



**Bracknell Forest Safeguarding
Adults Partnership Board**

Bracknell Forest Safeguarding Adults Partnership Board Annual Report

April 2015 – March 2016

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FOREWORD

As independent chair of the Board I am pleased to introduce the 2015/16 Safeguarding Adults Annual Report on behalf of the Bracknell Forest Safeguarding Adults Partnership Board. It sets out the local response to this complex and fast developing agenda. It provides an overview of progress against priorities set out in the 2014/15 Annual report as well as priorities over the coming three years.

The report evidences a great deal of achievement and an ongoing and significant commitment to continuous improvement in safeguarding adults. In this context the Board has a commitment from organisations in the statutory sector (Police; CCG and Bracknell Forest Council) to contribute to a partnership budget to support developments in safeguarding adults. This resource funds the Independent Chair; Board Manager and contributes towards carrying out Safeguarding Adults Reviews.

The Care Act is a significant catalyst for change in safeguarding adults. This change has been embraced by the Board and local development is taking place in the context of the definition, purpose and responsibilities set out in the statutory guidance. I include below some key aspects of the expectations set out in the guidance to ensure a common understanding of the Board's role and responsibilities.

The Safeguarding Adults Partnership Board (SAPB) does not deliver operational services nor does it have sole responsibility for safeguarding adults in Bracknell Forest. Its role, as set out in the Care and Support Statutory Guidance (March 2015), is one of seeking assurance of the effectiveness of local safeguarding arrangements. These arrangements are led and developed by organisations across the partnership (providers providing quality care and support; commissioners assuring themselves of safe and effective services; CQC ensuring compliance with regulatory standards; Police preventing and detecting crime). The statutory guidance reminds us that safeguarding is not a substitute for these. The SAPB is an important source of advice, supporting partners to improve their safeguarding mechanisms. There are clear overlaps with other key partnerships and the SAPB is taking steps to further develop these so that there is mutual support on key agendas.

"The SAPB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services.... It is important that SAPB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services". (Care and Support Statutory Guidance, issued under the Care Act, March 2015).

The Board's direction and strategic plan support implementation of the Care and Support Statutory Guidance. Terms of Reference and the Strategy of the Board have been revised to reflect expectations of the Care Act. Most importantly we will continue

to ensure that the core principles set out in the Act in respect of safeguarding adults remain central to the way in which we work. Those principles are reflected in the Statutory Guidance within its definition of what safeguarding is and why it matters.

The guidance underlines that *“People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being”*. This is at the heart of the central theme in the Care Act of *Making Safeguarding Personal*. Bracknell Forest Council has engaged in all available opportunities nationally over the past three years to develop this approach and this report sets out tangible and effective ways in which this is being progressed, not least in the case studies presented. The Board must now focus on supporting all organisations across the partnership in understanding and carrying out their role in ensuring that we make safeguarding personal in Bracknell Forest.

This report provides evidence of a great deal of hard work and significant progress both on objectives individual organisations set out in the development plan and on challenges presented by the peer review (reported in last year’s annual report). The detail of these wide ranging achievements is set out in the body of the report. Developments across and within organisations include: a range of organisations who have developed specific posts with a focus on safeguarding adults; further development of joint work on assuring the quality of service provision; a focus on developing practice in the context of the MCA; a recognition of a range of issues in which there is a joint responsibility and interest across partnerships (including Domestic Abuse; E-Safety; Prevent); addressing quality assurance issues including the need to generate both qualitative and quantitative information and for a focus on making a difference in people’s lives.

In 2015/16 action in Bracknell Forest has targeted a response to the peer review and significant progress on objectives that individual organisations set for themselves in a development plan (see section 8). Moving forward, whilst continuing to work on individual organisational objectives, a strengthened commitment to achieving shared objectives is required. The strategic plan is intended to facilitate this.

The Board and partners have demonstrated a willingness to learn lessons/to review where things have gone wrong, to develop and to understand strengths and weaknesses (The Board has begun two SARs during this year; worked on the findings of the peer review; engaged in a Board development day, discussing challenges and achievements openly; self-audits have begun in Health organisations). However in this context the report highlights the need for development of a quality assurance framework so that activity can be targeted on real improvement in safeguarding support in necessary areas. The Board intends to put in place a more robust quality assurance framework across organisations. It is intended that this will be a key part of the role of a new quality assurance subgroup with support from the new Board Manager. It is clear from the data presented that for example the Board needs to analyse and understand some of the trends so as to take appropriate action (including analysis of the reduction in the number of referrals made into safeguarding and the

significant numbers of safeguarding referrals involving neglect). This will be a priority over the next year and going forward.

The realisation of objectives set out in the strategic plan for 2016/19 will require significant contributions from all organisations. The Board will need to provide strong leadership in ensuring that subgroups are populated by those who are best placed to further these objectives.

Case studies illustrate that safeguarding support is making a significant difference to people's lives. The data indicates that this support is also effective in reducing or eliminating risk in the majority of cases. However Bracknell Forest Safeguarding Adults Board is not complacent and remains committed to continuous improvement and learning. There is a shared desire across the partnership to find effective approaches to complex and emerging issues.

I would like to thank all partner agencies for their support in this work.

Jane Lawson
Independent Chair of the Bracknell Forest Safeguarding Adults Partnership Board

1. INTRODUCTION

- 1.1 This is Bracknell Forest's Safeguarding Adult Partnership Board's (SAPB) first annual report since the introduction of the Care Act 2015. It represents a transition as it describes and takes account of the development of a new Board strategic plan which contains actions which will be reported on in future annual reports.
- 1.2 This report details the breadth of activity undertaken by the Board's members and identifies the achievements against the Board's development plan for 2015/16, as well as future challenges.
- 1.3 The aims and objectives of the Board's 2016-2019 strategic plan is contained within the report as well as the planned developments by partner agencies for the coming 12 months. In line with the requirements set out in the Care Act the Board will continually develop its strategic objectives and consult/ take into account feedback from with the public during the year.

2 EXECUTIVE SUMMARY AND KEY MESSAGES

Summary

- 2.1 The report highlights the achievements against development plans and the challenges identified during 2015/16 along with the work developing for 2016/17 and beyond. During 2015/6 the board implemented all actions to address the areas for development identified in the peer review and reported in the previous annual report.
- 2.2 Personalisation remains a focus for safeguarding within Bracknell Forest. The annual report highlights feedback from residents and views of practitioners that, along with the data provided, confirms that the approach to making safeguarding personal is ensuring that people are feeling safer as a result of enquiries they have been involved in.
- 2.3 The increase in concerns reported nationally is not replicated locally in Bracknell Forest where the number of concerns raised has reduced during 2015/16 compared to the 2014/15 period. Work is on-going to identify the reasons for this decrease however it is possible that the greater awareness amongst partners and organisations locally has had the effect of a better understanding about adult safeguarding in Bracknell Forest and therefore more appropriate concerns are being reported. The impact of the local training sessions conducted for practitioners and partners will be examined further to establish if this has a bearing on the figures reported. It is pleasing to note the number of substantiated or partially substantiated concerns is low (51), and lower than the previous year (80). As in 2014/15, the majority of cases where abuse was substantiated or partially substantiated during 2015/16 occurred in the home, and on the majority of occasions the type of abuse experienced was neglect. Further work will take place during 2016/17 to analyse data further and to identify preventative actions. Bracknell Forest has

seen a further increase in the number of Deprivation of Liberty Safeguards, an increase of over 3000% compared to 2013/14 and due to the landmark Supreme Court ruling regarding what constitutes a Deprivation of Liberty.

- 2.4 The report contains the aims and objectives of the board's new strategic plan covering 2016 – 2019. The aims, objectives and actions within the plan have been developed as a result of a board development day which considered: the requirements of the Care Act; lessons learned nationally from SARs/SCRs; analysis of data and discussions with partner agencies representatives which provided a picture of the challenges facing the board in the coming years. The progress in implementing the actions within the strategic plan will be reported in the 2016/17 annual report. It is set out in section 14.

3 THE BOARD

- 3.1 All partner organisations in Bracknell Forest prioritise safeguarding with an approach based on promoting dignity, rights, respect, helping all people to feel safe and making sure safeguarding is everyone's business. The Board leads adult safeguarding arrangements across its locality.
- 3.2 The main objective of the Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in the area (para 14.133 statutory guidance) who meet the criteria set out in the Act¹. That is, they:
- Have needs for care and support and
 - Are experiencing, or at risk of, abuse or neglect and;
 - As a result of those care and support needs are unable to protect themselves from risk of or experience of abuse
- 3.3 The SAPB has a role in overseeing and leading adult safeguarding across the locality. It has a role too as a source of advice and assistance. (para 14.134-135). This includes a focus on:
- Assuring itself that safeguarding practice is person-centred and outcome-focused
 - Working collaboratively to prevent abuse and neglect where possible
 - Seeking assurance that agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
 - Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.
- 3.4 The Board develops and actively promotes a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. The Board has an independent chair and meets on a quarterly basis. The attendance record for the Board is set out in annex C. The Board's member organisations are currently:-

- Bracknell Forest Council

¹ Care and Support Statutory Guidance, March 2016

- Thames Valley Police
- Bracknell and Ascot Clinical Commissioning Group
- Berkshire Healthcare NHS Foundation Trust
- West London Mental Health Trust (Broadmoor Hospital)
- National Probation Service
- Berkshire Care Association
- Bracknell Forest Local Safeguarding Children's Board
- Frimley Health NHS Foundation Trust
- Royal Berkshire Fire and Rescue Service
- Involve (formally Bracknell Forest Voluntary Action)
- Bracknell Forest Healthwatch
- NHS England

4 NATIONAL AND LOCAL CONTEXT

NATIONAL

The Care Act

4.1 The Care Act legislation and guidance have had a significant impact on safeguarding adults practice and the role of the safeguarding adults' boards during since the introduction of the legislation. In summary, the changes that the Care Act 2014 introduced for Boards are:

- Safeguarding Adults Partnership Boards are now on statutory footing
- The objective of the Board is as set out in 3.3-3.4
- The Board has three core duties to
 - publish a strategic plan
 - publish an annual report
 - Conduct Safeguarding Adult Reviews
- Safeguarding Adults Partnership Boards must arrange a Safeguarding Adults Review (formerly serious case 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 worked more effectively to protect them.
- The SAPB must also arrange a Safeguarding Adults Review if they know or suspect an adult in its area has experienced serious abuse or neglect.
- Duties to co-operate over the supply of information on relevant agencies
- Local authorities must arrange for an independent advocate to represent and support a person who is the subject of a Safeguarding enquiry or review if the individual would experience substantial difficulty in participating.

Mental Capacity Act and the Deprivation of Liberty Safeguards

4.2 The Deprivation of Liberty Safeguards (DoLS) 2009 provide additional protection for the most vulnerable people living in residential homes, nursing homes, hospital environments and supported housing through the use of a rigorous, standardised assessment and authorisation process. They aim to protect those

who lack capacity to consent to arrangements made in relation to their care and/or treatment, but who need to be deprived of their liberty in their own best interest to protect them from harm. They also offer the person concerned the right:

- To challenge the decision to deprive them of their liberty;
- To have a representative to act on their behalf and protect their interests; and
- To have their status reviewed and monitored on a regular basis.

4.3 DoLS help to ensure that an institution only restricts liberty safely and correctly and only when all other less restrictive options have been explored. The Local Authority manages this process and reports to the local Safeguarding Adults Board.

The Care Act One Year On

National Challenges

4.4 The following organisations: Association of Directors of Adult Social Services (ADASS); the Local Government Association (LGA) and the Department of Health (DH) have been monitoring the progress of the Care Act reforms within local authorities. In November 2015 the figures collected suggest that there were 100,000 safeguarding enquiries undertaken in the six months after the Act came into force. This amounts to approximately the same number of cases in the 12 months from April 2014 to March 2015².

4.5 A combination of factors may have contributed to this increase such as: increased reporting, greater awareness of the need for safeguarding interventions for issues such as modern slavery, and the Care Act's statutory threshold may be broader than the local definitions previously used by councils.

Adult Safeguarding and the Care Act 2014 - Top Tips

4.6 LGA and ADASS have produced top tips for Adult Safeguarding and the Care Act 2014³. These tips have been incorporated into the development work of the board:

- 1 Ensure that the Care Act principles and the person centred approach is well understood by all partners. This should embed good social work practice in all aspects of the Care Act.
- 2 Ensure that partners resource the SAPB; the SAPB has a 3 year strategy and annual plan for 2015/16, as well as the capacity to deliver them.

² <http://www.communitycare.co.uk/2016/04/01/one-year-care-act-achieved/>

³

<http://www.local.gov.uk/documents/10180/5756320/Top+tips+for+DASSes+on+Adult+Safeguarding/1796e615-2759-4c9b-9ce0-edcb914a941b>

- 3 Ensure that Making Safeguarding Personal is being delivered in the local area; ensure that people are asked about the outcomes they want, that these shape actions taken and that the difference made by these actions is identified.
- 4 Ensure there are arrangements in place to deal with everyone who may need safeguarding as described in the Care Act in an effective and proportionate manner; ensure that local authority staff and staff of partner organisations have sound assessment processes, know how to make safeguarding enquiries and can make the right decision
- 5 Ensure that safeguarding is embedded in corporate and service strategies across the Council, partners and partnership arrangements.
- 6 Ensure that procedures enable practitioners to focus on making a difference in people's lives and that they emphasise user outcomes not process, and are easy to follow
- 7 Ensure the SAPB audits itself (with a self assessment tool) to drive business plans and adopt a performance framework that demonstrates how safeguarding interventions have made a difference.
- 8 Ensure that there is multi-agency safeguarding training available for all people working with adults and that practitioners have the tools (knowledge, skills, legal literacy etc.) to do their jobs.

Updated National Guidance

- 4.7 In March 2016 the Department of Health updated the Care and Support statutory guidance. This is available at <https://www.gov.uk/guidance/care-and-support-statutory-guidance>. The statutory guidance supports implementation of part 1 of the Care Act 2014 by local authorities, the NHS, the police and other partners. The new edition supersedes the version issued in October 2014. The eleven revisions to the Safeguarding chapter (14) have been made for reasons of accuracy or clarity. Some are more substantial, reflecting learning through the first period of implementation and feedback from stakeholders and partners. The changes have been set out by the LGA⁴.

Impact on DoLS

- 4.8 The increase in Deprivation of Liberty Safeguards cases (DoLS) as a result of the Supreme Court judgement in March 2014, has created a heavy demand on the Independent Mental Capacity Advocacy service; this has impacted on the ability of local authorities to provide Care Act advocacy.

LOCAL CONTEXT

Demographics

- 4.9 Demographic changes provide a focus for the board; nationally between 500,000 and 800,000 older people are subject to abuse and/or neglect in the UK each year and this number is set to rise by 1.6 million by 2050. By 2021, the number of people aged 65 and over in Bracknell Forest is projected to rise

⁴ http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7740017/ARTICLE

to 19,673 people from a current population of 14,267 (ONS Mid-Year 2011 estimates). This, together with increasing numbers of people with disabilities reaching adulthood, places additional demands on adult services.

Local Challenges

4.10 The Board's main challenges identified during 2015/16 include

- Developing the partnership into a robust and committed alliance; this will consist of ensuring the specific measures required of the Care Act 2014 are in position and ensuring that all partner agencies understand their roles and responsibilities.
- Ensuring safeguarding practice across the partnership focuses on improving the safety and wellbeing of people and the fulfilment of the outcomes they want
- Improving the understanding of the Mental Capacity Act 2005 and ensuring its principles are appropriately applied in Making Safeguarding Personal
- Ensuring that risk is effectively managed across the partnership
- A focus on prevention

4.11 It is recognised that the board needs to work effectively with other partnership boards within Bracknell Forest and with other adult safeguarding boards in East Berkshire. In developing an effective partnership board and establishing sub groups, it is recognised that there are additional demands on partners who are represented on other adult safeguarding partnership boards. The board is committed to establishing an effective and meaningful process for people who may be in need of safeguarding services to engage with the board, and recognises that this will be a priority over coming years.

4.12 Local Best Practice seminars have identified the need for further support and information in relation to dealing with domestic abuse and self neglect. Practitioners have also highlighted the potential challenge of austerity measures as well as the implications and requirements of the Care Act, and the need for greater multi agency working.

Local Challenges highlighted by Partners

Main Challenges highlighted by partners during the 2014/15 development day were:

- How to measure effectiveness/success
- MSP roll out across partnership and including with providers
- Practicalities of working multiagency efficiently (more than one Board to work with)
- Work on domestic abuse in older population
- Sharing information issues
- Transition
- Targeting those most in need and promoting safeguarding referrals amongst the public.

- Resource implications
- Addressing the “new categories“ of abuse set out in the Care

5 COMMUNITY INVOLVEMENT

Safeguarding Adults Forum

- 5.1 The Safeguarding forum meets on a quarterly basis and is an information sharing and consultation forum, which supports local stakeholders to remain engaged in the safeguarding agenda.
- 5.2 Topics this year have included: Self Neglect, Sexual Exploitation, Financial Abuse and Awareness and Prevention of Scams. Presentations have been provided by representatives of Trading Standards, Health Watch and Royal Berkshire Fire and Rescue service.

Domiciliary Care Provider Forum

- 5.3 This forum meets on a quarterly basis and provides an opportunity for Domiciliary care providers (and relevant representatives from the Council) to share information, discuss developments, issues or concerns and any actions that need to be taken.

Community Engagement

- 5.4 The Safeguarding Development workers regularly engage with different community groups and organisations to raise awareness of safeguarding and the support that is available in Bracknell Forest. Examples include:
- Be Heard (self advocacy group for people with learning disabilities) recent production of a video explaining what safeguarding is
 - Health Watch - to share information and ensure peoples’ needs are being met in relation to safeguarding concerns.
 - ‘Safeguarding Awareness’ presentations to:
 - The Bracknell Macular Society
 - Police training College.
 - Heathlands Residential Home
 - Holly House - Younger Adults supported living.
 - Clement House – Older Adults supported living.
 - Bracknell licensed vehicles – Taxi Drivers/Community Transport
 - The Wayz – Younger Adults activities centre.
 - Waymead short term care
 - Cambridge House Care Home
 - Bracknell Open Learning Centre
 - Woodmancoats Older persons Day Centre
 - Park House Dentist Surgery.

6 PARTNERSHIP WORKING

6.1 The Bracknell Forest Safeguarding team supports the Board to gain assurance that adult safeguarding links to other parts of the system. During 2015/16 the team contributed to co-operation and collaboration between agencies, which in turn contributed to the aim of the prevention of abuse and neglect, through strong links with the following groups:

- MAPP (Multi agency public protection Arrangements) – monthly meetings attended where arrangements to manage the risk posed by the most serious sexual and violent offenders have been discussed.
- Multi Agency police tasking group - monthly meetings attended enabling the resolution of crime matters in Bracknell Forest.
- Anti social behaviour group – multi agency monthly meetings attended contributing to the resolution of Anti-Social Behaviour matters in Bracknell Forest.
- SEMRAC (Sexual Exploitation & Missing Risk Assessment Conference) – multi agency meetings attended reviewing referred young people and considering their current level of risk.
- LSCB CSE strategy subgroup – meetings attended gaining awareness of those at risk of CSE in order to prevent children from becoming victims.
- MARAC (Multi Agency Risk Assessment Conference) – monthly risk management meetings attended where information on high risk cases of domestic violence and abuse has been shared and risk management plans implemented
- DASC (Domestic Abuse Service Coordination) - monthly risk management meetings attended where information on medium risk cases of domestic violence and abuse has been shared, risk management plans and actions implemented to prevent situations from escalating further.
- Domestic Abuse Forum – meetings attended to increase awareness of services to those affected by domestic abuse and identifying and promoting good practice.
- Domestic Abuse Executive Group – multi agency quarterly meetings attended developing strategy and overseeing the Domestic Abuse Form.
- FGM (Female Genital Mutilation) Task and Finish group – meetings attended ensuring systems are in place to raise awareness of those at risk of FGM, the referral processes and the support available.
- E –safety Group – meetings attended raising awareness and providing training within the community for anyone working with vulnerable groups of people. The group has also monitored and responded to specific incidents.

- 6.2 Over the next 3 years a review of forums and practice that have a focus on risk will take place as part of the Board strategic plan to maximise effectiveness.

7 KEY ACHIEVEMENTS

Progress against Board objectives from 2015/16 development plan

- 7.1 Both of the Boards key objectives in the 2015/16 development plan were achieved. An independent chair was appointed and started as chair in October 2015 and a board manager was appointed in March 2016.

Progress against Peer Review areas for consideration

- 7.2 The peer review identified many examples of good practice as well as areas for consideration. The actions taken to address areas for consideration are contained in detail in annex 2. The review identified four areas for consideration –

1 How the Board works including membership and attendance

Following the appointment of an independent chair a strategic plan and Board terms of reference have been developed to support an effective and focused board where board members are aware of their roles and responsibilities and contribute actively to achieving aims and objectives. Sub groups are being developed to support the board to identify and implement required actions.

2 Decision Making and Accountabilities

The board will receive performance reports to ensure that decision making to improve safeguarding practice is based on evidence. The board has developed a strategic plan with a proposal for a quality assurance sub group. This will establish a Quality Assurance framework so that the Board is assured of effective practice across the partnership. This includes audit and mutual challenge across the partner organisations.

3 Ownership and Leadership

In addition to the appointment of an independent chair, resourcing of the board is being addressed through meetings of statutory partners to secure funding. A communication task and finish group will be convened to ensure clear and consistent communications and that all partners and stakeholders are aware of and contribute to safeguarding.

4 Partnerships

The limited resources of some key partners who support SAPB's across Berkshire has been considered and taken account of in the development of proposals for sub groups to support the draft strategic plan. Meetings will take place with SAPB representatives of other east Berkshire boards in order to align work and sub groups where possible.

Approach to Making Safeguarding Personal - Case Studies

- 7.3 The overall approach to safeguarding within Bracknell Forest aims to promote independence, wellbeing, social inclusion and maximise choice in service provision and safeguarding support. The following case studies demonstrate this commitment to “making safeguarding personal” and include feedback from residents who confirm that their interests were the focus of the enquiries.

Case Study 1 - Mr and Mrs X

Safeguarding professionals at Bracknell Forest Council were made aware of domestic abuse between an older couple, Mr and Mrs X in 2014; domiciliary care workers reported physical and verbal aggression from Mrs X to Mr X when Mrs X was intoxicated through alcohol abuse.

Both people were contacted about the safeguarding referral and they agreed to the issue being followed up through the safeguarding procedures; both had the mental capacity to agree to proceed in this way. They were open about the fact that alcohol had always been a key social feature of their lifestyle and of their 54 year relationship. Mr X acknowledged that Mrs X could become aggressive after she had a drink and he felt that since moving nearer to their family and away from their social circle, her behaviour had worsened when she had been drinking. Mr X had also become more physically frail during this period of time. The couple were invited to a number of safeguarding meetings which either or both of them attended; practitioners worked with them about the risks to Mr X when Mrs X had been drinking. Although options for support were discussed with both of them Mr X did not feel that further intervention was necessary, although he did agree to a visit from a charity for victims of domestic abuse to discuss his situation. Safeguarding professionals remained concerned about them, as neither Mr nor Mrs X perceived any issues of risk; in particular Mr X felt he would be able to defend himself against Mrs X should she attack him, despite his increasing frailty. The safeguarding plan that the couple agreed to was that domiciliary care workers would continue to support them and would monitor the safety of Mr X at the time of their visits; care management would remain regularly involved with Mr X as a precaution.

Mrs X continued to drink; Mr X became frailer in physical health. The situation escalated in the summer of 2015 when Mrs X attempted to attack her husband with a kitchen knife whilst intoxicated. Mr X was unhurt but Mrs X was arrested and taken into custody; she was released the following day without any further charge. The safeguarding plan, to which Mr X agreed, was for a respite stay in a residential home as a protective measure, and Mrs X agreed to participate in a substance misuse treatment programme locally. Safeguarding professionals and the police worked to support Mr X with decisions about future risks that he faced should he return home; he retained mental capacity and he chose to return home to be with his wife believing that he would be able to defend himself if he needed to. Eventually in August 2015 Mr X made the decision that it was no longer safe for him to remain living at home with his wife, and he decided to move into a residential environment. Mrs X visited him weekly and there were no reported problems between them from the Home.

Case Study 2 - Mr T

T is a gentleman with learning disabilities who relies on staff to support him in all areas of personal care, accessing the community and keeping himself safe. T is unable to manage his own finances and support staff help him to spend his money as he wishes on a weekly basis whilst ensuring a system is in place to cover bills. A safeguarding referral was made by a support provider following their weekly audit process when they discovered that T's bank balance was less than it should be. Protective measures were put into place to ensure that no further money could be removed and a safeguarding meeting was arranged. As T was unable to attend the meeting himself, an advocate visited him prior to the meeting in order to ascertain his views and preferred outcomes. At the meeting, T's advocate was able to feedback his anxieties regarding the loss of his finances and how this had affected him in terms of his relationship with his staff team as he had trusted them all. T's advocate also highlighted the nature of T's limited budget and how this is already stretched out across the week in order to maximise his access to and enjoyment of the community.





Following discussion, additional measures were put into place to minimise the risk of any further incidents of financial abuse. The support provider agreed to reimburse T as they felt accountable for this incident. They also noted that the police were unable to take this case any further due to the lack of evidence but that their internal investigations were still ongoing. The support provider's responsibilities i.e. to refer to DBS should a particular member of staff be found guilty were discussed as were the rights of the staff member should the internal investigation prove inconclusive.





At the meeting, it was agreed that T's safeguarding outcomes had or would be met in terms of:








1. Keeping his money safe
2. Ensuring that he was reassured that we had listened to what was worrying him
3. Offering him the reassurance and support that he needs to help him to continue to trust the majority of staff supporting him.






As a result of good partnership working between all parties including an open and transparent approach combined with a strong desire to ensure that T remained central to the process even if he was unable to be present at the meeting, it was agreed that this safeguarding case could be closed. Following the meeting and with support from his advocate, T was able to inform the safeguarding team that he had felt listened to within the process and was happy with how things have turned out.










8 PROGRESS AGAINST THE DEVELOPMENT PLANS SET OUT IN THE 2015/2016 ANNUAL REPORT











Status Legend	
Where there may be delay in achieving the action.	
Where the action has started, is not yet completed, but is on schedule	
Where the action has been completed (regardless of whether this was on time or not)	
Where the action is no longer applicable for whatever reason	







Developments	Year End Update	Status
Bracknell and Ascot Clinical Commissioning Group (CCG)		
New safeguarding lead to work with Deputy Director of Nursing (safeguarding) April 2015.	Safeguarding lead employed until November 2015. New appointment from March 2016.	
Agreement to make a financial contribution to the running of the Bracknell Forest Safeguarding Adult Board on behalf of local NHS organisations.	achieved	
To remain a key and active member of the Board and appropriate subgroups.	Achieved and on going	
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.	Tool Developed and roll out from April 2016.	





Developments	Year End Update	Status
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.	Two successful MCA train the trainers programmes undertaken. Over 30 staff trained to deliver training across the health economy and partner agencies. Also production of MCA information cards for staff.	
Working with West Berkshire CCGs plan and implement a MCA cross Berkshire conference	Cross Berkshire MCA multiagency conference held September 2015.	
Ongoing monitoring of provider safeguarding activity at the CCG Quality Committee.	Provider performance of safeguarding compliance tabled at the CCG quality committee every 3 months.	
Primary care safeguarding BASE training with emphasis on the Care Act implications prevents training, MCA/DOLs and lessons from national and Berkshire serious case reviews.	Prevent awareness delivered to over 150 GPs and practice nurses at practice training session 1.12.15.	
Berkshire Care Association (BCA)		
This years annual Conference in Oct 2015 will have Safeguarding as major theme.	Achieved	
Berkshire Care Association has appointed a development officer to work with care providers in raising standards with particular emphasis on safeguarding issues.	Achieved	
Bracknell Forest Community Safety Partnership		
Maintain a programme of training around relevant community safety issues, such as Domestic Abuse (including MARAC and DASH, Stalking and Harassment Awareness and Honour Based Violence and Forced Marriage), E-Safety and Prevent.	Free multi agency workforce training has been delivered across all subject areas throughout the year. There has been representation from frontline practitioners working with vulnerable adults at each of these training sessions.	



Developments	Year End Update	Status
Develop a programme of E-Safety awareness raising sessions for community groups working with vulnerable adults	Awareness raising sessions have only been delivered to two organisations as take up has been low. However information and resources have been provided to organisations upon request.	
Implement actions from the MARAC Action Plan and learning from local and national Domestic Homicide Reviews.	The Domestic Abuse Executive Group continues to monitor the implementation of the MARAC Action Plan with a continuing plan of improvement in place	
Maintain and develop new publicity campaigns to raise awareness of Domestic Abuse and E-Safety.	The "Its Never Ok" website has been completely revamped and new publicity materials produced. There have been a number of publicity campaigns throughout the year, with particular use being made of social media	
Further develop the DASC project, taking in to account the recommendations made by Cambridge University.	Both recommendations from the initial Cambridge Evaluation have been implemented and a final evaluation of the project is due in late 2016	
Bracknell Forest Council Adults Social Care, Health and Housing		
Adult Social Care will review its operating model for responding to safeguarding concerns in light of the Care Act.	Ongoing. The Care Act 2014 does not specify how safeguarding systems in adult safeguarding work should be arranged. According to recent research in the UK several models of practice have been identified of which Bracknell operates a 'Dispersed Specialist' model. This entails senior safeguarding social workers, coordinating and managing all safeguarding referrals and investigations, whilst the locality social workers carry out the safeguarding enquiry alongside their normal duties. The research findings offer a basis for analysis and managerial considerations about the implications of different organisational models of adult safeguarding which can contribute to a review of the operating model.	


Developments	Year End Update	Status
To embed the making safeguarding personal approach across all services	Continuous Development on the status already achieved	
To review the safeguarding performance monitoring information to ensure that it captures both qualitative and quantitative information	Continuous Development on the status already achieved	
Bracknell Forest Council Learning and Development		
Review and update all safeguarding training to ensure they are commensurate with the Care Act and the associated statutory guidance.	Achieved	
Redesign the safer workforce training to reflect feedback from providers and ensure compliance with the Care Act.	Achieved	
Monitor and evaluate the success of the new approach to impact evaluation and review this again if necessary	Achieved	
Bracknell Forest Safeguarding Adults Partnership Board		
Recruit and Independent Chair and Business Manager.	Independent chair and business manager appointed	
Develop the board safeguarding strategy in consultation with Healthwatch	Strategy has been developed, and a draft strategic plan produced, in consultation with HealthWatch	
Berkshire Healthcare Foundation NHS Trust		
Continue to support the work of Bracknell SAPB working closely with all agencies to improve adult safeguarding practice.	BHFT have continued to support the SAPB with regular attendance at the Board and Sub Groups	
To ensure that staff targets for MCA/ DOLs and adult Safeguarding training are met. Develop a train the trainer course for MCA/DOLS to further support staff knowledge of the principles of the MCA and apply the principles in practice.	MCA/DoLS and safeguarding targets for 2015/16 were met. 6 Members of staff attended the MCA train the Trainer course arranged by the CCG's and a training plan is in place for 2016/17	

Developments	Year End Update	Status
Wrap training dates on the training slate of the intranet for staff to access for 2015	WRAP3 Training is in place and we have over 1500 members of staff trained in addition to 1100 who have completed Chanel Awareness	
Continue to chair the Adult Safeguarding Partnership Group	We continue to chair the Berkshire Partnership meeting	
Frimley Park NHS Foundation Trust		
Current safeguarding adults training to be reviewed to meet the needs of the new organisation, Frimley Health NHS Foundation Trust.	Achieved	
Training for level 1 and 2 are now in place and will continue to be delivered in order to reach the target of 95% over three years.	Achieved	
Level 3 training is now in place and has been opened up to include all trained professionals from band 6 and above.	Achieved	
Share good safeguarding adults practice across the whole of the new organisation to improve outcomes for patients	Achieved	
To facilitate further Prevent training Trust wide	Achieved	
To facilitate further Mental Capacity Act training for clinical staff.	Achieved	
Ensure the formal links between the safeguarding leads and the complaints team are effective in ensuring that all complaints that come in to the Trust are reviewed to see if there are any safeguarding concerns within the complaint	Achieved	
Develop effective partnership working between the two Safeguarding Adult Leads in the new organisation Frimley Health NHS Foundation Trust	Achieved	

Developments	Year End Update	Status
To implement the legislative guidance that will be mandated following the Care Act	Achieved	
To complete the Annual Safeguarding Adults Self Assessment and Assurance Framework Tool and monitor progress against the agreed actions.	Achieved	
Royal Berkshire Fire and Rescue Service (RBFR)		
Continue to develop stronger links with the Adult Safeguarding Partnership Board as a result of very good progress during 2014/15 with the aim of further improving awareness of services provided by RBFRS which can support the Boards objectives	Achieved and On going	
RBFRS intends to reduce the number of fire deaths and injury from fire and to work closely in partnership to learn where incidents do occur	On going	
Thames Valley Police		
To continue to be active participants in the Board	Achieved	
To continue the campaign to raise greater awareness of the support that is available and to encourage victims to report incidents of domestic abuse.	The "Its Never OK" campaign and website are up and running. They are managed by the Bracknell Forest Domestic Abuse Forum and continue to deliver and raise public awareness of domestic abuse and provide information on services available to the general public and professionals. A leaflet and Infographic have been produced to highlight the website and campaign. The last social media advertising campaign over the two weeks of Christmas 2015, generated 252,261 impressions and reached 42,169 users on Facebook. As well as 1307 website clicks.	

Developments	Year End Update	Status
West London Mental Health Trust (Broadmoor Hospital)		
Work will be progressed to embed the Care Act into practice.	With the implementation of the Care Act in April 2015, the mandatory Safeguarding Adults training package was completely revised in May 2015 to incorporate the Care Act requirements. The training packs were further updated to ensure full Care Act compliance. We have a current 96% staff completion rate for 2015-2016.	
The current safeguarding adult's guidance pack will be revised in the next three months to ensure that we have incorporated Care Act provisions and Duties and a more generic threshold definition	The Safeguarding Adults guidance packs known as the "grab pack" was fully revised in May 2015 to incorporate the new definitions of abuse and provide relevant information to all staff and patients in respect of The Care Act 2014. The Safeguarding Adults threshold definition was revised and was replaced by the generic Care Act definition, using the SCIE detailed definitions of abuse.	
The Safeguarding Adult training package which is delivered on a monthly basis will be updated throughout the year to ensure the training represents all recent developments, national and local, including PREVENT. Within 2014-2015 we had an overall 97% staff completion rate.	Four NHS England approved training slides on PREVENT were incorporated within the Safeguarding Adult induction and refresher training programmes. Since December 2015, we have implemented a mandatory PREVENT workshop, which takes the form of a two hour training session. Both the Head of Forensic Social Work and the Social Work Manager have completed the required NHS England PREVENT accreditation in order to deliver these sessions. To date 104 staff at Broadmoor Hospital have received this training and there will be monthly training sessions offered throughout 2016.	
The Trust is recruiting two Safeguarding Adult posts, the first being a Safeguarding Adult Development post and the second a Trainer	In May 2015, the Trust appointed a full time Named Professional Safeguarding Adult Lead. Although a full time	

Developments	Year End Update	Status
<p>position. These are full time posts and the functions will be able to support Broadmoor Hospital in continuing to develop its safeguarding procedures and ensure staff and patient awareness</p>	<p>training post was advertised, the central Trust Safeguarding team have been unable to recruit to this post at the time of writing.</p>	
<p>The hospital Social Workers are currently undertaking a modular programme on the Care Act 2014, which includes a full one day training session on the Care Act and Safeguarding</p>	<p>The substantive Social Workers at Broadmoor Hospital have completed the modular Care Act training sessions, commissioned by Ealing Council. Staff within the department have had further opportunities to attend other related training sessions and seminars in relation to The Care Act and Safeguarding Adults. The Social Workers have been furnished with information about the revised Statutory Guidance issued in March 2016, including the LGA table, which sets out the changes in respect of Safeguarding Adults.</p>	
<p>We are developing a short briefing session on the Mental Capacity Act, where the Social Workers will brief staff and patients within the structure of the wards' community meetings. Work will also progress to make the Mental Capacity Act training a mandatory training package. Training on mental capacity is also being delivered across the whole of West London Mental Health Trust</p> <p>Wall charts providing detailed process mapping on The Mental Capacity Act, Mental Health Act and Deprivation of Liberty Safeguards are being obtained to place in ward areas</p>	<p>Ward briefings have been undertaken by individual Social Workers in respect of the Mental Capacity Act. These have taken place with patients during community meetings. Registers of those in attendance have been taken. Additionally, a laminated "quick guide" to The Mental Capacity Act was produced and issued to all ward areas and is displayed on the ward notice boards.</p> <p>Detailed Mental Capacity Act and Deprivation of Liberty Safeguards wall charts were obtained as planned and distributed accordingly across the Trust. In addition, at Broadmoor Hospital, we have distributed brief information cards, produced by Bracknell Forest Council to staff and patients across the hospital about the Mental Capacity Act.</p> <p>The Mental Capacity Act training is not yet a mandatory course and this will be taken forward to be approved within the next period. A report is due to be submitted to the Trust Management</p>	

Developments	Year End Update	Status
	Team with a recommendation that this course becomes a mandatory requirement. Since March 2015, 43 staff have received this training as a non-mandatory course. West London Mental Health Trust also has an established E-learning training programme on The Mental Capacity Act and Deprivation of Liberty Safeguards.	
We are in the process of creating patient leaflets on safeguarding adults.	A Trust wide Safeguarding Adult patient leaflet has been produced. We are just awaiting hard copies to be published and these will then be distributed to patients at Broadmoor Hospital.	

9 PERFORMANCE SUMMARY

Performance Summary 2015/16

How many safeguarding concerns were recorded?

9.1 The table shows that there was a decrease in the number of concerns received during 2015/16 compared to the previous year. However the number of concerns was more than those received during 2013/14. There was an increase in the percentage of concerns that led to enquiries during 2015/16 compared to the previous year.

	2013/14	2014/15	2015/16
No of Concerns	452	738	632
No of Enquiries	181	118	173
% concerns leading to enquiry	40%	16%	27.4%

What was the source of the safeguarding concerns?

9.2 The table below shows the source of concerns which demonstrates the engagement within the partnership during 2015/16.

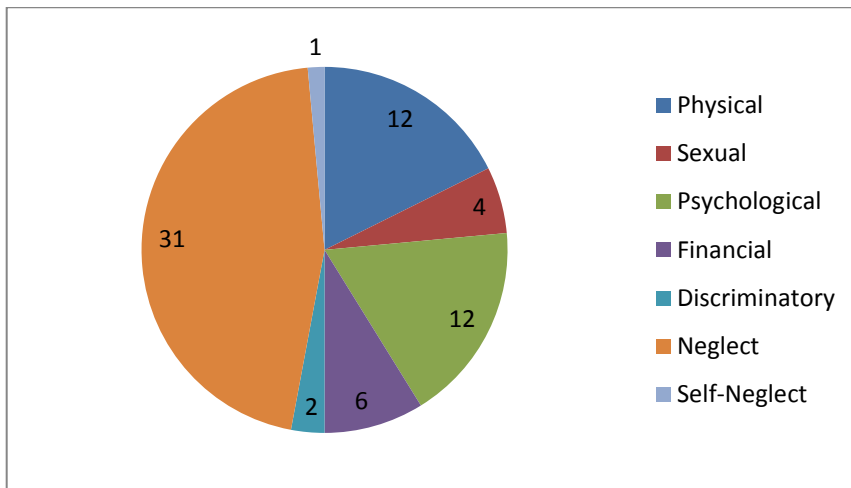
Organisation / Sector	Concerns	Enquiries	Percentage Progressed
Adult Social Care Staff	164	43	26.2%
Health Staff	219	21	9.6%
Self	31	12	38.7%
Family / Friend/ Neighbour	41	12	29.3%
Other Service Users	1	0	0%
CQC	2	1	50%
Housing	6	0	0%
Education / Training / Work	2	1	50%
Police	63	7	11.1%
Other	103	76	27.4%

Who was referred for a Safeguarding Enquiry?

9.2 Data from the enquiries carried out and that were closed shows that most enquiries in 2015/16 were for the over 65 age groups, although the percentage of enquiries completed involving the over 65 group dropped from 60% in 2014/15 to 51% in 2015/16. Similarly to the previous year, during 2015/6 more women (58%) were referred than men (42%) and the majority of referrals have continued to relate to adults at risk who are of white ethnic origin (86% during 2015/16)

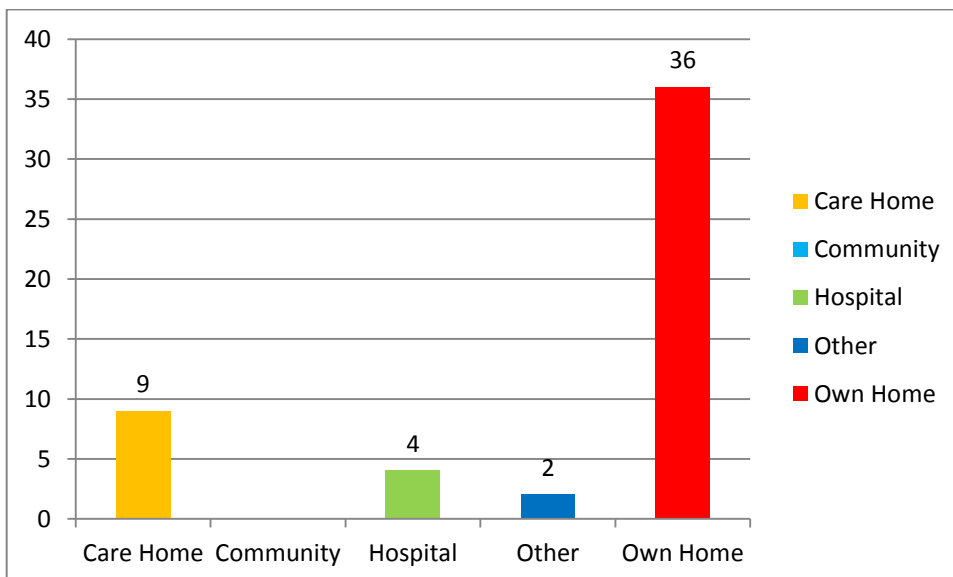
What type of abuse was alleged?

9.3 The diagram shows that, from the information for enquiries closed where the outcome was substantiated or partially substantiated, the most commonly alleged type of abuse in Bracknell Forest during 2015/16 was neglect. The other most common types of abuse were physical and psychological. This is similar to 2014/15 where the main categories of abuse were neglect followed by physical and financial.



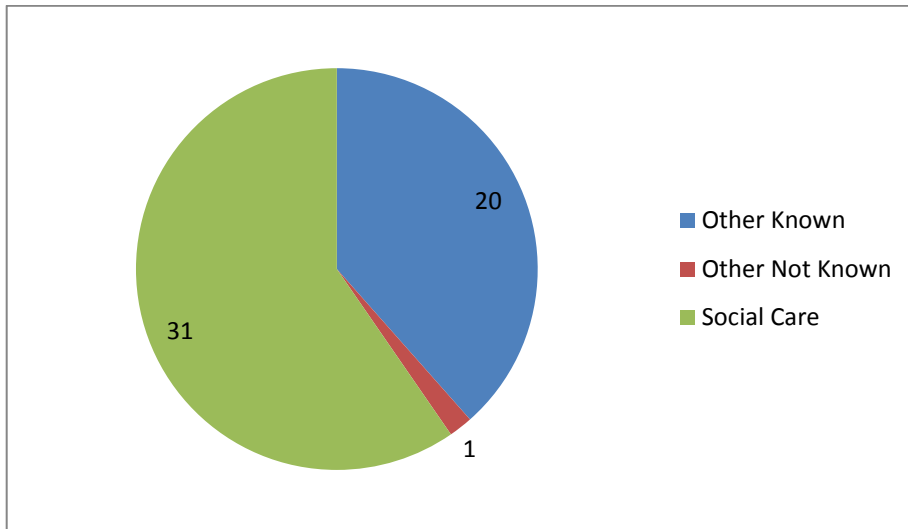
Where did the alleged abuse take place and what was the source of risk?

9.4 The chart shows that, for enquiries closed, where abuse was wholly or partially substantiated, as in previous years adults at risk are most likely to experience abuse in their own home (36 cases or 70% of cases in 2015/16 compared with 47 or 59% of cases in 2014/15).



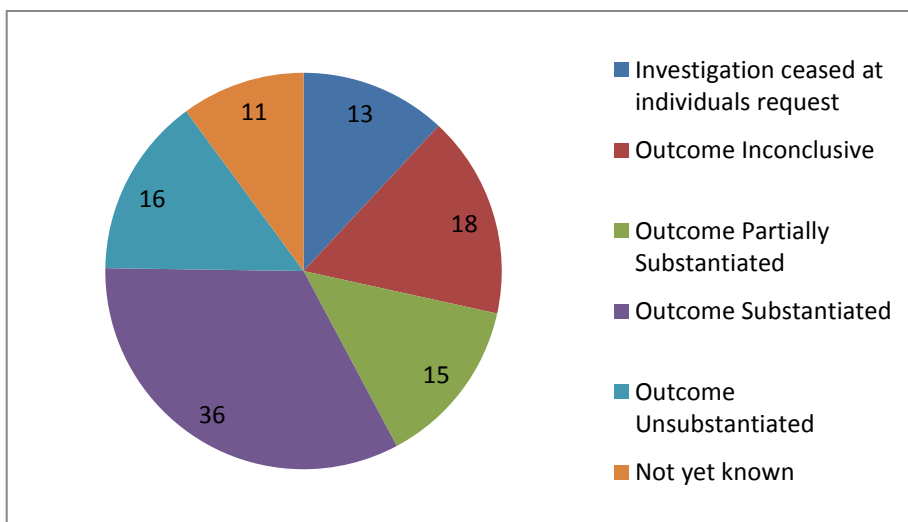
9.5 The diagram shows that, in term of the source of risk, on the majority of the enquiries that were closed where abuse was substantiated or partially

substantiated, the alleged perpetrator was known to the person. On 20 (38%) occasions the person who caused harm (where this was substantiated or partially substantiated) was either the partner, family member or neighbour / friend of the individual. This is roughly similar to the number recorded during 2014/15. On 31 (60%) of occasions the person who caused harm was a member of the health or social care workforce, this is a reduction from the 43 occasions in 2014/15. For the remaining 1 occasion where harm was substantiated or partially substantiated, the harm was caused by someone not known to the individual. This compares to 22 occasions during 2014/15 where harm was caused by someone not known.



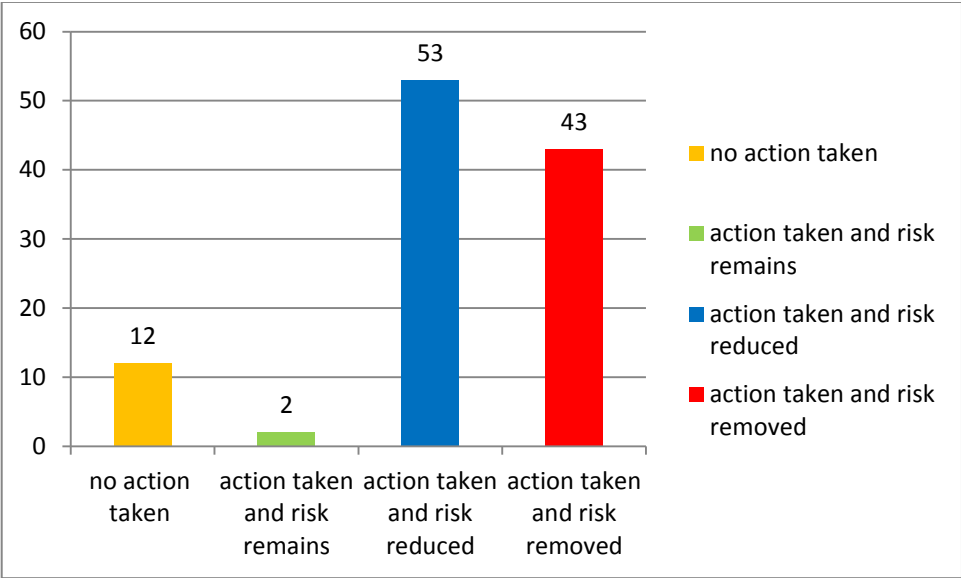
What was the outcome of our investigations?

9.6 The diagram shows that, for enquiries closed, the proportion of cases where abuse has been wholly or partially substantiated was 46% (51 cases). This compares to 68% (80 cases) of safeguarding assessments that concluded that abuse was wholly or partially substantiated in 2014/15. However during 2015/16 13 investigations ceased at the individuals request, compared to 4 in 2014/5, and 11 cases were awaiting conclusion.



What action has been taken to manage the risks people face?

9.7 The chart shows that, for enquiries closed, risk reduced and risk removed are the most common types of action taken to manage the risk that people face (87%). This compares closely to 2014/15 when 88% of enquiries closed resulted in the risk being reduced or removed. The small number where safeguarding action has been taken and the risk remains involves people who have capacity. These people receive ongoing support through care management processes which supports with managing the risks.



How safe do our service users feel now?

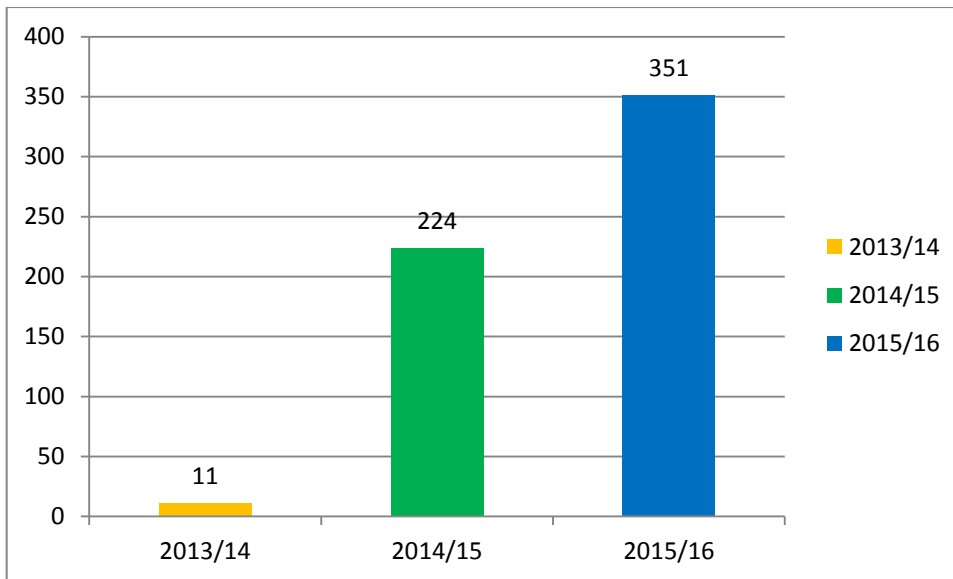
9.8 Local authorities conduct an annual survey for social care service users, including people who have been through the safeguarding process. The survey includes questions that aim to find out what proportion of people feel as safe as they want to be, and whether care and support services help people feel safe.

9.9 Information collected for enquiry closed during 2015/16 reveal that 69% of people who were subject of a safeguarding enquiry felt safer as a result of the enquiry. 11 people were unable to communicate their views and 2 people reported not feeling safer. This compares to 2014/15 where 83% of people who were subject of a safeguarding enquiry feeling safer as a result of the enquiry with 9 persons not able to communicate their views, and 1 person reporting that they did not feel safer.

Deprivation of Liberty Safeguards (DoLS)

Applications received

9.10 The chart shows that a total of 351 applications for authorisation of deprivation of liberty were received in 2015/16, which is a 56% increase on the number received during 2014/5 (224).

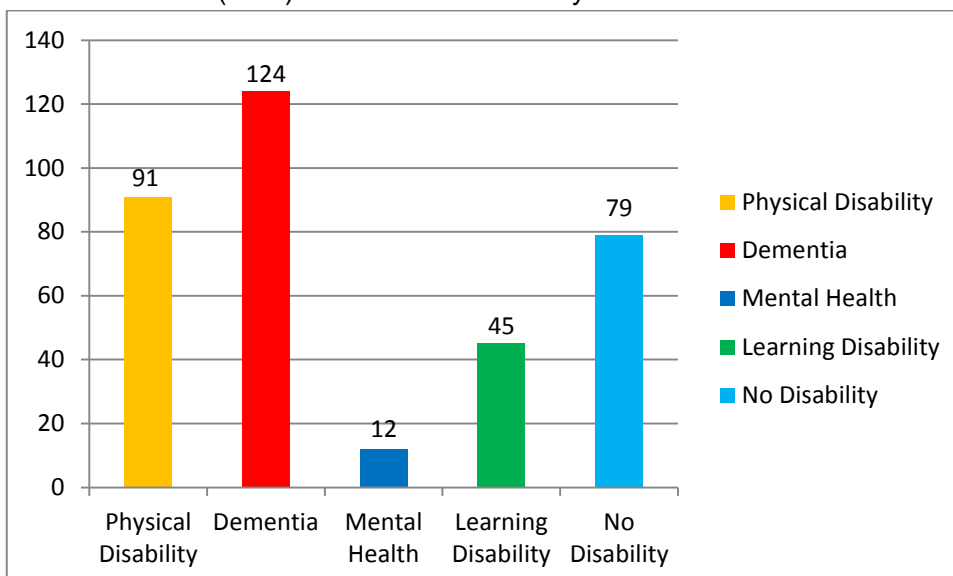


Applications Granted

9.11 During 2015/16, 261 of the applications (74%) were granted and 51 (14%) were not granted, with 34 application awaiting decision and 5 withdrawn. This compares to 183 applications (81%) being granted during 2014/15, with 22 (10%) not granted and 14 (6%) withdrawn.

Primary Reason for Support

9.12 The chart identifies that of the applications received, 124 (35%) related to people whose primary reason for support were related to dementia. 91 (30%) applications related to people whose primary support reason was physical disability, 45 (12%) related to learning disability, 12 (3%) related to mental health issues and 45 (13%) related to no disability.



10 SAFEGUARDING ADULT REVIEWS

- 10.1 Safeguarding Adults Partnership Boards must arrange a Safeguarding Adults Review (SAR) 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 worked more effectively to protect them. A SAR is also intended to ensure that lessons are learned, and is required to publish the outcomes in the SAPB annual report.
- 10.2 The Bracknell Forest Safeguarding Adult Partnership Board commissioned two Safeguarding Adult Reviews during 2015 – 16 which have not yet concluded. The outcomes will be reported in the Board's 2016/7 annual report.

11 QUALITY ASSURANCE

Care Governance

- 11.1 It is the responsibility of the Council to work with providers of adult social care to ensure continuous improvement. This is particularly important where services are not judged to meet appropriate standards. The Council's approach to Care Governance is one of working in partnership with care and support providers to ensure the safety and quality of services within the borough and to residents who have been placed in care settings outside the borough, where the Council retains a duty of care for those individuals. The main decision making body in relation to this is the Care Governance Board which has ultimate responsibility for ensuring the quality and safety of the support provided. The Board makes decisions on the 'flag status' of providers which has an impact on whether support will be commissioned from them. The Board also decides actions that need to be taken to improve the quality of support and may decide people receiving support need to be visited and welfare checks undertaken to ensure they are not being placed at risk. The purpose of Care Governance is to ensure there is effective monitoring and – where necessary – action to ensure that people are in receipt of good quality care and support to achieve their required outcomes. This action includes managing risk and providing assurance that the right things are being done in the right way and at the right time.
- 11.2 The Care Governance Board meets monthly to share, discuss and agree actions in relation to information received from internal and external sources regarding providers of services. The Board receives information from a range of sources including:
- CQC reports and regulatory letters/information
 - Other Local Authorities and NHS partners
 - Safeguarding Alerts and or referrals
 - Requests and authorisations for deprivation of liberty
 - Quality assurance visits completed by Adult Social Care Contracts team

- Reviews undertaken by Health and Social Care Practitioners
- Complaints, MP enquiries and Member enquiries
- Financial Checks and Insurance Checks
- Feedback from people receiving support and their families and informal carers

11.3 The Board considers each 'referral' on its own merits and what action, if any, is required. Where appropriate, the provider is supported to develop an action plan which identifies the actions required and timescales for completion. Where concerns have been identified regarding a provider, their commissioning status will be reviewed by the Care Governance Board on a monthly basis. The status is assessed as being red, (high risk – do not use), amber, (medium risk – use with caution) or green (low risk) from the information provided to the Board. A subgroup of the CGB meets once a month prior to Board meetings to share findings and update on actions requested at the last meeting.

Quality Assurance -Safeguarding Adults

11.4 In order to ensure that the safeguarding process is carried out consistently and to a high standard across the department, audits of the process are carried out at a number of levels:

- 1 Safeguarding questionnaires are completed for all safeguarding cases where the individual (or family member) agrees to this. Support with completing this is provided by either the Adult Safeguarding Development Worker or an advocate if the person was unable to attend the meeting. Family may be asked to complete the questionnaire if this is more appropriate.
- 2 An internal audit is carried out within LAS through completion of the safeguarding case on the database and approval must be gained at agreed points within the process.
- 3 Regular audits are held between safeguarding team and the 4 individual adult social care teams. These audits have been devised so that the following areas of practice can be monitored:
 - a. Compliance with the safeguarding procedures
 - b. Person centred practice
 - c. Quality of record keeping
 - d. Multi agency working

11.5 Learning gathered from any of the above processes can then be shared with other teams and through other forums as appropriate. Use of Adult Safeguarding Development Workers as Safeguarding Chairs also ensures a level of consistency across teams, enabling good practice to be shared, trends to be identified and monitoring to occur in a more informal and person-centred way. A range of other meetings and forums e.g. team meetings, departmental administrator meetings, Designated Safeguarding Manager Forum and Safeguarding Forum and best practice seminars also feed into the quality

assurance process by providing opportunities to share information, raise awareness, identify trends and ensure consistency.

Quality Assurance Sub Group

- 11.6 In order to ensure co-ordination of quality assurance a new sub group of the board will be instigated during 2016. The quality assurance sub group will support the achievement of objectives in the board's new strategic plan, for example by analysing safeguarding data to better understand the reasons that lie behind local data returns and use the information to improve the strategic plan and operational arrangements. The sub group will provide a report for the 2016/17 annual report.

12 TRAINING PROVIDED BY BRACKNELL FOREST COUNCIL

Course	Total Attendance (of which PIV)
A Safer Workforce for Providers of Social Care in Bracknell Forest	4 (3)
Adult Safeguarding Best Practice Seminar 1	29 (0)
Adult safeguarding Best Practice Seminar 2	40 (1)
Adult Safeguarding Best Practice Seminar 3	29 (0)
Adult Safeguarding Best Practice Seminar 4	42 (0)
Community Deprivation of Liberty Practice and Process	96 (1)
Introduction to the Mental Capacity Act	68 (41)
MCA & DoLS	14 (13)
Safeguarding Adults Level 1 - Introduction to Safeguarding	138 (82)
Safeguarding Adults Level 2 & 3	19 (0)
Safeguarding Adults Level 2 & MCA	32 (1)

- 12.1 The table above sets out the breadth of training opportunities made available to local stakeholders during 2015/2016. The Bracknell Adult Safeguarding team has also provided a number of safeguarding awareness sessions to prevent and neglect.

13 DEVELOPMENT PLANS FOR 2016 -2017

Agency	Actions
Berkshire Healthcare NHS Foundation Trust	<ul style="list-style-type: none"> ➤ Greater awareness of self neglect and safeguarding ➤ Maintaining compliance with training targets ➤ Closer working with the trust domestic abuse practitioner
Berkshire Care Association.	<ul style="list-style-type: none"> ➤ Appointment of development officer for one year post working directly with care providers to promote best practice in all areas including Safeguarding, with particular emphasis on hard to reach services ➤ Conference in Oct 2016 – Safeguarding one of the themes for presentation and workshop ➤ Care providers safeguarding event planned for June 2016 with BFC

Agency	Actions
Bracknell and Ascot Clinical Commissioning Group	<ul style="list-style-type: none"> ➤ New Named Professional to work 30 hours per week to support Deputy Director of Nursing (Safeguarding) ➤ Increase support to lead GPs for adult safeguarding by: implementing 6 monthly lead GP meetings, implementing annual newsletters, improving communications to GPs where there is concern about a relevant provider and increasing access to supervision from CCG safeguarding team where there are concerns. In line with safeguarding team annual plan. ➤ CCG to continue to be actively represented at the SAPB and SAR subcommittee by the Deputy Director of Nursing (safeguarding) and the named professional safeguarding, with input from Director of Nursing. ➤ Annual primary care training to incorporate lessons learnt from local SARs and update in DoLs and MCA. ➤ Named Professional safeguarding to chair task and finish group to map safeguarding adult training with new intercollegiate guidance (2016) across the health economy and produce a safeguarding adult strategy in line with the guidance for primary care. ➤ Named Professional safeguarding to review guidance for modern day slavery and disseminate professional guidance across the health economy. ➤ CCG to request audit of quality of MCA assessments to be conducted by FPH and BHFT 2016/17. ➤ Primary care safeguarding self-assessment to be undertaken and reported to the SAPB Autumn 2016. ➤ Safeguarding self-assessment to be undertaken by BHFT and FPH and reported to the SAPB during 2016/17. ➤ Deputy Director of Nursing (safeguarding) to report to SAPB on SAR and DHR conducted in Slough and lessons learnt 2016/17.

Agency	Actions
Bracknell Forest Adult Social Care	<ul style="list-style-type: none"> ➤ To create an up-to-date current training programme linked to the necessary competencies. Once reviewed and developed, training will include the following stages: <ul style="list-style-type: none"> • Induction • Level 1 ➤ • level 2 & 3 (with separate courses for practitioners and external partners) Training will be delivered in a variety of mediums ranging from short e-learning courses to more intensive workshops. ➤ To review and update our current audit process to ensure each person going through the process receives a consistent service that is <ul style="list-style-type: none"> a. Care Act compliant b. Follows best practice guidance c. Ensures the person is at the centre of the process (Making Safeguarding Personal) ➤ To develop a strategy to support individuals who are going through the financial abuse process in order to ensure a more robust and consistent response. This will include raising awareness of the process internally as well as with partner agencies; involving financial institutions in the creation of a more responsive and accessible pathway and developing better links with support services.

Agency	Actions
Bracknell Forest Community Safety Partnership	<ul style="list-style-type: none"> ➤ Maintain a programme of training around relevant community safety issues, such as Domestic Abuse, E-Safety and Prevent. ➤ Expand the remit of the DASC project to include victims of familial abuse, with a particular focus on vulnerable adults. ➤ Renew the Strategic Assessment process to consider emerging threats and trends, including issues such as modern slavery and trafficking. ➤ Develop a new protocol for Closure Orders involving vulnerable drug users ensuring that appropriate support and safeguards against trafficking are in place. ➤
Bracknell Forest Council Learning and Development Team	<ul style="list-style-type: none"> ➤ Fully implement the electronic impact assessment process to identify how people have improved their practice as a result of undertaking learning opportunities. ➤ Ensure that any Best Interest Assessor standard and refresher training meets the needs of the Council and that an East Berkshire BIA Forum is developed to enable the sharing of best practice. ➤ Regularly update the contents of the Introduction to Safeguarding and the Mental Capacity Act training programmes

Agency	Actions
Frimley Health NHS Foundation Trust	<p>Learning and Development</p> <ul style="list-style-type: none"> ➤ There is an on-going work-stream around safer discharge from hospital which is resulting in a number of safeguarding alerts made back in to the hospital for a variety of reasons. ➤ There is on-going work to strengthen the identification of domestic abuse and use of the DASH risk assessments within the Emergency departments, EDOU's and the ward areas. There is also a piece of work linked to confidentiality and breaching this when the patient has asked specifically for their information not to be shared
National Probation Service	<ul style="list-style-type: none"> ➤ For the NPS to be aware of the complexities and sliding scale of the condition of Autism and other learning disabilities/difficulties; ➤ To work with other organisations involved in adult safeguarding to risk manage and support offenders with learning disabilities/difficulties. To understand the offender's needs and the links to their offending behaviour; ➤ To work with other organisations involved in adult safeguarding to support victims of serious sexual and violent offending, ensuring offenders do not commit further offences against the victim of the original serious offences.

Agency	Actions
Royal Berkshire Fire and Rescue service	<ul style="list-style-type: none"> ➤ Continue to develop stronger links with the Adult Safeguarding Partnership with the aim of further improving awareness of services provided by RBFRS which can support the Boards objectives ➤ Continue to reduce the number of fire deaths and injury from fire and to work closely in partnership to learn where incidents do occur ➤ Develop “making every contact count” and “safe and well” toolkits enhancing the home fire safety check programme further supporting the vulnerable in the community
Thames Valley Police	<ul style="list-style-type: none"> ➤ Domestic Abuse will continue to be a focus, with the learning from the local DASC project used to inform and improve local safeguarding outcomes. ➤ Crime reduction and safeguarding messages around fraud, both online and in person, will be developed. The particular risk to vulnerable adults from this sort of offending will be integral to those messages.

Agency	Actions
West London Mental Health Trust	<ul style="list-style-type: none"> ➤ At Broadmoor Hospital, we will strive for all staff within the hospital to have completed the mandatory PREVENT training and engage in the Mental Capacity Act Training as a mandatory course, either face to face or via the new E-Learning package. ➤ Patient leaflets will continue to be distributed and a revised MCA brief information card will be distributed across the hospital. An existing MCA “pocket guide” has already been distributed across the Hospital and the revised guide will be distributed shortly. ➤ There will be planned briefing and discussion sessions on Safeguarding and the MCA with Carers as part of the Carers Forum, a quarterly event for relatives and friends of Broadmoor Hospital patients, held on a Saturday. ➤ There will be an evaluation and analysis of closure forms and exit questionnaires to measure effective outcome data. ➤ The Hospital will remain committed to ensuring Care Act compliance with its safeguarding procedures. ➤ The Hospital will ensure that PREVENT referrals are made accordingly throughout this next year. ➤ A revised Tri-Partite agreement will be completed to reflect the changes required within The Care Act 2014 and the vision and strategy of the SAPB.

Agency	Actions
Involve	<ul style="list-style-type: none"> ➤ Proactive membership and involvement with the ASB ➤ Disseminate important information regarding safeguarding adults to the Voluntary and Community Sector ➤ Deliver level 1 adult safeguarding training for volunteers and the voluntary and community sector ➤ Support charities and community groups within Bracknell Forest regarding their safeguarding policies and procedures (as required)

14 THE BOARD'S STRATEGY AND DRAFT STRATEGIC PLAN 2016/19

14.1 The Bracknell Forest Safeguarding Board's safeguarding strategy sets out the Board's ambitions for safeguarding in Bracknell Forest until 2019, focused on the difference all partner agencies can make for adults at risk. The strategy contains a vision that safeguarding should be about

- *Working together in partnership* with people who need safeguarding support, the broader community and across organisations
- *Transforming people's experience of safeguarding support*: informing them; putting them in control; ensuring that safeguarding responds to what they want
- *Supporting and empowering people* to manage risk of harm; enhancing resilience
- *Prevention as well as intervention*
- *Protection: outcomes that support wellbeing alongside making people safer*

14.2 A draft strategic plan has been developed for 2016 – 2019 to deliver the board's vision. In setting its aims and objectives, the strategic plan has taken account of national guidance and reviews, discussions between the independent chair and representatives of partner organisations represented on the board and the outputs of a development day which highlighted challenges faced by the board and partner organisations. The strategic plan aims and objectives for 2016 – 19 are as follows

- **AIM 1:** Establish a robust and committed partnership demonstrating clarity as to how the SAPB will hold partners to account and gain assurance of effectiveness of arrangements. This to include establishing a Quality Assurance framework and making effective links with other partnerships
 - **Objective 1** Ensure that the specific measures required of the Board by the Care Act are in place
 - **Objective 2** Partner organisations and board members are aware of their duties and responsibilities
 - **Objective 3** Implement an effective quality assurance framework
- **AIM 2:** Making Safeguarding Personal is embraced across organisations: the way in which people experience safeguarding support is personal and supports them in achieving the outcomes they want. People who may be in need of safeguarding support influence the development of safeguarding in Bracknell.
 - **Objective 1** Individuals are at the centre of the safeguarding process
 - **Objective 2** Ensure the board engages with people who may be in need of safeguarding services
 - **Objective 3** Support for the person centred approach
- **AIM 3** MCA and DoLS: The Board understands what the priority issues are that can support more confident and person-centred practice in safeguarding. The principles of the MCA are integrated into safeguarding support/practice so as to transform the experience of safeguarding support.
 - **Objective 1** The partnership promotes, and partner organisations demonstrate, a clear working understanding and competence in applying the core principles of the Mental Capacity Act. This promotes a Human Rights based approach and a

personalised approach to safeguarding support. It promotes a focus on wellbeing as well as safety.

- **Aim 4** Work alongside people to offer effective support in addressing risk in their lives: risk is effectively identified, assessed and managed and resilience is enhanced
 - **Objective 1** A partnership framework of principles is in place (and supported by L&D opportunities) that embraces the core safeguarding principles and supports service users in decision making. This to support all organisations/ staff/ professionals in effectively balancing choice, wellbeing and safety, alongside service users, with reference to the MCA. Integrate approach to self-neglect within this framework.
 - **Objective 2** Multiagency forums for managing risk support effective management of key areas of risk that are in the scope of safeguarding adults
 - **Objective 3** Seek assurance of partnership and public awareness of areas of risk including (those highlighted in Chapter 14 of the Care and Support Statutory guidance as requiring a focus within safeguarding support services): domestic abuse; human trafficking; radicalisation; FGM

- **Aim 5** Prevention:
 - **Objective 1** Assurance of effective transition
 - **Objective 2** Assurance of effective use of data and intelligence
 - **Objective 3** Assurance of quality and safeguarding in provider services

14.3 The draft strategic plan contains actions to achieve its aims and objectives and these action will be monitored throughout the year and progress reported in the 2016/17 annual report. Whilst developing the strategic plan the board has highlighted the importance of working in collaboration with neighbouring adult safeguarding boards, and with other partnership boards within Bracknell Forest, to share plans, actions and resources wherever possible. The 2016/17 annual report will provide evidence of how successful adult safeguarding is at linking with other parts of the system, for example children's safeguarding, domestic violence, community safety and how well agencies are co-operating and collaborating. The development work has also highlighted the need for the following sub groups of the board to ensure co-ordination and implementation of the strategic plans aims and objectives.

- Safeguarding Adult Review Sub Group
- Quality Assurance Sub Group
- Learning and Development Sub Group (East Berkshire)

14.4 In addition to the sub groups, a communications task and finish group and a task and finish group to focus on working with risk will be formed during 2016 in order to develop and implement actions to support the development of a new risk framework and support community engagement and communications amongst the community, practitioners, partners and the board in order increase community awareness of and engagement with adult abuse and neglect and how to respond.

Peer Review Progress

Area for Consideration	Action / Progress
1 How the Board works	
1.1 Overall	
The SAPB was seen, particularly by Bracknell Forest Council, as being under resourced in comparison to children’s safeguarding	Independent chair recruited Board Manager recruited Resources under constant review
Most people interviewed felt that some consideration should be given to balancing the resources provided by the statutory partners	Resourcing under review
There was a unanimous view that the current chairing was good, but meetings were dominated by the Council. This was compounded by the minutes which all appeared to have the Bracknell-Forest Council logo on them rather than the Board logo	Independent chair recruited Independent chair has met with all partners agencies represented on the board – feedback is being used to inform future agenda setting
A number of people saw that an independent or rotating chair was a way of ensuring that the Board not dominated by the Council “having someone completely independent would be better....independent chair would provide more challenge”. “My experience of an independent chair ...challenges, particularly the culture”. One person, however, questioned whether such arrangements would make a fundamental difference outcomes for people “ will it make a difference to the person...resident”	Independent chair recruited
Partners were concerned that they were required to sit on a number of Safeguarding Boards, and for statutory partners, provide resources. Statutory partners were concerned that they did not have the resources to do this, and would like to agree a way forward that	Geographical areas covered by partners requiring them to sit on a number of boards is being considered in developing the board’s strategic plan and corresponding structure (e.g number of sub groups).

reflects their agencies geographical spread.	
1.2 Membership and attendance	
The SAPB reflects those agencies working across Bracknell-Forest, but a number of people wanted to ensure that people attending should be decision makers within their own organisations	One of the priorities in the strategic plan is to ensure that the board continues to be Care Act Compliant and to ensure that all agencies represented at the board are aware of their responsibilities to both the board and their organisations
There are a number of notable exceptions to the membership GPs, Pharmacists and Dentists. This group are not represented either in their own right, through NHS England who currently commission these services or through an agreement between the CCGs and NHS England. Given Primary Care's crucial role in spotting and supporting people within the community, including in residential settings, it is suggested that this is addressed.	The CCG is represented on board
Bracknell Forest has good links with the voluntary sector and citizen groups. It is not clear how these groups input into safeguarding and it would be helpful to articulate this	The strategic plan includes work to develop the work of the voluntary sector in relation to adult safeguarding and to engage to a greater extent with people in the community to inform the development of safeguarding.
It would be helpful to establish clear links to the Royal Berkshire Fire Service who have in other areas become crucial to safeguarding in other areas	Royal Berkshire Fire and Rescue Service are members of the board, and will be providing regular reports to the board
Some commercial providers were not aware that they had a 'representative' on the SAPB. Where organisations represent a 'group' of others such as this, there needs to be clarity about how organisations carry out their 'representative role', feeding back issues to member organisations, raising sector wide issues etc.	The strategic plan contains a priority for the board to continue to be "Care Act compliant". The Board terms of reference clarify responsibilities of Board members. Actions within the strategic plan are aimed at supporting board members with consistent information for dissemination.

(again a memorandum of agreement could formalise expectations).	
1.3 Communications and campaigning	
The Board has a developing communication plan led by the Council. When the Board development is discussed this may be an area for more development, especially a campaigning plan about reducing adult abuse	This is to be taken forward through the strategic plan actions. A task and finish group will be formed to co-ordinate this.
1.4 Agenda setting and papers	
Many people felt that the agenda was dominated by ASC and would like to see the agenda reflect a more balanced approach. This would include regular updates from all partners about activity and actions	Independent chair has met with all partners agencies represented on the board – feedback is being used to inform future agenda setting. Partners are already participating in leading on agenda items.
There was a view that debate about more challenging issues should be encouraged more.	As a result of the feedback from partners, following meetings with the independent chair, the agenda will facilitate greater debate i.e. no information only items
Safeguarding performance data from individual partner organisations did not appear to be routinely shared e.g. SUIs	A quality assurance group is being formed to support the strategic plan priorities. This will involve ensuring safeguarding performance data is available and being used. Performance reporting is included in the board agenda
The Board's role in prevention was unclear to some and a discussion about the Board and partners roles could be clarified	Prevention is one of the priorities in the strategic plan actions associated with this will be developed over the three year period of the plan
Although the Board has four sub-groups, updates on activity are not routinely reported on and it did not appear that the groups undertake work determined by the Board. It may be helpful for the Board to consider how these groups report in and work on the Board's work plan.	The development of the new strategic plan has included a review of the sub groups to determine which sub groups should be in place to support delivery of the plan, and how they should operate. It is proposed that a quality assurance, learning and development and safeguarding adult review sub groups should support the board

1.5 Training, development and support	
One person was not clear about how the training for the voluntary sector could be accessed and it may be helpful to re-state how this can be accessed	The strategic plan includes work to develop the work of the voluntary sector in relation to adult safeguarding and also to ensure clear communications.
Some people would like to see safeguarding training to be accredited which would enable staff to have transferable qualifications.	A learning and development sub group covering east Berkshire is in place. Training development opportunities will be taken forward through this group
1.6 Governance	
It was unclear how partners are providing feedback on safeguarding issues to their 'home' organisations Boards. It might be helpful if an assurance system was put in place	A quality assurance sub group is to be formed which will support the board to gain assurance that partner agencies have safeguarding processes in place
The Chief Executive of the Council will from April have key responsibility for safeguarding. Again it would be helpful for there to be some consideration given to how this would work.	The independent chair reports directly to the chief executive. The annual report will be provided to the chief executive under the requirements of the Care Act
2 Decision Making Process	
2.1 Use of evidence	
To put in place an audit process that provides data and evidence before decisions are made and to ensure that that the SAPB can point to decisions that had improved practice.	A quality assurance sub group is being developed which will support the board to ensure that decisions are evidenced based and that they do improve practice
Performance information is key to improving services and provides a way for to improve understanding of partners issues. Section 11 provides this framework for Children's Safeguarding Boards and the Board might want to consider how it can replicate a similar process within adult services. This would also enable an independent view of activity to be made.	A quality assurance framework will be developed by the quality assurance sub group. Opportunities to replicate the section 11 audit for children's safeguarding boards are already under discussion.
2.2 Accountabilities	
There are clear links within the Council for	The board's strategic plan is being developed

decision making, but these arrangements need to be reconsidered in light of the Care Act and the CEOs new responsibilities	with consideration of other partnership plans, and particularly the Council's Plan.
The Lead Cllr would want to consider lines of accountability for any independent Chair, if appointed. Particularly how they would be held to account and would like there to be some consideration given to this being the Health and Wellbeing Board	The independent chair has been recruited and is accountable to the chief executive. The development of the strategic plan has confirmed the importance of linking the boards planning to the work of other partnerships including the health and well being board. The board's annual report will be sent to the chair of the health and well being board as required by the Care Act.
There is an aspiration that the Board should report into the HWBB as this could ensure that by working together it will "remove many of the impediments to working together	The development of the strategic plan has confirmed the importance of linking the boards planning to the work of other partnerships including the health and well being board
Partners have in place some procedures to 'go back' to their home organisations when decisions relation to policy or procedures were required. this links to both whether Board members are empowered to make decisions for their organisations and how these are fed back to their home agencies	Board terms of reference are in place. As part of this it is recognised that members of the board need to recognise their responsibilities to the board and to their organisations, and that representation is at sufficiently senior level.
Ensuring that all partners corporate governance structures have clear links to the Board	Terms of reference in place. As part of this it is recognised that members of the board need to recognise their responsibilities to the board and to their organisations, and that representation is at sufficiently senior level
3 Ownership and leadership	
3.1 Chairing and membership of the SAPB	
Clear view that it is time to appoint an Independent Chair, in partnership with another Council or solely for Bracknell-Forest. This was not seen as a reflection of the current chairing but an acknowledgement that partners are likely	An independent chair has been recruited. Funding arrangements are under constant review

<p>to feel that there is more responsibility on them to contribute if the SAPB is not led and chaired by ASC, however there was a strong view that “partners need to buy into and therefore fund any new arrangement”</p>	
<p>The introduction of an independent chair, if agreed could provide a catalyst to reviewing the Board membership and support arrangements</p>	<p>An independent chair has been recruited and has met with all board members to gain support and feedback on areas for improvement. The independent chair is overseeing the implementation of a new three year strategic plan</p>
<p>When reviewing membership and Board arrangements the following points might want to be considered</p> <ul style="list-style-type: none"> • how the voice of users and voluntary sector might be strengthened • How can the SAPB “add value (and) what would make a difference?” • ensuring that all participants have adequate authority to take decisions • ensure that there are up to date role descriptions for board members • agreement about who needs to attend from the different statutory partners • who needs to be a voting member and who is ‘in attendance’ • the Board is seen to be dominated by ASC staff and it is suggested that this could be reduce • ensure all partners are clear about how they are expected to link ‘back’ • ensure that the Board is a shared responsibility and each member is a champion for safeguarding • how to ensure that service users/carers 	<p>All considerations for improvement in terms of reviewing board membership is being taken into account, particularly through the strategic planning process where the priorities are being determined and the resources that will be required to achieve the boards desired outcomes</p>

<p>are represented, and how this links with the various other service users/carers groups</p> <ul style="list-style-type: none"> any changes to the Board needs to ensure that the authority of social care and its statutory requirements placed on it as part of the Care Act is not lost 	
3.2 Resources	
Statutory partners should be asked to make a contribution to the whole running of the Board.	Funding and resourcing is constantly reviewed with meetings of statutory partners taking place
<p>Resourcing was not just seen as funding a Independent Chair and associated costs but also:</p> <ul style="list-style-type: none"> joint training costs ensuring that board members took more of a leadership role and for example lead campaigns I 	Resourcing is being addressed through the strategic planning process
3.3 Communications	
Communications was seen as a key component of ensuring that safeguarding is everyone's responsibility'.	Communications has been highlighted within the boards strategic plan and a task and finish group is being developed to support the boards work
Partner communications arrangements could be used to ensure that all partners and stakeholders are aware of and contribute to safeguarding	Communications has been highlighted within the boards strategic plan and a task and finish group is being developed to support the boards work
4 Partnership working	
There is a need to recognise the limited resources of some key partners who are also supporting ASPBs across Berkshire and beyond – more use could be made of subgroups such as the Serious Case Review subgroup that could be run on a whole Berkshire or East Berkshire basis	The issue of geographical areas covered by partners requiring them to sit on a number of boards has been recognised in developing structures including sub groups. A learning and development sub groups covers the whole of East Berkshire. The independent chair and head of safeguarding meet with their counterparts for the two other East Berkshire safeguarding adult partnership boards.

BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ATTENDANCE
2015 - 2016

Organisation	2012/13 attendance	2013/14 attendance	2014/2015 attendance	2015/16 attendance
LSCB	50%	40%	80%	25%
South Central Ambulance Service	0%	0%	0%	0%
Bracknell Forest Council – Learning and Development	50%	80%	20%	75%
BFC - Housing Strategy & Needs	33%	100%	100%	50%
W. London Mental Health Trust (Broadmoor Hospital)	67%	40%	40%	75%
National Probation Trust (formally Thames Valley Probation Trust)	33%	40%	60%	75%
Berkshire Care Association	67%	60%	80%	75%
Berkshire Healthcare NHS Foundation Trust	83%	60%	80%	100%
Director of Adult Social Care, Health and Housing - BFC	67%	100%	80%	75%
Bracknell Forest Council - Community Safety Team	83%	100%	80%	100%
Thames Valley Police	67%	80%	40%	100%
Bracknell Forest Council – Legal Services	33%	60%	40%	25%
Bracknell Forest Council – Adult Social Care	100%	100%	100%	100%
Frimley Park Hospital	33%	80%	60%	50%
Bracknell and Ascot CCG	100%	80%	100%	100%
Royal Berkshire Fire & Rescue Service	-	-	-	50%