

How to report adult safeguarding concerns

The Early Help Team is Slough Borough Council's adult social care central referral point. Opening hours are Monday to Friday 9am to 5pm:

- Tel: 01753 475111
- Email: Safeguardingadults@slough.gov.uk (GCSX) (This is a secure email address)
- Out of normal office hours, contact the Emergency Duty Team: 01344 786 543

Slough Borough Council's website is: www.slough.gov.uk (report abuse here for adults and children)

You can also report any concerns about abuse or neglect for yourself or someone else to:

- Your GP or nurse
- A health or social care staff member in any hospital
- A voluntary or community organisation

Foreword

The period covered in this annual report has been one of consolidation after the introduction of the Care Act in April 2015. In trying to secure that consolidation there has been a particular focus on two critical factors. These are: effective senior level strategic partnership planning; and the delivery of effective multi-agency learning and development demonstrated in direct work with people vulnerable to safeguarding risk of abuse or neglect.

Additionally, through the year there has been a focus on generating closer understanding and cohesion between adult services and children's services and in the work of the Safer Slough Partnership. There are numerous overlaps and opportunities for shared learning and practice that will improve safeguarding in Slough. We can see this in individual cases, families and in the circumstances faced by people at risk of abuse in the borough.

I am proud to have been given the opportunity to further this work by being appointed as independent chair of the Local Safeguarding Children Board in September 2016, in addition to the responsibilities I hold as chair of this board. It is heartening that the value of this approach is endorsed by all the partners working together in Slough. Our task for the future is to build on the foundation we have developed in the period covered by this annual report.

Nick Georgiou
Independent Chair
Slough Safeguarding Adults Board

1. What is safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. We work together to ensure there are systems in place to keep vulnerable people in Slough safe and to promote their well-being, whilst having regard to their views, wishes, feelings and beliefs in deciding any action. We engage with partner agencies to ensure they are effectively safeguarding vulnerable people and are focused on improving outcomes.

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 is at risk of, abuse or neglect; and
- As a result of those care and support needs, is unable to protect themselves from either abuse and neglect, or the risk of abuse and neglect.

Abuse or neglect can take many forms:

Physical abuse

Domestic abuse

Sexual abuse

Psychological abuse

Financial or material abuse

Modern slavery

Discriminatory abuse

Organisational abuse

Neglect and acts of omission

Self-neglect

All safeguarding work needs to be carried out bearing in mind the six safeguarding principles:

Empowerment - ensuring people have control and choice over the decisions taken about their care, support and protection.

Prevention - looking at the causes of abuse and picking up problems early.

Proportionality - ensuring that responses are in line with the outcome that the adult wants to achieve.

Protection - taking decisive and effective action when abuse or neglect occurs.

Partnership - ensuring that all organisations collaborate well to use joint procedures and train their staff accordingly.

Accountability - an important function of the Safeguarding Adults Board is to hold each member organisation to account for the commitments they have made.

These principles are embedded in the Berkshire Safeguarding Adults Policy and Procedures which are used in Slough. The purpose of the Policy and Procedures is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter. <http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/>

The policy and procedures for safeguarding children in Slough are also Berkshire wide: <http://www.proceduresonline.com/berks/>

2. Slough Safeguarding Adults Board

Purpose and Vision

Slough Safeguarding Adults Board is made up of a range of local agencies working together to support adults at risk of abuse or harm and promote their well-being.

Our vision is "Preventing Abuse, Protecting People" and this, alongside the six safeguarding principles, is the main focus of safeguarding within Slough.

Independent Chair

Slough Safeguarding Adults' Board has an Independent Chair who provides an independent perspective, challenge and support.

Partners

Under the Care Act 2014, the Board's statutory partners are Slough Clinical Commissioning Group, Thames Valley Police and Slough Borough Council, with the local authority carrying a statutory lead responsibility. Each statutory partner contributes financially to the costs of the Board. Other partner agencies are also represented on the Board, including: Berkshire Healthcare Foundation Trust, National Probation Service, Royal Berkshire Fire and Rescue Service, Frimley Health NHS Foundation Trust (Wexham Park Hospital), South Central Ambulance Trust, HealthWatch, and Slough Council for Voluntary Services. Representatives are active Board members and contribute to the work of the Board and its subgroups.

Subgroups

Executive Subgroup

The Executive Subgroup is made up of the statutory partners of the Board and its function is to direct and steer the work of the Board in order to ensure that it meets statutory requirements.

Safeguarding Adults Review Panel

The Panel considers all requests for cases that may fulfil the criteria for a Safeguarding Adults Review (SAR) and then, with the agreement of the Board, will commission and monitor the work of any SARs undertaken on its behalf. The Board has a responsibility to ensure that learning from SARs is embedded so that practice is improved. See Section 3 for more information on SARs undertaken in Slough.

Training Subgroup

This is an East Berkshire wide subgroup and is made up of training and safeguarding leads from Slough Borough Council, Royal Borough of Windsor and Maidenhead and Bracknell Forest District Council. The subgroup has delegated responsibility for safeguarding awareness raising and all aspects of multi-agency training. The subgroup promotes preventative approaches while ensuring staff respond appropriately to safeguarding concerns.

Quality and Performance Subgroup

This subgroup has delegated responsibility for formulating the performance management information presented to the Board and quality issues linked to practice development from audits and learning from reviews.

Communication and Engagement Subgroup

This subgroup functions as a task and finish group, focusing on specific pieces of work to raise awareness, improve communication and engagement. It has not been as effective as intended and its focus will be sharpened in the coming year.

Berkshire Policy and Procedures Subgroup

This subgroup has formally agreed its terms of reference with the four Safeguarding Adults Boards in Berkshire it is accountable to, and has a stated purpose of ensuring that:

- The Policy and Procedures are reviewed on a regular basis (twice yearly);
- Procedures are developed to ensure that safeguarding adults activity in Berkshire is robustly and effectively co-ordinated between and within each agency;
- Policy and procedures promote confidentiality, dignity and effective access to safeguarding for all communities across Berkshire and promote Making Safeguarding Personal in line with legal requirements.

The subgroup has developed the policies and procedures to ensure that they are compliant with the Care Act 2014. The revised Berkshire Multi-Agency Adult Safeguarding Policy and Procedures document was produced based on the Pan-London ADASS equivalent. The procedures continue to be kept under review and a second version was published in October 2016 following a period of consultation. The group has supported the lead local authority in the termination of the maintenance contract with Tri.X and, following consultation with providers and practitioners, the SABs agreed to commission a new provider to develop an interactive website.

Further information on the Board

The Board's governance arrangement and functions are set out in its Terms of Reference. The Board's objectives for the year ahead are set out in the Strategic Business Plan. These documents, together with other information on adult safeguarding, can be found on the Slough Borough Council website at:

<http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx>

3. Making a difference in Slough

a) What the data tells us

At the time of publication, statutory data returns for 2016-17 have not been validated by the Health and Social Care Information Centre, so any comparisons with national or regional data is based on the latest data available (2015-16).

Safeguarding Concerns and Enquiries

284 individuals were subject to a Section 42 enquiries in the reporting year, which is 271 per 100,000 of the population. This is a marked increase from 2015-16 when 139 individuals were subject to a Section 42 enquiry, which equates to 75 per 100,000 of the population. In 2015-16 the national average was 239 and the average across similar local authority areas was 269 per 100,000 of the population.

The number of concerns received and enquiries made over the past three years are detailed below:

Year	Concerns Received	No. of enquiries undertaken	Conversion rate
2014-15	466	90	19%
2015-16	647	93	14%
2016-17	989	367	37%

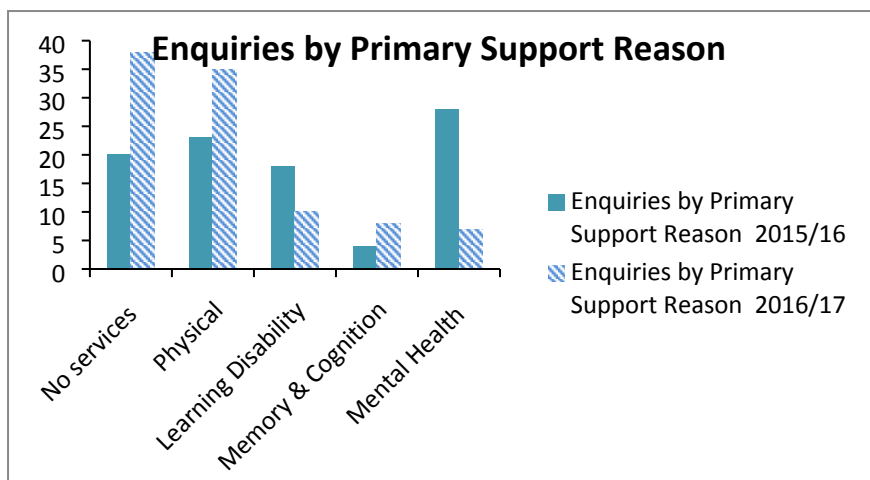
The reasons behind the low conversion rate in previous years have been explored and actions undertaken to improve understanding and practice, in particular around what constitutes a Section 42 Enquiry and a better understanding of risk across partners. This work is ongoing and there will be continued work to support partners to ensure they use appropriate referral routes and include all the required information on alert forms in the coming year.

Primary support reason

The greatest proportion of enquiries relate to people who receive **no services** (38%). These may be people that are not known to services, those who self-neglect or have chaotic lifestyles or chose not to engage with services. People with **Physical** support needs represent 35% of enquiries, those with **Learning Disability** support needs, 10%, those **Memory and Cognition** needs, 8% and people with **Mental Health** support needs make up 7% of enquiries.

This is a shift from the previous year (2015-16) when people with **Mental Health** support needs represented the greatest proportion of enquiries (28%).

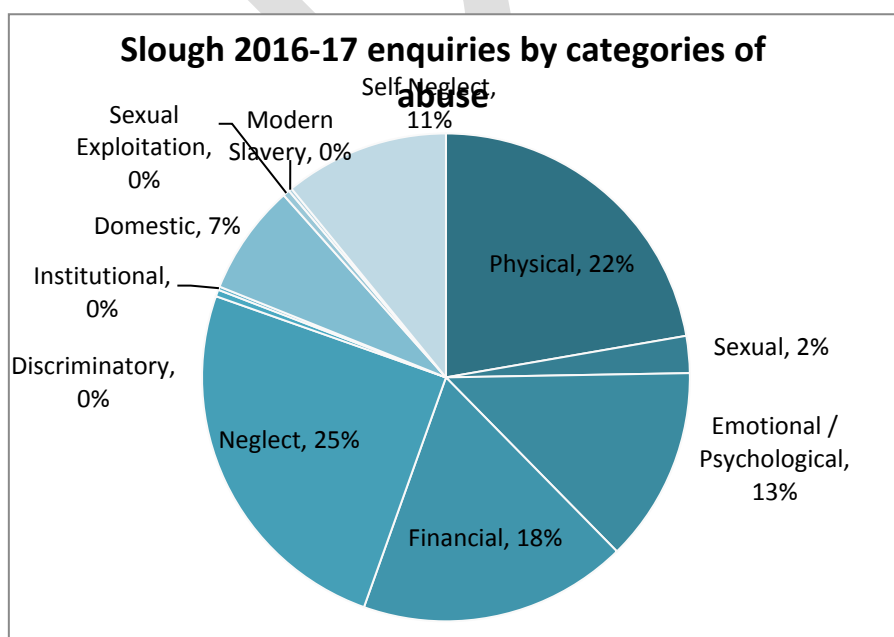
The graph below compares the primary support reason over the last two years. This information will continue to be monitored over the coming year so that we can identify trends and understand the support needs of our customers more fully.



Type of abuse

The most common type of abuse was **neglect** (29%), followed by **physical abuse** (25%) and **financial abuse** (21%). This pattern reflects the national picture of 2015-16. Cases of **self-neglect** have risen to 12%, up from 4% in the previous year. Only one case of **modern slavery** was identified in Slough through the safeguarding process. Low levels of **Discriminatory** abuse continues (1% in 2015-16 and 2016-17). This is not to suggest that Discriminatory abuse (such as hate crime) or modern slavery have not been identified in Slough. We will cross reference safeguarding data with information held by the voluntary sector, Thames Valley Police and the Safer Slough Partnership to gain a wider understanding of the scope of these types of abuse in Slough.

For the last two years there have been zero enquiries categorised as **Institutional** abuse. Institutional or organisational abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in an individual'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. Although cases of abuse and neglect have been identified within care homes, for example, they have not been categorised as Institutional abuse through the safeguarding process.



NOTE: It is possible for there to be multiple sources of abuse per case, therefore proportions have **not** been calculated from the number of cases in the year.

Location of abuse

The largest proportion of enquiries related to cases where alleged abuse or neglect has occurred within the individual's **own home** (67%, or 238 cases). This is a much higher percentage than either the national figure (43%) or the comparator group (44%) for the previous year. This is thought to be because Slough supports a higher proportion of people in their own homes than other authorities, with fewer care homes within the Borough and fewer out of Borough placements.

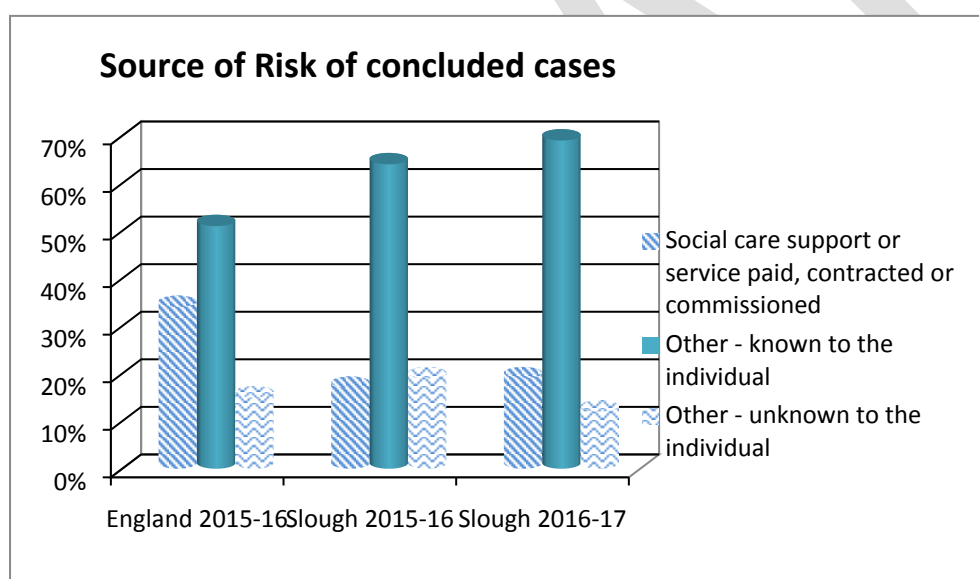
17% of enquiries related to allegations of abuse in a **Care Home** (compared to an England average of 36%). This low proportion is explained by the fact there are only six older people's care homes in Slough, where stable management has been a feature, and Slough BC has employed a rigorous quality assurance framework.

Only 1% of enquires relate to cases occurring in a **health setting**, compared to 6% nationally. An ongoing priority for the Board is to achieve a shared understanding across partners of what constitutes a safeguarding concern. It is thought that cases may be managed internally under terms such as *unsafe discharge* or *critical incident*, rather than being referred into the safeguarding process. Case file audits indicate to what extent this is happening.

Source of risk

In terms of the individual's relationship to the alleged perpetrator, the highest proportion relate to cases where the source of risk is **Other Family Member** (84 enquiries, or 23.1%). The next highest is **Social Care Staff - Residential Care Staff** (52 Enquiries, 13.5%).

The chart below shows source of risk in Slough over the last two years compared to the national average.



As indicated above, the location where most abuse or neglect has occurred is in the individual's own home. In this location, 41% of alleged perpetrators were **partner or other family member**, 17 % were **self** and 14% were **domiciliary care worker**. Awareness raising in communities, appropriate support for carers and recruitment and retention of good quality care workers are essential to mitigate the risk of harm to people in their own home.

Ethnicity

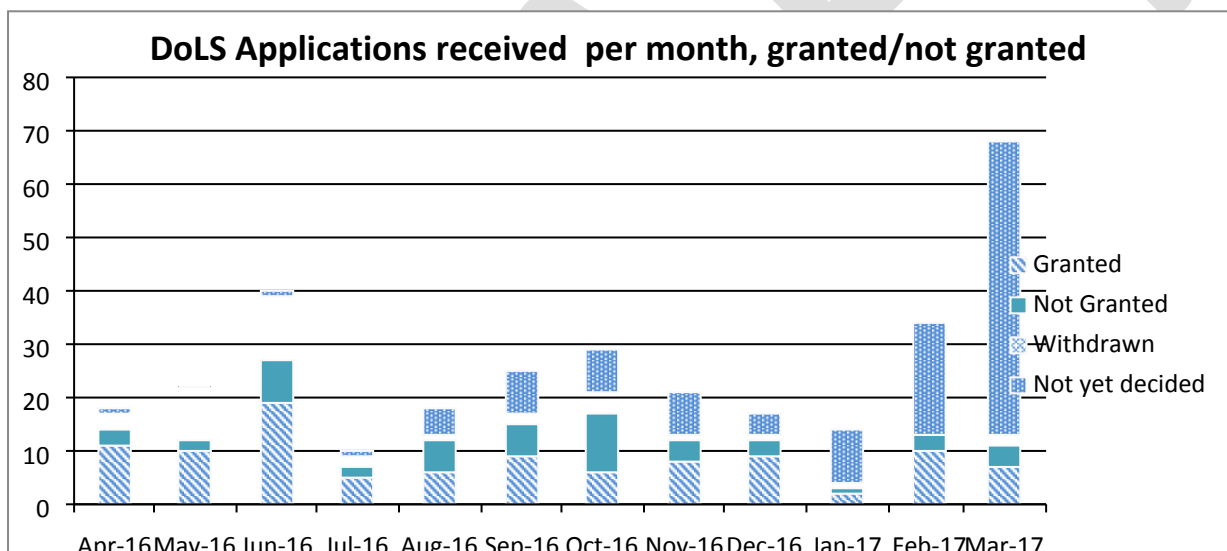
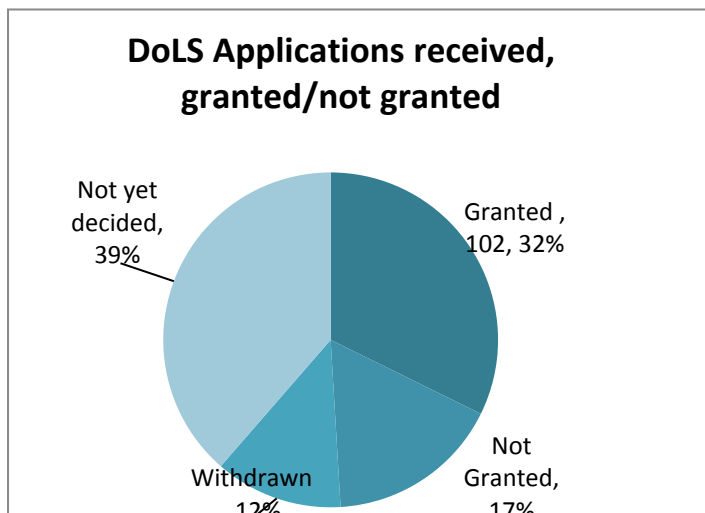
In 2016-17, 71.4% of Enquiries relate to people of white ethnicity, 14.6% Asian, 3.8% Black, 1.4% Mixed and 0.3% Chinese or other ethnic group. 8.5% of ethnicities are not yet established.

Mental Capacity Act and Advocacy

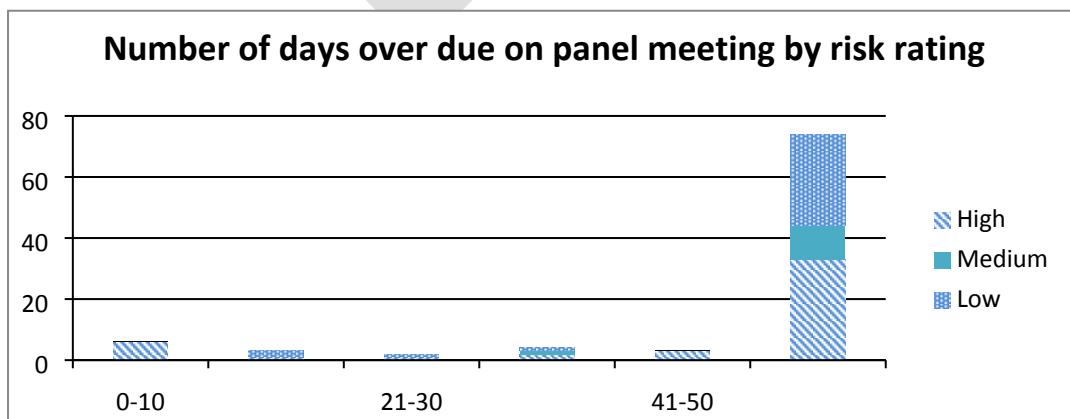
Of those individuals who lacked capacity, 88% were supported by an advocate in 2016-17, and 100% in the previous year. Slough's performance in this area is better than nationally (68%) and across the comparator group (32%). The type of advocate is split equally across family or friends, Independent Mental Capacity Advocate and Independent Mental Health Advocate.

Deprivation of Liberty Safeguards (DoLS)

316 DoLS applications were received in 2016-17, of which 46% relate to clients with dementia, and 12% with learning disabilities. 32% were granted and 17% were not granted. As at the end of March, 98 applications were on the waiting list, yet to be decided.



The graph below shows a breakdown of applications that were granted in 2016-17, by the number of days they were overdue when application was signed off at panel, and risk rating.

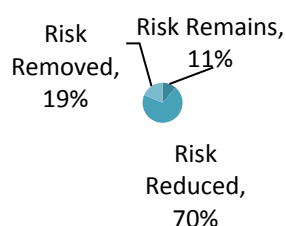


A standard application should be completed in 21 working days and an urgent application in seven working days. Data indicates that a significant number of DoLS cases have not been completed within the required timescales and although this pattern is not out of line with other Boroughs, performance in this area will continue to be monitored in the coming year, with actions to mitigate risks included in the Business Plan.

Risk and Outcomes

As in the previous year where figures compared favourably to national and comparator group averages, performance in 2016-17 to reduce or remove risk was again very positive. It is likely that those people who remain at risk are leading chaotic lifestyles exposing themselves to risk.

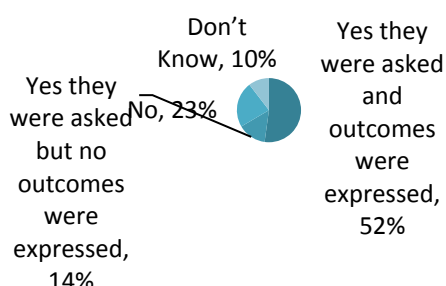
Where risk was identified, the level of perceived risk at the end of the safeguarding enquiry 2016/17



Involvement in the safeguarding process

Good practice is to ask 100% of individuals what outcome they want from the safeguarding enquiry at the start of the process and seek feedback at the end to ascertain whether these outcomes have been achieved. The Board has identified actions to improve mechanisms for collecting feedback and measuring outcomes in the coming year in order to embed this area of good practice still further.

Was the vulnerable adult asked about their desired outcomes?



b) Learning from Safeguarding Adults Reviews

The Board has a legal duty to carry out a Safeguarding Adults Review (SAR) when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died and abuse or neglect is suspected to be a factor in their death, or if the adult is still alive and the SAB knows or suspects that the adult experienced serious abuse or neglect. The aim of a SAR is for all agencies to learn lessons about the way they safeguard adults at

risk and prevent such tragedies happening in the future. The Safeguarding Adults Review Panel (SARP) oversees this work for the SAB.

During the reporting year, the Board did not commission any Safeguarding Adults Reviews.

However, the Board has continued to share learning and deliver actions to improve practice in response to the reviews undertaken in the previous year, the case of EE and the Domestic Homicide Review into the case of Mr F. Partners also contributed to a Significant Event Analysis of the case of XF that did not reach the criteria for a SAR. A further Significant Event Analysis on the case of Mr G was carried out and completed in May 2017.

The Serious Adult Review Panel delivered a series of multi-agency Learning from Serious Case Review events, attended by approximately 100 people. The East Berkshire Learning and Development subgroup have arranged a multi-agency conference for October 2017 with the aim of learning from safeguarding adult reviews across neighbouring areas.

The SARP produced an [Annual Report](#), presented to the June 2017 meeting of the SAB. The themes of note are:

- I. Learning disability and how this affects practitioner response.
- II. Self-neglect.
- III. Difficulties arise where there is no identified lead professional.
- IV. Interagency Communication.

c) Delivery of the Strategic Business Plan

Strategic Objective 1- Improving Identification of Risk to the Individual and Management of That Risk

The identification of risk and the development of strategies to manage such risks are critical to delivering strong safeguarding practice.

- Royal Berkshire Fire and Rescue Service (RBFRS) promoted their Adults at Risk Protocol and provided awareness raising training to improve referral rates. Across Berkshire, RBFRS has trained 12 organisations under the adult referral programme initiative outside of emergency service partners. This has generated 1761 vulnerable adult referrals to RBFRS across Berkshire. There will be continued focused work in 2017-18 to deliver further training from venues in Slough and increase referrals rates directly from partner agencies in Slough.
- Within Adult Social Care, pathways to manage referrals which do not meet the threshold for Section 42 Enquires have been improved, such as making the internal electronic recording system more user friendly and reviewing safeguarding forms. A new protocol places more ownership and accountability on decision making throughout the safeguarding process and triaging is now taking place through Locality Teams.
- Frimley Health Foundation Trust has worked with SHOC (Slough Homeless Our Concern) to manage the discharge of homeless patients from hospital back into the community. Partners hold regular meetings to discuss cases, identify what has gone wrong and develop joint action plans to avoid risk in the future.
- Two Learning Disabilities study days have been held by the Frimley Trust in conjunction with the community Learning Disabilities teams. Improved partnership working has helped raise awareness about communication, care planning and support networks, leading to improved outcomes for patients with LD.
- The development of a multi-agency organised crime group meeting has brought together partners to work together to disrupt the criminal activities of these groups whilst also looking at the longer term preventative opportunities. This group is considered as best practice nationally and Slough is a trailblazer with this approach. Through joint working with the Safer Slough Partnership, there has been considerable success in targeting domestic abuse, Honour Based Abuse, Forced Marriage and Female Genital Mutilation.

- The development of the mental health triage project has demonstrated real success between the police and mental health practitioners. Funded by the CCGs, this project helps to provide those in crisis with a more effective response by joining up police with a mental health professional to respond together. The result has seen a significant reduction in the number of section 136 assessments under the Mental Health Act during the hours that the Street Triage service is in operation.

Strategic Objective 2 – Improving Safeguarding Practice When Working With People Who Self Neglect/Hoard

Self-neglect is a category that falls under Safeguarding with its inclusion in the Care Act 2014. All agencies report increases in this area and aim to develop the skills of practitioners to be able to work effectively with individuals. The Board has a responsibility to develop an effective framework to promote best practice and seeks assurance from partner agencies that they have clear procedures in place to support people who may self-neglect. This is evident during normal operating hours of the Street Triage programme.

- This year the Board aimed to determine the extent of self neglect / hoarding referrals and identify actions to make joint working more effective. The Quality Assurance Subgroup met in February to share cases where self-neglect was evident so that common themes could be identified and audited. Recommendations were presented to the Board and actions included in the new Business Plan.
- A guidance document to support staff to manage risks when working with people who do not engage with services was developed and disseminated across partner agencies, and good evidence of its application by Thames Valley police and Neighbourhood Services was shared with the Board. (This document was revised and re-issued in July 2017.)
- Guidance documents for practitioners on self-neglect and hoarding have been implemented across partner agencies, including the use of clutter scales (or clutter image ratings) which are used to identify the severity of hoarding in people's homes. Refresher training on clutter scales was delivered in November and February.

Strategic Objective 3 - Mental Capacity and Deprivation of Liberty Safeguards

The Board has a role in ensuring that safeguarding work carried out by partners is in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards 2009 (DoLS). The Board needs to be confident that the assessment of people in regard to the MCA, and its application in practice, is well understood by relevant practitioners and interpreted consistently by partner agencies.

Data indicates that a significant number of DoLS cases have not been completed within the required timescales and although this pattern is not out of line with neighbouring authorities and the wider national picture, performance in this area will continue to be monitored in the coming year, with actions to mitigate risks included in the Business Plan.

- A Mental Capacity Act Guidance and Checklist was developed and the MCA template was updated and promoted.
- A DoLS information sharing and support forum held its first meeting in January 2017.
- The DoLS administration and management team has been restructured and a detailed work plan with targets and timelines has been implemented. Micro level intervention is currently taking place on every DoLS case to understand its priority. Performance is now measured in terms of cases in the process and awaiting completion and this process map provides the Board with an indication of the management of Best Interest Assessor (BIA) cases.
- Work has been put in place to optimise the available BIA resources internally and also to bring in external BIA resources within available budget.
- Refresher safeguarding training delivered in November 2016 and February 2017 included an overview of the MCA and focused on specific elements of practice that required improvement.

- Introduction to MCA and Introduction to DoLS face to face workshops continue to be on offer to internal Slough BC departments and external provider services. 48 people attended face to face MCA training. 24 people attended Introduction to DoLS face to face, including a bespoke programme for reablement staff. 6 internal staff attended training on Community DOLS applications and the new Court of Protection DoLS form. Attendance from housing staff continues, although the majority attendance is from adult social care.

Strategic Objective 4 – Making Safeguarding Personal and Outcome Focused

The Care Act 2014 embeds the philosophy of Making Safeguarding Personal and the Board has a role in ensuring that all partner agencies adopt this model of practice within their Safeguarding Work.

- The Board aims to increase the volume of desired outcomes realised by participants through the safeguarding process. Performance monitoring meetings are held to ensure clearer data captured and more accurate recording. The Care Governance Board continues to monitor the information about practice contained in this data.
- The Board aims to ensure appropriate use of advocates throughout the safeguarding process. Reports from commissioned advocacy service are monitored internally for quality and quarterly monitoring meetings are attended by DoLS coordinators where advocacy provision, quality and value for money is monitored.
- Four Making Safeguarding Personal safeguarding adults' refresher days were delivered, with 50 delegates attending from social care and health services.
- A drop in session was held for partners to audit anonymised multi-agency case files using the Slough Borough Council audit tool, with recommendations presented to the Board.

Strategic Objective 5 – Board Effectiveness

The Board has a responsibility to ensure that it gives strategic guidance to partners working in Slough. It promotes the prevention of abuse and neglect, and where there is abuse, ensures effective action often on a multi-agency basis.

- The Board has maintained effective links with other key partnerships such as the Slough Health and Wellbeing Board, the Safer Slough Partnership and the LSCB.
- The Board's subgroups reflect Care Act requirements and support the delivery of strategic objectives. Summary briefings to update the Board on activity within subgroups are provided at each Board meeting.
- The Independent Chair met with the Speak Out user group and carers who wish to be involved in the work of the Board. Engaging with service users and carers will continue to be a priority for next year's Business Plan.
- Learning from Safeguarding Adults Reviews (SAR) undertaken in other areas was shared, for example, a Bristol case involving an individual who did not engage with services. Neighbourhood services reflected on the findings, identified similarities with current cases in Slough, exploring areas of local good practice and aspects that need to improve in light of the case.
- Closer connection between the SAB, LSCB and Slough Safer Partnership has been achieved with the same independent chair for both safeguarding boards in Slough. This is being further developed in 2017 with the establishment of the joint business support unit for both boards.

Additional Workforce Development Activities:

- A total of 127 people attended Safeguarding Adults Level 1 face to face training during 2016-17. Of those attending, 40% were from external agencies including provider/voluntary agencies, Slough Children's Trust, Avarto and Cambridge Education / Slough BC Education. Only 20% of these were from the PVI group. This is a continuing downward trend while agencies continue to provide their own training, but are more likely to request bespoke programmes when required.
- The following external agencies accessed the Safeguarding Adults Level 1 open programmes: Destiny Support, Chrome Tree, Hanover House, Domus Care, Slough Cross Roads, SANAS (provider group for

children's services). Bespoke training was accessed by 120 people from SPACE, Age Concern, TVP, GP practices, CMHT Peer Support Group.

- Slough Borough Council staff and external providers in adult social care settings also have access to Safeguarding Adults Level 1 eLearning. 652 Slough Borough Council staff completed the mandatory eLearning Safeguarding Adults level 1 programme. 17 external organisations have accessed a range of Log Onto Care courses, including Safeguarding Adults.
- Training for every taxi driver licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation (further information below under Slough Borough Council's achievements).

d) Achievements by partner agencies

Berkshire Health Foundation Trust

Berkshire Health Foundation Trust (BHFT) have participated in multi-agency local safeguarding adults reviews and have contributed to the development and completion of multi-agency action plans. A highlight of this was the production of a leaflet regarding pressure area care. Attendance at Safeguarding Adults Board meetings and subgroups are prioritised and staff have participated in a multi-agency group to improve work around modern slavery and contributed to a group addressing violence against women and girls. The Head of Safeguarding is part of a working group to organise a joint children's and adults' conference around harmful practice in response to local reviews.

BHFT has achieved a 93.8% compliance at Safeguarding Level 1 training and increased compliance at Level 2 training. 86.5% of staff are now trained for Prevent (WRAP). Training and compliance for MCA and DoLS training was also achieved. Mental Capacity Act champions have been appointed for each of the community wards to improve application of the Mental Capacity Act in patient care. The safeguarding children and adults teams have amalgamated to facilitate a more joined-up, 'think family' approach to safeguarding.

BHFT has adopted the Suicide: Aspiring for Zero approach to suicide reduction, a model based on the premise that suicide can be prevented. BHFT has implemented a Strategic Oversight Group chaired by the Director of Nursing, clinical and project lead. Systems have been optimised to enable staff to focus on engagement and collaborative approaches to risk assessment and management, keeping service users and carers at the centre. A new risk management tool has been developed to combine risk assessment, risk management and a service user safety plan, and the approach to risk audit has been refreshed. 'Suicide surveillance' involves the provision of timely support for those families bereaved by suicide and staff affected, as well as heightening awareness of community risks of contagion or suicide clusters and identifying public places where suicides/incidents are occurring. There is a high priority for learning from suicide deaths. Training and supervision has been implemented to equip staff with skills and competence (measured with the zero suicide surveys) to practice recovery focussed, compassionate approaches to suicide risk assessment and enable positive risk management and safety planning.

Frimley Health NHS Foundation Trust (Wexham Park Hospital)

There has been a heightened drive towards making safeguarding personal in Frimley Health NHS Foundation Trust. While training statistics are still not up to the required standard, the focus has very much been on identifying areas with the worst compliance levels and arranging bespoke sessions in the actual areas of practice. Regular combined adult and children safeguarding level 2 sessions have also been implemented. Bespoke training to meet the needs of different departments is delivered by the local safeguarding team.

Working together with the discharge team, processes have been established to support safe discharge of adults at risk. All patients who are admitted into hospital and are flagged up as being at risk, have a Section 2 form filled out

before discharge so a means tested assessment can be completed and the correct level of support given on discharge.

As a result of a robust domestic abuse referral process, the numbers of referrals have escalated and the support of an in-house domestic abuse liaison worker has had a positive impact on outcomes. Domestic abuse awareness has been incorporated into the induction process under safeguarding. There is heightened awareness in the Emergency Department regarding the identification of patients who are experiencing domestic abuse.

Wexham Park Hospital has acquired a Band 6 Safeguarding Nurse to assist with training and safeguarding issues. There is a current bid to acquire the services of a specialist Learning Disabilities Nurse as a gap has been noted in the support of patients admitted with Learning Disabilities. A new post for Prevent Lead has been filled and training on Prevent and associated issues is currently being rolled out across the Trust.

A Trust-wide Safeguarding Adults work programme for 2017/18 has been developed in order to further strengthen Adult Safeguarding leadership, training, internal governance arrangements and meet the requirements outlined in the contract and the Care Act 2014.

Healthwatch Slough

Healthwatch Slough aims to make health and social care better for everyone, especially those who face additional challenges in accessing services. Healthwatch Slough engages with communities and plays a central role in enabling people's views and experiences of health and social care to be heard. In 2016/17 Healthwatch heard 600 issues.

Healthwatch Slough has produced a number of reports, including: How organisations in Slough learn from feedback and complaints; Raising awareness of Female Genital Mutilation in Slough; Vulnerable patients' use of the Slough Walk-in Centre; Big Food Fight and Children's Quiz.

Healthwatch undertook a case study of a 97-year-old resident, comparing the care she received from over 10 local organisations over the summer of 2016 with the East Berkshire's New Visions of Care. After discussion at the Primary Care Qualities Committee, the ten organisations involved were challenged about future improvements to services.

One of the Healthwatch Champions has established a carers' group in Cippenham. Feedback about the importance of supporting carers contributed to several developments at Frimley Health NHS Foundation Trust to support carers, such as the launch of carers' information booklet and a Carers' Box on all wards at Wexham Park Hospital. More staff have volunteered to be Carers Champions.

Healthwatch Slough has monthly teleconference calls with the Care Quality Commission Inspectors, sharing intelligence, and this liaison has shaped CQC's inspection calendar. Healthwatch Slough also shares intelligence with partners at numerous groups and committees, including the Thames Valley Quality Surveillance Group.

Healthwatch Slough's Annual Report can be found at:

<http://healthwatchslough.co.uk/wp-content/uploads/2016/01/Annual-Report-2016-17-Slough-v12-PDF.pdf>

National Probation Service

Practice guidance regarding safeguarding adults has been developed to provide Offender Managers with all the information they need in order to effectively assess and manage the risks when working with cases where there are adult safeguarding issues. Specific reference is made to offenders with care and support needs, offenders who are adults at risk, safeguarding enquiries, residential and nursing homes, hate crime, extremism, learning disabilities or difficulties, domestic abuse, barred list, and planning for release, including the allocation of approved premises. It also provides useful guidance on abuse and neglect and care and support needs, and provides practical information on how to record and track concerns.

The National Probation Service has also issued a policy statement for 'safeguarding adults at risk'. This provides all the necessary information relating to identification, assessment and management of offenders, leadership and inter-agency collaboration including information sharing.

Both these documents are widely and easily available to staff to inform their practice on a day to day basis.

Practice meetings have been held regarding Serious Organised Crime and there is now an increased understanding in the team regarding how this type of offending significantly impacts on vulnerable adults. This has led to a different approach to supporting some of the vulnerable adults managed as 'offenders,' one which looks at moving them away from the environment and risk situations.

Royal Berkshire Fire and Rescue Service (RBFRS)

RBFRS works to identify foreseeable risk to our communities and deliver effective, managed, timely performance in a wide range of disciplines, preventing and protecting the public along with delivering effective response to incidents when required. Partnership working and information sharing with a wide range of groups and agencies have enabled identification and protection to the most vulnerable members of our communities. The fire risk based preventative intervention supports individuals to live independently and safely in their own homes.

The work of RBFRS has continued to drive down fire deaths and casualties in our communities. The Integrated Risk Management Process (IRMP) has been consulted on with the public, with proposals developed to further improve the service. This will focus attention on those groups evidenced at being more vulnerable to fire death and those whose lifestyle choice places them at elevated risk of having an accidental fire and receiving associated injury.

RBFRS is working in partnership to provide falls, age related and winter warmth services, delivered as part of our Home Fire Safety Check process, signposting those people assessed as being at risk to partner agencies.

Royal Berkshire Fire and Rescue Service (RBFRS) is undergoing an internal restructure which is due to be completed by the end of August 2017, and will include a dedicated Designated Safeguarding Officer to provide significant increased capacity and improve service delivery.

Slough Borough Council

Slough Borough Council remains committed to ensuring that adults at risk are free from abuse and that safeguarding arrangements across the council are protecting our most vulnerable residents.

Learning from safeguarding adult reviews has been invaluable in ensuring that risk is managed effectively and in a person centred way. Embedding the learning from Safeguarding Adults Reviews continued in 2016-17. Three sessions were delivered to Adult Social Care staff, with four other sessions delivered to partner agencies, including GPs and practice nurses, community and mental health staff, and a neighbouring borough's Safeguarding Adults Board. In addition, as an outcome of a Slough case review, Adult Social Care commissioned mandatory, bespoke domestic abuse training which was delivered by the local Domestic Abuse service provider.

One non-statutory review was undertaken in the time period, and this led to the development within Adult Social Care of guidance for staff when making attempts to contact someone where there is a concern. The guidance promotes a consistent approach, ensures management involvement at an earlier stage and supports requests to Thames Valley Police for "Fear for Welfare" checks, ensuring that all reasonable attempts have been made prior to contacting the police.

The Safeguarding Team played an active part in the training for every taxi driver licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation. Working in conjunction with the Licensing Team and Child Sexual Exploitation and Trafficking Co-ordinator, this was the first program of its kind in Berkshire. The aim was to deliver training to 934 individuals between September 2016 and March 2017. This

accounts for all 880 drivers and 54 operators in the area. By March 31st 2017, 860 drivers/operatives had been trained (92% of the target group). This program was given an achievement award for outstanding work by the Berkshire Environmental Health Managers Group in February 2017 and the long term outcomes will be evaluated by University College London in September 2017.

There has been a firm commitment to working more closely with the Community Safety Team this year, to raise awareness of the issues facing multi-agency partners in working with adults who do not have care and support needs, but who may live in ways which puts them and others at risk. This has seen the Safeguarding Co-ordinator undertaking work within the Community Safety Team for two days a week, undertaking projects such as the Slough response to Modern Slavery. It is expected that this cross-team working will continue throughout 2017 as teams continue to address a wider range of issues than previously seen within the traditional safeguarding remit.

Slough Clinical Commissioning Group

Safeguarding has continued to be a priority area for the CCGs East of Berkshire; the safeguarding team has worked hard to continuously improve safeguarding performance across the health economy of East Berkshire.

The Associate Director of Safeguarding is the chair of the Safeguarding Adults Review Panel (SARP) and presented a SARP annual report to the Safeguarding Adults Board. SAR procedures have been developed and adopted across East Berkshire.

Primary care safeguarding training was delivered in Autumn/Winter 2016 with an emphasis on implications of the Care Act 2014, care homes, MCA/DOLs and lessons from national and local serious case reviews. Safeguarding Level 3 training was delivered to each CCG. A safeguarding training strategy for CCG staff was developed, with the addition of Prevent eLearning as a mandatory requirement.

CCG staff have been engaged in raising awareness of gangs and increasing levels of violence against children and young adults. This has led to the establishment of an umbrella sub-committee of Slough Safer Partnership, Violence Against Women and Girls.

Achievements include development of documents such as the multiagency 'vulnerable adults at risk' guidance, a leaflet for carers and adults to prevent pressure ulcers, a safeguarding newsletter, a briefing on the DoLS interim statement and impending statutory changes, and Modern Day Slavery guidance for health staff. The CCG safeguarding policy regarding allegations against staff has been reviewed.

A primary care safeguarding self-assessment was undertaken and reported to the Board.

The CCG was part of the Syrian families repatriation programme and one family has been successfully rehomed in Slough.

The CCG was successful in a £15,000 bid which will fund a conference across East Berkshire against violence and exploitation in November 2017.

South Central Ambulance NHS Foundation Trust (SCAS)

As an organisation that covers seven counties, South Central Ambulance NHS Foundation Trust (SCAS) contributes to and complies with Safeguarding Adults Boards' business plans wherever possible, including priorities within our own safeguarding developments. SCAS works closely with partner agencies and Safeguarding Boards across the area to ensure that all developments benefit the people who use our many services. In the coming year we aim to forge closer links with safeguarding hubs across our area; move to a paperless referral process; regularly undertake multi-agency audits and reviews of safeguarding referrals; and encourage regular feedback from partner agencies with regard to safeguarding cases. These actions will form part of a SCAS action plan that will be presented and monitored on a bi-monthly basis at our Patient Safety Group meeting, which feeds directly into the Trust's board.

Thames Valley Police

Safeguarding vulnerable adults is one of the core aims of Thames Valley Police and it is replicated in the local policing priorities under the theme of 'protecting children and vulnerable adults'.

Significant training has been completed over the last year aimed specifically at safeguarding adults. Training packages include the Safeguarding Vulnerability and Exploitation programme (SAVE) which helps officers to identify risk more effectively, Modern Slavery and a number of packages relating to protecting vulnerable persons. This is particularly important in Slough with the increased risks of honour based abuse (HBA), forced marriage (FM) and female genital mutilation (FGM).

Thames Valley Police has successfully utilised partial closure notices on a number of premises where vulnerable adults were being exploited, typically in connection with drug trafficking. This has helped to safeguard the adults while disrupting the activity of the crime groups.

Slough Council for Voluntary Services

The voluntary and community sector make a huge contribution to supporting and enriching the lives of the population in Slough. Over the last year, Slough Council for Voluntary Services (CVS) have represented the sector on the Safeguarding Adults Board and provided information to professionals and volunteers working to support adults in Slough. Slough CVS has communicated safeguarding messages and has supported groups to put in place effective safeguarding policies.

4. Areas for development for 2017-18 include:

- Strengthen strategic links with Slough Safer Partnership and the Local Safeguarding Children's Board (LSCB). Ensure stronger connectivity and coordinate service delivery between the SAB and the LSCB through the development of a Joint Business Unit.
- Deliver further fire safety awareness training from venues in Slough to protect vulnerable adults from risks of fire.
- Engage with a wider audience to promote safeguarding via a new Slough Safeguarding Website and social media.
- Continue to share learning from local and national case reviews and investigations to improve practice.
- Promote best practice for working with those who self-neglect or hoard.
- Develop multi-agency pathways and guidance for Modern Slavery, Domestic Abuse and working with those who choose not to engage.
- Continue to promote the rights of vulnerable adults in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards by all agencies. Work with Children's Services to ensure staff are trained and can apply the principles of MCA to transition cases.
- Ensure that people are supported during the safeguarding process by either a relative/friend or advocate.
- Develop ways to collect feedback from people who have gone through the safeguarding process and measure outcomes to evidence that Making Safeguarding Personal is embedded in practice.
- Refresh the Workforce Development Strategy to ensure multi-agency awareness training is Care Act compliant and includes Making Safeguarding Personal.
- Training priorities include: refresher programmes and bespoke training for care providers; simulation based training to support social workers with best interest decisions; mandatory Safeguarding Adults eLearning requirement for all new staff and mandatory face to face training for all front line staff within Slough Borough Council; assessment and investigation skills training for provider services carrying out enquiries; Independent Management Review training for provider and social care managers.

- Deliver further training for front line staff under the banner of Safeguarding Vulnerability and Exploitation programme (SaVE) 2 which aims to help police officers identify risk more effectively.
- Review the potential to extend the remit of the Multi-Agency Safeguarding Hub (MASH) to include adults, which will support staff to recognise risk more effectively.
- Identify gaps and improve service planning through the self-assessment safeguarding tool rolled out to smaller health providers by the CCGs.
- Deliver an East Berkshire conference Against Violence and Exploitation in November 2017.

Glossary

ADASS	Association of Directors of Adult Social Services
BHFT	Berkshire Healthcare Foundation Trust
BIA	Best Interest Assessor
CCG	Clinical Commissioning Group
DoLS	Deprivation of Liberty Safeguards
FGM	Female Genital Mutilation
FM	Forced Marriage
HBA	Honour Based Abuse
LSCB	Local Safeguarding Children's Board
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
Prevent	Prevent is one stream of the Government's Counter-Terrorism strategy; the aim is to work with communities and address any grievances in order to avoid violent extremism being supported.
RBFRS	Royal Berkshire Fire and Rescue Service
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SARP	Safeguarding Adults Review Panel
SAVE	Safeguarding Vulnerability and Exploitation
SCAS	South Central Ambulance NHS Foundation Trust
Slough CVS	Slough Council for Voluntary Services
WRAP	Workshop to Raise Awareness of Prevent