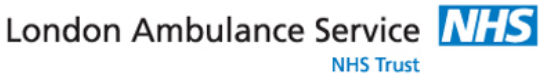
LONDON BOROUGH OF RICHMOND UPON THAMES

SAFEGUARDING ADULTS BOARD

ANNUAL REPORT

APRIL 2014 TO MARCH 2015

ACKNOWLEDGEMENT OF AGENCIES INVOLVED IN 2014-2015



1. Foreword from the Independent Chair

I am pleased to write the foreword to this account of Richmond's Safeguarding Adults Partnership Board for 2014/15. The year coincides closely with my having been appointed as the Board's Independent Chair from May 2014.

In short the period has, to date, been enjoyable, rewarding and challenging. Enjoyable because of the goodwill and quality of working relationships between people from all organisations in Richmond in relation to safeguarding adults. Rewarding because of the high standards demanded and commitment of people and services to meeting the needs of those most at risk, vulnerable or marginalised. Challenging because of the considerable pressures on the relatively small number of people with specific safeguarding roles and responsibilities, their changing personnel, and the reduced funding for all the publicly funded organisations and services which impact on the lives of people – care, welfare, housing, protection and others.

Notwithstanding this, the sheer amount of activity, determination to increase the awareness of safeguarding risks and the appropriate responses required, and resolve of the Safeguarding Adults Partnership Board - as individual members and collectively - hopefully shines through every part of this report.

As Independent Chair, I am very clear about my role. On behalf of the citizens of Richmond and the leadership of the main statutory services, it is to encourage others, to facilitate, support, challenge, hold to account, report and be accountable. What is important ultimately is not how the Board is organised or what it does. Rather what matters is the impact it has and how far, through others, the Board is able to improve the experiences people have when they are feeling unsafe personally, or are at risk of harm or abuse in some way from others.

This is the biggest challenge the Board (or any such Board faces) – how we know enough about what people who are potentially at risk actually experience, how did they feel about services' responses, and how we can help improve their wellbeing so that they feel better protected.

What is important is how the Board can be effective in these terms; not just by producing a summary of what organisations and the Board 'have done' in the year. What should all organisations individually and the Board as a whole seek to improve? It is these questions and challenges with which the Board is now determined to wrestle in 2015/16 and beyond.

The greatest strength of the Board is undoubtedly the partnership way in which it has worked together. The partnership has, I think, been strengthened in 2014/15 with some additional membership. We have begun to diversify more the leadership of the Board's activities and its sub-groups away from just the Council, particularly to NHS colleagues, and with the continued significant contribution from the representative of Richmond's voluntary sector. I would want to emphasise my appreciation of all the statutory partners - Council, NHS, Police, Probation and Fire, and of the interests of service users by Healthwatch. I have been able to get to know the leaders of many of the voluntary sector organisations in Richmond and to recognise the immense contribution these organisations make to people's lives.

The governance and accountability arrangements of the Board are fundamentally sound. The Board has been robust in following up 'serious incidents' or potential serious case concerns, both in terms of good practice individually, and also being assured that practices generally are in line with appropriate policies and procedures. And importantly that, when indicated, there is learning of lessons from weaknesses and effective implementation of changes.

Many Board member organisations took part in what was essentially an NHS self-assessment and audit process and peer challenge exercise in summer 2014. It is the Board's intention to broaden this to all Board partner organisations in 2015, whether they have strategic leadership, commissioning, provider or representative of user/carer/voluntary roles.

It would be wrong to complete this Foreword without mention of probably the two items which have most dominated 2014/15 and feature extensively in the commentary which follows. Firstly, the almost overwhelming impact of the high court ruling in relation to mental capacity and deprivation of liberty, welcome certainly for the people affected, but impacting severely and directly on the workloads of organisations and their other closely related priorities, including safeguarding. Secondly, preparing (particularly within, but not exclusively within the Council) for the implementation of the Care Act 2014 on 1st April 2015. Not only does this provide opportunity to strengthen the remit and authority of the Board, but it brings many other positive features – helping to really 'make safeguarding personal' for the person involved, enhancing advocacy, increasing awareness of carers and their statutory rights.

Finally, a word of personal thanks to key Board members for their support to me in my role. The positive spirit, willingness to work together, as well as individual helpfulness to me is much appreciated. The Board has established a mutually challenging and productive working approach; one where challenge is accepted and expected - impartial, equal, and ,if required, critical. The Board goes into 2015/16 with a sense of direction mapped out in a Board 'Away' half day in February 2015, a determination to co-produce with others a clear Board Strategy and Priorities for the three year period 2015-18; a Work Plan /Business Plan strong on 'specifics' for 2015/16 and some changes to the Board's working arrangements. There are many things which have been done in 2014/15 and are to be done in 2015/16 which I have not mentioned. They are set out in the pages of the report.

All that is written in this annual review is open to public question, challenge and scrutiny but whatever weaknesses are identified, everybody in Richmond can be assured of the Board's (and my) commitment to seeking to drive improvements or developments wherever they are needed. The Board is absolutely clear about its role, responsibility and accountability to the people of Richmond.

Brian Parrott
Independent Chair, Safeguarding Adults Board
London Borough of Richmond upon Thames

2. Executive Summary

Welcome to our 2014-15 Safeguarding Adults Annual Report. This has been a busy year for the Board, deploying change from the statutory requirements set down in the Care Act and embedding the impact across our partnership. The Board is constituted on a statutory footing and this report provides a comprehensive review of the shared actions we have taken during the reporting year to prevent abuse and protect adults at risk leading up to these changes. There have been many achievements this year, but there is still a long way to go. This year the Board further developed its shared vision; appointed a new Independent Chair and saw good attendance and representation from a wide range of partner agencies at its meetings. A Peer Review of Council safeguarding services has taken place and recommendations have formulated a clear development route for the London Borough of Richmond upon Thames (LBRuT), including a redefinition of the Borough's response to the Supreme Court judgement for the Deprivation of Liberty Safeguards (DoLS). The Making Safeguarding Personal[1] initiative has been at the top of agendas, working hand in hand to deliver person centred practice. A Board Development Day was held and closer relations with the Community Safety Partnership and the Local Safeguarding Children's Board (LSCB) have been fostered. The Board has worked hard to ensure that an examination of the Winterbourne View Action Plan was in place and have made more training available for partners and community providers, particularly focused on neglect and understanding of the law appertaining to DoLS. There has also been continued development of the Independent Domestic and Sexual Violence Advisor role, resulting in better support and protection for vulnerable women.

Our sub-groups have developed new Terms of Reference; created a Safeguarding Adult Review Policy and developed a Multi-Agency Safeguarding Adults Training Strategy, to include pressure ulcer awareness. The Performance sub-group completed a successful piece of work to improve systems, aiming to increase referrals made to the London Fire Brigade, along with developing initial proposals for the development of a safeguarding performance framework.

The new Communications sub-group has begun further improving awareness by developing community leaflets and posters, an outcome from their Awareness and Communication Strategy.

Partners have all made valued contributions in the reporting year. For example, the Council has delivered on the Board's vision by producing easy-read versions of safeguarding documents and took the decision to co-locate a Social Worker from Adult & Community Services with the Children's Multi-Agency Safeguarding Hub (MASH) improving information-sharing, and allowing more timely, early intervention, where safeguarding concerns have been raised.

The Clinical Commissioning Group (CCG) worked in partnership with Refuge and delivered a focused GP training programme on safeguarding adults at risk based on the GMC training resource. Consequently there is now an increased knowledge of safeguarding procedures and reporting requirements, producing an increase in both referrals and requests for further information. The Metropolitan Police have trained all of their officers on how to recognise and respond to an adult at risk and have worked in partnership to establish the children's MASH; jointly chairing the MARAC (Multi Agency Risk Assessment Conferences) and MAPPA (Multi-Agency

[1] http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df

Public Protection Arrangements), ensuring joined up thinking. They have also delivered on a new initiative: 'Total Victim Care' and have regularly raised safeguarding awareness through the Safer Neighbourhood Boards, Police Liaison Groups and Neighbourhood Watch schemes.

Richmond Council for Voluntary Service (RCVS) has contributed most positively to delivering the Board's aims and its developmental work, observing National Safeguarding Day; Care Act implications and strengthening engagement with the Voluntary and Community Services (VCS) regarding safeguarding responsibilities. Achieving For Children (AfC) have worked closely with the Board, developing a new 'Transition Protocol' for young vulnerable people moving into adulthood. CQC have worked to ensure that all health and adult social care providers have clear and robust systems in place, so that people are kept safe and staff are suitably skilled. The London CRC (Probation Service Provider) have developed a flagging system to alert staff to the fact that an adult may be at risk aiming to have all of their staff trained on safeguarding.

Hounslow and Richmond Community Healthcare NHS Trust have exceeded their targets for Safeguarding Adults and Mental Capacity Act Training and conducted an in-house review at Teddington Memorial Hospital in direct response to the Supreme Court's ruling last April. Richmond Wellbeing Service (RWS) appointed a new safeguarding lead and have delivered on mandatory training for all of their staff.

A very busy year for all concerned, but a clear work plan is emerging for 2015-16, where strategic leadership, continuous self-appraisal and review from all agencies; a review of our learning offer; safe recruitment practice; performance measurement; practice and systems improvement; engagement with adults at risk and their representatives and the continuation of raising awareness in hard to reach groups, will all feature in the next stages of delivering our strategy.

3. Introduction

3.1 Our Safeguarding Adult Board

We are a well-established partnership, with a statutory responsibility to work together to prevent abuse, recognising the need to respond appropriately to address abuse, if and when it occurs. We work to implement the six safeguarding principles of empowerment, protection, prevention, proportionality, partnership and accountability. We aim to protect the most vulnerable in our community, in a proportionate, timely and effective way, delivering supportive interventions. Prevention and a person centred approach to making safeguarding personal are core elements in the delivery, commissioning and development of our shared services. Focussing on the well-being of the people in our community, we aim to develop joint working practices, making the best use of available skills and resources. We are focused on ways of working that achieve effective, respectful, fair and valued outcomes for all of people that our Board serves. We aim to be responsive to our stakeholders, our residents, carers, partners and providers.

We make sure that our multi-agency safeguarding policies work well and we are committed to working together to continuously improving our safeguarding practices so that positive outcomes can be achieved for adults at risk. We look at the development each partner agency is making and how this supports the work of sub-groups, who deliver the priorities set out in the safeguarding strategic plan (*a list of Board Members can be found in Appendix 2*). As a Board, we meet every three months to fulfil our responsibilities

3.2 Our 2014/15 Annual Report

This annual report sets out the actions we have taken during the period April 2014 to March 2015. The report details:

- how we have carried out the safeguarding plans and priorities and what we have done to achieve our goals
- our progress and readiness in deploying the outcomes of our Care Act responsibilities and the outcomes from our Peer Challenge
- case studies about how we have worked together to prevent abuse and neglect
- our progress in delivering the Mental Capacity Act and Deprivation of Liberty Safeguards
- any relevant information regarding Safeguarding Adults Reviews (formerly known as Serious Case Reviews) findings; lessons learned and deployment of findings
- what we are planning to consider on developing our priorities for 2015/16

This report will be sent to each partner agency for presentation through their internal governance processes and published on the Council's website. As required by the Care Act, it will be sent to:

- the Chief Executive and the Leader of Richmond Council
- the Richmond Borough Commander from the Metropolitan Police
- the Lead Officer for Health Watch Richmond
- The Chair of Richmond's Health and Wellbeing Board
- The Chair of the Clinical Commissioning Group

4. Our Achievements in 2014/15

4.1. Aims of the Board in 2014-15

During the reporting year, the Board's aims were to:

- Set out the Borough's vision for Adult Safeguarding
- Ensure Board membership is fully representative of the key and statutory agencies
- Ensure a new Independent Chair took up Board leadership
- Complete analysis and preparatory work for the implementation of the Care Act 2014
- Support the ADASS safeguarding 'Peer Review', celebrate successes, impart best practice and work to make relevant improvements
- Drive the Making Safeguarding Personal[2] initiative, embracing a culture shift and deploying person-centred practice
- Develop closer strategic partnerships and working relationships with the Community Safety Partnership and the LCSB
- Issue a Safeguarding Adult Review protocol and deploy learning
- Review the Board's working structures and processes
- Seek meaningful input from adults who have experienced safeguard
- Critically review self-assessment processes and set out planning with and for local NHS agencies
- Host a Board development day
- Consider learning sets for Board Members to enable them to deploy their roles
- Review the role of the Borough's Safeguarding Team, to better engage with partners and Council teams
- Impact assess, redefine and implement the Borough's response to the Supreme Court judgement for DoLS

The Board has responded well to the challenges of 2014/15 and continued to improve in a period of rapid change and reduced resources for most of the partners. In 2015/16 we intend to build on these achievements to further prevent abuse, protect more adults at risk and make a bigger difference for our most vulnerable residents.

During a year of legislative change our partners have worked together to continue to make improvements, for example:

- adapting our Serious Case Review protocol to develop a Safeguarding Adult Review Policy, to improve how we learn lessons from interventions into serious abuse and neglect cases and how it is less likely to happen again
- revising our quality assurance framework so we have a better understanding of what works well and what we must do better
- examining the implementation of the Winterbourne View Action Plan

[2] http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df

- reviewing our arrangements, policies, protocols and procedures to make sure we comply with the Care Act 2014
- using the support available through Making Safeguarding Personal initiative to improve choice and control during the safeguarding process for adults at risk
- making more tailored and bespoke training available for different workforce groups, including Police, GPs and Probation Services
- consulting on safeguarding priorities for the 2015-18 Safeguarding Strategy
- developing Peer Audit for safeguarding scrutiny to further develop our safeguarding services
- conducting "lessons learned" exercises from national cases and Serious Case Reviews around the country to help us build on good practice and prevent avoidable abuse neglect
- developing information, support and training available to help staff to identify and respond to abuse and neglect
- continuing to develop the Independent Domestic and Sexual Violence Advisor role, resulting in better support and protection for vulnerable women
- hosting an ADASS Peer Review

Reports from the sub-groups can be found in the next section, followed by highlights of our achievements (full partner reports can be found at Appendix 5).

4.2. Reports of the sub-groups

4.2.1. Safeguarding Adult Review (SAR) sub-group

The Safeguarding Adult Review sub-group (formerly the Serious Case Review Group) acts on behalf of the Board to consider the most serious issues where there have been issues of multi-agency failing impacting on the welfare of individuals or groups of individuals. Revised Terms of Reference and membership were agreed in 2014. During the year April 2014 to March 2015, the Group met as necessary and a case was referred to the Group for consideration (prior to the year in question: February 2014), relating to the death of an elderly male resident in a care home. The case had been fully and appropriately investigated and considered through safeguarding processes. An extensive discussion at the May 2014 Board meeting considered a report of the case and concluded that the outcomes and learning, for which assurance were needed, related to understanding the working practices of the home; their protocols in the event of a medical emergency and how care staff related to attending medical professionals during an emergency.

The Board agreed that a Management Review would be more expedient and this would produce the outcomes required. An event between key managers from the care home, senior Council officers, Richmond Clinical Commissioning Group and led by the Board's Independent Chair, took place in August 2014. Following general questioning and discussion, the Management Review reported to the Board in September 2014 with assurances from the care home and London Ambulance Service, that relevant learning had taken place; practice had been reviewed; outcome focussed training had been put in place for all care home staff and Team Leaders; management 'testing' had been established and new protocols had been developed. At the Inquest on 1st April 2015, the Coroner recorded a verdict of death by natural causes.

In readiness for the Care Act 2014, the former Serious Case Review Protocol has been extensively rewritten into a revised Safeguarding Adult Review Protocol and it was agreed by the Board in November 2014. The sub-group will meet at least annually, and more frequently as required.

4.2.2. The Learning and Development sub-group

The main focus of this Group has been the development of the safeguarding training programme for Council staff, reporting back on attendance and reviewing issues arising from evaluations. The Group was independently chaired by a Council staff member and there was acknowledgement that there was probably a gap of training activity in the wider sphere. Seemingly partner attendance was reported as 'sporadic'.

Terms of Reference of the Group were reviewed in the reporting year which has enabled future work to be cited on the development of a Multi-Agency Safeguarding Adults Training Strategy, ensuring that staff and volunteers from partner agencies can recognise and respond to signs of abuse and neglect and to equip workers with the relevant skills, knowledge and safeguarding competencies. The Group has also discussed the Safeguarding Adults' Training programme for 2015/16 and members were invited to contribute to the delivery of the programme. Bournemouth Competencies were taken into account along with the CCG's training delivery on pressure ulcer awareness.

A review of e-learning and the commissioning of awareness training for safeguarding compliance under the Care Act, commenced in February 2015 and LBRuT funded 27 Best Interest Assessor places in the reporting year. Training for Designated Safeguarding Adults Managers will be considered for 2015-16.

A joint project was developed with the CCG and health partners to raise awareness of the Deprivation of Liberty Safeguards and Mental Capacity amongst residential and local care providers. 500 staff were trained which has enhanced local practice and joint working in order to achieve better outcomes for Richmond residents.

A survey of the Safeguarding Adults Level 1 training was sent to 42 participants and their managers, across Adult Care Services, Health, HRCH, and the private voluntary and independent sector, where 7 organisations were also targeted with an additional survey for outcomes of the Train the Trainer course.

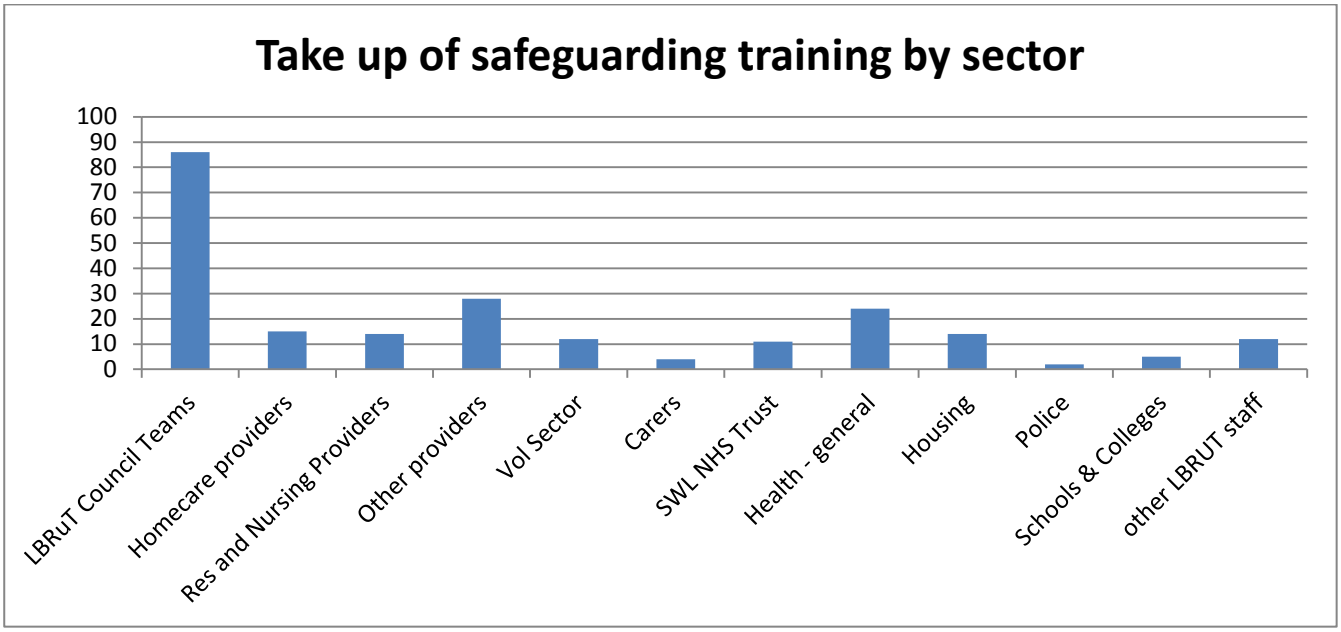
Bi-monthly Best Practice Forums were reviewed and re-launched, providing an opportunity for operational staff and managers to share ideas, information and best practice guidance regarding safeguarding and practice, creating opportunities for reflection, professional development and develop learning for evidence based decision making skills.

During 2014-15, 227 people were trained on a range of courses:

- Safeguarding Adults & The Care Act (2014)
- Safeguarding Adults Awareness (Level 1)
- Deprivation of Liberty Safeguards (DoLS) Introduction
- Mental Capacity Act (MCA) Introduction
- Safeguarding Adults Investigator's Role

- Safeguarding Adults Joint Working & Criminal Investigations
- Safeguarding Adults Managers
- Safeguarding Adults Legislation& Policy& Application to Practice
- Safeguarding Adults: Roles &Responsibilities for Managers in Private, Voluntary & Independent Sector
- Domestic Abuse: The MARAC Process
- Safeguarding Adults: Interface between Safeguarding, Mental Health and Mental Capacity Act (2005

In the reporting year, take up of training by sector can be demonstrated as follows:



Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards Training

A successful bid for monies made available by NHS England, to improve the knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) within the public sector, was made by Richmond CCG and Richmond Council safeguarding and training and development teams in spring 2014.

A specialist trainer was commissioned to design, implement and evaluate a training programme for care home managers, staff and for unpaid user representatives, with the specific aim of improving the knowledge on the MCA and DoLS in care homes and unpaid representatives, to ensure that those who support our most vulnerable client groups are more fully informed and know how to act in situations where the MCA applies and DoLS may need to be put into place.

So far approximately 500 staff have been trained which has enhanced local practice and joint working in order to achieve better outcomes for Richmond residents. Feedback from participants on the usefulness of the training and direct application of the information to practical situations has been very favourable. There are plans to extend the training to other staff groups and the Training and Development sub-group now awaits Board approval to go ahead with future planning for the delivery of the programme. If approved, delivery dates will commence in 2015-16.

4.2.3. The Performance sub-group

The Performance sub-group has been well attended by Hounslow and Richmond Community Health Trust, Your Healthcare, Richmond CCG, Richmond Housing Partnership and the voluntary sector, with less regular attendance from other partners.

Analysis of the quarterly safeguarding report provided by the Council has taken place at each meeting which has raised issues and highlighted areas of concern to the Board. The report provided information on safeguarding activity within the Council and the Mental Health Trust and details of care providers and safeguarding issues. Confidential provider data has been escalated to the Board and has been discussed as required.

In the reporting year, our partner organisations have provided information about the number of safeguarding alerts they have made and some organisations have shared information about alerts that may have been made against them, along with relevant learning and follow up actions that may have resulted, following a safeguarding investigation. This has been a very positive development which has provided assurance to the Board that organisations are retaining oversight of safeguarding and are taking relevant and appropriate actions, as a result.

The Group has worked successfully together to promote safeguarding. For example, the London Fire Brigade's (LFB) referral forms and referral criteria were circulated to the Board partner organisations and consequently embedded in the Adult Social Care information system. This will increase the number of referrals made to the LFB.

The Group has been briefed throughout the reporting year on the Care Act and the changes this has brought, in relation to adult safeguarding, with updates on how change has been implemented within the LBRuT. There is still some additional work to be completed next year.

At the Safeguarding Adults Partnership Board's Away Day, the Performance sub-group was asked to develop a performance framework to monitor the Board's strategic plan. An initial proposal has been developed for this where a performance framework could match strategic vision and associated objectives, when they are agreed. This was set out to reflect a Framework which provides a reasonable performance data set in order to give the Board assurance on:

- their effectiveness in meeting agreed strategic intentions
- safeguarding outcomes as opposed to inputs
- meeting Care Act responsibilities
- embracing Making Safeguarding Personal

As the Strategic Vision and Strategic Objectives are in development, fruition of this current proposal is likely to be realised in 2015-16 reporting year.

4.2.4. The Communication sub-group

This new sub-group was set up in spring 2015. Its purpose is to:

- develop, promote and oversee the communications strategy for the Board
- raise awareness within the community and across all staff levels, that any form of abuse is not acceptable and that safeguarding is **everybody's** business.

Membership has been agreed, and the purpose has been defined by SMART aims and objectives. A key objective will be to devise an Awareness and Communication Strategy, deciding on what this should cover and what good would look like. Terms of reference have been set out and will be agreed in the next reporting year. The Group has reviewed how to engage adults at risk and the public in the development of its strategy and how to prioritise communications to high risk groups of people, for example the older female population. The Group are aware, that there is a deficit in knowledge within the general public in relation to what 'safeguarding' means and that materials must reflect universally understood and acceptable language. In the short term, plans are aimed at joining with carer or public events along with scoping what other London wide events or initiatives were happening. In addition work has been completed on the production of leaflets for the public domain, to raise awareness for Deprivation of Liberty Safeguards.

4.3. Member and Partner Highlights

The London Borough of Richmond upon Thames (LBRuT)

As an organisation, the Council has deployed its safeguarding duties by having ensured that:

- safeguarding enquiries, conducted on behalf of Richmond residents, followed Pan London and local safeguarding procedures
- a personalised and proportionate approach focused on the adult at risk's desired outcomes during and after an enquiry
- partnership working included working with adults at risk and carers/families/advocates and multi-agency personnel such as the Police and advocacy services
- the immediate and on-going safety of adults at risk was clearly identified and implemented through multi-agency protection plans
- appropriate contributions were made to safeguarding enquiries co-ordinated by other Local Authorities, where an adult was funded by LBRuT
- a learning environment was facilitated when enquiries were made to ensure that adults were appropriately protected from future risks
- improvements were made to the provision of multi-agency services were this was deemed necessary to manage identified risks
- staff were appropriately qualified and trained and supported to conduct competent, personalised safeguarding enquiries
- referrals to the Board were made regarding relevant issues
- a management review was conducted, when a serious care review was not appropriate
- liaison occurred with adults, carers and partner organisations in safeguarding investigations and in relation safeguarding enquiry appeals and or complaints

In the reporting year, LBRuT has focused its work on prevention and early help by working to ensure that:

- the Access Team's role was a 'first responder' to abuse or neglect concerns
- partnership working with LBRuT's Adult & Community Services Quality Assurance Team and care providers was put into place to educate and inform about safeguarding issues
- robust basic awareness training for all Adult Care Service staff took place, which included provision for the wider Council

- specific and focussed Care Act training for community teams took place, so they were suitably equipped to discharge new duties due for implementation in April 2015
- preventative work with providers was carried out to ensure minor concerns were addressed, reducing to need to escalate concerns
- adult's own, personal awareness of abuse and neglect was raised during routine assessments and reviews of services
- the reduction or removal of risk of abuse and neglect was reflected in risk assessments and support plans which have informed adults

Community Awareness of adult safeguarding issues has been encouraged by:

- awareness posters displayed in local GP surgeries and by partner agencies, including care providers
- care providers accessing LBRuT safeguarding training
- leaflets entitled Safeguarding Adults at Risk were made widely available in the community and in Council premises
- a contact number was made available so community members could raise their concerns

During the last year, LBRuT have worked to demonstrate a person centred approach in safeguarding by:

- commencing training for Making Safeguarding Personal
- ensuring the adult at risk is at the centre of the process, as far as possible
- supporting adults to identify the outcome(s) they would like to be achieved from a safeguarding enquiry and seeking to establish if outcome(s) were met
- involving carers, Independent Mental Capacity Advocates and advocates for adults at risk, to provide advice and support during enquiries
- ensuring on-going feedback is sought from adults/family/carers/representatives and adults alleged to have caused harm and that this is used to inform future actions and practice

In relation to delivering on the Board's vision for safeguarding, the Council have:

- enabled an ADASS Peer Review to take place
- produced easy-read documentation for adults
- conducted a number of internal workshops to review and develop safeguarding processes and practice, to become Care Act compliant and start to embed Making Safeguarding Personal
- successfully worked on active cases where charges have been brought by the police
- Co-located a Social Worker from Adult & Community Services with the children's MASH to enable timely information-sharing, reduction of process duplication and appropriate early intervention, when concerns are raised.
- following a review, reinstated the Safeguarding Adult Improvement Board which has been working to improve safeguarding practice in mental health, independently chaired by Richmond CCG Lead Nurse for Safeguarding
- ensured that Senior managers who represent Adult & Community Services sit on the Local Safeguarding Children's Board to promote enhanced multi-agency working

- ensured that the Associate Director for Social Work (Mental Health) now holds regular safeguarding practice meetings with Safeguarding Managers to discuss cases and ensure best practice
- ensured that Adult & Community Services Best Practice Forums continue, with increased involvement of the Police, who have presented cases and attended Care Act- related information sharing sessions
- Appointed a Principal Social Worker to oversee front line practice as recommended by the Council Peer Review

LBRuT Peer Review

During July 2014, a Peer Review was undertaken of the Councils' Adult Safeguarding arrangements, as part of the Sector Led Improvement programme, which has been taking place across London, overseen by the Association of Directors of Adult Social Services (ADASS). The Review Team was led by the Director of Adult Services from LB Harrow (Bernie Flaherty) and included, the LGA National Advisor on Adult Safeguarding (Cathie Williams).

Objectives for the review were agreed and outcomes were derived via scrutiny of information, documentation and extensive interviews with staff, service users and other stakeholders. Information was triangulated from what the reviewers had *"read, heard and seen"* and although the focus was on the Council's work and leadership role, the Review retained strategic importance to the Board and its Members. The three key themes were:

1 - Council Staff Awareness: To what extent does the Council as an organisation ensure that:

- adult safeguarding is recognised by its staff
- staff are aware of how to act, if and when they have to respond to safeguarding or if they consider that a vulnerable person may be at risk.

2 - Consistent front-line practice: How does the Council assure itself that:

- its front line service delivers complete and coherent safeguarding practice
- it identifies, manages and mitigates risk
- it is consistent across all service and geographical teams including teams managed through partnership arrangements.

3 - Service User experience and engagement: How does the Council assure itself that:

- the staff delivering the safeguarding process are engaged with service users
- the process is inclusive and able to capture service user views, wishes and experience of the process
- outcomes are in place which safeguard the individual
- there is continuous service improvement.

Outcomes

Theme 1 – Council Staff Awareness

The reviewers commented and recognised that there was strong leadership, politically, strategically and managerially, with staff in Adult and Community services with staff having a good awareness of the leadership around them. There was clear recognition of expertise in Council

employed social workers and Community Teams and an acknowledgement that staff intervention was some of the most timely they had seen. There was recognition of a strong workforce development, and that we had undertaken some public awareness and produced complementary literature.

A recommendation was made regarding the need to develop general Council wide staff awareness training to be co-developed with service users and supported by targeted training – for example for housing staff who may require more specific content. It was also recommended that training should be co-developed with service users.

Greater simplicity in referral routes for reporting possible abuse was also commented on and although a substantial amount of work has already taken place in this area, the Council may be able to make further improvements.

The opportunity to work more collaboratively with Children's Services, especially as both the Children and Adult Safeguarding Boards have relatively new Independent Chairs was a real opportunity to exploit, especially as safeguarding and abuse may not necessarily be contained to service demarcations.

Theme 2 – Consistent front-line practice

The Review Team felt that the Council's policy, procedure and process were clear and evident. The quality assurance processes were acknowledged as being of high value and importance and work with front line provider services was acknowledged. There was a view that this could develop further, creating an increased focus on risk enablement as opposed to risk management. The Council's working relationships with CQC locally were acknowledged as positive and the operational and strategic value of the Safeguarding Team was noted both internally and by partners.

Making safeguarding everyone's business was a theme that flowed throughout the review. It was important that this was not just perceived as a social work task and it was addressed comprehensively as a key issue in our partnerships, such as with the NHS and the Mental Health Trust. This enabled the Council to have confidence that safeguarding was seen as a priority; that there was equality of intervention and safeguarding process alongside clinical care and gave reassurance that the Council was assured that the duties it has assigned to them are appropriately discharged.

The development of professional practice was acknowledged, along with the importance and catalysing impact of the role of the Principal Social Worker when in post.

Theme 3 – Service User experience and engagement

The Council's attempts to implement an Individual Safeguarding Record (ISR) were well acknowledged and there was positive comment about how more can be done to fully incorporate this into frontline practice.

Timely and effective social work practices were positively noted alongside the leadership and support to staff. It was noted that whilst our outcomes assessed by quantitative indicators as

opposed to qualitative indicators are well managed, they may at times not be balanced e.g. the focus on working to KPI timescales. This has developed further since July 2015.

LBRuT's audit and self-analysis work was noted as 'very good', but consideration needs to be given as to how this can be captured to inform the evolution of practice, alongside the use of independent audits and external support.

In general, there was wide recognition of high quality frontline safeguarding arrangements; the quality of skilled staff and frontline managers in community teams; strong leadership and the high interest from people using services. Comments were made however, that cross working with Community Safety, Safeguarding and Domestic Violence could be more sophisticated, building further on the significant developments that have already been achieved in these areas, as well as harnessing the new opportunity to work more collaboratively across Children and Adult Services. The Borough would benefit from a renewed awareness campaign, highlighting that all Council staff should have awareness training.

A detailed and comprehensive and responsive action plan was presented to Council Cabinet in October 2015 and delegated responsibility was given to the SAB to oversee its implementation. This remains positive work in progress

Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is an LGA/ ADASS initiative that commenced in 2012, designed to place vulnerable people at the heart of the safeguarding process and changing the organisational culture in which safeguarding operates. It sets out various challenges. For example it encourages community teams, social workers and social work managers who undertake safeguarding to reflect on their practice and consider how they engage with vulnerable adults during safeguarding and preventative processes; it encourages Safeguarding Boards and Council partners to support a strategic culture shift towards enabling outcomes for people; it encourages performance management staff to consider capturing and interpreting data differently in relation to outcomes as opposed to quantity and inputs; and it encourages commissioning and procurement staff to ensure that the contracts and procurement process enables high quality on-going support that is able to respond to safety and risk from a person centred perspective.

MSP operates at three levels[3] ('Bronze', 'Silver' and 'Gold') encouraging incremental organisational progress and development, albeit an organisation can sign up at any level, dependent upon what they want to achieve, their capacity to deliver it and the wider considerations. LBRuT has signed up to the 2014/15 cohort of this programme at 'Bronze' level and the process began in September 2014.

(The detail for the MSP programme is helpfully set out in a guide, which can be found at: (http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df) and other useful tools and documents are available on the LGA website (http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE)

[3] Page 5 and 6 of the Making Safeguarding personal Guide set out the basis of the three levels and the considerations for each.

CASE STUDY - Making Safeguarding Personal

P is 18 and was a looked after child, with a bright personality and a learning disability. She had lived in a children's home in the north, wanting to return to Richmond where her birth family lived. After a visit to the family home, she disclosed significant bruising on her upper left thigh, alleging that her birth mother (who also had a learning disability) held her down, hitting her on her leg with a closed fist. P was supported to attend her GP by her carer and social worker who encouraged P to talk about what happened and how she felt. There were no concerns about her capacity to make a decision regarding her choice to engage with the safeguarding process, all of which was explained in a way she could understand. She was also supported to make an informed decision about Police involvement. P chose to take a break from contact with her family and was offered support to manage any repercussions from this. Following her decision not to press charges, discussions were held with P's mother to try and clarify if she accepted responsibility for the assault and to assist P's mother to manage her own anxieties about the allegation and the safeguarding intervention. A safeguarding meeting was held and P was encouraged to 'own' this by social workers encouraging her to celebrate her progress in staying safe and helping her to review her own care plan. The language and process were adapted to ensure she understood everything and was the first person to contribute to each area of discussion. By putting P at the centre of the process, her disclosure and allegations were taken seriously, she was able to influence her own safety and support needs. Her carers also felt supported, and her mother, who denies hurting her daughter, was helped to understand that harm to P by anyone, would not be tolerated.

MSP directly links with:

- the Care Act and our project design work
- the strategic work of the Board and partner accountabilities in our shared responsibility to safeguard
- the outcomes of the LBRuT Peer Review
- the establishment of our Principal Social Worker role

The key initial actions have been to consider how we:

- create a culture shift in the way deploy safeguarding so that our response supports outcomes and does not merely define input
- define our approach to risk
- enable and support advocacy in the safeguarding process
- ensure our Safeguarding Adults Board and Council are formally signed up to the MSP agenda
- define, agree and monitor personal outcomes with vulnerable people, with adaptability as they are not static and may change throughout a safeguarding process and over time
- engage with practitioners to gain their buy-in to develop a culture of reflective practice and supervision
- engage with people at risk as co-partners in a process which will support them and promote their recovery
- we engage with support services to make this happen.

Work above has so far been manifest within our response ensuring that practice and recording is person centred and that systems and workflow supports this. In addition to this LBRuT have deployed outcome focused safeguarding processes and aimed to capture the service user experience through the utilisation of the Independent Service User Records. Later in the reporting year the latter were replaced with a skills based approach to professional assessment and subsequent recording. Work for the future needs to focus on enhancing these skills through deployment of learning and development to support the staff in their delivery of the MSP Toolkit, in relation to safeguarding interventions, such as task focused case work; mediation, counselling; family meetings and restorative justice.

Clinical Commissioning Group (CCG)

During the reporting year, the CCG safeguarding team (with support from Richmond Refuge Advocacy Service) has provided adult safeguarding training on site to 21 GP practices across the Borough of Richmond. Attendance has been made up of GPs, trainee GPs, nursing staff, practice managers, administrative and reception staff. It is estimated that around 70% of Richmond GPs have now received direct training in adult safeguarding.

To support this work, the CCG safeguarding adults and children's team have been running quarterly GP safeguard leads workshops where the GP safeguard leads have had the opportunity to meet people from the Council and other organisations who are involved in safeguarding and to take part in question and answer sessions with a panel of experts. At each workshop there have been presentations covering the following topics:

- Internet safety
- MARAC (Multi-agency Risk Assessment Conference)
- Self-neglect
- Hoarding
- Domestic violence
- Care act 2014 adult safeguarding and impact for GPs
- Child sexual exploitation
- Female genital mutilation
- Reporting adult safeguarding matters

Since March 2014 there have been three safeguarding workshops which have been well attended by the majority of the GP safeguard leads from across the Borough. Feedback on the workshops has been positive and they have been reported to be very useful. The feedback has informed the set up and content of future sessions. The workshops have improved information sharing between GPs and the MARAC resulting in increased awareness about MARAC; its purpose and function; and why it is necessary to share information with MARAC. Since the safeguarding training and workshops have been set up there has been an increase in both GP based safeguarding referrals and calls to the access team and CCG safeguarding team for information. This would indicate that there is a raised awareness of safeguarding procedures and reporting requirements.

The safeguarding workshops will continue on a quarterly basis and the adult safeguarding team is in the process of organising a new round of direct training to GP practices including updates on the care act 2014. The training will resume by autumn 2015.

CASE STUDY: How safeguarding can bring about joint working and how a person centred approach

enhances positive risk taking

Mr C, 87, lived alone in sheltered accommodation. He had dementia, a variety of health problems and was fiercely independent. Some allegations of neglect had been made about the care provider about poor medication administration and catheter management, although sometimes Mr C would remove his own bag. The investigation fully involved Mr C and his family and they attended the case conference. They expressed their dissatisfaction with the care Mr C was receiving and were party to hearing of communication difficulties experienced by care workers with other professionals involved. As a result, all services worked jointly to produce clear outcomes. District Nurses agreed to train provider care staff on catheter awareness, whilst the Adult Community Services Quality Assurance Team helped to improve provider record keeping. The care provider reviewed their out of hour's protocol to improve communications with others. Not all allegations were substantiated, but shared improvement actions were identified and importantly, shared learning took place. Both Mr C's wishes and those of his family were actively listened and responded to. Mr C's desire to remain living at home was respected. He agreed to an increase in care, which enabled him to take positive risks and services worked together to improve their combined delivery.

The Metropolitan Police

In relation to Adult Safeguarding the police hold the responsibility to prevent and detect crime that is perpetrated against vulnerable individuals, sharing relevant information with partner agencies and working cohesively to manage risk to and improve people's lives. All officers have been trained on how to recognise and respond to an adult at risk and if that person's vulnerability is increased by that risk, this has been reported to Adult Services. This has promoted a more expedient approach to referrals to LBRuT and consequent mitigation.

The Multi Agency Safeguarding Hub (MASH) has been established and a Social Worker has been deployed from Adult Services. The MASH is staffed by a mixture of police officers and staff, who assess risk and will share this assessment with the relevant designated worker. The local Community Safety Detective Inspector has also organised and facilitated sessions with social workers to discuss effective inter-agency communication, police investigation and best practice.

MPS continue to jointly Independent Chair the MARAC (Multi Agency Risk Assessment Conference) and MAPPA (Multi Agency Public Protection Arrangements), ensuring joined up thinking. This is supported by processes that continue to evolve, working to support a well-co-ordinated multi agency response. MPS have been committed to prevention and have been represented at safeguarding meetings where a police investigation has occurred. Officers are also mandated to feedback relevant updates and information a victim of crime, their carer or their appointed representative.

MPS have adopted 'Total Victim Care', where each investigation has deploys established processes and communication with the victim is monitored using the Crime Recording System. Communications are regularly reviewed by senior detectives and supervisors to check that contacts are informative and the views of an 'adult at risk' have been considered, as far as

possible. (A victim's wishes will always be listened to and considered, but this **cannot** necessarily influence a decision regarding next steps, for example: court action or incidents of domestic violence or abuse). As a proportionate response and to minimise distress caused to vulnerable victims, victimless prosecutions have been attempted whenever possible. Where an incident is not supported by the need for a crime report, officers have been trained to record the comments and thoughts of the adult and ensure that this information is captured on a 'Merlin PAC' report, which in turn is sent to Adult Services. By working hand in hand with Adult Services to create better defined processes and consequently improved capabilities in the recording of referrals between agencies, in the reporting year, the MPS have significantly contributed to the development of robust systems which have helped to protect vulnerable people and improve the management of risk.

In relation to community awareness, Police have raised and discussed adult safeguarding at The Safer Neighbourhood Boards, Police Liaison Groups and with The Neighbourhood Watches and ongoing work is in place to fund events so that awareness can continue to be raised, whilst ongoing training with partners is supported.

Richmond Council for Voluntary Service (RCVS)

RCVS contributed to the Board Development Day and the Council Peer Review process. In the reporting year, they have disseminated awareness information to more than 300 voluntary organisations in the Borough and National Safeguarding Day was marked on the 26th February by an e-alert focusing on response to concerns about suspected abuse; the need for participation in training and the use of national volunteering guide. RCVS raised awareness about the Care Act and its safeguarding implications and have delivered on the Board's strategic aims by strengthening engagement with the Voluntary Council Service (VCS) regarding safeguarding responsibilities. A volunteer workshop was organised, where mutual experiences, expectations and ideas could be explored and key themes emerged such as the need for the effective involvement of adults at risk and their carers in the safeguarding experience, along with value of effective communications.

CASE STUDY: Preventing harm and improving lives

A gentleman lacked capacity and tried to run away from a care home. His safety was at risk. Meetings with the adult, the family and care staff showed that the resident was bored and outings were few. A safeguarding enquiry showed that the home was not aware of the Deprivation of Liberty Safeguards (DoLS), risk factors for other residents and the lack of support to enable them to access their community. The resident was informed about the safeguarding process throughout and received support from a family member. Following intervention regular outings were arranged as part of the adult's care plan and greater awareness existed amongst the managers, staff and family that community access is an expected part of life both for this resident and others. DoLS advice was given and other residents' care plans were reviewed. The social worker liaised with Age UK to see to see if additional support could be given to residents. Since these changes were made, care to all residents is provided in a less restrictive way and the gentleman has not tried to leave the home since.

Achieving for Children (Children's Services)

Achieving for Children (AfC) has been committed to attending the Board and the Away Days that have been set up to promote partnership working in safeguarding. Adult Services attend the Local Safeguarding Children's Board and both services contribute to the Community Safety Partnership. Services also work closely together over Domestic Abuse and Child Sexual Exploitation. A new 'Transition Protocol' has been agreed with Adult Services, for the smooth referral of vulnerable young people, aged 14+, to ensure educational and social care needs are met and to manage any identified risk. Practice and process is supported by a system where high risk cases are flagged at the Strategic Transitions Board which is Independent Chaired by both Children's and Adults Directors and supported by an Operational Board.

In relation to raising awareness in the community, the LSCB held an Away Day to develop ideas and plans and adult services were invited. A person centred approach was particularly noted in the work of Children's Services with young adults. This has been particularly pertinent as part of the Leaving Care Team's (LCT) actions to safeguard young adults who are at risk. The Team also have contributed to adult safeguarding conferences, if a young person from LCT is identified as being at risk.

The Care Quality Commission (CQC)

As the sector regulator, CQC have been keen to work with local safeguarding teams and establish effective working relationships, seeing this as a key part of their function and working from the point that robust relationships help to keep people safe. CQC are represented at the Board at least once a year and local agreements are in place to ensure local CQC Inspection Managers receive minutes from relevant safeguarding meetings. CQC see themselves as a partner to the Board, as opposed to a Member with local focus on inspecting regulated services against the five key areas regarding safe, effective, caring, responsive and well-led services. CQC work in close partnership with LBRuT staff and the CCG to highlight areas of concern within regulated services and have taken regulatory action if appropriate, working to forge closer links with local organisations.

To prevent abuse occurring, CQC have worked to ensure that all health and adult social care providers have clear and robust systems in place, so that people who use their services are kept safe and that staff are suitably skilled and supported. The overarching objective has been to protect people's health, wellbeing and human rights, enabling them to live free from harm, abuse and neglect. CQC work to raise public awareness about their role and deliver a person centred approach by incorporating the views of the people (and their carers) that use services and involving them in the inspection process. This is a pertinent part of the delivery of CQC's main responsibility, which is to ensure is that care providers have adequate systems in place which are effectively implemented.

London CRC (Probation Service Provider)

The London CRC is represented at the Board by a Senior Manager and updated guidance has been issued to all staff. This summarises their role in the prevention, detection, referral and management of those at risk or, those who have been assessed to be a risk to others**.** A CRC process has been issued, consistent with Care Act requirements, where the duty to co-operate is set out. Recommendations reflect those contained within the Pan-London Safeguarding Policy. CRC London observes guidance requirements where all safeguarding concerns are discussed with line management so that decision making about contacting a local authority is effective. This is

supported by a home visit to assess risk. In addition, when addresses are being assessed for residential suitability, 'at risk individuals' and those who may present a risk to others, service users who are a risk to others or at risk from others, are flagged on a case recording system. '

With regard to raising awareness in the community, all staff accessed safeguarding adults training in 2013, which will be refreshed in 2015. There is a safeguarding lead for the Borough and a clear referral process has been put into place. The London CRC also has a safeguarding adult's page on its intranet to include updated policy and guidance information.

To promote a person centred approach, staff have been made aware of their safeguarding duties under the Care Act and are encouraged to report safeguarding concerns in a timely manner and to act accordingly. The same has applied if staff have become aware of an adult who may be posing risk of harm to an 'adult at risk'. The London CRC have made efforts to gain individual consent before agencies are contacted and all service users have an individual person centred needs and risk assessment, which is reviewed if new information may increase risk.

The London CRC have helped to deliver on the vision of the LBRuT's Safeguarding Adults Partnership Board Strategy, by encompassing its deliverables into all aspects of their work with adults at risk. For example, CRC's mission statement refers directly to: '*assessing offenders and making skilled judgements about how to reduce the risk they pose to others; influencing positive changes in offenders' behaviour; working with other agencies to protect the public and liaising with victims'.*

Hounslow and Richmond Community Healthcare NHS Trust

Hounslow and Richmond Community Healthcare NHS Trust is represented on the Board by our Director of Quality and Clinical excellence and have active sub-group membership. The work for the reporting year has been overseen by a safeguarding committee, attended by commissioners and a safeguarding adults nurse has been responsible for ensuring the identification of adults at risk of abuse and neglect, ensuring the right response for each individual. This has followed the Trust's commitment to their duty to safeguard patients who may be least able to protect themselves from harm; preventing harm from occurring and ensuring that staff provide an effective, patient centred response where harm has occurred.

As a community healthcare provider, the Trust work with some of the most vulnerable people in the Borough and during the year experience has been shared, by contributing to the developing new Pan-London Multi Agency Safeguarding Policy and Procedures. Community nurses have visited many older people, unable to leave their own homes without assistance and the importance of training staff has been pivotal to identifying potential abuse and neglect and making an appropriate response. In this respect, the Trust have exceeded their training targets for both Safeguarding Adults and Mental Capacity Act Training. They have also worked very closely with community nurses to provide additional training and supervision in relation to individuals who were causing concern, particularly where there may be elements of self-neglect. The Trust value early identification and how this can prevent and minimise the impact of abuse and neglect and consequently have made a consistent high number of alerts throughout the year.

The Trust believe that the Mental Capacity Act is a powerful tool to prevent abuse and neglect and in addition to ensuring staff were confident in their understanding of this legislation, they also put

together guidance for NHS England (London region) on how health professionals can evidence that they are following the Act and its Code of Practice in their record keeping.

In developing a person centred approach to Safeguarding Adults, training has focused on what action the individual would want to be taken in response to concerns about abuse and neglect. The Trust have encouraged adults to report their concern to either Adult Care Services or the Police, but have retained cognisance of the importance of the need to listen to what the person wants and show respect for their rights and confidentiality. The Trust has supported this approach by enabling staff on how to respond, when individuals actively do not want other agencies involved.

As a consequence of the Cheshire West judgment, the Trust reviewed inpatients at Teddington Memorial Hospital to establish if they would benefit from Deprivation of Liberty Safeguards being put into place, seeing this as an important safeguard to ensure patient support to assist with their own individual decision making. The aim was, wherever possible to confirm a best interest's approach, if the person lacked capacity to make a particular healthcare decision. As a result, the Trust made 26 applications for standard authorisations during the reporting year.

The Trust has developed expertise about the vulnerability of people with a learning disability to sexual abuse and two courses for professionals were developed in the reporting year. Local organisations contributed to this and ultimately staff were supported to understand how the law defines consent and how to respond to adults with learning disabilities, who may be at risk of sexual abuse.

With regard to raising awareness in the community, the Trust has provided information leaflets about adult safeguarding in Richmond's clinics and have held two public events in the Borough, focusing on adult safeguarding and the Mental Capacity Act 2005, the most recent having taken place in March 2015 at Teddington Memorial Hospital as part of 'Adult Decision Making Week'.

Richmond Wellbeing Service (RWS)

Richmond Wellbeing Service (RWS) accepts self, other and GP referrals for individuals living in the Borough, or who are registered with Richmond GP and in the reporting year, RWS have offered treatment for patients who have experienced common mental health problems. RWS has a Primary Care Liaison (PCL) team and referrals into PCL are accepted from Richmond Borough GP's and the Richmond CMHT. All patients who are eligible for RWS receive a brief telephone or face to face assessment and a safeguarding screen is part of this assessment .If safeguarding issues are identified at any point during assessment or treatment, patients are referred to the LBRuT Access team, and if appropriate, a patient will continue to receive treatment, simultaneously from RWS.

Awareness of safeguarding has been raised through regular in-house training throughout the year and various speakers have been invited who had had specific involvement in safeguarding practice. All staff have undertaken mandatory training and all patients have been made aware of how to access help in a crisis. This has been done by providing them with emergency and adult safeguarding contact details and routine information on adult safeguarding has been and is, available in waiting areas.

In relation to person centred approach, safeguarding discussions form part of the clinicians' regular clinical and management supervision and this is conducted on a case by case basis and contributes to the development of patient focused treatment plans. A new Adult Safeguarding lead was appointed and they have been attending the local Safeguarding Improvement Panel and the Board. This appointment has enabled RWS to promote adult safeguarding and contribute to the development of joint working practices.

Your Healthcare (YH)

Your Healthcare (YH) provides specialist healthcare services for adults with a learning disability; some diagnostic services for adults with an Autistic Spectrum Condition and multidisciplinary community health services for residents of Richmond who are registered with a Kingston GP. YH is committed to responding to situations which present a risk of abuse and the immediate reporting of any situation which constitutes a safeguarding concern. During the reporting year YH has been an active member of the Safeguarding Adults Partnership Board and has been represented on both the Training and Performance sub-groups.

As part of their prevention agenda, the YH Learning Disability Service has contributed to complex investigations both on an individual service user basis perspective and for whole service reviews. We have a Community Nursing Service (IMPACT) designed to support quality initiatives linked with nursing homes to improve the quality and robustness of the services being provided and reduced safeguarding risk factors.

The Pressure Ulcer Review Group has evaluated all pressure ulcers reported by YH. This work has included a District Nursing audit; a process to help staff record wound care and produced patient and carer information leaflets. Safeguarding Training has been mandatory and 69% of the workforce are now trained. PREVENT[4] training was also put into place along with work that ensured policy and processes were able to respond to concerns. Adult Safeguarding is now well established in the organisation's induction and mandatory training programmes and safeguarding is a standing agenda item on all governance groups with reports submitted to the YH Partnership Board. An Adult Safeguarding Policy and Deprivation of Liberty (DoLS) process has been developed, for use across community, residential, and nursing services.

In relation to improving community awareness, as a community learning disability provider, staff have engaged with a significant number of service users, families, friends and their support services. In relation to DoLS and where YH acts as the Managing Authority, information has been provided to service users and their family/representatives when a person has been identified as requiring a referral.

In relation to enabling a person centred approach to safeguarding, YH places the individual at the centre of practice and have aimed to be the community provider of choice. The appointment of an Adult Safeguarding Lead and ensuring that safeguarding is represented at all levels of the organisation (from individual clinical team to the Board) have been key in prioritising YH's safeguarding agenda in 2014/15.

[4] PREVENT is a Government strategy to stop people from becoming terrorists or supporting terrorism.

Person centred care has been prioritised by the promotion of choice and empowerment. An example of this has been in the deployment of the Mental Capacity Act and the decision to re-launch awareness training to support this, along with two yearly staff updates. Following to the Supreme Court Judgement in March 2014 a DoLS review was also carried out for all service users staying in YH services and appropriate follow up action was deployed.

Kingston Hospital NHS Foundation Trust

The Trust is committed to attending the Board to work collaboratively with the wider community to contribute to making Richmond a safer place to live and over the reporting year, Kingston Hospital has seen over 110,000 patients in Accident & Emergency; undertaken nearly 370,000 outpatient appointments; cared for 66,000 admitted patients and delivered around 5,900 babies, placing quality very much at the forefront of its service.

To support the commitment to delivering a quality service, during the year a new vision was developed, with the support of staff, patients and the community. It was known as: *'Working Together to deliver exceptional, compassionate care each and every time'* and the Safeguarding and Learning Disability Steering Group undertook the following actions:

- ensured reported allegations of abuse were investigated by an appropriate person(s)
- ensured reports were provided, as necessary, to the Clinical Quality Improvement Committee, Trust Board and the Clinical Quality Review Group (the commissioners). The Group also reported annually to this Board and the Trust Board.
- ensured that there was appropriate training programmes in place to meet identified needs of staff.
- ensured there was representation of the Trust at individual strategy planning meetings and case conferences where abuse had allegedly taken place
- ensured organisational learning from case reviews and consequent service improvements were made.

In relation to prevention, the Safeguarding Adults Lead has made certain that there is responsible dissemination and implementation of the Trust policy and procedure, thus ensuring that there is an effective safeguarding adult's process in place. They have also been responsible for ensuring that their systems monitor the process for supporting staff involved in safeguarding adults, giving advice and support and ensuring that the correct procedure for investigation is followed.

The Clinical Nurse Specialist for Older People and the Safeguarding Adults Lead Nurse have been responsible for providing training, expert advice, embedding knowledge and learning and supporting staff, where abuse was suspected. Regular reviews are undertaken, focusing on the quality of care provided. These are reported on as part of the Trust Board Annual Programme.

With regard to community awareness, the Clinical Quality Review Group (with local commissioners) have received regular reports from the Trust regarding adult safeguarding and the Kingston Learning Disability Parliament Partnership Board has also attended by members of the Steering Group. The Safeguarding Lead also meets quarterly with the Learning Disability Parliament Health Group. The health group have supported the annual Patient Led Assessment of the Care Environment (PLACE) process and made valuable contributions to the assessment of the Trust.

In relation to a person centred approach, every nurse and every doctor in the Trust has received safeguarding training as part of their induction and are provided with annual mandatory training updates. Patients and their families have been part of investigations and a there is transparent sharing of the learning and actions taken, as a result of any investigated event.

Kingston Hospital NHS Foundation Trust took action to consider the recommendations regarding the 'Saville checks' and assessed its processes for adequacy. The Trust identified the need to make some minor changes to the existing safeguarding, security and other policies in light of the recommendations. The Trust continues to review further recommendations from the Saville enquiry as they are published.

Patient Safety and Care Award 2014 for Dementia Care:
Kingston Hospital was nationally recognised for its work to transform the care provided to patients with dementia when it won the HSJ/Nursing Times Dementia Care Award at the Patient Safety and Care Awards held in July 2014.

Duty of Candour and Incident Reporting
Meeting the duty means that providers of healthcare are open and transparent with people who use services in relation to care and treatment, and specifically when things go wrong. As a Trust we already discuss Serious Incidents (SI) with those patients and relatives involved, including sharing the results of the investigation. The Duty of Candour goes beyond this and includes patient safety incidents that result in moderate harm and prolonged psychological harm. Staff have been made aware of the Duty of Candour requirements through a team briefing in January 2015 and it is also included in the monthly corporate induction.

The London Ambulance Service (LAS)

The London Ambulance Service (LAS) provides 24 hour emergency healthcare across London. The staff are trained to recognise vulnerable and at risk adults and submit referrals via a 24/7 Emergency Bed Service, who then pass cases to the relevant local authority. For the year 2014-2015, LAS submitted 99 adult safeguarding referrals and highlighted 408 adult welfare concerns, equating to 2.8% of the total number of incidents attended in the Borough. The LAS have also attended a safeguarding meeting concerning a care home and to improve expediency, agreed a new ambulance handover sheet for the home to use when calling an ambulance in the future.

A PREVENT Lead is in place and in the future, all staff will be trained – so far 60 officers have accessed the training.

The LAS provide public education to members of the community across London and although this is not specific 'safeguarding awareness' training, a number of vulnerable groups have been specifically targeted with key communication messages about staying safe. This has included older people and groups of people with physical or learning disabilities. In relation to a person centred approach, the LAS has held a number of 'drop–in' events from the charity 'Hear Us' at one of the central ambulance control centres where service users have spoken to speak to staff about living with mental illness and their preferred form of communication when accessing LAS services. The LAS also has also developed a Patient's Forum that meet monthly, providing members with an opportunity to have a say on key issues and decisions, where safeguarding issues can be considered.

LAS has placed a strong focus on training and the following has been put into place:

- staff are trained how to identify and report abuse;
- all staff have been issued with a safeguarding pocket book guide;
- adult and child safeguarding training is delivered together;
- induction covers how to recognise abuse and neglect and how to report concerns;
- all clinical staff undertake level two safeguarding on their initial training course and annual refresher training;
- in the reporting year refresher training included topics on female genital mutilation (FGM), Learning Disability, Human Trafficking and Pressure Ulcers.

The LAS has demonstrated that they learn from enquires and reviews informing practice and preventative strategies and in June 2014, a bulletin was issued to all staff about lessons learnt. Three areas were covered:

- Social Services had raised the issue of delayed referrals and the bulletin was circulated as a reminder that all referrals need to take place straight away before attending to another patient and any delayed referrals are followed up with the local management team.
- A reminder about the importance of considering safeguarding for all paediatric trauma patients and documentation if there are no safeguarding concerns.
- Where there are multiple attendances at a call out and there are safeguarding concerns, crews must agree who is making the referral and document this to reduce the risks of missed referral

A further bulletin was released in September 2014, to all frontline ambulance staff, which clarified that best practice when working with people who experienced about mental health issues and faced safeguarding problems.

The National Probation Service

The National Probation Service was established on 1st June 2014 following the end of the Probation Trusts. In London, this led to the creation of the NPS Division and Community Rehabilitation Company. The Head of the NPS London Hounslow, Kingston and Richmond Cluster is also the Safeguarding Adults lead. They have attended and made contributions to the Board and been involved in the development of training for NPS London staff, including Train the Trainer – to enable probation staff to deliver Safeguarding Adults Awareness Briefings. Since it was developed at the end of 2013, 40 staff have attended the Train the Trainer events and approximately 300 staff across London have attended the Awareness Briefings across 14 boroughs. In 2014-15, 8 staff attended Train the Trainer and approximately 40 attended Awareness Briefings. Locally, 17 Probation staff have attended the Awareness Briefings. The pan-NPS London Safeguarding Adults, Practitioner Forums, have been held quarterly throughout the year. Best practice and development has been discussed and the lead has developed local practice guidance for staff, including a series of presentations on the Care Act and the development of national practice guidance.

Kew Approved Premises are located within the Borough. There has been liaison between managers and the local authority during the reporting year and prior to the launch of the Care Act to ensure that any offenders who required assessment and support were identified.

Through promoting staff training and awareness raising staff have been better prepared to consider safeguarding adults issues in pre-sentence reports for the courts and other assessments, such as parole, also ensuring that issues are covered within Sentence and Risk Management Plans. Probation staff have been involved in ensuring that safeguarding issues are discussed at multi-agency meetings such as Multi-Agency Risk Assessment Conferences (MARAC) and the Multi Agency Public Protection Arrangements (MAPPA - which manages serious violent and or sexual offenders) and Integrated Offender Management (IOM -which manages prolific offenders). Adult Safeguarding should be considered at all meetings.

Through Probation's involvement in multi-agency forums the need to identify safeguarding adult's matters has been promoted. The MAPPA Strategic Management Board held a Safeguarding Adults training event this year for Independent Chairs of MAPPA. The aim was to promote understanding of safeguarding adults and the role of MAPPA. It was attended by managers from the Police, London Probation and local authorities.

In both the Train the Trainer course and the Awareness Briefing events, part of the content focuses on the key safeguarding principles. This includes the concepts of informed consent and person led decision making, emphasising the need to involve the adult at risk in the decisions which affect them, wherever and as far as possible

The work of NPS London, with staff, managers and other agencies has been in line with the Board's vision so that staff are better equipped to identify if abuse is occurring, to report it and to support the victims of abuse.

West Middlesex University Hospital NHS Trust (WMUH NHS Trust)

WMUH NHS Trust is one of two acute hospitals (the other being Kingston) serving the Borough of Richmond but, like its partner hospital, is located outside the Borough boundary. However it has been a committed SAB member throughout the year. There are strong internal governance processes in place, alongside training programmes and awareness for staff and public information for patients and visitors. As a Board Member it has played its part in contributing to the self-assessment and audit process in the summer of 2014. It has maintained oversight of safeguarding alerts and those which related specifically to Richmond patients (see Appendix)

South West London and St George's Mental Health NHS Trust

The Trust provides community based integrated health and social care services to people in need of specialist mental health support. LBRuT social workers are located in integrated teams under Trust leadership, undertaking the first line intervention for safeguarding for people with mental health issues. The focus in 2014/15 has been on compliance with basic awareness training, alongside preparation for the Care Act and leading safeguarding investigations. The Trust works across 5 borough Councils and, where appropriate, works on a trust wide basis to ensure an appropriate culture of safeguarding adults is created. Various initiatives have been championed to improve safeguarding compliance and awareness development.

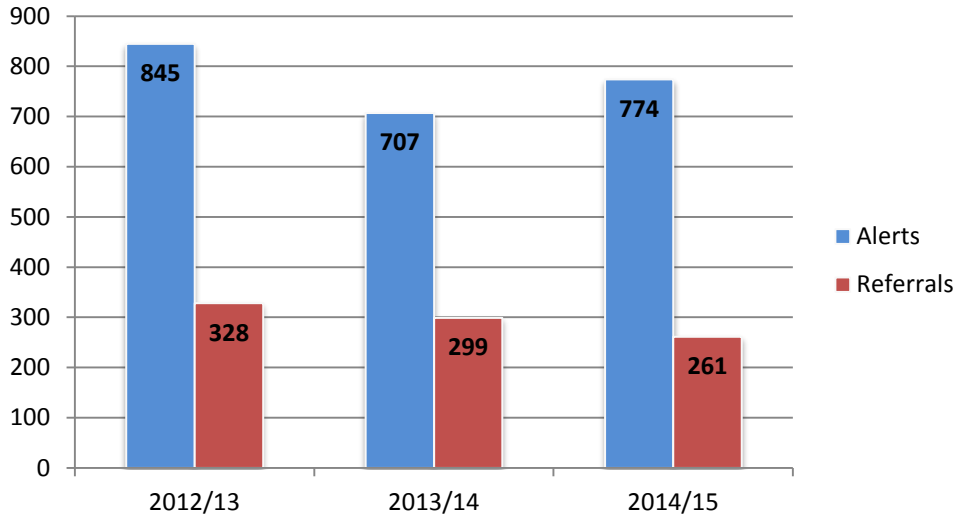
5. Adult safeguarding performance information and summary data

5.1. Safeguarding alerts

An **alert** is when a safeguarding issue is first raised with Adult Social Care from any source. After an alert is received it is reviewed, considered and risk assessed. The matter will either be dealt with through another route if it is not considered to be a safeguarding matter or it will advance to the next stage of the safeguarding process for fuller investigation; this is called a **referral**.

There were 774 safeguarding alerts recorded during 2014/15, demonstrating an increase of 67 from the previous year but considerably below the peak number of 845 alerts received in 2012/13. The views from partners have been that during 2014, increased and accurate levels of awareness developed across the partnership. This was possibly assisted by access to the safeguarding e-learning programme which has been well accepted, particularly by some voluntary sector partners.

CHART A: Total safeguarding alerts and referrals

During 2014/15	Over the last three years		
774 Alerts **261** Referrals			
Conversion rate	*39%*	*42%*	*34%*

5.2. Safeguarding referrals

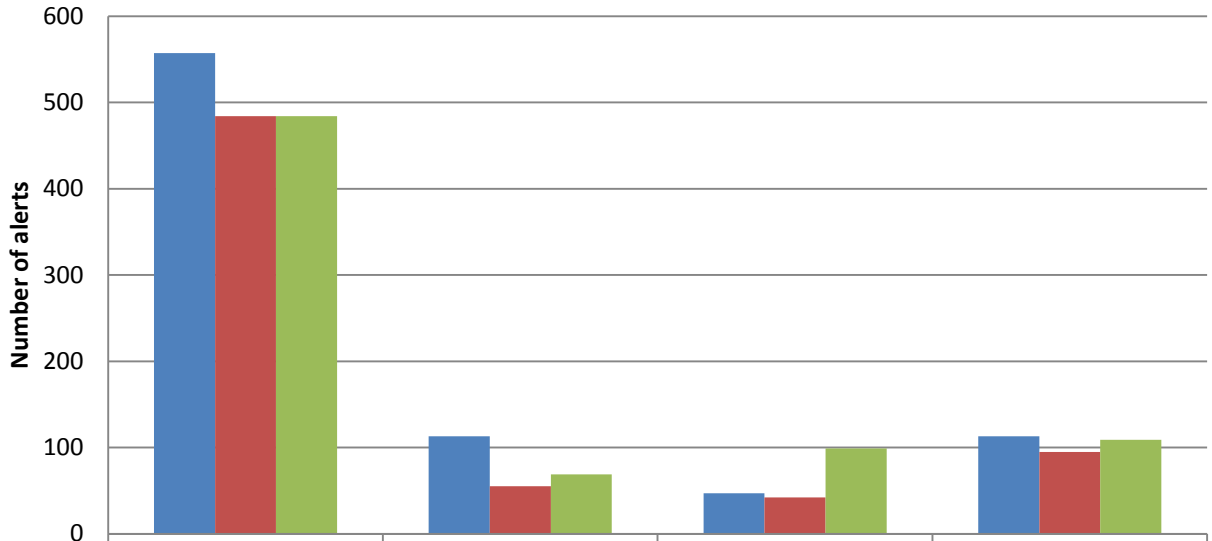
Although the number of alerts in 2014/15 was higher than in the previous year, the number that went on to investigation as a referral was lower; 261 compared to 299 during the previous year. This represented a 34% conversion rate, somewhat lower than previous years. This is demonstrated in Chart A above. There is no, one particular reason why this is the case, but may in part be due to better screening of alerts in Adult Social Care meaning that more referrals go on to be substantiated (see section 5.7 - *What did our investigations find*)

5.3. Safeguarding activity by service user group and demography

5.3.1. Alerts

Chart B shows alerts made for people in each service user group during 2014/15 compared to the two previous years. The highest number of alerts in the reporting year were raised for older people with the number received across the last two years being the same. The largest increase in alerts was for people with a physical disability, with over twice as many alerts received in 2014/15 compared to the previous year. However, only 30% of these alerts went onto referral.

Chart B: Number of people with an alert by service user group



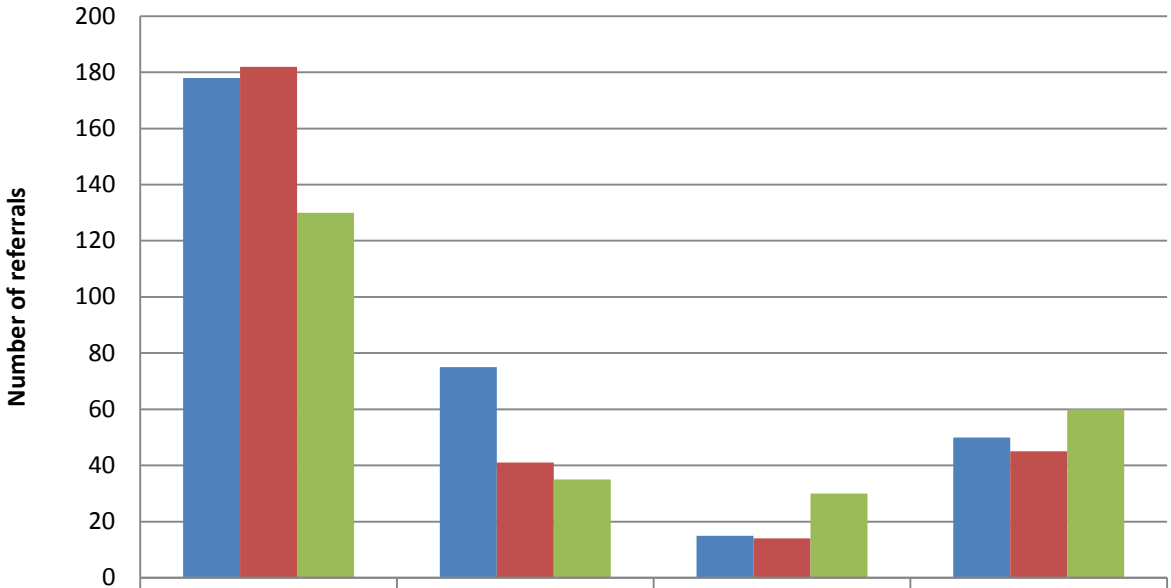
	Older People	Learning Disability	Physical Disability	Mental Health
2012/13	557	113	47	113
2013/14	484	55	42	95
2014/15	484	69	99	109

Please note that data is not shown in Charts B or C for carers, other adults at risk and those with substance misuse issues due to small numbers (less than 10 alerts for each category during 2014/15).

5.3.2. Referrals

In relation to referrals (Chart C), again the highest numbers are for older people, but 2014/15 saw a reduction of 52 referrals from the previous year. The number of referrals for Mental Health and Physical Disability saw an increase from 2013/14. Information regarding alerts and referrals relating to carers was not collected in 2012/13 but was collected from 2013 onwards. Reported figures are extremely low, which may be a reflection that carers do not traditionally report abuse about themselves to others, or simply that it is not happening.

Chart C: Number of people with a referral by service user group



	Older People	Learning Disability	Physical Disability	Mental Health
2012/13	178	75	15	50
2013/14	182	41	14	45
2014/15	130	35	30	60

5.3.3. Demographics

Ethnicity: Referrals for Black, Asian and Minority Ethnic (BAME) residents totalled 10% in 2014/15 (Chart D). In accordance to the 2011 Census, the population of BAME groups resident in the London Borough of Richmond is 14% for people age 18 – 64 and 6% for people age 65 and over. The proportion of safeguarding referrals for BAME residents is therefore likely to be representative of the resident population.

CHART D: Ethnicity of people with a safeguarding referral

Ethnicity	2013/14		2014/15		Change in %	
	Number	%	Number	%		
White	250	*84%*	222	*85%*	1%	↑
Mixed	9	*3%*	*	*1%*	-2%	↓
Asian or Asian British	9	*3%*	9	*3%*	0%	–
Black or Black British	6	*2%*	7	*3%*	1%	↑
Other Ethnic Groups	6	*2%*	8	*3%*	1%	↑
Not Stated	19	*6%*	12	*5%*	-2%	↓

Gender: The percentage of referrals relating to females increased by 5% compared to 2013/14 (Chart E). with over 2 in every 3 referrals relating to women

CHART E: Gender of people with a safeguarding referral

Gender	2013/14		2014/15		Change in %	
	Number	%	Number	%		
Male	108	*36%*	83	*32%*	-4%	
Female	190	*64%*	178	*68%*	5%	

Age: The percentage of referrals relating to people aged 85+ decreased substantially while those for people aged 45 - 64 increased (Chart F). Given that we know there was an increase in physical disability and mental health referrals, it is likely many of these referrals were for women in that age group.

CHART F: Age of people with a safeguarding referral

Age	2013/14		2014/15		Change in %	
	Number	%	Number	%		
18-30	36	*12%*	31	*12%*	0%	
31-44	33	*11%*	32	*12%*	1%	
45-64	48	*16%*	62	*24%*	8%	
65-74	27	*9%*	25	*10%*	1%	
75-84	49	*16%*	44	*17%*	0%	
85+	106	*35%*	67	*26%*	-10%	

5.4. Source of Alerts

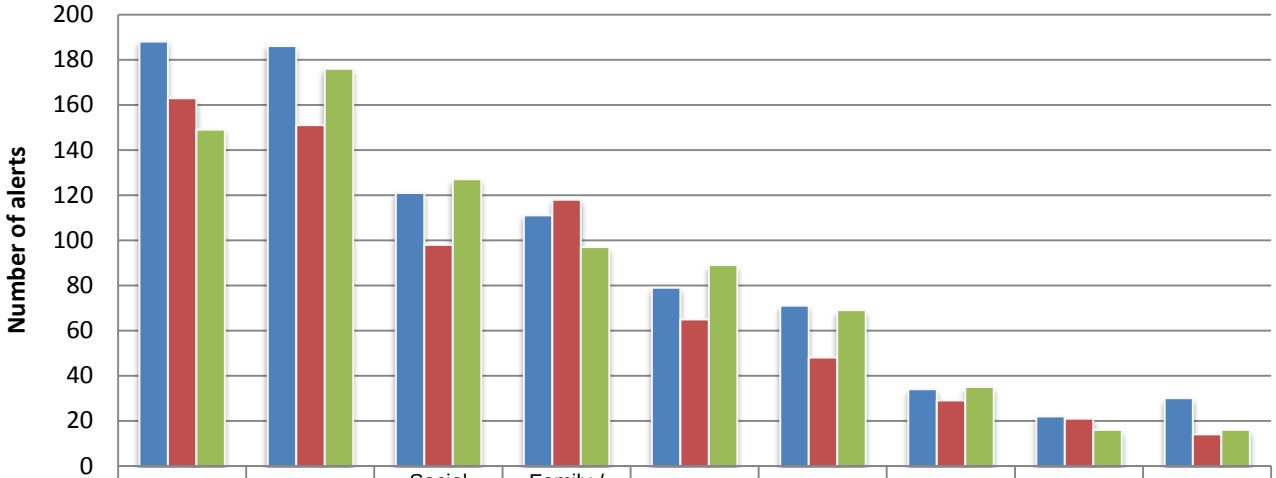
2014/15 saw a continued decrease in alerts raised by provider and care staff, with the highest proportion of alerts received from primary and community health services, as shown below in Chart G. It is important to note that alerts are not always an indicator that abuse has taken place and can reflect the diligence of staff in reporting, but it would be a constructive approach to continue to work closely with providers to engage further in the development of robust and transparent relationships, that focus on prevention.

Most sources for alerts saw a decrease in 2013/14 followed by an increase in 2014/15, ~~e~~xcept those received from family, friends and neighbours, which peaked in 2013/14 and saw a decrease last year. This adds to the view that a community focus for an awareness campaign should be strongly considered as part of the Safeguarding Adults Board 2015/16 Business Plan.

The increase in self-referrals is encouraging for adults at risk who want to be in control of their own circumstances and exercising their choice to raise their own concerns, which can contribute to the sustainability of their independence.

Police alerts are low but we expect the introduction of a social worker into the MASH (multi-agency safeguarding hub) in 2015 will increase alerts raised by the police.

CHART G: Alerts by source



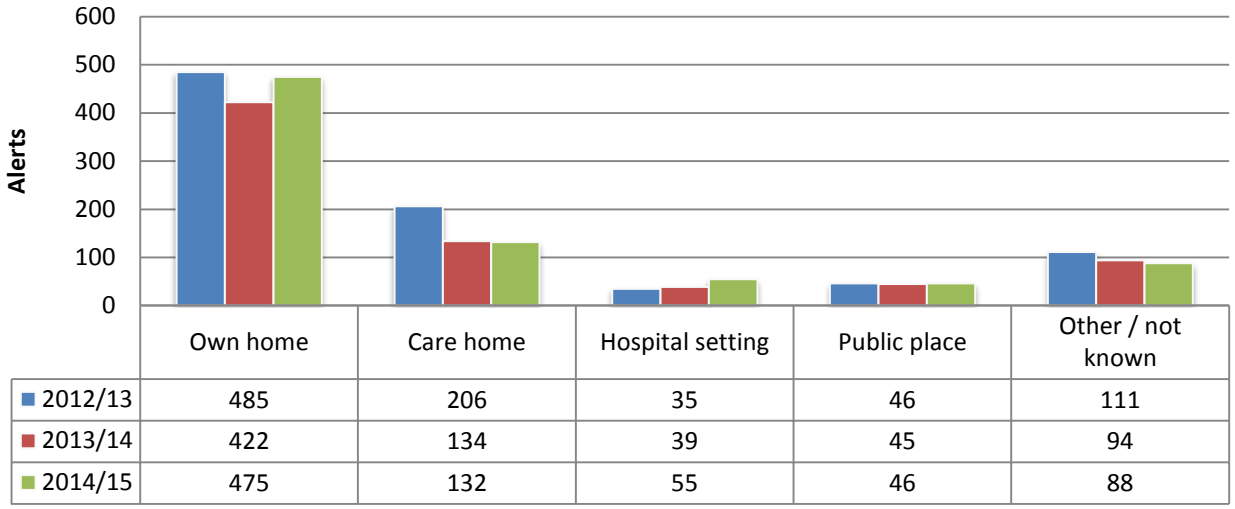
	Provider / Care Staff	Health Staff	Social Services Staff	Family / Friends / Neighbour	Mental Health	Self-Referral	Police	Housing	Other
2012/13	188	186	121	111	79	71	34	22	30
2013/14	163	151	98	118	65	48	29	21	14
2014/15	149	176	127	97	89	69	35	16	16

5.5. Locations of alleged abuse and relationship to adult at risk

As with previous years, adults at risk are more likely to be abused in their own homes (Chart H). This reflects national findings and is formally acknowledged across England and Wales[5]. In addition, although there was a decrease in allegations against care and or professional staff, these represent 36% of all alerts. This presents a concern and indicates the need for a partner wide strategic learning and development focus to be deployed, incorporating the outcomes from national lessons.

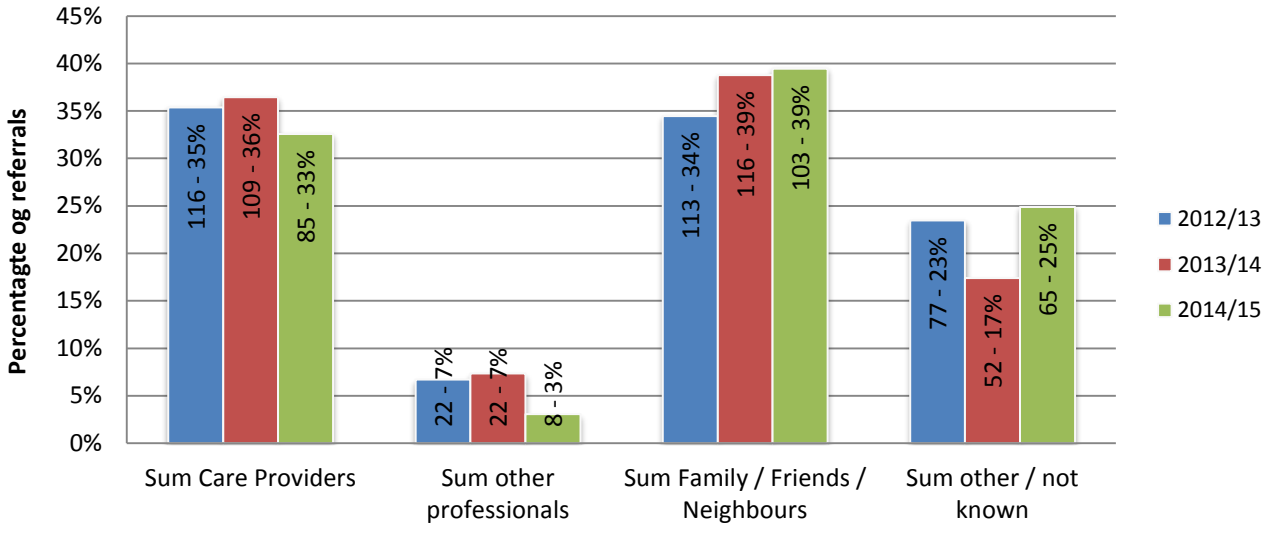
There is a correlation between the decrease in alerts raised by provider/care staff and the number and percentage of care providers who were cited as alleged perpetrators (Chart I). Again this serves to support the point raised above and the need for continued work to monitor and develop awareness campaigns.

CHART H: Location of alerts - comparison to previous years



	Own home	Care home	Hospital setting	Public place	Other / not known
2012/13	485	206	35	46	111
2013/14	422	134	39	45	94
2014/15	475	132	55	46	88

Chart I: Relationship of person alleged to have caused harm



[5] Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics Final Report , The Information Centre for Health & Social Care, NHS 2012

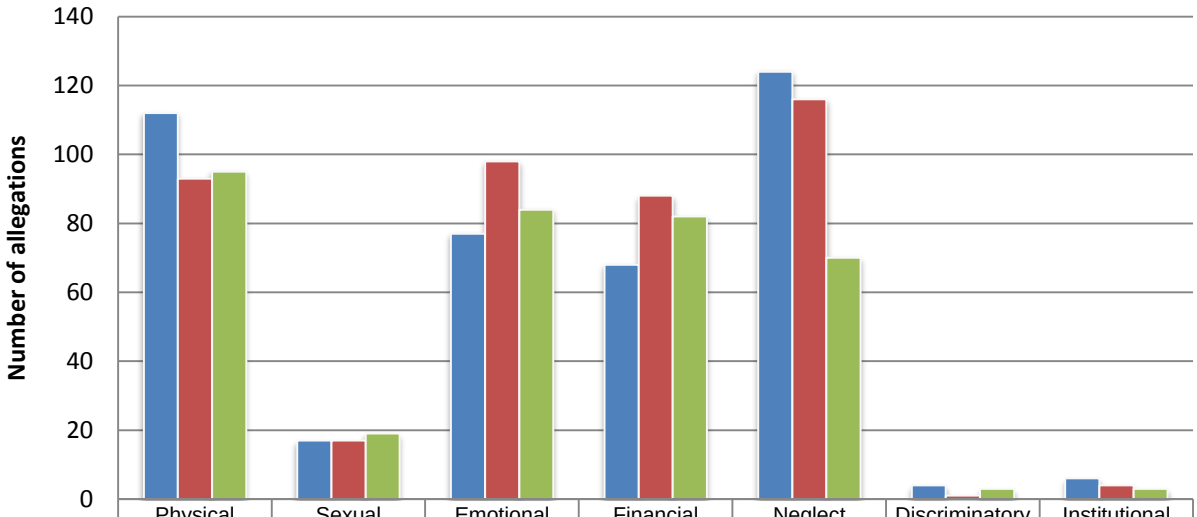
5.6. Type of alleged abuse and comparison with previous years

In previous years the most common form of alleged abuse was neglect, with 124 and 116 allegations made in 2012/13 and 2013/14 respectively. However, in 2014/15 physical abuse was the most highly reported on, with 95 cases. Chart J below notes the substantial decrease in the number of alleged neglect cases, falling from 116 to 70.

Sexual abuse figures have marginally increased but traditionally cases are believed to be under reported, however this fits the national picture. There have been slight decreases in emotional and financial abuse and reported incidents of discrimination are low. However it is likely that reported cases of discrimination are fielded by national government offices, and so traditionally this figure is reflected as low within local government reporting.

This information indicates the need to ensure that neglect is being appropriately reported and responded to. Again this can be adopted within learning and development but essentially it will require a robust approach from organisations across the partnership in relation to contract monitoring, procurement, quality monitoring and all partner staff to ensure that neglect is not going unnoticed and that a full and appropriate response is being made.

CHART J: Nature of abuse for safeguarding alerts



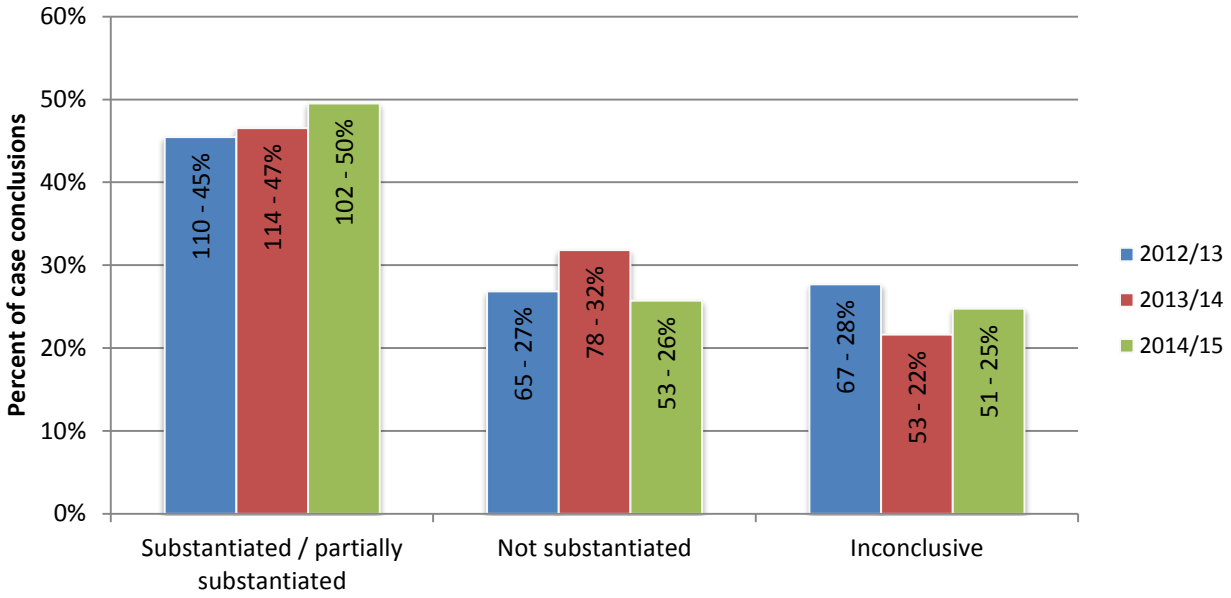
	Physical	Sexual	Emotional	Financial	Neglect	Discriminatory	Institutional
2012/13	112	17	77	68	124	*	6
2013/14	93	17	98	88	116	*	*
2014/15	95	19	84	82	70	*	*

5.7. What did our investigations find?

Chart K portrays the percentage of investigations that were concluded in 2014/15 (based on the balance of probability). 49% of cases were substantiated or partially substantiated, demonstrating a consistent increase year on year, which suggests that investigations are effective in achieving an outcome for an adult at risk and establishing whether abuse has taken place or not. The substantiated outcomes compare well to national figures. Cases that were not substantiated reduced by 6% compared to the previous year, whilst inconclusive cases rose by 3%.

The future of these particular statistics will be directly influenced by the Care Act in relation to the increasing, person centred approach of concentrating efforts on meeting the expressed and agreed outcomes for the adult at risk. This approach inherent within the Act plus the outcomes expected from the Department of Health's Making Safeguarding Personal initiative, may determine a higher rate of inconclusive results in the future, given that many adults at risk may choose not to go down the route of a statutory enquiry or may request that enquiries cease, as this may not meet the outcome they may require.

Chart K: Case conclusions by year



The highest proportion of substantiated outcomes was within the physical disability service group at 70%, followed by learning disability at 67%, mental health at 50% and older people 44%.

The service user group with the least inconclusive outcomes was learning disability. These outcomes have to take into consideration the lower numbers of cases to be investigated in this service (21 concluded cases) compared to the higher numbers in the older people's services (121 concluded cases).

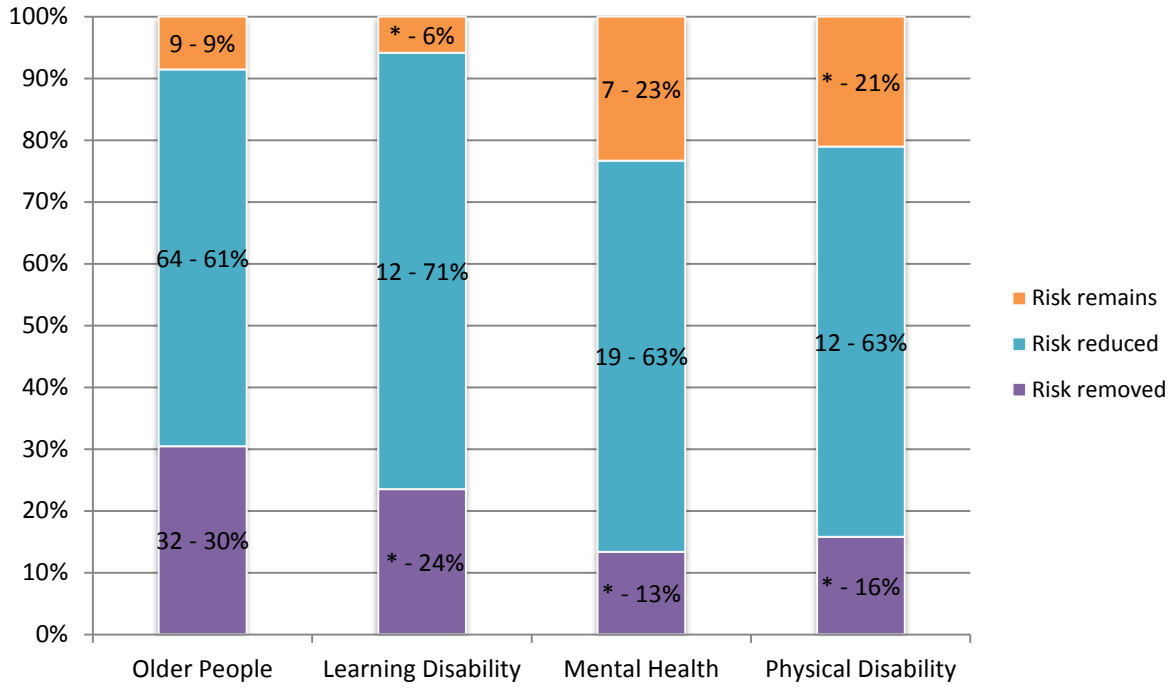
5.8. Outcomes for adults

5.8.1. Risk

Overall there were 179 concluded cases in 2014/15 for which action was taken. The risk was removed or reduced in 86% of these cases.

Chart L denotes outcomes by service user group showing that people with mental health issues and those with a physical disability were identified as groups where risk remained. This could be explained by positive risk taking and enablement factors, where people may have chosen to manage the risk themselves.

Chart L: Result of safeguarding actions by service user group



5.8.2. Outcomes for Adult at risk and Person alleged to have caused harm

Chart M below shows that 30% of adults at risk benefited from an increase in monitoring of their situation and 16% receiving increased or different care. The number and type of outcomes may change next year when the outputs of the Making Safeguarding Personal initiative become clear and increased person centred practice further influences what the adult at risk agrees is their expressed outcome.

As shown in Chart N, 26 people alleged to have caused harm experienced police action, 16 underwent disciplinary action, 11 were criminally prosecuted and 5 referred to the Disclosure & Barring Service. These figures demonstrate that outcomes for those who have caused harm are effective with longstanding implications to lives, including experiencing the full impact of the criminal justice system

Chart M: Outcomes for adult at risk

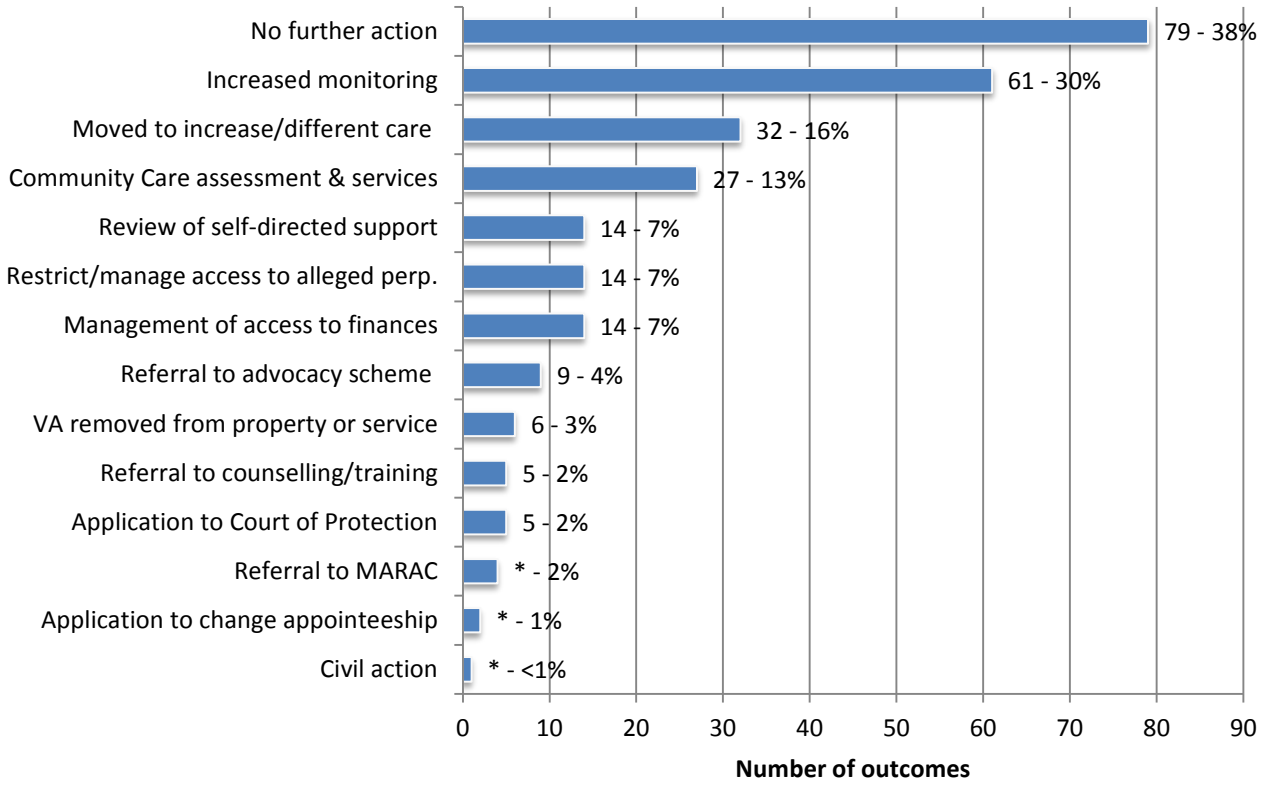
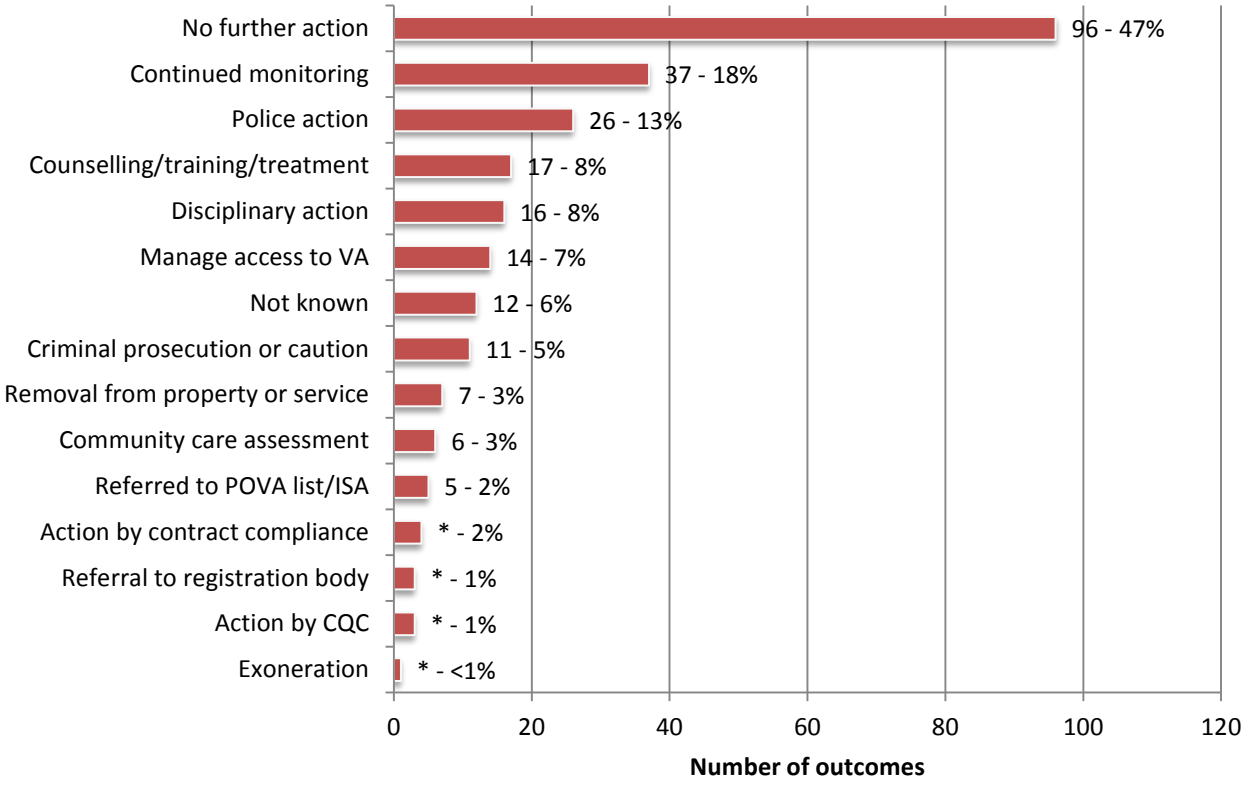


Chart N: Outcomes for person alleged to have caused harm



5.8.3 Individual safeguarding Record

Gaining both quantative and qualitative understanding or outcomes remains central to our work.

We have streamlined our process for gaining feedback to make it less onerous. This will feature in our developments to fully embed Making Safeguarding Personal

The Individual Safeguarding Record (ISR) is a professional support tool for capturing face to face feedback from adults at risk and, where appropriate, their representatives. This was introduced in October 2012 as a three part tool that seeks to engage and inform adults at risk at the beginning of the process (Part 1), throughout the process (Part 2) and evaluate their experience and gain feedback about we can improve, at the close of the process (Part 3).

In 2013/14 Part 3 consisted of over 20 reportable questions and this was reviewed in 2014/15 to make the process simpler and easier to understand for both service users and social care staff.

In 2014/15 86 people provided feedback as part of the ISR. The tables below show the two key questions in the ISR that can be analysed

Question	Number responded	% fully /mostly	% partially	% Not at all
Did you achieve what you hoped for as a result of the safeguarding process?	83	66%	29%	5%

In 2013/14 86.4% said that the process achieved what they wanted

Question	Number responded	Excellent/ Good	% Satisfactory	% Poor
Overall, how would you rate the process?	86	65%	34%	1%

In 2013/14 91/3% rated the safeguarding process as good.

6. Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS)

On 19th March 2014 the Supreme Court handed down it's judgements for P v Cheshire West and Chester Council. This has had enormous implications for LBRuT's Adult Community Services, care homes, hospitals, supported living schemes, adult foster placements, extra care sheltered schemes and people living at home with a form of what could be considered 'restriction' e.g. Assistive Technology that prompts a person not to leave their premises.

In short this has meant a very significant increase in the number of LBRuT residents who fall within the Deprivation of Liberty Safeguards (DoLS) criteria under the Mental Capacity Act 2005 (and its 2006 amendment) and has brought associated issues for LBRuT as the Statutory Lead and Supervisory Body, who authorise the deprivation. An application to the Court of Protection is required for the authorisation of a deprivation of liberty for someone aged 16 or over, who is not in a care home or hospital. The Supervisory Body has the duty to identify people who fall under this category, where they are aware of, or are involved in their care and or support whether, cared for in a family home (whether with relatives, foster carers, adult shared lives providers or other arrangements for their care) or living alone in their own home, with what could constitute restriction.

The DoLS arrangements have been in place since 2009. Initially, volumes of work were quite low, and in the 2013-14, LBRuT received in the region of **27 Requests** for a deprivation to be authorised. This was relatively consistent with that of other local authorities across the country. As a direct consequence of the ruling and because it was retrospective, clarification as to what constituted a deprivation of liberty resulted LBRuT reviewing 31 placements.

In addition, in this reporting year LBRuT received **515 Requests,** all of which have been prioritised against the ADASS criteria**.** The volume has placed considerable and surmounting pressure on staff resources and a thorough review of resourcing has been conducted. In relation to the tight statutory timescales (in most cases 7 days for urgent authorisations and 21 days for standard authorisations), **155 Requests** were carried out within timescale.

In relation to the number of DoLS perceived to be required for community placements and people living in their own homes who may legally require a DoLS, as known, this figure represents an additional **230 cases** requiring a specialist assessment and a consequent application to the Court of Protection.

The Council has to have in place Best Interest Assessors (designated professionals who are additionally trained and qualified) to undertake the required assessments when a DoLS submission is received. Under the Mental Capacity Act their assessments are received by the Supervisor Body (SB), which holds responsibility for scrutinising and agreeing DoLS Authorisations and reports to the Care Governance Board .The current SB is Independent Chaired by The Interim Head of Safeguarding and is made up of a representation of senior operational heads from CCS and includes the Associate Director of Mental Health..

Best Interest Assessment is an activity that a qualified social worker/occupational therapist or nurse can undertake, by passing assessed training from a bona fide provider (usually a University). In the reporting year, LBRuT had 7 BIAs and have commendably trained a further 26, however the

usual issues of retention, recruitment and the fact they are managing a full time job has made an impact. This has resulted in 13 BIAs being prepared to assess via shadowing opportunities and the parallel deployment of external providers.

At various points in 2014, Adult Community Services Divisional Management Group were appraised regarding the impact of DoLS on the Council in relation to the Supreme Court Judgement, the implications for a reduced threshold triggering assessment and for new assessments in services previously outside the legislation (which became effective from August 2014). A DoLS internal audit also took place. As a result of work required to complete the annual Health and Social Care Information Centre (HSCIC) statutory return, it emerged that the systems and processes required improvement and some remedial work will be necessary. An initial workshop is taking place on 5th June 2015 with colleagues in LB Wandsworth to consider how a shared safeguarding service can be developed in our future collaboration work. Until this is in place (probably later in 2015 or early 2016) additional interim and temporary support will be needed. This will be supported by a revised workflow management system and recruitment of additional temporary administrative and professional staff.

7. What we want to achieve in 2015-16

The Care Act was implemented on 1st April 2015, bringing new and formalising other responsibilities, placing some on a statutory footing for the first time. We have implemented new ways of conducting our business as a result of this legislative change. We will be engaged in consolidating and developing this further in the months ahead.

Much has been written on safeguarding and the Care Act and can be referenced. Chapter 14 of the Care and Support Statutory Guidance (Issued under the Care Act 2014)[6] provides the relevant information

'Our Vision and Strategic Plan' is published and set out in Appendix 5. Identified and agreed in-year priorities are being separately published and will set priorities. And will feature the key following issues:

7.1. Strategic Leadership

- Enable strategic leadership of the safeguarding agenda in its widest sense

7.2. An agreed shared funding arrangement

- Agree future annual funding arrangements from relevant partners and Board support arrangements

7.3. Learning and Development

- Review the Board's group learning and development offer, revising the training strategy and competency framework to comply with Care Act 2014 requirements and Making Safeguarding Personal
- Measuring and report on the effectiveness of multi-agency safeguarding training, and other training that makes people feel safe
- Training for Designated Safeguarding Adults Managers
- Training for carers

7.4. Safe Recruitment

- Develop a framework for effective safer recruitment that can be used by partner agencies

7.5. Communication and Awareness

- Orchestrate a Communication and Awareness Strategy
- As part of that strategy, design and deliver a formal public awareness campaign
- Ensure this reaches the public and target high risk groups e.g. elderly females living alone in the community
- Reach out to BAME groups and carers
- Work with Providers to increase understanding of neglect

6 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

- Work with adults at risk, particularly those with learning disability to increase awareness of financial exploitation

7.6. Performance Measurement

- Develop a performance framework for safeguarding that can be used by partners to measure effectiveness

7.7. Systems Management

- Referral routes for raising safeguarding concerns are reviewed to enable alignment across the partnership

7.8. Safeguarding Practice

- Adult and Community services feedback to the Board the outcomes of the deployment of the Principal Social Worker as the senior lead practitioner for social work practice, linking it to safeguarding and workforce development
- The Board engages with NHS partners through a 'Health Challenge' of their own NHS safeguarding self-assessments
- Partners develop a safeguarding audit plan
- Work with police to increase referrals
- Work with Providers to increase referrals

7.9. Engagement with Adults at Risk, their carers and representatives

- Consider how adults at risk are engaged in a meaningful way as part of the Board's decision making.

7.10 Making Safeguarding Personal

- Is further embedded into frontline practice, but is also a key part of everyday work for all relevant agencies

APPENDIX 1 - CONTACT POINTS

REPORTING A SAFEGUARDING CONCERN

For specific information on Safeguarding in the Borough please look at the London Borough of Richmond-upon Thames website at:

http://www.richmond.gov.uk/adult_protection

During Office Hours: Safeguarding alerts and general safeguarding concerns should be raised via the Council's Access Team on: **020 8891 7971**

Out of office Hours: Via the Adults Emergency Duty team on: **020 8744 2442**

Remember that in an emergency - you should always call the Police or Emergency Services on: 999

DEPRIVATION OF LIBERTY SAFEGUARDS – REPORTING AND ADVICE

Deprivation of Liberty Safeguards (DoLS) are managed directly by the Safeguarding Team. They can be registered or reported to Safeguarding Adult/DoLS Team:

Tel: **020 8831 6337**

Fax: **0800 014 8629**

Email: Dols@richmond.gov.uk

SAFEGUARDING TRAINING

If you would like to access the Council's e-learning programme for safeguarding awareness or would like more information on safeguarding raining in general, please contact:

Tel: **020 8891 7649**

Email: Adultsworkforcedevelopment@richmond.gov.uk

QUESTIONS ABOUT THIS REPORT

If you have any questions about this report, please email safeguarding.richmond@richmond.gov.uk

Appendix 2 – Core Board Members (from May 2014 to April 2015)

MEMBER	POSITION	ORGANISATION
Brian Parrott	Independent Chair	
Cathy Kerr	Director of Adult & Community Services	London Borough of Richmond upon Thames Council
Cllr David Marlow	Cabinet Member for Adult Services, Health & Housing	London Borough of Richmond upon Thames Council
Derek Oliver	Assistant Director of Adult & Community Services Chair SAR Sub Group	London Borough of Richmond upon Thames Council
Gill Ford	Head of Performance & Quality Assurance Chair Policy Sub Group	London Borough of Richmond upon Thames Council
Carol Stewart (resigned March 2015)	Head of Workforce Development Chair Learning & Development Sub Group	London Borough of Richmond upon Thames Council
Jon Norris (November 14 to April 15)	Head of Service Safeguarding	London Borough of Richmond upon Thames Council
Natasha Allen	Community Safety Manager	London Borough of Richmond upon Thames Council
Ken Emerson	Head of Housing Operations	London Borough of Richmond upon Thames Council
Siobhan Gregory	Director of Quality and Clinical Excellence	Hounslow & Richmond Community Healthcare NHS Trust
David Thompson	Safeguarding Lead Nurse	Hounslow & Richmond Community Healthcare NHS Trust
Jonathan Mason	Service Director	South West London & St George's Mental Health NHS Trust
Patrick Bull	Safeguarding Lead	South West London & St George's Mental Health NHS Trust
Kathryn Williamson	Health & Partnership Manager	Richmond Council of Voluntary Service
Debra Towns	Detective Superintendent	Metropolitan Police Service, Richmond
Barry Smith	Detective Chief Inspector	Metropolitan Police Service, Richmond

MEMBER	POSITION	ORGANISATION
Julie Sobratee	Chief Nurse	Richmond Clinical Commissioning Group
Peter Warburton	Safeguarding Lead Nurse Chair Communications Sub-Group	Richmond Clinical Commissioning Group
Sue Fitzgerald	Board Lead for Clinical Services (Long Term Care)	Your Healthcare
Andy Cane	Borough Commander	London Fire Service
James Jolly	Assistant Chief Officer	London Probation Trust
Alison Twynam	Assistant Director of Children's Social Care	Achieving for Children
Fergus Keegan	Deputy Director of Nursing & Patient Experience	Kingston Hospital NHS Foundation Trust
Caroline Sharp	Assistant Chief Officer	London Community Rehabilitation Company
Finola Syron	Vulnerable Adults Project Manager	NHS England
Mike Derry	Chief Officer	Healthwatch Richmond
Shan Jones	Director of Quality Improvement	West Middlesex University Hospital
Susan Ashbourne	Consultant Psychologist & Clinical Lead	Richmond Wellbeing Service

Appendix 3 – Statutory Duties of the Board and how to make a complaint

Section 43 The Care Act 2014 requires each local authority to set up a Safeguarding Adults Board, with core membership from the local authority, the Police and the NHS (specifically the Local Commissioning Group/s). The Board has a strategic role, which is comprised of three core duties.

They:

- Must publish a strategic plan for each financial year setting out how the Board will meet its main objective. In developing the plan it must involve the community and it must consult the local Healthwatch Organisation
- Must publish an Annual Report detailing the activities of the Board
- Must decide when a safeguarding adults review (SAR) is necessary, arranges for its conduct and if it so decides, implements the findings. SARs replace serious case reviews. The SARs are about learning lessons for the future. They will make sure the Board gets the full picture of what went wrong, so that all organisations involved can improve as a result.

And

- The Local Authority remains the lead agency with responsibility for co-ordinating adult safeguarding arrangements, but all the members of the Board should designate a lead officer. The Board is a multi-agency group. Local Boards should decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act 2014.
- The Local Authority who establishes the Board must ensure that members, collectively, have sufficient skills and experience to perform their role.
- The Local Authority should consider appointing an Independent Chair to the Board, but this is not a requirement.
- There is a new duty on relevant organisations to supply information to Boards on request (section 45). The Act is clear that if a Safeguarding Adults Board requests information from an organisation or individual who is likely to have information which is relevant to the Board's functions, they must share what they know with the Board.
- The Local Authority has to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adult review, where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.
- The Overview & Scrutiny Committee and Health and Well Being Board will have sight of the Board's strategy and annual reports so must have an understanding in how to interpret and challenge them.

Making a complaint about a safeguarding investigation or the Board

The introduction of the Care Act, together with lessons learnt by the Local Government Ombudsman (LGO) and its previous involvement in complaints about Safeguarding Adult Boards and serious case reviews has led the LGO to review its approach to how such complaints are investigated. Boards are deemed to be an administrative function of a Council for the following reasons:

- Local authorities are responsible for setting them up
- Overview & Scrutiny Committee and Health & Wellbeing Boards will monitor the work of Safeguarding Boards. Local authorities have overall responsibility for coordinating adult safeguarding arrangements within their localities

With the changes introduced by the Care Act, actions of Safeguarding Adults Boards, including actions of professionals who are not employees of the council, may not be considered, if a complaint is made, nor is there a legal bar preventing the LGO from investigating complaints regarding Safeguarding Adult Reviews or Safeguarding Investigations. A key test is whether the remedy could realistically be achieved by the local authority rather than being the primary responsibility of some other body participating in the work of the Board. If a person wants to complaint about a Safeguarding Adults Board, in the first instance they should complain to the local authority, as the body responsible for setting up the Board, before asking the LGO to consider their complaint, which in turn means that as local authorities are responsible for Safeguarding Adults Boards, then the Council in question should review the complaint, prior to an application being made to the LGO.

Appendix 4 – Partner and member achievements and report contributions

1. London Borough of Richmond upon Thames (front line teams and Adult and Community Services)

1. Summary of your organisation's involvement in Safeguarding

As an organisation, the Council has:

- Conducted safeguarding enquiries on behalf of Richmond residents and following the Pan London and local safeguarding procedures
- Ensured a personalised and proportionate approach which focuses on the adult at risk's desired outcomes during and after an enquiry
- Ensured partnership working with adults at risk and carers/families, and with a range of agencies, including the Police and advocacy services
- Ensured the immediate and on-going safety of adults at risk through the identification and implementation of a multi-agency protection plan
- Participated in safeguarding enquiries co-ordinated by other Local Authorities regarding service users who are funded by LBRuT.
- Facilitated a learning environment during an enquiry to ensure that residents are protected from future risks and improvements are made to the provision of multi-agency services to manage those risks
- Ensured staff are trained, supported and competent to conduct personalised safeguarding enquiries
- Made referrals to the Board on relevant issues and conducted a management review where a serious care review was not appropriate
- Raised residents' awareness of adult abuse issues and the provision of a contact number to raise concerns
- Conducted investigations into safeguarding enquiry appeals/complaints and liaising with residents, carers and partner organisations

2. How has your organisation worked to PREVENT abuse occurring?

We work to ensure:

- Partnership working LBRuT's Adult & Community Services Quality Assurance Team and care providers to educate and inform about safeguarding issues.
- Ensured robust basic awareness training to all, including wider Council staff as well as specific and focussed training community teams and their staff so they are suitable equipped to discharge Council duties
- Preventative work with providers to ensure minor concerns are addressed and do not escalate
- Raising awareness in the community and in care homes during routine assessments and reviews of services
- Raising residents' awareness of adult abuse issues
- Risk assessments inform service users' support plans to reduce or remove risk of abuse

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

- Awareness posters are displayed in local GP surgeries and by partner agencies including care providers.
- Care providers attend LBRuT safeguarding training
- Leaflets entitled Safeguarding Adults at Risk are widely available in the community and in Council premises
- Role of Access Team as 'first responder'

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?

- Staff training Making Safeguarding Personal has commenced
- Ensuring the adult at risk is at the centre of the process as far as possible.
- Supporting the adult at risk to identify outcomes for the process and to identify whether these are met
- The involvement of carers, Independent Mental Capacity Advocates and advocates for adults at risk to provide advice and support during investigations and ensure their wishes are central to the process.
- On-going feedback from adults at risk, family/carers and adults alleged to have caused harm is requested throughout the process and is used to inform further actions and more widely to inform future practice generally
- Easy-read documentation is embedded into practice

5. Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?

- Ran a number of internal workshops to review our processes to make them both Care Act appropriate and more user-focussed as per Making Safeguarding Personal.
- Have redeveloped the safeguarding process to meet Care Act requirements
- Have successfully worked on active cases where charges have been brought by the police
- Co-located a Social Worker from Adult & Community Services with the Multi-Agency Safeguarding Hub to enable timely information-sharing, reduction of duplication of processes, and appropriate/early intervention when concerns are raised. This arrangement will be reviewed in July and developed as appropriate
- A Senior Social Worker attended a Coroner's Inquest as a witness and confidently provided information regarding the Council's safeguarding vulnerable adults procedures and the interventions she and Council colleagues carried out as part of the investigation following the individual's death
- Following a review, reinstated the SGA Improvement Board which improves and improves safeguarding practice in mental health, Independent Chaired by Richmond CCG Lead Nurse for Safeguarding
- Adult & Community Services Best Practice Forums continue, with increased involvement of the Police, who have presented cases and attended Care Act- related information sharing sessions

- Associate Director for Social Work (Mental Health) now holds regular safeguarding practice meetings with Safeguarding Managers to discuss cases and ensure best practice
- Senior managers represent Adult & Community Services on the Local Safeguarding Children's Board, promoting enhanced multi-agency working

2. Richmond Clinical Commissioning Group

1. Summary organisation's involvement in Safeguarding

- Member of the Board and sub-groups
- Independent Chair of mental health steering group
- GP training
- Organising and running quarterly GP safeguard leads workshop
- Attendance at MARAC
- Lead for the Board's Communication sub-group
- Review of service user with a learning disability for whom the CCG are responsible

2. How has your organisation worked to prevent abuse from occurring?

- Training GP's on adult safeguarding and domestic violence
- Ensuring information for the public is on display and available at GP surgeries
- Worked towards enabling information to be shared more easily between GP's and MARAC
- Have safeguarding requirements e.g. staff training and DBS checks as part of provider contracts

3. How has your organisation worked to improve community awareness of safeguarding?

Starting off work to support people with mild and moderate LD to understand what is safeguarding and how to keep themselves safe.

Currently scoping what work has previously been done with the general public and then designing a programme of implementation to raise awareness of what safeguarding means and how to report issues.

4. How have you enabled a person centred approach to safeguarding in your organisation?

Working with patient participation groups to engage them in work on safeguarding promotion and understanding

5. Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?

GP's now more aware of safeguarding procedures and reporting. There has been an increase in referrals from GP's and calls for information. GP's now more aware of MARAC and necessary info being shared with MARAC as a result

3. The Metropolitan Police

1. Summary of your organisation's involvement in Safeguarding

In relation to Adult Safeguarding the police in the LBRuT first and foremost have the responsibility of preventing and detecting crime perpetrated against vulnerable individuals. As well as this the police share relevant information with partner agencies to work cohesively to manage risk to vulnerable adults and improve their lives.

2. How has your organisation worked to PREVENT abuse occurring?

All officers have received training regarding how to recognise a vulnerable adult at risk and what to do in those circumstances. Essentially when a vulnerable adult comes to the notice of police and officers are concerned that their vulnerability may lead them to be at risk, they create a report which is passed on to Adult Services to explain the reasons for their concern and provide relevant intelligence from police indices. This process is designed to allow agencies to intervene at an earlier stage hopefully before abuse takes place. In furtherance of this goal in recent months Police and Adult Services have met at a strategic level and agreed on an improved local process to introduce an Adult Social Worker into the Multi Agency Safeguarding Hub - MASH (previously a child focused unit) to ensure that risk can be assessed more quickly and information is passed on to the right agency expeditiously so mitigation be put in place. The MASH is staffed by a mixture of police officers and police staff. These officers and staff will assess risk to the vulnerable adults and will share this assessment with the relevant designated worker. The local Community Safety Detective Inspector has also organised and facilitated sessions with Adult Social Workers in the safeguarding arena to discuss issues such as effective inter-agency communication, remits regarding investigation and best practice when referring cases to the police.

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

Police have raised and discussed Adult Safeguarding at Safer Neighbourhood Boards, Police Liaison Groups and with Neighbourhood Watches. Ongoing work is in place to fund events outside of these arenas to continue to raise awareness. Awareness regarding the issues surrounding Vulnerable Adults has been embedded in all MPS Officers and Staff so that they recognise issues and make referrals when appropriate. Any police investigations involving safeguarding will involve officers attending partnership and professional's meetings and those officers are mandated to feed back to the victims of crime or their appointed carers with relevant updates and information. The MPS remains committed to 'Total Victim Care' so in each investigation there are established processes which ensure communication with victims of crime. These communications are monitored using the Crime Recording System and are regularly reviewed by senior detectives. This data tends towards the quantitative so supervisors are tasked to review ongoing cases on a weekly or daily basis depending on risk and outstanding actions to ensure victim contact is informative and the views of the victim are considered as the investigation progresses.

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?

The role of the police differs to that of the other agencies involved in the care of vulnerable adults and the ability to be person centric when considering what action will be taken represents one of the most fundamental differences. When police are made aware of a crime which has been

committed, particularly one against a vulnerable individual is it from a third party (i.e. carer or social worker) or from the person themselves the police are duty bound to take positive action. More often than not this will result in the arrest and attempted prosecution of the suspect. The victim's wishes will always be listened to and considered but this will not necessarily form the deciding factor when considering whether or not to take a case to court. This relates particularly to incidents of domestic violence or abuse whether the relationship is an intimate or familial one. There are numerous well established and documented reasons for this. However in every single incident the needs of the individual will be considered and included in the rational presented to the Crown Prosecution Service. To minimise the distress caused to vulnerable victims, victimless prosecutions are attempted whenever possible and proportionate. Following interactions which do not involve crime reports officers have all been trained to record the comments and thoughts of the vulnerable adult and ensure that the person's involvement with police is captured on a 'Merlin PAC' report which is sent to Adult Services as described above.

5. Any examples of how your organisation has delivered upon our vision for safeguarding (any actions or achievements)?

By working hand in hand with Adult Services to create better defined processes and consequently improved capabilities in recording of referrals between agencies the MPS has significantly contributed to more robust systems to help protect the vulnerable and improve understanding to create a common 'safeguarding language' to help aid better risk management. They continue to jointly Independent Chair the MARAC and MAPPA ensuring joined up thinking is applied to the cases discussed within the ambit of the individual meetings to ensure direction and purpose is clear. Processes exist and continue to evolve to ensure that they do not operate in isolation of each other. As in previous years during the past twelve months a number of Vulnerable Adults have been discussed at a combination of these meetings as well at Safeguarding or Professional meetings. Awareness continues to be raised with the LA partners in the manner described above and through in house training which ensures referrals are discussed at each meeting appropriately so that agencies are not acting in isolation.

4. Richmond Council for Voluntary Service (RCVS)

1. Summary of your organisation's involvement in Safeguarding

Richmond Council for Voluntary Service (RCVS) is a voluntary infrastructure organisation that supports other voluntary and community organisations in the borough. RCVS sits on the Board as the VCS representative which connects with our roles of providing voice for the voluntary and community sector and of building the capacity of the VCS to adhere to good practice. RCVS has been a proactive member of the Board, regularly attending meetings, contributing to the Away Day and Peer Review process. In addition, RCVS has represented the VCS when necessary at sub-group meetings if there is no other VCS attendance.

2. How has your organisation worked to PREVENT abuse occurring?

RCVS does not provide front line care services but we communicate with organisations regularly and disseminate information on Safeguarding to help voluntary and community organisations to prevent people from being abused.

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

RCVS disseminates information electronically to more than 300 voluntary organisations working in the borough. In particular this year, RCVS highlighted National Safeguarding Day on 26th February with an e-alert focusing on:

- Policy and Procedures including what to do if you suspect someone is being abused;
- Training courses
- A national guide for volunteers and safeguarding

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?

RCVS does not provide front line care services but we naturally support a person centred approach to safeguarding and promote this to other organisations in line with best practice. Most recently, we raised awareness to VCS of the implications of the Care Act to Adult Safeguarding.

5. Any examples of how your organisation has delivered upon our vision for safeguarding (any actions or achievements)?

Following discussions with the Independent Chair of the Board about the need to increase engagement with the VCS, RCVS arranged a VCS network meeting with a specific focus on Adult Safeguarding. Attendees from a range of voluntary organisations were able to explore mutual experiences, expectations and ideas and consider how the relationship between the Board and the VCS can be strengthened in the context of the Care Act 2014. A report from the workshop was provided to the Board and will inform future work. The attendees found the session very helpful. Key themes from the workshop discussions focussed on communication, clarity of message from the Board and effective involvement of service users and carers. In particular, the formation of a Communications sub-group, of which RCVS is a key partner, will be instrumental in taking forward many of the recommendations from the workshop.

5. Children's Services (Achieving for Children)

1. Summary of your organisation's involvement in Safeguarding
Attendance at Safeguarding Adults Board and Away mornings by Children's Social Care and nominated deputy attends if Director of Children's Social Care is not able to. Attendance by Adults at the Local Safeguarding Children Board. Children's Services are also a part of Community Safety Partnership. Joint working in relation to Domestic Abuse, Child Sexual Exploitation.
2. How has your organisation worked to PREVENT abuse occurring?
Developed with Adult Services Protocol for referral of vulnerable young people to ACS (Transition protocol) – Children's Social Care will assess and identify where young adults may be at risk and take action. There is the Strategic Transitions Board Independent Chaired by Children's and Adults Directors and an Operational Board where cases are flagged. This includes children from 14 upwards who are identified as vulnerable adults to ensure their educational and social care needs are met.
3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?
LSCB have an away day, adult services are included in this.
4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?
Leaving Care Team take action to safeguard young adults who are at risk. Leaving Care Team will be contributing to Adult safeguarding conferences
5. Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?

6. The Care Quality Commission

1. Summary of your organisation's involvement in Safeguarding
As a regulator we are keen to work with local safeguarding teams and to establish effective working relationships and we see this as part of our function. These relationships help keep people safe. We commit to CQC representation at a Board meeting at least once per year in each local authority area. Local agreements should be in place to ensure local CQC Inspection Managers receive minutes from Board meetings. As a partner, as opposed to a member of the Board, and a national regulator, the focus of our local inspection teams is on inspecting regulated services against our five key questions of safe, effective, caring, responsive and well–led. In doing this we work in partnership with local authorities and local CCGs to highlight areas of concern within regulated services. We will take regulatory action as appropriate.
2. How has your organisation worked to PREVENT abuse occurring?
As a regulator the main responsibility of the Care Quality Commission (CQC) is to ensure that all health and adult social care providers have clear and robust systems in place to keep people who use their services safe and employ staff that is suitably skilled and supported. The role and overarching objective of the CQC in safeguarding is to protect peoples' health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.
3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?
CQC has, and continues to; raise awareness amongst the general public about our role. Safeguarding concerns raised with us, come from members of the public or community organisations. We involve people who use services and their carers as partners in our inspections. We are forging closer links with local organisations.
4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?
Agencies should be in the right relationship with the person being protected – with the person at the centre. CQC's main responsibility is to ensure providers of care have adequate systems in place and these are implemented effectively.
5. Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?

7. The London Community Rehabilitation Company Ltd

1. Summary of your organisation's involvement in Safeguarding

London CRC will be represented at Safeguarding Boards by a Senior Manager under our role as a duty to cooperate agency. As detailed below, updated guidance specific to the CRC was issued to all staff in 2014 which summarises our role in the prevention, detection, referral and management of those at risk or assessed to be a risk to others

2. How has your organisation worked to PREVENT abuse occurring?

A CRC process has been issued to all staff which is consistent with the 2015 Care Act. Under the Act, providers of probation services have a duty to co-operate with local authorities in respect of social care. The London CRC Guidance has also been developed in line with recommendations contained within *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse* which was published in January 2011 by the Social Care Institute for Excellence (SCIE). The guidance stipulates that all safeguarding concerns should be discussed with line management in order to make a decision whether to contact the local authority. A home visit will also be undertaken in order to assess the risk further. At risk individuals will also be taken into account when addresses are being assessed for suitability of residence for service users. Service users who are a risk to others or at risk from others will be flagged on our case recording system.

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

All Probation staff underwent internal safeguarding adults training in 2013. This is being refreshed in 2015 to ensure that staff knowledge remains current and new staff have undertaken training. Each borough has a safeguarding lead and all Richmond staff have been informed of the referral route and process into the local authority. The London CRC has a safeguarding adults page on the intranet which includes all up to date policy and guidance information.

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?

Probation staff who work directly with service users who become aware, or have concerns that a service user; a) has care or support needs, b) is experiencing, has experienced or is likely to experience abuse and c) is unable to protect themselves, have a duty to act in a timely manner. Similarly, if they become aware of a service user presenting a risk of harm to an adult 'at risk'. This applies to staff in any probation setting. Efforts will be made to gain consent before other agencies are contacted. All service users have an individual person centred needs and risk assessment completed which is reviewed in light of any new risk related information

5. Any examples of how your organisation has delivered upon our vision for safeguarding (any actions or achievements)?

The Richmond Safeguarding Adults Vision is encompassed in all aspects of London CRC's work with vulnerable or at risk adults in line with our mission statement-

- Assessing offenders and making skilled judgements about how to reduce the risk they pose
- Influencing positive changes in offenders' behaviour
- Working with other agencies to protect the public and liaising with victims

8. Hounslow and Richmond Community Healthcare NHS Trust

1. Summary of your organisation's involvement in Safeguarding

We are committed to our duty of safeguarding patients who may be least able to protect themselves from harm). We want to prevent harm from occurring and also to ensure our staff provide an effective, patient centred response where harm has occurred. Our work on safeguarding adults is overseen by a safeguarding committee which is attended by our commissioners. We have a safeguarding adult's nurse who is responsible for ensuring we identify adults at risk of abuse and neglect and provide the response which is right for each individual. Hounslow and Richmond Community Healthcare NHS Trust is represented on the Board by our Director of Quality and Clinical excellence. We were active members of all the sub-groups. During the year we shared our experience in helping to draft the new London wide safeguarding policy which was needed because of the Care Act 2014.

2. How has your organisation worked to PREVENT abuse occurring?

As a community healthcare provider we work with some of the most vulnerable people in the borough. For example, our community nurses visit many older people who are unable to leave their own homes without assistance. It is very important our staff are well trained and supported to identify potential abuse and neglect and take the appropriate action. Over the year we exceeded our targets for training on both safeguarding adults and the Mental Capacity Act.

We have also worked very closely with our community nurses to provide additional training and supervision in relation to individuals who were causing them concern- including those where there may be elements of self-neglect. Early identification can prevent and minimise the impact of abuse and neglect.

Because of our special insight into residents' lives it is not surprising that we are the local organisation which consistently made the most safeguarding alerts over the year.

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

We provide information leaflets about adult safeguarding in our clinics in Richmond. During the year we held two public events in the borough focusing on adult safeguarding and the Mental Capacity Act 2005. The most recent took place in March 2015 at Teddington Memorial Hospital. This was part of our adult decision making week which was reported on in the local press.

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?

One aspect of our staff training is to focus on what action the individual wants taken in response to a concerns about abuse and neglect. While we may encourage the person to have these concerns reported to either the Richmond social services or the police, we need to listen what the person wants and respect their rights, including for confidentiality. Making support available to our staff has provided reassurance about how we have responded when individuals have not wanted other agencies involved. As a consequence of the Cheshire West judgment we looked closely at which of our inpatients at Teddington Memorial Hospital should benefit from the Deprivation of Liberty Safeguards. Over the year we made 26 applications for standard authorisations. We see this as an important safeguard to ensure we are supporting individual patients to make their own decisions

wherever possible and to confirm we are acting in their best interests when they lack capacity to make a particular healthcare decision.

5. Any examples of how your organisation has delivered upon our vision for safeguarding (any actions or achievements)?

Our trust has expertise on the vulnerability of people with learning disabilities to sexual abuse. We ran two courses for professionals in other local organisations to support them to understand how the law defines consent and how to respond to adults with learning disabilities at risk of sexual abuse. We believe the Mental Capacity Act is a powerful tool to prevent abuse and neglect. In addition to ensuring our staff were confident in their understanding of this legislation we have written guidance for NHS England (London region) on how health professionals can evidence in their records that they are following the Act and its Code of Practice.

9. Richmond Wellbeing Service (RWS) – East London NHS Foundation Trust

1. Summary of your organisation's involvement in Safeguarding
Richmond Wellbeing Service (RWS) accepts self, other and GP referrals for individuals living in the Borough, or who are registered with Richmond GP. RWS offers treatment for patients who are experiencing common mental health problems. RWS has a Primary Care Liaison (PCL) team and referrals into PCL are accepted from Richmond Borough GP's and the Richmond CMHT. All patients who are eligible for RWS receive a brief telephone or face to face assessment and a safeguarding screen is part of this assessment. If safeguarding issues are identified at any point during assessment or treatment, patients are referred to the Access team, and, if appropriate, will continue to receive treatment at the same time within RWS.
2. How has your organisation worked to PREVENT abuse occurring?
Raising awareness of safeguarding through regular in-house training, including inviting external speakers who are involved in safeguarding in the Borough. All staff undertake mandatory adult safeguarding training provide centrally by ELFT.
3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?
All service users are made aware of how to access help in a crisis, including emergency adult safeguarding contact details. Routine information on adult safeguarding is available in our Waiting Area.
4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?
Safeguarding discussions form part of clinicians' regular clinical and management supervision on a case by case basis, and the approach in supervision is person centred in its focus. Treatment plans are person centred.
5. Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?
A new Adult Safeguarding lead for RWS has been appointed, who attends the local Safeguarding Improvement Panel and who is a member of the Safeguarding Adults Partnership Board. This appointment allows RWS to promote adult safeguarding within RWS and allows for the development of joint working practices to offer timely and effective responses for the adult at risk and other parties

10. Your Healthcare

1. Summary of your organisation's involvement in Safeguarding

Your Healthcare (YH) is a CIC. In Richmond YH provides specialist healthcare services for adults with learning disabilities and some diagnostic services for adults with an Autistic Spectrum Condition. YH also provides multidisciplinary community health services for residents of Richmond who are registered with a Kingston GP.YH is committed to responding to situations which present a risk of abuse and immediate reporting any situation which constitutes a safeguard concern. Over 2014/15 YH has been an active member of the Safeguarding Adults Partnership Board and been represented on the Learning & Development and Policy & Performance sub-groups.

2. How has your organisation worked to PREVENT abuse occurring?

YH Learning Disability Service contributes to complex investigations both on an individual service user basis and from the perspective of whole service reviews. In 2013/14 the IMPACT service in Community Nursing linked with nursing homes to improve the quality and robustness of the services being provided. This was a project which supported quality initiatives but which also reduced safeguarding risk factors within the nursing homes. The Pressure Ulcer Review Group evaluates all pressure ulcers reported by YH. This work has included a District Nursing audit and the subsequent development of paper help records for wound care and both patient and carer information leaflets. Training is key in prevention and detection of safeguarding and safeguarding and Mental Capacity Act (MCA) training are both mandatory training requirements. YH has developed an Adult Safeguarding policy and Deprivation of Liberty (DoLS) Process for use across it's community, residential, and Nursing services.

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

As a community learning disabilities provider YH staff engage with a significant number of service users with learning disabilities in the borough, their families/friend and their support services. Where YH is the managing authority under the DoLS information have been provided to service users and their family/representatives when a person has been identified as requiring a referral.

Safeguard awareness training stands at 69% of the workforce. Adult Safeguarding is now well established in the organisation's induction and mandatory training programmes. Safeguarding is a standing agenda item on all governance groups with reports submitted to the YH Partnership Board. The investment in training our workforce and raising awareness levels of safeguarding and mental capacity has ensured our staff are informed and enabled to support services users and partners in the daily working environment.

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?

YH places the individual at the centre of what we do and as an organisation it aims to the community provider of choice. The appointment of the Adult Safeguard Lead, and ensuring that safeguarding is represented at all levels of the organisation (from individual clinical team to the Board) have been key in prioritising the safeguarding agenda in 2014/15. However personalisation requires much more than safety and protection and as such YH has also prioritised the promotion of choice, and empowerment.

This is led by the application of the Mental Capacity Act (MCA) and in the later part of 2014 the decision was made to re-launch MCA awareness training. At this time all clinical staff are receiving update training in MCA awareness. The aim being that everyone working directly with service users will receive two yearly updates in MCA. The focus of this being the key principles of the MCA and Best Interest of engagement, empowerment and choice.

5. Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?

Following to the Supreme Court Judgement in March 2014 a review was carried out of all service users living in or were temporarily resident in YH services against the DOL's criteria. Based on that review appropriate action was taken to refer for DOL authorisation, where required. YH has commenced the roll out of Prevent training and ensuring process are in place to respond to concerns raised under the Prevent agenda. YH Adult Safeguard / Prevent Policy was completed in 2014. It is now standard procedure to include MCA and safeguarding in all relevant policy documents as they are reviewed or developed.

11. Kingston Hospital NHS Foundation Trust

1. Summary of your organisation's involvement in Safeguarding

Over the last year Kingston Hospital has seen over 110,000 patients in A&E, undertook nearly 370,000 outpatient appointments, cared for 66,000 admitted patients and delivered around 5,900 babies, with quality very much at the forefront. To support this commitment to quality, last year a new vision was developed with the support of staff, patients and the community:

'Working Together to deliver exceptional, compassionate care each and every time'

The Safeguarding and Learning Disability Steering Group undertake the following actions:

- To ensure reported allegations of abuse are investigated by an appropriate person(s)
- To ensure provision of reports as necessary to the Clinical Quality Improvement Committee, Trust Board, and Clinical Quality Review Group (commissioners). The group also reports annually to the Trust Board and Safeguarding Adults Partnership Board.
- To ensure that there are appropriate training programmes in place to meet identified needs of staff.
- To ensure representation of the Trust at strategy planning meetings and case conferences.
- To ensure organisational learning from case reviews and consequent service improvements.

The Trust attends the Board to work collaboratively with the wider community to contribute to making Richmond a safer place to live.

2. How has your organisation worked to PREVENT abuse occurring?

The Safeguarding Adults Lead is responsible for ensuring dissemination and implementation of the Trust policy and procedure, thus ensuring that there is an effective safeguarding adult's process in the Trust. The Safeguarding Adults Lead is also responsible for ensuring that there are systems in place to monitor the process for supporting staff involved in safeguarding adults, giving advice and support and ensuring that the correct procedure for investigation is followed.

The Clinical Nurse Specialist for Older People is responsible for providing training, expert advice and support to staff on safeguarding adults and reporting cases where abuse is suspected to the Safeguarding Adults Lead. This nurse is also responsible for providing training, expert advice and support to staff, and ensure that learning from events and incidents is embedded in the organisation. Regular reviews of the quality of care provided are undertaken and reported as part of the Trust Board annual programme.

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

The Clinical Quality Review Group (with local commissioners) receives regular reports from the Trust regarding safeguarding adults. The Kingston Learning Disability Parliament Partnership Board is also attended by members of the steering group and the Safeguarding Lead meets quarterly with the Learning Disability Parliament Health Group. The health group have supported the annual Patient Led Assessment of the Care Environment (PLACE) process and made valuable contributions to the assessment of the Trust.

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?

Every nurse and doctor in the Trust receives safeguarding training as part of induction and annual mandatory training updates.

Patients and their families are part of any investigation and a transparent sharing of the learning and actions taken as a result of any event.

5. Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?

Response to Saville checks:

Kingston Hospital NHS Foundation Trust took action to consider the recommendations and assessed its current processes for adequacy. The Trust identified the need to make some minor changes to the existing safeguarding, security and other policies in light of the recommendations and these have been completed. The Trust continues to review further recommendations from the Saville enquiry as they are published.

HSJ/Nursing Times Patient Safety and Care Award 2014 for Dementia Care:

Kingston Hospital was nationally recognised for its work to transform the care provided to patients with dementia when it won the Dementia Care Award at the Patient Safety and Care Awards held in July 2014.

Duty of Candour and Incident Reporting:

Meeting the duty means that providers of healthcare are open and transparent with people who use services in relation to care and treatment, and specifically when things go wrong. As a Trust we already discuss Serious Incidents (SI) with those patients and relatives involved, including sharing the results of the investigation. The Duty of Candour goes beyond this and includes patient safety incidents that result in moderate harm and prolonged psychological harm. Staff have been made aware of the Duty of Candour requirements through team briefing in January 2015 and it is also included in the monthly corporate induction.

12. The London Ambulance Service (LAS)

1. Summary of your organisation's involvement in Safeguarding

The London Ambulance Service (LAS) provides 24 hour emergency healthcare across London. Our staff are trained to recognise vulnerable and at risk adults and they submit referrals via our 24/7 Emergency Bed Service who pass them to the relevant local authority. For the year 2014-2015 within Richmond borough LAS submitted 99 adult safeguarding referrals made and highlighted 408 adult welfare concerns. This equates to 2.8% of the total number of incidents attended within the borough. The LAS has also attended a safeguarding review meeting concerning a care home in the borough and agreed a new ambulance handover sheet that is now used by the care home when calling for an ambulance.

2. How has your organisation worked to PREVENT abuse occurring?

PREVENT training has been given to sixty officers within the LAS. A Senior Manager has responsibility as the PREVENT Lead and is developing a plan to train all staff.

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

The LAS has staff members that provide public education to members of the community across London. Although this is not specific awareness of safeguarding, a number of vulnerable groups have been specifically targeted with key communication messages, including older people, and groups of people with physical or learning disabilities.

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?

The LAS has held a number of drop in events from the charity 'Hear Us' at one of the central ambulance control centres where the charity 'Hear Us' service users speak to staff about living with mental illness and how they would like to be communicated with when accessing LAS services. The LAS also has a patient's forum that meets on a monthly basis and gives forum members the chance to have a say on key issues and decisions. Although this is a general forum, it is likely that safeguarding would be considered here.

5. Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?

The LAS ensures that it's staff IDENTIFY and REPORT abuse by training as follows:

- ❖ All staff are issued with a safeguarding pocket book guide.
- ❖ Staff Training: All LAS staff training for adult and child safeguarding is delivered together.
- ❖ All staff on induction learn:
  - How to recognise abuse and neglect
  - How to report concerns.
- ❖ All clinical staff undertake level two safeguarding on their initial training course and annual refresher training: In the year 2014-15 the refresher training included FGM, Learning Disability, Human Trafficking and Pressure Ulcers.

The LAS has demonstrated that they LEARN from enquires and reviews informing our practice and preventative strategies:

- ❖ A bulletin was released in June 2014 to all staff about lessons learnt. This included the following:
  - Social Services raised the issue of delayed referrals. This was circulated as a reminder that all referrals need to take place straight away before attending to another patient. All delayed referrals are followed up with the local management team.
  - A reminder about the importance of considering safeguarding for all paediatric trauma patients and documentation if there are no safeguarding concerns.
  - Where there is multiple attendance of Service resources at a call with safeguarding concerns, crews must agree who is making the referral and document this to reduce the risks of missed referrals.
- ❖ A bulletin was released in September 2014 to all frontline ambulance staff clarifying best practice about mental health and safeguarding when it was identified by partners that these patients could have been managed a different way

13. The National Probation Service

1. Summary of your organisation's involvement in Safeguarding

The National Probation Service was established on 1st June 2014 following the end of the Probation Trusts, including London. In London, this led to the creation of the NPS Division and Community Rehabilitation Company. James Jolly, Head of the NPS London Hounslow, Kingston and Richmond Cluster is also the Safeguarding Adults lead for the NPS London. He has attended and made contributions to the Board. He has been involved in the development of training for NPS London staff. Safeguarding Adults – Train the Trainer, which is to train those who attend in delivering the Safeguarding Adults – Awareness Briefings, for all probation staff. Since it was developed at the end of 2013, 40 staff have attended the Train the Trainer events and approximately 300 staff across London have attended the Awareness Briefings across 14 boroughs. In 2014-15, the numbers were 8 staff, train the trainer and approximately 40 attended Awareness Briefings. Locally, 17 probation staff have attended the Awareness Briefings. The pan-NPS London Safeguarding Adults, practitioner forums, have been held quarterly throughout the year. These are attended by first line manager and practitioner SPOCs. Best practice and developments have been discussed. James Jolly has developed local practice guidance for staff. This has included a series of presentations on the Care Act and the sections which relate to probation services, for staff and managers. He is involved in developing national practice guidance. Kew Approved Premises is located within the borough and there has been liaison between the AP managers and the local authority, in advance of the Care Act, to ensure offenders who require assessment and support are identified.

2. How has your organisation worked to PREVENT abuse occurring?

Through promoting staff training and awareness raising staff are better prepared to consider safeguarding adults issues in pre-sentence reports for the courts and other assessments, such as parole. Practitioners should ensure issues are covered within sentence and Risk Management Plans. Probation staff should ensure that safeguarding issues are discussed at multi-agency meetings such as; Multi-Agency Risk Assessment Conference (MARAC) – this works to support and protect the victims of domestic abuse. MAPPA, which manages serious violent and or sexual offenders and Integrated Offender Management (IOM) – which manages prolific offenders. In terms of Multi-Agency Public Protection Arrangements (MAPPA), probation are one of the responsible authorities. Probation managers are involved in Independent Chairing the level 2 and 3 meetings. Safeguarding Adults is one of the areas which should be considered at all meetings.

3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?

Through probation's involvement in multi-agency forums the need to identify safeguarding adults' matters has been promoted. The MAPPA Strategic Management Board held a MAPPA Independent Chairs training event this year on Safeguarding Adults. It was attended by managers from the Met Police, London Probation, local authorities. The aim was to promote understanding of safeguarding adults and the role of MAPPA.

4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?
In both, the Safeguarding Train the Trainer and Awareness Briefing events part of the content is the key safeguarding principles. This includes the concepts of informed consent and person led decisions. The emphasises to probation staff the need to involve the at risk adults in the decisions which affect them, wherever possible
5. Any examples of how your organisation has delivered upon our vision for safeguarding (any actions or achievements)?
The work of NPS London, with staff, managers and other agencies has been in line with the vision of Richmond Borough Council for Safeguarding Adults. To better equip staff with the ability to identify if abuse is occurring, to report it, to support the victims of abuse – in part by acting in a person centred way, and to raise community awareness about safeguarding amongst criminal justice and other local agencies.

14. West Middlesex University Hospital NHS Trust

1. Summary of your organisation's involvement in Safeguarding
West Middlesex University Hospital NHS trust was involved in 41 Safeguarding Adult cases last year. Of those 41, 11 related to the London Borough of Richmond. 9 of the cases were alerts raised against the hospital. 5 were not substantiated, 1 was substantiated, 3 the outcome remains unknown. The majority of the referrals were made as a result of the discharge process, either patients being discharged with pressure ulcers considered to be hospital acquired or an unsafe discharge.
2. How has your organisation worked to PREVENT abuse occurring?
The Trust has policies and procedures in place to prevent abuse occurring. Training programmes are in place; compliance at level 1 is over 90%. Plans are in place to improve the compliance at level 2. The Director of Nursing and Midwifery is responsible for Safeguarding Adults at Board level supported by the Director of Quality Improvement. The Matrons are responsible for activity within their own divisions. There is an internal Safeguarding Steering Group which is chaired by the Director of Quality Improvement. A quarterly report is shared with commissioners via the Clinical Quality Group and also the relevant Safeguarding Adults Partnership Boards. An annual report is presented to the Trust Board 2014/15 will be presented in September/October 2015. The Trust participated in Safeguarding Adults self-assessment.
3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?
Posters and leaflets are in place across the organisation to highlight the awareness of safeguarding to patients, staff and visitors. All staff undertake the awareness training whether they are in clinical facing roles or not. The aim of this is to increase awareness in general across the community.
4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?
Whenever there has been a safeguarding investigation the individuals have been involved if clinically possible. If this is not possible the next of kin are invited to attend the meetings.
5. Any examples of how your organisation has delivered upon our vision for safeguarding (any actions or achievements)?
There has been a frequent flyers project in place in A&E which supports those patients that frequently attend; safeguarding is a key aspect of this work.

15. South west London and St George's Mental Health NHS Trust

1. Summary of your organisation's involvement in Safeguarding
During 2014/15 the Trust reported internally 110 safeguarding concerns related to incidents that occurred in the borough. Incidents were managed by Trust based Safeguarding Adults Managers (SAM) or were managed locally at ward/team level, with SAM oversight. The Trust Service Director and both the local Safeguarding Adults Lead, and the Trust wide Adult Safeguarding Lead, have strong working relationships with local authority safeguarding team. The key role of the Safeguarding Adults Manager (SAM) has been supported through the Directorate Safeguarding Lead and Trust-wide Lead. Compliance with Trust level 1 'basic awareness' has improved consistently over the year and has ranged from 80 to 95% compliance. The Prevent Lead has scheduled monthly 'Workshops to Raise Awareness of Prevent' across all sites.
2. How has your organisation worked to PREVENT abuse occurring?
The Directorate and Corporate scrutiny of safeguarding activities has generated a better understanding of the scope and impact of abuse and neglect. This has informed service developments and the key challenge is to embed the lessons learned from these incidents, and thereby minimise risk of recurrence. The Trust Executive and Board has worked closely with the Safeguarding Adults Board to learn from reviews and reports into serious, multiagency safeguarding incidents and align with Trust's objectives with local authority priority issues and concerns. The Quality Strategy sets out how the Trust has identified and will implement personalised quality improvements and how it will sustain consistent compliance with all regulatory and statutory requirements. The Trust has been working to fulfil the recommendations from nationally reported hospital abuse scandals involving celebrities particularly Kate Lampard's Department of Health 'Lessons Learned' report. These actions are aimed at preventing such incidents from occurring again. Policy, practices and performance have all been subject to review and revision to ensure the highest standards are maintained.
3. How has your organisation worked to improve COMMUNITY AWARENESS of safeguarding?
The Care Act 2014 has widened the scope of safeguarding adults issues, while providing guidance on broader range of responses. This shift in culture is welcomed, and the Trust has initiated a service user and carer consultation groups to raise awareness and co-create services.
4. How have you enabled a PERSON CENTRED APPROACH to safeguarding in your organisation?
The Safeguarding Adults Quality Account project in 2013/14 raised the profile of adult safeguarding further across the Trust and helped to embed effective, consistent governance systems and structures into frontline and management practice across the Trust. The Trust has built on this foundation throughout 2014/15. Most recently this has included focus on the implementation of the 'Making Safeguarding Personal' guidance – to ensure people receiving safeguarding services can stay in control as much as possible and have an outcome they want. The Trust has worked closely with its local authority partners and is prepared for the changes in

practices required under the Care Act 2014 and its associated guidance. This included comprehensive review and updating of policy documents and engaging service users in service developments.

5 Any examples of how your organisation has delivered upon our vison for safeguarding (any actions or achievements)?

How a 'Safeguarding Improvement Panel' (SIP) has been working in Richmond in 2014/15

Throughout 2014/15 a SIP has been operating in Richmond. It has been chaired by the NHS Clinical Commissioning Group (CCG) lead and attended by the Trust directorate lead, operational managers, local authority leads, and other NHS Trust leads operating in Richmond.

It was initiated when changes to the way cases were recorded was introduced. During the transition period there was evidence of key performance indicators (KPI) not being met, particularly on timescales for completion of key stages of the cases. The SIP had an overview of the changes required, monitored their implementation, and reviewed their effectiveness. At the end of 2014/15 the KPIs improved significantly, and staff were able to evidence their good practice on the new recording system. And most importantly, routine checks ensured the administrative restructuring left no service users unsafe.

Now the challenge is for the SIP to embed changes to practice when the Care Act becomes statute, and the focus moves away from timescales, and on to the service users' views.

Appendix 5

LONDON BOROUGH OF RICHMOND UPON THAMES

SAFEGUARDING ADULTS BOARD

Our Vision and Strategic Plan

APRIL 2015 to MARCH 2018

Last reviewed 11th September 2015: Next Review: September 2016

INTRODUCTION

London Borough of Richmond upon Thames (LBRuT) Safeguarding Adults Board was established over ten years ago, but was reviewed and established in its current form in 2011. It is made up of senior officers from various organisations across the Borough, including statutory, independent and voluntary sector and is led by an Independent Chair. The Board has responsibility for the strategic leadership and development of multi-agency safeguarding across the Borough and statutory members and partners hold collective and shared accountability for:

- Improving the way local agencies and services work together
- Protecting, involving and empowering those at risk from harm or abuse
- Preventing abuse, neglect and exploitation
- Continuous improvement, development and learning from local and national learning lessons to improve our shared practice

The Board is now a statutory requirement under Section 43 of The Care Act 2014.

This document sets out the Board's Vision and its Strategic Plan towards realising that vision. It provides direction and continuity to the Annual Business Plan, ensuring that achievements of the Board are built upon each year and actions are focused on the Board's overall priorities and objectives.

OUR VISION AND STRATEGIC PLAN IN CONTEXT

Board's Vision and Principles: Sets the overall vision of the Board and the outcomes it wants to achieve for the citizens of the London Borough of Richmond Upon Thames.

Strategic Aims: Establishes strategic aims and 3 year objectives required to achieve the Board's Vision; providing direction and continuity to each year's Business Plan.

Annual Business Plan: Provides a detailed plan of specific key actions, and target timescales required to achieve the Board's Strategic Plan.

Annual Report – is a statement of the previous year's activity and reports progress of the Strategic and Annual Business Plan

PART 1: OUR VISION

Our vision is underpinned by the statutory obligations set out in the Care Act 2014:

> *"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances".*[7]

It is our shared belief that no-one should have to tolerate or be exposed to abuse, neglect or exploitation. Our vision is that the London Borough of Richmond upon Thames is a place where all the citizens (irrespective of age, race, gender, culture, religion, physical or mental ill health; disability or sexual orientation) live in safety, free from abuse and the fear of abuse and with the rights of citizenship.

This means that as a Board, we need to work as a partnership, to ensure mutual co-operation and work with our local communities to:

- take all actions in our power to actively prevent abuse from happening and seek to prevent reoccurrence
- share information and intelligence
- identify and report abuse
- reduce or remove risk
- support people who have experienced abuse, in ways that they wish to be supported and enable them to recover and regain trust in those around them
- work in person centred ways at all times through our intervention and support
- improve community awareness, information and awareness
- learn from enquires and reviews to inform our practice and preventative strategies
- ensure that we give our communities reassurance

[7] Paragraph 14.7 Care and Support Statutory Guidance: Issued under the care Act 2014 (Department of Health)

PART 2: OUR PRINCIPLES – THE FOUNDATION OF OUR VISION

The Board's vision is set upon the foundation of the following principles which will provide direction to the development of safeguarding practice in The London Borough of Richmond upon Thames. These principles describe the values underpinning the Board, and it's members, in the course of meeting strategic aims and objectives and will be reflected within the Board's Business Plan.

1. EMPOWERMENT

Working to the principle that "the person knows best", by enabling people as far as possible to manage risk in their own lives, with professionals supporting their decision-making at each stage of the safeguarding process.

2. PROTECTION

Ensuring that people at risk of harm and abuse are protected, but proportionate, timely, effective and supportive interventions are enacted when concerns are raised and enquiries made.

3. PREVENTION

Gaining reassurance of all partner organisations that prevention is a core element in the delivery, commissioning and development of services.

4. PROPORTIONALITY

Using the most appropriate ways of responding to concerns, ensuring safeguarding adults procedures are used in appropriate circumstances and as a proportional response to concerns being raised.

5. PARTNERSHIP

Developing joint working practices between organisations that promote coordinated, timely and effective responses for the adult at risk and other parties, and makes the best use of available skills and resources.

6. ACCOUNTABILITY

Working to engage with and be responsive to the needs of all stakeholders necessary to promote the Board's vision, including adults at risk, carers, partners, service providers and the wider community. This includes working in ways that achieve effective, respectful, fair and valued outcomes for all the people the Board serves.

PART 3: OUR STRATEGIC AIMS – THE DELIVERY OF OUR OBJECTIVES

Aim 1: Leadership, Governance and Partnership

To have in place strategic leadership, governance and widest possible partnership to deliver on our lawful responsibilities.

1.1 Senior leaders from the Board and from partner organisations positively champion adult safeguarding.

1.2 Strategic links and key shared work streams will be identified and included, as relevant, into the Board Business plan.

1.3 Effective working relationships are sustained and developed to produce closer liaison with wider partnerships and aligned interests, such as working alongside the priorities of the Community Safety Partnership and Local Children's Safeguarding Board.

1.4 Utilising learning, holding events and celebrating good practice whilst recognising limitations of resource and infrastructure.

Aim 2: Prevention, Community Engagement and Awareness Raising

To improve both general and specific levels of engagement and knowledge of safeguarding in the borough by raising awareness with the public, vulnerable people, their carers and supporters and especially hard to reach communities and high risk groups.

2.1 Championing improved publicity and communications, ensuring that systems and resources have been developed that raise public awareness and understanding of safeguarding adults work.

2.2 Develop a public engagement, communication and safeguarding awareness strategy, utilising engagement mechanisms such as: the local village plans to promote and raise awareness.

2.3 Make strong community connections to join up safeguarding outcomes and co-ordinate the knowledge and learning that can be accessed from Safer Neighbourhood Boards, BAME and hard to reach groups, high risk groups, River Watch, Stop hate Crime in Richmond, Dogwatch, the Neighbourhood Watch Forum and The Mayor's Office of Policy and Crime.

2.4 Deploy social media campaign to support awareness raising

Aim 3: Policy, Practice and Staff Development

To ensure the requirements and the spirit of the Care Act 2014 are fully implemented by all agencies who hold statutory and non-statutory safeguarding responsibility, through best practice.

3.1 Adoption of the revised Pan London Procedures.

3.2 Having in place a full range of complementary policy, procedures and guidance that provides a framework within which organisations can work together effectively to respond to abuse and neglect – which will require updates and review.

3.3 Ensuring all contracts, service arrangements, policies and procedures within all member and partner organisations are fully cognisant of adult safeguarding and that audit is in place to examine outcomes

3.4 Develop an Adult Safeguarding Charter which all members, partners and providers sign up to and ensure audit and review.

3.4 Each agency has a comprehensive training and development plan for staff, supporters and volunteers, which should feed into a comprehensive Board Training Plan, as part of a Board Learning & Development Strategy.

Aim 4: Person Centred Practice and Making Safeguarding Personal

To develop a safeguarding culture which promotes adults at risk as being central to and fully involved in safeguarding arrangements, plans, process and any intervention.

4.1 To promote person centred practice across all organisations, where possible and to make use of local and national initiatives, for example: social workers deploying the Making Safeguarding Personal Toolkit and the CCG deploying patient liaison and response surveys.

4.2 Involve adults (their representatives and or their carers) who have experienced, or are at risk of abuse and neglect, to shape and influence the development of safeguarding practice.

Aim 5: Accountability, Performance, Quality and Achievement

To ensure our aims, objectives, plans and service interventions are appropriately and proportionately reviewed so we can monitor progress, take corrective actions and ensure continuous learning, improvement and quality outcomes are achieved.

5.1 Agree the most effective outcome measures and data requirements to show how the Board strategy is progressing so that the Board can increase its understanding of prevalence of abuse.

5.2 Agree a proportionate and effective set of outcome measures that demonstrate, best practice of involvement and understanding of adult safeguarding tasks.

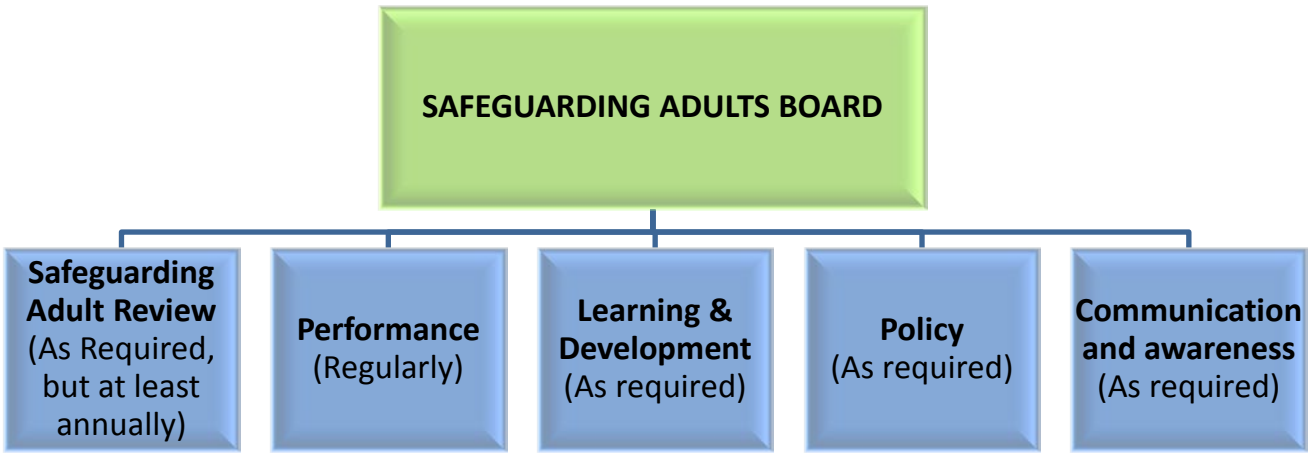
5.3 Ensure consistent evidence based recording and reporting of safeguarding information across partner organisations, (enabling, as required) the sharing of intelligence at both strategic and operational levels.

PART 4: HOW WE CONDUCT OUR BUSINESS

The Safeguarding Adult Board is part of a wider system of strategic leadership supporting vulnerable people in the community of Richmond. It is chaired by a person Independent from the Statutory agencies. It will be comprised of key statutory and non-statutory agencies within the Borough, including those as set out within the Terms of Reference (see Appendix 1).

The Board will meet 4 times a year but conduct its business largely through key sub groups. Some will only meet as necessary, whereas others will meet more frequently as required.

It will report on its Business to the Richmond Executive (Local Strategic Partnership), Health and Well Being Board and Council Scrutiny Committee, as well as the statutory leaders from Richmond Council, NHS and the Metropolitan Police.


SAFEGUARDING ADULTS BOARD
Safeguarding Adult Review (As Required, but at least annually)
Performance (Regularly)
Learning & Development (As required)
Policy (As required)
Communication and awareness (As required)

APPENDIX 1 – TERMS OF REFERENCE

(incorporating Confidentiality Statement an Statement of Commitment)

1. BACKGROUND

Why do we need a Safeguarding Adults Board?

1.1 Section 43 of The Care Act 2014 requires the establishment of a Safeguarding Adult Board (The Board). The main objective of a The Board is to assure itself that local safeguarding arrangements and partners act to help and protect vulnerable adults in its area.

1.2 The way in which The Board must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.

1.3 The Board may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

2. PRINCIPLES AND AIMS OF THE BOARD

The context in which the Board will work

2.1 This is set out in more detail in Part 2 of the *Vision and Strategy* document, but is based upon six key principles:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

2.2 The statutory agencies, their partners, carers and users of services within LBRuT have a duty to ensure that these principles are upheld and take action where these rights are infringed.

2.3 The Board recognises and adopts the approach to safeguarding specified within The Care Act 2014, related statutory guidance and other related legislation and policy. In LBRuT, The Board will:

- Reaffirm their commitment to a policy of zero tolerance of abuse within each of their member organisations.
- Uphold the duty placed on public agencies under Human Rights legislation to intervene proportionately to protect the rights of citizens.

- Enforce the principle that any adult at risk of abuse or neglect should be able to access public organisations for advice, support and appropriate protection and care interventions, which enable them to live without fear and in safety.
- Recognise that citizens have a right to make their own choices in relation to safety from abuse and neglect, except where the rights of others would be compromised. In accordance with the principles of the Mental Capacity Act, interventions will be based on the presumption of mental capacity unless it is determined that an adult does not have the ability to understand and make decisions about his or her own personal wellbeing and safety.
- Uphold the right to privacy. Information about an adult who may be at risk of abuse and neglect will only be shared within the framework of the Safeguarding Adults Information Sharing Protocol.
- Enforce their public duty to protect the human rights of all citizens including those who are the subject of concern but who are not covered by the Safeguarding Adults Procedures. This duty falls on each of the Board's member organisations who will offer people advice and support, as appropriate to their organisations, and signpost to other services.

2.4 The Board is positively committed to opposing discrimination on the grounds of race, religion, gender, age, disability, marital status or sexual orientation.

2.5 The role of The Board is to work as a multi-agency group that has:

- Strategic and operational leadership and management in maintaining the above principles, working as a multi-agency group across LBRuT to achieve the Board's objectives.
- Effective strategic governance of safeguarding at senior management level across all partner organisations.
- Public accountability for safeguarding arrangements and outcomes.
- Accountability for poor practice, robustly acting in ensuring these principles are maintained, taking action wherever and whenever necessary.

3. OBJECTIVES
What will the Board do

3.1 As a multi-agency Board, comprising senior representatives, the Board will carry out the following key functions:

- Strategic leadership and oversight of adult Safeguarding arrangements in the Borough discharged through all statutory and non-statutory partners.
- Oversight of the effective implementation of the Pan London Policy at a local level.

- Support and guide communities and organisations to ensure that the circumstances in which neglect and abuse occur in LBRuT are actively identified and prevented, thereby promoting the welfare and interests of vulnerable adults.
- Develop a robust overarching strategy for Safeguarding in LBRuT, within which all agencies set their own strategic and operational policy.
- Raise awareness, knowledge and understanding of abuse and neglect in order that communities and organisations know how to respond in an effective, coherent and timely way when safeguarding issues arise.
- Engage and encourage dialogue with intra and inter borough partnerships to achieve shared responsibility for the safety and welfare of all adults resulting in an effective response to the vulnerable adult.
- Ensure coordinated and timely operational processes, for identifying and investigating any incidents of abuse and protect vulnerable people.
- Ensure that vulnerable adults who use services that fall within the remit of the Board are safe and their care and treatment is appropriate to their needs.
- Ensure that each organisation has systems in place that evidence that they discharge their functions in ways that safeguard vulnerable adults.
- Work together as a Board to learn and share lessons learnt from national and local experience and research and to promote best practice by ensuring that such learning is acted upon.
- Develop systems to audit and evaluate the impact and quality of safeguarding work to aid continuous improvement of interagency practice, including lessons learned from practice.
- Develop and maintain a strong and evolving network of stakeholders including vulnerable adults, their carers and advocates.
- Undertake Safeguarding Adult Reviews (SAR) in accordance with the Care Act and the Borough's own SAR Policy.

3.2 In order to achieve these objectives, organisations and agencies agree to:

- Work together for the prevention, identification, investigation and treatment of alleged suspected or confirmed abuse of vulnerable adults.
- Ensure that vulnerable adults have the same rights as others in the prosecution of criminal offences and pursuit of civil remedies.
- Develop and implement policies and procedures within a multi-agency framework to protect vulnerable adults.

4. MEMBERSHIP
Who will attend

4.1 The core membership of The Board will be:

- Independent Chair
- Executive Council Member of Adults Services and Health
- Director of Adult & Community Services (Richmond Council)
- Assistant Director of Adult and Community Services (Richmond Council)
- Head of Adult Safeguarding (Richmond Council)
- Head of Performance & Quality Assurance (Richmond Council)
- Borough Commander or their assigned representative (Metropolitan Police)
- Director of Quality and Clinical Excellence (Hounslow and Richmond Community NHS Trust)
- Chief Nurse (Richmond Clinical Commissioning Group)
- Borough Service Director (South West London and St. George's Mental Health NHS Trust)
- Deputy Director of Nursing (Kingston Hospital Trust)
- Adult Safeguarding Lead (Your Healthcare)
- Borough Commander, Richmond (London Fire Brigade)
- Community Safety Manager (Richmond Borough, Community Safety Partnership)
- Health & Partnerships Manager (Richmond Council for Voluntary Service)
- Assistant Chief Officer (London Community Rehabilitation Company - Hounslow, Kingston & Richmond)
- West Middlesex Hospital (Director of Quality Improvement)
- Director (Achieving for Children)
- Senior Representative (Public Health, Richmond Council)
- Senior Representative (Richmond Wellbeing Service, East London NHS Foundation Trust)

The Care Quality Commission will have representation on the Board though this will be in an observational, non-voting capacity only.

4.2 Appendix 2, "Statement of Commitment", sets out the role, function and responsibilities of being a Board Member. All Board members will be expected to

sign and abide by a Confidentiality Statement, where this is relevant (see below).

4.3 ***Constituent Agencies***: Partner organisations will recognise the importance of securing effective leadership by nominating persons who are of seniority to be Board members, acting on their behalf.

4.4 ***Co-opted members***: As determined and required by the Board, it may co-opt other members as necessary. This could include:

- Senior lead for Safeguarding, and Safeguarding Co-ordinator to support the work of the board (NB these posts are under review and development).
- Chairs and nominated members of the Partnership working groups, and other subgroups of The Board.
- Secretariat support for The Board, to be provided by the Adult and Community Services Directorate, LBRuT
- Named officers, speakers, and organisations relevant to achieving the key priorities of the Board.

All attendees will be invited in a consultative capacity.

4.5 ***Observers:*** Subject to the approval of the Independent Chair, the Board may agree to observers being in attendance.

4.6 ***Chair and Vice-Chair:*** The Director of Adult Social Services retains the statutory responsibility Adult Safeguarding. The Board will appoint an Independent Person as Chair, who will act with impartiality. The person appointed will occupy the 'office' for two years. A Vice Chair will be agreed as required.

4.7 Training for Board Members will be arranged as needed and a Welcome Pack provided for all new Members.

4.8 Members of the Board's Sub Groups (see below) will be drawn from a wider group of relevant people and agencies.

4.9 If a nominated Member (Board or Sub Group) is unable to attend any meeting of the Board or sub group, they will ensure a nominated deputy attends on their behalf who is able to act with authority on behalf of the constituent agency, and is suitably briefed on the items under discussion.

5. BOARD AGENDA, WORKPLAN AND GOVERNANCE

5.1 The Board will have a clear work plan as required by the Care Act 2014. Each year's agreed activity will be agreed in advance of 1st April each year.

5.2 The Board will meet at least 4 times a year, but there will be at least one additional "awayday" session to plan for the forthcoming year's work

5.3 The agenda will be constituted in such a way that it provides opportunities for discussion and decision. Meetings will:

- Enable progress reporting on the Board's work and workplan
- Enable discussion on key issues of note;
- Enable updates on local, regional and national developments;
- Allow opportunities for partners and Board members to raise issue of note or bring relevant safeguarding information about their agency;
- Allows opportunities to provide information or discuss significant safeguarding matters of local interest or importance;
- Does whatever is required through planned agenda items to deliver on its statutory responsibility

5.4 Where appropriate the agenda will allow for a specific section for confidential discussion where personal or identifying information should be protected.

5.5 The agenda will be published 5 working days in advance of the meeting; the minutes will be available no later than 3 weeks after the meeting. These will be publically available. The only exception is where a confidential discussion takes place on matters related to named or specific individuals or specific care and support arrangements. The Independent Chair has the discretion to determine which parts remain confidential. All people present in this discussion n must have pre-signed a Confidentiality Statement

5.6 The Independent Chair will ensure a clear workplan is set out for the Board, and be responsible for ensuring that an Annual Report of the Board's progress, as set out in the Care Act 2014 is prepared as soon as possible at following the end of the municipal year in April. The annual report shall be published on the Council's website.

5.7 It is the responsibility of all partner agencies to present the Annual Report to their respective senior management teams and constituted decision making bodies within 3 months of the report publication.

5.8 The Board will report to the Health and Wellbeing Board on, at least an annual basis. It will also report to the Council's Overview and Scrutiny Committee.

6. RELATIONSHIP TO OTHER BOARDS
How the Board and other groups and forums link up

6.1 The Board will ensure that there are appropriate representatives on the following boards and forums to represent and champion safeguarding:

- Richmond Health and Wellbeing Board
- Richmond Community Safety Partnership Group
- Richmond Clinical Commissioning Group, Governing Body
- Richmond Local Safeguarding Children's Board
- Richmond Domestic Abuse Forum
- MAPPA & MARAC
- Richmond Learning Disability Partnership Board.

6.2 It is the role of representatives to identify matters significant to the achievement of local safeguarding developments, represent the views and priorities of the Board, and report back milestones and outcomes.

7. BOARD SUBGROUPS AND REFERENCE GROUPS

7.1 Most of the Board's work will be carried out through a network of sub groups. Sub groups may be regular 'standing groups' or short term 'task and finish groups'

7.2 The following shall be established as subgroups groups of The Board, with the Independent Chair and membership recommended by The Board (and may be redefined as necessary by the Board):

- Learning and Development
- Communications and awareness
- Policy
- Performance
- Safeguarding Adult Review

7.3 The subgroups will be accountable to the Board. They will propose their own Terms of Reference and the Board will agree these. Work undertaken will be commissioned by the Board and progress against targets set and outcomes identified will be reported to the Board. The role of the groups will include:

- To consider new practice, policy and procedural issues and to propose and initiate appropriate action plans to address those issues.

- To analyse data and compile and present to the Board a quarterly quantitative and qualitative performance report.
- To consider the resource implications of safeguarding and make recommendations to the board.
- To undertake specific tasks on policy, procedure and practice matters as necessary.
- To evaluate information presented through statistics, user surveys, inspections, peer reviews etc. and propose alterations to policies, procedures and practice to the Board for approval.
- To monitor the effectiveness of public information and communication regarding adult protection and to find ways of communicating to all.
- To monitor the effectiveness of training in increasing awareness, and in improving the effectiveness of protection planning and safeguarding interventions.
- To seek and collate the views of user and care stakeholders to inform best practice.

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7.4 In addition, the Board will establish a reference groups for the purpose of capturing feedback from key stakeholders and informing developments.

Appendix 2 - Statement of Commitment

Appendix 3 – Confidentiality Statement

APPENDIX 2 - STATEMENT OF COMMITMENT

Each member of The Board gives a commitment to the following:

Representation

- Represent an agency, organisation or representative group of people with full authority.
- In doing so to raise issues on their behalf, contribute to discussion and debate and ensure a dissemination of information back to that representative group, agency or organisation.
- To ensure that the representative group, agency or organisation they represent engages with the Safeguarding and Adult Protection agenda and embeds safe practice in their organisation, agency or representative group ensuring positive leadership and stewardship of the issues.

Values

- Upholds the values statement of the Board as set out in the Terms of Reference, ensuring that vulnerable adults are protected from abuse, working with partners to safeguard them through strategic leadership within the representative group, agency or organisation they represent.

Attendance

- To attend every Board meeting or to arrange for a suitable representative to act on their behalf (and who is able to act with full authority) at any meeting they are unable to attend.

Developments and Work Programme

- To be involved in developments and where necessary contribute to the subgroups of The Board so there is a diverse and richness of input to the work and outputs from The Board.

Annual Report

- Make a contribution, as necessary, to the Board's Annual Report

SIGNED:	
PRINT NAME:	
REPRESENTING:	
DATE:	

APPENDIX 3 - CONFIDENTIALITY STATEMENT

1. The Board is convened in accordance with Section 43 The Care Act 2014. The Board operates to this statutory duty and to related statutory guidance, national and local policy and related bets practice.

2. The Board will conform to equal opportunities and anti-discriminatory criteria.

3. All people attending must respect the confidentially of the issues discussed and in particular where case examples are discussed: these issues are confidential and should not be disclosed to other people without the expressed permission of the Independent Chair.

4. It is noted that for wider learning, information discussed at The Board does need to be shared within the wider community but this must always be done retaining anonymity in relation to named individuals, services or agencies. Where Board members are uncertain as to what can be shared this needs to be determined at The Board and agreed as part of the minutes.

5. It is recognised that, where there are issues relating to clinical and professional accountability, then individual Board members may need to raise this within the agency they represent. It is expected that where this situation arises it will be raised and agreed by the Board as part of the business of that meeting.

6. All Board members are required to uphold both the Statement of Commitment and Confidentiality Statement

SIGNED:	
PRINT NAME:	
REPRESENTING:	
DATE:	

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References and Useful Reading

1. *A Decade of Serious Case Reviews, Hull Safeguarding Adults Board, July 2014.* http://www.adass.org.uk/safeguarding-key-documents-a-decade-of-serious-case-reviews/

2. *Adult safeguarding for housing staff, SCIE, April 2014* http://www.scie.org.uk/publications/guides/guide53/

3. *Adult Safeguarding: Standards and Performance Summary", LGA and ADASS, July 2012 BUT new version due to be published autumn 2014.* http://www.local.gov.uk/c/document_library/get_file?uuid=6d2b7c8d-3c68-4c7e-b3b2-45beb9c6c1db&groupId=10180

4. *Care Act 2014, HMSO, June 2014.* http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

5. *Care Act Learning and Development Programme - Safeguarding Adults, Skills for Care* www.skillsforcare.org.uk/careact October 2014

6. *Care Act Operational Guidance, Department of Health, due for publication later this year 2014.*

7. *Care and Support Statutory Guidance issued under the Care Act 2014, Department of Health, June 2014 BUT revised safeguarding guidance due to be published Autumn 2014.* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

8. *Carers and Safeguarding Adults - Working Together to Improve Outcomes", ADASS publication, July 2011.* http://static.carers.org/files/carers-and-safeguarding-document-june-2011-5730.pdf

9. *Councillor's Briefing - Adult Safeguarding, Local Government Association & Research in Practice for Adults, March 2013.* http://www.local.gov.uk/c/document_library/get_file?uuid=9a5b3844-b099-45f0-b2f5-3584724adce6&groupId=10180

10. *Local Government Association Knowledge Hub, Adult Safeguarding Community of Practice Group*

11. *2013 GLA Intelligence London Borough Profile Data Set*

12. *Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics Final Report , The Information Centre for Health & Social Care, NHS 2012*

13. *Making Safeguarding Personal – LGA, London 2012* *http://www.local.gov.uk/publications/-/journal_content/56/10180/3961573/PUBLICATION*