



**Bracknell Forest Safeguarding  
Adults Partnership Board**

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

**April 2014 – March 2015**

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## **Foreword**

As the Interim 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.

Much of the Board's focus this year has been on preparing for the Care Act, and ensuring the Board is well placed to meet its new duties. With this purpose in mind the Board commissioned a peer review. The review focused on the current working arrangements as well as identifying how well placed the Board is to meet the new duties set out in the Care Act. The review identified that the Board is on a firm footing, as well as the shared commitment from the Board to continue to develop local arrangements for the benefit of local residents with care and support needs. The review indicated that the Board should consider having an Independent Chair as this may support the Board to become independent of its constituent organisations. It would also ensure that the Board is well placed both to hold each member organisation to account for its own safeguarding arrangements and ensure organisations are working together to promote the welfare of those adults affected by abuse.

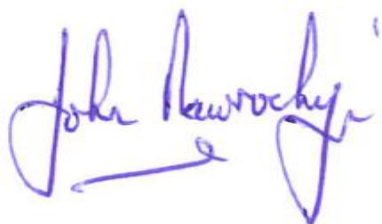
In light of the review the Board has committed to having an Independent Chair and Business Manager, these posts will support the Board in meeting its new duties and strategic objectives. To enable these posts to be created, Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group, have committed to contribute to fund these posts. This is further evidence of shared commitment to adult safeguarding.

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

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 has developed its business plan for the 2015-2016, which is contained within the main body of this report.

I hope you find this report both informative and reassuring.



**John Nawrockyi**  
**Chair of the Bracknell Forest Safeguarding Adults Partnership Board**

## **1. Introduction**

- 1.1 The Care Act 2014 states that each the local Safeguarding Adults Partnership Board (SAPB) must publish an annual report detailing what the SAPB has done during the year to achieve its main objectives, and what each member organisation has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews (previously known as Serious Case Reviews) and subsequent action.
- 1.2 This report details the breadth of activity undertaken by the Board's members and identifies the achievements against the Boards business plan for year.
- 1.3 The Board's development plan for 2015-2016 is contained within the report and sets out the planned developments for the coming 12 months. In line with the requirements set out in the care act the Board will develops its strategic objectives and consult with the public during the year.

## **2. Executive Summary and Key Messages**

### **Summary**

- 2.1 This report highlights the work of the member organisations of the Board as well as the work undertaken by the Board as a whole. The Board has spent much of the period of the year working towards implementation of the Care Act. The Board commissioned a peer review to ensure that there was an independent view as to the Board's effectiveness. The outcomes of the peer review have been incorporated into the boards' development plan for 2015/2016.
- 2.2 It is pleasing to note that the Making Safeguarding Personal approach that has been adopted locally forms the basis for safeguarding work in the Care Act. This approach builds on the implementation of personalisation in Bracknell Forest.
- 2.3 This report identifies that there has been a 24% increase in the number of safeguarding alerts received by Bracknell Forest Council Adult Social Care, Health and Housing compared to the previous year, but there has been a 14% decrease in the number of alerts that required a safeguarding assessment. Whilst it is not possible to say with certainty why there continues to be an increase in the number of alerts, it is thought that the continued training activity undertaken by statutory and non statutory agencies have contributed to this increase.
- 2.4 It is pleasing to note that although the number of safeguarding alerts continues to rise the number of substantiated or partially substantiated concerns (80) remains at a relative low level when compared to the number of people with care and support needs who Bracknell Forest Council have supported during the year (circa 1500).
- 2.5 Bracknell Forest Council has seen a 2000% increase in the number of Deprivation of Liberty Safeguards (DoLS) applications, and is due to the landmark Supreme Court ruling regarding what constitutes a Deprivation of Liberty.

## **Key Messages from this report**

### **For members of the public**

- Adult abuse is wrong and people do not have to accept it.
- If you are concerned for yourself or someone else, in an emergency contact the emergency services via 999 (emergency only) or 101
- If it not an emergency but you would like to speak to some for help or advice contact Adult Social Care on 01344 351500

### **For all staff and volunteers who come into contact with adults with care and Support Needs.**

- Remain vigilant to the signs of abuse.
- Ensure that you know how to raise safeguarding concerns within your own organisations and to outside agencies where appropriate.
- Make sure people are supported in line with their wishes, unless this would put them or others at risk of harm.

### **For Managers**

- Make sure that your staff have appropriate safeguarding training and that it is kept up to date
- Make sure your staff are aware of the Mental Capacity Act and implement it in their everyday work.
- Ensure your service is aware of the Care Act and its implications.
- Ensure your service follows the safer recruitment practice checklist from the Board's website.
- Ensure your complaints and disciplinary processes are linked to your safeguarding policy so that issues don't 'fall through the gaps'
- Ensure you develop and maintain a culture in your service whereby the people you support are aware of what safeguarding is and staff are confident about raising concerns.

### **For Organisations that commission Health and Social Care Services**

- Ensure that your contracts include specific clauses on safeguarding
- Your contracts include reference to the Mental Capacity Act (where appropriate) and that you monitor the services compliance with the Act.
- Ensure that contract monitoring activity includes seeking the views of the people who use the service and or informal carers.
- Ensure you have robust quality assurance systems that take account of adult safeguarding and mental capacity.

## **3. The Care Act 2014**

- 3.1 The Care Act heralds a major change in the legislative framework for Adult Social Care. At the heart of the Act is a focus on prevention, promotion of wellbeing and ensuring that care and support is delivered in a person-centred way. The safeguarding elements of the Act came into force on the 1<sup>st</sup> April 2015, alongside the majority of the other care related elements of the Act. The financial reforms for adult social care are planned to come into effect on the 1<sup>st</sup> April 2016.
- 3.2 Local Authorities will be under a duty to make safeguarding 'enquiries' where they suspect that an adult living in their area:

Has care and support needs (regardless of who commissions the support to meet those needs)

**And**

Is experiencing, or at risk of, abuse or neglect.

**And**

As a result of their care and support needs, is unable to protect themselves?

- 3.3 The Local Authority could ask someone else to make enquiries on their behalf, but they must ensure that they are informed of the outcome of the enquiry.
- 3.4 The purpose of the enquiry is to identify what action (if any) may be required and by whom. The focus of the enquiry is to promote the adult's wellbeing.
- 3.5 There is a clear duty placed on partner organisations to co-operate and to share information to support the Board in discharging its duties (this will include making enquiries to protect an adult at risk).
- 3.6 The Act has also placed adult SAPBs on a statutory footing. The Board has 4 core functions:
- Produce and publish a strategic plan which sets out the priorities for the Board, in addition to this the Board must publish an annual report which sets out the boards achievement in meeting its strategic objectives.
  - Monitor the effectiveness of local safeguarding arrangements
  - Undertake Safeguarding Adults Reviews (SARs) where required
  - Hold partner agencies to account for their safeguarding arrangements
- 3.7 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.
- 3.8 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 SAPB 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.
- 3.9 The Board may arrange a Safeguarding Adults Review in other circumstances it deems appropriate.
- 3.10 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.

3.11 The local authority must make independent advocacy available to adults subject to safeguarding enquires or a Safeguarding Adult Review, where they will have substantial difficulty in engaging in the safeguarding process or Safeguarding Adults Review.

#### **4. Peer review**

4.1 In anticipation of the Care Act in the summer of 2014 the Board agreed to commission a peer review. The review used the Association of Directors of Adult Social Services (ADASS) peer review model. There were two main foci to the review:

- The Board's current performance against its current powers
- The Board's performance against its new duties

4.2 The Review was led by colleagues from Hampshire County Council, with support from Brighton and Hove Council, and South East ADASS.

4.3 The review highlighted the strengths of the Board and local partnership working, but also identified areas for the Board to consider ensuring that it remains effective in discharging its new duties. As a result of the peer review the Board has agreed to fund an Independent Chair and Business Manager post. These posts will support the Board in becoming independent of its member organisations and developing its approach to holding partner agencies to account for their safeguarding practice.

4.4 The peer review report can be found as annex A of this report.

#### **5. Membership of the Board**

5.1. The Board is currently chaired by the Interim Director of Adult Social Care, Health and Housing, however as previously stated in this report the Board will be appointing an Independent Chair. The Board has determined that it can meet on a quarterly basis rather than Bi-monthly. The Attendance record for the Board is set out in annex B. The Board's member organisations are currently:-

- Bracknell Forest Council
- 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
  - A new Trust formed by the merger of Heatherwood and Wexham Park NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust
- Royal Berkshire Fire and Rescue Service

- 5.2. The Board has reviewed its membership during the year, as a result of the review the following organisations have been invited to join the Board:
- Involve (formally Bracknell Forest Voluntary Action)
  - Bracknell Forest Healthwatch
  - NHS England.
- 5.3. The Board's member organisations have undertaken a range of safeguarding activity during the period of this report which are summarised in the following section:

## **6. Developments by partner agencies during 2013-2014**

### **6.1 Bracknell Forest Council, Adult Social Care and Health**

- 6.1.1 The department has focused much of its work over the period of this report in ensuring it is able to meet its new statutory duties as set out in the Care Act 2014. There has been significant work undertaken by the department in training the workforce on the new legal framework for adult social care as well as working with local providers and the 3<sup>rd</sup> sector in ensuring the key messages of the Act are communicated to local stakeholders.
- 6.1.2 The departmental Adult Safeguarding Practice Guidance has been reviewed to ensure it is compliant with the Care Act. A training programme has been developed and delivered to ensure that staff across the department are aware of the Act and its implications for practice.
- 6.1.3 The department completed the implementation of Making Safeguarding Personal (MSP) during the year. The MSP approach is a core element of the Care Act, it is therefore positive that Bracknell Forest Council was an early adopter of this approach.
- 6.1.4 With regards to the Mental Capacity Act the department has revised its practice guidance for front line practitioners to further support them in supporting support people with care and support needs in line with their wishes and the Mental Capacity Act.
- 6.1.5 In response to the landmark judgement by the Supreme Court in March 2014 regarding the Deprivation of Liberty Safeguards (DoLS) the department has reviewed its operational model for responding to Dols applications. As a result of the review additional capacity has been created to ensure timely responses to DoLS applications. Annex C provides statistical analysis of DoLS applications received during the year.
- 6.1.6 The Safe Places scheme was re-launched in early 2015. The Scheme is now open to a wider group of people. Further information on the scheme can be found via the following link: <http://www.bracknell-forest.gov.uk/safeplace>



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

- 6.2.4 The CCG has continued to work with its providers to enable it to undertake its responsibility for ensuring that the organisations from which they commission services provide a safe system that safeguards vulnerable adults. Bracknell CCG has done this through strengthening contractual requirements and working closely with the Safeguarding leads.
- 6.2.5 Development of the safeguarding dashboard in anticipation of the Care Act implementation has assisted in analysis of safeguarding activity and provider status of safeguarding adult assurance; particularly for training, DOLs, Mental capacity act training, prevent and alert notifications. This has resulted in increasing awareness of the need to detect abuse as early as possible and encourages multiagency collaboration.
- 6.2.6 Close liaison between the deputy director of nursing (safeguarding) and provider safeguarding leads has established specialised supervision pathways and support for innovation in safeguarding as a firm part of provider planning. Swift notifications and liaison regarding concerns between the CCG and providers have meant timely interventions to keep people safer.
- 6.2.7 Primary care has an increased awareness of adult safeguarding responsibilities which will be further supported 2015/16.
- 6.2.8 The continuing healthcare team has undertaken specialised prevent training and MCA training updates. The deputy director of nursing (safeguarding) offers safeguarding supervision on a regular basis which has resulted in more consideration of a potential safeguarding issue and resulting actions.
- 6.2.9 Successfully winning a bid for funds to develop an MCA train the trainers programme across Berkshire and a Berkshire wide MCA conference will further assist in awareness of adult safeguarding across the health economy.

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

- 6.3.1 BCA is a representative association for care providers across Berkshire. The association remains committed to safeguarding people with care and support needs. During the period of this report the association facilitated a learning workshop. The workshop focused on the learning from the Orchid View serious Case review. The independent author of the SCR attended the workshop and spoke about review and the key learning points for providers and commissioners. The workshop was well received by attendees, with a number of local providers reflecting on their own provision in light of the recommendations from the Serious Care Review.

## **6.4 Bracknell Forest Community Safety Partnership**

- 6.4.1 The Domestic Abuse Service Co-ordination (DASC) project has been in operation for the period of this report. As stated in the development plan for 2014/2015 the project has been supported by Cambridge University. During the year the project has been subject to evaluation by the University. The outcome of the evaluation is that that the project is able to demonstrate a positive impact in regards to reducing repeated domestic incidents and that

the project should continue and a further evaluation will take place within the next year.

## **6.5 Berkshire Healthcare Foundation NHS Trust**

- 6.5.1 The Trust continues to focus on ensuring its workforce is appropriately skilled and trained on adult safeguarding and is able to work in partnership with local partners. The Trust hosts the pan Berkshire adult safeguarding meeting, which provides an opportunity for LA and NHS safeguarding leads to meet to discuss common issues.

## **6.6 Frimley Park NHS Foundation Trust**

- 6.6.1 Frimley Park NHS Foundation Trust merged with Heatherwood and Wexham Park NHS Foundation Trust on the 1<sup>st</sup> October 2014 to become Frimley Health NHS Foundation Trust.
- 6.6.2 The work undertaken during the period of this report has led to a greater understanding of adult safeguarding across the Trust; this has resulted in an increase in the number of referrals being made as well as an increased quality in terms of the information provided within the referral. Staff are now confident of the referral pathway and when to seek advice from the dedicated lead.
- 6.6.3 Half of the Trust consultants have received training in safeguarding, MCA and DOLS in the past 4 months.
- 6.6.4 Publicity material has been made available across the Trust that details the safeguarding leads for adults and children and how to contact them.

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

- 6.7.1 Heatherwood and Wexham Park NHS Foundation Trust merged with Frimley Park NHS Foundation Trust on the 1<sup>st</sup> October 2014 to create Frimley Health NHS Foundation Trust the Heatherwood and Wexham Park sites of the Trust focused their work on improving the quality of care experienced by patients and therefore prevent neglect and abuse.
- 6.7.2 The Trust has improved joint working arrangements to ensure that local safeguarding arrangements are effective, responsive and co-ordinated. This work means that Adults with care and support needs that are in-patients have greater protection from abuse.
- 6.7.3 There continues to be a training programme for staff to ensure increased awareness and knowledge of the safeguarding adults' framework to respond in a more timely appropriate way to concerns.
- 6.7.4 The Trust has participated in Serious Case Reviews (SCR) and Serious Incidents Requiring Investigations (SIRI) which have resulted in learning for the Trust. Whilst none of the circumstances that led to the Serious Case Review or SIRIs related to Bracknell Forest residents the learning will be of benefit to Bracknell Forest residents who use the services at either the Heatherwood or Wexham Park sites.

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

- 6.8.1 RBFRS have dedicated considerable time developing local working relationships between their service and the Board, with an aim of ensuring that the key documents referred to in the 2014/2015 development plan become the foundation of ongoing partnership working.

## **6.9 Thames Valley Police**

- 6.9.1 A continued “It’s never ok” domestic abuse awareness campaign has been carried out throughout the year, with a focus over the Christmas two week period utilising social media. The web site has been reviewed. Leafleting has continued with partner involvement and leaflets given out at all domestic abuse incidents attended by the police in Bracknell Forest.
- 6.9.2 All local officers have attended a briefing session on adult safeguarding. The session has led to increased awareness of adult safeguarding and local partnership arrangements. In turn this has led to an increase in engagement in safeguarding meetings.

## **6.10 National Probation Service**





- 6.10.1 The National Probation Service is a new organisations that took over the work of the local probation Trust. The former Trust for the Bracknell Forest area was the Thames Valley Probation Trust. The Trust is represented on the Board by a senior probation officer who is familiar with local arrangements. The senior Probation Officer also co-chairs the Local MAPP (Multi Agency Public Protection Arrangements) with a senior representative from Thames Valley Police.
- 6.10.2 Much of the work undertaken during the year has been focused on establishing the new organisation and ensuring that partnership arrangements are in place and effective.





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









- 6.11.1 During the course of the year the hospital has implemented Mental Capacity procedures and training programme as planned. In addition to West London Mental Health Trust’s policy on The Mental Capacity Act, the Hospital has developed a local protocol to aid staffs awareness and familiarisation with undertaking capacity assessments.
- 6.11.2 In this initial year of implementation there have been a total of 8 capacity assessments undertaken, with three cases being referred to The Court of Protection and two cases involving an IMCA. As we continue to promote full adherence to the Mental Capacity Act, it is envisaged that there will be a substantial increase in capacity assessments.
- 6.11.3 To date the hospital has run a total of four half day training sessions on the Mental Capacity Act at Broadmoor Hospital, with further training dates to be scheduled throughout 2015 and 2016. And all departments in the hospital have been provided with a ‘quick guide’ on the MCA. This is in addition to distributing inflation leaflets on the key elements of the MCA.








- 6.11.4 In June 2014, the Department of Health published the enquiry report concerning Jimmy Savile and Broadmoor Hospital. It was positive to note that the report highlights the significant developments in relation to safeguarding at the hospital in recent years. However the report made recommendation “the arrangement that separates local authority responsibility for safeguarding from the provision of social workers should be reviewed within the next year, and that a risk assessment and appraisal of alternative options should be carried out.”
- 6.11.5 Following the Savile Enquiry report, the Trust then commissioned an external review to analyse and inspect current Governance arrangements. This report was completed and distributed in March 2015.
- 6.11.6 Throughout 2014-2015, briefing sessions on safeguarding were provided at all ward community meetings, to further develop patient awareness.
- 6.11.7 The Hospital will maintain a transparent approach to safeguarding, where patients and staff can report concerns either internally, via Bracknell Forest Council or to the Care Quality Commission. We continue to have Bracknell Forest Council representation on our safeguarding adult panel meetings held every two months and we invite the Care Quality Commission to these meetings.







## 7. Progress against the objectives set out in the 2013/2014 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
<b>Bracknell and Ascot Clinical Commissioning Group (CCG)</b>		
The CCG will undertake Prevent training	The Deputy Director of Nursing has undertaken prevent ‘train the trainer’ training and will be rolling out the training before year end.	
The CCG will undertake FGM training	Relevant leads have undertaken training	
Will update its suite of policies to ensure they cover MCA/DoLS and Prevent	Complete	
Maintain adult safeguarding training as 90% by end 2015	Achieved	





Developments	Year End Update	Status
Develop a safeguarding page on intranet which provides updates of safeguarding adult activity and policy	Complete	
Develop a dash board of safeguarding adult data for internal Board reporting	This has been developed and is reported to the internal quality committee.	
Continue to work collaboratively with Bracknell Safeguarding Adults Board and subgroups	Attending meetings and working on shared agenda- Orchid view action plan.	
Extend and recruit to safeguarding team to support the safeguarding lead	Additional capacity within the safeguarding team has been created.	
Continue to support safeguarding adult updates as part of primary care training	Due to present at BASE six monthly.	
<b>Berkshire Care Association (BCA)</b>		
Safeguarding will continue to be a core theme of all provider meetings	This continues to be the case.	
BCA will host a conference in Oct 2014, adult safeguarding will feature as an element of the conference agenda and workshops were appropriate.	A Joint conference was held in November on the learning outcomes from the orchid View SCR. This event was organised in partnership with the 3 LA for the East of Berkshire.	
<b>Bracknell Forest Community Safety Partnership</b>		
Implement the outcome of the DASC evaluation.	The evaluation of the DASC project by Cambridge University was completed in January 2015. Early findings indicate that the project is effective at reducing harm caused to victims of domestic abuse. The recommendations of the review are currently being implemented and the project is being extended to allow further evaluation by Cambridge University.	









Developments	Year End Update	Status
An additional Domestic Abuse perpetrator intervention will be developed.	A new perpetrator service, Straight Talking, has started in Bracknell Forest to take referrals which fall outside the criteria DAPS and DASC. However numbers of referrals continue to be low.	
The E-safety group will continue to review the training and publicity material to ensure it reflects new technologies, risks and guidance	E-Safety training and publicity material has been updated a number of times throughout the year to ensure it reflects new technologies, risks and guidance.  Workforce training has been delivered to members of the local workforce who work with adults at risk and other vulnerable groups. Awareness raising sessions have also been delivered directly to vulnerable adults and their carers.	
<b>Bracknell Forest Council Adults Social Care, Health and Housing</b>		
Pilot and implement the revised departmental Quality Assurance Framework.	The pilot has been completed and the new framework is now operational.	
Implement the learning from the Making Safeguarding Personal project across the department	The learning from the pilot is being rolled out across the department. To support the roll out the department has joined the LGA/ADASS MSP project for a second year.	
Revise the mental capacity best practice guidance.	The guidance has been revised and has been rolled out across the department.	
Undertake a scoping exercise regarding the possible development of a Multi-Agency Safeguarding Hub; this is a joint action with TVP	Following meetings with police it has been determined that at this time there is not sufficient demand for a Multi-Agency Safeguarding Hub in Bracknell Forest.	
Review the Bracknell Forrest Safeguarding Adults Partnership Board in light of the statutory changes brought about by the Care Bill	The Board had a peer review in December 2015, the outcome of the review feed into the Boards' away day in February 2015 with the Board agreeing its new structure.	




Developments	Year End Update	Status
Lead on the implementation of the operational safeguarding elements of the Care Bill	A programme Board has been formed overseeing all elements of the Care Act. Safeguarding is a work stream within the implementation plan. All safeguarding elements have been delivered in time for the 1 <sup>st</sup> April 2015.	
On behalf of the Board lead on the strategic safeguarding elements of the Care Bill	The Board agreed its membership at its away day in February 2015.	
Develop a strategy jointly with CCG in response to the Cheshire and Chester West Judgement by the Supreme Court.	The department's strategy for responding to the increase demand post Cheshire and Chester West was developed in consultation with the CCG. The CCG continues to be part of the Pan Berkshire MCA/DoLS group.	
<b>Bracknell Forest Council Learning and Development</b>		
Update the East Berkshire Safeguarding Adults workforce strategy	BFC Learning and Development contributed to a multi-agency workshop led by Slough Borough Council to update the strategy. The revised strategy will continue to be incorporated into relevant safeguarding training during 2015-16.	
Develop a range of workshops/events to enable staff to develop a better understanding of working with people with dementia	A three tiered dementia training programme was commissioned for family carers, care workers and senior carers and managers supporting people with dementia. This training was provided by Peter Kaye Associates and overall participant feedback was positive. Dementia training provision will be reviewed during 2015-16.	
Introduction of an assessment of participants' understanding of level 1 safeguarding training undertaken.	Since the introduction of the assessment in June 2014 over 97% of attendees have passed the assessment on their first attempt. This strongly indicates that the learning objectives of the level 1 safeguarding course are being conveyed effectively.	












Developments	Year End Update	Status
Review the current approach to measuring the impact of safeguarding training during 2014/2015 with a proposed new methodology being piloted before March 2015.	Unfortunately the response rate to the safeguarding level 1 impact survey continued to remain low (9%). The new approach introduced in February 2015 sees the online impact survey for Safeguarding Level 1 training being sent directly to managers from the Head of Adult Safeguarding and practice development. Feedback from the Level 2/3 Safeguarding being sought informally and collated by the Safeguarding Development Workers.	
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>		
The Board will seek to engage with the National Probation Service, and clarify its commitment to adult safeguarding work and the work of the Board.	The National Probation Service is represented on the Board and has contributed to the work of the Board.	
<b>Berkshire Healthcare Foundation NHS Trust</b>		
Continue to explore strategies for increasing individual involvement and participation in safeguarding adults policies and procedures	Work is currently underway to develop materials to raise awareness for Patients and carers of Safeguarding Adults across services in BHFT. There is a link to Bracknell safeguarding leaflets on the BHFT website.	
Work with the BHFT audit team to develop internal safeguarding audits to ensure best practice is being used	The audit tool has been completed and audits are now undertaken.	
To monitor training delivery and ensure that all staff are trained at an appropriate level across services	As of February 2015 compliance for Safeguarding Adults Level 1 Training was 94% in Bracknell with 76 Senior practitioners trained at level 2.	
Develop a Mental Health Safeguarding Adult champions group across the Trust	This action has been reviewed and rather than develop specific Mental Health Safeguarding Champions, a series of workshops have been held using the Listening into Action model to support staff in identifying what will support their practice and ensure that good safeguarding practice is adhered too.	

Developments	Year End Update	Status
Ensure the policy is updated to reflect any local or national changes	The Safeguarding Adult Policy was reviewed and re-issued in March 2015 to reflect changes due to impact of Care Act. It is reviewed annually and amended as and when there are significant local or national changes.	
Support the delivery of the MCA and DOLS training across the Trust	<p>The MCA &amp; DOLS training strategy that was implemented in January 2014 continues to be rolled out to staff across the Trust with a good uptake and an additional day has been added to the Trust induction programme to ensure that all identified staff are trained in MCA and DOLS when they start with the Trust.</p> <p>We are currently working with CCG to develop a train the trainer course due to start in July 2015.</p>	
Continue to deliver HealthWRAP to identified staff groups	<p>The safeguarding Adults team exceeded the projected 400 staff target and actually achieved 540 staff trained in HealthWRAP during 2014/15. This is in addition to the staff that attended awareness sessions through induction or safeguarding refresher training. The majority of identified MH Practitioners have been trained and the HealthWRAP target group for 2014/15 is staff working in Learning Disability services and CAMHS staff.</p> <p>BHFT has a dedicated PREVENT lead that takes all PREVENT concerns and liaises directly with the CHANNEL co-ordinator at SECTU.</p>	
Continue to chair the Berkshire wide safeguarding adults group	The safeguarding Adult Partnership group continues to be hosted and Chaired by the BHFT safeguarding Adults team on a quarterly basis.	

Developments	Year End Update	Status
<b>Frimley Park NHS Foundation Trust</b>		
The Trust will appoint a new Safeguarding Lead for the organisation.	Post successfully recruited to.	
Further training on the Mental Capacity Act to ensure the principles are embedded into practice.	Training Needs Analysis has been developed, staff identified and training now taking place.	
Full improvement plan on key aspects of training, Mental Capacity Act, Deprivation of Liberty Safeguards, and Prevent.	Training strategy reviewed and updated to include MCA and DOLS. Work on Prevent currently underway.	
Closer scrutiny of complaints.	Safeguarding Lead working with complaints manager and complaints team to review complaints to ensure safeguarding elements are identified and investigated as per agreed processes.	
Implementation of the Care Act 2014	Initial preparatory work has been undertaken and detailed implementation plan will be developed when the government consultation ends and the results are published.	
Review and update of falls prevention strategy	Review currently underway.	
Further increase use of hospital passports and 'This is Me'	'This is me' now being used in all areas (were relevant) across the hospital.	
<b>Heatherwood and Wexham Park NHS Foundation Trust</b>		
Ensure that our staff have the required training for their specific roles	The Trust Level 1 Safeguarding Adult training package has been updated to focus on raising awareness and informing staff of the process of how to make a safeguarding alert, in partnership with Slough Social Services. This has been incorporated in the Trust Induction and Essential training programmes.	

Developments	Year End Update	Status
	<p>Level 2 training has been introduced as part of Trust's Safeguarding Adults training programme this year for band 7 and above clinical staff.</p> <p>A Safeguarding Adults Training Improvement Plan has been devised and implemented to facilitate staff and volunteers in completing the required level of training necessary for them to effectively recognise and work within the Safeguarding Adults framework. The delivery and monitoring of this is undertaken by the Trust Safeguarding Adults Group which reports to the Patient Safety Group.</p>	
Further develop and embed the framework provided by the Mental Capacity Act throughout the Trust;	Trust Level 1 Training has been updated for all staff to have an understanding of the MCA. Level 2 training is now available to senior staff to obtain greater understanding of the legislation.	
Develop our work with patients who may need to have restrictions and restraints on their behaviours in their best interests	<p>Level 2 Safeguarding Adults Training now for all bands 7 and above clinical staff to provide further education on DOLS.</p> <p>DOLS co-ordinators have presented at Matrons Meetings and Senior Nurse meetings to raise awareness.</p> <p>From this education and training the number of DOLS applications that the Trust makes has significantly increased.</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	The Trust Safeguarding Adults Group meets bi-monthly and is chaired by the Associate Director of Nursing (Patient Safety) with multi-agency membership. This is supported by a sub group that focuses on operational issues which meets on a monthly basis to identify themes, trends and training needs.	

Developments	Year End Update	Status
Improve the content of the Intranet and Internet pages for the Trust around safeguarding	The Trust's Safeguarding Adults Intranet page has now been updated and a separate section for DOLS information has been created. The Trust's external website will be updated following the acquisition process with Frimley Park, and the new Trust is operational.	
<b>Royal Berkshire Fire and Rescue Service (RBFR)</b>		
Creation and use of a Memorandum of Understanding and Information Sharing Protocol regarding home safety checks and wider adult safeguarding issues.	Fire Safety Guide for Adults at risk and accompanying MOU developed in draft but shared with SAPB's across Berkshire and presentations being provided to safeguarding forums and provider groups	
Confirmation of the Fire Service 'offer' will support further those at risk of and from fire.	As above and in addition a demonstration of a portable sprinkler system highlighted in the fire safety guide as a system to protect the most vulnerable in a fire situation has taken place within Bracknell Forest.	
<b>Thames Valley Police</b>		
Undertake a scoping exercise regarding the possible development of a Multi Agency Safeguarding Hub; this is a joint action with Adult social care.	Initial partnership MASH meetings have taken place. Further meetings are planned with a view to clarifying what local arrangements will be post 1 <sup>st</sup> April 2015.	
Implement the refreshed domestic abuse publicity campaign	The "It's Never OK" domestic abuse campaign and website has been launched. <a href="http://www.itsneverok.co.uk">www.itsneverok.co.uk</a> . Comprehensive media campaign to launch site was put in place, including online, newspaper and radio. Leaflets have been produced and are now being distributed.	

Developments	Year End Update	Status
<b>West London Mental Health Trust (Broadmoor Hospital)</b>		
To fully implement the Trust's Mental Capacity Act policy. Once this is fully operational it will be subject to evaluation and review.	The policy is now implemented.	
Further develop patient involvement in their safeguarding process as well as consultation within any associated areas of policy development	The hospital has convened safeguarding case conferences involving patients. A patient leaflet is in its final developmental stages. Patients safeguarding plans are discussed with them within the Clinical Team Meetings. A briefing to patient representatives was undertaken in relation to safeguarding procedures.	
Provide Carer Safeguarding training, the first session scheduled for May 2014.	A training session for carers was delivered with limited engagement. There will be plans to undertake further training sessions for Carers this year.	
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.	The Director of Safeguarding is now driving forward the PREVENT initiative. This is also in conjunction with the security department within the hospital. Broadmoor has accredited trained staff to deliver PREVENT. The Trust will also be advertising for a Safeguarding Adult Training Lead and Project Development Lead in due course. Funding has been agreed but as yet the posts have not been advertised.	

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

7.1 The forum provides meets on a quarterly basis and is an information sharing and consultation forum, which supports local stakeholders to remain engaged in the safeguarding agenda.

7.2 79 (70 people in 2013/2014) 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
- Berkshire Healthcare NHS Foundation Trust
- Thames Valley Police

Speakers at the forum have included:-

- Community Safety Manager
- Care Act Programme Lead
- Domestic Abuse Co-ordinator
- Head of Adult Safeguarding and Practice Development
- Safeguarding Development Workers

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

8.1 Bracknell Forest Council's Adult Social Care has 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. The full care governance policy and procedures are available via the following hyperlink.

<http://www.bracknell-forest.gov.uk/care-governance-policy-and-procedures.pdf>

8.2 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 Training provided by Bracknell Forest Council

Table 1

Course	Total Attendance (of which PIV)	% of places filled
Safeguarding Level 1	200 (PIV 90)	89%
Safeguarding Level 2/3	14 (PIV 0)	50%
Adult Safeguarding Best Practice Seminar	136 (PIV 17)	81%
Introduction to Domestic Abuse	61 (PIV 18)	65%
Mental Capacity Act Masterclass	16 (PIV 5)	33%
Mental Capacity Act Safeguards	86 (PIV 9)	89%
Mental Capacity Act Refresher	10 (PIV 0)	63%
Mental Capacity Assessment and DOLS Ruling	100 (PIV 6)	91%
DOLS and MCA Masterclass	8 (PIV 3)	44%
Safer Recruitment – Adult Social Care Workforce	4 (PIV 1)	29%

- 9.1 Table 1 sets out the breadth of training opportunities made available to local stakeholders during 2014/2015 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 piloted.



## 10 Mental Capacity Act

### Adult Social Care IMCA referrals

Referring Team/Service*	2012/2013	2013/2014	2014/15
Mental Health – Older People	2	1	2
Mental Health*	2	2	1
Learning Disabilities	15	13	7
Older Persons Teams	10	6	2
Safeguarding	1	2	1
Supervisory Body, (ref. DoLS)	3	2	20
<b>Total</b>	<b>33</b>	<b>26</b>	<b>33</b>

### NHS/Private Health referrals Berkshire wide

Referring Team/Service**	2012/2013	2013/2014	2014/15
Continuing Health Care	1	1	3
Dental Services	2	1	4
Podiatry	1	0	2
Prospect Park Hospital (Provided by BHFT)	2	3	7
Royal Berkshire Hospital NHS Foundation Trust	3	6	22
St Marks Hospital	2	1	0
Supervisory Body ( ref. DoLS)	3	0	6
Thornford Park Hospital (private)	1	2	3
Wokingham Hospital / Barkham Day Hospital	1	2	4
Frimley Health NHS Foundation Trust	0	4	11
<b>Total</b>	<b>16</b>	<b>20</b>	<b>62</b>

- 10.1 There has been an increase of 7 referrals (26%) for an IMCA 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.

\* 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.

- 10.2 There was an increase of 42 (210%) in the number of IMCA referrals made by the NHS, both across Berkshire and specifically for Bracknell Forest residents (15) referrals related to Bracknell Forest residents, compared to five the previous year).
- 10.3 To further develop understanding of and compliance with the MCA, Bracknell and Ascot Clinical Commissioning Group and Bracknell Forest Council's Adult Social Care Department were successful in a bid for innovation funding from NHS. The one off funding will be used to develop a train the trainer programme for staff working across the NHS and Adult Social Care. The tailored training package will then be rolled out to enable staff to deliver the training package within their organisation.
- 10.4 The Supreme Court set out in March 2014 what circumstances amount to a deprivation of liberty; this is often referred to as the 'acid test'. This has resulted in a 2000% increases in the number of Deprivation of Liberty Safeguards applications from care homes and hospitals. In making this ruling the Court also held that the 'acid test' applies in domestic settings as well as care homes and hospitals. However where someone is being deprived of their liberty in domestic settings only the Court of Protection can authorise this. As a result of this court of protection has established a 'streamlined' process for making deprivation of Liberty applications. This revised process was confirmed in the later part of 2014. In response to the streamlined process Adult Social Care, Health and Housing has now established a robust plan of action to ensure that where the department is supporting someone in their own home and the acid test applies practitioners are able to appropriately make applications to the court.
- 10.5 It should be noted that the streamlined process for court authorised deprivation of liberty is subject to a legal challenge and therefore may change.

## 11 Development plan for 2015 -2016

Agency	Actions
<b>Berkshire Healthcare NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>➤ Continue to support the work of Bracknell SAPB working closely with all agencies to improve adult safeguarding practice.</li> <li>➤ 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.</li> <li>➤ Wrap training dates on the training slate of the intranet for staff to access for 2015.</li> <li>➤ Continue to chair the Adult Safeguarding Partnership Group</li> </ul>
<b>Berkshire Care Association.</b>	<ul style="list-style-type: none"> <li>➤ This years annual Conference in Oct 2015 will have Safeguarding as major theme.</li> <li>➤ Berkshire Care Association has appointed a development officer to work with care providers in raising standards with particular emphasis on safeguarding issues.</li> </ul>

Agency	Actions
<b>Bracknell and Ascot Clinical Commissioning Group</b>	<ul style="list-style-type: none"> <li>➤ New safeguarding lead to work with Deputy Director of Nursing (safeguarding) April 2015.</li> <li>➤ Agreement to make a financial contribution to the running of the Bracknell Forest Safeguarding Adult Board on behalf of local NHS organisations.</li> <li>➤ To remain a key and active member of the Board and appropriate subgroups.</li> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ Working with West Berkshire CCGs plan and implement a MCA cross Berkshire conference.</li> <li>➤ Ongoing monitoring of provider safeguarding activity at the CCG Quality Committee.</li> <li>➤ 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.</li> </ul>
<b>Bracknell Forest Adult Social Care</b>	<ul style="list-style-type: none"> <li>➤ Adult Social Care will review its operating model for responding to safeguarding concerns in light of the Care Act.</li> <li>➤ To embed the making safeguarding personal approach across all services.</li> <li>➤ To review the safeguarding performance monitoring information to ensure that it captures both qualitative and quantitative information</li> </ul>

Agency	Actions
<b>Bracknell Forest Community Safety Partnership</b>	<ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ Develop a programme of E-Safety awareness raising sessions for community groups working with vulnerable adults.</li> <li>➤ Implement actions from the MARAC Action Plan and learning from local and national Domestic Homicide Reviews.</li> <li>➤ Maintain and develop new publicity campaigns to raise awareness of Domestic Abuse and E-Safety.</li> <li>➤ Further develop the DASC project, taking in to account the recommendations made by Cambridge University.</li> </ul>
<b>Bracknell Forest Council Learning and Development Team</b>	<ul style="list-style-type: none"> <li>➤ Review and update all safeguarding training to ensure they are commensurate with the Care Act and the associated statutory guidance.</li> <li>➤ Redesign the safer workforce training to reflect feedback from providers and ensure compliance with the Care Act.</li> <li>➤ Monitor and evaluate the success of the new approach to impact evaluation and review this again if necessary.</li> </ul>
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>	<ul style="list-style-type: none"> <li>➤ Recruit and Independent Chair and Business Manager.</li> <li>➤ Develop the board safeguarding strategy in consultation with Healthwatch.</li> </ul>

Agency	Actions
<b>Frimley Health NHS Foundation Trust</b>	<p><b>Learning and Development</b></p> <ul style="list-style-type: none"> <li>➤ Current safeguarding adults training to be reviewed to meet the needs of the new organisation, Frimley Health NHS Foundation Trust.</li> <li>➤ 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.</li> <li>➤ Level 3 training is now in place and has been opened up to include all trained professionals from band 6 and above.</li> <li>➤ Level 3 training is now in place and has been opened up to include all trained professionals from band 6 and above.</li> <li>➤ Share good safeguarding adults practice across the whole of the new organisation to improve outcomes for patients</li> <li>➤ To facilitate further Prevent training Trust wide.</li> <li>➤ To facilitate further Mental Capacity Act training for clinical staff.</li> </ul>

Agency	Actions
<b>Frimley Health NHS Foundation Trust</b>	<b>Organisational Developments and Governance</b> <ul style="list-style-type: none"> <li>➤ 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</li> <li>➤ Develop effective partnership working between the two Safeguarding Adult Leads in the new organisation Frimley Health NHS Foundation Trust.</li> <li>➤ To implement the legislative guidance that will be mandated following the Care Act</li> <li>➤ To complete the Annual Safeguarding Adults Self Assessment and Assurance Framework Tool and monitor progress against the agreed actions.</li> </ul>
<b>National Probation Service</b>	<ul style="list-style-type: none"> <li>➤ The DIVERT Scheme will continue as there is clear evidence of its success</li> <li>➤ The personality disorder project will continue to operate in Bracknell with the assistance and intervention of the Forensic Psychologist.</li> </ul>
<b>Royal Berkshire Fire and Rescue service</b>	<ul style="list-style-type: none"> <li>➤ 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</li> <li>➤ 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.</li> </ul>

Agency	Actions
Thames Valley Police	<ul style="list-style-type: none"> <li>➤ To continue to be active participants in the Board</li> <li>➤ To continue the campaign to raise greater awareness of the support that is available and to encourage victims to report incidents of domestic abuse.</li> </ul>
West London Mental Health Trust	<ul style="list-style-type: none"> <li>➤ Work will be progressed to embed the Care Act into practice.</li> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ The Trust is recruiting two Safeguarding Adult posts, the first being a Safeguarding Adult Development post and the second a Trainer 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.</li> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ We are in the process of creating patient leaflets on safeguarding adults.</li> <li>➤ Wall charts providing detailed process mapping on The Mental Capacity Act, Mental Health Act and Deprivation of Liberty Safeguards are being obtained to be displayed in ward areas.</li> </ul>





## **Bracknell Forest Safeguarding Peer Review 17th and 18th December 2014**

### **Summary**

The review team found that the Bracknell Forest Safeguarding Adults Partnership Board (SAPB) is well managed, chaired and is addressing the main concerns that place people at risk within the Borough. The Board is underpinned by a very effective, approachable value driven local authority safeguarding team which is highly regarded, both within the Council and with partners, ensuring the delivery of a good operational response.

Partners were keen to ensure that all stakeholders and partners should contribute to improving adult safeguarding arrangements and saw the review as key to this, feeding into the away day planned for early February.

Political leadership was seen as a key component to the how safeguarding is seen across the Borough, giving continuity and a clear vision, with an Elected Member who has an excellent understanding of safeguarding. The Chief Officer Adults and Joint Commissioning and the Head of Adult Safeguarding and Practice Development also provide strong safeguarding leadership.

Much of the activity to support the partnership depends on the Adult Social Care. Whilst other partners are clearly active in addressing risks and ensuring safety in their own services, they appear to let the ASC pick up most of the work associated with the partnership. Inevitably, meetings and agendas are therefore dominated by the ASC agenda and what ASC has the capacity to do. Partners need to become more active contributors if the partnership is to be fit for the new Care Act arrangements and:

- better reflect that Adult Safeguarding is everyone's business
- achieve more transparency about what all agencies are doing in respect of Safeguarding
- be confident that communication between partners and ownership of SAPB work is as good as it can be
- gain synergies and added value for individuals and the community of cross agency working

The review team was told that all partners would welcome the appointment of an Independent Chair provided there are resources to support this and necessary support arrangements. It was recognised that statutory partners would be asked to provide support if this were to be agreed. The review team would suggest that alongside this:

- The resources necessary to support the SAPB (an Independent Chair if agreed and support arrangements) are identified and statutory partners should formally agree how much they will each contribute.
- Partners should identify ways of pooling their training resources to cover an agreed programmed of training each year.
- membership of the Board should be reviewed so that it includes a wider range of organisations (especially GPs) and the right level of decision makers
- There is a distinction between voting members and people who are dealing with specific issues or reporting on agreed actions (a memorandum of agreement may be useful in formalising and supporting this).
- The inclusion of the carers and service user voice should be reviewed to ensure that it is directly linked to the Board.

Other suggested areas for consideration are identified within the body of this report.

## **Introduction and background**

As part of the South East Directors of Adult Social Services (SE ADASS) sector led improvement initiative, Bracknell Forest agreed to a review of safeguarding, supporting the improvement of services and performance whilst not straying into regulatory territory.

Following discussions with the DASS and Head of Adult Safeguarding and Practice Development it was agreed that the review would address the following key areas of enquiry:

### **Focus:**

- The Board's current performance against its current powers
- The Board's performance against its new duties

### **Outcomes:**

- To provide a report for the Board that details what could make the Safeguarding Adult Board more effective

### **The review team comprised:**

- Ruth Dixon (Deputy Director, Hampshire County Council)
- Michelle Jenkins (Head of Safeguarding, Brighton & Hove Council)
- Jane Duncan (Assistant Director, Integrated Delivery, Hampshire County Council)
- Jane Simmons (SE ADASS Sector Led Improvement lead)

The Head of Adult Safeguarding and Practice Development for Bracknell Forest, Alex Bayliss, provided support prior to and during the review.

A questionnaire was sent to partners on the SAPB and the results, plus a range of information about the SAPB was provided to the team prior to the visit.

The team held a number of interviews and focus groups with members of the SAPB (or representatives). In total people were seen from:

- 12x Bracknell Forest, ASC staff
- 7x local providers of social care services
- 5x Board members
- 5x Commercial care providers
- 3x Bracknell Forest Housing, Community Safety and Learning and Development staff
- 1x Health watch
- 1x Councillor

Bracknell Forest sits within the County of Berkshire. The six Councils co-operate closely and have developed multi-agency procedures. There are four separate safeguarding Boards, of which Bracknell Forest is one. A number of agencies work across numerous Councils the Police cover Thames Valley and are required to attend seven Boards. Other organisations for example, the NHS are also required to attend a number of Boards. This has resulted in Bracknell Forest Council dominating the Partnership Board.

The Bracknell Forest Safeguarding Adults Partnership Board currently meets six times per year but will be moving to quarterly meetings in 2015/2016 and has representatives from:

## **Adult Safeguarding – Everybody's Business**

- Bracknell Forest Council
- Berkshire Care Association
- Bracknell and Ascot CCG
- Berkshire Healthcare Foundation Trust
- Frimley Health NHS Foundation Trust
- Thames Valley Police
- Bracknell Forest LSCB
- National Probation Service
- West London Mental Health Trust (Broadmoor Hospital)
- London Borough of Ealing
- Local Safeguarding Children's Board
- CQC (l x p.a)
- South Central Ambulance Trust

## **How the Board works**

### **1.1 Strengths:**

#### **1.1.1 Overall**

- All those people interviewed suggested that the current chairing was good and the SAPB well supported
- All partners were committed to actively engage with the safeguarding agenda within their own organisations and were keen to ensure that the work of the Board led the safeguarding agenda across the Borough.
- The SAPB relationships and partnerships across the whole system were seen to be good there was clearly a willingness to move forward and problem solve issues to improve the Board.
- Most people responding to the questionnaire understood who in their organisation was responsible for safeguarding, knew who sat on the SAPB from their organisation.
- Glyn Jones/Alex Bayliss are seen as having primary responsibility for safeguarding within the Borough rather than this being a shared responsibility.
- Board members were asked what its strengths were. These included:
- Membership and participation from across all partners agencies
  - Provided good leadership
  - Good place to share information, learn from issues facing each individual organisation and look at examples of best practice
  - Is quick to take action when necessary and delivers what is required with regard to performance
- All respondents to the questionnaire reported that they contributed to the agenda setting of the Board and that it receives reports from all partners including the LSCB Annual report. There appeared to be links to other agencies governance arrangements including Patient Safety and Quality Groups and the Community Safety Partnership.

#### **1.1.2 Membership and attendance**

- Although dominated by the Councils, membership of the Board has been well thought through and enables representation from across most of the safeguarding partnership system.
- Attendance is good from most organisations on the Board, although when organisations do not attend there was no evidence from the minutes seen that they were providing updates on activity or actions.

### **1.1.3 Communications and campaigning**

- The SAPB and the Councils Safeguarding Team have led on some basic communication exercises and there is a Communications Plan which has been led by Bracknell Forest Council.

### **1.1.4 Agenda setting**

- The agendas appear to be heavily dominated by Adult Social Care and the Council

### **1.1.5 Training, development**

- The SAPB (and Bracknell Forest Council) were seen to be providing some excellent training and development opportunities for partners. Staff valued the training provided (levels 1, 2 and 3) and the positive impact of the Safeguarding Forums and Best Practice Seminars.
- SAPB partners promote safeguarding through induction programs, team briefing opportunities, using the training available
- All Council elected members have safeguarding as part of their induction programme and are provided with regular updates where appropriate

### **1.1.6 Sub groups**

There are four sub-groups to the Board:

- Care Governance
- Pan-Berkshire Procedures Group
- Workforce Development Group
- Safeguarding Forum

Other groups, including the Mental Health and the Learning Disability Partnership Boards also included safeguarding on agendas, so making use of the widest possible reach for the safeguarding message.

## **1.2 Areas for consideration:**

### **1.2.1 Overall:**

- The SAPB was seen, particularly by Bracknell Forest Council, as being under resourced in comparison to children's safeguarding.
  - Most people interviewed felt that some consideration should be given to balancing the resources provided by the statutory partners.
  - 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.
- 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"*
- 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 reflects their agencies geographical spread.

### **1.2.2 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
- 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.
- 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.
- 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.
- 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. (again a memorandum of agreement could formalise expectations).

### **1.2.3 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.

### **1.2.4 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.
- There was a view that debate about more challenging issues should be encouraged more.
- Safeguarding performance data from individual partner organisations did not appear to be routinely shared e.g. SUIs
- The Board's role in prevention was unclear to some and a discussion about the Board and partners roles could be clarified.
- 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.

### **1.2.5 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.
- Some people would like to see safeguarding training to be accredited which would enable staff to have transferable qualifications.

### **1.2.6 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.
- 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.

## **2. Decision making processes**

### **2.1 Strengths:**

#### **2.1.1 Use of evidence.**

- Minutes of the Board detail that look at key issues including the Saville Report, Domestic Homicide Reviews and Deprivation of Liberty Safeguards.

#### **2.1.2 Accountabilities**

- Elected members have a clear line of sight for safeguarding. Actions associated with the Board are reported to the Councils Executive and is included in the Leaders report to full Council. Safeguarding is also regularly discussed at the controlling groups meetings with back benchers.

### **2.2. Areas for consideration:**

#### **2.2.1 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.
- 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.

#### **2.2.1 Accountabilities:**

- There are clear links within the Council for decision making, but these arrangements need to be reconsidered in light of the Care Act and the CEOs new responsibilities.
- 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.
- 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*"
- Partners have in place some procedures to 'go back' to their home organisations when decisions relating 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
- Ensuring that all partners corporate governance structures have clear links to the Board

## **3. Ownership and leadership**

### **3.1 Strengths:**

- The ASC Safeguarding Team is very well regarded, providing clear ownership and leadership for safeguarding across the Borough.
- Independent chairing for safeguarding Case Conferences by safeguarding team members was welcomed, although one person questioned whether they were independent of the social work teams.
- The Board was seen as key to ensuring that safeguarding keeps a high profile.

## **3.2 Areas for consideration:**

### **3.2.1 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 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”*
- The introduction of an independent chair, if agreed could provide a catalyst to reviewing the Board membership and support arrangements.
- When reviewing membership and Board arrangements the following points might want to be considered:
  - 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 are represented, and how this links with the various other service users/carers groups
  - 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

### **3.2.2 Resources:**

- Statutory partners should be asked to make a contribution to the whole running of the Board.
- Resourcing was not just seen as funding a Independent Chair and associated costs but also:
  - joint training costs
  - ensuring that Board members took more of a leadership role and for example lead campaigns I

### **3.2.3 Communication:**

- This was seen as a key component of ensuring that *“safeguarding is everyone’s responsibility”*.
- Partner communications arrangements could be used to ensure that all partners and stakeholders are aware of and contribute to safeguarding.

## **4. Partnership working**

### **4.1 Strengths:**

4.1.1 The Council’s safeguarding team is highly regarded, both within the Council and with partners, being seen as an *“approachable and value driven team”*. The review team were told of the good operational work across the Borough and that partnerships were person centered.

4.1.2 The safeguarding team had led the Bracknell Forest input to the development of Berkshire multi-agency procedures which were seen as an excellent example of cross agency and cross

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Council working. One person said that the it is a “*streamlined process not complicated (but) person centered*”.

4.1.3 The review team were also told about the tripartite agreement regarding Broadmoor Hospital has helped to clarify safeguarding relationships and it was felt has ensured greater co-operation between the agencies.

4.1.5 Staff across all agencies value the ethos of Trust in each other’s professional judgment that has built up. Some people attribute this to the way in which the Board operates - staff feeling “*valued and respected*” for the work they do.

4.1.4 Links to other Bracknell Forest council services was seen to be good, with a range of services represented on the Board and strong links made with children’s safeguarding and community safety. There also appeared to be clear links through to the MARAC and DASH.

## **4.2 Areas for consideration**

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.

## **5. Conclusion**

As part of the review the team looked at what might be expected from a new Board. The following areas might be helpful to the Board when considering how to re-establish its focus in light of the Care Act:

### **5.1 Board chairing and resourcing:**

- Agree whether the Board should have an independent chair and what support arrangements would be needed.
- Once this is agreed with the statutory partners there needs to be a discussion about how this will be resourced

### **5.2 Board membership:**

- Have decision makers on the SAPB at a level that they can hold each other to account for implementing agreed actions
- SAPB members to have clear role descriptions and have identified responsibilities and develop clear governance structure for the Board. (Memorandum of Understanding)
- Ensure each has processes to report into its own governance structure and for the Council, how, and to who the CEO will report

### **5.3 All members:**

- Develop a clear statement of purpose and vision to include a focus on prevention
- Actively contribute to the agenda setting, and work of the Board
- Ensuring that the work is inclusive in the way that it involves carers, users and stakeholders
- Involving all stakeholders in plans for change
- Agreed continuous improvement plan reviewed 6 monthly

- Agreed communications strategy which reaches as many partners and stakeholders as possible (including staff)
- Board members to lead and champion safeguarding work within their own organisations and ensure that appropriate structures and resources are in place to ensure effective responses
- A learning culture, which supports the development of Trust between partners, where challenge is seen as helpful.

**BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ATTENDANCE 2013 - 2014**

<b>Organisation</b>	<b>2011/12 attendance</b>	<b>2012/13 attendance</b>	<b>2013/14 attendance</b>	<b>2014/2015 attendance</b>
LSCB	0%	50%	40%	80%
South Central Ambulance Service	0%	0%	0%	0%
Heatherwood & Wexham Park NHS Foundation Trust	0%	0%	40%	40%
Bracknell Forest Council – Learning and Development	25%	50%	80%	20%
BFC - Housing Strategy & Needs	25%	33%	100%	100%
W. London Mental Health Trust (Broadmoor Hospital)	25%	67%	40%	40%
National Probation Trust (formally Thames Valley Probation Trust)	50%	33%	40%	60%
Berkshire Care Association	75%	67%	60%	80%
Berkshire Healthcare NHS Foundation Trust	75%	83%	60%	80%
Director of Adult Social Care, Health and Housing - BFC	75%	67%	100%	80%
Bracknell Forest Council - Community Safety Team	75%	83%	100%	80%
Thames Valley Police	75%	67%	80%	40%
Bracknell Forest Council – Legal Services	75%	33%	60%	40%
Bracknell Forest Council – Adult Social Care	100%	100%	100%	100%
Frimley Park Hospital	N/A	33%	80%	60%
Bracknell and Ascot CCG	N/A	100%	80%	100%

## 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 and 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, information, a social care needs assessment or advice/signposting will be given to the person making the alert.

### 2. Alerts

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

- 2.1 During 2014/2015, Bracknell Forest Council received 738 safeguarding alerts; this was an increase of 24% compared to 2013/2014. Whilst it is not possible to say what has contributed the increase, there continued to be an increase in alerts raised by Social Care Staff (38% increase), i.e. staff from care homes, domiciliary care providers and staff in the councils adult social care teams and Health Staff (22% increase) i.e. primary or secondary health staff, nursing staff working in nursing homes. The increase in alerts is seen as a positive as it gives agencies the opportunity to provide information and advice and where appropriate support to the adult.
- 2.2 Table 1 identifies that 118 (16%) of the alerts received during the reporting period met the threshold for intervention under the safeguarding procedures; this is a 14% decrease in the proportion of alerts that required intervention under the safeguarding procedures compared to 2013/2014. The decrease is thought to be attributed to inappropriate safeguarding alerts incorrectly being recorded on the councils Adult Social Care IT system as an alert, when in reality the alert is a request for an adult social care assessment. Additional training will be provided to the councils Adult Social Care staff in respect of this.

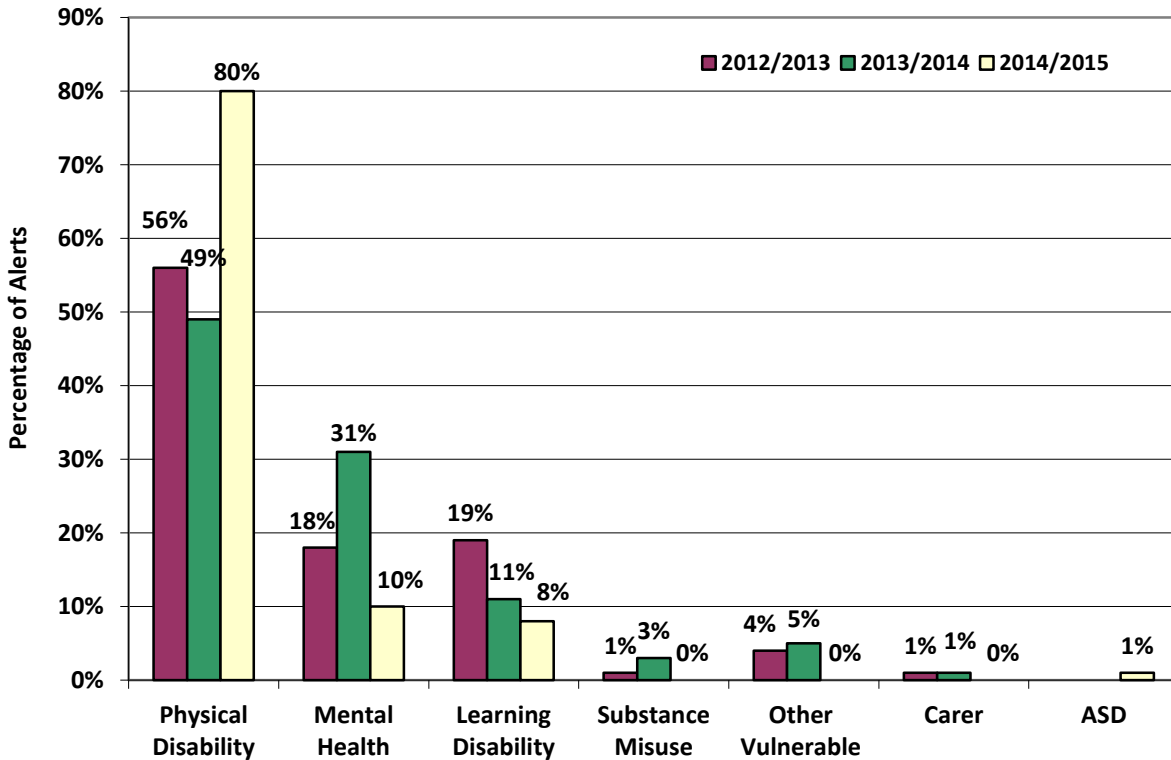
<b>Table 1</b>	<b>12 / 13</b>	<b>13 / 14</b>	<b>14 / 15</b>
<b>Alerts</b>	452	562	738
<b>Referrals</b>	181	168	118

- 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 Physical Disability, (+31%). Monthly monitoring takes place within the councils Adult Social Care department to ensure that any changes in trends 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 2014/15 compared against 2012/2013 and 2013/2014**



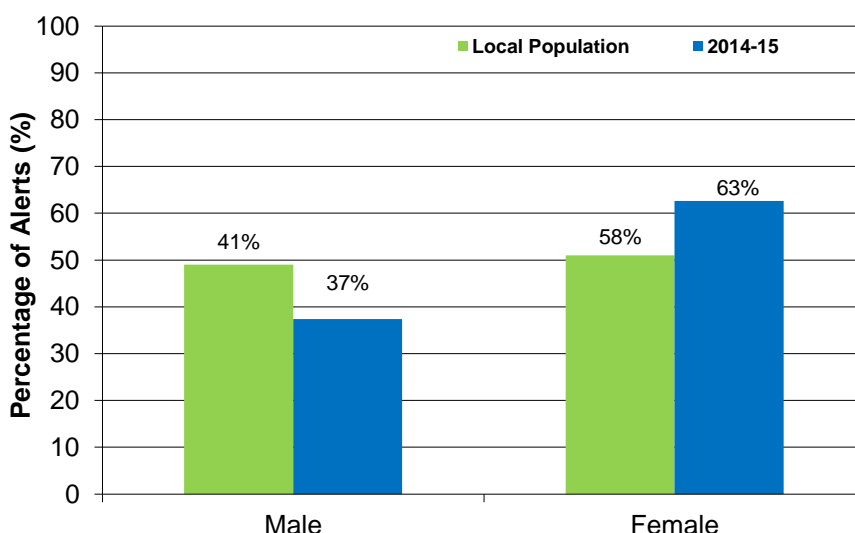
2.4 Table 3 identifies by care group the number of and percentage of alerts that required intervention under the safeguarding procedures and therefore progressed to a safeguarding referral.

2.5 Given the small numbers of safeguarding referrals within each group any analysing of variations should be treated with caution. Analysis is undertaken on a monthly basis to identify any variance and to understand the reasons behind the variations. The analysis undertaken during the 2014/15 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	596	56	9%
Mental Health	74	25	34%
Learning Disability	58	28	48%
Autistic Spectrum Disorder	10	9	90%
<b>Total</b>	<b>738</b>	<b>118</b>	<b>16%</b>

Chart 4

Percentage of alerts received in Bracknell in 2014/15 by gender. Compared to the gender profile of the local population – taken from ONS 2011 Mid-Year Estimates



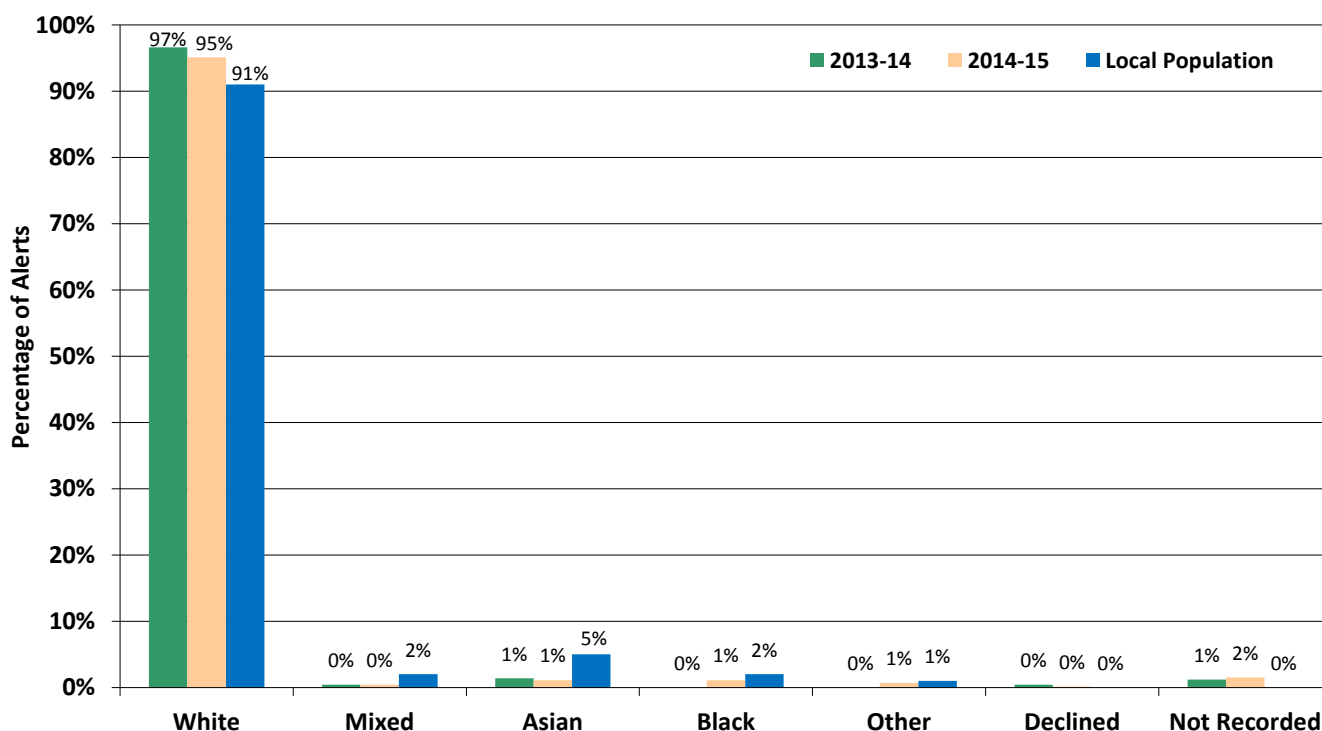
- 2.7 Chart 4 identifies that 63% of people subject to a safeguarding alert were female. When this is compared the local population it appears that women are over represented. However the difference is not statistically significant when compared to the local population.
- 2.8 Table 5 identifies that the three main statutory agencies within Bracknell Forest, in safeguarding terms (Adult Social Care, the NHS and Thames Valley Police) raised 519 alerts (70% of the total). This is an increase of 13 alerts raised by these agencies compared to 2013/2014. This suggests that the training that these organisations have undertaken in the last year has had a positive impact. Furthermore 87 alerts (12%) came from members of the public (self referral, family, friends etc.) this compares to 107 in the pervious year.
- 2.9 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.
- 2.10 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>%age of alerts progressing to referral</b>
Education / Training / Workplace	3 (0.4%)	1 (0.8%)	<b>33%</b>
Family Member	56 (8%)	14 (12%)	<b>25%</b>
Friend / Neighbour	7 (0.9%)	2 (2%)	<b>29%</b>
Health Staff	206 (28%)	16 (14%)	<b>8%</b>
Housing	11 (1.5%)	2 (2%)	<b>18%</b>
Other i.e. leisure services, probation.	118 (16%)	14 (12%)	<b>12%</b>
Another Adult at Risk	2 (0.3%)	0 (0%)	<b>0%</b>
Police	77 (10%)	3 (3%)	<b>4%</b>
Self Referral	22 (3%)	11 (9%)	<b>50%</b>
Social Care Staff	236 (32%)	55 (47%)	<b>23%</b>
<b>Total</b>	<b>738</b>	<b>118</b>	

2.11 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. Where there are differences they are not statically significant due to the relatively low number of alerts.

Chart 6

**Percentage of all alerts by ethnic category in 2014/15 and 2013/14 Compared to the local population**



### 3. Repeat Referrals

3.1 Table 7 identifies that only 7% 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 was not predicted.

<b>Table 7</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of referrals	168	147	118
Number of repeats	8	8	8
<b>Bracknell Total</b>	<b>5%</b>	<b>5%</b>	<b>7%</b>

#### 4. Outcome of the safeguarding assessment

4.1 Table 8 identifies that:

- 80 (68%) safeguarding assessments concluded that abuse was substantiated or partially substantiated. This is an increase of 13 (20%) when compared to 2013/2014.
- There were 13 (11%) referrals where abuse was not substantiated, this is a decrease of 33 (21%).
- 4 individuals requested that the safeguarding assessment cease before it had been completed.

<b>Table 8 - Outcomes</b>	<b>Physical Disability</b>	<b>Mental Health</b>	<b>Learning Disability</b>	<b>Autistic Spectrum Disorder</b>	<b>TOTAL</b>
Substantiated	32	14	12	5	<b>63</b>
Partially substantiated	7	5	5	0	<b>17</b>
Not substantiated	9	2	0	2	<b>13</b>
Inconclusive	14	4	3	0	<b>21</b>
Ceased at Individuals Request	1	1	0	2	<b>4</b>
<b>TOTAL</b>	<b>63</b>	<b>26</b>	<b>20</b>	<b>9</b>	<b>118</b>

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

5.1 Table 9 identifies that on 59% of occasions where abuse was substantiated or partially substantiated, this took place in the person's own home. There was a decrease of 5 occasions (compared to 2013/2014) where the safeguarding assessment was substantiated or partially substantiated relating to an individual living in a care home or a care home with nursing. It should be noted that the 16 people living in a care home setting where abuse was substantiated or partially substantiated represents 4% of all people living in a care home in the Borough. Given the number of high profile exposes regarding abusive care in care homes it is positive to note that this is not evidence from the safeguarding information held locally.

<b>Table 9</b>	<b>Totals for 2012/2013</b>	<b>Total for 2013/2014(%)</b>	<b>Total 2014/2015(%)</b>
Alleged Perpetrator's Home	<b>4 (6%)</b>	<b>4 (6%)</b>	<b>5 (6%)</b>
Care Home	<b>5 (7%)</b>	<b>13 (19%)</b>	<b>11 (14%)</b>
Care Home with Nursing	<b>6 (9%)</b>	<b>8 (12%)</b>	<b>5 (6%)</b>
Hospital	<b>0</b>	<b>1 (1%)</b>	<b>0</b>
Other	<b>4 (6%)</b>	<b>6 (9%)</b>	<b>6 (8%)</b>
Own Home	<b>45 (64%)</b>	<b>34 (51%)</b>	<b>47 (59%)</b>
Public Place	<b>6 (9%)</b>	<b>0</b>	<b>3 (4%)</b>
Supported Accommodation	<b>1 (1%)</b>	<b>1 (1%)</b>	<b>2 (3%)</b>
Day Centre	<b>0</b>	<b>0</b>	<b>1 (1%)</b>
<b>Total</b>	<b>70</b>	<b>67</b>	<b>80</b>



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

6.1 Table 10 shows that:

- On 16 (20%) 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 43 (53%) 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 22 (27%) occasions the person who caused the harm with either another adult with care and support needs, a stranger, other (this would include a volunteer) other professional or it was not possible to identify the person thought to have caused the harm was not able to be identified.

<b>Table 10</b>	<b>Total (%) 2012/2013</b>	<b>Total (%) 2013/2014</b>	<b>Total (%) 2014/2015</b>
Health Care Worker	6 (9%)	8 (11%)	7 (9%)
Neighbour / Friend	5 (7%)	6 (9%)	5 (6%)
Not Known	3 (4%)	2 (3%)	4 (5%)
Other	11 (16%)	14 (20%)	9 (11%)
Other Family Member	13 (19%)	13 (19%)	8 (10%)
Other Professional	5 (7%)	4 (6%)	4 (5%)
Other Adult in need of care or support	3 (4%)	2 (3%)	5 (6%)
Partner	7 (10%)	3 (4%)	3 (4%)
Social Care Staff	14 (20%)	17 (25%)	36 (45%)
Stranger	3 (4%)	0 (0%)	0
<b>TOTAL</b>	<b>70</b>	<b>69</b>	<b>81*</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*

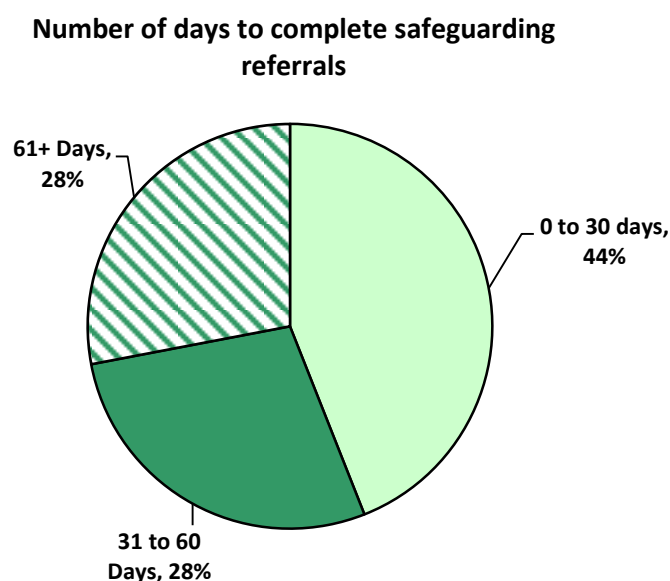
<b>Table 11</b>	<b>Total (%) 2012/2013</b>	<b>Total (%) 2013/2014</b>	<b>Total (%) 2014/2015</b>
Neglect	36 (39%)	38 (44%)	46 (49%)
Discriminatory	1 (1%)	1 (1%)	1 (1%)
Institutional	0 (0%)	2 (2%)	1 (1%)
Physical	18 (19%)	18 (21%)	16 (17%)
Sexual	4 (4%)	0 (0%)	2 (2%)
Emotional	17 (18%)	10 (11%)	10 (11%)
Financial	17 (18%)	18 (21%)	17 (18%)
<b>Total</b>	<b>93</b>	<b>87</b>	<b>93*</b>

## 8. Timeliness of response

8.1 Chart 12 identifies the length of time it takes to conclude the safeguarding assessment. Whilst there is no national baseline against which to compare local practice, it is best practice to conclude the safeguarding assessment at the earliest opportunity, taking account of the individual's wishes, any reliance on partner agencies in the completion of the assessment, criminal or civil proceeding etc.

- In 79 (72%) 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.

Chart 12



8.3 Table 13 identifies that of the 729 (96%) safeguarding alerts received since 1<sup>st</sup> April 2014 have been concluded within the year.

Table 13

Number of alerts received	738
Number completed in year	729
<b>Percentage</b>	<b>99%</b>

## 9. Qualitative feedback

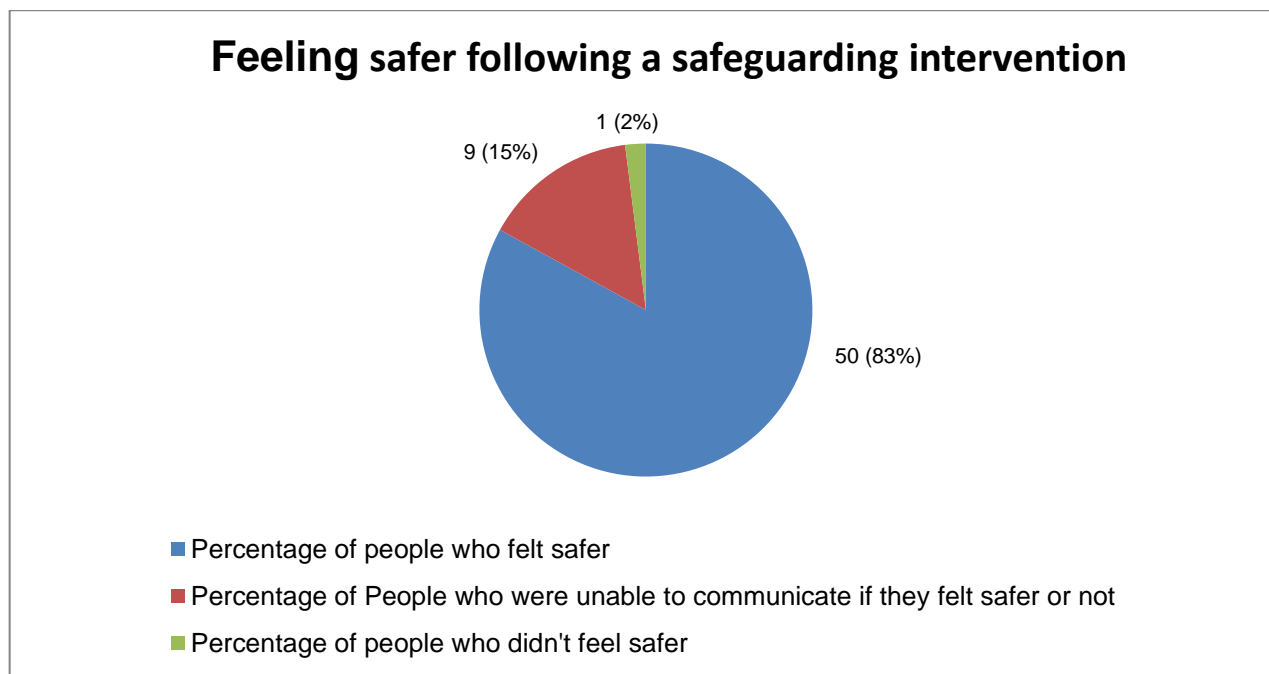
9.1 In order to have a rounded view of performance and practice in adult safeguarding work, it is important to use qualitative information in addition to quantitative information. Therefore Adult Social Care has developed a questionnaire which people are supported to complete (if they wish to). The individual is supported to complete the questionnaire by someone independent of the safeguarding assessment. The aim of the questionnaire is 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 14 shows that

- 83% of people (50 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.
- 9 people (15%) people were unable to communicate their views.
- One person (2%) reported not feeling safer as a result of the safeguarding intervention. However it should be noted that the individual choose not to take the advice of the safeguarding assessor.

9.3 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.

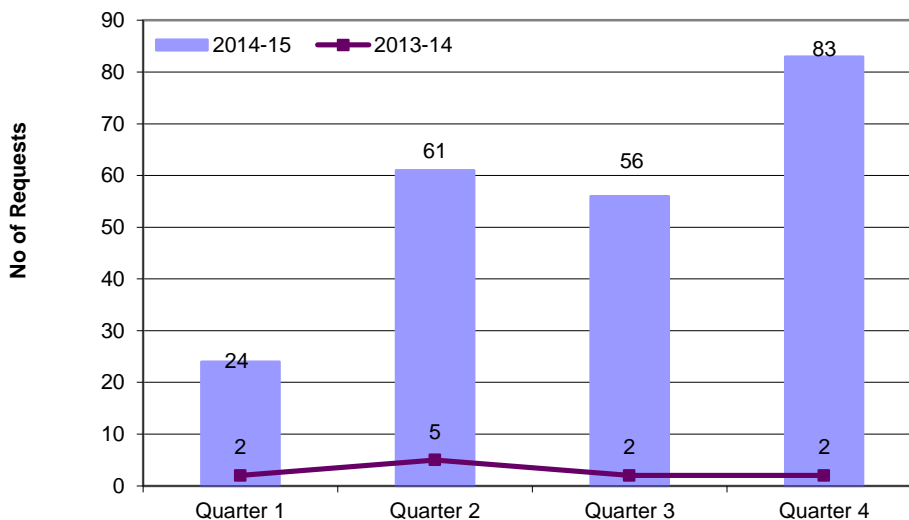
Chart 14



## 10 Deprivation of Liberty Safeguards (DoLS)

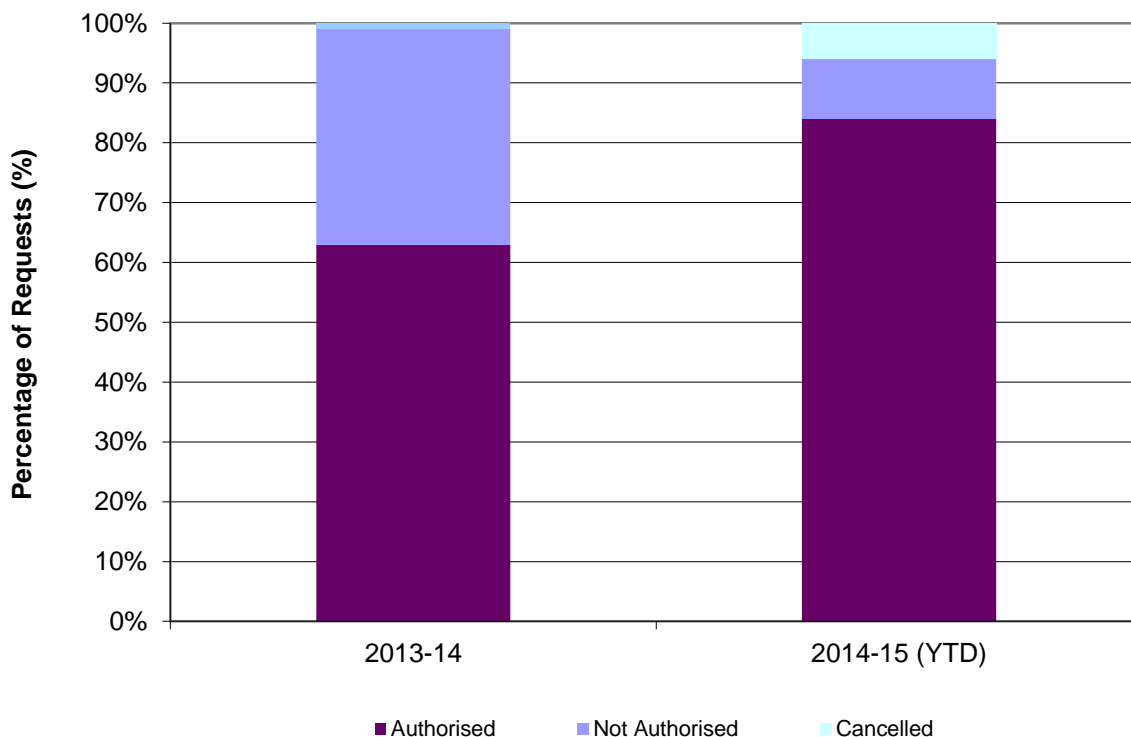
10.1 There was a 2000% increase in the number of DoLS applications received during 2014/2015 compared to the previous year. This is attributed to a Supreme Court Judgement in March 2014, which substantially lowered the threshold of which circumstances may amount to a deprivation of a person liberty. There was a total of 224 DoLS applications received during 2014/2015. Chart 15 identifies the rate of applications by quarter and compares to 2013/2014

Chart 15



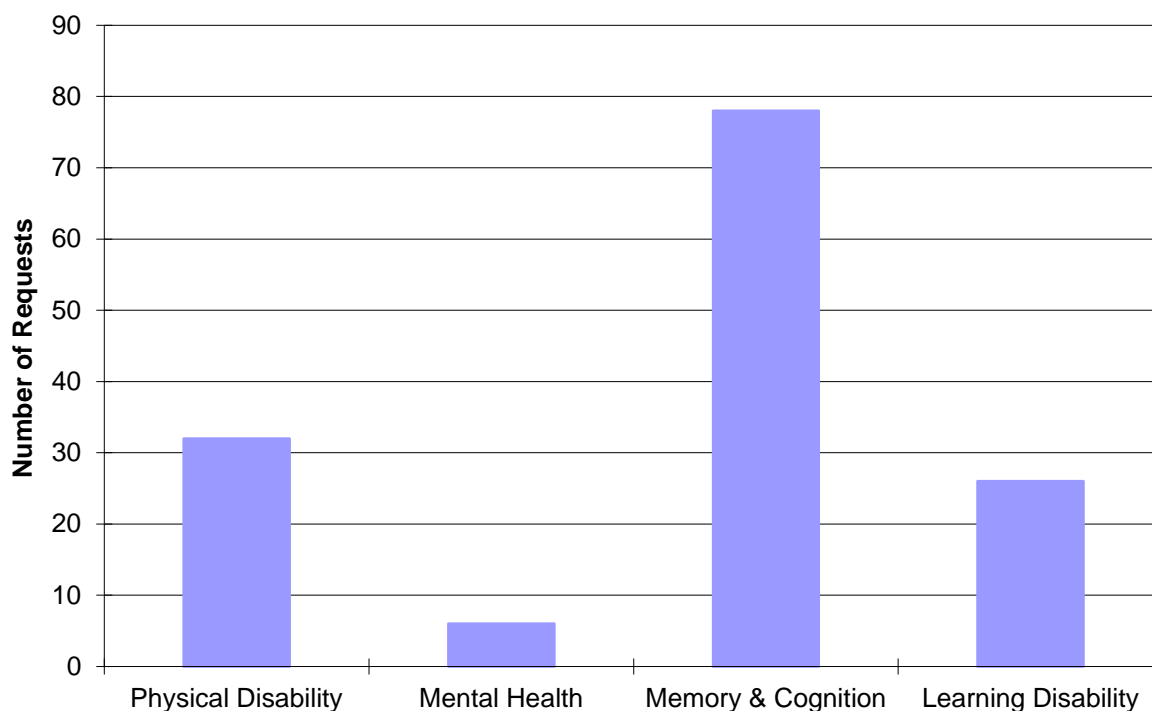
10.2 Chart 16 shows that 183 (81%) of applications were granted during 2014/2015. This compares to 6 (55%) in 2013/2014. The increase in percentage of applications granted is due to the lower threshold as set out by the Supreme Court in 2014. On 14 (6%) occasions the assessment was cancelled this was due to the person either passing away or being discharged before the assessment was concluded or the person being detained under the Mental Health Act and therefore Dols did not apply. On 22 (10%) occasions the assessment was not progressed this was where the assessment process had been completed but the person did not meet one of the criteria therefore i.e. the person was assessed as having capacity or the best interest element of the assessment process was not met.

Chart 16



10.3 Chart 17 identifies that of the 219 applications that have been concluded 78 (36%) related to people whose primary reason for support were issues with their memory or cognition. 32 (15%) applications related to people whose primary support reason was a physical disability but this was always coupled with memory or cognition issues. 26 Applications (12%) related to people with a learning disability with 6 (3%) applications relating to people with mental health issues.

Chart 17



10.4 Chart 18 identifies that of the 224 applications received during the year 197 (88%) related to a person living in a residential or Nursing Home. Of the 197 applications 162 (82%) were granted.

Chart 18

Managing Authority type	Total Requests	Granted	% Progressed
Residential Homes	81	71	87.7%
Nursing Homes	116	91	78.4%
Hospitals	27	21	77.4%

10.5 At the 31<sup>st</sup> March 2015 there were 119 people currently subject to a DoLS authorisation.