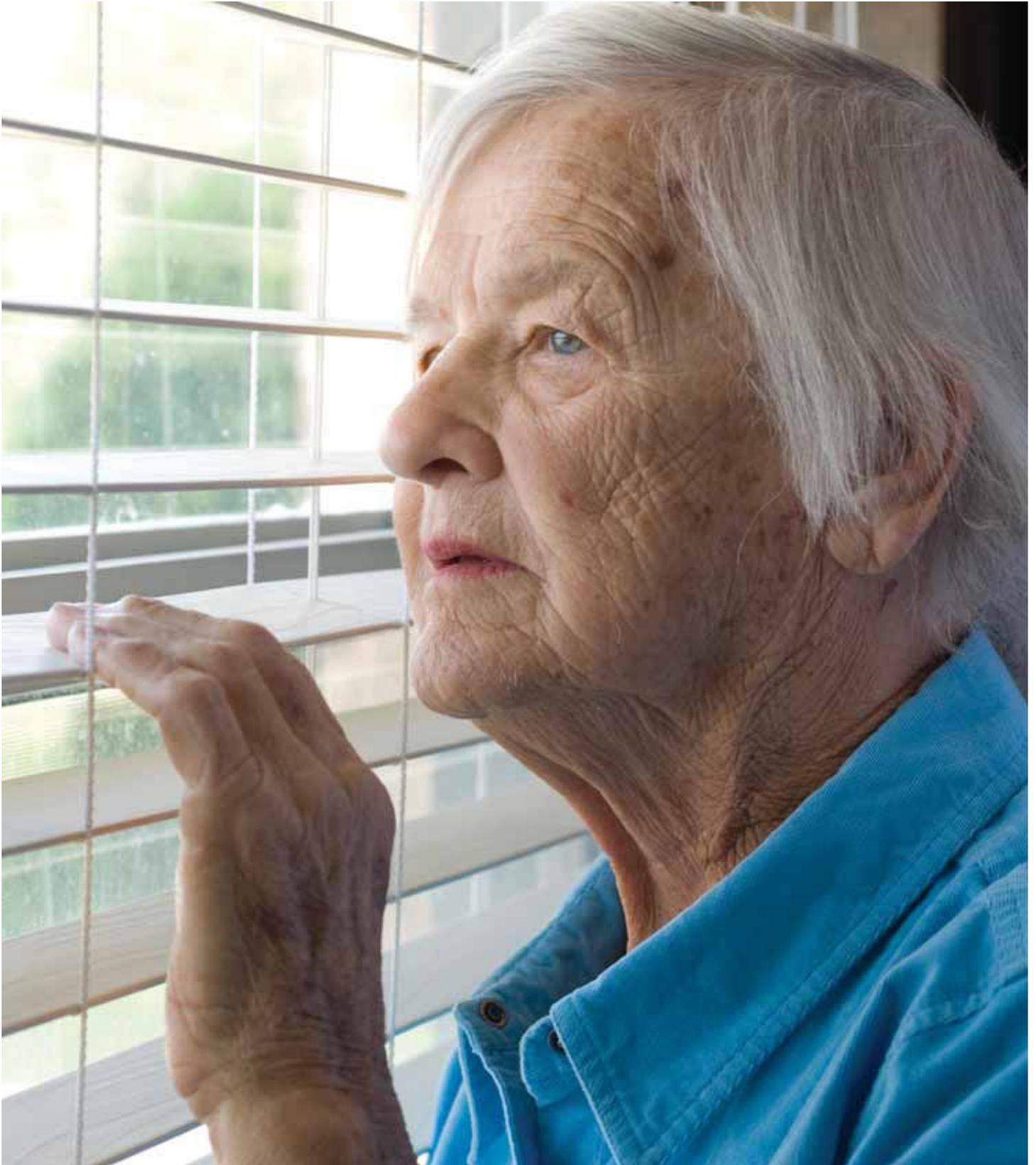


Annual Report

Slough Safeguarding Adults Partnership Board
April 2014 to March 2015



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Foreword

Although this report relates to the year before the introduction of the Care Act in April 2015, our anticipation, planning and introducing changes prior to its introduction have been major features of the Board's work, and that of all the partners working in Slough.

There is a changed focus to the objectives in safeguarding with our stronger focus on involving the person in the process and seeking to achieve the outcomes they want from the protective intervention and involvement with statutory services. I hope this is reflected in this annual report, and also that the report drafted to show progress against our strategic objectives conveys the breadth of local safeguarding work and the Board's collective response and drive to tackle the range of local challenges.

The commitment of staff working across the agencies, statutory and voluntary, is as impressive as ever as they work in ever more challenging financial circumstances and with higher levels of expectation placed on them.

We know that there is always a lot more to do to ensure that the service is as positive and inclusive as possible. With the new demands and possibilities in the Care Act we look forward to rising to this challenge.

Nick Georgiou
Independent Chair
Slough Safeguarding Adults Board



Introduction

This is an exciting time for Adult Social Care and for Adult Safeguarding with the introduction of the Care Act 2014 (implemented 2015). For the first time the Care Act puts Adult Safeguarding on a legal footing, making requirements of the local authority and its partner agencies to protect our most vulnerable citizens. The Act re-enforces the principles developed in the ADASS guidance 2005 and reaffirms that they are central to adult safeguarding:

Six key principles underpin all adult safeguarding work

1. Empowerment - People being supported and encouraged to make their own decisions and informed consent. *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
2. Prevention - It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
3. Proportionality - The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
4. Protection - Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
5. Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *"I know that staff treats any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

6. Accountability - Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*

(Care Act 2014, Section 14.13)

The Act then goes on to describe the context of Adult Safeguarding and provides a new definition of whom these safeguards relate to.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible; prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and address what has caused the abuse or neglect.

(Care Act 2014, section 14.11)

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect;
- and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Care Act 2014, section 14.2)

The definition is interesting in that it replaces the one described in "No Secrets" (2000) which talks about different service user groups and widens the scope of the people whom locally authorities now have a duty to protect. The Act further widens this again with the types of abuse that are now covered by the Act and these include:

- *Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.*
- *Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.*
- *Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.*
- *Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.*
- *Discriminatory abuse - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.*

- *Organisational abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.*
- *Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating*

(Care Act 2014, 14.17)

The Care Act also introduces three new categories of abuse:

1. *Self-neglect - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.*
2. *Modern slavery - encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.*
3. *Domestic violence - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.*

(Care Act 2014, 14.17)

Slough Safeguarding Team together with Slough Safeguarding Adults Board are looking at how we adapt our services to meet these new categories of abuse, in particular the issues related to self-neglect which has always sat outside of Adult Safeguarding. This will be referred to again later on in the Annual Report in terms of future work for the Board.

3) National developments 2014/ 15

The Care Act 2014

The Care Act 2014 is an historic piece of legislation, not only because it includes the first overhaul of social care statute in England for more than 60 years, but also because of the collaborative nature of its passage through parliament.

Local councils' new duty to promote people's wellbeing will now apply not just to users of services, but also to carers. And not only to carers of adults: a corresponding duty in respect of parent carers of disabled under-18s has been included in the Children and Families Act 2014, which was proceeding in parallel.

People receiving care and support from a regulated provider and arranged by their council, whether in a residential setting or at home, will now be covered by the Human Rights Act.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Local authorities have new safeguarding duties. They must:

- lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them

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

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

Orchid View Serious Case Review

Orchid View was a care home in West Sussex that was registered with the Care Quality Commission (CQC) from September 2009 to October 2011. The home, run by Southern Cross, provided care and nursing for up to 87 people who were elderly, frail, had nursing, or dementia care needs. The home closed in October 2011 following a number of serious safeguarding concerns over the two years that it was open.

In October 2013 a coroner's report ruled that neglect had contributed to five resident deaths, with other residents suffering 'sub-optimal' care. The report said that the home was mismanaged and understaffed. The coroner also criticised CQC for failing to identify the failings at the home prior to its inspection in September 2011 and not taking action to close the home prior to its voluntary application to cancel its registration resulting in closure in October 2011.

Following the coroner's report, a Serious Case Review (SCR) commenced to consider the practices of all the agencies that had a role in safeguarding residents at the nursing home and to ensure that the lessons learned are being acted upon by all the agencies involved. CQC submitted an Individual Management Review to support the SCR in December 2013. The overall report from the SCR published in June 2014 and the further recommendations for CQC arising from the SCR are being taken into account.

This Serious Case Review had many recommendations which could apply to all local authorities and many of the recommendations have been taken on board by Slough Adult Safeguarding Board.

Operation Yewtree

This was a police investigation into sexual abuse allegations, predominantly the abuse of children, against the British media personality Jimmy Saville and others. The investigation, led by the Metropolitan Police Service, started in October 2012. After a period of assessment it became a full criminal investigation, involving inquiries into living people as well as Saville.

On 19 October 2012 the Metropolitan Police reported that more than 400 lines of enquiry had been assessed and over 200 potential victims had been identified. By 19 December, eight people had been questioned; the total number of alleged victims was 589, of who 450 alleged abuse by Saville. The report of the investigations into the activities of Saville himself was published, as Giving Victims a Voice, in January 2013. Operation Yewtree continued as an investigation into others, some but not all linked with Saville.

Although this investigation related to child sexual allegations it does have implications for Adult Safeguarding in that it shows how organisations allowed people access to vulnerable children without supervision or monitoring and this has

been known to happen to adults. Secondly a lot of the victims of Saville are now adults and the abuse will obviously have an impact on their adult lives.

Oxfordshire Children's Serious Case Review - Bullfinch

The independent Serious Case Review into Child Sexual Exploitation in Oxfordshire was published on Tuesday 3 March 2015 by the Oxfordshire Safeguarding Children Board. The serious case review followed a trial in 2013 in which seven men were imprisoned for a total of 95 years for their crimes which took place from 2005-2011.

Again although this is a report around Child abuse, the lessons learnt which are important for adult safeguarding especially with the widening of the definition of Adult Safeguarding to include Slavery, Domestic abuse and Self-Harm.

In Slough like other authorities we are working closely with our colleagues in Children's services to devise plans to ensure that our children and young adults are protected from such exploitation and grooming. This form of grooming is as likely to happen to young children to some of our most vulnerable adults, in particular those who have a learning disability or a mental health problem.

4) Local developments 2014/ 15

Multi-Agency Safeguarding Hub (MASH)

The protection of our most vulnerable children or adults, is a fundamental responsibility of all public agencies whether statutory, non-statutory or from the third sector. There is a key acknowledgement that services engaged in the safeguarding of children and adults should work together in a structured way to keep them safe.

In 2014/ 15 it was decided that there should be a Multi-Agency Safeguarding Hub (MASH) in Slough. Working with our partners at Slough Borough Council, Health and Thames Valley Police a plan has

been put in place to have their key safeguarding teams together to physically work in the same place. It is anticipated that this service will go live in April 2015 for Children's service with Adult service coming on line in 2015/ 16.

The MASH takes a 'whole family' approach to safeguarding. Our partners share and analyse key information about each family to inform safeguarding decisions. This enhanced data sharing across the partnership joins up all the available information to support vulnerable people, and may inform interventions to protect them.

5) Strategic Business Plan 2014-15

Strategic objective 1

All agencies individually and collectively will have a process for identifying and managing risk.

Quality recording will enable details of concerns and actions taken to be seen clearly. All agencies will have an audit process which will identify areas of good practice and areas for improvement.

The governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same:

By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks and to live their lives in ways which best suit them." Independence, choice and risk: a guide to best practice in supported decision making - DOH 2007

Slough Safeguarding Adults Board recognised the importance of good risk assessments in all areas of work with vulnerable adults, but particularly in relation to Safeguarding Work. The importance of good risk assessments was highlighted to the Board from a Serious Case Review commissioned by the Board in 2012/ 13. The Board decided that risk would form an area of work for the Board and its members.

What have we achieved?

1. Slough Safeguarding Adults Board - Multi-Agency Risk Framework

The first piece of work that was undertaken was a refreshing of the Boards Multi-Agency Audit Framework. This Framework had been in place for several years but it was felt that this needed to be updated in line with the forthcoming Care Act and to ensure it took into account the philosophy and values of "Making Safeguarding Personal".

This Framework was updated and ratified by the Board in February 2015 and compliance with the Framework will form part of the work of the Board over the following year.

2. Slough Adult Social Care Risk Tool and Guidance

It was decided that this Guidance also needed to be updated in line with the Care Act and "Making Safeguarding Personal", (see MSP Section below). The Board also wanted to re assure itself that this Guidance was now part of everyday practice and not just in Safeguarding work of all Adult Social Care staff. A training plan has been devised which will ensure that all staff will receive this training relevant to their role, but due to the implementation of the Care Act this training will be delivered between May and July 2015.

3. Multi-Agency Audit

The Safeguarding Board wanted to reassure itself that risk assessments were part of all Safeguarding cases and therefore two multi-agency audits were undertaken to by Board members looking at over 20 Safeguarding Cases with the main focus being on the quality of risk assessments in individual cases, one in March and one in October 2014/ 15. These audits used a particular audit tool that had been recently developed looking at an outcome focused approach. A report regarding the outcome of the first audit was available to Board members and Adult Social Care staff (January 2014) and highlighted the need for further work in this area. A report for the second audit is due out for the Board in June 2015.

4. Internal Safeguarding Audits

Slough Borough Council carries out internal audits of Adult Safeguarding cases. This year we moved away from our old audit tool which focused primarily on timescales and moved towards a tool which looked at the outcomes for the Adult involved and what change it made to their lives.

This means that our staff will be asking people at the beginning of their safeguarding enquiries what they want out of the case and how we can work with them to achieve these goals. These outcomes will be continually updated as the case progresses and at the end of the case the Adult will be asked if they feel their outcomes have been met and if not what else could or should be done to help them to achieve them. This work may need to be done outside of safeguarding as it could relate to housing, counselling etc.

These audits are carried out on a one to one basis, with a member of the Safeguarding Team meeting with a Designated Safeguarding Manager (DSM) to audit a case and the feedback from these audits are then given to the DSM and Level Two worker involved in the case. Any general patterns regarding practice that arise from the audits are fed into the training strategy.

5. Fire Safety Checks

Royal Berkshire Fire and Rescue Service (RBFRS) are members of the Safeguarding Board and were keen for the Board to look at one specific area of risk, fire deaths. The key aim of Royal Berkshire Fire and Rescue Service is to reduce deaths and injuries from fires and other emergencies. RBFRS have a free fire safety check service which is available to all clients. In order to try and address this issue the RBFRS are offering free Home Fire Safety Checks to all vulnerable adults in Berkshire and they have produced a leaflet to promote this service. The Board agreed to distribute this leaflet to all of the agencies involved in the Board to forward to their front line staff.

The leaflet was distributed to all users of Adult Social Services and now forms part of the pack of information pack that Slough Adult Social Care sends out to all people who contact the service. A fire safety check is also offered to all adults where there is a risk of fire due to the condition of their property, such as in cases of hoarding or neglect of property.

It is hoped that this approach will help to reduce the risk of fire deaths within Slough.

Way forward

Management of risk will continue to remain high on the Boards Strategic Objective's for 2015/ 16 and this will be taken forward again into the Board's Business plan for the coming year.

Slough Safeguarding Adults Board Member Gavin Wong, Deputy Commander for Slough local police area

My role is to support the Commander who has responsibility for front line policing and this means that I will deputise in his absence and take on that responsibility when required. In addition to a significant administrative role, I also work closely with partner agencies which reflects the need for all agencies to work together to achieve their own goals.

Policing has changed significantly over the last 20 years since I joined the Service, and safeguarding is now a significant aspect. We have always tried to protect people but it used to be very much about catching criminals. It is now clear that the Police Service has a responsibility for ensuring that our communities are protected from the dangers from many different types of harm.

Because we recognise the importance of protecting the vulnerable that is why 'Protecting Our Communities from the Most Serious harm' is one of our core objectives.

Thames Valley Police has itself changed over the years to reflect this need and there are a number of specialist roles to provide support which has been created. This includes the Protecting Vulnerable Persons department, development of Specially Trained Officers to support victims and the creation of Multi Agency Safeguarding Hubs (MASH). All officers receive specific training in relation to safeguarding. We certainly didn't have this level of focus when I joined and I feel that the Police are much better placed for it.

Safeguarding Adults is now a statutory responsibility and as with children, it is an opportunity to hold all agencies to account. I hope that it will encourage agencies to work together which will mean we are all in a better position to identify and safeguard the most vulnerable in our community.

Strategic objective 2

All agencies will have a clear process for managing safeguarding cases. All agencies will have a working knowledge of safeguarding adults.

Slough Safeguarding Adults Board has signed up to the Berkshire Safeguarding Policies and Procedures which are available on the internet <http://berksadultsg.proceduresonline.com/index.htm>. These provide clear guidance on the Safeguarding process in regard to Adults who are/ or at risk of abuse or neglect. All board members and partner agencies have agreed to follow these procedures.

What have we achieved?

The Board decided this year to focus on looking at agencies and their trigger processes for Safeguarding. This was done through a variety of processes including training, leaflet and information sharing as well as auditing and monitoring individual cases.

A new Performance Subgroup of the Board was set up with the remit to provide a more effective performance report which would enable the Board to reassure itself that agencies were correctly identifying and reporting allegations of abuse and neglect.

The Performance Subgroup is made up of a range of agencies and it was decided by the group that the report that was produced needed to include a range of information including:

- Safeguarding information - numbers of reports, location of abuse, type of abuse etc.
- Training Statistics - numbers of staff trained in relevant positions.
- Incidents of Hate Crime
- Numbers of prosecutions and outcomes of criminal and civil investigations
- Details of any Serious Case Reviews, Adults Reviews, Domestic Homicide Reviews, Children's Serious Case Reviews in area.
- Details of any serious untoward incidents or other agencies serious incidents involving adults in need of care and support.

Due to the complexity of obtaining the data from various sources the first copy of this report will be available for the September Board in 2015. The report will be available on a quarterly basis and will direct the forward planning to the Board and targeting its resources.

Way forward

- Performance report to be collated and disseminated to board
- Report to be used to determine board priorities for 2015/ 16
- Re-evaluation of report to ensure that it meets the working needs of the Board.

**Slough Safeguarding Adults Board Member
Jo Barnett, Named Nurse for Safeguarding
Adults at Frimley Health NHS Foundation Trust**

As Named Nurse for Safeguarding Adults at Frimley Health NHS Foundation Trust, I provide a point of contact for staff, patients and external agencies, identifying and supporting adults at risk and supporting patients with a learning disability. I ensure that the best interests of patients are upheld and that the Mental Capacity Act is implemented where necessary and regulatory standards are met. Training our staff in the different aspects of safeguarding adults is key to the success of keeping people safe in hospital

I really hope that adult safeguarding will continue to attract more attention as child protection does, to empower our patients to be confident about reporting abuse and not 'putting up' with a situation because they have little support or are too frightened to report it. I look forward to new statutory powers to safeguard adults, and to protect the most vulnerable using existing law, which will facilitate this.

Strategic objective 3

Making Safeguarding Personal

This objective is mentioned specifically within safeguarding elements within the Care Act 2015.

The LGA/ ADASS Making Safeguarding Personal development project was drawn up in response to feedback from people using safeguarding services, stakeholders and practitioners that the focus of safeguarding work was on process and procedure.

People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control. Practitioners and safeguarding adult's board members want to know what difference they are making, but find it difficult to get this information from national indicators and data, which measure inputs, processes and outputs.

In 2009 the Improvement and Development Agency (IDeA, now LGA), SCIE, British Association of Social Workers (BASW) and Women's Aid worked together to form a body of knowledge, to assist empowerment and support for people making difficult decisions.

This initial work resulted in, 'Review of literature on safeguarding adults supporting 'vulnerable people' who have experienced abuse with difficult decision making' (Deborah Klèe, LGA 2009). The literature review found that there was very little evidence in this field, so we neither know what works best nor have evaluations of methods used. Following this literature review the LGA developed a toolkit with ADASS and academics, 'Making Safeguarding Personal - a tool kit of responses' (Ogilvie and Williams, LGA 2010), which identified a range of interventions that could be appropriate for adult safeguarding practice.

"Making Safeguarding Personal" in Slough

What did we do? In Slough we first entered the "Making Safeguarding Project" MSP in 2013 at Bronze level and as part of this we worked with a small group of staff, who represented all the Adult Services teams to look at embedding outcome focused work in Safeguarding. We completed this pilot project in March 2014. The outcomes of which was a resounding success from those staff and service users involved. As a consequence of this we decided to take part in the next stage of the Programme, and entered at Silver Level. In 2014/ 15 we decided to focus on three areas and these are recorded below. Slough Safeguarding Adult's Board endorsed the three areas above and have monitored progress of MSP in Slough.

What have we achieved?

- 1) Embedding current good practice
Slough like most authorities had set the Safeguarding service up in line with the requirements of the Department of Health, in terms of outcomes, so that we were deciding whether an allegation of abuse was substantiated or not, rather than deeming whether it was meeting the needs or outcomes of the service user. This did not mean that work we were doing was not client focused but that our recording systems were not outcome focused. Therefore one of the first pieces of work that needed to be undertaken was updating our client recording system "IAS" to ensure that it was able to record outcomes.

It must be remembered that not all outcomes will be achievable or are in the Best interest of the client, or in the power of the local authority to achieve but it is anticipated that through the Safeguarding process the Level 2 worker, who will work alongside the Adult at Risk will be able to help them to identify more realistic and achievable outcomes.

It is still early days in terms of being able to report on Outcomes and we are at present looking at setting up electronic reporting systems in order that we will be able to report outcomes to the Safeguarding Board on a quarterly basis.

The second part of embedding outcome focused work was undertaken through awareness raising and we have done this in several ways. Firstly, we have updated our materials on the intranet (our internal website for practitioners) with guidance and a range of support tools to assist workers in working alongside Adults at Risk of abuse and neglect. We have also produced three newsletters for our staff informing them of the changes in systems in relation to Safeguarding and how they can get involved in MSP.

We have also undertaken two Multi-Agency Audits on Safeguarding cases with a focus on Outcome focused work.

Reports have been made available to the Safeguarding Adults Board regarding the findings of these audits. The findings from the above audits have been taken into account and have been fed into the work streams in Adult Safeguarding as well as informing training programmes for staff.

Case Study - Making Safeguarding Personal

Mary is a 79 year old female who has a mild learning disability, she is a sociable lady and she likes telling jokes, she is affectionate to her soft toys namely her large rag doll and monkeys. Her family share a close relationship with her.

Mary is an insulin dependent diabetic; she has diabetic retinopathy, suffers with depression and has poor mobility. Concerns were raised in relation to recurrent pressure sores that were not identified by care workers and their failure to take appropriate actions by care staff. Concern was also raised by the family that the care workers could not identify when Mary's blood glucose levels dropped significantly leaving her drowsy. Mary was left for a few hours whilst she deteriorated without help which led to a hospital admission. Family raised concerns about the poor quality of care that Mary received by the care workers and their failure to react promptly. Mary stated that care workers did not respond to her calls for toileting which led to her becoming incontinent and at other times she attempted to mobilise to the toilet which resulted in numerous falls and hospital admissions. Mary disclosed allegations to her family during a hospital admission and stated that she did not want to return to her flat.

Social worker met with Mary to inform Mary that a safeguarding alert was raised by the Hospital team and shared information on the allegations which were disclosed by her daughters. Mary listened carefully to the information, nodding her head and agreeing with the content of the allegation, she also cried and described incidents of poor care.

The safeguarding process was explained to Mary requesting whether she wanted the allegations to be investigated. Mary agreed that the allegations should be investigated. The Social worker presented information to Mary in simple language to enable her to understand the information and make a decision about her engagement with the safeguarding process.

Mary was deemed to have mental capacity to make a decision regarding the safeguarding; she was encouraged to share information which also included her views on what she wanted out of the process. The aim of determining Mary's outcomes were to improve Mary's circumstances rather than being process driven to find a conclusion without making a difference in Mary's life. The engagement with Mary reflected a person centred approach; decisions were being taken with her and not for her.

Mary stated that she is now happy in the nursing home; she also commented that she likes the residential care workers, they respect her and most importantly they listen to her. Mary shared that she feels safe. The outcome of this safeguarding case has improved the life of Mary.

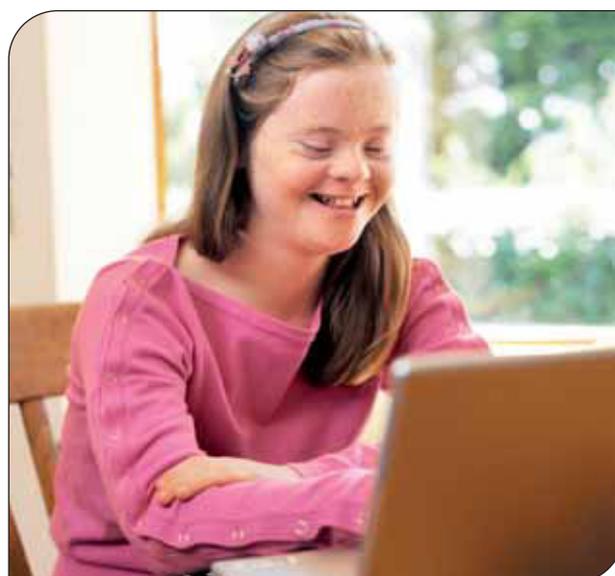
2) Implementing the Positive Risk Tool. This is reported on in Strategic Objective One of this Report

3) Working with our statutory partners to influence their approach to positive risk taking

This involved developing a Safeguarding Board Multi-Agency Risk guidance document which was signed off and ratified by the Board in 2014/ 5. The Board recognises that it needs to do more work in this area and is looking to undertake a Multi-Agency file audit focusing on Risk and Outcomes in 2015/ 16.

Way forward

- Making Safeguarding Personal is now no longer a project but is firmly embedded in the Care Act, and Slough's Safeguarding Adult's Board will be reviewing the impact of these changes throughout 2015/ 16 both within Safeguarding investigations but also within the work of partner agencies.
- The Board will be looking at the preventative work done by all agencies and to try and form closer working relationships i.e. Berkshire Fire Safety Checks and Housing/ Adult Social Care.
- Slough Safeguarding Adult's Team will be focusing on the MSP tool kit to see what tools they can bring into practice to support people suffering from abuse and neglect.



Anthony Heselton - South Central Ambulance NHS Foundation Trust

1) Tell us about yourself and your role.

I'm Tony Heselton the Head of Safeguarding for South Central Ambulance service (SCAS). My role in SCAS is to ensure that we have safeguarding at the heart of our business and that our policies and procedures are relevant in all parts of 4.6 million square miles population of just over 4 million in the SCAS area.

2) Why is safeguarding important to you and what have you achieved?

Safeguarding is core in all of our daily work life. We come across some of the most vulnerable persons daily and frequently as they are the ones in most need of our service. The biggest achievement for SCAS over the last year is we are now vertical members of number of MASH and as such we are now contributing far more to safeguarding the most vulnerable of those million persons we cover. I now have a safeguarding manager who is responsible for the day to day running of the small but effective safeguarding team and this has improved our ability to support Local Authorities safeguarding teams across the Trust in any way needed.

During the end of last year we developed and delivered a train the trainer course for the Trusts education department which has now enabled level 2 children and safeguarding adults to be delivered face to face to all of our 4000 staff that needs it. This training will be rolled out during 2015.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

Raise awareness of the importance of safeguarding and the vital role the ambulance service play in this to all partner agencies

Utilise some of the good practises championed by the board like the SAR template

To be a useful partner in safeguarding sloughs vulnerable persons and bring good practise from other areas for the board to consider.

Strategic objective 4

All agencies will ensure that there is consistent compliance with the Mental Capacity Act, including Deprivation of Liberty Safeguards where relevant.

Mental Capacity Act

The Mental Capacity Act came into force in 2007 and sets out the processes by which an assessment of capacity must be undertaken to be legally valid. The associated code of practice sets out guidance for professionals who support people who lack capacity. The Mental Capacity Act also introduced the role of independent mental capacity advocates (IMCA).

In March 2014 the House of Lords post-legislative scrutiny committee met and reported on the implementation of the Mental Capacity Act. The committee found that the Act was held in high regard. However, its implementation had not met the expectations that it had raised. They found that the Act had suffered from a lack of awareness and a lack of understanding. They found that it had been seen as an add on and found that instead there still existed a culture of paternalism and risk aversion amongst professionals. They had many recommendations to make which including tasking local authorities and other organisations to make sure that the Act became embedded in practice. They also recommended that they set up a central body to manage this process and at the same times requested a review of the Deprivation of Liberty Safeguards.

What have we achieved?

Slough is part of the Berkshire Mental Capacity Implementation group which continues to meet on a quarterly basis to manage the implementation of the Mental Capacity Act, with specific relation to the Deprivation of Liberty Safeguards.

As a direct consequence of the House of Lords a new Mental Capacity Steering group has been set up and is hosted by the Clinical Commissioning group (CCG) looking at how the Mental Capacity Act can be further embedded into practice. The CCG had been successful in obtaining a grant from the government to provide training for health staff and the steering group will look at how to spend this money to provide the most effective training.

Over 2014/ 2015 Slough Borough Council has continued to provide training on the Mental Capacity Act and Deprivation of Liberty Safeguards in line with the Berkshire Training Strategy <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-multi-agency-workforce-development-strategy.aspx>.

We continue to hold an annual Deprivation of Liberty Briefing for Care Homes and other providers which also encompasses the Mental Capacity Act. In 2014 the event was held on 7th August 2015 and over 40 people attended, these included representatives from hospitals, care homes and care agencies within Slough.

A Mental Capacity Audit was undertaken by Slough Borough Council of cases held by Adult Social Care. A report on the findings of the Audit will be presented to the Safeguarding Board in June 2014. The findings will be taken into account when designing training plans for 2015/ 16.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards are part of the Mental Capacity Act and were added to the Act in 2009. Since their inception there have been concerns about how they have been implemented as this has varied widely around the country. When the impact of the Safeguards was first scoped it was thought that thousands of people in England and Wales would fall under this Act, however the reality was that only a very small number of people were ever placed on a Deprivation of Liberty authorisation this was in part due to the lack of a definition for what constituted a deprivation but also due to the involving case law which had suggested that there was a very high threshold for what constituted a deprivation.

In 2009 it was also anticipated that the Deprivation of Liberty Safeguards would only apply to people over 18 years of age in Care Homes and Hospitals. In Slough there were only 28 people on a Deprivation of Liberty Authorisation in 2012/ 13. This was consistent with applications across the south east in relation to the number of people in care homes in those areas.

In March 2014 this all changed with two landmark cases from the Supreme Court:-

MIG and MEG (2010) EWHC 785 (Fam) Cheshire West and Chester Council v P (2011) EWCA Civ 1257

These cases provided what have now become known as the "acid test" which provides a much lower threshold of what constitutes a deprivation of. That is "someone free to leave" and are they "under constant supervision and control". This has led to a significant increase across the country in the number of successful authorisations under these safeguards.

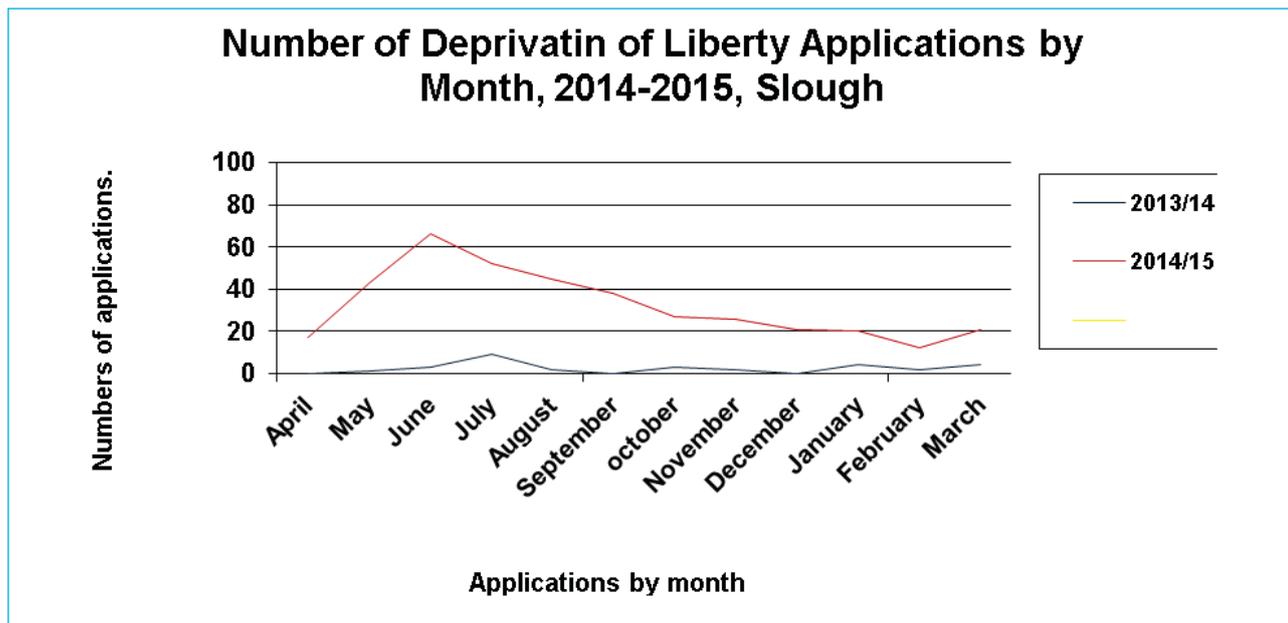
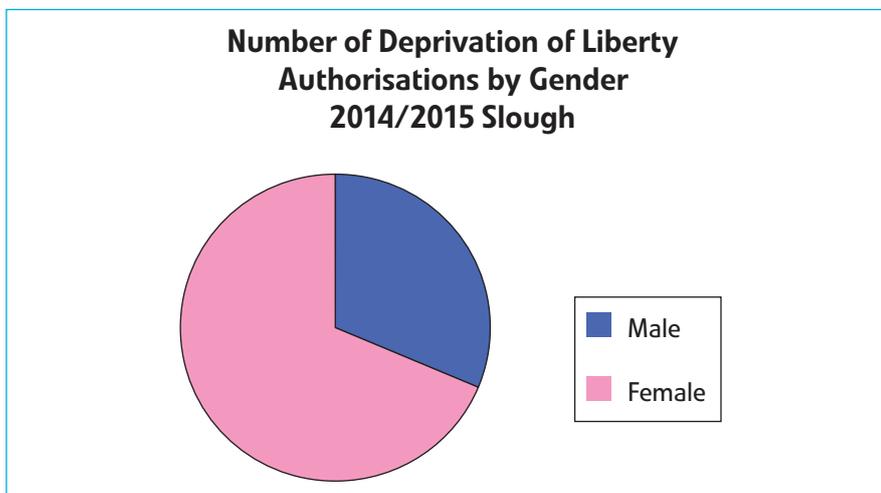
Deprivation of Liberty in Care Homes and Hospitals

In January 2015 the Care Quality Commission produced its fifth report on the Deprivation of Liberty Safeguards. This report highlighted the impact of House of Lords post-legislative scrutiny committee report on the MCA and the Supreme Court Judgment on the number of Deprivation of Liberty Authorisations around the country which have increased from under 15,000 applications for the whole of 2013/ 14 to over 20,000 up to January 2015 which represents an eight fold increase. It is interesting to note that although all local authorities are reporting an increase some of these are at a much lower rate than others, still therefore illustrating a discrepancy in the way in which the legislation is implemented in each area. There appears to be no correlation between population numbers and the numbers of Deprivation of Liberty applications in an area.

What have we achieved?

The number of Deprivation of Liberty applications in Slough over the last twelve months is as follows:

Deprivation of Liberty Applications - Slough Borough Council 2014/ 5	
Number of standard applications received	320
Number of standard applications granted	213
Number of urgent applications	71
Number of urgent applications granted	45
Total number of applications received	391
Total number of applications granted	258
Average length of order	10 months



Case Study - Deprivation of Liberty Safeguards

Jane is a 45 year old Caribbean woman who has lived in care for most of her adult life. She has a learning disability and experiences mental health problems, schizophrenia she is also blind. She currently lives in a care home outside of Slough and has no contact from her family.

The Care Home manager was aware of that Jane lacks the mental capacity to make decisions around her care and treatment and that she would not be free to leave the care home and she is under continuous supervision and control. She therefore put in for an application for a Deprivation of Liberty Authorisation.

On receipt of the applicant the local authority appointed a Section 12 Doctor, IMCA (Independent Mental Capacity Advocate) and a Best Interest Assessor.

The IMCA's report stated that although they felt that the placement was in Jane's best interest they were concerned by the lack of activities that were on offer to Jane and felt that she needed more opportunities to engage with the community. This recommendation was then included in the Best Interest Assessors report and was put forward to the care home as part of the conditions of the order that the care home needed to comply with.

An authorisation was put in place for three months in order to enable the home to put the necessary changes in place. At the three month period it was clear that the home had put some changes in place but it was clear that Jane could still become more independent and therefore a further short order was put in place.

Jane remains under a Deprivation of Liberty Authorisation at the care home but there are plans to move Jane to supported living were it is hoped that she will have more independence.

The increase in requests for authorisations has had a major impact both in terms of finances and staff for the local authority. In Slough like other local authorities because of the low take up of the scheme in previous years there were only 10 people who were trained as Best Interest Assessors, many of these having other significant roles, which meant that there were not enough assessor around to meet the legal deadlines for authorisations. The impact on the budget was also significant, with an increase of over £70,000 over the original budget, which has had to come out of other funds. It is anticipated that if the numbers to continue as they are the budget for 2015/ 16 will be over £100,000, with some possible additional one off findings.

Deprivation of Liberty in the Community

In 2014 the courts also ruled that Deprivation of Liberty Safeguards should apply to people in their own homes and in supported living. In November 2014 the Court of Protection provided a system known as parte X process where applications could be made to the Court of Protection for people who were being deprived of their liberty in their own homes. It is obviously difficult to ascertain how many people are being deprived of their liberty in their own homes and one of the difficulties relates to the fact that the deprivation can only relate to people who are being deprived of their liberty by the state but what that means in practice is difficult to determine, as it could apply to people who have home care or those have district nurses etc.

What have we achieved?

In Slough like many local authorities we have started to apply for authorisations related to people living in supported living as these represent people who are being deprived of their liberty often with extensive control and supervision. These applications are currently being made to the Court of Protection and we are awaiting outcomes.

In 2014/ 15 we made one application to the Court of Protection for Deprivation of Liberty in the Community using the parte X process and we are still awaiting the outcome of this application. We anticipate in 2015/ 16 we will make around 40 applications using this process.

In order to help families with understanding what a Deprivation of Liberty is in the community, Slough Borough Council have devised a leaflet which is available on our website

Further information on Deprivation of Liberty Safeguards can be found on Slough Website. <http://www.slough.gov.uk/council/strategies-plans-and-policies/deprivation-of-liberty-safeguards.aspx>.

Way forward

In 2015/ 16 we anticipate a continued increase in the number of requests for Deprivation of Liberty Authorisations so we will as a Board is looking at how it can reassure itself that the Local Authority and its partner agencies are able to meet the increased needs. As well as looking across Berkshire at developing effective training in regard to both Deprivation of Liberty Safeguards and the Mental Capacity Act.

Slough Safeguarding Adult's Board Member Carol Clegg, Business Continuity and Response Manager (Slough Borough Council, Housing)

1) Tell us about yourself and your role.

I am Carol Clegg, Business Continuity and Response Manager. I have corporate responsibility for emergency planning and business continuity. I am based in the housing and neighbourhood services teams where I have responsibility for safeguarding lone workers in the team and safeguarding of the services' children and adults in need of care and support.

2) Why is safeguarding important to you and what have you achieved?

Part of my role as Business Continuity and Response Manager is to monitor the housing and neighbourhood services team's safeguarding of the services' children and adults in need of care and support. Customers of our services often have vulnerability issues and our frontline staff are in a position to identify people who need help.

I have acted as the lead officer in housing and neighbourhood services in raising awareness of the need to ensure that those in need of care and support are given the early attention required to help resolve their issues.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

Raise awareness of the importance of safeguarding with housing and neighbourhood service staff so they are aware of their responsibilities.

Monitor a programme of mandatory training for housing and neighbourhood service to include:

- *Safeguarding for children and adults*
- *Understanding mental capacity*
- *Domestic abuse*
- *Hoarding*
- *Self-neglect*

Ensure that with housing and neighbourhood service staff are aware of and able to recognise the unseen factors that might indicate that an individual is experiencing or vulnerable to abuse.

Develop and implement processes to safeguard the business and reputation of SBCas well as the wellbeing of the services' residents

Keep and monitor a Safeguarding Register detailing cases that have been referred to relevant safeguarding teams and in partnership with safeguarding teams - ensuring that they are appropriately followed up and actioned.

Strategic objective 5

All relevant staff have safeguarding appropriate training and the effectiveness of that training is evidenced. This will include learning from Serious Case Reviews.

Safeguarding Adults Training 2014-15

Safeguarding Adults training during 2014-15 included the following topics:

Safeguarding Adults Level 2 (Investigations & Assessments)	<i>Member Development</i>
<i>Management of Challenging Behaviours/ Positive Behaviour Support</i>	Safeguarding Adults Level 1 Generic and Bespoke programmes
Domestic Abuse Parental Drug Misuse Honour Based Violence Female Genital Mutilation	<i>ELearning</i>
MARAC and DASH	<i>DOLs Forums</i>
<i>Loan Shark Awareness</i>	Administration of Medication
Safeguarding Seminars	RIPfA Safeguarding Conferences
<i>MCA/Dols Introduction and MCA Practical Implications</i>	<i>Court of Protection</i>
	<i>Safeguarding Adults Level 3 (Designated Safeguarding Managers)</i>
	Safeguarding Adults Minute Taking

What have we achieved?

- 1) Safeguarding Adults Level 1:
Generic training:
All Safeguarding courses at Slough Borough Council follow the National Competency Framework for Safeguarding Adults¹. SBC provided 9 generic sessions at Level 1 last year, which were aimed at all services, and not just those within adult social care.

- 180 places offered with 153 places taken (85% attendance rate).

Services attending generic training included children's services, CCTV control operators, customer services and more. Attendance from external services included many of the same provider services as in previous years, although there was attendance from some new organisations such as the Arts Class group for older people in Slough.

- 2) Bespoke training:
A total of 25 bespoke sessions were delivered, accessed by 271 people.

The Bespoke safeguarding courses were accessed by 18 services, listed in Table 1, with 5 new services this year: Building Control, Property Services, and Unpaid Carer Groups, Martin Conway Bed and Breakfast and CID officers from Thames Valley Police.

- 3) Safeguarding Adults Level 2:
Safeguarding Adults Level 2 is targeted at social workers and similar qualified roles in health services that are required to investigate and risk assess safeguarding enquiries.

- Two courses were needed at Foundation level, and 19 staff attended from both SBC and Berkshire Health Foundation Trust. The majority of these staff went on to the Safeguarding Pota.

¹ Bournemouth and Learn to Care production

- 4) Safeguarding Adults Level 3:
There was a need to increase the availability of Designated Safeguarding Managers at SBC.
- Eight staff were trained, which included our internal Provider Manager's.
 - Safeguarding Adults Minute Taking
 - Two refresher courses were required for staff within SBC and BHFT who carried out both a minute taking and SA administrative role.
 - 20 staff attended training.
- 5) Safeguarding Adults Member Development:
14 Members attended refresher training this year. An eLearning programme for Members is also available.
- 6) Additional training to support Safeguarding Adults (shown below).

Course	Attendance
Administration of Medication	Attendance from both internal and external care services. 160 places offered with 92 places taken (58%)
Best Practice Seminars related to Safeguarding: Do Not Resuscitate Deprivation of Liberty Safeguards Update for Social Workers Forced Marriage Update Human Rights Assessment x 2 sessions No Resource to Public Funds	6 sessions, 113 adult social care staff attended:
Court of Protection	32 Social workers
Dols Provider Forum	15 Provider Managers and Health staff
Introduction to Dols (Deprivation of Liberty Safeguards)	2 courses offered to internal and external services. 28 people attended.
Introduction to Domestic Abuse	25 staff from Adults and Children's social care services
Introduction to the Mental Capacity Act (MCA)	2 courses offered to all, 32 people attended.
Loan Shark Awareness	4 staff from SBC Drug and Alcohol, Licensing and Adult Social Services, 1 external from Citizens Advice Bureau
MARAC and DASH	Attendance from adults and children's social services and Thames Valley Police. 32 places available. (complete attendance figures unavailable)
MCA - Practical Implications for Care Homes	24 people from internal and external services.
Positive Behaviours/ Managing Challenging Behaviour	63 staff attended from internal provider services.
Safe Moving of Clients	Attendance from both internal and external care services. 156 places offered with 111 places taken (71%)

The following sessions led by Children's Social Care training were open to SBC adult services:

- Domestic Abuse and Violence: Honour based killing, FGM and Forced Marriage
- Advanced Domestic Abuse
- Parental Drug Misuse
- Honour Based Violence

Research in Practice for Adults (RIPfA)

Seven representatives from SBC attended the following RIPfA seminars, to share information with colleagues on the following topics:

- Supporting people who self-neglect research messages workshop
- Working preventatively in adult social care
- Putting people at the heart of services; making outcomes meaningful Partnership Conference

eLearning

Log on to care: Slough's usage of eLearning on Log on to Care more than doubled compared to the year before, from 633 completions in 2013-14 to 1826 in 2014-15. Courses in Log on to Care (www.logontocare.org.uk) are adult social care focused and range from Induction courses such as the Care Certificate, Dementia, Communication Skills, Loss and Bereavement, Mental Capacity Act, Parental Substance Misuse, Safeguarding and more.

Learning Pool: Learning Pool is an eLearning platform for internal staff. Last year 51 staff completed Safeguarding Adults eLearning training from across all council departments.

Additional eLearning courses are also available on learning pool, including the Mental Capacity Act, Deprivation of Liberty Safeguards, Carer Awareness and Autism Awareness.

Best Interest Assessors (BIA's)

To meet the Dols requirements in 2014 SBC required an increase in the number of available BIA's. An additional 7 staff were trained during the year. There are plans for a further 13 staff to complete the qualification during 2015-16 in order to continue to meet the demand for Dols applications and reviews.

Impact of Training and Workforce Development

There have been some examples of where training has made an impact on workforce development and the services provided. There are some examples of referrals made following training, for example, after briefing groups of unpaid carers, two alerts were raised, which were then investigated. It is not however, easy to determine the effectiveness of training and work will be done in 2015/16 to look at how we can evidence the impact of training in relation to concerns being raised and quality of investigations and outcomes for service users.

External care provider services

A survey was sent to external provider services requesting information about the impact of their workforce development activities. Six care homes responded.

"Staff have confidence in the raising and reporting of safeguarding. Staff are more confident and are challenging practices that they feel can lead to abuse or neglect"

"Knowledge of procedures has improved greatly and safeguarding is regularly discussed at team meetings and in supervision sessions. The low number of referrals seems to suggest that staff are preventing abuse and keeping people safe"

"Staff feel able to openly report any concerns to the manager they openly make suggestions for improvements. Staff are more aware how to record things factually and with detail"

Way forward

With Making Safeguarding Personal now a key theme for safeguarding within the Care Act, the social care workforce needs to continue reviewing their safeguarding work with the person as the centre of their work and the decisions that they make.

All development activities will need to have an emphasis on person centred working, and within SBC there needs to be a particular emphasis on joint training with children's services. Training themes for joint working are:

- Neglect
- Think Family
- Drug/ Alcohol
- Forced Marriage/ FGM/ Honour Based Violence
- Independent Management Reviews
- All Safeguarding Adults courses will continue to incorporate the Care Act duties and new terminology. SA Level 2 training in SBC will include the Adult Social Care Risk Tool, and learning from Serious Case Reviews.
- Children's services will receive Mental Capacity Act and Dols training
- The need for Best Interest Assessors will continue.
- Bespoke training will need to be driven and increased in particular to care provider services.

These themes will be explored by the East Berkshire Training subgroup and delivered during 2015/ 16.

Slough Safeguarding Adults Board Member
Slough Clinical Commissioning Group Partner
(CCG) Deputy Director of Nursing -
Safeguarding and Infection Control

Why is safeguarding important to you?

The CCG are committed to protecting and safeguarding vulnerable people from abuse and harm and are committed to work in partnership to achieve this aim. The CCG is an active partner in the Slough Safeguarding Adult board.

The CCG has continued to work with its providers to enable it to undertake its responsibility for ensuring that the organisations from which they commission services provide a safe system that safeguards vulnerable adults. Slough CCG has done this through strengthening contractual requirements and working closely with the Safeguarding leads.

Development of the safeguarding dashboard in anticipation of the Care Act implementation has assisted in analysis of safeguarding activity and provider status of safeguarding adult assurance; particularly for training, DOLs, Mental Capacity Act training, prevent and alert notifications. This has resulted in increasing awareness of the need to detect abuse as early as possible and encourages multiagency collaboration.

Close liaison between the deputy director of nursing (safeguarding) and provider safeguarding leads has established specialised supervision pathways and support for innovation in safeguarding as a firm part of provider planning. Swift notifications and liaison regarding concerns between the CCG and providers have meant timely interventions to keep people safer.

Primary care has an increased awareness of adult safeguarding responsibilities which will be further supported 2015/ 16.

The continuing healthcare team has undertaken specialised prevent training and MCA training updates. The deputy director of nursing (safeguarding) offers safeguarding supervision on a regular basis which has resulted in more consideration of a potential safeguarding issue and resulting actions.

Successfully winning a bid for funds to develop an MCA train the trainers programme across Berkshire and a Berkshire wide MCA conference will further assist in awareness of adult safeguarding across the health economy.

What are your organisations planned development during 2014-2015?

- *New safeguarding lead to work with Deputy Director of Nursing (safeguarding) April 2015.*
- *Commitment to remain a key and active member of the board and appropriate subgroups.*
- *Chair the Safeguarding Adult Review Panel.*
- *Self-assessment tool adult safeguarding tool will be developed and rolled out to providers and analysed by the CCG safeguarding team for gap analysis/improvement planning.*
- *Led by the Deputy Director of Nursing, development of MCA train the trainers programme for health and social care providers; including ongoing support for the trainer pool.*
- *Working with West Berkshire CCG's plan and implement a MCA cross Berkshire conference.*
- *Ongoing monitoring of provider safeguarding activity at the CCG Quality Committee.*
- *Primary care safeguarding STEPs training with emphasis on the Care Act implications prevent training, MCA/DOLs and lessons from national and Berkshire serious case reviews.*

How will the success of the project or development be measured?

1. *Minutes of board minutes demonstrating active CCG involvement of board and sub committees.*
2. *Self-assessment will be rolled out to providers to complete as part of contracting arrangements and analysed for progress by the CCG*
3. *Two train the trainer courses will be rolled out and evaluated and a trainer pool will be established and reported to the Board.*
4. *A cross Berkshire MCA conference will be held and evaluation analysis presented to the Safeguarding Adult Board.*
5. *The CCG quality committee will continue to have safeguarding as a standing agenda item were provider safeguarding data and reports will be analysed.*
6. *Primary care safeguarding adult training assisted by partner agencies will be carried out, evaluated and reported to the Board.*



Strategic objective 6

The Board will promote safeguarding messages and public awareness with regard to preventing abuse and how to report abuse.

Slough's Safeguarding Adult's Board is aware of the importance of raising awareness around safeguarding both amongst professionals and members of the public and in order to facilitate this the board has established a subgroup of the board, "Communication Subgroup" whose function is to develop a communication strategy for the board.

The Communication Subgroup is made up of staff from the various partner agencies that have a communication function within their organisation. The partners currently taking part in the subgroup are as follows:

- Slough Borough Council
- Thames Valley Police
- Women's Aid
- Voluntary Sector

There are now terms of reference for the subgroup which are available on the Board's website page. The group has met twice since being formed and it is planned that the group will meet four times a year, to coincide with the work of the board.

What have we achieved?

The first piece of work that the subgroup carried out was to ensure that all leaflets and material produced by the board was available on the website and that the website was updated. This was to ensure that all the current contact numbers were on the leaflets and that the material was compliant with the Care Act 2014.

One area of work that the group was particularly concerned about came out of a recent Serious Case Review in Mid Sussex, "Orchid View". The board wanted to re assure itself that public and professionals in Slough were aware of how to report concerns about both poor practice and abuse. It was agreed that one way to do this was by raising awareness. The Communications subgroup was tasked into looking into how this could be achieved.

The group met and looked at how they could raise awareness and agreed that a new leaflet needed to be developed to give to service users and their families when they were looking to receive care either at home, or in a care home. Slough Borough Council had already got a leaflet entitled "What good care looks like" and it was decided to refresh this leaflet and then use this as a starting point for a local campaign. Due to the implementation of the Care Act the production of the leaflet had to be delayed to ensure that it was compliant with the requirements of the Care Act and it is hoped that this will be ready to be launched by December 2015.

Outside of the work of the Communications subgroup the Adult Safeguarding Team within Slough Borough Council, organised events to mark "World Elder Abuse Day" on 15.6.2015. Their event focused on raising awareness of abuse and neglect within care homes in the area. Each care home within Slough was issued with a pack of information and leaflets so that they could set up display boards within their care homes and provide leaflets to residents and family members. This event was a great success and one home even managed to have cakes and balloons.

"World Elder Abuse Awareness Day" is now an international event and is marked around the world. The event is organised and co-ordinated through Action on Elder Abuse who are a charity who have been instrumental in raising issues around abuse of vulnerable adults, in particular older people for many years and this event has now grown in stature is celebrated around the world.

With the introduction of the Care Act the Board produced a Fact Sheet on the impact of the Care Act on the role of the Safeguarding Board and Safeguarding which was shared with all partner agencies and all service providers within Slough, to ensure that everyone was now aware of the new statutory responsibilities around Adult Safeguarding in particular the new duty to make enquiries and the new roles of the Safeguarding Adults Board.

Way forward

To widen the membership of the Communication subgroup

- To develop a communication strategy
- To complete the campaign about encouraging people to report poor care and abuse using the newly designed leaflet.

Slough Safeguarding Adults Board Member Helen Buckland - Safeguarding Co-ordinator Slough Borough Council Safeguarding Team

1) Tell us about yourself and your role

I originally trained as a learning disability nurse and then moved on to manage services for people who have learning disabilities, both as a registered manager and a service manager. I have worked for SBC for 5 years as Safeguarding Co-ordinator. My role was initially to work with external providers to increase their knowledge and practice around safeguarding issues. Over the time that I have been in this role, it has diversified significantly. I still work with providers; I provide training on safeguarding and associated issues to a wide range of agencies; I give advice to colleagues both internally and externally on safeguarding and preventative measures; I attend a variety of multi-agency meetings to give advice; I have supported a Peer Review of Safeguarding arrangements as well as three Safeguarding Adult Reviews; I am also a Best Interest Assessor.

2) Why is safeguarding important to you and what have you achieved?

I believe that everyone has the right to live a life safely and free of fear. I also firmly believe in "doing the right thing" and ensuring that as professionals that is what we do. I enjoy watching a multi-agency response in action, with each agency playing its' part in supporting someone to live their lives safely, and one of my favourite parts of my role is to encourage multi-agency working and communication. I particularly enjoy working in Slough as it is a diverse area with a range of issues, and its' small geographical area means that you can build really effective working relationships with other agencies.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

I would like to see the multi-agency working arrangements strengthened even further, and I feel that we have a good base for this already. I am keen to see processes in place via the board for addressing some of the newer areas covered in the Care Act, such as Domestic Abuse and Self-neglect, and effective responses to the recommendations from Safeguarding Adults Reviews.

Strategic objective 7

Governance arrangements are in place to ensure that the quality of services is thorough and effective.

The monitoring of the quality and safety of Care services (both residential and home care providers) within Slough is undertaken by a range of agencies including the Care Quality Commission, contract and commissioning teams from Local Authorities and Clinical Commissioning Group who contract with these providers. In order to pull this work together Slough has a Care Governance Board which ensures that these agencies share any concerns and good practice. The governance framework for monitoring the quality of commissioned and contracted services was reviewed during 2014/ 15 and proposals for future monitoring activity arrangements to be undertaken by Care Group Commissioning and Contracts Team staff considered at the Care Governance Board. The new framework provides a range of quality monitoring recording tools that can be used during monitoring and sets out the framework of planned and reactive measures to monitor and report on the quality of service provision from contracted providers.



What have we achieved?

During the year, planned onsite monitoring visits have taken place with contracted providers and annual contract monitoring meetings have been held. Reactive onsite visits and contract review meetings are also undertaken where information has been passed from safeguarding or social work teams which indicate that there may be contractual compliance, safeguarding or quality concerns.

The highlight reports from concerns raised, quality monitoring visits and contract review meetings held throughout the year are discussed at monthly Care Governance Board meetings and services allocated to either Green, Amber or Red status. Amber and Red status providers concerns are reported to internal team managers for circulation to team members and reported externally to other Berkshire area commissioning or contracting teams.

- Green status represents organisations with no significant concerns raised and no restrictions on the commissioning of placements.
- Amber status represents that concerns raised warranted increased monitoring until action plans to resolve issues have been addressed and placements made with caution or restricted numbers of placements to be authorised, and
- Red status represents providers where there have been serious concerns raised and have been embargoed until such time as the concerns have been addressed.

The status of providers is reviewed monthly at Care Governance Board Meetings.

Concerns have been identified in relation to a range of matters including but not limited to:

- Poor staff practice and response times
- Staff understanding of the principles of the Mental Capacity Act 2005
- Deprivation of Liberties and Safeguarding concerns
- Staffing ratios

- Building compliance issues
- Safe storage and administration of medicines
- Risk assessments and falls prevention
- Tissue viability and weight monitoring
- Business continuity issues
- Financial processes

During the year April 14 to March 15 the following number of planned visits, unplanned visits and contract review meetings were held with contracted providers.

	Planned Visits	Reactive Visits	Contract Review Meetings
Residential and Nursing Home Providers	12	88	
Supported Living Providers	10		3
Domiciliary Care Providers	49	5	6

At the end of 2014/ 15 a total of 9 providers (6 domiciliary care and 2 residential and nursing home providers) have been permanently removed from the list of authorised providers and the following number of providers are on Amber or Red status at the end of March 2015.

	AMBER	RED
Residential and Nursing Home Providers	3	1
Supported Living Providers	0	1
Domiciliary Care Providers	1	0

Contract monitoring visits continue to be provided to monitor the progress of service improvement action plans.

Commissioning and Contracts staff have worked in conjunction with representatives of the Procurement Team to procure supporting services to allow the Council to meet its duties to provide Direct Payments under the Care Act 2015. Such services include, Independent Financial Advice, Advocacy, Personal Assistant Register and Matching Service, Prepayment Cards, Payroll and Managed Account services.

Way forward

The Contracts Team is required to carry out procurement, contract management and quality monitoring functions. Allocated staffing roles and responsibilities are being considered under the current Care Group Commissioning and Contracts Team review. The functions of staff will be defined and the teams will be reconfigured to ensure adequate resources are available. This may include the use of temporary secondments to meet peak activity alongside core team staffing arrangements.

A number of frameworks used by contracting and commissioning will expire in 2015/ 16 and arrangements are required to re-procure services using methods appropriate to the new public procurement regulations that came into effect on 26th February 2015. This exercise will provide an opportunity to review existing procurement and commissioning methods as well as introducing more flexible procurement systems that enable the Market Shaping required under The Care Act 2015 and underpin Market Failure strategies.

As departmental strategies to increase the use of supported living rather than residential care placements are implemented, there is an identified need for formal monitoring processes to be extended to include the growing number of supported living providers within the area. Similarly with the strategies to move from traditional day care to more flexible day opportunities a range of new providers will be entering the local marketplace.

In response, Care Group Commissioning and Contract Team staff will be jointly developing new purchasing systems with the Procurement Team that provide more flexibility and allow an extended range of services and providers to become authorised suppliers throughout the year and enable the quality of providers to be assessed through a formal process.

**Slough Safeguarding Adults Board Member
Malcolm Rigg - Health watch**

My role

My role is solely to represent patient and public safeguarding on the board. This includes highlighting aspects of safeguarding that appear to be inadequate. Another dimension to be a critical friend. All board members are of course concerned about the public and patients but they are also responsible and accountable for policy and delivery.

Why safeguarding is important to me and what have I achieved?

The scale of abuse appears to be rising in the UK which makes it all the more important to detect signs of problems. I now have a better holistic understanding of safeguarding and how to engage more effectively with those responsible for addressing safeguarding.

Strategic objective 8

There will be a clear understanding about the scope of safeguarding activity and agency responsibilities specific to Slough's diverse population and demographic.

Slough Local Context

Slough is a predominantly urban area situated in the east of Berkshire which developed as a result of the Old London Road (now the A4), connecting Bath to London. The town now straddles the Great West Road and the Great Western Mainline, 35 kilometres (22 miles), west of Central London and covers an area of 32.5 square kilometres (or 12.6 square miles).

From the Census 2011, Slough is estimated to have a total population estimate of 140,203, an increase of 17.7% from 2001 (the population of Slough was 119,070). At the time of the 2001 Census, the borough area was the most ethnically diverse local authority area outside of London in the United Kingdom, with the highest proportion of religious adherents in England.

Gender is split evenly between men and women (50%). The borough has a younger than average population structure, with the highest proportion of 0-4 year olds, 5-9 year olds, 30-34 and 35-39 year olds amongst any of the South East local authorities.

As a result of having a smaller older population in comparison to our neighbouring authorities this has resulted in there only being a few care homes within Slough which affects the number of safeguarding referrals that we have regarding abuse in care homes and also explains why we have very few large scale investigations in comparison to our neighbours.

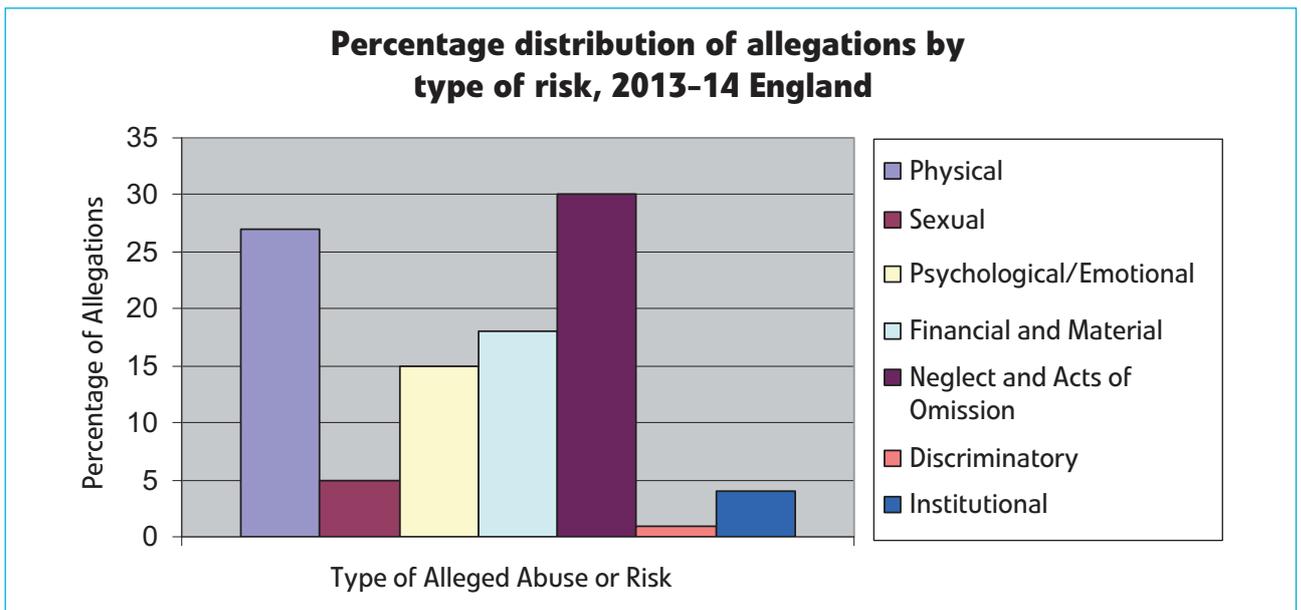
Safeguarding Performance Data

Slough Borough Council maintains a Safeguarding Database which records all the Safeguarding Activity regarding Adults in Slough. This database is used to provide statistical information for the Health and Social Care Information Centre as well as providing the Safeguarding Adult's Board with information to use to inform their work.

National Comparison

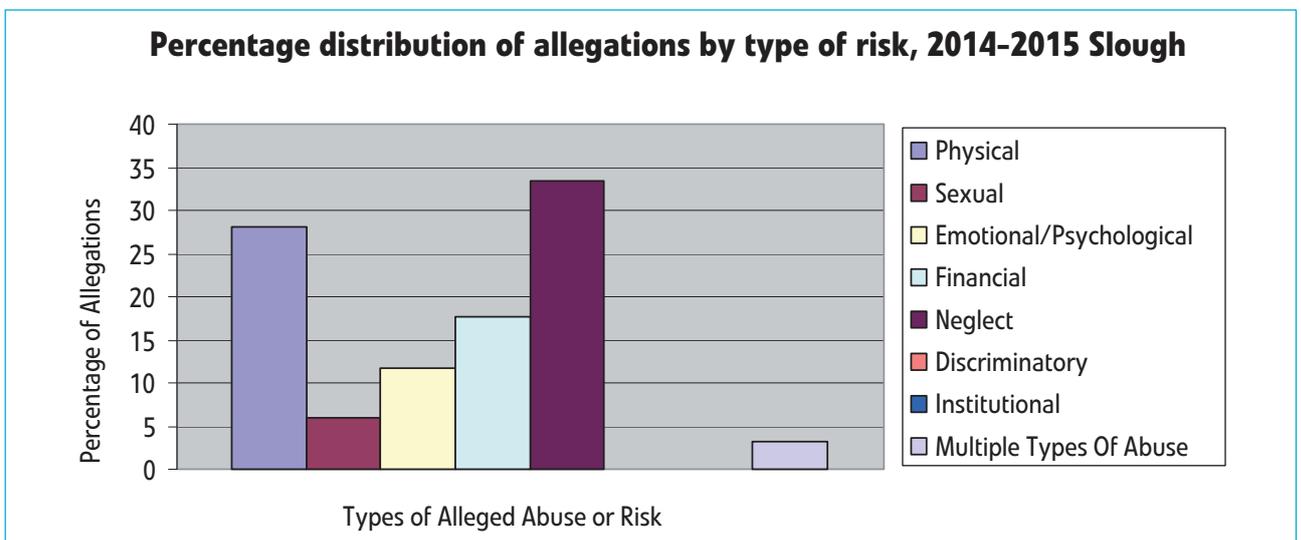
Every year each local authority has to provide data relating to Adult Safeguarding to the Health and Social Care Information Centre (HSCIC) and they then produce a report which attempts to make comparisons across the country regarding safeguarding activity. In March 2014 the HSCIC

produced key findings from the Abuse of Vulnerable Adults data collection for the period 1 April 2013 to 31 March 2014 this is a comprehensive national analysis of adult safeguarding based on returns from 152 councils. This is the latest set of data that is currently available we are still awaiting the publication of 2014/ 15 data.



The headline information from that report is used here to assess how Slough compares with the wider national picture for the same period. Using the same national baseline we can compare our 2014-15 data to see how trends are developing in Slough.

The national figures published for 2013-14 are almost identical to those published in 2013-14. The table below outlines the proportions of alleged abuse reported nationally during 2013-14 and in Slough during 2013-14 and 2014-15:



Slough's statistics appear in relation to types of abuse appear to mirror the national picture. In Slough we have around 400 allegations of abuse reported to the Safeguarding Team. The one area that appears to be slightly different relates to institutional abuse which is relatively low nationally but lower in Slough, this may relate to the fact that we have very few care homes in Slough in comparison to other authorities.

In regard to the alleged victim of adult safeguarding the national figures break down as follows:

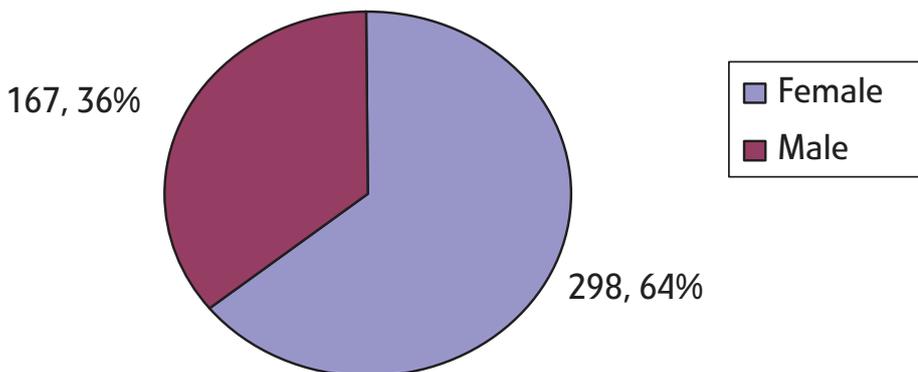
Nationally it is reported that females are more likely to have a safeguarding referral than males, with 285 and 204 individuals per 100,000 populations respectively. This compares to Slough where there were 2014/ 15 Female - 298, 64% and Male - 167, 36%.

Nationally 51% of safeguarding referrals were for adults with a physical disability, frail or temporary illness. In Slough for 2014/ 15 the figure is 42%

Nationally 24% of safeguarding referrals were for adults with a mental health diagnosis. In Slough for 2014/ 15 the figure is 30%

Nationally 18% of safeguarding referrals were for adults with a learning disability. In Slough for 2014/ 15 the figure is 15%. Nationally 1% of safeguarding referrals were for adults with a substance misuse. In Slough for 2015/ 16 the figure is 1%. So again there is a similar picture in Slough to the national picture.

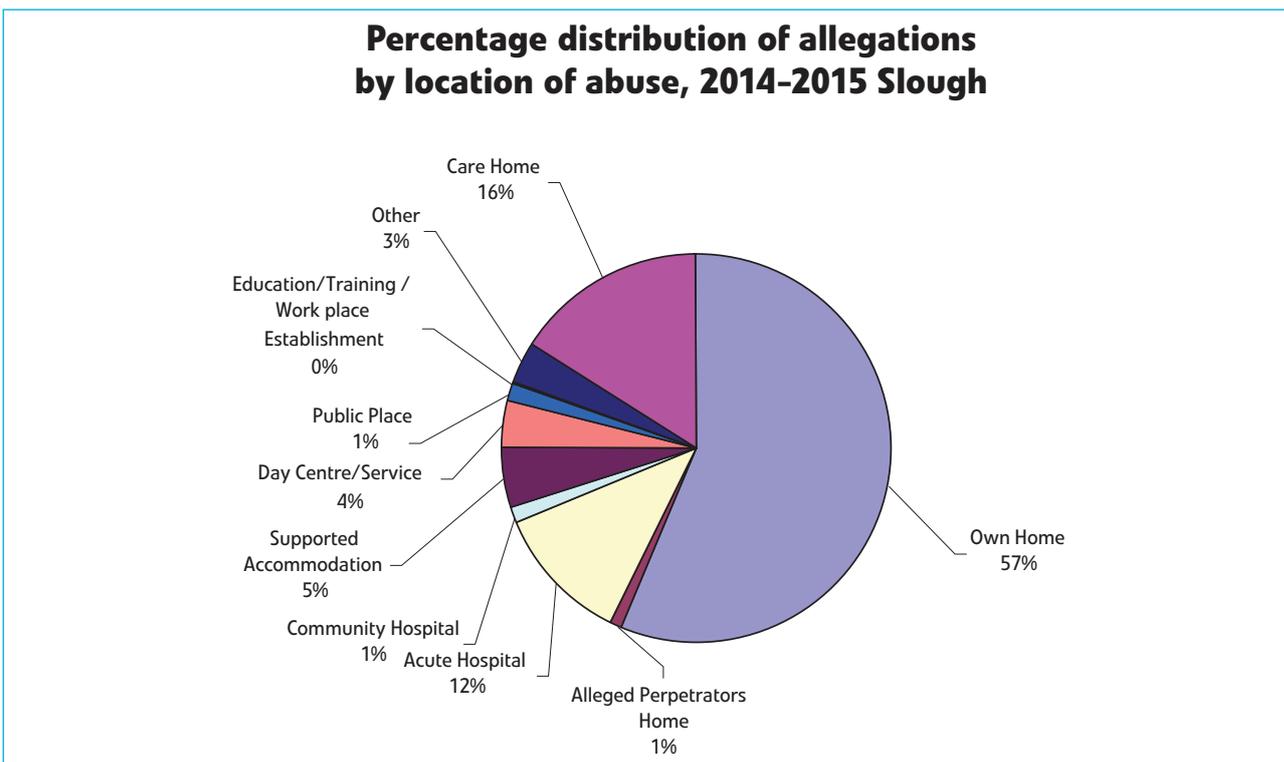
Percentage distribution of referrals by gender, 2014/2015 Slough



Location of abuse

In regard to the location of abuse it was found nationally that 42% were abused in their own

homes, 36% in care homes, 6% in hospitals, 5% in community services and 11% in other settings. In Slough we had the following figures for 2014/ 15:

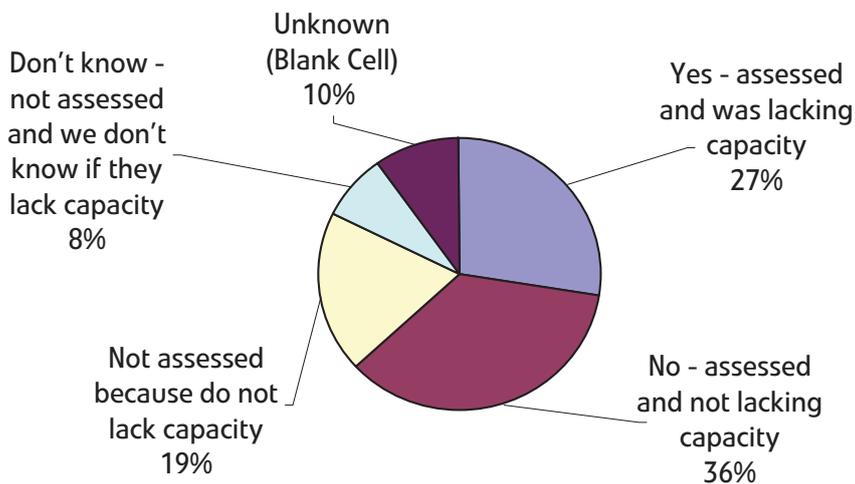


So in Slough as nationally the most likely setting for abuse to take place is in a person's own home. Isolation and social exclusion have been identified as risk factors for abuse. What is interesting perhaps is that there's still thought to be a massive under reporting of abuse and as people are more likely to be abused in their own homes it is interesting that although people are isolated in their homes that these cases still manage to get reported which suggests that there are many people out there who are being abused in their own homes that we never hear about. What is also reassuring is that although we have had some high profile cases of abuse in care homes that actually abuse in care settings is much less than being at home so it is a relatively safe environment. In Slough we work with our contracts and commissioning team to ensure that our providers are supported to provide safe and good quality care for our service users.

Mental Capacity

One new area that was reported on last year was mental capacity and how this related to safeguarding. Research has shown, such as that carried out by Action on Elder Abuse that those people who lack mental capacity in protecting themselves are more likely to be abused than those people who have the mental capacity to protect themselves. Therefore it is interesting to look at the first tranche of statistics on this subject. The HSCIC data set looks at the mental capacity of those involved in cases which went through the whole safeguarding process. This shows that 28% of people who were abused lacked mental capacity, 44% had capacity and more worryingly 29% it was not known whether someone had capacity. There are no national figures to use to compare Slough with at present.

Percentage distribution of cases where mental capacity was assessed, 2014-2015 Slough



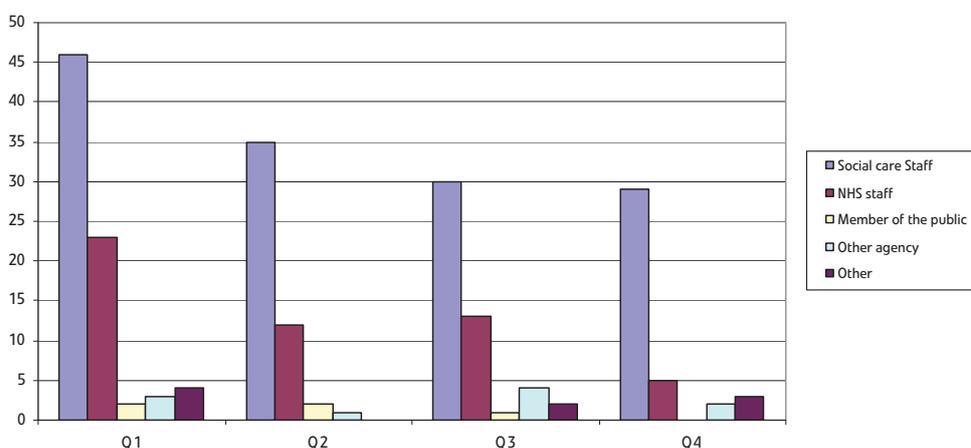
In Slough the following figures were recorded:

Referral Source

A lot of work has been done in Slough in regard to making sure that staff in various partner agencies are trained in Safeguarding so that they know how to make referrals. As well as formal training a newsletter is circulated internally to all social care staff to assist to keep up to date with regard to

safeguarding and the changes. A guidance sheet was sent out earlier this year prior to the Care Act informing our partner agencies of the new categories of abuse and the new responsibilities both on the local authority and partner agencies regarding safeguarding and this was circulated to staff within those agencies. It is therefore anticipated that this should increase the number of referrals from different agencies.

Percentage distribution of allegations by referral source, 2014-15



Ethnicity of victim of abuse

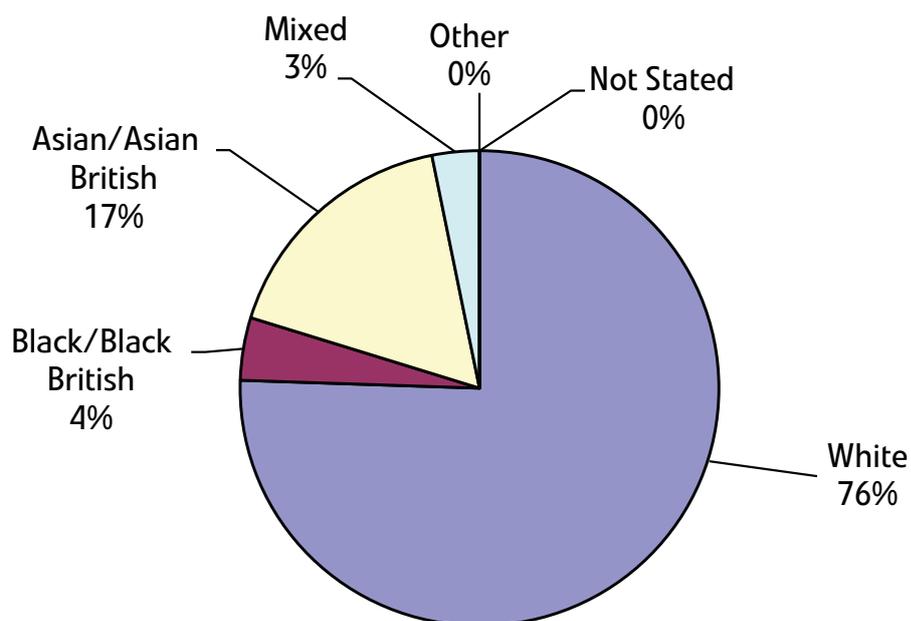
When looking at the ethnicity of alleged victims both nationally and locally, there is an obvious gap between national and local figures:

- Nationally 85% of alleged victims were white, in Slough for 2014/ 15 the figure is 72% Nationally this is not broken down into different white groups, but in Slough we have a high number of referrals from the Polish community.
- Nationally 1% of alleged victims were from mixed ethnic minority groups, 3% from Asian groups 3% from Black Caribbean groups; in Slough for 2014/ 15 the figures are 22%. Slough does however have a higher than average population of residents from ethnic minority groups compared to the number of people referred to Adult Safeguarding.
- In Slough 3% of alleged victims declined to state their ethnicity.

The figures for Slough in 2014-15 show no variation to those for 2012-13. The engagement of minority communities in safeguarding is a national issue, not one that is specific to Slough; however local work is being planned to engage minority ethnic groups in a whole range of Adult Social Care work not just in Safeguarding.

Slough is unique in not having one dominate ethnic group and has a translate population due to being so close to London and having two major airports nearby. This creates interesting issues within Safeguarding particularly regarding working with families and the communities themselves.

Percentage distribution of allegations by ethnicity of abuse, 2014-15 Slough



Way forward

- 1) The board is always concerned about the source of referrals and has focused its attention on this area at several board meetings, in particular trying to understand why there is a large number of referrals from social care staff compared to other staff groups. One reason for this is that the referral may have been made to the social care member of staff but as they are putting it on the system then they made record it as coming from social care staff. But clearly this is not the reason for the low referrals from some groups and work will need to be done to try and re assure the board that all agencies are aware of how to report and this may be a task for the communication group in conjunction with the performance subgroup.
- 2) The Board wants to engage with different ethnic groups and this has always been an issue for the Adult Safeguarding board not only in Slough but across the country, various different methods have been tried in the past with little evidence of success. Due to the complexity and the different ways in which different communities operate there is not one size fits all solution to this problem. The communications subgroups have started to look at this issue and will hope to start to look at how to address these issues over the coming year.
- 3) The Board will be monitoring how the new categories of abuse and the new wider definition of abuse will affect the people who report abuse to adult safeguarding. One area of work that the board is looking at is how we may have to deal with more people with substance misuse under safeguarding particularly in the area of self-neglect and how this will be dealt with through community teams.

Slough Safeguarding Adults Board Member David Philips - Head of prevention and protection Berkshire Fire and Rescue Service

I am the head of prevention and protection for Royal Berkshire Fire and Rescue Service. Responding to incidents of fire or other emergencies such as road traffic collisions remains a very important part of the fire and rescue service's work. However the service has transformed itself, placing prevention and protection as its primary consideration. Fire-fighters and specialist staff now perform a wider range of educational, technical and regulatory roles than ever before. The fire and rescue service is also having a much greater impact on wider social outcomes, such as anti-social behaviour, health and wellbeing and community cohesion. Building upon our popularity with the public and particularly young people, we've been able to help partners in meeting their aims which also results in us achieving our own

RBFRS carries out activities such home fire safety checks for residents who are deemed to be most at risk of experiencing a fire in the home. The visit includes the provision of advice on how prevent fires occurring, the installation of smoke alarms and guidance on how to escape if a fire actually occurred. Whilst in the home RBFRS staff are able to identify additional risk factors and have an impact on the wider health and wellbeing of vulnerable people in our communities by for example referring residents for falls prevention advice. At political level, we are also lobbying hard on the issue of domestic sprinkler systems and sprinkler systems for care homes

RBFRS uses predictive geographical data to target its work in areas where residents may be at greater risk from fire. However in order to continuously improve the impact of its work, RBFRS is working with partners whose staff also visit people in their homes in order to raise awareness of the home fire risk check offer to increase the number of referrals received for the home fire safety check to be provided for those most in need. RBFRS staff are working with

partners through the work of the safeguarding adult partnership board to further develop its work to support the 'make every visit count' approach, to reinforce a robust programme of joint social intervention and safeguarding of vulnerable individuals.

Strategic objective 9

The Board will ensure that the safeguarding elements of the Care Act 2014 are fully implemented.

The Care Act 2014 (implemented 2015) makes radical changes to Adult Safeguarding particularly in relation to the way in which Safeguarding investigations are carried out and to the work of the board. In order to ensure the implementation of these new requirements Slough's Safeguarding Adults Board directed the Safeguarding Adults Manager to develop a Care Act implementation plan in relation to Adult Safeguarding.

The Care Act has a specific section relating to Adult Safeguarding, chapter 14, which looks at ten areas relating to safeguarding and these are listed below:

1. Overall safeguarding issues
2. Information sharing
3. Policies and Procedures
4. Advocacy
5. Abuse in Provider settings
6. Information and record keeping
7. Roles and Responsibilities
8. Recruitment and training of staff and volunteers
9. Setting up of Safeguarding Board
10. Communication of Care Act changes

Each of the above areas have been worked on by the Board and the Safeguarding Adults Team, as the Act is still relatively new some of these areas are still in progress and should be completed within the 2015/ 16.

What have we achieved?

1) Overall Safeguarding Issues

This area is broken down into several areas including ensuring that staff in all agencies are aware of their roles within Safeguarding and this is embedded in the Local Berkshire Safeguarding Adults Policies and Procedures which makes clear that Safeguarding is everyone's business and also outlines the roles of agencies and their staff within safeguarding.

This part of the Act also states which agencies are mandatory members of safeguarding boards including Local Authority, Police and Health, but it also recommends other agencies such as fire, ambulance, housing, voluntary sector and the private sector etc. The Act also suggests that the Board needs to have the involvement of service users and carers and this is something that the Board in Slough is very keen to progress on and will be looking at this further in 2015/ 16.

The Act also suggests that the remit of Adult Safeguarding is far wider than just those who are being abused but should include looking at developing the local community in order to make people feel safer and increase social inclusion. This is an area that the Board again will be focusing on in 2015/ 16 with its partner agencies and other Boards in Slough such as the "Wellbeing Board" and "Safer Slough Partnership".

2) Information Sharing

As part of Berkshire, Slough has signed up to the Berkshire Safeguarding Adults Policy and Procedures these cover all the six unitary authorities. There is one policy and procedure for Adults and one for children. As part of the Adult Safeguarding policy there is an information sharing protocol which relates to adult safeguarding and it is in operation across the whole of Berkshire which is particularly useful for those agencies that go across council boundaries, such as the Thames Valley Police etc.

These policies are in the process of being updated and as part of this update the information sharing protocol will be updated. Once the policy and procedures have been updated they will be taken to the Slough Safeguarding Adults Board for sign off in September 2015.

3) Policy and Procedures

As mentioned in section 2 above, Slough has signed up to the Berkshire Safeguarding Policy and Procedures and these are currently being updated. At the same time each local authority has its own internal procedures which provide more detailed advice to staff on how to carry out investigations etc. In Slough these are stored on our intranet and accessible by all staff. These have been updated in line with the Care Act as has the data recording system that is used by Slough Adult Care staff. These changes were ratified by the Adult Safeguarding Board in March 2015.

4) Advocacy

Advocacy is central to the Care Act and the requirement for the local authority and its partner agencies to provide access to advocates is a core requirement of the Care Act. In Slough we already have advocates available to people accessing Social Care, this includes safeguarding investigations. At present there is a very low take up of this service and this might be because the service is not well prompted or easily accessible to service users and staff. A working group has been set up to look at re commissioning the advocacy service to make sure it is fit for purpose and Safeguarding is integral to their delivery. The outcome of this group will be reported in 2015/ 16.

5) Abuse in Provider settings

In Slough there is a Care Governance group which is made of health, social care inspectorate. The group meets on a 6 weekly basis and looks at the quality and safety of services within Slough, particularly focusing on care homes and home care agencies.

6) Information sharing and record keeping

The Care Act is clear that staff in all agencies need to be aware of the requirements around record keeping and information sharing. As mentioned above we have a Berkshire wide information sharing protocol which all staff is made aware of during either their induction or training.

The Care Act makes a requirement of local authorities and partner agencies to provide information to the public and this includes Safeguarding. The Safeguarding team in Slough Borough Council have developed a range of leaflets which are available to the public in hard format as well as available on line from the Safeguarding internet web pages. These leaflets include:

- Safeguarding Adults from abuse and neglect
- What are the Deprivation of Liberty Safeguards?
- What is safeguarding adults?
- What is the Mental Capacity Act?
- Don't suffer in Silence

We also have a range of contacts such as Action on Elder Abuse and Age Concern phone numbers and web contacts on our web page which provide further advice re adult safeguarding.

7) Roles and Responsibilities

The Care Act makes it clear that each agency should have clearly prescribed roles in relation to Adult Safeguarding. In order to ensure that this is happening within Adult Social Care the internal Safeguarding procedures have been updated and are now in line with the Care Act. A new section on supervision has been added to ensure that when people have supervision that any safeguarding cases are now formally recorded and discussed.

8) Recruitment and Training of staff and volunteers

Slough has signed up to the Berkshire Training strategy which sets out levels of training for all staff groups, in line with the training levels from the "Bournemouth competencies". This lays down what training each staff group should have and how frequently the training should be repeated. All board members have agreed that their staff will be trained in line with the strategy.

9) Each Local Authority MUST set up a Safeguarding Adults Board (SAB)
Slough like many authorities has had a Safeguarding Board in place for many years and the board had decided to use the Care Act as a way to refresh its membership to ensure that all the key players are part of the board and at the right level in their agencies.

The Board decided to update the terms of reference relating to the Board and its role in line with the Care Act and these have been ratified by their Board and are available on the website
www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx.

10) Communication of the Care Act and changes in relation to Safeguarding

Although the Care Act won't formally come into place until April 2015, the Safeguarding Adults Board decided that it was essential that agencies working in Slough with vulnerable adults were aware of the Act prior to implementation so that they could prepare for the Act.

The Safeguarding Adults Team devised a briefing for Board members to disseminate to their staff outlining the major changes in relation to Adult Safeguarding and their responsibilities. This went out to all members in January 2015 and was discussed at the March 2014 Board.

At the same time as communicating with partners the Board recognised the importance of informing the public around the changes to the Care Act. Though there will be a National launch of the Care Act with its associated publicising in the next financial year. The Board decided to update all its publications in relation to Adult Safeguarding and to task the Communications subgroup with looking at how best to disseminate this information to the vulnerable adults within Slough.

This is obviously an area which will be picked up and developed further in the next financial year.

Way forward

The Board recognised that although a lot of hard work had gone into making the Board and the Safeguarding Services in Slough Care Act compliant there is still work to do to enable the Board to meet all the objectives of the Care Act. Some of the areas that the Board will be focusing on in 2015/ 16 are as follows:

- Developing the relationship between Adult Safeguarding and other areas of work within Slough.
- Widening the membership of the Safeguarding Board to include representatives from service users and their carers.
- To look at how the Board is holding members to account and looking at more examples of collaborative working.
- Looking at how to most effectively spread the message regarding safeguarding to the communities within Slough.
- Looking at moving away from a paternalistic approach in regard to safeguarding to one which is person centred and enables the person to safeguard themselves with the support of agencies.

Slough Safeguarding Adults Board Member
Simon Broad - Head of Safeguarding and
Learning Disabilities, Slough Borough Council
Safeguarding Team

1. Tell us about yourself and your role.

My name is Simon Broad and I am employed by Slough Borough Council as the Head of Safeguarding and Learning Disabilities. My role is to be part of a team that makes sure that safeguarding arrangements in Slough are thorough and understood by people who live and work in Slough. I started work in Adult Social Care in 1989 as a day centre worker for people with learning disabilities. During that time I witnessed verbal abuse being directed at some people with learning disabilities and that had a lasting effect on the sense of unfairness within society and strengthened my determination to challenge these prejudices and abuses.

2) Why is safeguarding important to you and what have you achieved?

Safeguarding is important to me as I believe that no person should be subject to abuse or poor care as a result of their vulnerabilities. Some abuse is deliberate and I make sure that the Council works hard with the Police and other partner agencies to respond appropriately when this has been disclosed or noticed. This could mean seeking convictions through the courts when a crime has been committed or where abuse is not deliberate making sure that staff are trained properly and treat people with dignity and respect.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

I would like the Board to be passionate about safeguarding and be effective leaders in ensuring that people who work for the organisations they represent are made fully aware of issues effecting safeguarding and clear pathways for reporting abuse.

Strategic objective 10

The Board will monitor the effectiveness and quality of arrangements for transfers of care. This will include people going into and out of an acute hospital setting as well as transfers of care from their own home to care home.

The Transfer of Care Policy Implementation Group has been established and being led by East Berkshire commissioners. Frimley Health NHS Foundation Trust is a member of this group and its purpose is to develop, agree and approve a single common transfer of care policy that clearly defines the processes that will transfer a patient to their home or other care provider from the acute hospital setting.

Key responsibilities of this group include:

- Agreeing clear, efficient and safe pathways that show the pathway from Frimley North to the patient's home or receiving organisation.
- The definition of clear roles and responsibilities for each organisation involved in complex and simple discharges.
- Recommending and implementing changes to partner organisations' current discharge policies and processes.
- The creation of an agreed "directory of services" that will support patients on transfer to and from any environment.
- The incorporation of a clear communications plan into the process to ensure that patients are kept informed and involved at all times.

The Trust will also be re-establishing its own Discharge Steering group. This is a multi-disciplinary group that will coordinate improvement activity with the Trust discharge process; facilitating the improvement of patient flow and consistent safe transfers of care.

Throughout the year issues relating to the transfer of care that have been investigated within the safeguarding adults framework, are reported to the Trust's Safeguarding Adults and Paediatric Group, chaired by the Deputy Director of Nursing. This group meets bi-monthly to oversee the development, implementation and monitoring of systems, processes and policies to ensure Adults that are subject to safeguarding and Children are safeguarded whilst in Wexham Park and Heatherwood hospitals.

**Slough Safeguarding Adults Board Member
Becky Spiller - Head of Service, Dash Charity**

1. Tell us about yourself and your role.

I'm Becky Spiller and I'm Head of Services at the Dash Charity, a local charity providing specialist support, advice and advocacy to men, women and children experiencing domestic abuse. I'm a qualified Independent Domestic Violence Advocate and have worked in the field of domestic abuse for over 10 years. I started life in the sector as a volunteer in our refuges in 2005 and have had significant experience on the 'frontline' working directly with families, as well as delivering specialist training to a variety of multi-agency professionals and managing services. As Head of Services, I sit on the senior management team of the Dash Charity and oversee our three main service departments, those being refuge provision, outreach and advocacy and children's services. My role is to ensure that we are delivering quality and continually developing services in response to local need and changing landscapes. I'm proud to work with a very passionate and dedicated team who are committed to changing lives for the better.

2) Why is safeguarding important to you and what have you achieved?

Working with clients experiencing domestic abuse, many of which are still at a high risk of continued harm, safety is at the very core of our work and as such safeguarding plays an integral part in our day to day roles.

We believe that everyone has the right to live their lives free from maltreatment and abuse and should be empowered to live lives that are fulfilling and safe. We work hard to ensure that the rights and voices of our clients are heard and work within a supportive network of multi-agency partners to ensure a co-ordinated approach to support and safeguarding. We recognise that some of our clients will have additional vulnerabilities requiring statutory intervention and have recently received funding for a specialist complex needs IDVA to work with clients who may have multiple additional needs, including issues with substance misuse, mental health and sex working.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

Slough Safeguarding Adults Board is a great platform for developing networks, sharing information and ensuring safeguarding remains a priority in the agendas of key partners. As part of the voluntary sector, its great to be involved, have a voice and work alongside our statutory partners. Moving forward, we hope to work with the Board members to proactively engage a greater proportion of hidden victims with additional barriers to disclosure in order to offer our specialist support.



Strategic objective 11

Board Development

Slough has a well-established Safeguarding Board with a wide ranging membership from the main statutory agencies including representation from health, fire service, ambulance service and the police. The Board also has representation from voluntary organisations including DASH and Health Watch.

What have we achieved?

A review of the terms of reference of the board has led to a widening of the membership to include representation from the private sector in particular from care providers. The terms also suggest that there should be representation from service users and carers and this work is still in progress and will remain an objective for the Board in 2015/ 16.

The second objective set by the Board was around developing the Boards' subgroups. These have now been refreshed and have been given work streams for the next twelve months. The subgroups that are now in place are:

- 1) Executive Subgroup
- 2) Communications Subgroup
- 3) Performance and Quality Subgroup
- 4) Workforce Development Subgroup (East Berkshire)
- 5) Safeguarding Adults Review Panel
- 6) Care Act Implementation Group (This is a task and finish group and will be disbanded in April 2015 with the implementation of the Act)

Each of the subgroup will report to the Board on a quarterly basis their progress on their various work streams.

The third and final objective of the Board in regards to its development was to ensure that it has a robust strategy that addressed all the current issues regarding Safeguarding within Slough and that this was available to the public. The Strategy is updated on a quarterly basis following each Board meetings is available on the Slough Safeguarding Adults web page www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx.

Way forward

There are various areas of work that the Board still needs to develop and these will form the Strategic Business Plan for 2015/ 16. However, one of the main challenges has to be how to involve service users and carers in the work of the board and in designing and approving board strategies.

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Legislation

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- Mental Capacity Act 2005



This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.



Slough Safeguarding Adults Partnership Board Annual Report

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 475111.

यदि आप इस दस्तावेज़ में दी गई जानकारी के अनुवाद कए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 475111 पर बात करके कहें.

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 475111 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 475111.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 475111 si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 475111 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔