

**Bracknell Forest Safeguarding Adults  
Partnership Board Annual Report**

**April 2013 – March 2014**

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## Foreword

As chair of the Bracknell Forest Safeguarding Adults Partnership Board (the Board) I am delighted to commend this annual report to you. The Board has continued to be productive and focused on the ongoing development of partnership relationships for the benefit of local residents.

The Board had intended to review its membership and terms of reference within this year. However with the Care Bill due to be enacted in the near future, the Board has taken the decision to carry this action over into the new financial year, so that the developments are consistent with any requirements that may be set out in the Care Act 2014.

The Board continues to work with the Local Safeguarding Children's Board, where there is benefit to local residents. Over the period of this report the two boards have worked to support the voluntary sector in both understanding and delivering its safeguarding responsibilities to both adults and children.

The on-line Berkshire safeguarding policy and good practice manual has been renewed for a further three years. This work was led by the Board.

In order for the Board to remain effective statutory partnerships between member organisations must remain strong, and whilst on occasion members will challenge partner organisations, the focus always remains on delivering the best outcomes for local people. With this in mind it is encouraging to see the evidence of these strong partnerships at both operational and strategic levels in the outcomes delivered with and for local people.

With regard to the need for safeguarding interventions over the period there was a 32% increase in the number of alerts received by Adult Social Care, (Health and Housing (ASCH&H)), which the Board assesses as positive as this provides Adult Social Care, Health and Housing, and partner agencies with the opportunity to give information, advice and where needed specialist safeguarding support to members of our local communities. It is clear from this report that all statutory agencies are identifying safeguarding issues and referring to adult social care and that alerts are being responded to in a timely manner.

Building on the strong foundations set in previous years the Board continues to monitor the delivery of the safeguarding intervention and is pleased to note the strong emerging evidence from the Making Safeguarding Personal pilot project.

This report highlights the achievements made by organisations represented on the Board, which have enabled adults at risk to lead safer lives, whilst retaining as much choice and control as possible.


One of the Board's major achievements this year has been the development of its own website. We are the first Adult Safeguarding Board in Berkshire to have our own dedicated website. The website will provide local residents and practitioners with up to date and relevant adult safeguarding information. You can access the website via [www.bfsapb.org.uk](http://www.bfsapb.org.uk)

Whilst the Board is not complacent about the need to continue the development of our approach and responses to adult safeguarding issues, this report evidences the

commitment and strength of partnership working in Bracknell Forest. The Board remains resolute in its commitment to ensure that where abuse has, or may take place, timely and effective support is provided by all relevant agencies to prevent this occurring in the future.

To this end the Board has developed its business plan for the 2014-2015, which is contained within the main body of this report.

I hope you find this report informative and reassuring.

A handwritten signature in black ink that reads "Glyn Jones". The signature is written in a cursive style with a horizontal line underlining the name.

**Glyn Jones**  
**Director of Adult Social Care, Health and Housing**  
**Chair of the Bracknell Forest Safeguarding Adults Partnership Board**

DRAFT

## **1. Introduction**

- 1.1 In 2000 the Department of Health published guidance to all Councils with Adult Social Services Responsibilities (CASSRs). The report entitled 'No Secrets' set out guidance to local authorities and their partner agencies relating to the safeguarding of vulnerable adults within their communities.
- 1.2 A key recommendation in 'No Secrets' is that: "Lead officers from each agency should submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development".
- 1.3 This report details the breadth of activity undertaken by the Board's members and identifies the achievements against the Boards business plan for last year.

## **2. Executive Summary**

- 2.1 The board has developed its website that will be an invaluable resource for local residents and the workforce alike. The website provides information on local safeguarding arrangements, advice, guidance and a free online safeguarding training package. The board is committed to keeping the website up to date and relevant for local people (see page 32).
- 2.2 Berkshire Healthcare Foundation NHS Trust has continued to implement its training strategy, this has resulted in 92% of all Bracknell Forest based staff receiving up to date safeguarding training (see page 48)
- 2.3 Bracknell and Ascot Clinical Commissioning Group (CCG) has ensured that all people whose long term care and support needs are met by the NHS have had a review of their needs (see page 17)
- 2.4 Thames Valley Police in partnership with adult social care and health have trained all Bracknell Forest based police staff about adult safeguarding (see page 11).
- 2.5 The Board met 95% of the objectives it set for 2013/2014 annual report, with the two outstanding actions being carried forward to 2014/2015 (see page 34).
- 2.6 The Board has fully implemented its empowerment strategy (see page 32).
- 2.7 Adult Social Care were part of the Association of Directors of Adult Social Services/ Local Government Association "Making Safeguarding Personal" project. The learning from the project will be implemented across the adult social care department during 2014/2015 (see page 8).
- 2.8 There was an increase of 21% in the number of safeguarding alerts being raised compared to 2012/2013. This is seen as a positive development by the Board as it gives agencies the opportunity to provide information, advice and, where appropriate, direct support to the adult at risk (see page 33).

- 2.9 69 (12%) safeguarding alerts resulted in abuse being substantiated or partially substantiated. This is a reduction of 4% compared to 2012/2013 (see page 32).
- 2.10 Whilst the Board is not complacent about the need for ongoing development it is assured that its approach to adult safeguarding remains relevant and appropriate, and that where abuse is identified, the responses of partner agencies is timely, appropriate and in line with the person's wishes and best interest.

### **3. Proposed legislation**

- 3.1 Parliament has been considering the Care Bill during 2013/2014. Whilst the national media has focused on the financial aspects of the Bill and the proposed introduction of the 'cap' on the cost of care, the Bill is expected to introduce a number of key safeguarding duties. These are set out below.
- 3.2 Local authorities will be required to make enquires (or cause others to make enquires) where it suspects that an adult at risk in its area has been or may be subject to abuse.
- 3.3 There is a clear duty to co-operate placed on organisations and to share information to support the Board in discharging its duties ( this will include making enquires to protect an adult at risk)
- 3.4 The Board will be put on a statutory basis, and its core function will be to help and protect adults at risk in its area live a life free from abuse. The membership of the Board must comprise of the Local Authority, The Clinical Commissioning Group, the Police and any other organisation the Board deems appropriate. Members of the Board may pool financial resources (or resources in kind) to support the Board in delivering its core functions.
- 3.5 The Board will be required to produce an annual plan, and send a copy of that plan to The Chief Executive and the Leader of the Local Authority: the local Policing Authority, the chair of the Health and Wellbeing Board and local HealthWatch. The plan must include the following:
- (a) What it has done during that year to achieve its objective,
  - (b) What it has done during that year to implement its strategy,
  - (c) What each member has done during that year to implement the strategy,
  - (d) The findings of any Adult Safeguarding Reviews that have concluded in that year
  - (e) Any Adult Safeguarding Reviews it has commissioned within the year, but is yet to conclude
  - (f) What it has done during that year to implement the findings of Adult Safeguarding reviews arranged by it and
  - (g) Where it decides not to implement a finding of a review arranged by it under that section, the reasons for its decision.

- 3.6 The Board **must** arrange for a safeguarding adults review where there is reasonable cause for concern about how the Board, members of it, or other persons with relevant functions worked together to safeguard the adult, and:
- (a) The adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).
- Or
- (a) The adult is still alive, and the Board knows or suspects that the adult has experienced serious abuse or neglect.
- 3.7 The Board may arrange a Safeguarding Adults review in other circumstances it deems appropriate.
- 3.8 Each member of the Board must co-operate in and contribute to the carrying out of safeguarding adults reviews with a view to
- a) Identifying lessons to be learnt from the review  
b) Applying those lessons to future work.
- 3.9 The local authority must make independent advocacy available to adults subject to safeguarding enquires or a safeguarding adult review.

#### **4. Membership of the Board**

- 4.1. The Board continues to be chaired by the Director of Adult social care and meets bi monthly. The Attendance record for the Board is set out in annex A. The Boards member organisations are:-
- Bracknell Forest Council
  - Thames Valley Police
  - Bracknell and Ascot Clinical Commissioning Group
  - Berkshire Healthcare NHS Foundation Trust
  - West London Mental Health Trust (Broadmoor Hospital)
  - Thames Valley Probation Trust
  - Berkshire Care Association
  - Bracknell Forest Local Safeguarding Children's Board
  - Heatherwood and Wexham Park NHS Foundation Trust
  - Frimley Park NHS Foundation Trust
  - Royal Berkshire Fire and Rescue Service
- 4.2. The Care Quality Commission has met its commitment to attend a minimum of one Board meeting a year. This commitment may change depending on the requirements of the Care Act 2014.
- 4.3. The Board's member organisations have undertaken a range of safeguarding activity during the period of this report which have been summarised as follows:

## **5. Developments by partner agencies during 2012-2013**

### **5.1 Bracknell and Ascot Clinical Commissioning Group (CCG)**

- 5.1.1 The CCG's key strategic aim during its inaugural years was to ensure that safeguarding was embedded into its core business
- 5.1.2 The CCG appointed a Nurse Director who is the executive for safeguarding in the CCG.
- 5.1.3 The Central Southern Commissioning Support Unit was commissioned to support and assist the CCGs in discharging their duties for safeguarding vulnerable adults 2013 - 2014.
- 5.1.4 In addition the CCG appointed a Head of Safeguarding in September 2013 to ensure that adult safeguarding was fully supported.
- 5.1.5 The Safeguarding leads have worked in collaboration with Local Authority Colleagues through membership of the safeguarding partnership board and sub groups.
- 5.1.6 The CCG has worked with its providers to enable it to undertake its responsibility for ensuring that the organisations from which they commission services provide a safe system that safeguards vulnerable adults. Bracknell CCG has done this through strengthening contractual requirements and working closely with the Safeguarding leads.
- 5.1.7 The CCG has worked with local GPs to improve awareness and participation in the safeguarding agenda. GPs are seeking advice for safeguarding issues.
- 5.1.8 Previous work has been built upon by developing practical systems and processes that will ensure appropriate support to the CCGs.
- 5.1.9 The CCG has continued to participate in the work around Winterbourne.

### **5.2 Berkshire Care Association (BCA)**

- 5.2.1 Continued promotion of adult safeguarding via provider meetings.
- 5.2.2 BCA ran a conference in November 2013. Adult Safeguarding was a key theme of the conference.

### **5.3 Bracknell Forest Council Adult Social Care, Health and Housing Department**

- 5.3.1 The department has participated in the Making Safeguarding Personal pilot project. The project was jointly facilitated by the Local Government Association and the Association of Directors of Adult Social Services.
- 5.3.2 The aim of the Project was to further develop personalised outcomes to safeguarding concerns. 28 people were supported through the project, all of whom either identified their own outcomes or had a family member or advocates identify the outcomes on their behalf (in accordance with the requirements of the mental capacity act). All 28 people had their desired



outcome met. Annex B provides an anonymised practice example from the project.

- 5.3.3 The safeguarding Team delivered safeguarding awareness training to all police staff working from Bracknell police station.
- 5.3.4 The safeguarding practice guidance has been revised, this included Safeguarding Development Workers acting as the independent chair for all safeguarding meetings. This has been welcomed by the operational teams and continues to support best practice, and enables the consistent collation of information relating to individual services..

#### **5.4 Bracknell Forest Community Safety Partnership**

- 5.4.1 Last year's annual report set out the Community Safety Partnership's programme of work to tackle domestic abuse within the Borough. The Domestic Abuse Service Co-ordination (DASC) service was set up to target interventions to victims of Domestic Abuse who had been assessed as medium risk (victims, who are assessed as high risk, are supported through the MARAC). The DASC services has resulted in a reduction in reports of domestic abuse by those people supported by the service both in 2011/12 and 2012/13, additional funding was obtained from Thames Valley Police to run an enhanced DASC project, the impact of which will be evaluated during 2014/2015.
- 5.4.2 E-safety training (e.g. how to support children, young people and adults at risk to use the internet safely) continues to be made available for the local workforce who work with adults at risk
- 5.4.3 Awareness-raising to adult's at risk in the community on how to stay safe online continues to be provided and well received
- 5.4.4 A specific E-learning package has been made available for adults with autism on how to staying safe on-line have been made available and circulated.

#### **5.5 Berkshire Healthcare Foundation NHS Trust**

- 5.5.1 The work undertaken by the Trust to continue the development of adult safeguarding practice within the trust is identified in the Board's development plan for 2013 -2014.
- 5.5.2 The Trust safeguarding team continues to work closely with Bracknell Forest Council's safeguarding team to ensure that best practice is followed and that, where appropriate, learning is shared across both organisations to further improve the experience of those who are referred for safeguarding intervention.
- 5.5.3 The Trust continues to chair a pan-Berkshire safeguarding group. This group enables safeguarding leads across Berkshire to meet to share best practice, identifies areas of commonality and agree a way forward for further enhancing multi agency working.

## **5.6 Frimley Park NHS Foundation Trust**

- 5.6.1 All staff working within the organisation received a leaflet with their payslips which covers both safeguarding adults and children covering level 1 safeguarding training.
- 5.6.2 All new staff (clinical and non-clinical including medical staff) receives level 1 safeguarding training on induction.
- 5.6.3 All trained nursing staff received level 2 safeguarding training annually.
- 5.6.4 Ward Managers, Matrons and Heads of Nursing have completed or are booked to receive level 3 safeguarding training.
- 5.6.5 The Trust has appointed a Designated safeguarding adults Lead Consultant in the Emergency Department.
- 5.6.6 The Trust has appointed a Designated safeguarding adults Lead Consultant Trust wide.
- 5.6.7 The Trust has continued to develop its internal Safeguarding Adults Board led by the Deputy Director of Nursing, which has tri county representation (Surrey, Hampshire and Bracknell Forest (on behalf of the Berkshire LA's).

## **5.7 Heatherwood and Wexham Park NHS Foundation Trust**

- 5.7.1 The Board is pleased to now have representation from H&WPH and note the developments that have taken place during 2013 – 2014. The Trust now has a corporate Safeguarding Lead Nurse who reports to the Executive Lead for Safeguarding on the Trust Board, this is complemented by a Senior Nurse as a Lead for people with a Learning Disability.
- 5.7.2 The Trust has an Independent Domestic Violence Advisor based at Wexham Park Hospital to support victims of domestic abuse who attend A and E or at admitted to the hospital.
- 5.7.3 The Trust induction and mandatory Safeguarding Adults training has been updated to address the issue of low alert rates.
- 5.7.4 The Trust has re-established its Safeguarding Adults Group, with multi-agency representation.
- 5.7.5 The Trust has developed its multi-agency relationships with local health and social care partners, to support the ongoing improvement in relation to adult safeguarding.
- 5.7.6 All safeguarding alerts are now raised through the Trust's electronic incident reporting system, DATIX. This provides greater oversight of safeguarding concerns and a clearer governance framework.

## **5.8 Royal Berkshire Fire and Rescue Service (RBFR)**

- 5.8.1 The safeguarding working arrangements have been, and continue to be, reviewed following the arrival of a new Chief Fire Officer and a new Area Manager for Prevention and Protection, both of whom hold responsibilities for this area of work.
- 5.8.2 The Safeguarding Working Group is now chaired by the Area Manager and has a new reporting line, following restructuring. The status of safeguarding has been enhanced as it is considered alongside Prevention and Protection activity and in line with the natural partnerships of the Fire and Rescue Service.

## **5.9 Thames Valley Police**

- 5.9.1 The Force has appointed a local Inspector to take a lead on Mental Health within the Bracknell Forest; this has resulted in improved identification of local residents with Mental Health issues and improved joint working between the force and Local Mental Health.
- 5.9.2 A joint training campaign by TVP and Adult social care to improve the knowledge and understand on adult safeguarding for local officers was undertaken during the year. This resulted in all officers based at Bracknell Police station receiving training from an adult safeguarding specialist from within Adult social care on local adult safeguarding issues and referral pathways. This has resulted in further improvements in joint working and increased attendance by police officers as safeguarding meetings.
- 5.9.3 The LPA deputy commander is now a member of the Safeguarding board and is also chairing the Domestic Abuse Executive group and leading on the development of a comprehensive domestic abuse campaign, this will be linked into other local safeguarding services to ensure a joined up service for local residents.

## **5.10 Thames Valley Probation Trust**

- 5.10.1 The Board did not receive any information from Thames Valley Probation Trust.

## **5.11 West London Mental Health Trust (Broadmoor Hospital)**

- 5.11.1 Much of 2013 -2014 has concentrated on developing the hospitals requirements under The Mental Capacity Act. These processes have now been finalised. There is a clear protocol, associated training package and applicable pro-forma. The next stage is for training delivery across the hospital.
- 5.11.2 The current Safeguarding Adults training pack was updated in December 2013 and incorporates new material from the Francis Enquiry and the Care bill.
- 5.11.3 The hospital safeguarding 'grab pack' was updated in December 2013 and the flow chart now includes contact details for Bracknell Forest Council, so staff and patients have an external avenue to raise alerts.

- 5.11.4 The Safeguarding Adult Panel now has integrated membership from Bracknell Forest, and the CQC are also invited to attend. The Terms of Reference have been amended accordingly.
- 5.11.5 Development of a patient leaflet on safeguarding commenced within this year and we hope to have the final version shortly. At present the draft is with the Trusts Communications department.
- 5.11.6 The hospital continues to integrate safeguarding adult processes within other areas of development, such as the Diversity programme, Patient Safety and the promotion of Healthy Communities.
- 5.11.7 The Trust has increased the administrative support for safeguarding and the recently appointed Senior Practitioner provides further leadership and clinical practice in relation to safeguarding adults.
- 5.11.8 The hospital now has a tripartite agreement between the Trust, Bracknell Forest Council and Ealing Council that assists in ensuring clarity of roles and responsibilities.
- 5.11.9 In April 2013 the hospital began using the Bracknell Forest data return template to ensure we were in line with Bracknell's data reporting requirements.




## **6. Progress against the objectives set out in the 2012/2013 Annual Report**

- 6.1 The Board met 95% of its objectives during 2013/2014. The three areas that were not fully met will be met within 2014/2015 are as follows:
- **The Board intended to review its terms of reference, membership structure and functions in light of the care bill** - The Board took the decision not to formally undertake this work until the Care Bill is enacted.
  - **Berkshire Healthcare Foundation NHS Trust (BHFT) intended to develop a Mental Health Safeguarding Adult champions group across the trust** - BHFT intends to undertake this work during 2014/2015.
  - **Thames Valley Probations Trust committed to undertaking a review of referrals made to the court divert team<sup>1</sup> to ensure that best practice is being implemented and that the right interventions are offered** - the trust has not updated the board with regard to whether this action has been met or not.
- 6.2 The remainder of the Board's objectives were met. The following table provides details of how each objective has been met.
- 6.3 In addition to the business plan for 2012/2013 the Board also responded to a number of national developments e.g. the publication of the winterbourne view serious case review, the Francis report and implemented the learning from other serious case reviews.







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<sup>1</sup> The Court Divert Team works with people in the court process who may have Mental Health Issues or other vulnerabilities, and were appropriate divert them from the court into other settings.




**Bracknell Forest Safeguarding Adults Partnership Board**  
**Business Plan – 2012 – 2013**

<b>Lead agency</b>	<b>Action</b>	<b>Comments</b>	<b>Status</b> <small><sup>2</sup></small>
<b>Berkshire Healthcare NHS Foundation Trust</b>	Develop internal safeguarding audits to ensure best practice is being used	BHFT continues to work closely with BFC and other external agencies to improve and develop safeguarding adult practices, the safeguarding team meet regularly to review all safeguarding alerts and referrals made by BHFT to BFC to ensure that process are followed and to identify and learn from any barriers that may have an impact on the safeguarding adult procedures. The safeguarding Team at BHFT have developed links with the Local CCG to ensure effective information sharing at Partnership working across Health Services.	
<b>Berkshire Healthcare NHS Foundation Trust</b>	Monitor training delivery and ensure that all staff are trained at an appropriate level across services	Safeguarding adult Level 1 training has continued to be delivered as part of Induction for all new starters working in Clinical services and the compliancy figure for the Bracknell Locality is 92%. SA level 1 continues to be refreshed every three years and the Trust have introduced an E-Assessment. In addition across BHFT there are now over 300 Senior Clinicians Trained at Level 2. Overall the Trust is 7% above the target set for safeguarding adult's compliance of 85% for 2013/14.	
<b>Berkshire Healthcare NHS Foundation Trust</b>	Develop a Mental Health Safeguarding Adult champions group across the trust	It was decided that this target would be carried over to the 20014/15 work plan as there have been considerable changes happening in the Mental Health services which include service relocation. Mental Health Staff have been offered opportunity to engage in the current clinical champions group until a specialist Mental Health Group is formed. The current Clinical Champions group continues to meet on a quarterly to share best practice and learning from Serious Case Reviews to ensure that information is disseminated across the organisation.	






<sup>2</sup> R –Target not met, G -Target met





Lead agency	Action	Comments	Status <sup>2</sup>
<b>Berkshire Healthcare NHS Foundation Trust</b>	Review current Safeguarding Adult reports to identify areas for improvement	This work has been ongoing and will continue into the 2014/15 work plan	
<b>Berkshire Healthcare NHS Foundation Trust</b>	Explore strategies to increase individual involvement and participation in safeguarding adults policies and procedures	Patient involvement and participation is included as a central part of both level 1 and level 2 training. Methods of raising awareness for both patients and visitors are currently being explored but a number of challenges have been noted due to working across 6 Local Authorities and developing procedures and information that can be used across the trust. This target will be carried over to the 2014/15 work plan.	
<b>Bracknell and Ascot Clinical Commissioning Group</b>	GP registers setting out patients who are admitted to, and discharged from NHS funded placements are accurate.	This action is now completed and part of 'business of usual' for GP practices.	
<b>Bracknell and Ascot Clinical Commissioning Group</b>	The CCG works closely with local authority colleagues to ensure that joint health and social care reviews and discharge planning is provided where needed.	This is embedded into normal working practices across the local health and social care system.	
<b>Bracknell and Ascot Clinical Commissioning Group</b>	All people whose support is funded by the NHS receive an annual review	The Continuing Healthcare Team undertake ( or arrange for BFC) to undertake an annual review for all people whose care and treatment is funded by the NHS	
<b>Bracknell and Ascot Clinical Commissioning Group</b>	The CCG contributes to the self-assessment framework to support local agencies to measure and benchmark progress	This action has now been completed.	






Lead agency	Action	Comments	Status <sup>2</sup>
<b>Bracknell and Ascot Clinical Commissioning Group</b>	The CCG continues to participate in the monitoring arrangements for the agreed Winterbourne Action Plan	The CCG has continued to be actively involved in the development of the local response to the Winterbourne scandal.	
<b>Bracknell Forest Adult social care</b>	Review the Safeguarding Forum to ensure that it continues to meet the needs of stakeholders	A review was undertaken to seek the views of local stakeholders, and the structure of the forum has changed as a result of this, with an increase of 40% n attendance.	
<b>Bracknell Forest Adult social care</b>	Monitor safeguarding issues within the care home sector and provide 6 monthly reports to the Board detailing issues identified and action taken.	The board receives this report on a 6 monthly basis.	
<b>Bracknell Forest Adult social care</b>	Undertake research into the possible benefits of developing a model of 'family group conference' across Adult Social Care Health and Housing.	This action was changed mid year, as the department participated in the Local Government Association and Association of Directors of Adult Social Services making safeguarding personal project. The learning from the pilot project identify if there is a need for 'family group conferencing.	
<b>Bracknell Forest Adult social care</b>	Monitor and evaluate the advocacy contract and guidance in relation to Bracknell Forest Council's Advocacy Policy and Best Practice Safeguarding guidance.	The advocacy contract is now embedded and continues to be used appropriately. The ongoing monitoring of the contract has been mainstreamed within the department.	





Lead agency	Action	Comments	Status <sup>2</sup>
<b>Bracknell Forest Adult social care and Bracknell in partnership with Bracknell and Ascot Clinical Commissioning Group</b>	Jointly develop systems with the CCG to identify and work with providers of health and social care who are not meeting their contractual requirements for safety and welfare in order to improve the standard of support provided to local people.	The CCG is now a member of the Care Governance Board. The decisions regarding ongoing contractual arrangements with social care provided are jointly agreed and jointly implemented.	
<b>Bracknell Forest Adult social care and Bracknell in partnership with Bracknell and Ascot Clinical Commissioning Group</b>	Jointly monitor the number of Deprivation of Liberty (DoL) applications requested by health providers, and take action where there appears to a lower than expected number of applications by health care providers.	The number of applications are jointly monitored on a quarterly basis, with areas of concern being identified and appropriate action being taken to mitigate the identified concern	
<b>Bracknell Forest Adult social care and Bracknell in partnership with Bracknell and Ascot Clinical Commissioning Group</b>	Develop and deliver a Quality Assurance Programme for Adult social care and the CCG commissioned services in relation to compliance with the Mental Capacity Act.	This action has been completed and an ongoing cycle of practice audits is now undertaken.	






Lead agency	Action	Comments	Status <sup>2</sup>
<b>Bracknell Forest Adult social care, in partnership with West London Mental Health Trust, and London Borough of Ealing</b>	Develop a memorandum of understanding between Bracknell Forest Council, West London Mental Health Trust and the London Borough of Ealing in relation to the governance and management of safeguarding arrangements within Broadmoor Hospital	The tripartite agreement is now in place.	
<b>Bracknell Forest Council Learning and Development Team</b>	Implement the revised methodology for gathering post-training impact assessment to delegates attending levels 1, 2 or 3 safeguarding training.	The methodology has been rolled out for all adult safeguarding training. However there has been limited feedback on the impact therefore this will be further reviewed in the coming year.	
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>	In partnership with the Local Safeguarding Children's Board (LSCB) develop a common framework for supporting the third sector to increase aware of safeguarding and further develop practice in this area.	This work has resulted in an ongoing programme of engagement work with the voluntary sector via Bracknell Forest Voluntary Action. There is now a 6 monthly forum where strategic safeguarding issues are discussed and resolved.	
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>	Disseminate relevant guidance on the Disclosure and Barring service to all relevant local organisations	A briefing session was held to inform local stakeholders on the disclosure and barring service and its implication for local employers.	
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>	Monitor local responses to the learning from the winterbourne view serious case review and the learning from the Francis report.	The board has received regular reports from the CCG on the implementation of the local winterbourne view action plan.	

Lead agency	Action	Comments	Status <sup>2</sup>
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>	Review the Safeguarding Adults Partnership Board's structures, function and membership in light of the Care Bill and the proposed statutory nature of the Board.	Given the proposed legal changes to the work of the adult safeguarding, the board has taken the decision to carry this action over until 2014/2015.	
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>	Fully implement the Safeguarding Empowerment Strategy to enable people to safeguard themselves and feedback on people's experiences of the process	The strategy has now been fully implemented. See section 13 for further details.	
<b>Royal Berkshire Fire and Rescue service</b>	Continue to make improvement in the use of Mosaic data and similar risk profiling tools, to better identify adults at risk.	Further analysis of the incidents of fire identified some groups that were possibly not being reached by other campaign and Prevention activity (Social Media, School Education Programmes). The mosaic profiles of these three groups (childless new owner occupiers/young singles/often indebted families) were added to the Home Fire Safety Check mosaic profile lists provided to Station crews.	
<b>Royal Berkshire Fire and Rescue service</b>	Embed understanding of mental capacity and consent more widely.	The RBFRS Safeguarding micro-site now includes a training animation explaining 'Consent to Share'. Progress has been made in identification of specific roles that require specialised training, including understanding of mental capacity. The appointment of a new Information Manager has allowed for development of the understanding of Information Sharing and the value of Information Sharing protocols to support this.	

Lead agency	Action	Comments	Status <sup>2</sup>
<b>Royal Berkshire Fire and Rescue service</b>	Ensure that all prevention developments are subject to Integrated Risk Management Plan review and confirmation of managerial appointments.	<p>The planned full IRMP review of the Prevention department's work did not impact on the department as anticipated. Managerial appointments have been made.</p> <p>As a result of the appointment of a new Chief Fire Officer and new Area Manager for Prevention and Protection a review of the organisational vision and departmental strategy is taking place ensuring that the profile of Adult Safeguarding is enhanced internally and externally.</p>	
<b>Thames Valley Police</b>	Increase training for frontline officers in identifying adults at risk, ensuring that investigations are conducted in a timely fashion.	All local officers have now received Adult Safeguarding training	
<b>Thames Valley Police</b>	Further training for officers within DAIU dealing with Safeguarding incidents	A training session was held for DAIU officer within the year. The session focused on multi agency practice and process within adult safeguarding assessments/investigations	
<b>Thames Valley Police</b>	Ensure investigating officers understand their obligations in updating the adult victim, or agency responsible for an adult at risk or other responsible party acting in the best interests of the adult. Further improvements in information sharing.	Training has been provided to officers in relation to this, this has resulted in much improvement in this area of practice.	
<b>Thames Valley Probation Trust</b>	A review will be undertaken on the referrals made to Divert scheme to ensure that they best practice is being implemented and that the right interventions are offered.	No update has been provided by the trust; it is therefore assumed that this action has not been completed.	

Lead agency	Action	Comments	Status <sup>2</sup>
<b>West London Mental Health Trust</b>	Continue the development and implementation of the Mental Capacity Assessment tool that takes account of 'situational' capacity. This will be accompanied by a protocol to assist clinicians and practitioners within the hospital. The protocol will be submitted to the Board for comment.	This work was completed, and is now operational within the SW team and will be rolled out across the trust during 2014/2015	
<b>West London Mental Health Trust</b>	Detailed Mental capacity will be developed and provided to all staff whose role it will be to undertake capacity assessments.	This work has been completed and rolled out across the SW department. Fully implementation will happen across the trust in 2014/2015.	
<b>West London Mental Health Trust</b>	Develop a safeguarding link within categories of security information reports which are intelligence rather than incident based.	This work has been completed and is now operational	
<b>West London Mental Health Trust</b>	A large Trust-wide conference concerning Safeguarding Adults has been planned for 17 May, and will include presentations about the Francis Inquiry and Winterbourne View.	The conference took place with key stakeholders in attendance.	

Lead agency	Action	Comments	Status <sup>2</sup>
West London Mental Health Trust	Continue to work with the Department of Health investigation team into the past behaviours of Jimmy Saville and are providing reassurance that the procedures for safeguarding adults and children and the recruitment of volunteers is now robust in relation to safeguarding.	The trust continues to actively engage in this work.	

	East Berkshire wide developments		
RBWM will (in conjunction with Slough BC and BFC)	Review the delivery of level 2 and 3 adult safeguarding training.	In conjunction with Slough BC these courses have been re-designed and have been successfully piloted within the year. RBWM took the decision to continue with the previous course content and structure.	
Slough Borough Council will (in conjunction with RBWM and BFC)	Further develop and implement shared principles to managing quality in the care market across the east of Berkshire.	This work stream has now been merged with the work of the NHS Area team on the quality of the care home market.	
Bracknell Forest Council (in conjunction with SBC and RBWM)	Refine the east of Berkshire performance scorecard to incorporate baseline performance indicators where appropriate.	Due to a lack of engagement from partner's agencies across the East of Berkshire, it has not been possible to undertake this work. It was therefore decided not to proceed with this action and for performance information to continue to be monitored at a local rather than east Berkshire level.	Action ended

## **7. Bracknell Forest Safeguarding Adults Forum**

7.1 The Forum meets on a quarterly basis and is an information sharing and consultation Forum, which ensures that local stakeholders are engaged in the safeguarding agenda. The Forum has been in operation for four years, and during the period of this report a review was undertaken with stakeholders regarding how the Forum can best meet the needs of stakeholders.

7.2 70 people have attended the group over the past year including representatives from:-

- People who use local services
- Bracknell Forest Council
- Care Home providers
- Domiciliary Care agencies
- Advocacy organisations
- Thames Valley Hospice
- Independent Hospitals
- Berkshire Healthcare NHS Foundation Trust
- Thames Valley Police

The Forum was reviewed in the first quarter of the year, with feedback being received from local stakeholders. The feedback has been incorporated into the structure of forum meetings; this has resulted in an increase of 40% in attendance compared to previous years.

Speakers at the forum have included:-

- The Safeguarding Adults Development Workers who have updated the forum on the making safeguarding personal project and its outcomes.
- Local advocacy providers (Just Advocacy and POhWER, the IMCA provider) spoke about the different types of advocacy service they provide to Bracknell Forest residents.
- The Head of the Drug and Alcohol Action Service who came and updated the forum on the work the services and how it support people with alcohol and or substance misuse issues.
- The Assistant Team Manager from the Older People and Long Term Conditions team spoke about the use of assistive technologies and how this can be used to prevent harm.
- The Head of Adult Safeguarding and Practice Development has updated on the Care Bill.

## **8. Care Governance Board (CGB)**

8.1 Bracknell Forest Council's adult social care department have an established approach to monitoring the quality of care and support (Care Governance) arrangements it directly provides or commissions from the private independent or voluntary sector. A key element of the approach is the Care Governance Board. Annex C provides further detail on the work of the CGB.

- 8.2 A representative from the Clinical Commissioning Group attends CGB to ensure that information and decision making regarding the quality of care and support available to local residents is shared across both health and social care commissioners.
- 8.3 The CGB continues to provide 6 monthly reports to the Safeguarding board on its work and any trends or themes regarding the quality of the local social care market.

## 9. Links to associated safeguarding groups and forums

- 9.1 One of the key aims of the board is to ensure that Adult Safeguarding is truly 'everybody's business' therefore to enable this to happen it is important that the safeguarding 'agenda' is embedded into other key strategic and operational work.
- 9.2 Annex D sets out the key linkages between the work of the board and other key partnerships.

## 10. Training

Table 1

Course	Total attendance (of which - PIV)	Places available
Safeguarding level 1	262 (110)	300
Safeguarding level 2/3 combined	58 (17)	70
Safeguarding Best Practice Seminars	133 (25)	160
Introduction to Domestic Abuse	22 (19)	36
Mental Capacity Act Master class	59 (18)	60
MCA and DoLS Refresher	36 (21)	45
MCA/DoLS half day	110 (29)	120

- 10.1 During 2013/2014 the Learning and Development team have attempted to seek from delegate's managers the impact of their staff attending safeguarding training. The response rate has been disappointingly low (7% for staff attending level 1 and 5% for staff attending levels 2 and 3). Therefore the current approach will be reviewed during 2014/2015 with a proposed new methodology being trialled.

## 11. Mental Capacity Act

### Adult Social Care IMCA referrals

Referring Team/Service*	2012/2013	2013/2014
Mental Health – Older People	2	1
Mental Health*	2	2
Learning Disabilities	15	13
Older Persons Teams	10	6
Safeguarding	1	2
Supervisory Body, (ref. DoLS)	3	2
<b>Total</b>	<b>33</b>	<b>26</b>

### NHS/Private Health referrals Berkshire wide

Referring Team/Service**	2012/2013	2013/2014
Continuing Health Care	1	1
Dental Services	2	1
Podiatry	1	0
Prospect Park Hospital (Provided by BHFT)	2	3
Royal Berkshire Hospital NHS Foundation Trust	3	6
St Marks Hospital	2	1
Supervisory Body ( ref. DoLS)	3	0
Thornford Park Hospital (private)	1	2
Wokingham Hospital / Barkham Day Hospital	1	2
Other health setting	0	4
<b>Total</b>	<b>16</b>	<b>20</b>

- 11.1 There has been a decrease in the number of IMCA referrals made by adult social care during the year. All social care teams are aware of the specific circumstances where an IMCA referral MUST be made, however an ongoing training programme is in place to ensure staff remain aware of and put into practice, the requirements of the mental capacity act.
- 11.2 There was an increase in the number of IMCA referrals made by the NHS, both across Berkshire and specifically for Bracknell Forest residents (5 referrals related to Bracknell forest residents, compared to one the previous year).

\* Referrals in relation to Change of accommodation, care review or safeguarding concerns

\*\* Referrals in relation to serious medical treatment change of accommodation, Safeguarding concerns or a care review.



## **12. Deprivation of Liberty Safeguards (DoLS)**

- 12.1 The safeguards apply to adults in a care home or hospital setting who lack capacity to consent to their stay in the care home or hospital in order to receive support or treatment, and whose care regime is such that it amounts to a deprivation of their liberty.
- 12.2 Until the recently published Cheshire West and Chester judgement handed down at the Supreme Court, there has not been a clear definition of what constitutes a deprivation of liberty. However this judgement has now provided an 'acid test' as to what circumstances constitute a deprivation of a person's liberty. This judgement is likely to see an increase in the number of DoLS applications.
- 12.3 Officers will develop a strategy which addresses the new demand in a planned and pragmatic way.
- 12.4 The Department, in its role of supervisory body for the safeguards will develop a strategy that enables it to respond to the judgement and meet its statutory responsibilities to local residents.
- 12.5 Further information on the safeguards and how they should be implemented can be found at  
<http://www.scie.org.uk/publications/ata glance/ata glance43.asp>
- 12.6 There is a full breakdown about the number and type of DoLS Application received within the year is set out in annex E

## **13. Safeguarding empowerment strategy**

- 13.1 During 2011-2012 the Board developed its empowerment strategy. The strategy had two clear aims:
- To empower all Bracknell Forest residents who may be at risk of abuse or neglect (now or in the future) to be aware of their rights and where to receive help, support and advice.
  - To reduce the number of repeat safeguarding referrals
- 13.2 The Board has now fully delivered the empowerment strategy, and full details can be found on the board's website [www.bfsapb.org.uk](http://www.bfsapb.org.uk)

## **14. Statistical analysis**

- 14.1 Annex E provides a detailed analysis of activity during the period of this report. However there are a number of key messages which are highlighted below.
- 14.2 There was a 32% increase in the number of safeguarding alerts (an alert is the first contact adult social care receives regarding the potential abuse of an adult at risk) compared to 2012/2013. This increase is regarded as positive by the Board as it has resulted in more people receiving advice, support and where appropriate safeguarding interventions than previously.

- 14.3 There is evidence that all local statutory agencies are raising safeguarding alerts in increasing numbers, this indicates that the east of Berkshire workforce development strategy is effective.
- 14.4 168 (30%) of alerts required intervention under the safeguarding procedures this was a 13% decrease on 2012/2013. The remaining alerts resulted in information, advice or signposting being given to the individual or the person was offered a supported self assessment of their social care needs.
- 14.5 There is evidence that adult social care are responding to safeguarding referrals in a timely manner as on 135 (80) occasions the safeguarding referral had been concluded within 60 days. There is no defined best timescale, but this is generally considered reasonable.
- 14.6 67 (40%) referrals were either substantiated or partially substantiated, this equates to 4% of all people who had received care and support from Adult social care at any time within the year.
- 14.7 On 34 (51%) occasions where abuse was substantiated or partially substantiated it took place in the person's own home, and 22 (32%) perpetrators were family members, or a neighbour/friend.
- 14.8 8 (5%) safeguarding referrals were repeat referral, these related to 4 people. Indicates that safeguarding responses are appropriate and the safeguarding concerns are resolved at the earliest opportunity.
- 14.9 There is evidence that staff who support the individual when safeguarding concerns are identified, are doing so in a way that supports the person to feel safer as 83 people (99%) who were able to communicate their views commented that they felt safer as a result of the safeguarding intervention. The one person who reported not feeling safer, choose not to follow the advice given by the social care practitioner.
- 14.10 The Department of Health annual survey results of people receiving support from Adult Social Care indicated the following:-

*'Which of the following statements best describes how safe you feel?'*

*I feel as safe as I want = **63.4%***

*Generally I feel adequately safe, but not as safe as I would like =**29.2%***

*I feel less than adequately safe =**5.6%***

*I don't feel at all safe =**1.9%***

*'Do care and support services help you in feeling safe?'*

*Yes =**83.8%***

*No =**16.2%***

## 15. Development plan for 2014 -2015

Developments	Completion date
<p><b>Bracknell and Ascot Clinical Commissioning Group (CCG)</b>            The CCG will undertake Prevent training</p> <p>The CCG will undertake FGM training</p> <p>Will update its suite of policies to ensure they cover MCA/DoLS and Prevent</p> <p>Maintain adult safeguarding training as 90% by end 2015</p> <p>Develop a safeguarding page on intranet which provides updates of safeguarding adult activity and policy</p> <p>Develop a dashboard of safeguarding adult data for internal board reporting</p> <p>Continue to work collaboratively with Bracknell Safeguarding adults board and subgroups</p> <p>Extend and recruit to safeguarding team to support the safeguarding lead</p> <p>Continue to support safeguarding adult updates as part of primary care training</p>	<p>TBC</p> <p>TBC</p> <p>TBC</p> <p>December 2015</p> <p>TBC</p> <p>TBC</p> <p>TBC</p> <p>TBC</p> <p>ongoing</p>
<p><b>Berkshire Care Association (BCA)</b>            Safeguarding will continue to be a core theme of all provider meetings</p> <p>BCA will host a conference in Oct 2014, adult safeguarding will feature as an element of the conference agenda and workshops were appropriate.</p>	<p>ongoing</p> <p>Oct 2014</p>

Developments	Completion date
<p><b>Bracknell Forest Community Safety Partnership</b></p> <p>Implement the outcome of the DASC evaluation.</p> <p>An additional Domestic Abuse perpetrator intervention will be developed.</p> <p>The E-safety group will continue to review the training and publicity material to ensure it reflects new technologies, risks and guidance</p>	<p>TBC</p> <p>TBC</p> <p>ongoing</p>
<p><b>Bracknell Forest Council Adults Social Care, Health and Housing</b></p> <p>Pilot and implement the revised departmental Quality Assurance Framework.</p> <p>Implement the learning from the Making Safeguarding Personal project across the department</p> <p>Revise the mental capacity best practice guidance.</p> <p>Undertake a scoping exercise regarding the possible development of a Multi Agency Safeguarding Hub; this is a joint action with TVP.</p> <p>Review the Bracknell Forrest Safeguarding Adults Partnership Board in light of the statutory changes brought about by the Care Bill</p> <p>Lead on the implementation of the operational safeguarding elements of the Care Bill</p> <p>On behalf of the Board lead on the strategic safeguarding elements of the Care Bill</p> <p>Develop a strategy jointly with CCG in response to the Cheshire and Chester West Judgement by the Supreme Court.</p>	<p>July 2014</p> <p>Autumn 2014</p> <p>June 2014 onwards</p> <p>June 2014 onwards</p> <p>September 2014</p>

Developments	Completion date
<p><b>Bracknell Forest Council Learning and Development</b></p> <p>Update the East Berkshire Safeguarding Adults workforce strategy</p> <p>Develop a range of workshops/events to enable staff to develop a better understanding of working with people with dementia</p> <p>Introduction of an assessment of participants' understanding of level 1 safeguarding training undertaken.</p> <p>Review the current approach to measuring the impact of safeguarding training during 2014/2015 with a proposed new methodology being piloted before March 2015.</p>	<p><b>June 2014</b></p> <p><b>March 2015</b></p>
<p><b>Bracknell Forest Safeguarding Adults Partnership Board</b></p> <p>The Board will seek to engage with the National Probation Trust, and clarify its commitment to adult safeguarding work and the work of the board.</p>	
<p><b>Berkshire Healthcare Foundation NHS Trust</b></p> <p>Continue to explore strategies for increasing individual involvement and participation in safeguarding adults policies and procedures</p> <p>Work with the BHFT audit team to develop internal safeguarding audits to ensure best practice is being used</p> <p>To monitor training delivery and ensure that all staff are trained at an appropriate level across services</p> <p>Develop a Mental Health Safeguarding Adult champions group across the trust</p> <p>Ensure the policy is updated to reflect any local or national changes</p> <p>Support the delivery of the MCA and DOLS training across the trust</p>	

Developments	Completion date
<p><b>Berkshire Healthcare Foundation NHS Trust</b></p> <p>Continue to deliver HealthWRAP to identified staff groups</p> <p>Continue to chair the Berkshire wide safeguarding adults group</p>	
<p><b>Frimley Park NHS Foundation Trust</b></p> <p>The trust will appoint a new Safeguarding Lead for the organisation.</p> <p>Further training on the Mental Capacity Act to ensure the principles are embedded into practice.</p> <p>Full improvement plan on key aspects of training, Mental Capacity Act, Deprivation of Liberty Safeguards, and Prevent.</p> <p>Closer scrutiny of complaints.</p> <p>Implementation of the Care Act 2014</p> <p>Review and update of falls prevention strategy</p> <p>Further increase use of hospital passports and 'This is Me'</p>	
<p><b>Heatherwood and Wexham Park NHS Foundation Trust</b></p> <p>Ensure that our staff have the required training for their specific roles</p> <p>Further develop and embed the framework provided by the Mental Capacity Act throughout the Trust;</p> <p>Develop our work with patients who may need to have restrictions and restraints on their behaviours in their best interests</p>	

Developments	Completion date
<p>Develop work with our health and social care partners to achieve consistency around the safeguarding thresholds, particularly in relation to care concerns and ineffective discharge</p> <p>Improve the content of the Intranet and Internet pages for the Trust around safeguarding</p>	
<p><b>Royal Berkshire Fire and Rescue Service (RBFR)</b></p> <p>Creation and use of a Memorandum of Understanding and Information Sharing Protocol regarding home safety checks and wider adult safeguarding issues.</p> <p>Confirmation of the Fire Service 'offer' will support further those at risk of and from fire.</p>	
<p><b>Thames Valley Police</b></p> <p>Undertake a scoping exercise regarding the possible development of a Multi Agency Safeguarding Hub; this is a joint action with Adult social care.</p> <p>Implement the refreshed domestic abuse publicity campaign</p>	
<p><b>West London Mental Health Trust (Broadmoor Hospital)</b></p> <p>To fully implement the Trust's Mental Capacity Act policy. Once this is fully operational it will be subject to evaluation and review.</p> <p>Further develop patient involvement in their safeguarding process as well as consultation within any associated areas of policy development</p> <p>Provide Carer Safeguarding training, the first session scheduled for May 2014.</p> <p>The Trust will implement PREVENT training and will employ a full time Named Practitioner for Safeguarding Adults and a full time Safeguarding Adult Advisor / Trainer.</p>	

**BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ATTENDANCE 2013 - 2014<sup>3</sup>**

Organisation	2011/12 attendance	2012/13 attendance	2013/14 attendance	2013/14				
				13/05/13	17/07/13	18/09/13	18/11/13	24/03/14
LSCB	0%	50%	40%	P	A	A	P	A
South Central Ambulance Service	0%	0%	0%	DNA	DNA	DNA	A	DNA
Heatherwood & Wexham Park NHS Foundation Trust	0%	0%	40%	DNA	A	DNA	P	P
Bracknell Forest Council – Learning and Dev <sup>†</sup>	25%	50%	80%	P	P	A	P	P
BFC - Housing Strategy & Needs	25%	33%	100%	P	P	P	P	P
W. London Mental Health Trust (Broadmoor Hospital)	25%	67%	40%	A	A	P	A	P
NHS Berkshire	50%	32%	N/A	N/A	N/A	N/A	N/A	N/A
Thames Valley Probation Trust	50%	33%	40%	A	A	P	A	P
Berkshire Care Association	75%	67%	60%	P	A	P	P	A
Berkshire Healthcare NHS Foundation Trust	75%	83%	60%	P	P	A	P	A
Director of Adult social care - BFC	75%	67%	100%	P	P	P	P	P
Bracknell Forest Council - Community Safety Team	75%	83%	100%	P	P	P	P	P
Thames Valley Police	75%	67%	80%	P	P	A	P	P
Bracknell Forest Council – Legal Service	75%	33%	60%	P	DNA	P	DNA	P
Bracknell Forest Council – Adult social care	100%	100%	100%	P	P	P	P	P
Frimley Park Hospital	N/A	33%	80%	P	P	P	A	P
Bracknell and Ascot CCG	N/A	100%	80%	P	P	P	DNA	P

<sup>3</sup> **Key** **DNA** - Did Not Attend, no Apologies received **A** - Apologies received in advance of meeting, **P** – Present at meeting, **N/A** – Not applicable as organisation not on Board at that time.



### **Making Safeguarding Personal - Practice example**

Joyce is a 55 year old woman who lives alone. Joyce has sight loss and requires some support with tasks around the house. Joyce had been experiencing issues with her neighbour, who had been asking her to lend him money.

Joyce reported this to her social care practitioner, and indicated that this had been happening for several years, and that she doesn't feel she can say no to him. However Joyce said she didn't want 'anything to be done' as he was 'very kind' and visit her 2-3 times a week and didn't want him to stop visiting her.

Following a discussion between the practitioner, the designated safeguarding manager and Joyce the following was agreed.

1. The practitioner and Joyce would talk through her options i.e. informing the police, talking with her neighbour and explaining that she couldn't lend him money or the practitioner talking to the neighbour on Joyce's behalf.
2. The Council would take no action on this without Joyce's permission unless either of the following applied:
  - o The neighbour posed a threat to others
  - o It was in the public interest.

Following further discussion between the practitioner and Joyce, Joyce said that she would like to speak with her neighbour on her own, but she wasn't sure how to start the conversation. Therefore the practitioner provided Joyce with some coaching about how she might start the conversation and what she wanted to get out of it. Joyce then felt able to talk with her neighbour about the issues. Whilst the neighbour was initially defensive, saying that he would never pressurise her to give him money, after a day or so he reflected on what Joyce had said to him and he visited her again to apologise for putting Joyce in the position where she didn't feel she could say no to his request.

Following on from this Joyce talk to him about her experience of sight loss and why this had affected her confidence and self esteem. Although Joyce reports that her relationship with her neighbour is 'a bit fragile' since she talked to him he is still visiting her and hasn't asked her for money since she spoke with him.

When a member of the safeguarding team meet with Joyce to talk with her about her experience and view of the safeguarding practice, she said that she felt she was listened too and that we wouldn't do anything unless she said we could. However she was anxious about meeting the practitioner and the designated safeguarding manager.

### Care Governance Board

The Council's Care Governance Board meets monthly to share, discuss and agree actions in relation to information received both internally and externally regarding providers of services. The Board receive information from a range of sources including:

- CQC reports and regulatory letters/information
- Other Local Authorities
- Safeguarding Alerts and or referrals
- Requests and authorisations for deprivation of liberty safeguards
- Quality assurance visits completed by Adult social care Contracts team
- NHS partners
- Providers of services

The Board considers each 'referral' on its own merits and decides what action, if any, is required. Where appropriate an action plan will be developed in partnership with the provider that identifies the actions required and the timescales for completion. The Board also decides on the level of concern against the criteria detailed below.

A **red flag** indicates a possible high risk to people using that service and no new packages will be commissioned whilst the concerns are being resolved. All individuals receiving support via BFC will be reviewed, and other relevant local commissioning organisations (Local Authorities and NHS) informed. A robust action plan will be developed with the provider and monitored.

An **amber flag** indicates a medium risk and will indicate that there is a robust action plan and monitoring regime in place. The commissioning of packages may be agreed after a risk management plan has been completed. As with services where the degree of caution necessitates a red flag, action plan updates and review outcomes will be shared at Care Governance Board and decisions made as to caution status.

A **green flag** indicates a low or no risk and will be given when the Chief Officer and Care Governance Board are satisfied that all quality issues and concerns have been addressed. All service providers where there have been no concerns will automatically have a green flag status.

## **Links to associated safeguarding groups and forums**

### **Multi Agency Risk Assessment Conference (MARAC)**

A MARAC is convened on a monthly basis and is chaired by Thames Valley Police; a range of statutory partners attend the MARAC. The MARAC is focused on supporting high risk victims of Domestic Abuse, and reducing repeat incidents of domestic abuse. The MARAC follows the guidance set out by the Coordinated Action against Domestic Abuse (CARDA) and the Association of Chief Police Officers (ACPO)

During 2011-2012 there were 1641 reported incidents of domestic abuse in Bracknell Forest of these 662 were repeat incidents (these figures have been produced by the Community Safety Partnership). Plans are in place to reduce the number of repeated incidents of domestic abuse by 2% by 31<sup>st</sup> March 2013 (compared to 31<sup>st</sup> March 2012). It should be noted that these figures are for all incidents of domestic abuse not just incidents where an adult at risk (Berkshire Safeguarding procedures definition) is the victim.

### **Multi Agency Public Protection Arrangements (MAPPA)**

MAPPA are established by statute and have clearly defined responsibilities. The MAPPA focus is on the management of registered sex offenders, violent and offenders who pose a serious risk of harm to the public. Adult Safeguarding is represented at the MAPPA to ensure that where appropriate offenders who may pose a risk to vulnerable members of our community are identified and management plans put in place.

### **Domestic Abuse Forum**

The focus of the Domestic Abuse forum is to increase public awareness and improve services to those experiencing domestic abuse. This will include adults at risk. The Forum comprises local partner agencies, both statutory and voluntary sector.

### **South East regional Safeguarding Network**

The network is part of the Association of Directors of Adult Social Services (ADASS) policy network. The regional safeguarding network aims to both influence and learn from national policy developments. Over the past year ADASS has reviewed its policy networks and the safeguarding regional network has become more focused on working collaboratively with other policy networks (most notably personalisation and commissioning) to work on cross cutting issues and therefore mainstreaming safeguarding activity into other ADASS policy areas to achieve the best outcomes for people using social care services.

### **Berkshire Safeguarding Policy and Procedures**

In June 2010 the Berkshire Safeguarding Policy and Procedures went live 'on line'. The on line version is provided by Tri-X. Bracknell Forest hosts the contract for the 4 Adult Safeguarding Boards of Berkshire. The procedures are now more accessible to practitioners, providers and members of the public. There is an editorial group in place that ensure the procedures are updated every 6 months

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

### **Local Safeguarding Children's Board (LSCB)**

The Adult Safeguarding Partnership Board is represented on the Local Safeguarding Children's Board via the Head of Adult Safeguarding. The two Boards have identified areas of commonality and the Board continues to be represented on the LSCB raising awareness sub group. The aim of this collaboration is to ensure that clear messages about the safeguarding of both children and adults at risk are disseminated to all local stakeholders appropriately.

<http://www.bracknell-forest.gov.uk/safeguardingchildrenboard>

DRAFT

## Detailed statistical analysis of safeguarding activity during 2012/2013

### 1. Introduction

- 1.1 Alerts are defined as a concern that an adult (who is in need of care or support) may have been, is, or might be, a victim of abuse. Not all alerts will require intervention under the safeguarding procedures. Where an alert does not require intervention under the safeguarding procedures, support, advice and or signposting will be given to the person making the referral.

### 2. Alerts

#### Number of all alerts and number of all referrals for Bracknell in 2013/14

- 2.1 During 2013/2014, Bracknell Forest Council received 562 safeguarding alerts; this was an increase of 32% compared to 2012/2013. Whilst it is not possible to say what has contributed the increase, there continued to be an increase in alerts raised by Thames Valley Police (42% increase) and Berkshire Healthcare Foundation NHS Trust (40% increase), both of whom continue to undertake a significant amount of staff training. The increase in alerts is seen by the Board as a positive as it gives agencies the opportunity to provide information and advice and where appropriate support to adults at risk, who might not otherwise have received it.
- 2.2 Table 1 identifies that 168 (30%) of the alerts received during the reporting period met the threshold for intervention under the safeguarding procedures; this is a 13% decrease on 2012/2013. The decrease is thought to be attributed to the revised safeguarding training for staff that conduct safeguarding assessments and those who are designated safeguarding managers, which has focused on providing person centred and proportionate responses to safeguarding alerts.

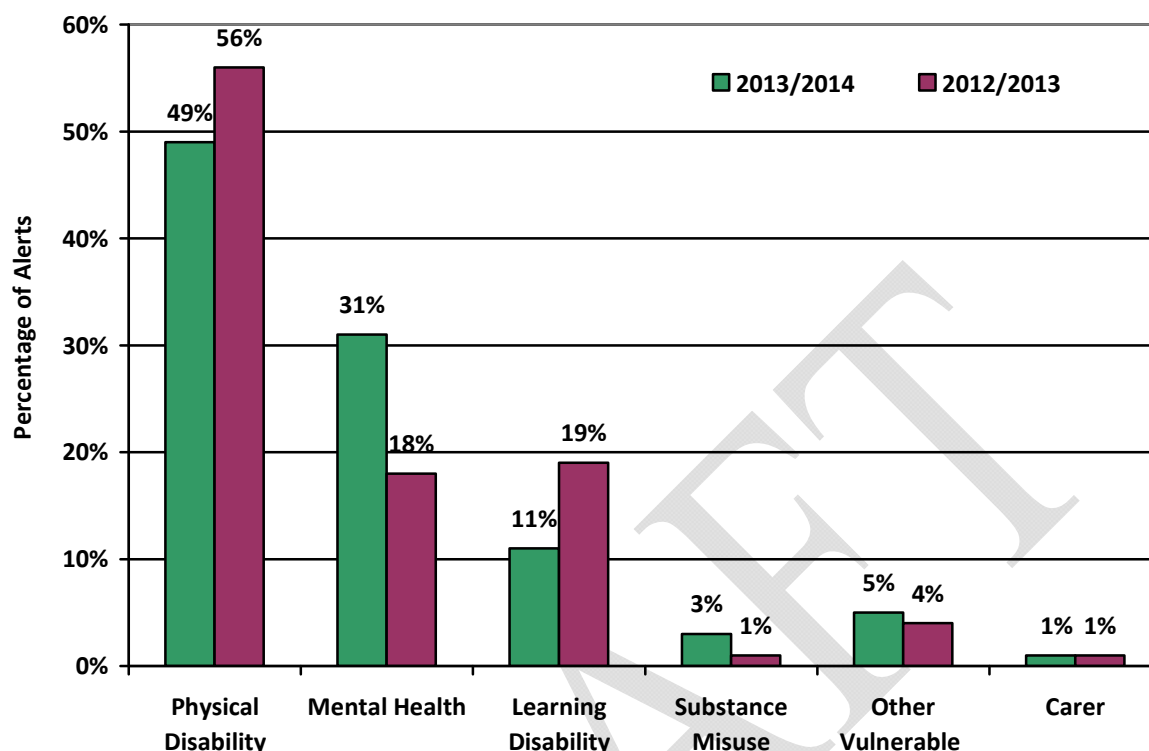
<b>Table 1</b>	<b>12 / 13</b>	<b>13 / 14</b>
<b>Alerts</b>	452	562
<b>Referrals</b>	181	168

- 2.3 Chart 2 identifies the percentage of all alerts by care group. The care groups that have seen the largest increase in the number of alerts was Mental Health (+13%); this is as a result of a tailored training package for staff working within the community mental health team and the community mental health team for older adults. Monthly monitoring takes place within adult social care to ensure that any changes in trend are identified and where necessary appropriate action is taken.

*(Note: "Physical Disability" includes Older People who are physically frail, Mental Health includes older people who have Dementia)*

**Chart 2**

**Percentage of all Alerts by care group for 2013/14 compared against 2012/2013**



2.4 Table 3 identifies the number of and percentage of alerts that required intervention under the safeguarding procedures and therefore progressed to a safeguarding referral by Care Group.

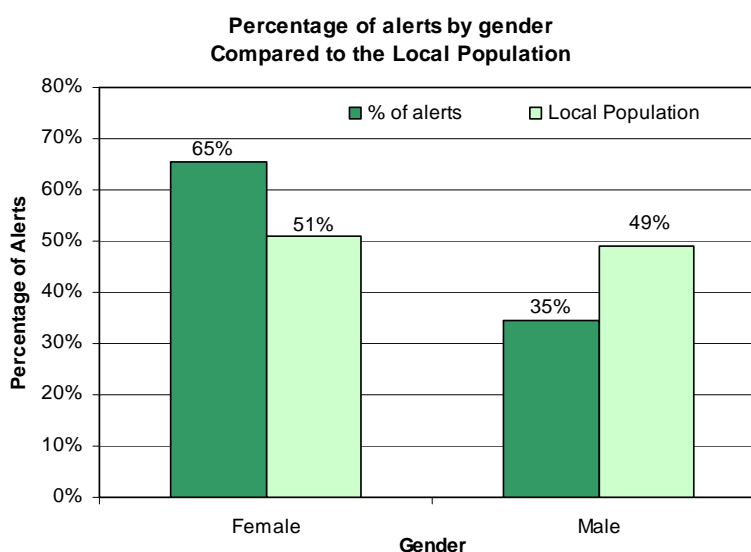
2.5 Given the small numbers of safeguarding referrals within each group caution should be used when analysing any variations in the percentage of alerts to referral. Analysis is undertaken on a monthly basis to identify any variance and to understand if this is appropriate. The analysis undertaken during the 2013/14 has not identified any areas of concern.

<b>Table 3</b>	<b>Number of alerts</b>	<b>Number progressed to Referral</b>	<b>percentage</b>
Physical Disability	239	104	44%
Mental Health	77	29	38%
Learning Disability	82	45	55%
Substance Misuse	6	0	0%
Other Vulnerable	18	2	11%
Carer	3	1	33%
<b>Total</b>	<b>562</b>	<b>181</b>	<b>32%</b>

- 2.6 Chart 4 identifies the percentage of all alerts received by gender and compares this to the gender profile in the Borough. The tables identifies that women are over represented compared to the overall population, however given the majority of safeguarding alerts relate to older people (56%) and locally there are higher numbers of women than men supported by Adult Social Care.

Chart 4

Percentage of alerts received in Bracknell in 2012/13 by gender. Compared to the gender profile of the local population – taken from ONS 2011 Mid-Year Estimates



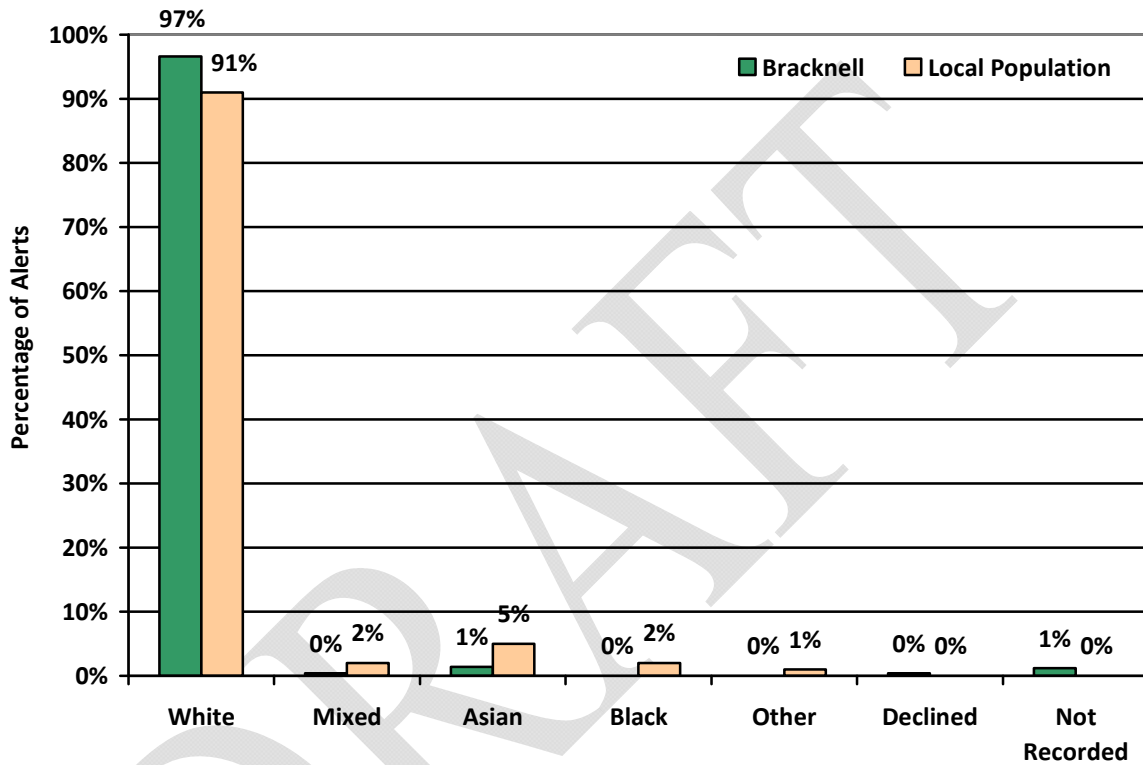
- 2.7 Table 5 identifies that the three main statutory agencies within Bracknell Forest, in safeguarding terms (Adult social care, the NHS and Thames Valley Police) raised 380 alerts (68% of the total). This suggests that the training that these organisations have undertaken in the last year has had a positive impact. Furthermore 107 alerts (19%) came from members of the public (self referral, family, friends etc).
- 2.8 With regard to the percentage of alerts that progress to referral, again the three main statutory agencies contribute to 51% of this total with members of the public contributing 33% to the total.
- 2.9 Where an alert does not meet the threshold for intervention under the safeguarding procedures, support and advice will be offered to the person raising the alert and where appropriate the individual at the centre of the alert will be offered an assessment of their social care needs.

<b>Table 5</b>	<b>No. of Alerts (% of all alerts)</b>	<b>Number of referrals (% of all)</b>	<b>%ge of alerts progressing to referral</b>
Education / Training / Workplace	1 (0%)	0 (0%)	<b>0%</b>
Family Member	57 (10%)	34 (20%)	<b>60%</b>
Friend / Neighbour	5 (0.8%)	1 (0.6%)	<b>20%</b>
Health Staff	160 (28%)	36 (21%)	<b>23%</b>
Housing	5 (0.8%)	3 (2%)	<b>60%</b>
Other i.e. leisure services, probation,.	66 (12%)	21 (13%)	<b>32%</b>
Another Adult at Risk	3 (0.5%)	2 (1%)	<b>66%</b>
Police	75 (13%)	4 (2%)	<b>5%</b>
Self Referral	45 (8%)	21 (13%)	<b>47%</b>
Social Care Staff	145 (26%)	46 (27%)	<b>32%</b>
<b>Total</b>	<b>562</b>	<b>168</b>	

2.10 Chart 6 compares the ethnicity of people who were the subject of a safeguarding alert compared with the local population. The figures identify that the ethnicity of those subject to an alerts are broadly in line with the local population. However during the coming year the board will engage with local community groups to ensure that safeguarding messages are accessible to all local communities.

Chart 6

**Percentage of all alerts by ethnic category in 2013/14  
Compared to the local population**



	Bracknell	Local Population
White	97%	91%
Mixed	0%	2%
Asian	1%	5%
Black	0%	2%
Other	0%	1%
Declined	0%	0%
Not Recorded	2%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>



### 3. Repeat Referrals

3.1 Table 8 identifies that only 5% of referrals are repeat referrals (where the person concerned has two or more safeguarding referrals about their circumstances within the year). An analysis of the 8 repeat referrals (relating to 4 people) indicated that the subsequent issue could not have been predicted.

<b>Table 8</b>	<b>2012/13</b>	<b>2013/14</b>
Number of referrals	168	
Number of repeats	8	
<b>Bracknell Total</b>	<b>5%</b>	<b>7%</b>

3.2 Table 9 identifies the percentage of people subject to a safeguarding referral who were previously known to Adult social care at the time of the referral. The information indicates that 146 (87%) people were already known or had been previously known to adult social care at the time of the safeguarding referral.

Table 9

Number of Referrals	168
Previously known to BFC (at any time prior to the safeguarding referral)	146
<b>Bracknell</b>	<b>87%</b>

### 4. Outcome of the safeguarding assessment

4.1 Table 10 identifies that:

- 67 (47%) safeguarding assessments concluded that abuse was substantiated or partially substantiated.
- This is broadly in line with the previous year where 70 (39%) of safeguarding assessment concluded that abuse was substantiated or partially substantiated.
- There were 46 (32%) referrals where abuse was not substantiated compared to the previous year when 65 referrals (38%) were not substantiated.
- 7 individuals requested that the safeguarding assessment cease before it had been completed therefore it was not possible to determine if the alleged abuse was substantiated or not.
- There remain a small number of referrals (21) that have not been concluded yet which is why this table does not total 168. It should be noted that adult social care staff use the balance of probabilities when deciding the outcome.

<b>Table 10 - Outcomes</b>	Physical Disability	Mental Health	Learning Disability	Other Vulnerability	Carer	<b>TOTAL</b>
<b>Substantiated</b>	21	13	7	0	0	<b>41</b>
<b>Partially substantiated</b>	15	8	3	0	0	<b>26</b>
<b>Not substantiated</b>	20	21	3	2	0	<b>46</b>
<b>Inconclusive</b>	16	4	5	1	1	<b>27</b>
<b>Ceased at Individuals Request</b>	2	2	3	0	0	<b>7</b>
<b>TOTAL</b>	<b>74</b>	<b>48</b>	<b>21</b>	<b>3</b>	<b>1</b>	<b>147</b>

## 5. Detailed analysis of outcomes where abuse was substantiated or partially substantiated

- 5.1 Table 11 and identifies that on 51% of occasions where abuse was substantiated or partially substantiated, this took place in the person's own home. There was an increase in the number of substantiated or partially substantiated safeguarding concerns relating to provision within a care home or a care home with nursing, this increase relates to three providers, who have been supported via the Council's care governance procedures. It should be noted that the 21 people living in a care home setting where abuse was substantiated or partially substantiated account for 5% of all people in residential or nursing home care in the borough.
- 5.2 It should be noted that during the year the only hospital in the Borough closed. Alerts and referrals for abuse in hospitals located elsewhere – even for a Bracknell Forest resident – are investigated locally, and therefore are not reported here. Arrangements will be made to ensure that future reporting includes alerts and referrals for Bracknell Residents from hospitals where they were investigated elsewhere.

<b>Table 11</b>	<b>Totals for 2012/2013</b>	<b>Total for 2013/2014(%)</b>
Alleged Perpetrator's Home	4 (6%)	4 (6%)
Care Home	5 (7%)	13 (19%)
Care Home with Nursing - Permanent	6 (9%)	8 (12%)
Hospital	0	1 (1%)
Other	4 (6%)	6 (9%)
Own Home	45 (64%)	34 (51%)
Public Place	6 (9%)	0
Supported Accommodation	1 (1%)	1 (1%)
<b>Total</b>	<b>70</b>	<b>67</b>

## 6. Relationship between the adult at risk and perpetrator

6.1 Table 12 shows that:

- In 22 (32%) occasions the person who caused harm (where this was substantiated or partially substantiated) was either the partner, family member or a neighbour/friend of the individual.
- In 25 (36%) occasions the person who caused the harm was a member of the health or social care workforce. However it should be noted the Bracknell Forest Council supports approximately 1500 people with social care needs at any one time.
- The remaining 23 (32%) occasions the person who caused the harm with either another adult in need of care or support, a stranger, another worker (i.e. housing officer, volunteer etc).

<b>Table 12</b>	<b>Total (%) 2012/2013</b>	<b>Total (%) 2013/2014</b>
Health Care Worker	6 (9%)	8 (11%)
Neighbour / Friend	5 (7%)	6 (9%)
Not Known	3 (4%)	2 (3%)
Other	11 (16%)	14 (20%)
Other Family Member	13 (19%)	13 (19%)
Other Professional	5 (7%)	4 (6%)
Other Adult in need of care or support	3 (4%)	2 (3%)
Partner	7 (10%)	3 (4%)
Social Care Staff	14 (20%)	17 (25%)
Stranger	3 (4%)	0 (0%)
<b>TOTAL</b>	<b>70</b>	<b>69</b>

## 7. Category of abuse where the outcome was substantiated or partially substantiated

- 7.1 Due to the low number of substantiated and partially substantiated referrals it is not possible to provide detailed analysis of themes and trends. However, neglect is the highest represented category followed by physical and financial abuse. It should be noted that an individual may be subjected to more than one type of abuse.

*Please note: More than one category of abuse can be alleged/recorded for the same referral*

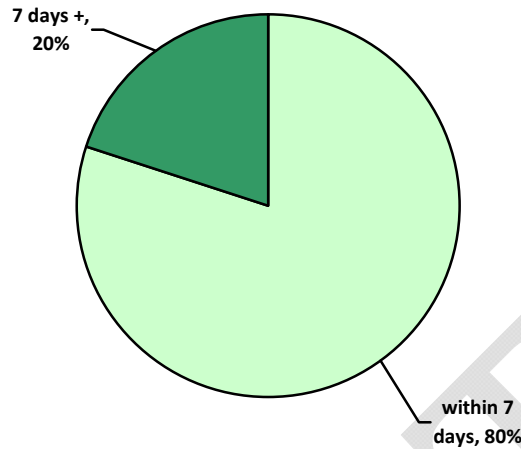
<b>Table 13</b>	<b>Total (%) 2012/2013</b>	<b>Total (%) 2013/2014</b>
Neglect	36 (39%)	38 (44%)
Discriminatory	1 (1%)	1 (1%)
Institutional	0 (0%)	2 (2%)
Physical	18 (19%)	18 (21%)
Sexual	4 (4%)	0 (0%)
Emotional	17 (18%)	10 (11%)
Financial	17 (18%)	18 (21%)
<b>Total</b>	<b>93</b>	<b>87</b>

## 8. Timeliness of response

- 8.1 Whilst it will not always be possible for a strategy meeting to be held within 7 calendar days due to a number of factors: (availability of the individual, or practitioners, police investigation etc) it is pleasing to see that Chart 16 identifies that 80% of strategy meetings were held within 7 calendar days. The remaining 20% were held at the earliest opportunity and all within 20 calendar days. All necessary safeguarding measures will be put in place ahead of any strategy meeting.

Chart16

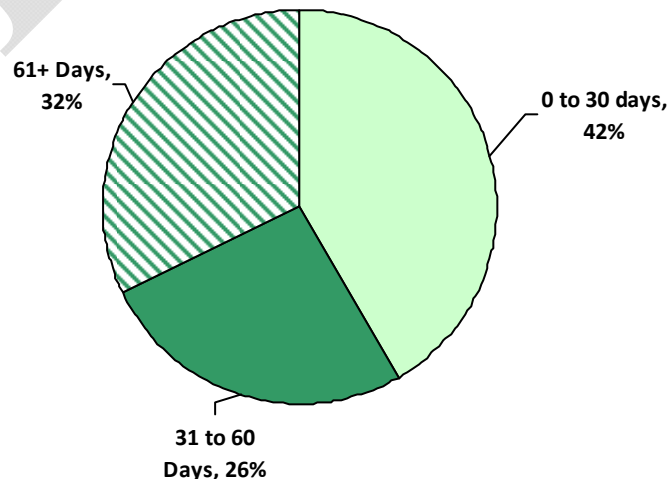
Percentage of Referrals where the Strategy meeting was held within 7 Days



8.2 Chart 17 identifies the length of time it takes to conclude the safeguarding assessment. Whilst there is no national baseline to compare local practice to, it is best practice to conclude the safeguarding assessment at the earliest opportunity, taking account of the individual's wishes, any reliance on pattern agencies in the completion of the assessment, criminal or civil proceeding etc. In 101 (69%) occasions the safeguarding referrals were completed within 60 days of the alert being raised. The remaining assessments were unable to be completed within 60 days due to one of more of the following: awaiting criminal or civil investigation, waiting for the employer to conclude a management investigation, the individual requires further time to fully engage in the safeguarding assessment. All safeguarding referrals that took longer than 60 days have been reviewed. The review confirmed that the referral was completed at the earliest opportunity. Furthermore it should also be noted that as the department now has a greater emphasis on personalising the safeguarding responses this has resulted in a lengthening of the time from referral to conclusion due to ensuring the approach is moving at the individual's pace.

Chart 17

Number of days to complete safeguarding referrals



8.3 Table 18 identifies that on 541 (96%) safeguarding alerts received since 1<sup>st</sup> April 2013 have been concluded within the year.

Table 18

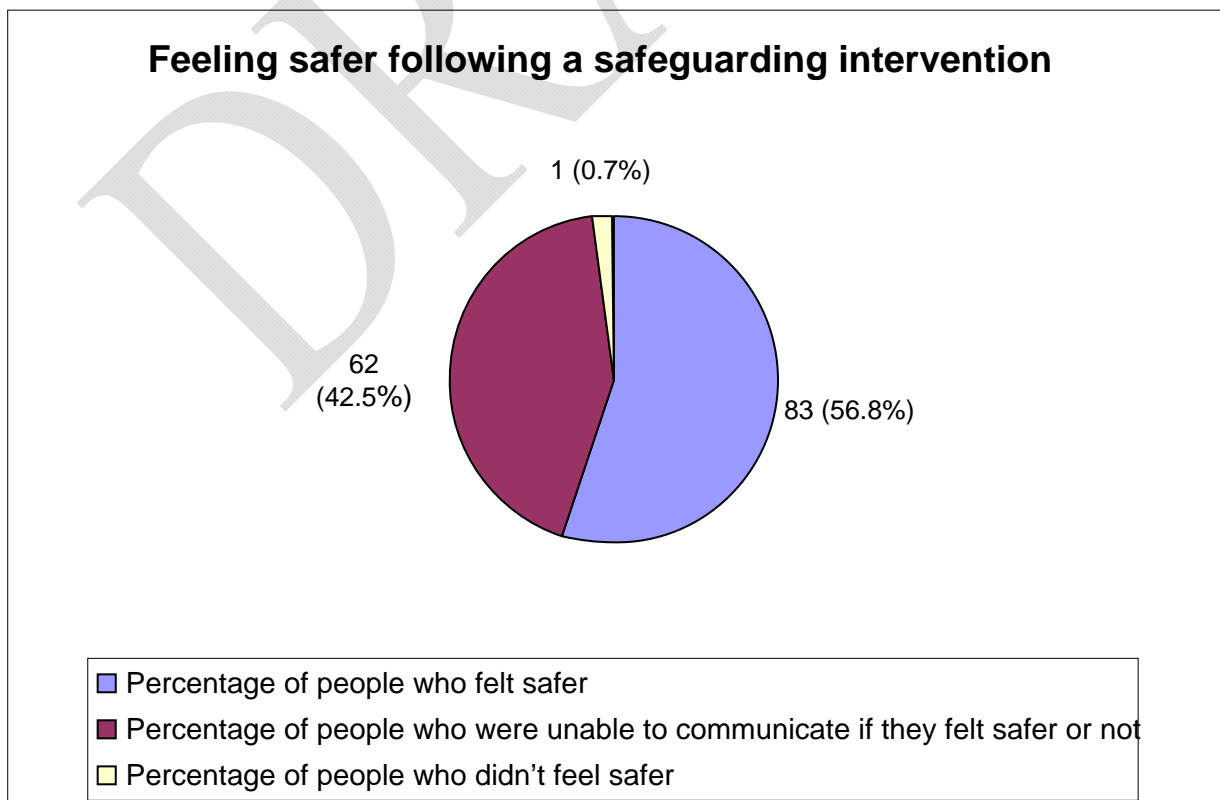
Number of alerts received	562
Number completed in year	541
<b>Percentage</b>	<b>96%</b>

## 9. Qualitative feedback

9.1 In order to have a rounded view of performance and practice in adult safeguarding work, it is important to use qualitative information in addition to quantitative information. Therefore adult social care has developed a questionnaire which people are supported to complete (if they wish to), to identify their views on the practice of staff within the department. The following three qualitative data sets are the pertinent outcomes' of the questionnaires.

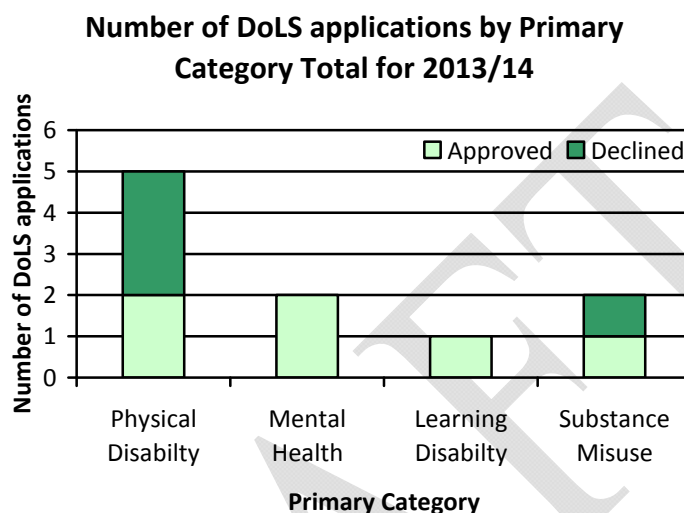
9.2 Chart 19 shows that 99% of people (83 people) subject to a safeguarding referral (regardless of outcome) and who were able to comment, stated that they felt safer as a result of the intervention. 62 (42%) people were unable or unwilling to communicate their views. Where a person was unable to communicate their views the practitioner has worked with a family member, advocate or IMCA to ascertain the views, however that person would not have been able to indicate if the person felt safer or not. One person reported not feeling safer as a result of the safeguarding intervention and chose not to take the advice and support provided by the social care team.

Chart 19

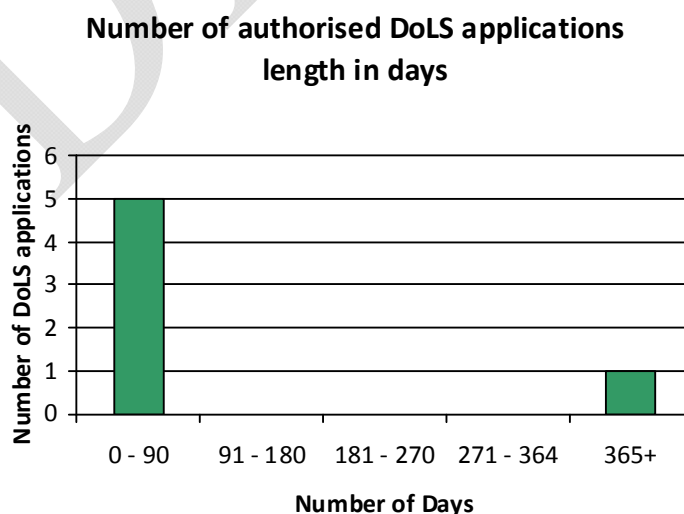


## 10 Deprivation of Liberty Safeguards (DoLS)

- 10.1 There was a 58% decrease in the number of DoL applications received during 2013/2014 compared to the previous year. This is attributed to a number of key court of Protection/ Court of Appeal judgements, which altered the definition of what circumstances may amount to a Deprivation of a person liberty.
- 10.2 Chart 20 shows that 5 (50%) of applications related to an individual whose primary need for support was due to a physical disability. However each person also had a diagnosis of dementia as did the three people within the Mental Health care group. Therefore dementia was a contributing factor in 9 (90%) of applications.



- 10.3 Chart 21 identifies the length of time the DoLS authorisation was granted for. The DoLS code of practice states that the authorisation should be granted for the shortest time possible and that the managing authority (care home) should work toward reducing the restriction on the person where ever possible. It is therefore practice within the department to give consideration to a short authorisation following an initial application and work with the home to see if the restriction can be removed within the timeframe of the authorisation. However on some occasion this is not possible and a longer authorisation is required to ensure the safety and welfare of the individual.



- 10.4 At the 31<sup>st</sup> March 2013 there were 2 people subject to a deprivation of liberty authorisation, granted by Bracknell Forest Council.