis
- (4) Governance
- (5) Communications and Publicity

3.2 Key developments by the Board during 2013/14 are described within the Safeguarding Adults Partnership Board annual report. This includes a number of themes around awareness raising e.g. Deprivation of Liberty Safeguards, Dignity in Care; response to serious case reviews including domestic homicide and Winterbourne and engaging with service users and those that choose not to engage.

3.3 The Wokingham Borough Safeguarding Adults Annual Report which includes the Business Plan for 2013 - 14 is included as **Appendix B**.

#### **4. Wokingham Safeguarding Adults Forum**

4.1 Wokingham supports the delivery of the SAPB Business Plan and local implementation through the Wokingham Safeguarding Adults Forum.

4.2 The Wokingham Safeguarding Adults Forum oversees the local implementation of the agreed Berkshire wide procedure and the strategic aims of the West of Berkshire Safeguarding Adults Partnership Board. The Forum is a sub group of the West of Berkshire Board and there are similar arrangements in both West Berks and Reading. Its remit is to monitor the successful delivery of the local Safeguarding Adults Framework and "unblock" any local issues with partner agencies whilst ensuring the community and service user voice from a local perspective is incorporated and responded to at a strategic and local level.

4.3 In 2012/13 the board had been developed to have a more strategic focus with greater input of other agencies and partners. The Portfolio Lead for Adult Services is envisaged to become a key member of the Forum.

4.4 In 2013-14 the Wokingham Safeguarding Adults Forum and prevention post was noted by the Board as a good example of an effective forum with good engagement from all stake holders and as such the West Forums have now have consistent terms of reference, all work undertaken by the Adult Safeguarding Service reflects the boards business plan and has delivered the following local priorities:

- Revised and agreed Terms of Reference to enhance effectiveness of forum.
- Overseen the implementation of revised local Safeguarding procedures
- Revised and developed local safeguarding training
- Provided training for partner agencies to ensure their responses are robust
- Promoted community and voluntary sector engagement
- Introduced better performance indicators and quality assurance methods
- Conducted pilot of threshold document

#### **5. WBC Safeguarding Adults Team**

5.1 The Safeguarding Service sits within the Strategic Commissioning Division, reporting directly to the Director of Health and Wellbeing and oversees and quality assures the Safeguarding processes, strategic development and the statutory response re Deprivation of Liberty Safeguards (DOLs) under the Mental Capacity Act 2005.

5.2 The team has the responsibility for quality assurance, strategic development, training, support and guidance to operational teams, workforce development and suppliers support, with specific responsibility for the coordination and management of complex inter-agency Safeguarding activity.

5.3 Challenges for the Safeguarding Team remain around ensuring consistent practice which is personalised, raising awareness of thresholds to apply the framework,

managing increased complexity of referrals, the increasing numbers of individuals whose capacity is to be determined under MCA 2005, applications for DOLs pending the anticipated significant Supreme Court ruling which may likely change the requirements/statutory duties of Local Authorities as the Supervisory Bodies. Alongside this there is considerable work ongoing with Providers to understand their responsibilities and be able to recognise and respond appropriately to safeguarding concerns and their responsibilities under the MCA 2005, safeguarding and contractual duties.

- 5.4 Despite the challenges faced, Adult Safeguarding continues to be a priority for the Council. Clear progress has been made through the full review and revision of local Safeguarding procedures to ensure that delivery remains effective. There has been a renewed focus on accurate data acquisition to provide robust management information; the further development of effective partnership working to ensure that safeguarding principles and practice are fully understood, including increased awareness in relation to Mental Capacity Act principles and duties.

## **6. Wokingham Borough performance in 2013/2014 (based on AVA statutory reporting)**

- 6.1 Currently there are no national performance targets for Safeguarding Adults however there is a national data set which has undergone some revision for 13/14 in line with a whole scale change to the reporting requirements for Adult Social Care due to come into effect in April 2014.
- 6.2 Data comes from the provisional statutory AVA (Abuse of Vulnerable Adults) return for 2013/14 and Safeguarding AVA Comparator Report 2013/14 released in September. There are no longer comparator groups of data and data is presented as a national picture.
- 6.3 All key information is completed for the vulnerable adult at the Alert Stage 1 point in 2013/14 and Wokingham succeeded in recording all key information at this point.

### **6.4 Volume of Episodes for Safeguarding Adults**

The volume of alert, referrals and completed cases continued to increase up to the 13/14. Compared to last year, alerts were down from 800 to 551 a 46% reduction, this reflects the work nationally and locally in aiming to ensure better understanding the use and purpose of the safeguarding framework to become more proportionate in response.

High numbers of alerts indicate good awareness of safeguarding procedures within the community and increased vigilance across agencies, external providers and the public to report abuse, however reduced numbers of investigations indicate a better understanding of safeguarding thresholds and indicate that investigation are valid safeguarding concerns ie there is a suspicion of abuse or risk that harm has or may occur, not that the framework is being used for all forms of other needs which made it difficult to target resources and identify genuine areas of abuse or concern.

### **6.5 Repeat Referrals**

Referrals are classed as repeat referrals when they involve a separate incident about the same vulnerable adult during the same reporting period.

Our repeat referral rate of 15% demonstrating a steady reduction (2012-2013 31%) indicating safeguarding measures put in place are appropriate. A high rate may indicate that safeguarding measures previously put in place are not working, so a target of 15% or below was set for 2013/14 and this was achieved.

**6.6 Referrals from Individuals Not Known to WBC**

There continues to be an improvement in the number of individuals referred to Safeguarding that were not known to WBC Adult Social Care at the time of the referral .

**6.7 Referrals by Referrers/Source of Referral (who reported the alleged abuse)**

The number reported by self, family, friends and neighbours has increased this year, this indicates good awareness of safeguarding procedures within the community.

35% of referrals were referred by residential care staff and improved referral rate by Health staff and Police/Housing, an improvement on last year which indicates good partnership working between these organisations and West Berkshire.

**6.8 Referrals by Alleged Abuse Type and Multiple Abuse**

Referrals reporting alleged institutional abuse and psychological abuse have increased slightly this year compared to the previous year. The highest type of alleged abuse report was physical at 42% followed by neglect at 37% this is in line with national data.

**6.9 Outcomes**

Outcomes from safeguarding investigations resulted in 47% of cases being substantiated, 19% not substantiated, 17% being inconclusive, for 1% investigation ceased at individuals request and 16% being partially substantiated. For 333 cases risk is recorded as being reduced, for 40 case risk was removed and for 14 cases risk remained unchanged. This data indicates that practice is becoming more focused on the individuals desired outcomes and positive risk taking practice.

**7. Conclusion**

- 7.1 The Safeguarding Adult Partnership Board continues to make progress to ensure we work strategically across West of Berkshire to ensure a robust safeguarding response. Wokingham Borough Council continues to be a proactive member of this partnership and will support the delivery of the 2014-15 business plan.
- 7.2 Local safeguarding arrangements continue to support the council's ability to respond effectively to issues of safeguarding and to meet the growing demand for support in the management of the most complex and sensitive of issues for the people of the borough. We will continue to provide quarterly Quality Assurance Reports to monitor our safeguarding activity and ensure risks identified are managed.
- 7.3 In 2014-2015 we will be working towards implementation of legislation arising from the Health and Social Care Reforms that will put Safeguarding Adults Partnership Boards on a statutory footing in line with arrangements for child protection. Changes arising from this will represent a major piece of work for the Board and its members, but is seen as a very positive move forward in the important work of keeping Adults at Risk safe.
- 7.4 Ensuring proportionate response with safeguarding and promoting the "Making Safeguarding Personal Agenda" in line with workforce development requirements will be a key priority locally for the coming year. In addition to better embedding the principles of the Mental Capacity Act 2005 and Deprivation Of Liberty Safeguards 2007 in all areas of activity and performance.

## Appendix A – Wokingham Borough Council Performance Data Report

### Wokingham Safeguarding Board Annual Performance Report 2013-14

#### **Referrals**

There were 577 Safeguarding Alerts received by Wokingham Borough Council for the period 2013-14.

441 (76%) of these alerts progressed to referral, which shows that a high percentage of the alerts required the Safeguarding Framework. This was a reduction of 46% when compared to 2012-13; however the numbers received in 2012-13 were significantly higher than the previous two years.

	2010-11	2011-12	2012-13	2013-14
<b>Alerts / Referrals</b>	337	643	812	441
<b>% of repeats</b>	13%	45%	31%	15%

The percentage of the referrals that were repeats for 2013-14 (where more than one referral was received for an individual between April 2013 and March 2014) was significantly lower than 2011-12 and 2012-13.

#### **Demographics**

61% of the referrals received during 2013-14 were for females and 39% were for males.

The table below show the referrals by age group. The majority of referrals received for both 2013-14 and 2012-13 were for adults aged 18 to 64.

	2012-13		2013-14		% Change
	Count	%	Count	%	
<b>18-64</b>	409	50%	165	37%	-60%
<b>65-74</b>	62	8%	35	8%	-44%
<b>75-84</b>	145	18%	99	22%	-32%
<b>85+</b>	196	24%	142	32%	-28%
<b>Total</b>	812		441		-46%

The percentage of all referrals received regarding 18-64 year olds reduced in 2013-14 compared to 2012-13. The percentage of referrals for those aged over 75 increased in 2013-14 compared to 2012-13.

The average age of all adults referred during 2013-14 was 68.

93% of the referrals were regarding people with an ethnicity stated as White; the remaining 7% were recorded as other ethnic groups. These percentages exclude 14 referrals where the ethnicity was undeclared.

### Service User Groups

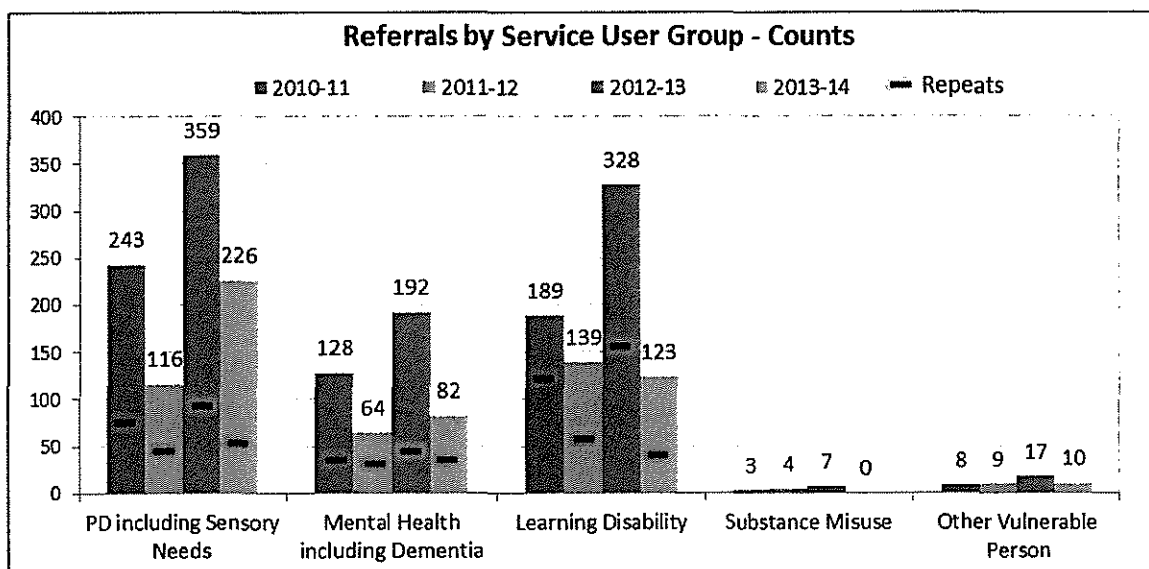
The majority of referrals received for both 2012-13 and 2013-14 overall, were regarding people with a Service User Group of Physical Disability, including Sensory Needs. People with a Service User Group of Learning Disability were the second highest for the number of referrals received for both years.

	2012-13		2013-14		% Change
	Count	%	Count	%	
Physical Disability Total	348	43%	226	51%	-35%
of which Sensory Needs	11	1%	10	2%	-9%
Mental Health Total	112	14%	82	19%	-27%
of which Dementia	80	10%	59	13%	-26%
Learning Disability	328	40%	123	28%	-63%
Substance Misuse	7	1%	0	0%	-100%
Other Vulnerable Person	17	2%	10	2%	-41%
Total	812		441		-46%

The charts below show the number of referrals by Service User Group for the last four financial years and the percentages for each year.

When broken down by Service User Group, the numbers are very erratic year on year.

The count of referrals for people with a Service User Group of Learning Disability was the lowest in 2013-14 than all previous years shown.

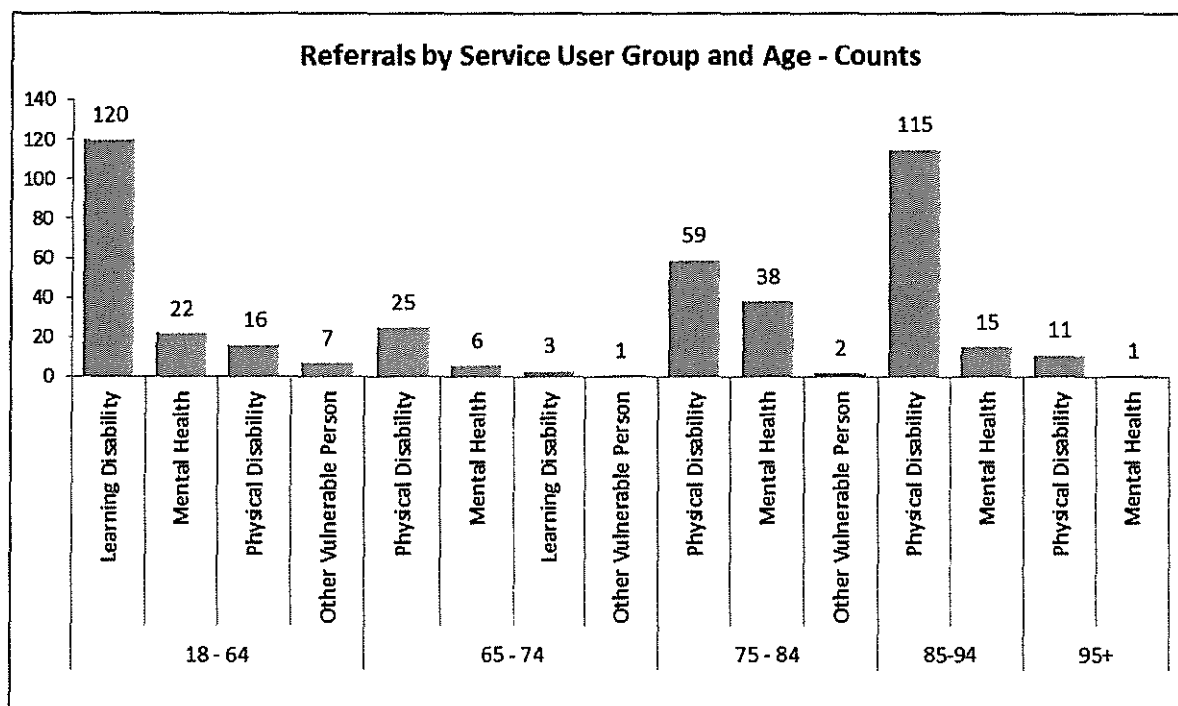


REPEATS	2010-11	2011-12	2012-13	2013-14
Physical Disability (including Sensory Needs)	23%	21%	23%	15%
Mental Health (including Dementia)	10%	17%	13%	17%
Learning Disability	58%	28%	45%	17%
Substance Misuse	0%	0%	0%	0%
Other Vulnerable Person	0%	11%	6%	0%

The percentages of repeat referrals (where more than one referral was received for an individual since April 2013) were significantly lower in 2013-14 for people with a Service User Group of Physical Disability (including Sensory Needs) and those with a Service User Group of Learning Disability.

### **Service User Groups and Age**

The chart below shows the same counts for Service User Groups, broken down by age groups.



This shows that the majority (98%) of referrals received for people with a Service User Group of Learning Disability were in the age group 18 to 64.

There were 16 referrals received for people with the Service User Group of Physical Disability for the age group 18 to 64 which then increases for each age group, peaking at 115 for the age group 85 to 94.

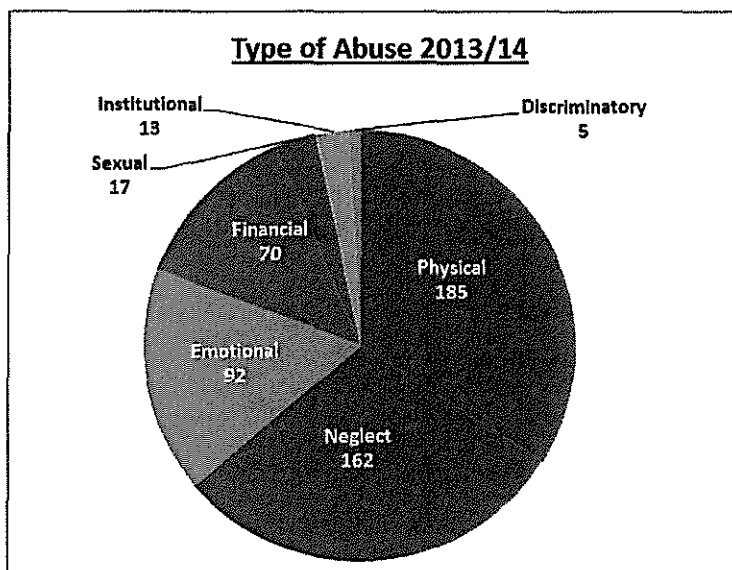
The referrals received for people with the Service User Group of Mental Health peaks for the age group 75 to 84 to 36 referrals. This is due to the inclusion of people with Dementia.

91% of the referrals received for people with a Service User Group of Mental Health excluding Dementia were aged 18 to 64.

### ***Type of Alleged Abuse***

The chart below shows the counts of the type of the alleged abuse for referrals received during 2013-14.

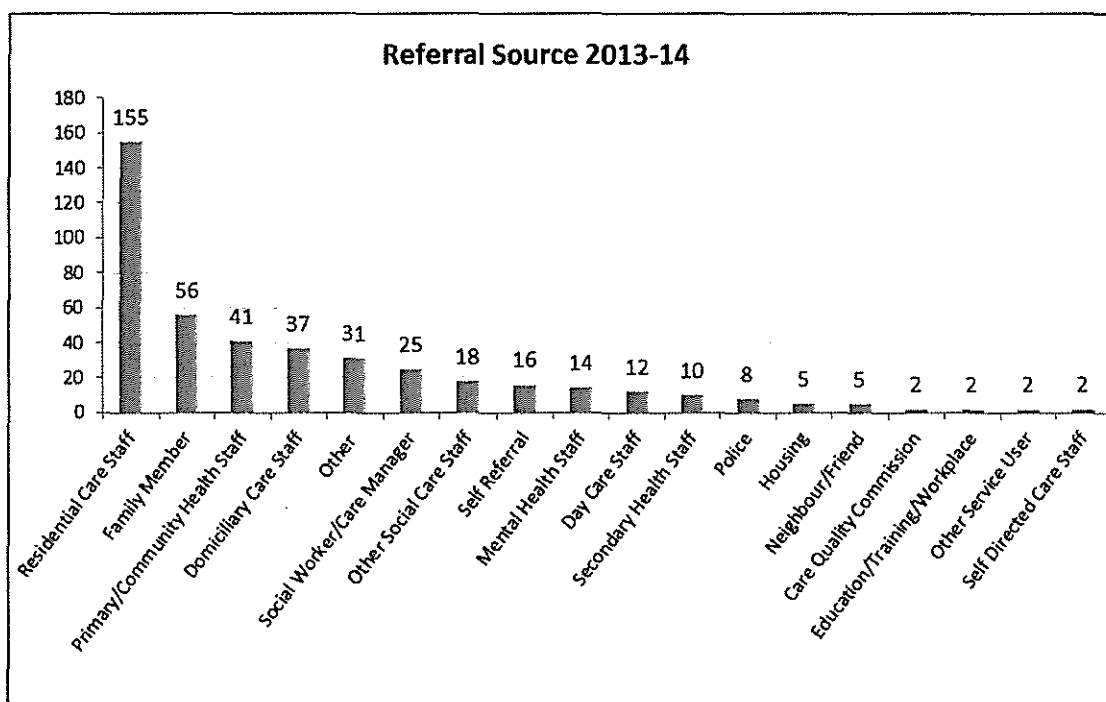
The highest types of alleged abuse are Physical and Neglect. The trend is the same as previous years.



National data 30% Neglects and acts of omission, 27%

### ***Referral Source***

The majority (35%) of the referrals received during 2013-14 were received from Residential Care Staff.



### ***Alleged Perpetrator***

The alleged perpetrator was recorded as being known to the aggrieved person in 181 of the 441 referrals recorded for 2013-14. This information was not recorded at all for 218 (49%) of the 441 referrals and three were recorded as unknown.

223 of the 441 referrals received during 2013-14 had the relationship of the alleged perpetrator recorded.

The table below shows the referrals where the alleged perpetrator was known or not known to the aggrieved person and the type of relationship. Overall, the majority (58% of the referrals where the relationship is recorded) of the alleged perpetrators were individuals not related to the aggrieved person. For 38% of the referrals where the relationship was recorded, the alleged perpetrator was a relative or family carer.

	Count	%
<b>Known</b>	<b>181</b>	
Individual (not related)	93	51%
Relative/Family Carer	82	45%
Other Private Sector	4	2%
Primary Health Care	1	1%
Secondary Health Care	1	1%
<b>Not Known</b>	<b>39</b>	
Individual (not related)	34	87%
Relative/Family Carer	3	8%
Community Health Care	1	3%
Other Voluntary	1	3%
<b>Unknown</b>	<b>3</b>	
Individual (not related)	2	67%
Secondary Health Care	1	33%
<b>Not Recorded</b>	<b>218</b>	
<b>Total</b>	<b>441</b>	

### ***Location of alleged abuse***

The table below shows the location the alleged incident was reported to have taken place. National data shows the same trend in location as 42 % own home closely followed by 36% in care homes.

	Count
<b>Own Home</b>	<b>193</b>
<b>Care Home</b>	<b>171</b>
<b>Services within the community (Supported Acc. or Day Care)</b>	<b>42</b>
<b>Other</b>	<b>29</b>
<b>Hospital</b>	<b>6</b>
<b>Total</b>	<b>441</b>

The tables below show the breakdown of the incidents which took place within the top two locations – the aggrieved person's own home and a Care Home – and who made the referral.

Own Home	Count	%
Primary/Community Health Staff	31	16%
Family Member	31	16%
Residential Care Staff	24	12%
Domiciliary Care Staff	21	11%
Other	17	9%
Social Worker/Care Manager	13	7%
Other Social Care Staff	12	6%
Self-Referral	10	5%
Mental Health Staff	9	5%
Police	7	4%
Housing	5	3%
Secondary Health Staff	4	2%
Neighbour/Friend	3	2%
Care Quality Commission	2	1%
Day Care Staff	2	1%
Other Service User	1	1%
Education/Training/Workplace	1	1%
<b>Total</b>	<b>193</b>	

Care Home	Count	%
Residential Care Staff	120	70%
Family Member	22	13%
Primary/Community Health Staff	7	4%
Other	6	4%
Secondary Health Staff	4	2%
Social Worker/Care Manager	4	2%
Self-Directed Care Staff	2	1%
Other Social Care Staff	2	1%
Domiciliary Care Staff	2	1%
Day Care Staff	1	1%
Self-Referral	1	1%
<b>Total</b>	<b>171</b>	

### ***Vulnerable Adult placed by Other Local Authority***

The numbers of vulnerable adults placed by Other Local Authorities have decreased significantly in 2013-14 compared to previous years. 7% of the referrals received in 2013-14 were placed by Other Local Authorities. 23% of the referrals received in 2012-13 were placed by Other Local Authorities. **This may be reflective of the Winterbourne view progressed work in returning individuals to localised areas wherever possible.**

### ***Previously Known***

85% (375) of the referrals received for 2013-14 were regarding a person who was recorded as previously known to Wokingham Borough Council.

The table shows the breakdown of the location where the incident occurred and whether the person was previously known to Wokingham Borough Council.

Previously known to WBC and location of incident	Count	%
<b>No</b>	<b>66</b>	
Own Home	29	44%
Care Home	27	41%
Services within the community	5	8%
Other	4	6%
Hospital	1	2%
<b>Yes</b>	<b>375</b>	
Own Home	164	44%

Care Home	144	38%
Services within the community	37	10%
Other	25	7%
Hospital	5	1%
<b>Total</b>	<b>441</b>	

Of those that were previously known to Wokingham Borough Council, the majority (44%) of the incidents occurred in their own home.

### ***Case Conclusions, Actions and Outcomes***

There were 425 cases concluded during 2013-14.

The breakdown of the results are shown below:

<b>Results</b>	<b>Count</b>
Action Under Safeguarding: Risk Reduced	333
Action Under Safeguarding: Risk Removed	40
Action Under Safeguarding: Risk Unchanged	14
No Further Action Under Safeguarding	38
<b>Total</b>	<b>425</b>

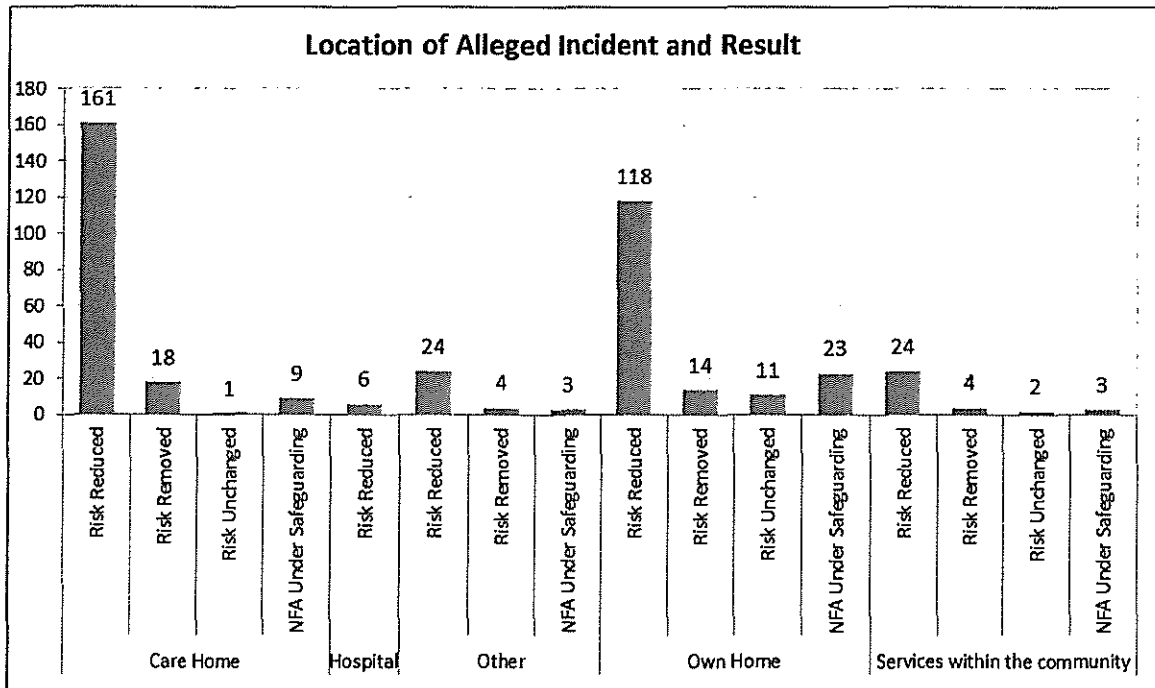
Of those that had a result recorded as 'No Further Action Under Safeguarding', four of the cases were substantiated and four were partly substantiated.

National data for that period is very similar in that 36% of interventions required NFA, 35% of action taken reduced the risk 22% removed risk and 8% risk remained unchanged.

The outcomes of all the concluded cases are shown below. The majority (47%) of the cases were substantiated.

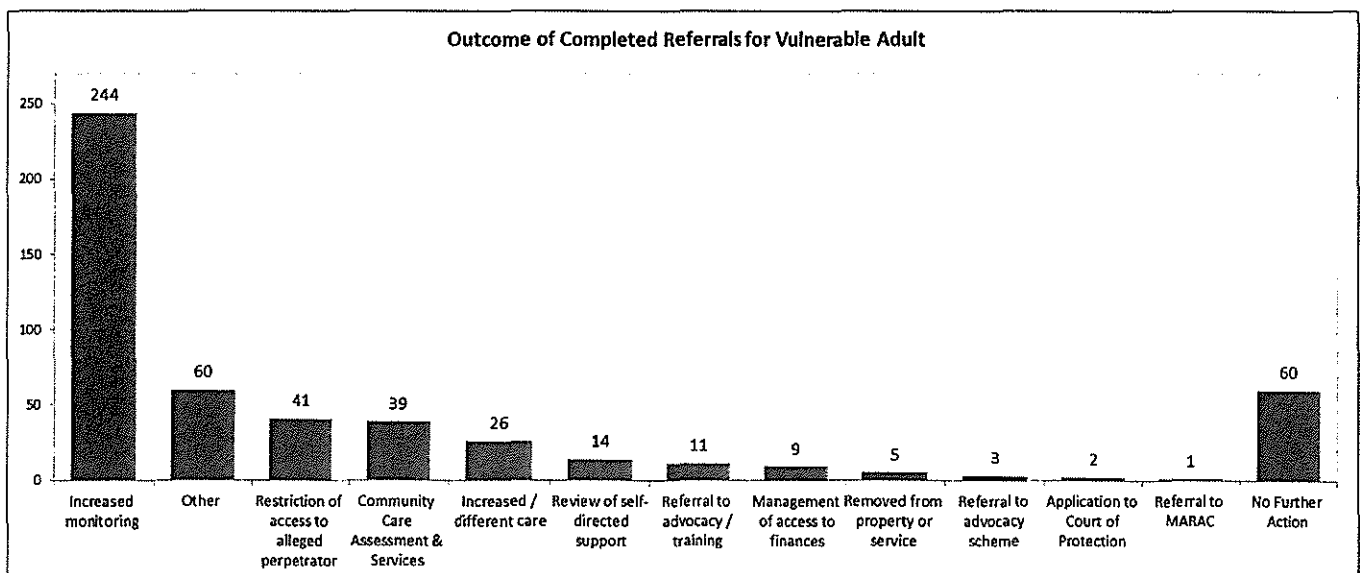
<b>Outcome</b>	<b>Count</b>	<b>%</b>
Substantiated	201	47%
Not Substantiated	80	19%
Inconclusive	71	17%
Partly Substantiated	67	16%
Investigation Ceased at Individuals Request	6	1%
<b>Total</b>	<b>425</b>	

The chart below shows the number of concluded cases with the results of the case and the location of the alleged incident.

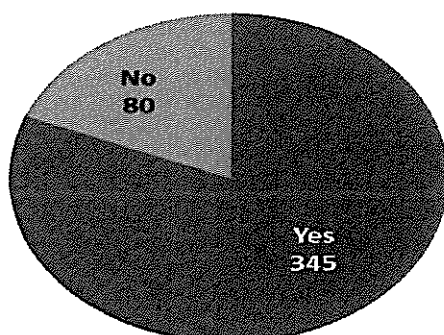


There were 515 outcomes for Vulnerable Adults recorded for the cases concluded during 2013-14.

The chart below shows the Outcomes for Vulnerable Adults. 47% of the outcomes were recorded as Increased Monitoring.



**Individual lacked capacity**



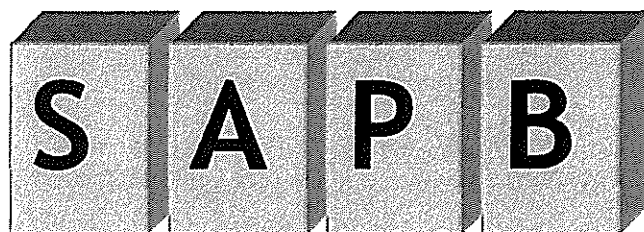
This data indicates that's a very high proportion of our vulnerable adults lacked capacity, however we would suggest that it is more indicative of a greater understanding of the Mental Capacity act and requirements to supports decision making prior to reaching the view that a person lacks capacity.

**National data our local picture is much higher than the national average with 28% deemed to lack capacity, 29% reported as don't know and 44% deemed not to lack capacity.**

**Appendix B – West of Berkshire Safeguarding Adults Partnership Board Annual Report 2013-2014**

See below

**West of Berkshire**



**Safeguarding Adults Partnership Board**  
*'Achieving by working together'*

**West of Berkshire  
Safeguarding Adults Partnership Board**

**Annual Report  
2013-14**

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## **Forward by the Independent Chair**

Welcome to the 2013-14 Annual Report of the West of Berkshire Safeguarding Adults Partnership Board.

I am delighted to have the opportunity to thank all the Board members and those who have supported the Board within subgroups and task and finish groups for all their commitment and hard work this year. I hope the content of this report will give you all a flavour of some of the achievements and progress made in a number of areas of work.

This coming year is going to be both exciting and challenging for the Board with the long awaited arrival of the Care Act in April 2015 which, for the first time, will place safeguarding responsibilities for adults on a statutory footing. These are exciting times and I am determined that the Board will embrace all opportunities and challenges that this will bring.

Once again this year, adult safeguarding has received greater media attention but locally there is still a gap in the wider community regarding adult safeguarding responsibilities, and specifically the work of the Safeguarding Adults Partnership Board. The Board has seen this as one of its priorities and has produced its first Communication Strategy this year. This work is still in its infancy but I am committed to explore ways of improving links both with partner agencies but more importantly the wider community that we all serve.

I look forward to an exciting year ahead for the Board and commend this Annual Report to you.



**Sylvia Stone**

**Independent Chair**

**West of Berkshire Safeguarding Adults Partnership Board**

## **Introduction**

The Safeguarding Adults Partnership Board and its member agencies continue to work hard to ensure residents in the West of Berkshire live full and safe lives. This involves a range of activities, from raising awareness of safeguarding adult issues; delivering and commissioning high quality services; training and developing staff to recognise and respond appropriately to potentially harmful situations; investigating allegations of abuse or neglect; and supporting victims and perpetrators of abuse and neglect.

The Board recognises that there is much work still to be done, not only in the provision of quality services but in raising public awareness of the risks as well as the benefits of supporting adults at risk.

## **Board Members**

As the Board at this time is not statutory there is no clear authority over partner agencies in terms of their engagement. However, we are fortunate that there is excellent commitment to the Board and to its subgroups by our partners.

The Board is made up of representatives from the following agencies:

- Berkshire Healthcare Foundation Trust
- Berkshire West Clinical Commissioning Groups
- Emergency Duty Service
- Joint Legal Services
- Reading Borough Council
- Royal Berkshire Fire and Rescue Service
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Trust
- Thames Valley Police
- Thames Valley Probation Service
- West Berkshire District Council
- Wokingham Borough Council

Membership of the Board is broad, although the significant majority of those attending Board meetings are from statutory health and social care services. In the coming year the Board is looking to widen the membership of both the Board and its subgroups to ensure better representation from the private, voluntary and independent sectors.

## **Local Context**

The function of the Board is to co-ordinate strategic safeguarding adult activity across all sectors and service user groups in order to prevent abuse and neglect occurring and to ensure that when it does, it is recognised and appropriately responded to. The Board forms a view of the quality of safeguarding locally, challenging organisations when necessary.

The West of Berkshire Safeguarding Adults Partnership Board Mission Statement:

**“West of Berkshire Safeguarding Adults Partnership Board:  
Preventing abuse and empowering adults to stay safe.”**

This mission statement has been a reference point for the Board, shaping and driving its actions throughout the year.

The four goals of the Partnership Board were reviewed and revised during the reporting year. These are to:

- Establish effective governance structures for the Board to align the Board to the new statutory requirements, improve accountability and ensure the safeguarding adults agenda is embedded within other organisations, forums and Boards,
- Raise awareness of safeguarding adults, the work of the Board and improve engagement with a wider range of stakeholders.
- Develop oversight of safeguarding activity and need in order to target resources effectively and improve safeguarding outcomes.
- Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and outcomes for service users.

The Business Plan details how these four goals will be achieved. The Plan is delivered through five subgroups, with progress monitored regularly by the Board, and is updated annually to ensure that priority areas remain relevant. The Business Plan 2014-15 is included as Appendix A.

## **Subgroups**

### **Partnership and Best Practice Subgroup**

The Partnership and Best Practice Subgroup assists the Board in promoting good quality safeguarding practice. During the reporting year, the group has audited partners' strategic and operational arrangements to safeguard and helped to link the three Safeguarding Forums across the area in order to develop communication routes and improve ways to engage with service users. The group has revised the Difficult to Work With Protocol to reflect recent learning from the SCIE pilot. The end product has been termed the *Multi-Agency At Risk Pathway for working with those who do not engage with services*. Further information is given below.

## **Performance and Quality Subgroup**

During the reporting year, the function and membership of the Information and Analysis Subgroup was reviewed and widened, and the title Performance and Quality Subgroup was felt to more accurately reflect its broader purpose.

The purpose of the Performance and Quality Subgroup is to oversee performance of adult safeguarding activity in the West of Berkshire, highlighting the effectiveness and risks of key processes and practices. The group will assure the Board that good practice to safeguard vulnerable adults is delivered consistently by partner agencies. Areas of weakness will be identified and strategies developed to make improvements when the need arises.

## **Governance Subgroup**

The purpose of the Governance Subgroup is to ensure the Board has robust governance arrangements with clarity of purpose and public accountability. In the previous year the group commissioned an independent evaluator to assess the governance arrangements and communication processes of the Board. The findings from this audit were embedded into the Business Plan 2013-14 and the Governance Subgroup has been key to delivering the priorities. Other highlights include establishing a bi-annual meeting between the three Directors of Adult Social Care and Independent Chair, and a Protocol Agreement between the SAPB and Health and Well-being Boards.

## **Communication and Publicity Subgroup**

The Communication and Publicity Subgroup was convened in 2013 in response to the findings of the external assessment earlier in the year. Its purpose is to support the messages that safeguarding is everyone's business and that good communication is the responsibility of all partners sitting on the Safeguarding Adults Partnership Board.

The subgroup developed a Communications Strategy which was approved by the Board in March 2014. The overall aim of this Strategy is to improve people's understanding of the work in relation to safeguarding adults in the area. To support this aim, there are three main objectives:

- I. To promote public awareness in the wider community about how everybody can contribute to safeguarding and work towards the prevention of abuse.
- II. To promote awareness across organisations within the area - statutory, independent and voluntary agencies - of how they should co-operate to safeguard and promote the welfare of vulnerable adults and ensure that developments in safeguarding practice are widely communicated.
- III. To ensure an effective process for communicating with the media, thereby promoting public confidence in the arrangements for safeguarding and promoting the prevention of abuse.

The need to further promote Safeguarding Adults is recognised. One of the main strategies moving forward will be to develop a dedicated, independent Safeguarding Adults Website.

## **Learning and Development Subgroup**

The purpose of the Learning and Development Subgroup is to develop, implement, review and update the multi-agency Workforce Development Strategy for the protection of adults at risk. The aim of this Strategy is to provide an effective, coordinated

approach to learning in order to support all agencies to prevent abuse and respond to safeguarding concerns with timely, proportionate and appropriate action. This year the group has:

- Completed a joint awareness training mapping;
- Reviewed Level 2 training delivery and resources;
- Updated the Workforce Development Strategy to be valid for a further 3 years 2014-17;
- Supported the delivery of SAPB/LSCB Joint Conference;
- Delivered a pilot project by Kingwood Trust to produce a resource pack to support learners after attendance on Level 1 training was completed, with positive evaluation. Kingwood Trust shared this resource as an example of good practice.

Two Level 1 Train the Trainer programmes have been delivered by Wokingham BC in September 2013 and March 2014, with places offered to PVI sector across the West of Berkshire.

In Berkshire Healthcare Foundation Trust (BHFT), Safeguarding Adult Level 1 training has continued to be delivered as part of Induction for all new starters working in clinical services and the compliancy figure for the Trust is 92%. Level 1 continues to be refreshed every three years and the Trust has introduced an E-Assessment. In addition across BHFT there are now over 300 Senior Clinicians Trained at Level 2. Overall the Trust is 7% above the target set for safeguarding adult's compliance of 85% for 2013/14. The Trust's safeguarding team have been delivering Health WRAP training as part of the national Counter Terrorism Strategy during 2013/14; across the organisation over 350 staff have been trained. During 2013/14, BHFT identified that further Mental Capacity Act and Deprivation of Liberties training was required. A training needs analysis was completed and a training Strategy developed and launched in January 2014.

All Royal Berkshire Hospital NHS Foundation Trust staff, both clinical and non-clinical, are expected to undertake safeguarding adults (level 1 awareness) training every three years. Work is ongoing to improve levels of compliance with training and current compliance figures as of March 2014 are 76% of all Trust staff having attended training.

Training Data for 2013-14 is included in Appendix 2.

## **Key Developments in 2013-14**

### **Safeguarding Adults Reviews**



social care  
institute for excellence

During 2012-13 the West of Berkshire Safeguarding Adult's Partnership Board took part in a pilot run by Social Care Institute for Excellence (SCIE) on the Learning Together Model. The pilot aimed to develop a more systemic way of undertaking reviews into serious incidents.

The SCIE process is *not* primarily about blame, but about open and transparent learning from practice, in order to improve inter-agency working. This does involve appraising the quality and appropriateness of individual and team practices, but always in tandem with explaining *why* particular actions and decisions were made. The process highlights what factors in the system contributed to actions making sense at the time. Importantly, it also highlights what is working well and patterns of good practice.

The pilot was completed in May 2013 when the findings were shared more widely with local partners and neighbouring Safeguarding Adults Boards and Local Safeguarding Children's Boards.

During the reporting year, the Board also commissioned a Learning Together review into the sad death of Mrs E.

The findings from the SCIE pilot and the Mrs E Review have been explored by Board members. Certain findings have been taken forward as areas for development within individual organisations, whereas those findings that have clear implications for multi-agency working have been embedded into the Business Plan for 2014-15.

The review of a serious incident in Wokingham towards the end of the reporting year included a well attended and productive multi-agency learning day. Learning has already been put in place within individual organisations and teams, and the final report will be presented to the Board in June 2014 for consideration and action.

### **MULTI-AGENCY SAFEGUARDING ADULTS REVIEW OF SERIOUS CASES**

A *Multi-Agency Safeguarding Adults Review Of Serious Cases* guidance document has been developed by a Pan-Berkshire working group. It includes high level principles and a toolkit of options, in order to encourage more consistent, flexible and proportionate response to serious cases. In developing the guidance, the Safeguarding Adults Boards in Berkshire seek to ensure that:

- We have processes for learning and reviewing that are flexible and proportionate and open to professional and public challenge.
- We can determine locally what type of review is appropriate dependent on the nature of the case and the agencies involved.
- A culture of transparency is created that provides for a positive shared learning culture.

This guidance document sets out the Boards' expectations for a Safeguarding Adult Review of a serious case, within which there is room for professional judgement and flexibility.

  
Newbury and District  
Clinical Commissioning Group

  
North and West Reading  
Clinical Commissioning Group

  
South Reading  
Clinical Commissioning Group

  
Wokingham  
Clinical Commissioning Group

### **Clinical Commissioning Groups**

As reported in last year's annual report, the NHS has experienced extensive restructuring. There are four CCGs serving the populations of Berkshire West and each has their own safeguarding children and adults policy. CCGs in Berkshire West commission health services from two main healthcare provider organisations: Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital NHS Foundation Trust.

NHS England (NHSE) provides oversight and assurance of the safeguarding arrangements of Clinical Commissioning Groups and supports them in meeting their responsibilities. This includes working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners. The four CCGs in Berkshire West are supported and held to account locally by the Thames Valley Area Team (TVAT) which is the Local Area Team of NHSE.

A Berkshire West CCG federation has been developed by the four CCGs to share some of their activity across Berkshire West, with safeguarding a federated activity. Wokingham

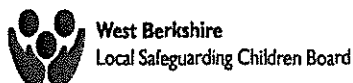
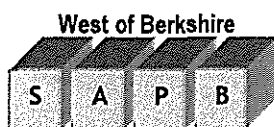
CCG is the host CCG for safeguarding for Berkshire West and has responsibility for employing the Designated Nurse for Safeguarding, the Named GP Safeguarding Children and also the Named Nurse Safeguarding Children for primary care. A service level agreement is in place between the CCGs and BHFT to secure the role of Designated Doctor Safeguarding Children.

CCGs are now the major commissioners of local health services and, in turn, need to assure themselves that the organisations from which they commission services have effective safeguarding arrangements in place. This is achieved in a number of ways including contract monitoring arrangements and self- assessment. In addition the services commissioned by Berkshire West CCGs are required to complete an annual self-assessment of their organisations safeguarding activities. Where there are deficits, an action plan is agreed between the provider organisation and the CCGs to address the deficits.

The CCGs have also developed a pan-Berkshire Safeguarding Committee which meets four times a year to address safeguarding children and adults issues, to review action plans from serious case reviews, and share information and learning about safeguarding matters at a senior level. Any risk areas, or areas of non-compliance, are reported through the Berkshire West Quality Committee, when a decision will be made to add to the corporate risk register and what further action may need to be taken.

The CCGs are represented on the Board by the Nurse Director and the Designated Nurse for Safeguarding. Since April 2014, the Designated Nurse for Safeguarding role has been extended to include the strategic role for safeguarding adults. To support this, two new posts to support the safeguarding agenda have been recruited to. The new roles will enable wider representation of the CCGs on subgroups of the SAPB.

## Joint Adult and Children's Safeguarding Conference



The annual Joint Adult and Children's Safeguarding Conference, planned with the three West of Berkshire's Local Safeguarding Children's Boards, took place on Friday 27 September 2013 at Sindlesham Court.

The focus of the conference was the various forms that the sexual abuse of children and vulnerable adults can take and topics included: recent high profile cases; local and national trends and themes; the grooming process; female genital mutilation; forced marriage; understanding child sexual abusers; post-sentencing interventions; and protecting vulnerable people from sexual predators.

Keynote speakers included Belinda Schwehr and Dr Cornelius Ani with workshops facilitated by the Lucy Faithfull Foundation, Forced Marriage Unit, Barnardos, AFRUCA and Thames Valley Probation. The hard-hitting performance of Chelsea's Choice by the Alter ego Theatre Company was cited as the highlight of the day by many delegates.

## Partner Agencies' Self-Assessment

Using an audit tool developed by the Partnership and Best Practice Subgroup, partner agencies completed a self-assessment in order to assure the Board that they have in place robust strategic and operational arrangements to safeguard adults. Common findings were shared at the Board's Business Planning Day in January and these key areas have been incorporated into the work plans of the Subgroups or the Board's Business Plan for 2014-15. Areas for development by particular agencies are being taken forward within that agency and the Board has requested an update on progress during 2014.

## Engaging with Service Users

The Board and its partner agencies have been exploring ways to increase service user involvement and this continues to be a key priority for the Board moving into the next year.

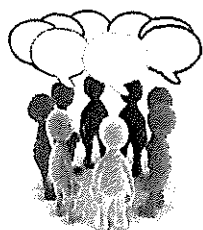
During the reporting year BHFT have continued to explore strategies to increase service user involvement and participation in safeguarding adults' policies and procedures. Patient involvement and participation are included as a central part of both level 1 and level 2 training. Methods of raising awareness for both patients and visitors are currently being explored but a number of challenges have been noted in developing procedures and information that can be used across all six Berkshire Local Authorities. This target will be carried over to the 2014/15 work plan.

A workshop was held in July for all three **Safeguarding Forums**, attended by local authority and health representatives and people who use services in the Wokingham area. With the help of Wokingham's Learning Disability Partnership, common overarching terms of reference for the Forums have been developed, which can be localised to reflect the needs of each area.



Wokingham  
Learning Disability  
Partnership Board

The agreed aims and functions of the Forums are:



- To tell everyone about their local Forum.
  - To get good results for people who need their help.
  - To set good standards so that the risk of abuse and neglect is less.
  - To work with other groups to make sure everyone knows what they should be doing and they are doing it well.
  - Act as champions for safeguarding.
- 
- Ask people what they think about the safeguarding process.
  - Tell everyone about local and national issues.
  - Think about what training people need.
  - Work with other agencies to find out what is needed to keep people safe.
  - Write an action plan.
  - Make reports in different formats.

A further workshop is planned for 2014 so that all three areas have the opportunity to explore how to further develop the function of the Forums and widen the membership to include community groups and service users.

## **Working with those who do not engage**

Adults at risk who, for whatever reason, do not engage with services can have complex and diverse needs that often fall between different agencies; their needs are generally longstanding and recurring and they may put themselves and others at high risk.

An analysis of such cases in Reading indicated potential cost savings of £110,000 pa in staff time could be made by a post specialising in complex cases. Specialist practitioners have been appointed in the West of Berkshire. Holding a small caseload, the workers provide intensive support and, importantly, also provide advice and support to other practitioners working with people with complex needs.

An *At-Risk Pathway for working with those that do not engage* has been developed, to be followed where the level of risk previously being managed has reached a level that is unacceptable, and all other reasonable attempts to minimise this risk have failed. Aims of the pathway are:

- To improve outcomes for adults at risk who do not to engage with services.
- To deliver a coordinated, multi-agency response to providing solution based approaches.
- To establish consistent best practice across the West of Berkshire.
- For agencies to work in partnership and share information to ensure the best outcomes for the person.

## **Royal Berkshire Hospital NHS Foundation Trust**

During the reporting year, the Royal Berkshire Hospital NHS Foundation Trust's Safeguarding Team has been re-located allowing the team to be based together. The team includes Lead Nurse for safeguarding adults, Learning Disability Coordinator, Mental Health Coordinator, Named Midwife for Child Protection and Named Nurse for Child Protection. The team members give professional support and supervision to each other and cross cover when individuals are on leave. This cohesive safeguarding philosophy underpins the Trust's commitment to patient safety and this is further re-enforced with wider members of the safeguarding team [Child Protection administrator, Designated Doctor for Child Protection, Professor of Elderly Care Medicine, Sexual Health Nurse Consultant, Corporate Lead for Safeguarding] supporting the safeguarding function.

## **Moving Forward – Priorities for 2014-5**

The Board acknowledges that there is much work still to be done to build on the successes of 2013-14. The Board's Business Plan attached as Appendix A outlines the key priorities the Board will focus on in the coming year.

### **Implications of the Care Bill**

The Care Bill will put Safeguarding Adults Boards on a statutory footing from 2015, with core membership including the local authority, an appointed representative from each Clinical Commissioning Group (CCG), and the chief officer of police for the area.

Under the Bill, the SAPB must publish a yearly strategic plan that sets how it will meet its main objective and what each member will do to achieve that objective. This plan should be developed involving the local community and in consultation with the Local Healthwatch organisation. An Annual Report must be published describing what the SAPB has done during the year to achieve its main objective and its strategy, and how each member of the SAPB has helped to contribute to the strategy. Findings of Safeguarding Adults Reviews must be recorded, with the number of ongoing reviews

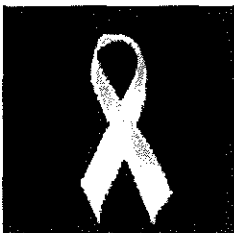
Under the Bill, the SAPB will have a legal duty to conduct a Safeguarding Adults Review into certain cases, to ensure that lessons are learned to improve future practice and partnership working, and to minimize the possibility of it happening again. Every member of the SAPB must contribute to carrying out the review and applying the lessons learnt.

### **SCIE Learning Together Training**

Following the successful participation in the national pilot in 2012-13 and a subsequent review of a serious incident in Reading using the SCIE Learning Together model, the Board is assured that the SCIE model supports transparent learning in order to improve inter-agency working. One of the Board's priorities for the coming year is to develop expertise amongst a wider group of staff to become accredited Lead Reviewers, and partner agencies have nominated staff to participate in a three-day training course by SCIE in August.

### **Joint Adult and Children's Safeguarding Conference**

The annual Joint Adult and Children's Safeguarding Conference, planned with the three West of Berkshire's Local Safeguarding Children's Boards, will take place on Friday 26 September at Easthampstead Park in Wokingham.



The conference will be based on the theme of domestic abuse and some acclaimed speakers and facilitators have already been secured to present on a range of topics including, the Local Government Association's Safeguarding Lead, Berkshire Women's Aid, Wokingham BC Safeguarding Adults Team, A2 Dominion, Action on Addiction and CAADA (Coordinated Action Against Domestic Abuse).

It is again expected to be a well attended and thought provoking event where delegates will also have the opportunity to learn about support services available locally.

## **Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (DoLS) provide additional protection for the most vulnerable people living in residential homes, nursing homes or hospital environments through the use of a rigorous, standardised assessment and authorisation process. They protect those who lack capacity to consent to arrangements made for their care and/or treatment, but who need to be deprived of their liberty in their own best interest to protect them from harm.

They also offer the person concerned the right to challenge the decision to deprive them of their liberty, the right for a representative to act for them and protect their interests and the right to have their status reviewed and monitored on a regular basis.

DoLS help to make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done when there is no other way to take care of that person safely.

The Local Authority manages this process for residential homes. From April 2013 Local Authorities became responsible for assessing any applications from registered hospitals, in place of the PCT. Throughout the reporting year, DoLS numbers continued to be extremely low in the West of Berkshire although there is a wide variation of applications across the country.

However, following the Supreme Court judgement on cases in Cheshire West and Surrey, there has been a broadening the circumstances of care that might now constitute a deprivation of liberty and reports indicate that figures have increased dramatically in the first quarter of 2014-15. A priority for the coming year is to understand the impact of these changes in the local area.

## **Protocol Agreement between Reading, West Berkshire and Wokingham Health and Well-being Boards and the SAPB**

The Health and Well-being Board aims to improve health and well-being for people in Reading / Wokingham / West Berkshire. It is a partnership that brings together the Council, NHS and the local Healthwatch organisation. It is important that the HWB in each area and the SAPB align priorities and share information a protocol agreement has been developed to support closer working. Under this agreement, both organisations will:

- Have an ongoing and direct relationship, communicating regularly.
- Work together to ensure action taken by one body does not duplicate that taken by another.
- Ensure they are committed to working together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.

Board members look forward to building even further on these collaborative partnerships through support, integration and challenge.

## **Communication and Publicity**

The Board is clear that it needs to communicate better with external partners and stakeholders. The results of the on-line survey undertaken as part of the external assessment in 2013 suggests that communications need to be delivered through various routes and methods, such as emails, briefings, a newsletter and a website. The Communication and Publicity Subgroup is currently working to commissioning a website

provider, with the view that the Safeguarding Adults Partnership Board Website will be launched at the end of the year.

### **Berkshire Healthcare Foundation Trust Clinical Champions**

In the last Annual Report, BHFT reported that they aimed to develop a Mental Health Safeguarding Adult Champions Group across the Trust. BHFT are taking a proactive stance and raising awareness directly on the wards, which has involved attending ward rounds, being available for staff on site, attending the mandatory Mental Health staff training week and the physical intervention training for the Learning Disability staff. In light of considerable changes in the Mental Health services, including ward relocation, it was decided that this work would be carried over to 2014. Mental Health Staff have been offered an opportunity to engage in the current Clinical Champions group until a specialist Mental Health Group is formed. The current Clinical Champions group continues to meet on a quarterly basis to share best practice and learning from Serious Case Reviews to ensure that information is disseminated across the organisation.

### **Thames Valley Probation**

In June 2014, Thames Valley Probation will cease to exist as a Probation Trust. It will be replaced by two organisations - the National Probation Service (NPS) and Thames Valley Community Rehabilitation Company (TV-CRC). Both organisations will continue to cover the Thames Valley area but with different responsibilities. NPS will provide a service to the courts, hold all MAPPA and high risk cases, deliver sex offender treatment interventions, manage the area's five Approved Premises and deliver Victim Liaison services. TV-CRC will manage the remaining offenders, Integrated Offender Management, Domestic Abuse and general offending behaviour programmes and Unpaid Work. In addition, TV-CRC will supervise all prisoners serving less than twelve months once new legislative changes are enacted. In autumn 2014, there will be tendering of the TV-CRC with share-sale planned for October 2014 and full mobilisation from 1 April 2015. Both NPS and TV-CRC will continue to meet partnership responsibilities.

Thames Valley Probation has been a valued member of the SAPB and partners look forward to working with colleagues from the re-configured services in the coming year.

### **Workshops for Managers and Practitioners**

Over the coming year, the Partnership and Best Practice Group will develop opportunities for practitioners and managers to learn from recent cases and share good practice in an open and supportive forum.

A series of multi-agency workshops have been planned, with topics reflecting findings from recent local serious case reviews as well as other pertinent local and national issues.

### **Performance and Quality**

One of the Board's key priorities is to develop its oversight of the quality of safeguarding performance and practice, and challenge organisations where poor practice is identified. This has been achieved in part through an audit of partner agencies' strategic and operational arrangements to safeguard.

In the coming year the Board will be supported by the Performance and Quality Subgroup in its efforts to:

- Analyse data to evaluate the impact and importance of specific initiatives and ensure effective analysis is in place to target future work.
- Identify appropriate performance targets for the SAPB and partner agencies, including outcomes for service users and carers and their experience of the safeguarding process.
- Identify risks for the SAPB.

## **Performance Data**

There continues to be no national performance indicators for safeguarding adults and there are also differences in operational practice between the three local authorities, which influence the type and volume of data recorded. These factors make it difficult to draw meaningful comparisons between the performance and activities of the three authorities, between the Board and other Safeguarding Adults Boards, and even across individual agencies within Berkshire West.

Annual safeguarding performance data is collected and analysed by Reading, West Berkshire and Wokingham local authorities and presented in their safeguarding annual reports.

Additional detailed performance information for each authority is included in the AVA Comparator Reports published on the NASCIS website <https://nascis.hscic.gov.uk/index.aspx>

Performance data for 2013-14 submitted as part of the statutory return is in the process of being validated.

## **2012-13 Combined Headline Data West of Berkshire SAPB**

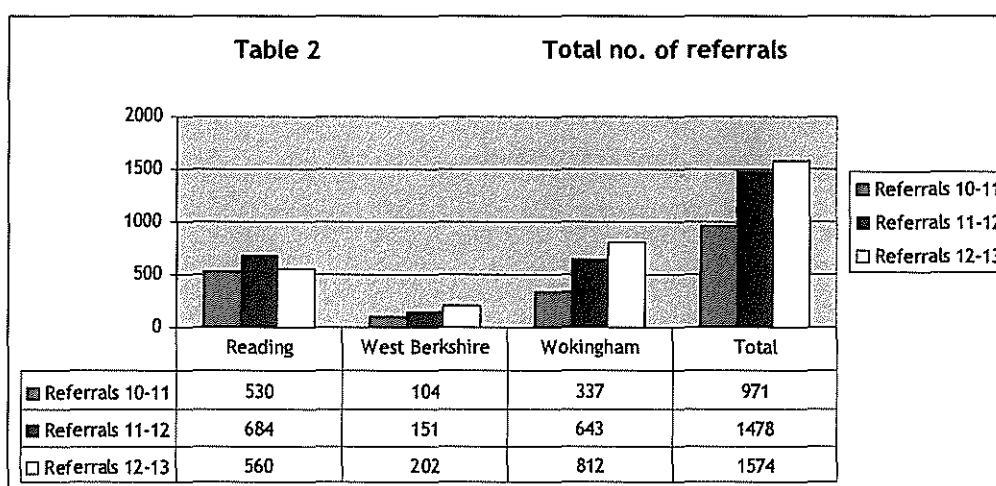
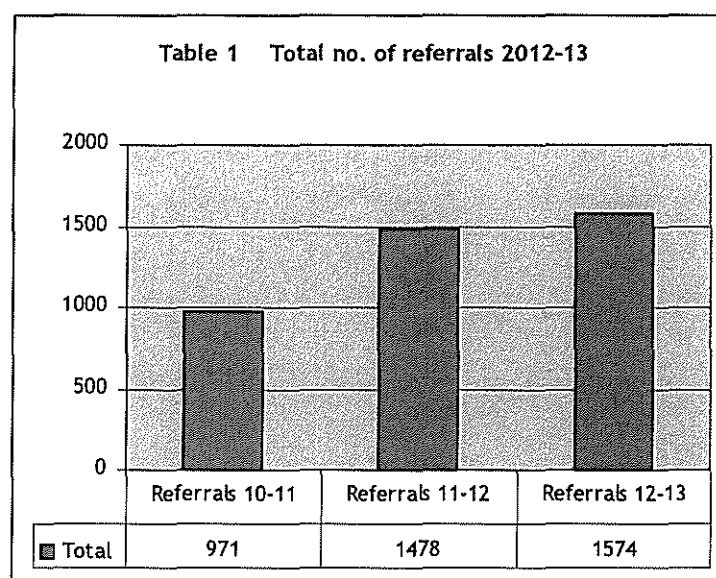
### **Performance in 2012/2013**

The data is sourced from the statutory AVA (Abuse of Vulnerable Adults) return for 2012-13 and unless specified, represents combined data for Reading, West Berkshire and Wokingham Local Authorities.

This report does not include the combined number of alerts since previously Wokingham counted all alerts as referrals making the distinction difficult. The Council has undertaken a complete review and re-design of their business processes to enable alerts to be counted separately from 2013-14.

### **Number of referrals**

Across the three Local Authority areas the total number of referrals continued to increase this year, from 1478 in 2011/12 to 1574 in 2012/13, a 6% increase (but a 62% increase from 2010-11). This illustrates the increased volume of safeguarding work that must be responded to and investigated by the care teams and the key monitoring role of Safeguarding Triage.



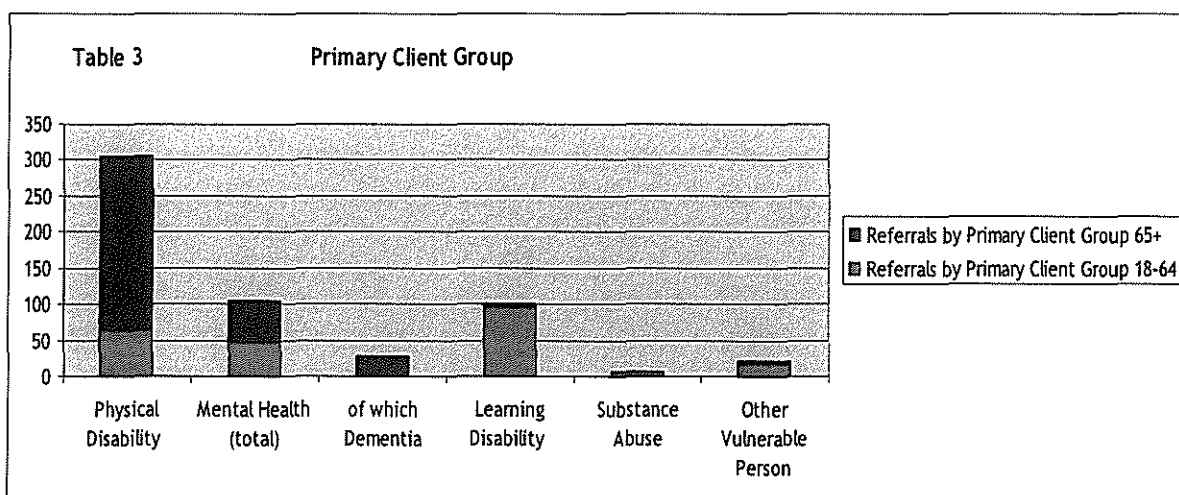
Per 100,000 population, the number of alerts in Reading is largely in line with its comparator group and only slightly above the England average. However, referrals are high, 560 compared to 220 (comparator group average) and 260 (national average).

In West Berkshire, the number of referrals is slightly below the comparator group and national average, but there is a higher number of alerts compared to the national average. A comparatively high number of alerts may indicate good awareness of safeguarding procedures in the community.

In Wokingham, the number of referrals is higher than the comparator group and national average

### Referrals by Age and Primary Client Group

In 2012/13, across the area the highest percentage of alerts were received for people over the age of 65 who had a physical disability, followed by adults between the age of 18 and 64 who had a learning disability.



Per 100,000 population in Reading, the breakdown of primary client groups is largely in line with its comparator group and the national average, as is the case in West Berkshire although there is marginally greater number of clients with mental health needs here. Wokingham has a greater number of clients with learning disability and fewer with mental health needs compared to its comparator group and the national average.

In Wokingham, the largest percentage of clients are aged 18-64, whereas the trend elsewhere is a slightly larger number over 85 years of age. West Berkshire and Reading reflect the national pattern.

### **Repeat Referrals as a percentage of all referrals**

Referrals are classed as repeat referrals when they involve a separate incident about the same vulnerable adult during the same collection period. As a percentage of all referrals, repeat referrals in Reading were 19%, slightly higher than the England average. West Berkshire was just under 10%, considerably lower than the national average of 17% and its comparator group average of 15%. In Wokingham the number of repeat referrals was high, over 30%.

### **Completed Referrals as a percentage of all referrals**

Compared to a national average of 79%, 100% of Reading referrals were completed, 87% of referrals were completed in West Berkshire and 65% in Wokingham.

Completed referrals relate to referrals which were completed during the reporting year. Some completed referrals could have been opened in the previous reporting period. Therefore, the number of completed referrals can be higher or lower than the number of referrals. If the percentage is comparatively low, this may indicate difficulties in recording completed referral data on the council system.

### **Percentage of referrals where the adult was previously known to the council**

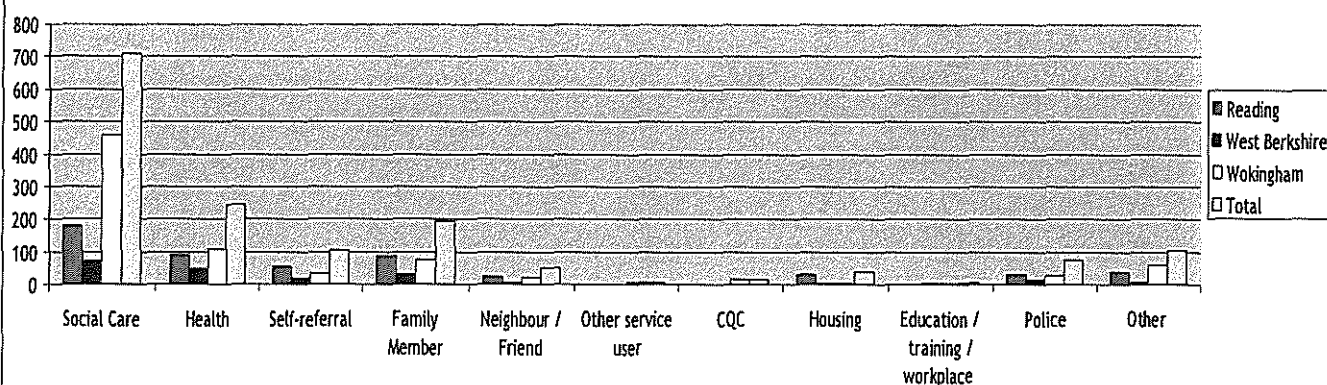
In Reading the percentage of referrals where the adult was previously known to the council was 73%, higher than an England average of 65%. In West Berkshire, the percentage was 77% and in Wokingham 92%. If values are comparatively high this may indicate that safeguarding is not reaching the wider community.

## Source of Referral (who reported the alleged abuse)

The West of Berkshire has a comparatively high proportion of referrals made by family, friends and neighbours, illustrating a good awareness of safeguarding procedures within the community. Reading has 31%, West Berkshire 27% and Wokingham 16%, compared to a national average of 11%.

Referrals from social care staff remain the highest source of referrals across the area. A comparatively high percentage of referrals from partner agencies may indicate good partnership working between these organisations and the councils. The percentage of referrals in Reading from social care, health, police and housing colleagues is comparatively low compared to the comparator group and national average. West Berkshire is more in line with comparator groups and national trends, whereas Wokingham has a comparatively larger number of referrals from social care staff.

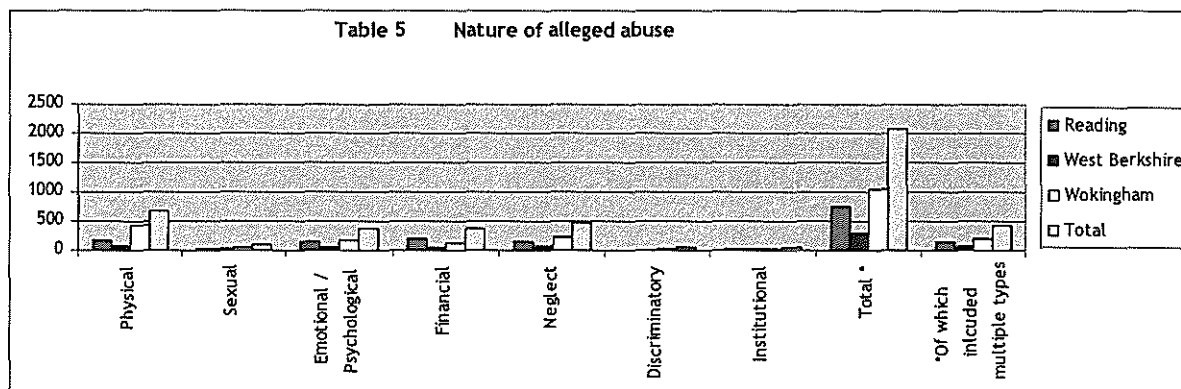
Table 4 Source of referrals



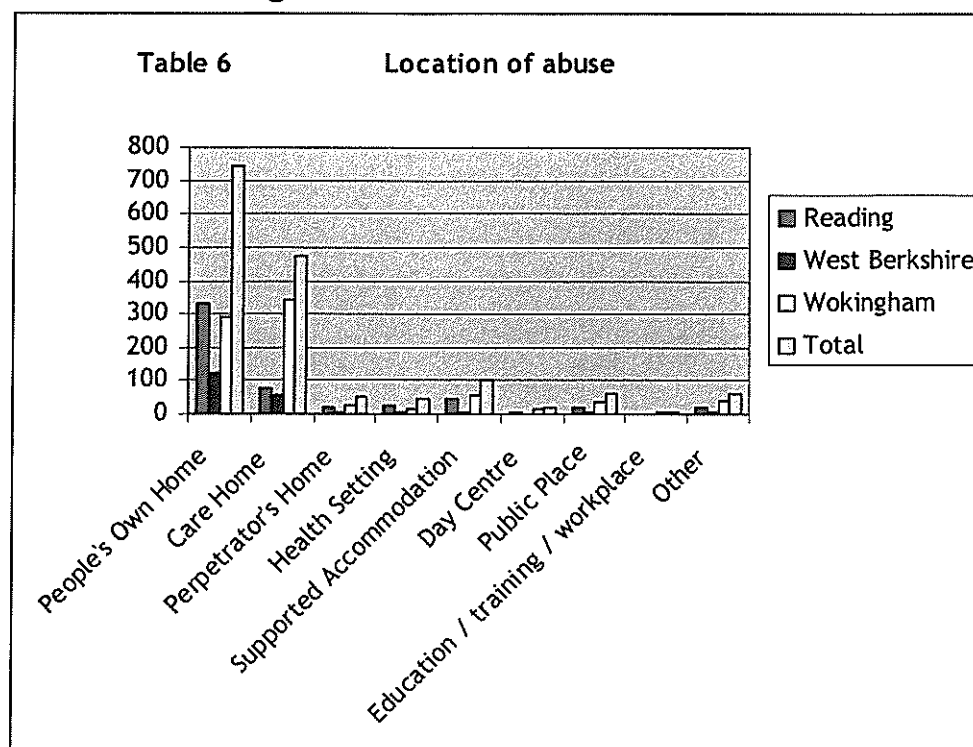
## Referrals by Alleged Abuse Type

Across the area, the two most prevalent types of abuse are physical abuse and neglect. This is followed by financial and psychological abuse. The number of cases which recorded multiple abuse indicate there are a quarter of referrals with increased complexity received by Safeguarding Teams.

Table 5 Nature of alleged abuse



## Location of alleged abuse



In Reading and West Berkshire, the highest number of referrals reported the alleged abuse occurring within the *person's own home*; this is higher than both the comparator groups and the national average.

Wokingham's data is largely in line with the national picture, with *care homes* slightly higher than national or comparator group averages. Wokingham has a large residential Learning Disability provider within its borders. Targeted safeguarding work has been undertaken with its staff following the high volume of inappropriate alerts raised. It is thought that as a result of the work undertaken, the number of inappropriate alerts being made has significantly reduced in the following year, that is, where no harm has been caused and no risk of further harm identified.

Care Home Setting includes both permanent and temporary placements in care or nursing homes. Health Setting includes acute and community hospitals, mental health inpatient settings and those recorded as Other Health Settings in the return. Other Locations include day centre/services, public places, education/ training/ workplace establishments and those recorded as Other in the AVA return.

## Acceptance of protection plans

A comparatively high percentage of protection plans accepted may indicate that appropriate plans are being offered and that the vulnerable adult is being effectively engaged with during the process.

Reading was the third highest (87%) in its comparator group for the number of protection plans accepted, higher also than the national average, both of which were below 60%.

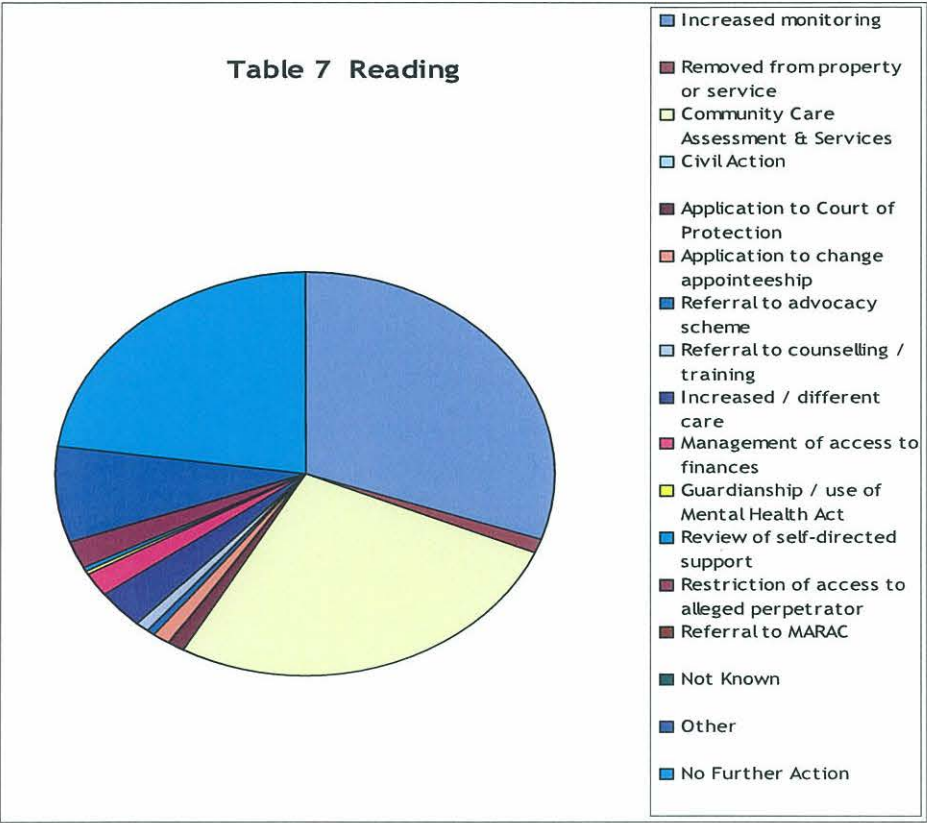
In West Berkshire there has been a renewed focus on effectively engaging with the vulnerable adult during the safeguarding process and ensuring an appropriate

protection plan is in place. As a proportion of protection plans offered, the number of plans declined has fallen considerably since 2010/11 (12% declined in 2010/11 and only 2% this year).

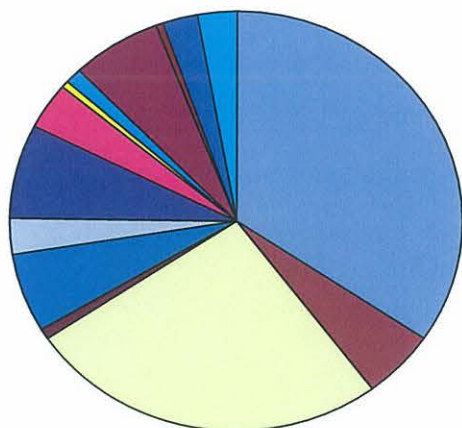
However, in West Berkshire almost 50% of cases were judged as *could not consent to offer* and this is higher than both comparator group and national averages of approximately 25%. There was a similar picture in Wokingham, as 45% of cases were judged as *could not consent to offer*.

**Outcome of Completed Referrals for vulnerable adult**

Tables 7, 8 and 9 below show the outcomes of completed referrals for the vulnerable adult for each of the three areas: increased monitoring, community care assessment and services, and no further action being the most common outcomes.

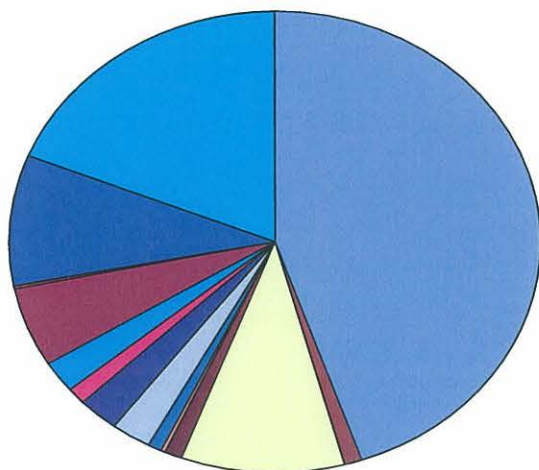


**Table 8 West Berkshire**



- Increased monitoring
- Removed from property or service
- Community Care Assessment & Services
- Civil Action
- Application to Court of Protection
- Application to change appointeeship
- Referral to advocacy scheme
- Referral to counselling / training
- Increased / different care
- Management of access to finances
- Guardianship / use of Mental Health Act
- Review of self-directed support
- Restriction of access to alleged perpetrator
- Referral to MARAC
- Not Known
- Other
- No Further Action

**Table 9 Wokingham**



- Increased monitoring
- Removed from property or service
- Community Care Assessment & Services
- Civil Action
- Application to Court of Protection
- Application to change appointeeship
- Referral to advocacy scheme
- Referral to counselling / training
- Increased / different care
- Management of access to finances
- Guardianship / use of Mental Health Act
- Review of self-directed support
- Restriction of access to alleged perpetrator
- Referral to MARAC
- Not Known
- Other
- No Further Action

**BHFT raised the following number Safeguarding Adult Alerts between 1/4/13-31/3/14:**

Reading - 176  
Wokingham - 93  
West Berkshire - 54

It has been recognised that there may be a discrepancy in figures as BHFT currently record a Safeguarding Alert as any concern that is shared with the local authority. However, these are not always recorded as an Alert on Local Authority systems. This has been acknowledged as an issue across Berkshire and there is working group to address this which is chaired by BHFT. BHFT plan to change their reporting methods to more clearly identify those that are recorded as alerts by LAs. This can be difficult as obtaining feedback is at times a challenge.

The Mental Health Hospital is based in Reading which explains part of the reason for much higher numbers but it does appear to be an area where there is a greater number of reports.

## **Berkshire Multi-Agency Safeguarding Policy and Procedures**

In June 2010 the Berkshire Multi-Agency Safeguarding Policy and Procedures went live 'on line', with the online version provided by Tri-X. There is an editorial group in place that ensure the procedures are updated every 6 months.

The procedures are available via this hyperlink  
<http://berksadultsg.proceduresonline.com/index.htm>

If you would like this report in a different format or would like further information about the work of the Safeguarding Adults Partnership Board in the West of Berkshire, please contact:

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Email [natalie.madden@reading.gov.uk](mailto:natalie.madden@reading.gov.uk)

Tel: 07718 120601

# Safeguarding Adults Training Activity 1st April 2013 to 31st March 2014

% own staff compliant if known		Number of staff attended training in 2013-14, per sector					
	<b>Reading Borough Council</b>	<b>Own Staff</b>	<b>PVI</b>	<b>BHFT</b>	<b>RBH</b>	<b>Others</b>	<b>Your PVI Delivered</b>
	Level 1	64	282	1	1	0	283
	Level 1 Refresher n/a	0	0	0	0	0	0
	Level 1 E-learning	44	167	0	0	0	0
	Level 2	23	48	1	0	0	0
	Level 3	7	31	0	0	0	0
	Advanced refresher	17	1	0	0	0	0
	Level 1 Train Trainer	0	0	0	0	0	0
	<b>RBC Total</b>	<b>148</b>	<b>529</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>283</b>
							<b>963</b>
	<b>West Berkshire Council</b>	<b>Own Staff</b>	<b>PVI</b>	<b>BHFT</b>	<b>RBH</b>	<b>Others</b>	<b>Your PVI Delivered</b>
	Level 1	72	27	0	0	0	37
	Level 1 Refresher	22	9	0	0	0	92
	Level 1 E-learning	69	283				0
	Level 2	14	3	0	0	0	0
	Level 3	0	0	0	0	0	0
	<b>WeBC Total</b>	<b>177</b>	<b>322</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>
							<b>628</b>
	<b>Wokingham Borough Council</b>	<b>Own Staff</b>	<b>PVI</b>	<b>BHFT</b>	<b>RBH</b>	<b>Others</b>	<b>Your PVI Delivered</b>
	Level 1	38	72	4	0	36	99
	Level 1 E-learning	12	108	0	0	0	0
	Level 2	20	21	1	0	7	0
	Level 1 Train Trainer		14				0
	<b>WoBC Total</b>	<b>70</b>	<b>215</b>	<b>5</b>	<b>0</b>	<b>43</b>	<b>99</b>
							<b>432</b>
94% complaint L1	<b>Berkshire Healthcare NHS Foundation Trust</b>	<b>Own Staff</b>	<b>PVI</b>	<b>BHFT</b>	<b>RBH</b>	<b>Others</b>	
	Level 1	0	0	0		0	
	Level 2	400	0	0	0	0	
							<b>400</b>
84.3% compliant	<b>Royal Berkshire Hospital NHS Foundation Trust</b>	<b>Staff</b>	<b>PVI</b>	<b>BHFT</b>	<b>RBH</b>	<b>Others</b>	

## West of Berkshire



### Safeguarding Adults Partnership Board 'Achieving by working together'

## BUSINESS PLAN 2014-15

#### **Goal 1 - Establish effective governance structures for the Board to align the Board to new statutory requirements, improve accountability and ensure the safeguarding adults agenda is embedded within other organisations, forums and Boards.**

Objective	Action	Lead	Timescale	Outcome
1.1 Develop oversight of the quality of safeguarding performance and practice, and challenge organisations where poor practice is identified.	a) Notify all partner agencies to develop action plan to improve all areas graded red / amber in the self-assessment audit.	Natalie Madden	July 2014	Board has a robust oversight of performance and practice and can challenge organisations to improve where poor practice has been identified.
	b) Monitor and measure improvement through self-assessment audit review.	Partner agencies	Partner agencies review audit by Dec 2014	Board has a robust oversight of performance and practice and can challenge organisations to improve where poor practice has been identified.
	c) Explore the development of a Quality Assurance framework that can evidence high quality safeguarding performance across all agencies, in particular domiciliary care agencies.	Suzanne Westhead / Natalie Madden	Sept 2014	Board is assured of high quality safeguarding practice across partner agencies.
1.2 Continue to raise awareness amongst primary and acute medical services of policies, procedures and processes for safeguarding adults.	Raise awareness across primary health care services of available training, ensure highlights from SAPB meetings are communicated with GP practices.	Debbie Daly / Kathy Kelly	Sept 2014 and ongoing	Local medical practitioners are supported to follow safeguarding adults processes and have opportunities to contribute to the strategic work of the Board.

#### **Goal 2 – Develop oversight of safeguarding activity and need in order to target resources effectively and improve safeguarding outcomes.**

2.1 Collate knowledge of need across the region, set within a safeguarding context, in order to ensure resources are targeted effectively to achieve the	a) Use information and self-assessment audit results to set performance indicators in order to evidence improved outcomes.	Natalie Madden	Sept 2014	There is a clear mechanism in place to monitor performance, identify need and determine action to improve outcomes for
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best outcomes for clients.				vulnerable adults.
	b) Analyse conversion of BHFT alerts to referrals by unitary authority safeguarding teams, and outcomes of safeguarding investigations.	Gemma Nunn	June 2014	Improve understanding across sectors about what constitutes a safeguarding alert and referral.
2.2 The views of adults at risk, their family/carers are specifically taken into account concerning both individual decisions and the provision of services.	a) Review findings from national Outcome Framework for each unitary authority.	Natalie Madden	July 2014	Accurate data is available with which to benchmark service developments.
	b) Include additional box on Part 2 Referral Form to say whether service users' views on the safeguarding process have been sought and considered.	Natalie Madden	July 2014	Board is able to evidence impact and effectiveness of the safeguarding process.
2.3 Understand the impact and potential increase in risk caused by broadening the circumstances of care that might now constitute a Deprivation of Liberty.	Local Authorities report on the impact, pressure on resources, and potential increase in risk.	Sylvia Stone	Sept 2014	Board has overview of the impact and is assured that Local Authorities are managing risk effectively.
<b>Goal 3 - Raise awareness of safeguarding adults, the work of the SAPB and improve engagement with a wider range of stakeholders</b>				
3.1 Raise awareness of the work of the Board and increase public awareness of safeguarding adults.	Develop costing proposal for development and roll out of SAPB website.	Natalie Madden	Dec 2014, with ongoing development	Independently branded website defines the Board as a separate multi-agency entity.
3.2 Ensure clarity about safeguarding processes and responsibilities amongst staff.	a) Audit what proportion of job descriptions within partner agencies include the responsibility to safeguard and promote wellbeing and dignity.	Natalie Madden	Sept 2014	Board has overview of the proportion of job descriptions that prioritise safeguarding and promote wellbeing and dignity.
	b) Safeguarding Teams audit minimum of 10% case files each month, feeding back issues to the Partnership and Best Practice Group on quarterly basis.	Jo Wilkins Sarah O'Connor Sue Brain	Quarterly PBP Subgroup meetings	Board is assured that practice supports the safeguarding processes and staff understand the importance of accurate, good quality recording and decision making
	c) Review impact of Skills Development programme in Reading BC to improve practice for both workers and managers.	Sylvia Stone	Dec 2014	Board is assured that practice supports the safeguarding processes and staff understand the importance of accurate, good quality recording and decision making.

<b>Goal 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.</b>				
4.1 Continue to ensure staff receive appropriate and effective level of training.	a) Review training material to reflect learning from Serious Case Reviews.	Eve McIlmoyle Natalie Madden	Sept 2014	Training material reflects most recent learning from serious case reviews.
	b) Joint Safeguarding Conference with LSCBs	Natalie Madden	Sept 2014	Conference provides learning and networking opportunity for full range of staff.
	c) Consider extending dignity training to all agencies.	Eve McIlmoyle	Dec 2014	Staff have the confidence and skills to promote well being and dignity of clients.
4.2 Ensure sufficient numbers of staff in the West of Berkshire are skilled in undertaking reviews of serious cases.	a) At least 6 members of staff trained to be accredited SCIE Learning Together lead reviewers.	Natalie Madden	Sept 2014	Sustainable skills base to enable proportionate and flexible response to learning lessons from serious cases.
	b) The Learning Together Review used as Continuous Professional Development and / or safeguarding refresher training.	Eve McIlmoyle	March 2015	Sustainable skills base to enable proportionate and flexible response to learning lessons from serious cases.
4.3 Develop improved mechanisms to critique good and bad practice and share learning more widely.	Develop workshop style support sessions.	Sylvia Stone	Sept 2014	Staff have opportunity to explore, reflect and learn from different cases.