Adult Safeguarding Annual Report 2015-16


LONDON BOROUGH OF
RICHMOND UPON THAMES


NHS
Richmond
Clinical Commissioning Group


achieving
forchildren


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POLICE
Working together for a safer London


Hounslow and Richmond
Community Healthcare
NHS
NHS Trust


Kingston Hospital
NHS
NHS Foundation Trust


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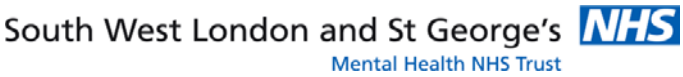
LONDON FIRE BRIGADE


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


Chelsea and Westminster Hospital
NHS
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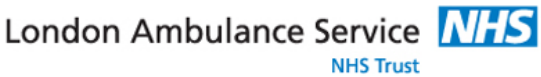
East London
NHS
NHS Foundation Trust


London Ambulance Service
NHS
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Probation Trust


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PROBATION


NHS
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Foreword from the Independent Chair

This annual review report is in part reflection on and accountability for what has happened in the year to end March 2016. Equally, however, it offers commentary about the prospects and challenges for 2016/17. It aims to give confidence that Richmond's Safeguarding Adults Board is committed to and capable of discharging the responsibilities people in Richmond - and those more vulnerable people especially - have a right to expect. This is the second such annual review report during my term as the Board's Independent Chair, a role in which I am privileged to serve.

This report is shorter and more concise than last year. It aims to focus as much on analysis of issues, outcomes which impact on the quality of lives of people, and improvements within and between partner organisations in relation to safeguarding awareness and activity, as on descriptive contributions from partners. Three features have dominated the year in my perspective, and will continue into 2016/17.

The first is the implementation of the Care Act 2014 from April 2015. On the one hand, it can be said to have reinforced in statute what was already mostly in place in Richmond - a Board well supported by organisations across the local authority, NHS, public protection and others. It confirmed the need for clear strategic safeguarding plans; the need to undertake safeguarding adults reviews in the case of unexpected deaths or certain serious incidents; and the need to report publicly annually in the form of this report. All of these arrangements were previously in place in Richmond, albeit with need for some aspects of improvement.

On the other hand, the Care Act has added rightly to enhancing everybody's awareness of the importance of safeguarding – in the community and in all organisations (*'Safeguarding is everybody's business'*) - including about people who neglect themselves to a serious degree, whether they are with or without mental capacity. There is also rightly an expectation that the whole approach to safeguarding adults must be much more personal and individual to each person – their unique perspective and the outcomes and experiences of services they want (*'Making Safeguarding Personal'*).

The second feature is the sheer quantity of change within just about every organisation represented on the Safeguarding Adults Board – from the splitting of the Probation service into two parts, to the anticipation of the forthcoming shared staffing arrangements between Richmond and Wandsworth Councils or of West Middlesex Hospital's move into another NHS Trust. These are merely examples, with senior staff in all organisations changing roles and juggling priorities and demands – both internally and external partnership working with others - and their number reducing or posts being vacant. Staff in all caring and protection services are under huge pressure, not just from reducing resources or workloads within their own organisations, but also all the impacts on people in the community about whom they are concerned from changes in housing, welfare payments, financial and other causes of stress. The significant increase in reported safeguarding concerns is perhaps indicative of both this enhanced awareness and increased individual distress.

The third feature is the very significant increase in cases of unexpected deaths, warranting - in the Board's view - a Safeguarding Adults Review. From one such case referred to in the 2014-15 annual report there were five cases in 2015-16 which the Board agreed satisfied the criteria for undertaking such a review. The purpose of these reviews being both to learn and apply lessons for improvement and to satisfy proper public accountability. Reports on two of

these reviews are complete. But perhaps as significantly, the increasing pattern of 2015/16 shows further signs of increase in 2016/17. It would be wrong to draw conclusions but it would seem this that pattern is reflected both in London and nationally and should be of concern.

There is a lot of detail in this annual report about which I will not comment further here. There follows on immediately from this Foreword an Executive Summary which seeks to draw out the main points from the content, data and analysis in the report.

Importantly however, regardless of whatever concerns might be triggered in the minds of readers, the assurance offered by me is that Safeguarding Adults Board members and the organisations they represent know and are open about the reality of the challenges they face. They are willing to engage with each other in collaborative working and willing to contribute to thinking ahead about responsibilities, risks, ambitions and priorities. Nowhere was this more evident in 2015/16 than the willing contribution of almost all partner organisations to contribute to an individual organisation (or part of an organisation) self-assessment, audit and external challenge exercise in January/ February 2016. As well as the learning for each, there were a number of common themes and points for the Board to consider further into 2016/17. These include, for example, being assured about 'top level' engagement with and commitment to safeguarding adults priorities in some organisations; most effective ways of being assured about quality and performance information; better listening meaningfully to the 'voice' of people who have experienced safeguarding interventions; and some matters of Board governance and management.

It may seem that this Foreword presages an annual report of problems, challenges and causes for apprehension into the future. Only in part is this true. Equally it is a report which demonstrates, I hope, a clear sense of role and purpose; a willingness to take on responsibilities on behalf of some of the most vulnerable people whether they are living alone, with families, with others, or in care homes or hospital; and an absolute resolve on the part of key partners to uphold the highest expectations and standards which, as I said at the beginning, the public have a right to expect. Early in 2016/17 we have already moved to strengthen the shared leadership working of the Safeguarding Adults Board by the three designated statutory partners – Richmond Council, Richmond NHS Clinical Commissioning Group and Metropolitan Police; these three in conjunction with the Board's Independent Chair.

Finally, as I said also in last year's 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, Richmond Safeguarding Adults Board

Executive Summary

Our Safeguarding Adults Board Annual Report 2015-16 provides an overview of the Board's achievements over the last 12 months and its priorities for the year ahead.

The Board, our sub-groups and all partner agencies have worked hard through 2015-16 to ensure safeguarding adults continues to be a priority across the borough. As partners we are committed to working together to keep people safe from and abuse and to continue improving our practice including making safeguarding more personal.

The following are the top achievements of 2015-16:

- Completed review of all processes and activity in relation to the Care Act 2014 and the successful implementation of these
- Adoption of the new Pan London Procedures and publication of revised complementary local procedures
- Publication of the Board's Vision and Strategy
- Establishment of process and governance for Safeguarding Adults Reviews and the initiation of five Safeguarding Adults Reviews
- Full self-assessment audit of most partner agencies on the Board
- Implementation of a enhanced person centred safeguarding process
- Establishment of Vulnerable Adults Multi-agency panel for high risk cases
- Publication of safeguarding adults leaflet
- Engaged Board members beyond the Council to lead some of our sub-groups
- Education Grant for Mental Capacity Act 2005 (MCA)/Deprivation of Liberty Safeguards (DoLS) education with NHS CCG

Looking forward to 2016-17, all agencies across the partnership are committed to continue to deliver on our vision and strategy and work towards achieve the priorities set out in our two-year business plan, including:

- Continuing to develop our role as the strategic lead for safeguarding, building on our leadership responsibilities with our statutory partners
- Zero tolerance for providers putting people at risk
- Finding innovative ways to undertake Safeguarding Adults Reviews and ensuing learnings are shared appropriately
- Continuing to improve our practice and making safeguarding more personal
- Improving awareness of adult safeguarding through a variety of channels
- Developing a performance framework which better informs the success of our collective actions.
- Supporting local providers to improve the quality of care and support delivered to local people

About Richmond Safeguarding Adults Board

What is a Safeguarding Adults Board?

Richmond Safeguarding Adults Board was established in its current form in 2011. It is made up of senior officers from various organisations across Richmond and is led by an Independent Chair. From 1 April 2015, the Board became a statutory body with specific duties and functions. These requirements are set out in the Care Act 2014.

The Board leads the strategic oversight of adult safeguarding arrangements in Richmond for adults with care and support needs that may be suffering from or are at risk of abuse or neglect. The Board does this by:

- Making sure that local arrangements are in place and that the safeguarding work of its members is effective
- Improving the way local agencies and services work together to respond when abuse or neglect have occurred and prevent abuse and neglect from happening
- Making sure that people are placed at the centre where abuse or neglect has occurred
- Ensuring continuous improvement, development and learning to improve our shared practice
- Having a strategic plan to ensure we deliver on our objectives.

How we work

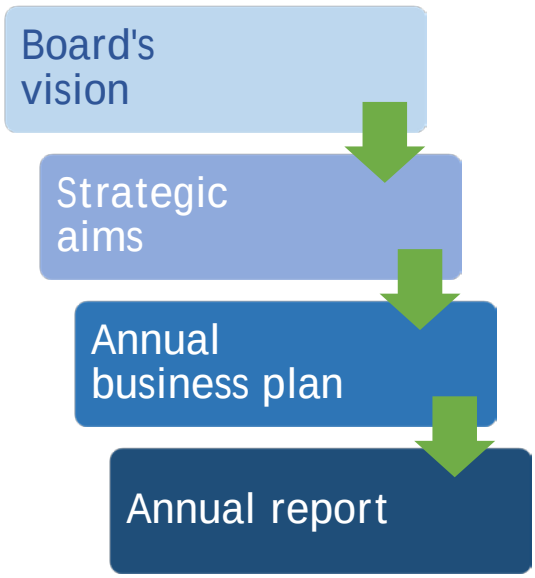
The Board has a core membership of statutory and non-statutory organisations, including Richmond Council, NHS Richmond Clinical Commissioning Group (CCG), and the Police, led by an independent chair. Richmond Safeguarding Adults Board meets four times a year with most of its business delivered through its sub-groups. You can find more information about the Board's membership and governance arrangements here.

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: Reflects on the previous year's activity and reports progress towards the Strategic and Annual Business Plan.



Our Vision and Principles

Our vision is for Richmond to be a place where everyone lives in safety, free from abuse and the fear of abuse with the rights of citizenship.

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

- Take all actions in our power to actively prevent abuse and neglect from happening
- Identify, report and remove the risk of abuse and neglect
- 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
- Place the person at the centre at all times throughout our interventions and support
- Improve community awareness
- Share information and intelligence
- Learn from safeguarding enquiries and safeguarding adults reviews to improve our practice and preventative strategies
- Ensure that we give our communities reassurance.

"No-one should have to tolerate or be exposed to abuse, neglect or exploitation."

The Six Safeguarding Principles

1. **Empowerment**
2. **Prevention**
3. **Proportionality**
4. **Protection**
5. **Partnership**
6. **Accountability**

In 2015, we set out our priorities as a Board in our two-year Business Plan:

- **Aim 1:** To have in place strategic leadership, governance and the widest possible partnership to deliver on all of our lawful safeguarding responsibilities.
- **Aim 2:** To improve levels of engagement and knowledge of safeguarding by raising awareness with the public, vulnerable people, their carers and supporters and hard to reach communities and high risk groups.
- **Aim 3:** To ensure the requirements and the spirit of the Care Act 2014 are fully implemented by all agencies by all agencies that hold statutory and non-statutory responsibility for safeguarding, through best practice.
- **Aim 4:** To develop a safeguarding culture which promotes adults at risk as being central to and fully involved in in safeguarding arrangements, plans, process and any intervention.
- **Aim 5:** To ensure our aims, objectives, plans and service interventions are appropriately and proportionately reviewed so we can monitor progress, take corrective actions and ensure that continuous learning, improvement and quality outcomes are achieved.

Our priorities

What we wanted to achieve:

- Enable strategic leadership of the safeguarding agenda in its widest sense
- Agree future annual funding arrangements from relevant partners and Board support arrangements
- 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 reporting on the effectiveness of multi-agency safeguarding training, and other training that makes people feel safe
- Improve public awareness of safeguarding adults and the work of the Board in the community
- Work with providers to increase understanding of neglect
- Work with adults at risk, particularly those with learning disability to increase awareness of the risks of financial exploitation
- Develop a performance framework for safeguarding that can be used by partners to measure effectiveness
- Review referral routes for raising safeguarding concerns to enable alignment across the partnership
- Consider how adults at risk are engaged in a meaningful way as part of the Board's decision making
- All partners to undertake a self-assessment audits to determine areas of development
- Work with the police and providers to increase referrals
- Improve our practice through the deployment of senior lead practitioners for social work practice.

What we did in 2015-16

Key achievements

We have written and published a Vision and Strategy document.

We have revised and published our local safeguarding procedures in response to the Care Act 2014 and have developed a local protocol for Safeguarding Adult Reviews. All of our policies and procedures dovetail with the revised Pan London Safeguarding Policy, which was launched in February 2016.

As a Board, each partner organisation has completed a self-assessment and evaluation process to get a better understanding of how they are doing in terms of implementing their respective safeguarding arrangements.

We have identified the need to undertake five Section 44 Safeguarding Adults Reviews and two of these were commenced during 2015-16.

Training

Each partner has a safeguarding training plan focusing on changes in relation to safeguarding procedures. This drives effective and safe practice.

We have trained staff in the Council (as managers and investigators of the safeguarding arrangements) so they can work in this new way to meet Care Act requirements.

All staff involved in the safeguarding process receive regular supervision to ensure that standards are maintained and we continue learning and improving our practice.

Frequency and attendance at SAB meetings and sub-group meetings is good. The member organisations each have named individuals to "champion" safeguarding (and where applicable the MCA and PREVENT).

Public Information

We have produced accessible safeguarding leaflets and cards to raise awareness about safeguarding in the community.

We have developed new webpages to help public and professionals identify when someone may be at risk and make it easier for them to raise a concern.

All partners have implemented the Care Act and amended their policy, procedures and staff training to support this.

Making Safeguarding Personal

We have incorporated Making Safeguarding Personal into our safeguarding processes to make sure that the person at risk is always at the centre of practice and decides what outcome they want at the end of the process.

As part of the Board lead self-assessment audit we obtained a better understanding of how all partners are doing in relation to making safeguarding more personal.

We have set up a Vulnerable Adults Multi-agency (VAMA) panel to better safeguard people who self-neglect and hoard. The panel works with the person at risk and coordinates the work of all agencies involved.

We only share safeguarding Information on a need to know basis. This is in line with the Data Protection Act.

What our sub-groups did in 2015-16

Learning and development sub-group

During 2015-16, we trained 263 people on a range of courses:

- Safeguarding Adults Awareness (Level 1)
- Safeguarding Adults (Level 2)
- Deprivation of Liberty Safeguards Introduction
- Mental Capacity Act Introduction
- Safeguarding Adults Enquiry Officer
- Safeguarding Adults Managers
- Safeguarding Adults: Roles & Responsibilities for Managers in Private, Voluntary & Independent Sector

A range of Introductory and Specialist Domestic Abuse courses were made available to Richmond Council staff through the Local Safeguarding Children Board (LSCB).

Our Safeguarding Adults Awareness (Level 1) classroom based training was updated in order to reflect changes as a result of the Care Act and Making Safeguarding Personal. A new Safeguarding Adults Awareness (Level 1) and additional Safeguarding (Level 2) e-learning packages, reflecting these changes, were implemented. The Level 2 training is aimed at staff groups B, C and D as defined in the Safeguarding Training Strategy.

Monthly Best Practice Forums for Adult and Community Services (ACS) staff continued this year, providing an opportunity for operational staff and safeguarding managers to share ideas, information and best practice. These sessions have enabled staff to reflect on their practice, participate in professional development and develop learning of evidence based decision making skills. Some of the topics covered included multi-agency working with people who self-neglect and implications of the Care Act on adult safeguarding.

A successful bid was made by Richmond CCG and Richmond Council for monies made available by NHS England, to improve the knowledge of the MCA and DoLS within the public sector. This money was used to train six Best Interest Assessors (BIA) from the Council and purchase introductory MCA and Introductory DoLS e-learning packages. This training had previously only been provided as a classroom based course.

Communications sub-group

The focus for the year has been on raising awareness. The group has designed and distributed safeguarding leaflets for use across the partnership.

Performance sub-group

The focus of the Performance sub-group in 2015-16 has been to deliver the self-assessment process across the partnership. This work was undertaken using the Safeguarding Adults at Risk Audit Tool and occurred as a two-part process:

- Completion of a self-assessment audit
- A safeguarding adult board challenge and support event, which was completed jointly with statutory partners.

The Safeguarding Adults at Risk Audit Tool was developed by the London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London. It reflects statutory guidance and best practice. The audit tool gives organisations a consistent framework to assess, monitor and/or improve their Safeguarding Adults arrangements.

The purpose of this exercise was to provide the Board with an overview of the Safeguarding Adult arrangements that are in place across Richmond identifying:

- Strengths, in order for good practice to be shared
- Common areas for improvement where organisations can work together with support from the SAB
- Single agency issues that need to be addressed
- Partnership issues that may need to be addressed by the SAB.

Following the completion of the self-assessment and challenge sessions, the sub-group collated the results and reported on the findings.

Findings from the audit

Of the fourteen partner organisations that were asked to complete the self-assessment audit tool, twelve (86%), completed the tool. Each organisation received some brief confidential feedback notes reflecting the views of panel members and organisations were able to use the findings to target their own plans in terms of delivering effective safeguarding services.

The individual contributions and quantity of work undertaken were valued and appreciated by panel members. However, there was variation between organisations in how senior leadership was involved in the challenge sessions and validating the individual written submissions. Overall, it was encouraging that across the partnership most organisations had robust and effective safeguarding processes in place and relatively few development areas. The following themes emerged from the audit:

- Some organisations provide services across several local authorities and consideration should be given to the best way of involving these organisations balancing efficiency and the Board's statutory duties.
- Developing an understanding and utilisation of the Mental Capacity Act and the Deprivation of Liberty Safeguards, the PREVENT strategy and embedding these in staff training and organisational policies procedures and contracting was identified as a key priority for all organisations for 2016-17.
- Consideration to be given to making the next audit more of a SAB peer exercise.

Safeguarding Adults Review (SAR) Sub-group

It is responsibility of the Board to commission a SAR in certain circumstances, as set out in the Care Act. Additionally, it should consider the recommendations and outcomes from Safeguarding Adults Reviews, identify the learning and determine the necessary practice and interagency improvements that should be made to prevent similar incidents from happening again. Learning from Safeguarding Adults Reviews should always be proportionate and involve staff from various agencies in learning from the incident. The learning should not only deliver the actions, but build on how communication and interagency working should be improved to prevent similar incidents happening in the future.

The focus of the Safeguarding Adults Reviews sub-group in 2015-16 has been to agree the methodology for considering referrals and managing Safeguarding Adults Reviews. A total of five cases were referred during 2015-16 with independent chairs appointed for two of these cases. The SAR cases were a combination of people in their own homes and those in regulated services, including hospitals. The cases involved a range of issues including:

- Self-neglect
- Death in a fire linked to known risky behaviours
- Sudden and unexplained deaths
- Death as a result of neglect

A summary of the learning from the two Safeguarding Adults Reviews completed in 2015-16 can be found later on in this annual report.

Rashmeet's story

"I just don't want the same thing to happen to anyone else."

When Rashmeet* returned home from the day centre one afternoon, his wife, Gita, noticed some bruising on his arm. Gita was very concerned and reported the incident to the Council the next morning.

An initial meeting was arranged with Gita and staff from the day centre to investigate the concerns.

It soon become apparent that the bruising had occurred due to poor transfer technique by one of the day care staff. This was confirmed in conversations with other residents attending the day centre.

Despite his cognitive impairment, Rashmeet was able to recount the incident in details and make it clear that all he wanted was to prevent a similar incident happening to anyone else. Rashmeet and Gita were encouraged by the fact that their concerns were taken seriously by professionals and both were in agreement with the outcome of the enquiry and the actions recommended to reduce future risks.

As a result of this incident, the day centre manager ensured all staff had been trained in moving and handling and the induction process for staff at the day centre was improved including shadowing opportunities for new staff.

Rashmeet continues to enjoy attending the day centre and is happy with the quality of care he receives there and the activities on offer. Rashmeet felt safer as a result of the enquiry.

*names and some details of this story have been changed

How Board members are making a difference

Richmond Council Adult and Community Services

The Care Act 2014 introduced a broader definition of adult safeguarding, new requirements for Safeguarding Adults Boards (SAB) and significant changes to safeguarding terminology. A safeguarding concern occurs when a safeguarding issue is first raised with the Council. Every concern received is reviewed, considered and risk assessed. Concerns will either progress to the next stage of the safeguarding process for fuller investigation and formal intervention (this is called a Section 42 Enquiry) or the matter will be dealt with through another route if not considered to be a safeguarding matter.

As a borough we have seen the highest ever number of safeguarding concerns in the last year. In response to the 1041 concerns raised, 419 enquiries were undertaken under Section 42 of the Care Act 2014. This marks a 34% increase in the number of concerns and a 61% increase in enquiries. While we have seen an increase across the board, the biggest increase is in relation to older people, aged 65 and over.

The most reported allegations of abuse were neglect (153) and financial abuse (102). We have seen a significant increase in neglect of people in care homes and financial abuse of older residents living in their own homes and receiving home support. Throughout 2015-16, we had significant capacity problems in the local care market leading to the commissioning of care packages with a number of new providers. We found that high number of concerns progressing to enquiry related to providers that are not contracted to the Council. In 2016, the council changed the way they commission home support with the majority of support now provided through a new Help to Live at Home service. We expect that these arrangements will reduce this negative trend in the coming year.

1041 Safeguarding concerns raised

We concluded a total of 312 cases in 2015-16. In 46% of these cases allegations were substantiated. In 77% of cases the risk was removed or reduced as a result of the safeguarding process.

In response to the Care Act 2014, we are reporting self-neglect as a type of alleged abuse for the first time. There were 37 cases of self-neglect, 78% of these case concerned older people. As predicted in the 2014-15 annual report, the influence of the Care Act 2014 in relation to increasing a person centred approach and the outcomes expected from Making Safeguarding Personal have seen a higher rate of inconclusive results.

Amost 95% of people at risk felt they achieved the outcomes they wanted

Iris' story

National charity Refuge runs an Independent Domestic Violence Advocacy Service in Richmond. Last year, the service supported 340 clients. The service works closely with the local police domestic violence unit to ensure victims of domestic abuse receive the support and protection they need. Refuge's Richmond service has received a particularly high number of referrals from victims over 60 years old and – in partnership with the police and Adult Social Services - has worked with the Refuge team to ensure their safety. The following case study demonstrates this work in action:

"The majority of older victims experience abuse for twice as long, on average, before seeking help. Nearly half have a disability. Yet older clients are hugely underrepresented within domestic abuse services."

Iris* saw a leaflet at her GP practice advertising the 'One Stop Shop', a drop-in run by Refuge for those experiencing domestic violence or abuse. She had experienced domestic abuse for 46 years and recently it had become worse. At the One Stop Shop Iris met one of Refuge's Independent Domestic Violence Advocates and told the advocate that her health had been deteriorating and her husband, the perpetrator, had used his role as "carer" to abuse her further.

He limited her food, changed her medication and forbade her Carers from entering the house. He isolated her by preventing her from using the telephone and made her account for everything she spent. He would often become physically violent and would hit her with his walking stick.

Iris had never reported the abuse to the police because she didn't think she would be believed. As soon as Iris accessed support from Refuge the team explained to her that domestic violence is a crime; that all victims, regardless of their age, have the right to live in safety, and that the police would take action.

Refuge supported Iris to report what was happening to the police and a Domestic Violence Protection order was served on the abuser, which meant he could not come near their home for a month. This gave the Refuge team time to support Iris to find alternative, safe supported accommodation.

Iris' Refuge key worker attended safeguarding meetings with the police and Adult Social Services to ensure Iris' voice was heard and the appropriate protections were put in place.

*names and some details of this story have been changed

How Board members are making a difference

Police

- The Metropolitan Police Service (MPS) has appointed a Commander as the designated lead for safeguarding adults, who sets strategy in line with National and London Safeguarding Policy, as well as implementing new Care Act responsibilities. This includes training and operational instructions.
- The MPS have designated local leads for Safeguarding meeting attendance at Detective Chief Inspector (DCI) level. The Detective Inspector (DI) in the Community Safety Unit is the local Designated Adult Safeguarding Manager. All meetings are attended as far as possible but actions in all circumstances are progressed.
- The DCI has also implemented a new Police led "Safeguarding Crime fighter meeting", which discusses all Adults and Children exceptional reporting matters with relevant leads reporting back from their sub-group meetings. This enables a holistic picture to be developed with regard to Safeguarding across the whole borough. This identifies, risk, barriers to effective partnership working and ownership of problems which increases grip.
- The DCI ensures that all tool kits and awareness training is delivered so adult safeguarding is fully understood.
- There is a new multi-agency VAMA panel which has been attended by the Police.

Multi-Agency Working

- Officers with specific adult (and children's) safeguarding lead roles, are located in the Children's Multi-agency Safeguarding Hub (MASH).
- MASH based officers signpost relevant concerns for Safeguarding Adults, Vulnerable Adults, Mental Capacity Act issues, Mental Health issues, PREVENT and Missing Persons (Mispers) to the relevant service areas, working collaboratively with partners.
- MASH based officers have conducted frequent ad hoc reviews identifying learning trends and delivered further bespoke training (i.e. misuse of Vulnerable Adults Framework factors)
- 'Adults Coming to Notice' Reports (ACN) indicate a steady rise and consistency with referral numbers. This suggests increased knowledge and experience in identifying the Vulnerable Adults Framework factors correctly.
- We have seen a 45% increase in ACNs between Q1 and Q4 2015-2016.

Missing Persons (Misper)

- Her Majesty's Inspectorate of Constabulary review and carry out internal audit to identify knowledge and process deficiencies. New corporate Misper tool kit has been embedded locally.
- A new command structure has been implemented as well as more robust use of actions during investigations.

Challenges

- The current single point of access to Adult Social Services is recognised as the Council's Access Team. However, the Council, MPS and CCG should give consideration as to how to

further improve this arrangement learning from the Multi-agency Safeguarding Hub (MASH) arrangements in children's services.

Looking forward to 2016-17

- The MPS's strategic vision is moving towards prioritising safeguarding, vulnerability and harm as opposed to acquisitive crime. This cultural change will be developed and embedded locally.
- The SAB's "Vision and Strategic Plan 2015-2018" will continue to be supported and implemented.
- "Safeguarding Crime Fighter Meeting" will be developed with a view to inviting relevant Adult Social Care Lead.
- In partnership with the SAB, explore a more formal audit procedure for Police activity and identification of Adult safeguarding training.
- Explore with Adult Social Care Adult SPA/Mash process mirroring Children's process.
- Work in partnership with Adult Social Care to deliver the "Safer Lives "event.
- The Vulnerable Adults Multi-Agency panel terms of reference will cater for gaps in service delivery identified.

NHS Richmond Clinical Commissioning Group (RCCG)

The CCG continues to work very closely with the Safeguarding Adults Board to deliver on the Board's business plan, identify safeguarding risks posed by providers and the Safeguarding Lead continues to chair the SAB Communications Group. Within the CCG, the Quality Team continue to deploy the 2016 Quality and Safeguarding component of the Richmond CCG Operational Plan which is aligned with Richmond CCG 's Governing Body Assurance Framework requirements.

In 2015-16, the focus of the CCG's Safeguarding Adults Strategy has been on the following priorities:

- ensuring Care Act compliance by investing in safeguarding policy, procedures and practice development
- learning and training for CCG staff and GPs
- winning a bid to NHS England (NHSE) for £118,000 and consequently financing and developing the wide scale MCA and DOLS project with the borough and financially investing in purchasing joint e-learning for Safeguarding and MCA Awareness with LBR
- developing reporting systems and training systems for PREVENT
- contributing to Safeguarding Adult Reviews with statutory partners
- working with NHSE on reviewing the Deep Dive Audit outcomes and deploying relevant developmental action plans
- refining systems and building relationships for gaining safeguarding assurance from large scale commissioned providers
- the new development of a CCG wide Training Strategy
- the ongoing development of an Adult Safeguarding Strategy
- contributing to SARs.

Care Act Compliance, Policy and Procedure

All work was completed to review and renew the Richmond CCG Safeguarding Policy and Procedures and the new document is now in existence. It was redeveloped in January 2016 and presented to the Richmond CCG Governing Body for sign off and was well received.

The next phase of the Care Act compliance work will be to focus on commissioning practice and enable the Commissioners to bolster the NHS Standard Contract for particular and recent, safeguarding legislative requirements. Contracts are being reviewed in light of this and support has been provided by the Lead to update them. For example, the Modern Slavery Act came into being in 2015 which sets out a statutory requirement on CCGs to ensure their supply chains are checked when contracting with organisations with turnover of £32 million. A brief was sent to the Director of Commissioning which was deployed across the commissioning teams.

NHSE "Deep Dive" Outcomes

The Safeguarding Adult Strategy development has commenced in accordance to Deep Dive outcomes and NHSE recommendations. A comprehensive action plan exists which is targeted focused and regularly updated. Recommendations from NHSE Deep Dive outcomes were received from Richmond CCG 's Chief Officer and the action plan is being deployed and regularly monitored. It is also cross referenced with the Richmond CCG 2016 Operational Plan. The work is ongoing. The Action Plan incorporates the plan for a Safeguarding Strategy a Safeguarding Training Strategy and consequent deliverables which are being developed between Adult's and Children's Safeguarding.

Adult Safeguarding and MCA Training

A number of safeguarding awareness training sessions were provided to CCG staff focusing on the Care Act changes and making safeguarding personal. A GP Safeguarding Workshop was delivered to 28 GP's which focussed on the legal obligations of the Care Act section 42 adult safeguarding requirements. . Requests for training continue to be made from GP Practices to support CQC Inspection. Where a request can be met training is provided. A training session was held at Hampton Wick Practice for all staff, on basic safeguarding in accordance to Care Act obligations. A training session has been arranged for induction for new CCG staff and to offer a refresher or additional session to current CCG staff.

Training for PREVENT is called WRAP (Workshop to raise awareness of PREVENT). WRAP training has also been set up so that the CCG can meet with its lawful obligations. Both Safeguarding Leads are now trained and are accredited with the Home Office to deliver the prescribed workshop. WRAP Training and Safeguarding Training attendance is mandatory for all Richmond CCG staff. Refreshers for safeguarding training and PREVENT training will be an annual requirement as 100% compliance has to be demonstrated by March 30th 2018. Both Safeguarding Awareness and PREVENT training will form part of an overarching Richmond CCG Safeguarding Training Strategy which is currently being developed. Induction and refresher training need to be part of the strategic approach.

NHSE monies were used by the Borough to purchase an e-learning module on the Mental Capacity Act and Safeguarding Awareness which was available to Care providers. The CCG has recently encouraged GP's to access this training resource.

Performance

The Safeguarding Lead has contributed significantly to the Safeguarding Adults Board's Performance Framework.

High Profile Case involvement

Richmond CCG has been involved in a large scale provider concern in relations to allegations of neglect and CQC issued regulatory warning notices to prevent admissions pending next steps. All concerns were substantiated. The safeguarding Lead has been involved with several high profile safeguarding cases with MARAC, NHSE, the GMC, Police and LBR.

Provider assurance

The Safeguarding Lead has set up attendance at virtually all of the Provider Safeguarding Committees across the following Trusts:

- South West London & St. Georges
- St Georges, Tooting
- East London Foundation Trust
- Chelwest
- Kingston Hospital

The Safeguarding Lead has also attended where possible all Trust's Clinical Quality Review Groups and reported findings to the CCG's Quality and Safety Group. CQRG's have been regularly challenged if safeguarding practice has been questioned. Systems for a reporting template have been put into place. The Executive Safeguarding Lead has discussed with NHSE the requirement for a universal and agreed reporting template for safeguarding assurance information. NHSE have agreed that this is a useful way forward and the Safeguarding Leads from Richmond CCG have been nominated to work with NHSE to develop this.

London Fire Brigade

- London Fire Brigade regularly highlight vulnerable individuals to the Council's Access team with signs of self-neglect.
- All our firefighters and Officers in the borough are trained and familiar with our safeguarding policies. This year they have also received additional specific training regarding vulnerable adults and children, the signs to look out for and actions that can be taken including the safeguarding reporting process.
- The crews carry out numerous Home Fire Safety Visits (HFSV) throughout the year in Richmond and in 2015-16 a total of 1598 HFSV's were completed in London Borough of Richmond upon Thames During these visits the crew will review the safety of the property and will supply and fit smoke alarms free of charge if they are required.
- The Fire brigade targets HFSV to those most in need and 80% of all our HFSV are for people who have high risk factors associated with fire which are defined as P1. See details below.

We are heavily involved with the new Vulnerable Adults Multi Agency Panel in the London Borough of Richmond upon Thames. We had been promoting the benefits of having a high risk panel which adopts a multi-agency approach for several years and are delighted to finally have one in operation. This panel allows us to discuss and share information concerning high risk and vulnerable individuals in the borough with the primary aim of reducing risk.

High Risk Individuals (P1)

1. Any person within a household who exhibits three or more of the following risk factors (listed a - f below)

OR

2. Any person who is referred to us by a specific partnership agency (listed g - j below)

The risk factors are:

a) Live alone
b) Have any disability (physical, or self-declared mental health or learning disability issues)
c) Live in social housing (social landlord or local authority)
d) Any person over 60 years of age.
e) A single parent (with a child under 15)
f) A smoker

Note: These HFSVs are identified as P1 when visit details are completed on the database based on the risk factors above (a - f). When completing the HFSV database, if more than one disability exists it will still be only classed as one risk factor.

Partnership referrals

A referral received from a specific partnership agency working in the following areas will automatically qualify as High Risk, these are.

g) Alcohol or drug treatment
h) Mental Health
i) Social Care
j) Daily domiciliary care provision

Note: A hoarder that meets the required trigger point on the clutter image rating scale is classed as a P1 person. (irrespective of other risk factors).

Nadir's* story

Hounslow and Richmond Community Healthcare collects information about the difference adult safeguarding makes for its patients. Below is an example of the safeguarding process achieving positive outcomes for an adult at risk:

"Through creative inter-professional working, we were able to meet the person's desired outcome to have continuity of care and support them to return to their baseline wellbeing."

A concern was raised by Community Nurses in relation to a person with a progressive degenerative condition living in his own flat and funding his own care and support privately. The person was referred for wound care for pressure ulcers to Community Nurses. Although, he was not able to communicate, he had robust advocacy from his son. The concern followed deterioration in a pressure ulcer which was not fully explained and was impacting on his quality of life.

What outcomes were achieved?

- Patients voice was heard via his son (by teleconference call to meetings at his flat with a multi-disciplinary support team)
- NHS Continuing Healthcare assessment was completed (later ratified for 100% funding)
- Pressure ulcer information given to his care team (via translation website in first language) by the Community Nurse
- Additional pressure ulcer care training for care team was recommended (and access to these in their first language enabled within the private package)
- Hospital admission was avoided
- Patients desired outcome of continuity of care and return to baseline wellbeing was achieved by creative inter-professional working.

*names and some details of this story have been changed

Hounslow and Richmond Community Healthcare NHS Trust

Hounslow and Richmond Community Healthcare NHS Trust is committed to safeguarding adults and promoting wellbeing and this is explicitly reflected in the organisation's mission statement, guiding principles and strategic documents:

- Robust accountability and level of assurance across the Trust
- Clear organisational structure and management
- Committed to partnership working and member of the SAB
- Robust systems for monitoring and reporting incidents
- Policy and procedures in line with local and national guidance
- Strong commitment to training, support and advice for staff
- Recognition of the value and importance in engaging people suffering or at risk of abuse or neglect
- A range of information is available to the public online and as hard copy leaflets.

HRCH produces an adult safeguarding adult work plan to give clear strategic direction to its work in this area. This is agreed, monitored and revised by the Safeguarding Committee which is Chaired by an executive director and has external membership in the form of the CCG. The safeguarding committee has delegated authority from the Board to ensure that the robust work plan is delivered. . We are committed to being open and transparent where something has gone wrong and see the importance to sharing and learning lessons. Whilst not a member of the SAR sub-group, we contribute in making a number of referrals to the panel and participate in workshops relating to SAR cases. Often if a SAR overlaps with a Serious Incident we would present this to the CCG, who are represented on the SAR sub-group. This has recently happened with two SAR cases, which were also Serious Incidents.

How we are performing

HRCH works closely with our partners to ensure safe and effective care is provided to patients. The overall number of safeguarding concerns have decreased significantly in 2015-16 (from 209 in 2014-15 to 172 in 2015-16); safeguarding concerns were raised for 50% of incidents recorded on Datix. Neglect continues to be the most frequent cause of all referrals made at 80%, 46% of these were in relation to patients with grade 3 or 4 pressure ulcers. Despite this figure, HRCH have seen a decline in safeguarding concerns raised regarding pressure ulcers as a result of the gradual embedding of the pressure ulcer protocol.

Improving awareness

All HRCH staff are required to receive training on safeguarding adults. Level 1 (awareness) training is provided during induction to all staff. For patient facing staff there is a requirement to have refresher training every three years. This can be achieved by online training, or by face to face training sessions at Level 2. Level 2 training in adult safeguarding is targeted at all staff in contact with clients and also for Managers. Both level 1 and 2 include PREVENT and Consent training.

At the end of 2015-16, compliance for both level 1 and level 2 safeguarding training was over 90%.

We require all clinical staff to have had training on consent (including use of the Mental Capacity Act 2005) every 3 years. As part of our quality priority for dementia care this target was increased from 85% to 90% for the year 2015/2016.

In addition, there is a range of information and support to staff in their roles:

- Various safeguarding adults policies in place including Safeguarding Policy, Safeguarding Training Strategy, PREVENT Policy
- Dedicated Safeguarding webpage
- Learning and sharing newsletter of learning from incidents
- Serious Incident reporting process and mechanism for reporting to CCGs and CQC
- Good support in place for supporting staff where there is a related allegation against them
- Zero tolerance of violence against staff
- Information and policies accessible to all staff via the intranet or their line manager
- During 2015-16, two new policies were developed and ratified: PREVENT policy and Consent policy.

More information about how HRCH is performing, can be found on their website.

Looking forward to 2016-17

Going forwards HRCH is focusing on the "so what" – building on the processes and systems in place to ensure learning and evidence of improvement in care as a direct result of learning

Your Healthcare

Your Healthcare is a Community Interest Company (CIC) and Community Services provider for the Royal Borough of Kingston and the London Borough of Richmond upon Thames. Your Healthcare is an active member of the Richmond Safeguarding Adults Board and is currently represented on the communications and training sub-groups.

In Richmond, we provide specialist healthcare services for adults with learning disabilities and diagnostic services for adults with an Autistic Spectrum Condition. We also provide multidisciplinary community health services for Richmond residents who are registered with a Kingston GP.

We have reviewed all of our policies and procedures in response to the Care Act (2014) and the London Multi-agency Safeguarding Adults Policy and Procedures to ensure they are compliant.

The safeguarding refresher training for 2016-17 focuses on the changes in the safeguarding agenda and highlights the new categories and responsibilities.

In 2015-16, Your Healthcare raised a total of 112 safeguarding concerns across the two boroughs with 26 of these being self-reported concerns raised about our own services. There were a total of three safeguarding concerns raised in Richmond, none of these were regarding Your Healthcare services.

Prevention

Your Healthcare contribute to Section 42 Delegated Enquiries and complex enquiries both on an individual case level and from the perspective of whole service reviews. Our Pressure Ulcer Review Group has evidenced a significant decrease in pressure ulcer grade 3 and above indicating the effects of preventative work in this area. This has reduced the number of safeguarding concerns raised due to pressure ulcers. In 2015-16, there were no grade 3 or 4 pressure ulcers reported in Richmond.

We continue to work closely with Richmond Council to identify Deprivations of Liberty. In 2015-16, one DoLS application was made for a Richmond resident in our rehabilitation service and four residents are supported under the DOLS process within our residential nursing service for adults with learning disabilities. No applications were made for under shared lives scheme although all residents were considered under the criteria.

Training continues to be a key to prevention: Safeguarding Awareness, MCA and PREVENT training are mandatory requirements for all Your Healthcare staff.

Improving awareness

Adult Safeguarding and PREVENT are now well established in Your Healthcare's induction and mandatory training programmes. Safeguarding awareness and Mental Capacity Awareness training currently have a 2 yearly refresher requirement though this will be revised in line with the Intercollegiate Safeguarding Adult Competency framework once ratified. Safeguarding is a standing agenda item on all governance groups with reports presented to the Integrated Governance Committee, which in turn provides assurance to the Your Healthcare Audit and Assurance Board.

60% of staff attended Safeguarding Awareness training

63% of staff attended Mental Capacity Act training

We have both Internet and Intranet pages on adult Safeguarding and intranet information pages on PREVENT. The internet page which is public facing has direct links to the surrounding local authority websites and in addition we have ensured the availability of Council safeguarding leaflets within our service areas. As our services work alongside many other community providers we actively share our knowledge of safeguarding with our partners.

Making Safeguarding Personal

Mental Capacity Act training has been key in supporting the personalisation agenda for Your Healthcare. Where staff have safeguarding concerns, the primary objective is to share these with the person and gain an understanding of their views and wishes.

Our 2016-17 safeguarding refresher training now includes details on our responsibilities as an organisation in ensuring that the person is central to the entire process and that their desired outcomes are key in the reduction or removal of the risk that has been identified.

Southwest London and St George's Mental Health NHS Trust

Key achievements

Aim 1: Leadership, Governance and Partnership

The Safeguarding Adults policy describes the leadership and governance arrangements in place to maintain the highest standards of practice and performance. Making services safe for service users is fundamental to the provision of high-quality health services. The Trust has made this a top priority as part of a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against statutory, national, and local guidance, policy and standards.

The Trust governance of adult safeguarding is achieved through clearly defined roles with responsibilities for the oversight of governance and operations of adult safeguarding, including line management accountability and reporting lines. The safeguarding governance system is also mapped out in terms of the responsible internal groups and committees.

Aim 2: Prevention, Community Engagement and Awareness Raising

The Integrated Learning Group ensures that appropriate structures, and support processes are in place to identify learning through the review of data and information from Patient Experience, Claims, Inquests, Serious Incidents and Safeguarding Adult Reviews.

Aim 3: Policy, Practice and Staff Development

The Safeguarding Adults policy was reviewed and updated to align with the Care Act and associated statutory guidance. The policy describes the responsibilities of the Trust as a provider organisation in its own right and how the Trust works in partnership with Borough-specific Safeguarding Adults policies and procedures. The policy sets out the main roles and responsibilities of staff in key roles. It also lays out the training requirements and other human resource processes.

Aim 4: Person Centred Practice and Making Safeguarding Personal

In 2014-15 the Safeguarding Adults leadership team initiated a monthly 'Making Safeguarding Personal Group'. Throughout 2015-16 monthly meetings were held and the group has formulated a number of recommendations that have been presented to the Safeguarding Adults Quality and Compliance Group.

The Trust Care Programme Approach policy was reviewed and updated. Active service user involvement and engagement is at the heart of the approach, and it will focus on reducing distress and promoting social inclusion and recovery. It is based on a thorough assessment of the service users' individual circumstances. Care plans are developed with full collaboration of the service user and focus on the service user's strengths and seek to promote their recovery. Care plans recognise the diverse needs and preferences of service users, reflecting their cultural and ethnic background as well as their gender and sexuality.

Aim 5: Accountability, Performance, Quality and Achievement

The local Safeguarding Improvement Panel members (Clinical Commissioning Group, the local authority and other NHS Service providers) have met regularly with the Trust to address practice, performance and operational issues arising in the Safeguarding Adults practice in Richmond.

Challenges

In March 2016, the Trust welcomed a team of inspectors from the Care Quality Commission (CQC), and they completed a detailed week-long inspection of our services. They were assessing and judging how well the Trust puts the quality of care and the interests of patients at the centre of what the Trust does. To get a full and thorough understanding of how well our services work, the inspectors interviewed staff about their work, talked to patients about the care they receive, and monitored the care being given to make sure the right systems and processes are in place. We expect the full inspection report to be published in June 2016.

It has been decided that the agreement by which the local authority delegates some of its statutory duties to the Trust under section 75, will end in July 2016. The inter-agency working arrangements are being substantially redefined. The new arrangements are being finalised and will be set out in a new inter-agency protocol.

Looking ahead to 2016-17

We have reviewed and updated all of our policies and procedures in response to the Care Act (2014) and the London Multi-agency Safeguarding Adults Policy and Procedures to ensure they are compliant.

The Safeguarding Improvement Panel has provided a consistent means of ensuring effective inter-agency communications and the Trust is looking forward to working with Richmond on implementing and monitoring new reporting and referral arrangements.

Workforce development will be prioritised. Comprehensive training plans have been developed that gives detail to the competences and roles within adult safeguarding, including PREVENT and the Mental Capacity Act.

The Trust aims to ensure that all its staff have access to the appropriate safeguarding training, learning opportunities and support to facilitate their understanding of the clinical aspects of adult welfare and information sharing. Current compliance with Safeguarding Adults Level 1 stands at 92%.

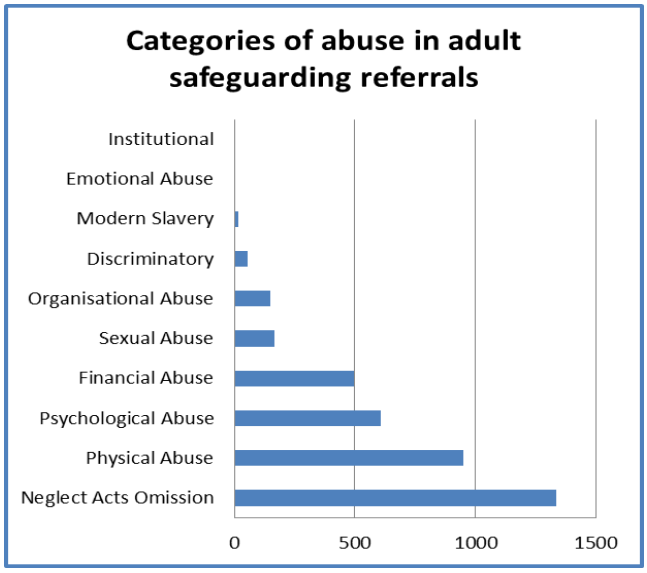
The introduction of the Safeguarding Adults Review process provides an opportunity for greater levels of scrutiny of the most challenging cases.

London Ambulance Service NHS Trust

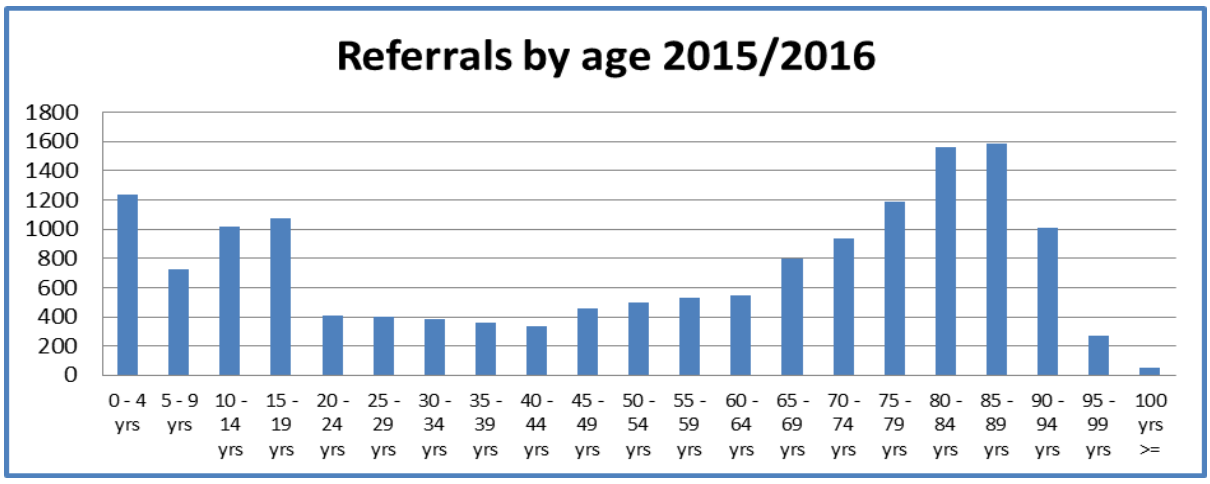
The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organisation and the Trust is committed to ensuring all persons within London are protected at all times.

How we are performing

The LAS made a total to 17332 referrals to local authorities in London during the year, including 4561 children referrals, 4331 Adult Safeguarding Concerns and 8440 Adult welfare Concerns. For Richmond, 90 Adult Safeguarding Concerns and 203 Adult welfare Concerns were raised.



Perhaps not surprisingly, the very young and the old are most likely to be the subject of referrals. For children, once out of infancy and their most vulnerable period they are most likely to be the subject of a referral once over 15. Around a third of referrals for all children, according to an in-house audit conducted in Q1 of this year are related to self-harm. The majority of these are in the 15-18 age range.



Training

The Trust is committed to ensuring all staff are compliant with safeguarding training requirements. The Trust delivered Level 1 training to 871 staff and Level 2 training to over 4000 staff in 2015-16.

93% of clinical staff completed PREVENT training

The full LAS Safeguarding Report for 2015-16 can be accessed via the Trust's website.

Richmond Council for Voluntary Service (Richmond CVS)

Richmond CVS is the support organisation for the voluntary and community sector (VCS) in the borough, providing a range of services to voluntary groups including funding and governance advice, voice and representation, and since January 2016, the volunteering service for Richmond. As a member of the Adult Safeguarding Board, Richmond CVS works to ensure that awareness of Safeguarding within the VCS is high and that groups can access information and training in relation to Safeguarding.

Key achievements

Following on from the Richmond CVS hosted VCS workshop on Safeguarding and the Care Act in March 2015, we recognised the importance of increasing the dialogue between the VCS and the Board and have been serving on the Communications sub-group. As well as supporting work such as the development of a new leaflet on Adult Safeguarding, we continue to disseminate relevant information on Safeguarding, including training opportunities to the VCS and feedback general information from the sector, for example, the need for more understanding around dealing with cases of self-neglect.

In addition to attending all Board meetings, Richmond CVS has also supported other Board activity wherever possible, such as being on the panel for the challenge and support event, and joined sub-group activity when necessary to provide a VCS perspective.

Looking ahead to 2016-17

Richmond CVS is acutely aware of the limited capacity and resource of all Board member organisations and is keen to play its role in identifying partnership opportunities and community activity which can be used to promote safeguarding awareness and increase engagement with people in Richmond. Additionally we would like to ensure that there continues to be appropriate cross-sector training and learning opportunities which are accessible to the VCS.

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 Richmond Council 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.

NHS England (London Region)

NHS England has a strategic leadership role to ensure that the health commissioning system, as a whole, is working effectively to safeguard adults at risk of abuse or neglect.

"Safeguarding adults at risk in London – a stocktake" aims to evidence and share learning in London over the past three years since NHS England came into being. For this report the following information and investigation were included:

- Five Safeguarding Adults Reviews
- 19 Domestic Homicide Reviews
- Four Mental Health Homicide Reviews
- 161 Preventing Future Death Notices
- 26 CQC inspections of NHS and Foundation Trusts
- 75 CQC inspections of GP practices
- Deep Dive into the Commissioning Arrangement of CCGs (2015)
- Safeguarding Adult Audit completed by 112 organisations (2014)

The full report can be found here.

National Probation Service

The National Probation Service has introduced several national documents setting out the NPS position in respect of safeguarding adults in response to the Care Act 2014. This includes a partnership framework, policy, practice guidance and Probation Instruction.

The NPS Partnership Framework sets out the national position in respect of the NPS and Safeguarding Adults. This includes a commitment to attend Safeguarding Adult Boards, the expectations of staff regarding training, the fact that the NPS will not make financial contributions to support local authority boards.

The NPS National Policy, launched in January 2016, acknowledges the National Probation Service's responsibility for safeguarding and promoting the welfare of adults at risk. It recognises the importance of people and other organisations working together to prevent and stop both the risk and the experience of abuse and neglect, whilst at the same time making sure an individual's well-being is being promoted with due regard to their views, wishes, feelings and beliefs. It also acknowledges the contribution the NPS can make to the early identification of care and support needs for an offender in the community, as well as cases where an offender who is a carer needs support.

National training has been developed and rolled out for all staff, including e-learning for all staff and a face to face one-day course for practitioners.

Looking forward to 2016-17

The NPS is aiming to pursue a number of initiatives over the next year, including:

- Contacts and registers in the offender database to support performance information reports.
- Continuing to train NPS staff in Safeguarding Adults, including the Care Act.
- Encourage local auditing of safeguarding adult cases.
- Review the issues related to safeguarding and adult social, including the impact of the Care Act on probation practice.

Helen's story

Helen* is 87 and lives alone. She has been receiving support in her own home with her daily living for several years. The district nurse noticed that Helen had developed grade 4 pressure sores and reported the incident immediately.

"I want you to help me so I can continue to live safely in my own home."

The district nurse was aware that Helen receives care and support at home from a care agency and raised a safeguarding concern with the Council to make sure the situation could be fully investigated.

As Helen would be unable to attend a meeting outside of her home because her mobility is severely restricted, an initial meeting was arranged in her home. Holding the meeting in her home meant Helen was able fully engage and contribute to discussions. Helen's son was able to join the meeting by teleconference from the United States.

Helen and her son had arranged her support privately with a local care agency who also provided support to one of her neighbours. During the course of the meeting, it became clear that although Helen was generally happy with the care workers who visited her that she was not getting the amount and quality of care she needed.

Despite her recent experiences, Helen was determined to keep living independently in her own home and make her own arrangements for her care and support. Helen's wishes were respected and one of the key actions as a result of the enquiry was for social workers from the Council to work closely with Helen to ensure she was able to stay living safely at home.

*names and some details of this story have been changed

What we have learnt this year

One of our priorities as a Board is to continue learning from our collective experience of safeguarding. We do this by reflecting on our practice through regular audits and practice discussions with staff. Safeguarding Adults Reviews (SAR) were introduced by the Care Act 2014. The Board has to undertake a Safeguarding Adults Review of particularly complex or serious cases, where an adult has died or been seriously injured and abuse or neglect is suspected.

The purpose of a SAR is to learn lessons from the case and for those lessons to be applied to future cases to prevent similar harm from occurring. The aim is not to put blame on an organisation or individual for any failings that may be discovered. The Board identified the need to complete five Safeguarding Adults Reviews during 2015-16, although only two were concluded during this period.

Learning from Safeguarding Adults Reviews (SAR)

One of the Safeguarding Adults Reviews concluded in 2015-16 concerned an older lady with dementia and complex health needs living in a care home. The person died as a result of suffocating. The Safeguarding Adults Review found inadequate management and insufficient staffing levels at the care home amongst other issues.

What did we learn?

- Having the right staffing levels in place to meet the complexity of needs of the person is crucial, including managers on duty out of hours.
- Good recording and handover between shift is key to good quality care.
- All professionals have to understand the importance of identifying and raising concerns about quality of care and aware of how to report and deal with them.
- Multifactorial risk assessments with input from a number of professionals are vital, especially during end of life care.
- The value of an emergency multi-agency meeting when a person's needs are changing rapidly and there is concern about meeting their needs with the available resources. The trigger for a multi-agency meeting should be based on risk assessment or serious concern about the person's condition. All practitioners need to raise concerns with their managers, who should call a multi-agency meeting if this is required.
- Timely referrals for assessment or re-assessment by health and social care professionals, including NHS Continuing Healthcare, cannot be under-estimated. If the person's condition is deteriorating rapidly the person should be fast tracked for urgent support.
- The person should always be at the centre and involved in all aspects of their care and support. if the person lacks the capacity to participate in the decisions their wishes must be expressed though an appropriate representative such as a family member of an independent advocate.

The second Safeguarding Adults Review concluded in 2015-16 concerned an older man who lived with his son, who was also his main carer, and who died at home with signs of significant self-neglect and of living in squalid conditions. A few months before his death, concerns were raised about his physical health, including what appeared to be a cut to his head. Both the man himself and his relative who lived with him and was his informal carer, refused to any intervention from health or social care in the matter.

What did we learn?

- Multi-agency working is the key in complex cases, particularly where the person and their family are reluctant to engage with services and it is vital for organisations to effectively share information to develop a holistic understanding of the situation.
- The importance of working with a family unit to gain cooperation is vital. Building a relationship with the family and carers over time will allow practitioners to identify ways to support bot the person and their carers even if a carers assessment is effused at first.
- The value of creating a multiagency panel to effectively manage complex cases characterised by people who self-neglect or hoard. As a result of this the VAMA panel was established
- Organisations have to be clear on when to use their statutory powers either as a duty of care to the individual or to the wider community, for example when there is a fire risk.

What we have done

For both of these SARs an extensive report was commissioned, with an accompanying action plan. The oversight of the delivery of these actions is undertaken by the SAR sub-group. As part of our evolutionary developments, different methodologies were used matched to each specific case.

Improving practice and people's experiences of the process

During 2015, we changed our safeguarding process to make it more personal. This meant a significant change in the way meetings are run and the way practitioners gather the person's feedback on their experience and whether they feel more safe as a result of the safeguarding process.

We now collect this information at the beginning of the process and the end of the process. The new method is a more sophisticated approach to ascertaining a person's sense of safety after going through the safeguarding process. It also helps practitioners to ensure people are at the centre of the safeguarding process.

Our priorities for 2016-17

As a Board we will continue to work together to deliver on our vision to keep people in Richmond safe from abuse and neglect. We will do this by delivering on our business plan. Here are some of our priorities for the next year:

Leadership, governance and partnerships

Continue to develop our role as the strategic lead for safeguarding and build on our existing partnerships

We will work with providers to improve quality of care to prevent or reduce incidents of abuse and neglect.

We will show zero tolerance of organisations who put people at risk of abuse or neglect through their own failings.

We will work effectively in partnership with other agencies to support people who self-neglect and place themselves and others at risk.

Police, practice and staff development

We will find innovative ways of undertaking Safeguarding Adults Reviews including involving of families in the process.

We will arrange two multi-agency learning events focusing on two key areas important to our practice, such as good quality provision and effective involvement of people and families in adult safeguarding.

As part of the Council's shared staffing arrangements with Wandsworth Council, we will improve the way we deal with safeguarding referrals at the first point of contact with as little hand offs as possible.

A new website for the Board

We will continue to improve public awareness of the board through a variety of channels.

We will develop a new website that is easy to access and use and provides more information about our work to safeguard adults at risk.

Making Safeguarding Personal

We will work with our partners to embed Making Safeguarding Personal in every day practice across the partnership.

We will pilot independent safeguarding surveys of people and families who have gone through the safeguarding process to identify areas to further improve our practice.

Accountability, performance, quality and achievement

We will develop a performance framework to monitor the impact of the partnership on keeping people safe in Richmond.

Appendix 1: SMART Business Plan Outline & Priorities 2015-17

LEADERSHIP, GOVERNANCE AND PARTNERSHIP

Aim 1: To have in place strategic leadership, governance and the widest possible partnership to deliver on our lawful safeguarding responsibilities.

OBJECTIVES					Monitoring arrangements	RAG status
What	**Who**	**How**	**When**	**Outcome Measure**		
Positively champion Safeguarding	Senior Leaders Partners Members	Identify resource & key deliverables	Q1-4 2015/16	1.Each organisation will have a named safeguarding lead. 2.Each organisation can commit to having a workforce who are fully cognisant of safeguarding	**SAB Audit A1** Each organisation has a senior staff member to champion safeguarding **SAB Audit C2/C3** Supervision policy supports effective safeguarding. All staff working with adults at risk receive training appropriate to their role	**Green**
Ensure close connections with wider partnerships	Senior Leaders Communications Sub-group Chair	Set out organisational safeguarding priorities to align with Member strategies	Q1-4 2015/16	1. Safeguarding priorities will be co-terminus with those of the CSP; the LCSB and the CCG and this can be evidenced through audit.	**SAB Audit A2:** Org committed to SG adults and promoting wellbeing, this is in mission statement and strategic documents. Org actively supporting the SAB in taking actions re its business plan. **Sab Audit D1:** Org engages appropriately in multi-agency efforts	**Green**
Commit to a whole systems approach to deploying safeguarding learning, recognising resource limits.	Senior Leaders	1.Celebrate best practice through regular learning events 2.Ensure transparency about poor practice, near misses or practice that can be improved	March 2016	1.At least 1 learning Event will be in place for each organisation 2. Invitations will be shared 3. Each organisation will have an available account of near misses and will report consequent learning. 4. The SAPB will embrace near miss learning into the SAR Sub-group	**SAB Audit A5** The org evidences that it shares learning with partner organisations and internally. **Sab Audit A3:** The Service has a system for reviewing alerts and referrals which is integrated with complaints and SI reporting process and policy. **SAB Audit D3:** The organisation evidences that action plans from SARs & Domestic Homicide Reviews drive improvement ***Local Monitoring: Near Miss Learning through Performance and SAR Sub-groups***	**Amber**

PREVENTION, COMMUNITY ENGAGEMENT AND AWARENESS RAISING

Aim 2: To improve levels of engagement and knowledge of safeguarding by raising awareness with the public, vulnerable people, their carers and supporters and hard to reach communities and high risk groups.

OBJECTIVES					Monitoring Arrangements	RAG
Champion improved publicity and communications to make strong community connections	Senior Leaders & Communications Sub-group	1. Develop a public engagement, communication and safeguarding awareness strategy to include a social media campaign. 2.Deploy engagement mechanisms and use local village plans; Neighbourhood Watch Forum; Mayor's Office; Stop Hate Crime in Richmond etc. 3. Target BAME, Hard to Reach Groups; High Risk Groups etc. 4. Work with Providers and develop an engagement strategy around the prevention of neglect. 5. Work with adults at risk, particularly those with learning disability to increase awareness of financial exploitation	Q2-4 2015 Q1-3 2016	1. Systems and resources will be in place to raise public awareness and understanding. 2.Information and intelligence will improve to inform systems and practice 3. Safeguarding outcomes will be joined up and intelligence will be co-ordinated 4. Risk will be reduced 5. Safeguarding issues will be more transparent. 6. Commitment to safeguarding will be endorsed. 7. There will be increased awareness of neglect in residential and provider settings. 8. There will be less exploitation of people with a learning disability.	**SAB Audit F3:** Organisation has written information available to adults at risk and their families about SG adults including who to contact if they are concerned re an adult at risk. Information is provided in a range of formats and languages. **SAB Audit D6:** Organisation has a focus on need for preventing abuse and neglect. Measures in place to minimise circumstances which make adults vulnerable to abuse. ***Local Monitoring: Performance Sub-group to provide data re:*** • ***Financial abuse for people with learning disabilities*** • ***Neglect in care homes and with home care providers*** ***Local Monitoring: Progress monitored through the Communications Sub-group***	**Amber**
Champion engagement with adults at risk, their carers and representatives	Communications Sub-group Senior Members	Engage adults at risk and their reps in a meaningful way to contribute to SAB decision making	Q1-4 2016	SAB Decision making will be positively influenced by the people it most affects.	***Local Monitoring: Progress monitored through the Communications Sub-group***	**Red**
Review progress of o NHS	Senior NHS	Set up a 'Health	**To be**	Clear information will exist	***Local Monitoring: Progress monitored***	**Green**

safeguarding self-assessments	Leaders Senior Members	Challenge' in relation NHS safeguarding self-assessments	**agreed**	regarding outcomes and successes	***through <u>Performance Sub-group</u>***	

POLICY, PRACTICE AND STAFF DEVELOPMENT

Aim 3: To ensure the requirements and the spirit of the Care Act 2014 are fully implemented by all agencies that hold statutory and non-statutory responsibility for safeguarding, through best practice.

OBJECTIVES					Monitoring Arrangements	RAG
Implement Care Act changes and develop a best practice approach	All Members and Partners and Policy Sub-group	1. Adopt revised Pan London Procedures. 2.Develop a full range of complementary policy, local procedures and guidance. 3.Ensure that this provides a framework within which organisations can work together effectively to respond to abuse and neglect 4.Ensure updates and review mechanisms are in place 5. Ensure all contracts, commissioning and service arrangements are fully cognisant of adult safeguarding 6. Consider a partner peer audit 7. Develop an Adult Safeguarding Charter which all members, partners and providers sign up to and ensure review	Q1-4 2016	1.Consistency and audit will enhance will enhance good safeguarding practice 2. An operational framework will exist, which will be reviewed for continuous improvement. 3. A Safeguarding Charter will exist, which is endorsed by Members, Partners and Providers. *This is not in place*	**SAB Audit B1:** Organisation has specific policies and procedures which reflect and cross refer to Pan London Policy and Procedures **SAB Audit D2:** Organisation appropriately complies with Pan London Policies and procedures in recognising and reporting SG adult concerns. **SAB Audit A6:** The organisation ensures high quality legal advice is available to staff **SAB Audit B3:** Where service are sub commissioned there are explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect **SAB Audit B4:** Commissioned services have contracts which require services complaint with MCA and DOLS **SAB Audit F4:** Supports individuals to access their right to an independent advocate where an adult has substantial difficulty **SAB Audit F2:** Demonstrates a clear working understanding and evidences competence in applying the mental capacity Act **SAB Audit D4:** Organisation has policy/ Procedures setting out the process re information sharing which is in accordance with Pan London procedures	**Green**

		8.Review referral routes for raising safeguarding concerns to enable alignment across the partnership.			***Local monitoring: Progress monitored through <u>Performance Sub-group</u>***	
Set out a SAPB Learning & Development Strategy	All Members and Partners Senior Leads Learning & Development Sub-group	1.Each agency to develop a comprehensive training and development plan for staff, carers, supporters and volunteers, which should feed into the Board L&D Strategy. 2. Ensure that training is mapped to Bournemouth competencies, MSP Care Act requirements, commensurate with role and type. 3.Training outcomes are monitored and recorded	Q1-Q4 2016	1. A comprehensive partnership based Board Learning & Development Strategy exists, which is active. 2. L& D outcomes are clear and partner based 3. Clear training outcomes exist. 4. People's safety will improve.	**SAB Audit C3:** All staff working with adults at risk receive training appropriate to their role **SAB Audit C2:** Organisation's staff supervision policy supports effective safeguarding ***Local monitoring: Progress monitored through <u>Learning & Development Sub-group</u>***	**Red**

PERSON CENTRED PRACTICE AND MAKING SAFEGUARDING PERSONAL

Aim 4: 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.

OBJECTIVES					Monitoring Arrangements	RAG
Promote person centred practice (PCP) in safeguarding across all organisations and make use of local and national initiatives	All Members and partners L&D Sub-group Policy Sub-group	1. Relevant staff are trained in PCP and the themes of Making Safeguarding Personal (MSP). 2. Social Workers are trained to deploy the MSP Toolkit. 3. Deployment of PCP is monitored through relevant performance	Q1-4 2016	1.Evidence based person centred practice will be in place. 2.Outcomes for adults at risk will be clear and will inform decision making. 3.Intelligence will be available to analyse themes and trends 4. A local Reference Group will exist.	**SAB Audit F1:** The principle of MSP is at the heart of the organisation's practice **SAB Audit F5:** Information is obtained from service users about what outcomes they wish from the SG process **SAB Audit F6:** There is a strong service user outcome focus within the Organisation's quality assurance process	**Amber**

		management and outcomes are fed into Boards' Performance Framework outcomes. 4. Person centred good practice examples are shared. 5. Create local Ref Group; involve adults & their reps/ carers who have experienced, or at risk of abuse & neglect, to shape/ influence development of safeguarding practice.		5. Practice and training will be influenced positively by people who experience the service.	***Local Monitoring of: MSP Outcomes, Feedback on Best practice sessions through Performance Sub-group,*** ***Local Monitoring of Training – though Learning & Development Sub-groups*** ***Local Monitoring of Reference Group through Communications Sub-group***	

ACCOUNTABILITY, PERFORMANCE, QUALITY AND ACHIEVEMENT

Aim 5: To ensure our aims, objectives, plans and service interventions are appropriately and proportionately reviewed so we can monitor progress, take corrective actions and ensure that continuous learning, improvement and quality outcomes are achieved.

OBJECTIVES					Monitoring Arrangements	RAG
Agree a Performance Framework for the SAPB	Performance Sub-group Senior Leaders	1.Agree the most effective outcome measures and data requirements	Q1-3 2016	1. Progress of the SAB Strategy is monitored. 2. Data will exist to enhance SAB understanding of the prevalence of abuse and responses made.	This business plan and monitoring arrangements forms the basis of the performance framework.	Green
Agree a proportionate and effective set of outcome and audit measures	Performance Sub-group Policy Sub-group Senior Leaders	1.Work with Police to increase referrals 2. Work with Providers to increase referrals 3. Set outcome measures 4.Agree feedback and management systems 5. ACS feedback to the Board the outcomes of the deployment of the	Q1-3 2016	1. Performance measures are in place which will demonstrate quality outputs. 2. Relevant safeguarding referrals will increase 3. Impact of PSW role will be evident 4. An Audit plan will exist 5. A SAB Safe Recruitment Policy will exist	**SAB Audit C1:** Organisation has robust and safe recruitment procedure and practices ***Local Monitoring through performance sub-group:*** • ***Results of local audits (not just the SAB audit)*** • ***Number of referrals from the Police*** • ***Number of referrals from social care and health providers***	**Green**

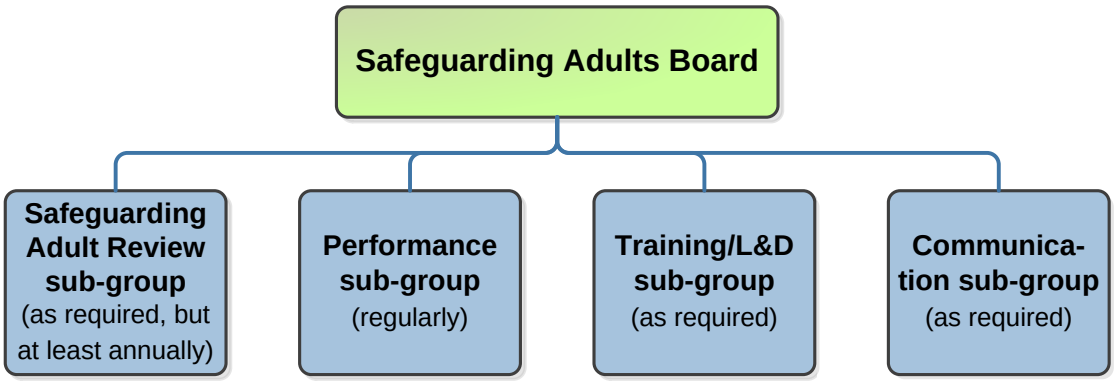
		Principal Social Worker (PSW) 6. Partners develop a safeguarding audit plan 7. Develop a framework for effective safer recruitment that can be used by partner agencies 8. Ensure consistent evidence based recording and reporting of SG information across organisations, (enabling sharing of Intelligence at strategic and operational levels.		6. Evidence based information will exist to enable information sharing, best practice and risk management.	• ***Feedback on how intelligence is shared*** ***<u>Performance Sub-group</u> to identify further outcome measures as required e.g. from learning, audit, near misses etc.***	

Appendix 2: Board membership and sub-groups

The core membership of the Board is:

- 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)
- Board Lead for Clinical Services (Your Healthcare)
- Borough Commander, Richmond (London Fire Brigade)
- Community Safety Manager (Richmond Council Community Safety Partnership)
- Health & Partnerships Manager (Richmond Council for Voluntary Service
- Assistant Chief Officer (Probation Service, Kingston & Richmond LDU)
- Director of Quality Improvement (West Middlesex University Hospital)
- Head of High Intensity Therapies & Safeguarding Lead (Richmond Wellbeing Service)
- Public Health Principal (Richmond Council Public Health Team)
- Head of Stakeholders & Partnerships (Community Rehabilitation Company – former part of Probation Service)
- Assistant Director (Achieving for Children)

Board governance structure



Links to other documents

Our Vision and Strategic Plan April 2015 to March 2018
Our Safeguarding Adults Procedures

Appendix 3: Adult Safeguarding Performance Information and Summary Data 2015-16

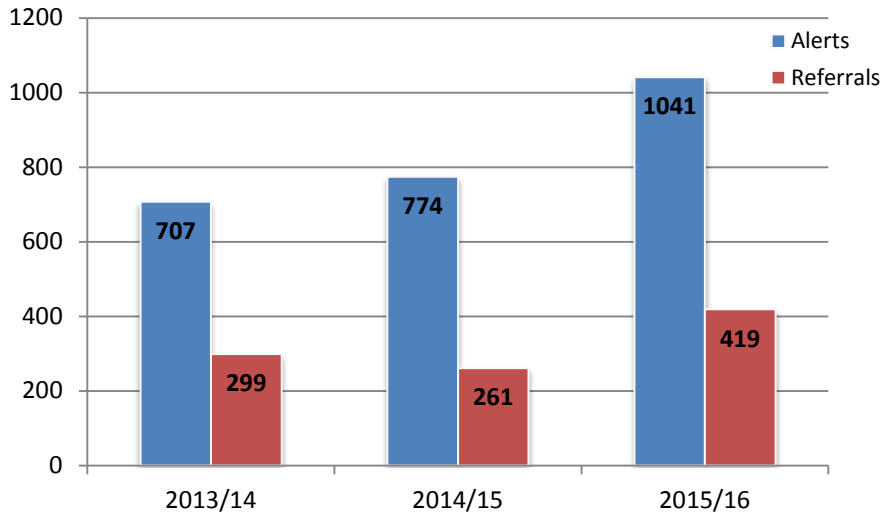
1. Safeguarding information

1.1. Safeguarding Concerns

The introduction of the Care Act, from 1st April 2015, has introduced some significant changes in terminology and safeguarding requirements. For the purposes of this report, we are comparing Concerns and Enquiries in 2015/16 to alerts and referrals in previous years. Although a different definition, it allows some comparison to previous performance.

A safeguarding Concern occurs when any safeguarding issue is first raised with Adult Social Care. After a Concern is received it is reviewed, considered and risk assessed. It will either be dealt with through another route if not considered to be a safeguarding matter, or it will advance to the next stage of the safeguarding process for fuller investigation and formal intervention. This is called a Section 42 Enquiry.

In the 2015/16 financial year, 1041 safeguarding Concerns were raised, leading to 419 Enquiries. This is the highest number ever received in Richmond and a 34% increase in the number of safeguarding Concerns raised when compared to alerts in the previous financial year and a 61% increase in Enquiries compared to referrals. 40% of Concerns progressed to Enquiry in 2015/16 compared to 34% in 2014/15 and almost back to the proportion in 2013/14.

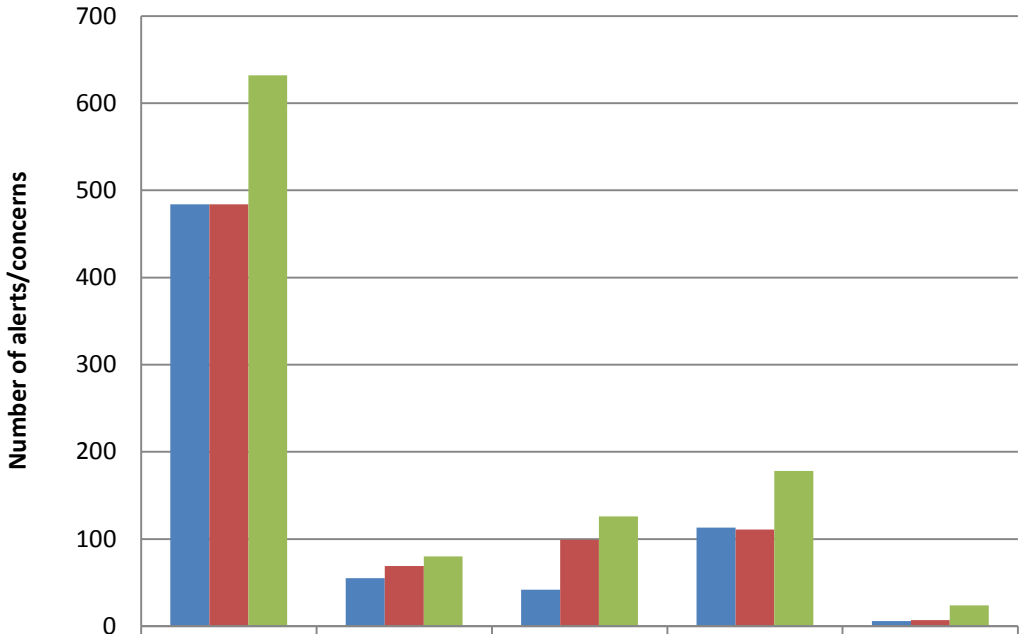
During 2015/16	Over the last three years
1041 **Alerts/ Concerns** **419** **Referrals/ Enquiries**	
Percentage of Alerts/Concerns progressing to referral/Enquiries	***42%*** ***34%*** ***40%***

1.2. Safeguarding activity by service user group and demography

1.2.1. Alert/Concerns

Chart B shows Concerns raised for people in each service user group during 2015/16 compared to alerts in the two previous years. The highest increase was for older people with 148 more received than in the previous two years. Mental Health also saw a sizable increase with an increase of 67 Concerns or 60%.

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



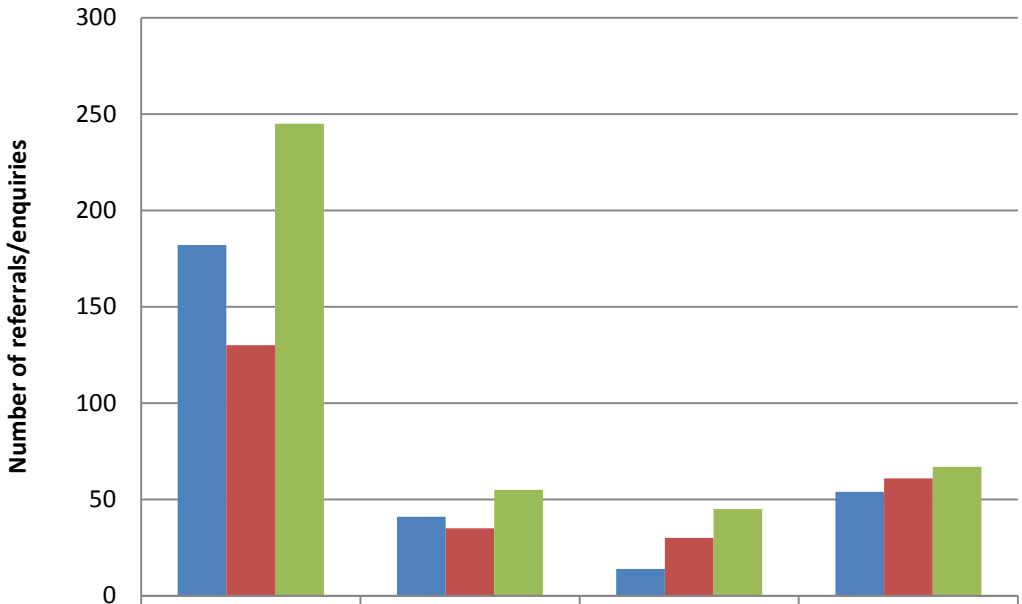
	Older People	Learning Disability	Physical Disability	Mental Health	Carer
2013/14	484	55	42	113	6
2014/15	484	69	99	111	7
2015/16	632	80	126	178	24

Please note that data is not shown in Charts B for other adults at risk due to small numbers (less than five alerts/concerns for each category).

1.2.2. Referrals/Enquiries

In relation to Enquiries (Chart C), again the highest increase is for older people with an increase of 115 Enquiries. There was a very small increase for Mental Health indicating that a high proportion of Concerns did not progress to Enquiry. Learning Disability and Physical Disability both saw relatively significant increases.

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



	Older People	Learning Disability	Physical Disability	Mental Health
2013/14	182	41	14	54
2014/15	130	35	30	61
2015/16	245	55	45	67

1.2.3. Demographics

Ethnicity: Enquiries for Black, Asian and Minority Ethnic (BAME) residents totalled 7% in 2015/16 (Chart D). Given there is lower proportion of BAME residents aged over 65 in the population. The high number of Enquiries for older people experienced this year, when compared to 2014/15, has skewed the overall proportion of Enquiries for BAME residents.

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.

CHART D: Ethnicity of people with safeguarding referral/enquiries

Ethnicity	2013/14		2014/15		2015/16	
	Number	%	Number	%	Number	%
White	250	*84%*	222	*85%*	365	*85%*
Mixed	9	*3%*	*	*1%*	*	*0%*
Asian or Asian British	9	*3%*	9	*3%*	12	*3%*
Black or Black British	6	*2%*	7	*3%*	*	*1%*
Other Ethnic Groups	6	*2%*	8	*3%*	13	*3%*
Not Stated	19	*6%*	12	*5%*	32	*8%*

Gender: The percentage of Enquiries relating to males increased by three percentage points (Chart E) but is similar to the percentage two years ago. The proportion of Enquires relating to women is reflective of the higher proportion of women who receive services.

CHART E: Gender of people with safeguarding referral/enquiries

Gender	2013/14		2014/15		2015/16	
	Number	%	Number	%	Number	%
Male	108	*36%*	83	*32%*	148	*35%*
Female	190	*64%*	178	*68%*	271	*65%*

Age: The number and percentage of Enquiries relating to people aged 85+ increased substantially (Chart F), indicating that we are seeing a higher proportion of vulnerable older people.

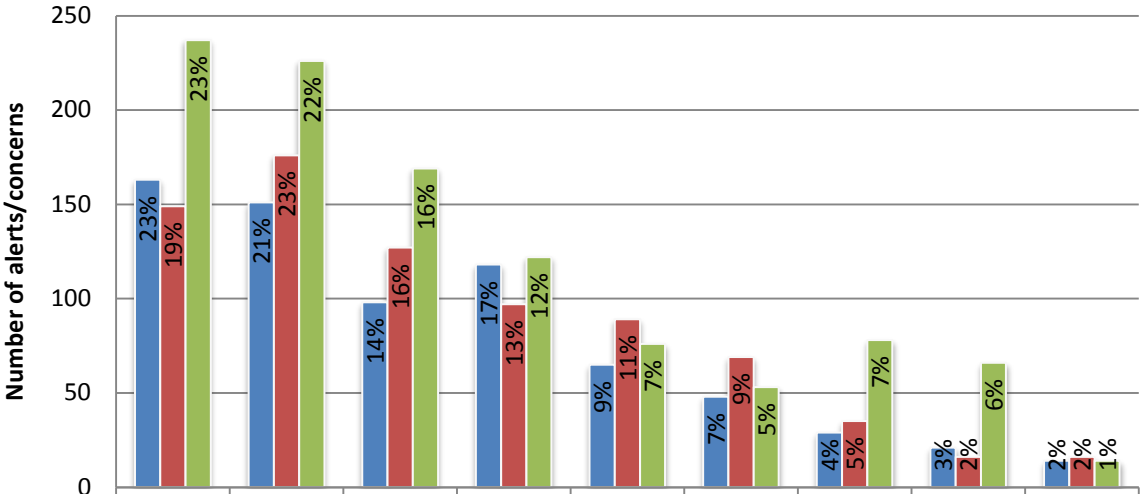
CHART F: Age of people with safeguarding referral/enquiries

Age	2013/14		2014/15		2015/16	
	Number	%	Number	%	Number	%
18-30	36	*12%*	31	*12%*	31	*7%*
31-44	33	*11%*	32	*12%*	34	*8%*
45-64	48	*16%*	62	*24%*	89	*21%*
65-74	27	*9%*	25	*10%*	48	*11%*
75-84	49	*16%*	44	*17%*	77	*18%*
85+	106	*35%*	67	*26%*	139	*33%*

1.3. Source of Alerts/Concerns

Nearly all sources saw an increase in 2015/16 (Chart G) which is reflective of the higher number of Concerns raised. Concerns raised by providers, Police and Housing increased significantly but self-referrals and concerns raised by Mental Health reduced this year.

CHART G: Alerts/Concerns by source

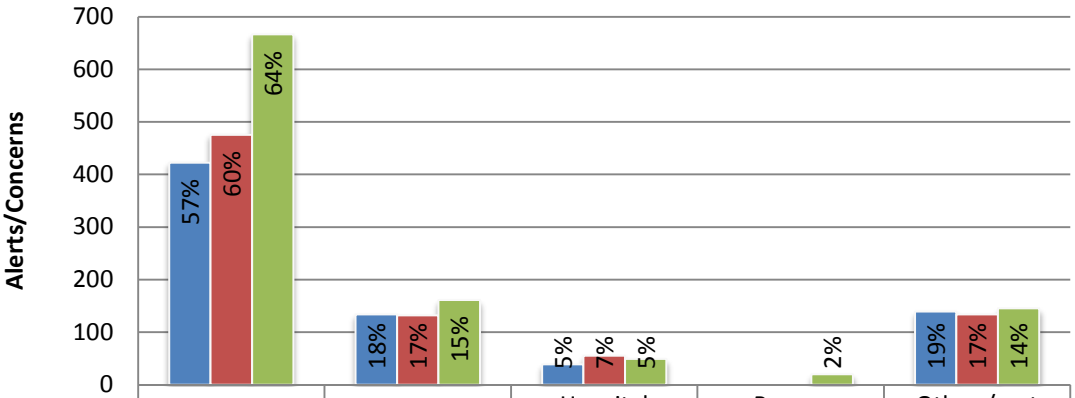


	Provider / Care Staff	Health Staff	Social Services Staff	Family / Friends / Neighbour	Mental Health	Self-Referral	Police	Housing	Other
2013/14	163	151	98	118	65	48	29	21	14
2014/15	149	176	127	97	89	69	35	16	16
2015/16	237	226	169	122	76	53	78	66	14

1.4. Locations of alleged abuse alert/ concerns & relationship to adult at risk

As with previous years, adults at risk are more likely to be abused in their own homes (Chart H). Although there are a higher number of adults in care homes; the proportion in a care home reduced this year.

CHART H: Location of alerts/concerns - comparison to previous years



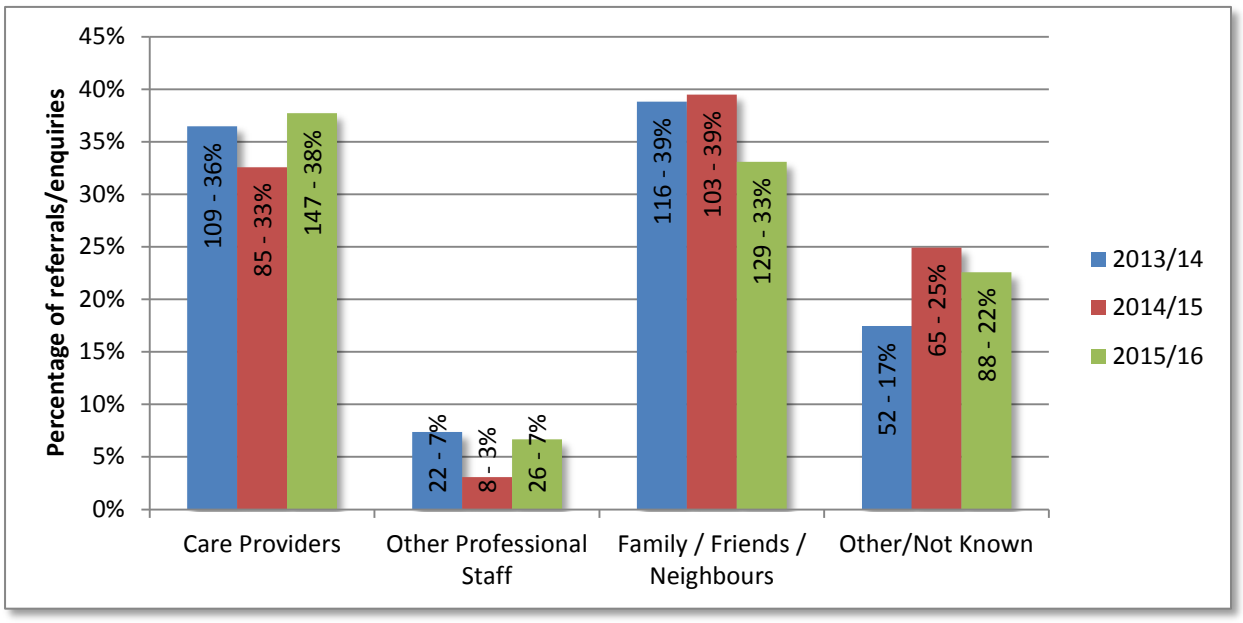
	Own home	Care home	Hospital setting	Person Alleged Home	Other / not known
2013/14	422	134	39	*	139
2014/15	475	132	55	*	134
2015/16	666	161	49	20	145

Chart I: Relationship of person alleged to have caused harm – referrals/enquiries

		2013/14		2014/15		2015/16	
		Number	%	Number	%	Number	%
Care Providers	Residential Care worker	40	*13%*	31	*12%*	52	13%
	Domiciliary Care worker	64	*21%*	49	*19%*	89	23%
	Personal Assistant	5	*2%*	5	*2%*	*-	1%
	Day Care Workers	-	-	-	-	*-	1%
	All Care Providers	**109**	***36%***	**85**	***33%***	**147**	***38%***
Other Professional Staff	Health Care worker	5	*2%*	4	*2%*	18	5%
	Other professional	17	*6%*	4	*2%*	8	2%
	All Other Professionals	**22**	***7%***	**8**	***3%***	**26**	***7%***
Family/ Friends/ Neighbours	Partner	31	*10%*	35	*13%*	23	6%
	Neighbour/ Friend	39	*13%*	33	*13%*	39	10%
	Other family member	46	*15%*	35	*13%*	65	17%
	Informal Carer	-	-	-	-	*-	0%
	All Family / Friends / Neighbours	**116**	***39%***	**103**	***39%***	***129***	***33%***
Not Known/ Other	Other Adult at Risk	*-	*1%*	9	*3%*	5	1%
	Stranger	9	*3%*	14	*5%*	12	3%
	Other / not known	41	*13%*	42	*16%*	71	18%
	All Other / not known	**52**	***17%***	**65**	***25%***	**88**	***22%***

*Numbers are less than 5.

Chart J: Relationship of person alleged to have caused harm – referrals/enquiries

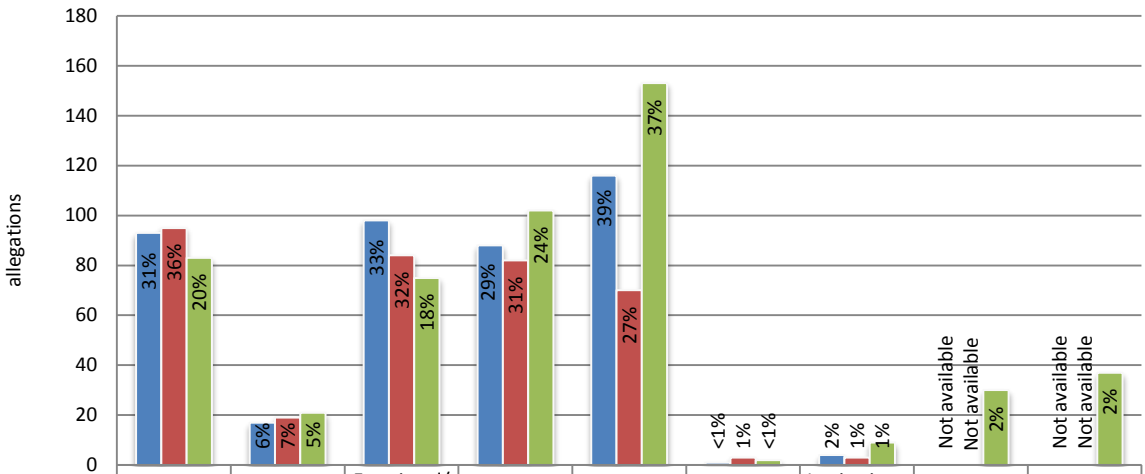


1.5. Type of alleged abuse and comparison with previous years

In 2015/16, neglect, with 153 cases, and financial abuse, with 102 cases, were the most highly reported allegations of abuse. There has been a very significant increase in neglect in care homes and financial abuse for older people receiving home support. Both of these types of abuse are most prevalent for older people and this is consistent with the increase in Concerns for older people.

In line with Care Act 2015 requirements, self-neglect is now being reported as a type of alleged abuse. There were 37 cases reported during 2015/16 with 29 of these older people.

CHART K: Nature of abuse for safeguarding Referrals/Enquiries

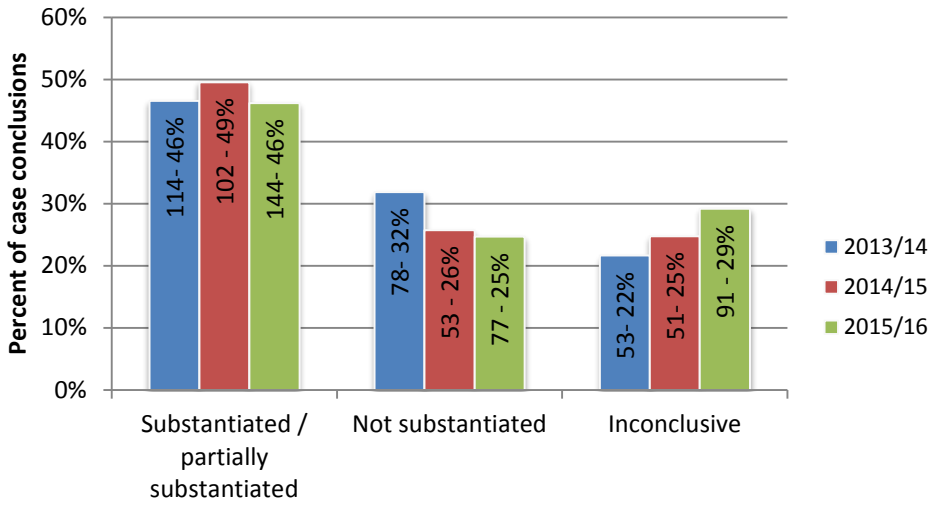


	Physical	Sexual	Emotional/ Psychological	Financial	Neglect	Discriminatory	Institutional/Organisational	Domestic Abuse	Self Neglect
2013/14	93	17	98	88	116	*	*	0	0
2014/15	95	19	84	82	70	*	*	0	0
2015/16	83	21	75	102	153	*	9	30	37

1.6. What did our investigations find?

Chart L portrays the percentage of investigations that were concluded in 2015/16. Of the 312 cases concluded in 2015/16, 46% were substantiated, slightly lower than in the previous two years with a much higher proportion inconclusive. As predicted in the 2014/15 annual report, the influence of the Care Act 2015 in relation to increasing a person centred approach; and the outcomes expected from Making Safeguarding Personal have seen a higher rate of inconclusive results. 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 their desired outcomes.

Chart L: Case conclusions by year



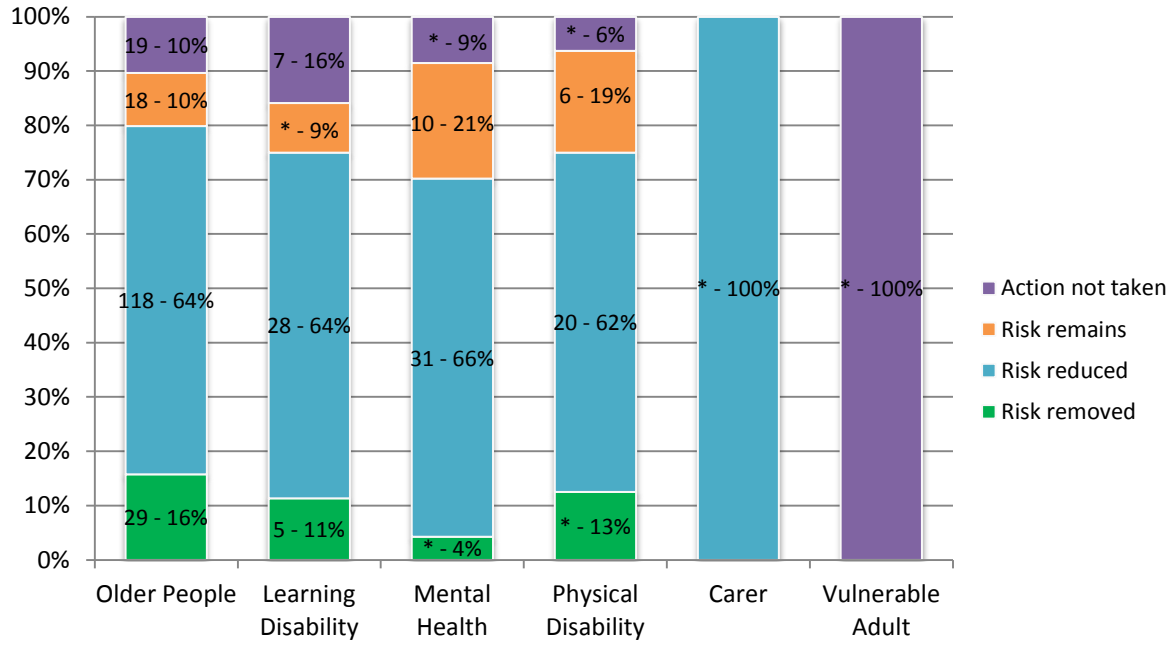
1.7. Outcomes for adults

1.7.1. Risk

Overall there were 311 concluded cases in 2015/16 for which action taken was recorded. The risk was removed or reduced in 77% of these cases.

Chart M denotes outcomes by service user group showing that older people, people with mental health issues, those with a physical disability and those with a learning 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 live with the risk or manage the risk themselves.

Chart M: Result of safeguarding actions by service user group



1.8. Mental Capacity

1.8.1. Mental capacity by age

Chart N shows whether the adult at risk lacked mental capacity by specific age bands. As expected the 85-94 age group has the highest proportion of people lacking capacity.

Chart N: Concluded enquiries – mental capacity check

For each concluded enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?		2015/16	%
18-64	Yes	31	*30%*
	No	74	*70%*
	Not recorded	11	*9%*
	Total	**116**	-
65-74	Yes	6	*21%*
	No	22	*79%*
	Not recorded	3	*10%*
	Total	**31**	-
75-84	Yes	31	*53%*
	No	27	*47%*
	Not recorded	4	*6%*
	Total	**62**	-
85-94	Yes	44	*59%*
	No	30	*41%*
	Not recorded	7	*9%*
	Total	**81**	-
95+	Yes	10	*50%*
	No	10	*50%*
	Not recorded	1	*5%*
	Total	**21**	-

1.9. Making Safeguarding Personal Data

1.9.1. Personal outcomes achieved

Gaining both qualitative and quantitative understanding and outcomes remains central to our work. We have streamlined our process to embrace a making safeguarding personal approach to safeguarding.

Chart O shows whether the adult at risk and other representatives involved in the safeguarding felt their outcomes were achieved. Nearly 95% of the adults at risk and 96% of representatives felt they achieved the outcomes they wanted.

Chart O: Outcomes achieved

	2015/16, Q3 & Q4					
	Adult at Risk	%	Representative	%	All people involved	%
Met/Partially Met	37	*94.9%*	10	*100%*	47	*95.9%*
Not Met	2	*5.1%*	0	*0%*	2	*4.1%*
Total	**39**		**10**		49	

1.9.2. Sense of safety

In November 2015, we changed the way data was gathered from people on how safe they felt at the end of the safeguarding process, from a 'yes/no' answered question, to a sliding scale question. The new process collects the persons' or person's representatives' sense of safety at the beginning of the process and again at the end of the process. The new method is a more sophisticated approach to ascertaining a person's sense of safety after going through the safeguarding process. It also helps practitioners to ensure people are at the centre of the safeguarding process by asking about their sense of safety at two different points of the process.

Chart P below provides quarterly performance data on the Council's strategic measure relating to a person's sense of safety. Performance is currently well above the target of 80%. The target has been set at 80% to allow for situations where the adult at risk makes personal choices to live with the risk. In these cases, if there is any concern about the person's ability to make an informed decision, a mental capacity assessment is undertaken. If the person is unable to make an informed decision following a capacity assessment, an advocate may be appointed, and a proportionate decision made in their best interest. If the person is able to choose how to live it is important that there is not a significant risk to themselves or to others.

Chart P: Sense of Safety Measure Results

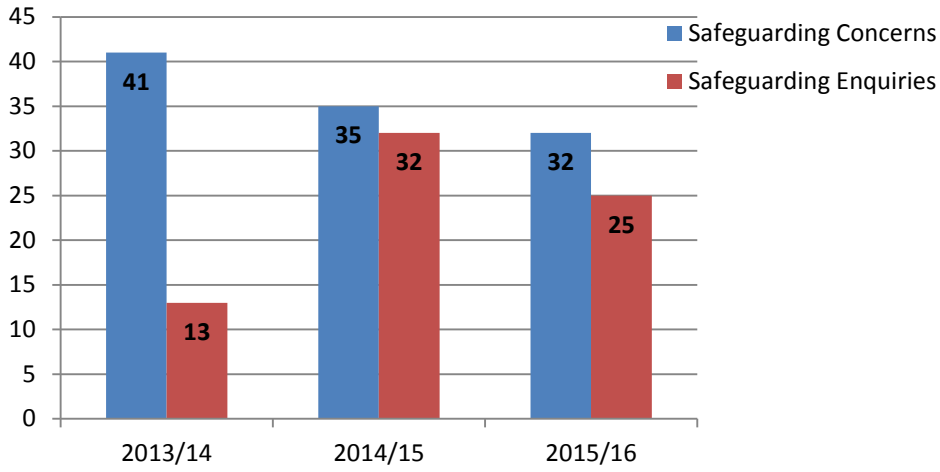
Measure	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	2015/16 %	2015/16 Target
ACS 229 % of people who felt safer as a result of an adult safeguarding intervention	**86.7%** (13/15)	**80.8%** (21/26)	**82.9%** (34/41)	**85.5%** (47/55)	**86.0%** (148/ 172)	**80.0%**

2. Learning Disability

2.1. Learning Disability Safeguarding Concerns/Enquires raised

The number of Safeguarding Concerns raised has reduced over the last three years but the number of Enquiries is much higher than two years ago.

Chart Q: Safeguarding Concerns/Enquiries over the last three years

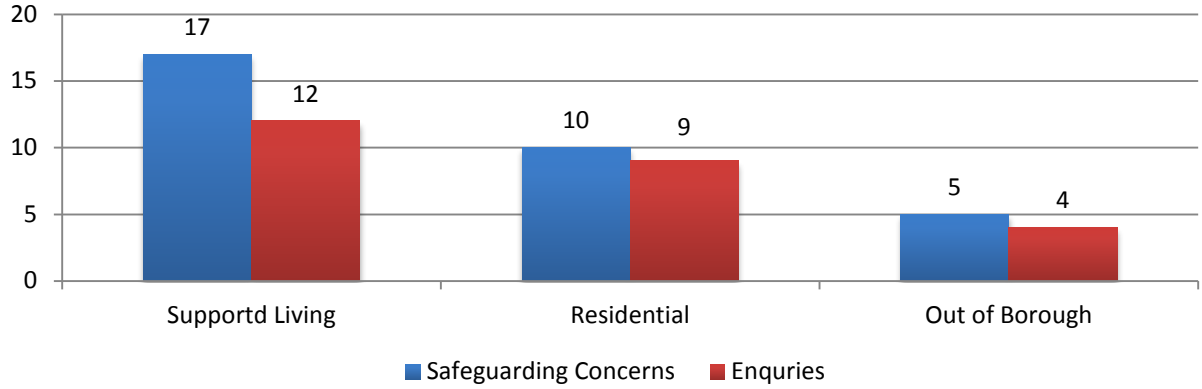
During 2015/16	Over the last three years		
32 Concerns **25 Enquiries**			
% of Concerns progressing to Enquiry	***32%***	***91%***	***78%***

32 Safeguarding Concerns were raised during this year with 25 proceeding to Enquiry. A further 5 Concerns were raised in relation to residents living out of borough and 4 progressed to Enquiry.

Chart R: Safeguarding Concerns and Enquires by Type of Provider

April 2015 – March 2016	No. Concerns	No Enquiries
Supported Living	17	12
Residential homes	10	9
Out of borough	5	4

Chart S: Safeguarding Concerns/Enquires



Although a higher proportion of people with a learning disability live in a residential home, 53% (17) of the Concerns related to supported living with 31% (10) re people in a residential home.

2.2. Learning Disability Outcomes by Abuse Type

Of the 21 Enquiries completed by the borough 15 (71%) were substantiated.

- 10 related to neglect
- were substantiated for financial abuse against one supported living scheme
- 1 investigation has not been completed
- Of the Out of Borough 2 were substantiated for neglect (not in the table below).

Chart T: Outcomes by abuse type

	Neglect	Financial	Physical
Substantiated	10	4	1
Inconclusive	1	0	1
Not Substantiated	2	0	0
Deemed not SGA at Initial enquiry	1	0	0
Ongoing Investigation	1	0	0
Total raised	15	4	2

2.3. Learning Disability Learnings from Safeguarding

- **Financial Abuse** – Amendments to policies to include robust monitoring and auditing to validate all claims made. Taxi firms now provide monthly invoicing detailing all journeys.
- **Neglect** – Improved review and recording practices in monitoring skin integrity including ensuring all information is up to-date including hospital passports and body maps. To be achieved through care worker staff training and better communications during handovers.
- **Physical** – To ensure appropriate equipment and training is given to all care workers and where specific equipment is used carers will work alongside a competent person.

3. Older People Care Homes

3.1. Older People Care Homes Safeguarding Concerns/Enquires raised

The number of Safeguarding Concerns has fluctuated over the last 3 years and has increased by 42% from 14/15. A high proportion (59%) led to Enquiry.

Chart U: Safeguarding Concerns /Enquiries raised over the last three years

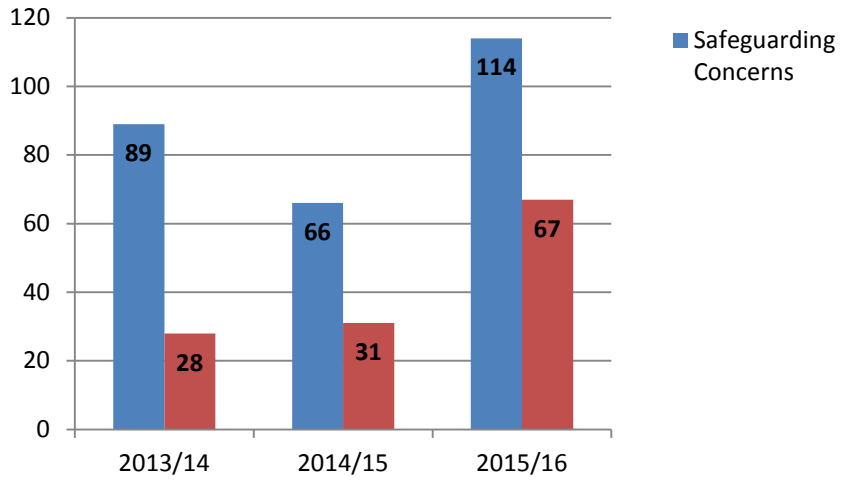
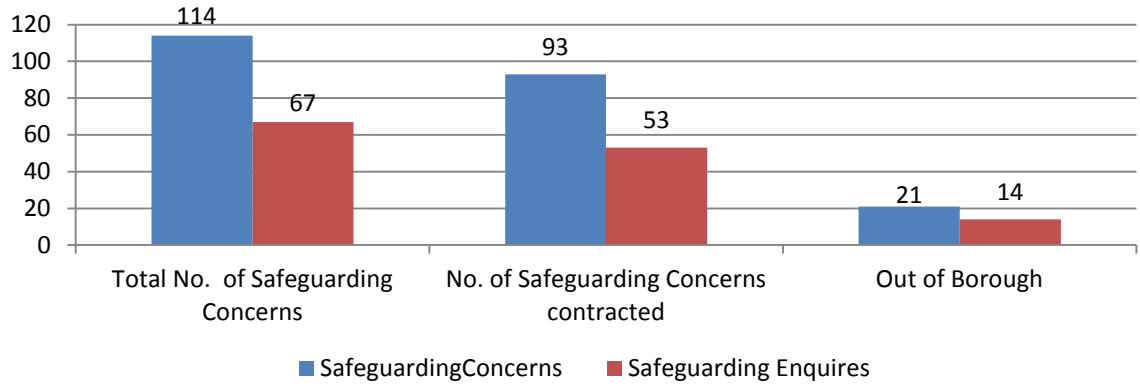
During 2015/16	Over the last three years		
114 Concerns **67 Enquiries**			
% of Concerns progressing to Enquiries		***31%***	***47%***	***59%***

Chart V: Safeguarding Concerns/Enquiries by care home in/out of borough

April 2016 – March 2016	No. Concerns	No Enquiries
Total Number	114	67
No. for care homes in borough	93	53
No. for care homes out of borough	21	14

Chart W: Safeguarding Concerns/Enquiries



3.2. Older people Care Homes Outcomes by abuse type

Of the 53 Safeguarding Enquires investigated by the borough 25 (47%) were substantiated and 1 Serious Adult Review took place relating to neglect. Of those substantiated:

- 19 substantiated for neglect,
- substantiated for physical abuse
- substantiated for emotional and physiological abuse.

Chart X: Outcomes by abuse type

	Neglect	Physical	Sexual	Emotional & Physiological
Substantiated	19	3	0	3
Inconclusive	1	2	0	0
Not Substantiated	11	5	2	0
Not SGA at Initial enquiry	4	1	0	0
On-going Investigation	1	1	0	0
Total Raised	36	12	2	3

3.3. Older Peoples Learnings from Safeguarding

Safeguarding learnings have been shared with all the homes in the borough through our Older peoples Forum and email of learnings, these include the following categories:

- **Neglect** – Handover sessions to be completed with changes to resident's health or concerns reported and recorded. Where skin integrity is an issue or has been compromised referrals should be made promptly to the Tissue Viability Nurse.
- **Physical** – All equipment to be fully operational and regularly serviced with all care workers completing appropriate training. Staff to be trained in dealing with residents with challenging behaviours appropriately and the use of deflective techniques

4. Home Support

4.1. Home Support Safeguarding Concerns/Enquires raised

The number of Concerns raised has increased gradually over the last three years, with a 8% increase in Concerns and a 60% in Enquiries in 15/16. Of the 77 progressing to Enquiry 41 related to providers contracted to the Council and 37 for non-contracted providers.

Chart Y: Safeguarding Concerns/Enquiries over the last three years

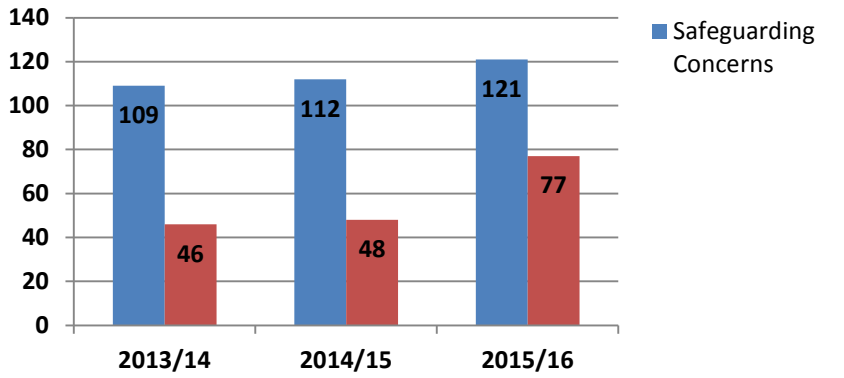
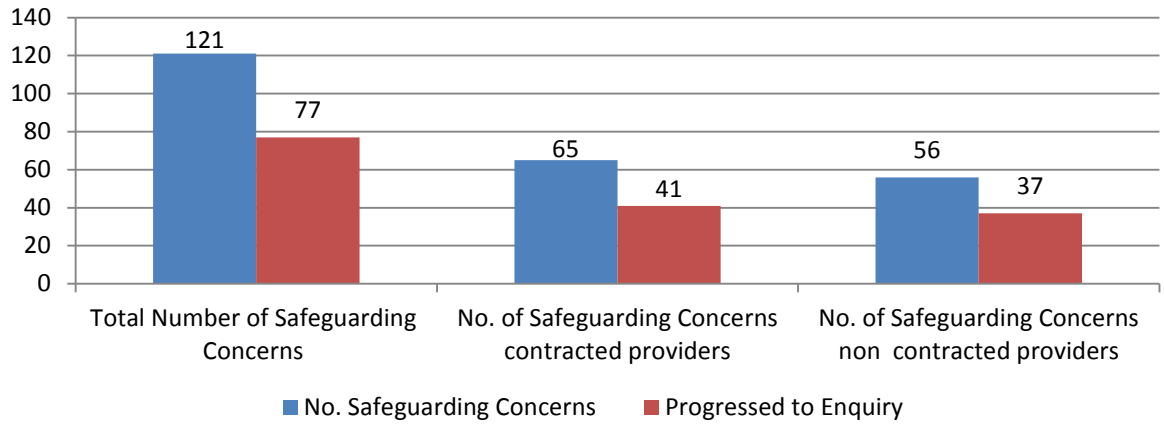
During 2015/16	Over the last three years		
121 Concerns **77** Enquiries			
% of Concerns progressing to Enquiry	*42%*	*43%*	*64%*

Chart Z: Safeguarding Concerns/Enquiries by Type of Provider

April 2016 – March 2016	Concerns	Enquiries
Total Number	121	77
Contracted providers	65	41
Providers not contracted with the Council	56	37

Chart AA: Safeguarding Concerns/Enquiries by service type



4.2. Home Support Outcomes by Abuse Type

Of the 77 Safeguarding Enquires 47% were substantiated.

- 24 substantiated related to neglect
- 11 substantiated related to financial (note all 1 referred to one individual care worker)
- substantiated related to physical

Chart AB: Outcomes by abuse type

	Neglect	Physical	Financial	Emotional & Physiological
Substantiated	24	1	11	0
Inconclusive	9	2	8	1
Not Substantiated	6	0	1	0
Not Safeguarding at Initial Enquiry	6	0	1	0
On-going Investigation	5	0	2	0
Total Raised	50	3	23	1

4.3. Home Support Safeguarding Learnings

Safeguarding learnings have been shared with all providers in the borough through our Home Support Forum and an email of learnings, these include the following categories:

- **Neglect** – Regular care workers to be assigned to clients and for them to record any deterioration and report this to their offices. Where client's refuse care this must be recorded and reported to LBRuT Social Services to enable them to address this with the service user. Care workers to follow their no reply procedure and report these to their offices.
- **Financial** – Providers to ensure robust recording and audits are carried out. Where a care worker has been providing care for many years to ensure professional boundaries are maintained.

5. Safeguarding Overview

During this period there was an increase of financial abuse across 2 of the care sectors (Learning Disabilities and Home Support) where in total 28 referrals were raised with 15 being substantiated. Care workers need to record all financial transactions appropriately and regular audits need to be carried out by providers. All providers need to regularly make staff aware of their organisations policy on gratuities and gifts to reduce allegations.

Although neglect is an issue and of a concern identified across all 3 care sectors predominantly the cause identified was due to care workers failing to record and report clients deteriorating health conditions.

During this period 1 serious case reviews took place the learnings identified poor communication between all parties including other health care professionals involved in delivering care.

Appendix 4: 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/safeguarding_adults

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.Adults@richmond.gov.uk

Appendix 5: Core Board Members (as of August 2016)

Name	Organisation
Brian Parrott – Chair	Independent Chair
Cathy Kerr	London Borough of Richmond upon Thames, DASS
Derek Oliver	London Borough of Richmond upon Thames, AD Adults
Brian Castle	London Borough of Richmond upon Thames, AD Housing
Michael Allen	London Borough of Richmond upon Thames, Community Safety
Gill Ford	London Borough of Richmond upon Thames, Performance & Quality Assurance
Usman Khan	London Borough of Richmond upon Thames, Public Health
Julie Sobrattee	Richmond Clinical Commissioning Group
Kathryn Magson	Richmond Clinical Commissioning Group
Barry Smith	Metropolitan Police
Rob Applegarth	Metropolitan Police
Alison Twynam (AfC)	Achieving for Children
Andy Cane	London Fire Brigade
Athar Khan	London Ambulance Service
Cassie Newman	London Community Rehabilitation Company (CRC)
Cllr David Marlow	Strategic Cabinet Member for Adult Services and Health
Elaine Ruddy	NHS England
Elizabeth Major	Local Safeguarding Children Board
James Jolly	National Probation Service – London
Kathryn Williamson	Richmond Council for Voluntary Service
Dr Martin Humphrey	South West London and St Georges Mental Health Trust
Mike Derry	HealthWatch Richmond
Nick Hale	Chelsea and Westminster Hospital NHS Foundation Trust

Richard Keeling	National Probation Service – London
Robert Sobotka	CQC
Sarah Gigg	Kingston Hospital
Sharon O'Hara	South West London and St Georges Mental Health Trust
Siobhan Gregory	Hounslow and Richmond Community Healthcare
Su Fitzgerald	Your Health Care
Susan Ashbourne	Richmond Wellbeing Service