LONDON BOROUGH OF RICHMOND UPON THAMES

SAFEGUARDING ADULTS PARTNERSHIP BOARD

ANNUAL REPORT

APRIL 2013 TO MARCH 2014

ACKNOWLEDGEMENT OF AGENCIES INVOLVED IN 2013-2014

1. FOREWORD

This is the 7th Annual Report of the London Borough of Richmond upon Thames Safeguarding Adults Partnership Board. It reports our progress through 2013/14, both to protect vulnerable adults who may be at risk of abuse and to raise the profile of safeguarding more generally.

The health and social care landscape in which we are working continues to change at a pace. In the last year we have built on the changes brought about by the Health and Social Care Act, in particular forging a strong partnership with our Clinical Commissioning Group (CCG) which plays a key role in the work of the Board. We are now getting to grips with implementation of the Care Act which in the next 2 years will bring change to the way social care is delivered and funded. We welcome the Care Act's focus on safeguarding which will place our Board on a statutory footing and increase the importance of safeguarding in all areas of our work; but the challenges ahead must not be underestimated.

This report highlights achievements of the last year and identifies coming priorities. We have presented it slightly differently, summarising each agency's contribution under each of our 6 main strategic priorities. At a practice level, I am particularly pleased to recognise work to respond quickly when a risk of abuse is identified, with all referrals contacted within 24 hours of referral. At a strategic level we have again seen progress in the development of the Board with the most comprehensive Membership we have ever had, all of whom have pledged their commitment to the Board's work

During the last year we made the decision to end our reciprocal chairing arrangements with the London Borough of Wandsworth and to take the step to appoint a fully Independent Chair. Brian Parrott joined us in April 2014 bringing a wealth of experience in both health and adult social care. Brian is a former Director of Social Services and also Independent Chair of the Safeguarding Board in Tower Hamlets. He brings a friendly face but also the right mix of skills, experience and confidence to challenge us all towards further improvement.

In the coming year, members of the Board look forward to working with service users, their carers and all partners on our continuing journey to ensure that all adults have the opportunity to live fulfilled lives, safe from abuse.

Cathy Kerr
Director of Adult and Community Services
London Borough of Richmond upon Thames

2. WHO ARE WE

London Borough of Richmond upon Thames (LBRuT) Safeguarding Board was established over ten years ago, but was reviewed and established in its current form in 2011. It is made up of senior officers from various organisations across the Borough, including statutory, independent and voluntary sector. The Board has strategic leadership of safeguarding across the Borough and along with Board Members holds collective accountability for:

- Improving the way local agencies and services work together;
- Protecting, involving and empowering those at risk from harm or abuse;
- Learning lessons from situations when things have not gone well in order to improve our practice as a result.

The Board continues to focus on 6 main areas of work:

- Accountability and leadership across and within the community
- Prevention and improving awareness and engagement so that the wider community has a better understanding of the issues
- Partnership working and the role of statutory and voluntary sector partners in collaboratively supporting vulnerable people
- Balancing empowerment, safeguarding and risk management where people arrange their own support
- Involving service users and their carers
- Workforce development within and across partner organisations.

The Board meets four times a year. From April 2011, the Board was chaired by Dawn Warwick (Director of Adult Services, LB Wandsworth) through a reciprocal partnership arrangement with LBRuT's own Director of Adult and Community Services, Cathy Kerr. This was reviewed and came to an end on 31st March 2014. From 1st April 2014, the Board is now chaired by an Independent Person, Brian Parrott. The Board has two sub-groups which carry out the work of the Board (Policy and Performance and Workforce Development) with a third (Serious Case Review) constituted to meet as required on the leadership of such matters. More details about the work of these groups will feature later in the report.

The Board reports its work to the Council via the Overview and Scrutiny Committee and Health and Well-being Board. In addition, each agency represented on the Board will present the report to their executive body. The report is also reported to the Community Safety Partnership. The report is publicly available http://www.richmond.gov.uk/safeguarding_adults_partnership_board

During this year, the Board's Membership has included people from:

- London Borough of Richmond upon Thames (Adult Services, Community Safety, Housing)
- Achieving for Children
- Richmond Clinical Commissioning Group (CCG)
- Hounslow & Richmond Community Healthcare NHS Trust (HRCH)

- South West London & St George's Mental Health NHS Trust
- Richmond Council of Voluntary Service
- Richmond Police
- Your Healthcare
- London Fire Brigade
- London Probation Trust
- Care Quality Commission
- Kingston Hospital

3. THE LANGUAGE OF 'SAFEGUARDING'

'Safeguarding Adults' is the term given to the inter-agency systems that protect adults at risk from abuse, harm and/or exploitation. This section provides a simple analysis of what safeguarding is about and illustrates different aspects by way of case examples in which Adult Social Services and partner agencies have been involved over the past year.

3.1 Who is an adult at risk?

The Pan London Policy and Procedures[1] defines an 'adult at risk' as an adult who is aged 18 or over "*who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"*

This is consistent with the *No Secrets*[2] definition and can include people with a learning disability, a mental health problem, older people or those with a physical or sensory disability. It may also include a person who may be vulnerable as a consequence of their particular personal situation such as experiencing domestic abuse, chronic illness, drug or alcohol problems, social or emotional problems, poverty or homelessness.

3.2 What constitutes "Abuse"?

For the purpose of the Safeguarding Adults Policy and Procedures the term "abuse" is defined as "*a violation of an individual's human and civil rights by any other person or persons which results in significant harm*". The Pan London Policy and Procedures, in line with the *No Secrets* Guidance, states that abuse can be viewed in terms of the following categories: physical, sexual, psychological/emotional, financial and material, neglect and acts of omission, discriminatory, institutional. Many aspects of abusive behaviour may constitute a criminal offence and all suspected abuse must be investigated.

[1] Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse

[2] No Secrets: No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

Case Example: Sexual Abuse – Challenging the existing systems

The Council's Learning Disability Team provided intensive support, over a period of several months to a young woman with a learning disability to enable her to give evidence in Court against her abuser. As a consequence, the man who had sexually abused the young woman was sentenced to 15 months in prison and placed on the Sex Offenders register for 10 years.

The young woman concerned endured three solid days in court and managed to answer some very difficult questions from an experienced barrister which would have been difficult for any woman. However, with support she managed to stand up for herself and as a consequence she has gained the confidence that comes with standing up to her abuser and the positive experience of being heard and listened to in a Court of Law. It is also worth noting that the Judge involved in this case excelled in her interpretation of Court guidance and her personal interventions with the young woman including agreeing to a request to "dress down" in the Court setting.

It is extremely challenging for someone with a learning disability to be involved in the judicial system, particularly in terms of their evidence being given credibility in court and this was a significant achievement for all concerned and a hopeful indication of how things will continue to change.

Case Example: Domestic Abuse – Multi agency working

A senior member of the community, who had been subject to domestic violence from her husband for many years, is currently being supported using the safeguarding process as a means to affect strong partnership working and co-ordinated support. The situation has been seen as high risk and previous difficulties in engaging with the family along with the fact the alleged perpetrator is the person's main carer have created a complex situation which has required careful and skilful input from a range of professionals from different agencies.

Most recently the Safeguarding process was triggered again after the husband was taken into police custody following an assault. Under the safeguarding process, the Social Worker, Community Matron, Occupational Therapist, Care Agency, Police, Community Mental Health Team, MARAC and Refuge staff have worked together using a multidisciplinary approach to promote the woman's safety, as well as to begin to plan for her future. Her family have also been involved as much as possible – with her consent.

The woman has now allowed ongoing support and monitoring from professionals to take place and has recently consented to the application of a restraining order. The social worker and police continue to use a joint working approach to support her with a future free from violence.

The husband has also been supported throughout the processes that followed.

3.3 When and where does abuse happen?

It is everybody's right to live in a safe environment free from fear, intimidation or abuse. It is an unfortunate fact that abuse can happen to anyone, by anyone, anywhere and at any time. Abusive actions may be deliberate but may also happen as a result of poor care practice, a lack of knowledge in how to support someone or ignorance. Media reporting and awareness raising campaigns have brought attention to acts of physical and sexual abuse. However, abuse can also be more subtle: when an adult at risk is persuaded to agree to something against their will, or taken advantage of because they do not fully understand the consequences of their choices or actions, or when their needs and well-being are neglected. Abuse can be a single act or repeated over time. Abuse can occur in any relationship, often by people who the adult at risk knows and trusts.

Case Example: Benefits of interagency working to meet a person's wishes

Mrs X is an older lady who lives in a care home. She has resided there for 7 years and has developed strong relationships with both the staff and other residents. This year Mrs X suffered a serious fall in her room. She was found by staff soon after and taken to hospital where, due to the seriousness of her injury, they raised allegation of neglect against the care home. This allegation was investigated by Adult and Community Services.

Mrs X had made it clear that she wished to return to the care home, as remaining with her friends and those whom she had trusted to care for her for so long was important. Throughout this process close working was demonstrated between the care home, the allocated social worker, the Safeguarding Adults Manager (SAM) assigned to the case, the Council's Quality Assurance Team and Mrs X's family so as to enable her to safely return her to the care home in accordance with her wishes.

A number of improvements were made to Mrs X's immediate environment by the care home to improve her safety when she was alone in her room. Her care plan was updated to reflect her current needs around monitoring her safety. New monitoring equipment was introduced into the home from which other residents could also benefit. The Quality Assurance Team together with the investigating officer and SAM helped the care home to review their incident reporting procedures and recommended that a specific falls procedures and policy was developed. The allegation itself was not substantiated, however throughout the protection planning process, identified risk was addressed comprehensively.

Information about how to report abuse, a safeguarding concern or contact the Council regarding safeguarding, is set out in Appendix 1 at the back of this Report.

4. A YEAR IN REVIEW

During the past year the Board has driven the work of safeguarding, and the following sets out its achievements including those through its sub groups. In terms of outcomes for adults at risks and keeping people safe during 2013-14 the Board has:

- Strengthened its independency and thereby its accountability and transparency through the appointment of an Independent Chair.
- Formally adopted the refreshed Terms of Reference (TOR) for the Board: all members have now signed both the Statement of Commitment and the confidentiality clause which form part of this.
- The business of the Board is now divided into two parts:
  - Part A addresses the general business of the Board: minutes from this section of the meeting are published.
  - Part B addresses confidential business, where specific items could identify individuals: minutes from this section of the meeting are not published.
- A detailed *Welcome and Induction Pack* (developed through the Learning and Development sub group) was introduced for all new members.
- We reviewed our Membership and invited additional representatives. Health Watch, NHS England, London Ambulance Service, Richmond Public Health and West Middlesex University Hospital will join us in the coming year. CQC also continue to be engaged in the work of the Board.

- Tim-Spencer Lane (Lead Lawyer from the Law Commission) visited the Board to give a presentation on the impact and implications of the Care Bill for Safeguarding Adults Boards.
- A general learning and development event on Safeguarding was held in December 2013 for all interested agencies; speakers included Tim Spencer Lane who spoke about the Care Bill and Professor Jill Manthorpe who spoke about the lessons learnt from Serious Case reviews.
- The Board set its priorities going for 2014-2015, based on the themes agreed at the Away Day, from which the Board's business plan and three year development plan will be established.
- The Board supported the preparatory work for the Council's Safeguarding 'Peer Review'

- Specific information on strategic safeguarding cases were discussed with the Board adding oversight, scrutiny and leadership.
- Links with the incoming Health & Wellbeing Board were strengthened.

4.1 Learning & Development Sub-Group

The group has developed and implemented a Safeguarding Adults Competency framework, based on the Bournemouth competency framework. The competency framework acts as a guide for all partner agencies to help identify ways in which they can enable staff and volunteers to develop competencies in relation to safeguarding.

The group secured funding from NHS England, in a joint bid between Richmond CCG and LBRuT for the development and implementation of a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training programme. The overall aim of the project is to improve knowledge of both in care homes and to unpaid representatives.

The Safeguarding 'Train the Trainer' programme was successfully delivered to seven provider organisations, enabling them to deliver their own in-house Level 1 Safeguarding training. This will ensure that staff and volunteers in care homes can access training at a time that is more accessible to them.

A new range of courses were delivered including: interface between Mental Health Act, Mental Capacity Act and Safeguarding Adults; Deprivation of Liberty Safeguarding (DoLS) Roles & Responsibilities of Managing Authorities; Safeguarding for Managers in the Private and Voluntary sector

237 people from across the Council, our NHS community providers and mental health services, provider organisation in the independent sector, housing, and our voluntary sector partners and individuals were trained through the e-learning programme. There was just over a 17% increase on the take up of e-learning compared to 2012/13 figures, as well as a significant increase in the range of organisations accessing it. We also increased the type of courses available, with the introduction of Mental Capacity Training (available from Social Care Institute for Excellence). 326 people from a broad range of services and backgrounds participated in wider safeguarding 'face to face training'

"This is an excellent programme which should be done on a regular basis to keep people, especially working with vulnerable individuals, aware of their rights and the way they are being treated by anyone connected to them or even the general" public" ***(Support Worker)***

"The Sunny Arts Drama group had an innovative way of presenting safeguarding issues and self-esteem, and please pass on my admiration for their work. I do hope there will be many more such events. I really enjoyed it, learnt something myself, and such a unique way of encouraging those with any form of vulnerability to come forward" ***(Independent Living Advisor)***

LEARNING DISABILITY KEEPING IT SAFE EVENT

18 September 2013

A half day event for service users, carers, support staff and others on supporting people with a learning disability to keep safe. The event involved presentations from the Council Safeguarding Team, Richmond Police and a drama presentation, along with lessons in Makaton in how to communicate concerns

4.2 Policy and Performance

Section 6 of this report gives a fuller analysis of safeguarding information and data

As with the previous year there was improved attendance at the sub group with good attendance from the voluntary sector, housing and community health providers.

There has been positive work with a group of voluntary sector providers in producing a sample Safeguarding Adults and Risk Policy which is available for all partners to customise and use in their own organisation.

The Council has produced quarterly performance data in relation to safeguarding activity within the Council Community Social Care teams and the Mental Health Trust; safeguarding activity relating to care homes located within the borough and home support agencies used by the Council. The data gives the Board a good understanding of the local provider market and when there are providers with significant risks this informs confidential discussions under 'Part B' of the agenda

Alongside the Council data, for the first time data has been supplied quarterly from a number of partner agencies which sets out the alerts received, those that went onto further investigation and any learning as a result of safeguarding investigations. There have been good examples of learning from safeguarding incidents from community health providers.

4.3 Serious Case Review

The group has retained oversight of the composite actions form the cases reported in 2012-13. One new referral was received, which after careful consideration was not seen to meet the SCR criteria. This case has been referred to the team for continued oversight. The work of this group is much linked to referrals it receives working on behalf of the Board.

5. DEPRIVATION OF LIBERTY SAFEGUARDS

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way; that this is only done when it is in the best interests of the person and there is no other way to look after them. The Council retains the statutory responsibility to oversee and manage these arrangements, through a 'Supervisory Body'.

On 19 March 2014, the Supreme Court published its judgment in the case of 'P' v Cheshire West and Chester Council and 'P' and 'Q' v Surrey County Council. This judgment clarified the 'test' and definition for Deprivation of Liberty for adults who lack capacity to make decisions about whether to be accommodated in care. This means that a much greater number of service users and patients will now be subject to a deprivation of liberty and will come under the protection of the DoLS procedure. For the Borough we have begun to scope the impact of this judgement and how to appropriately address it, but early indications suggest a potential 4 to 6 fold increase in DoLS activity.

6. SAFEGAURDING ACTIVITY AND PERFORMANCE

This section of the report provides information on safeguarding activity during the 2013/14 financial year (with commentary) and covers the following themes:

- Information on alerts[3] and referrals[4]
- Demographic information on people with a safeguarding referral.
- Locations of alleged abuse, types of alleged abuse and relationships of the people alleged to have caused harm
- Case conclusions and outcomes for the adults at risk and for people alleged to have caused harm
- Care home and homecare providers
- Performance data on timescales
- Deprivation of liberty safeguards (DoLS)

6.1 Number of alerts and referrals

There were 707 alerts received in 2013/14, averaging 59 alerts per month. This represents a 16% decrease from 2012/13 when 845 alerts were received.

Comment: *During the past two years a number of television documentary programmes have raised the profile of safeguarding in the public prompting the Council to refresh its publicity. We did not refresh our publicity during 2013-14 and this is possibly a contributory factor to the above decrease. This is an area for action in the year ahead.*

TABLE 1: Alerts, referrals & % of alerts progressing to referral over last 3 years

YEAR	Alerts	Referrals	% Alerts that progressed to referral
2011/12	759	232	31%
2012/13	845	328	39%
2013/14	707	299	42%

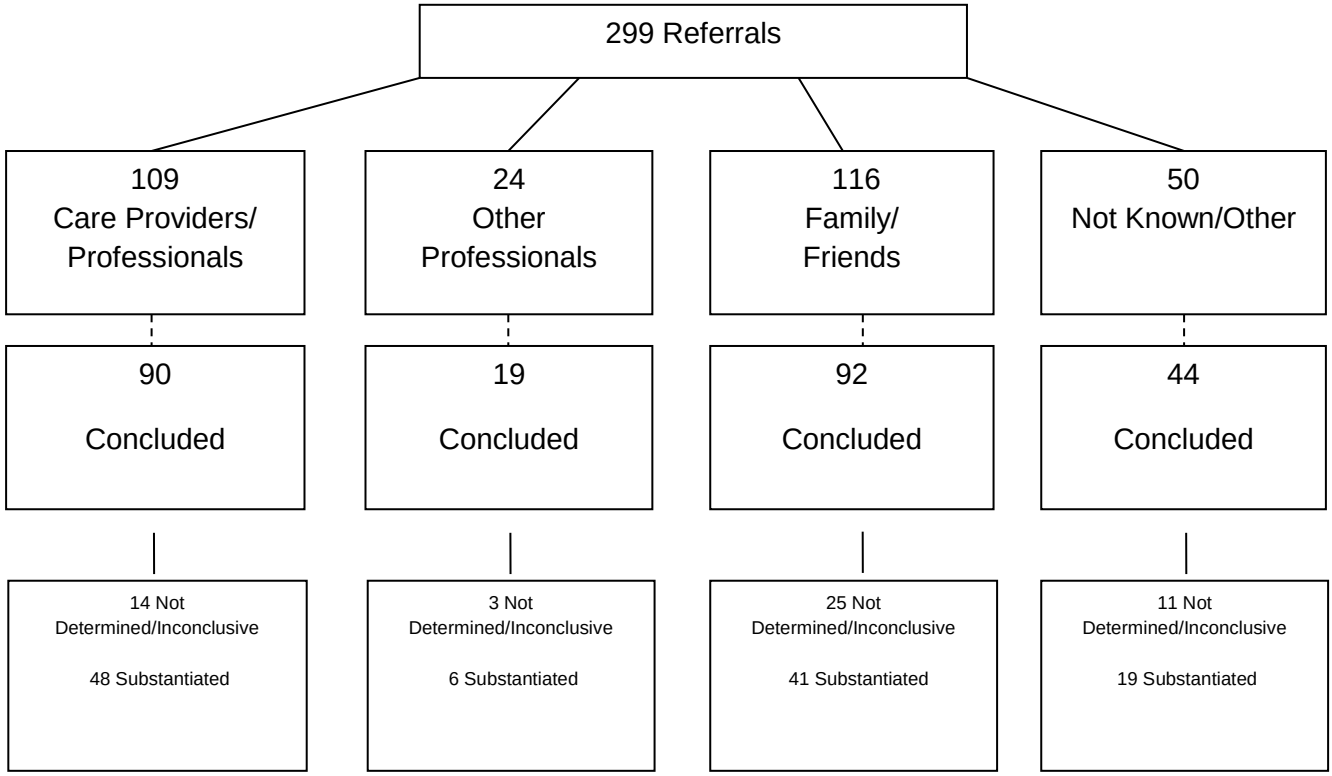
Of the 707 alerts received in 2013/14, 299 (42%) progressed to referral; a further proportional increase than in the previous two years. There were 29 fewer referrals in 2013/14 – which represents an average per month of 25 referrals, down from 27 per month in 2012/13.

3 An **alert** is when any safeguarding issue is first raised with Adult Social Care Services from any source.

4 After an alert is initially received it is reviewed, considered and risk assessed. The matter will either be dealt with through another route (as it is 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 **referral.**

Comment: *This increase is a positive development and indicates the appropriateness of scrutiny and application of assessment given by frontline services when an initial alert is received. This reflects the work of the Council during 2013-14 in working with partner agencies and raising the profile in Provider Forums. It also confirms the effectiveness of the work of Safeguarding within the Council through [a] the work of the Best Practice Group (where detailed facilitated discussion of learning points emerging from safeguarding cases takes place, promoting skill development) [b] the Safeguarding Adults' Managers Performance Group (where overall performance is discussed and analysed in terms of improvements needed).*

Figure 6.1.2: Referrals and Conclusions



There were 299 referrals for people within the year. Of the persons alleged to have caused harm, 109 (37%) were care providers/professionals, 24 (8%) were other professionals, 116 (39%) friends/family and 50 (17%) not known/other adult.

In the year, 245 cases were concluded. 90 people who alleged to have caused harm (37%) were care providers/professionals, 19 (8%) were other professionals, 92 (38%) were family/friends and 44 (18%) where the alleged person to have caused harm is unknown or other adult. Of the 245 cases that concluded, 53 (22%) were not determined/inconclusive, 114 (47%) were substantiated and 78 (31%) were unsubstantiated.

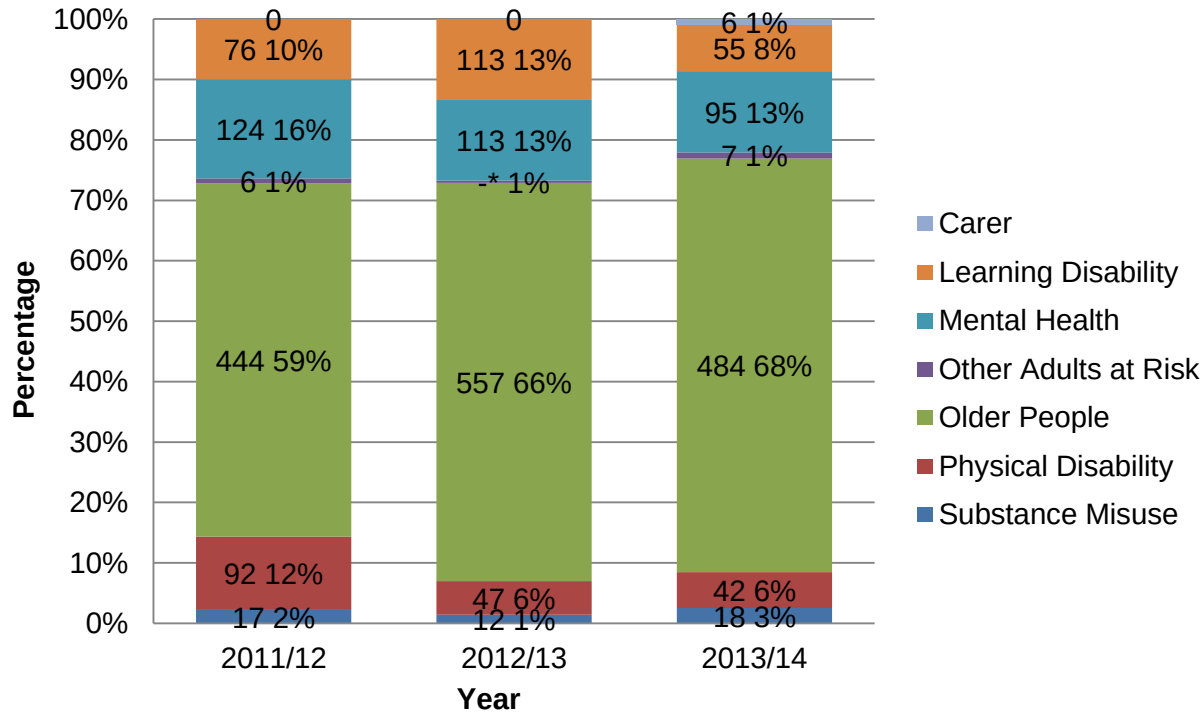
Repeat Referrals: During 2013/14, 65 service users were the subject of more than one alert that progressed to a referral (a repeat referral). This was less than the previous year when there were 98 repeat referrals. The majority of the repeat referrals in 2013/14 were for older people (60%, 39) and adults with mental health problems (23%, 15).

***Comment*:** *As a consequence of last year's annual report we investigated the increased trend in repeat referrals and have tried to take appropriate action to address this issue where relevant. However, the following reasons for repeat referrals remain valid:*

- *Some capacitated adults, initially agree to proceed with a safeguarding investigation but subsequently change their mind so the process is closed down. Concerns then resurface at a later date which triggers another referral – which is again investigated as far as the adult at risk wishes.*
- *Evidence of different allegations being made in relation to the same Adult at Risk being received in close succession which require separate investigations.*
- *Repeat allegations made by Adults at Risk who have advancing dementia and confusion which need to be followed up as and when they are raised. It is appropriate in such circumstances that each allegation is investigated appropriately and concluded as soon as it is safe to do so.*
- *Recording errors: this will be picked up by the Head of Safeguarding in "Safeguarding Performance Management" meetings and also monitored within individual care teams.*

Alerts by Service User group: Figure 1 shows alerts categorised by people group. 'Other adults at risk' refers to people from other local authorities.

Figure 1. Number of alerts by service user group by year



***** Numbers less than 5 have been suppressed to protect the identities of individuals.

6.2 Alerts progressing to Referral

Figure 3 below shows the percentage of alerts that prgressed to referral. The largest increase has been in older people with a 22% increase in alerts progressing to referrals.

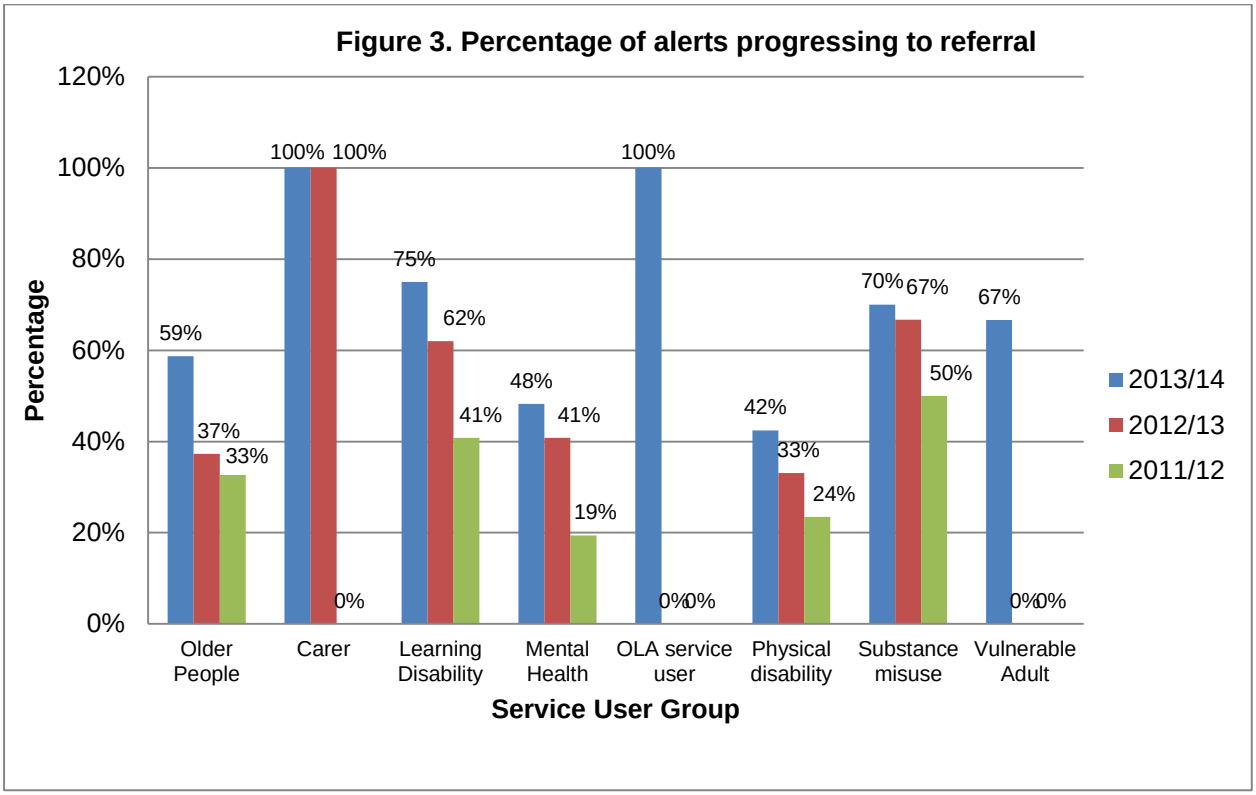
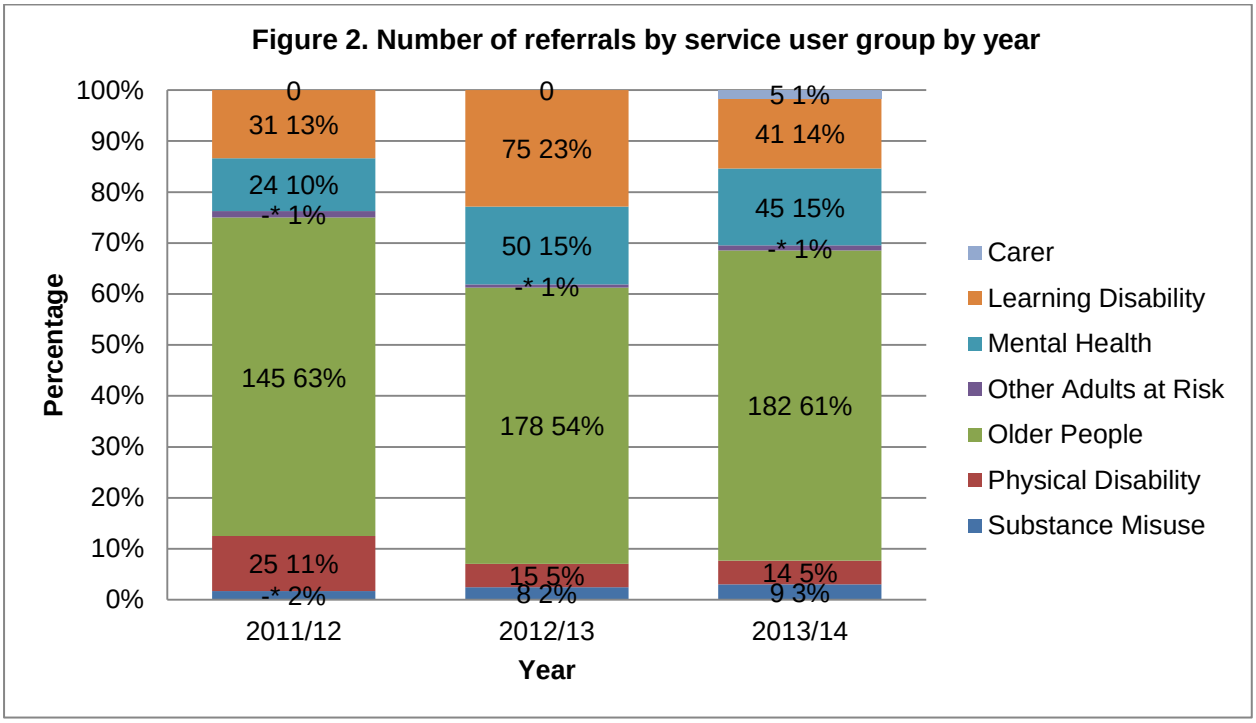


Figure 2 shows referrals categorised by people group. The largest group of people continues to be older people representing 61% (182 people) of all referrals.



6.3 Demographics of people referred

Gender, age group, and ethnicity of the people 'referred' provides key information about our safeguarding work. The following provides an overview of 2013/14 safeguarding referrals by this demographic information and highlights key issues of note.

Gender: 64% of referrals were for females (190 people). This is similar to the proportion of referrals received in 2012/13 (66% female).

TABLE 2: Referrals by gender

GENDER	REFERRALS	
	Number	Percentage
Male	108	36%
Female	190	64%
Unknown	-*	<1%
Total	298	100%

***Comment**: Whilst it is difficult to measure differentiations between levels of female versus male alerts/referrals we recognise that social isolation is an issue for the Borough and evidence indicates that the combination of being alone, elderly, socially isolated and female heightens vulnerability to abuse. To address the above we will ensure:*

- *This information is brought to the attention of the Richmond MARAC (Multi-Agency Risk Assessment Conference responsible for co-ordinating the response to domestic abuse within the Borough);*
- *This information is brought to the attention of the Community Safety Partnership;*
- *Work is on-going more generally on loneliness and isolation. Awareness of this issue, and the range of appropriate interventions/responses, is raised through training.*

TABLE 3: Referrals by age band

AGE BAND	REFERRALS	
	Number	Percentage
18-30	36	12%
31-44	33	11%
45-64	48	16%
65-74	27	9%
75-84	49	16%
85+	106	35%
Total	299	100%

*Numbers less than 5 have been suppressed to protect the identities of individuals.

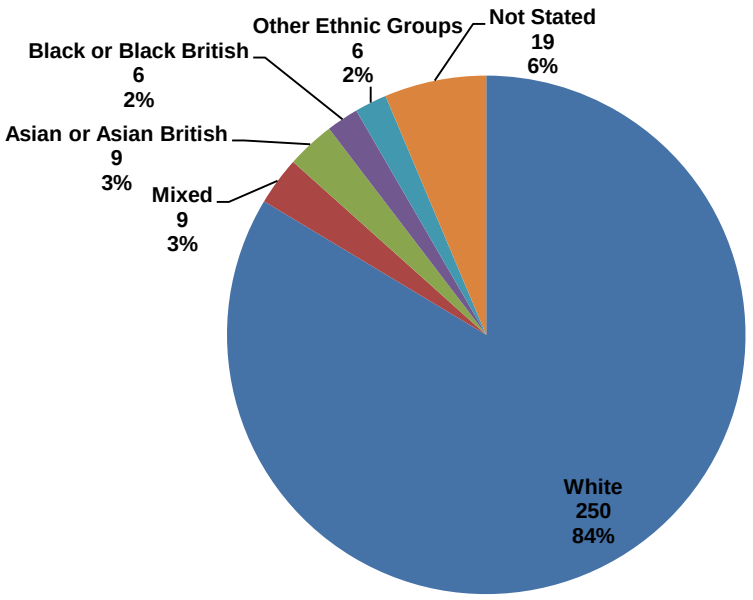
Age: The highest proportion were for the 85+ age band (35%, 106 people). In comparison to 2012/13 there was an increase in referrals for people aged 75-84, from 11% (36 people) in 2012/13 to 16% (48 people) in 2013/14. There was a decrease in referrals for people in 65-74 age group from 12% (41 people) in 2012/13 to 9% (27 people) in 13/14. Nationally, 27% of referrals were for the 85+ age group, compared to 35% in Richmond.

Comment: *The high proportion of referrals for the 85+ age group in Richmond may reflect the high proportion of people aged 85+ in the Richmond population as a whole. The older people are the more likely they are to receive care. Thus the high proportion of alerts/referrals for older people is reflective of the higher number of people receiving services. This is not disproportionate, nor is it unexpected. Although this figure has reduced year on year it is still the highest category for alerts/referrals. As in previous years we will ensure relevant information is brought to the attention of the Community Safety Partnership and that awareness is raised through training and general awareness.*

Ethnicity: 84% (250) of the safeguarding referrals were for people from White (British and other White) ethnic groups. 10% (30) of referrals were for people from BME backgrounds. The population of the borough of adults is around 13% BME. The other 6% (19) of referrals were for people for whom ethnicity was not recorded.

The proportion of referrals from the BME population has risen from 17 people (7%) to 30 people (10%). There has also been a slight increase in the number of cases where ethnicity has not been stated (16 or 5% in 2012/13 to 19 or 6% in 2013/14).

Figure 4. Referrals by Ethnicity



6.4 Source of alerts

The highest proportion of alerts was received from provider staff working in care homes or providing home support services (23%, 163) and primary/secondary health staff (22%, 151). The proportion of alerts for the source groups has stayed relatively the same, albeit a slight increase (4%) for 'alerts' being raised by friends, family or neighbours.

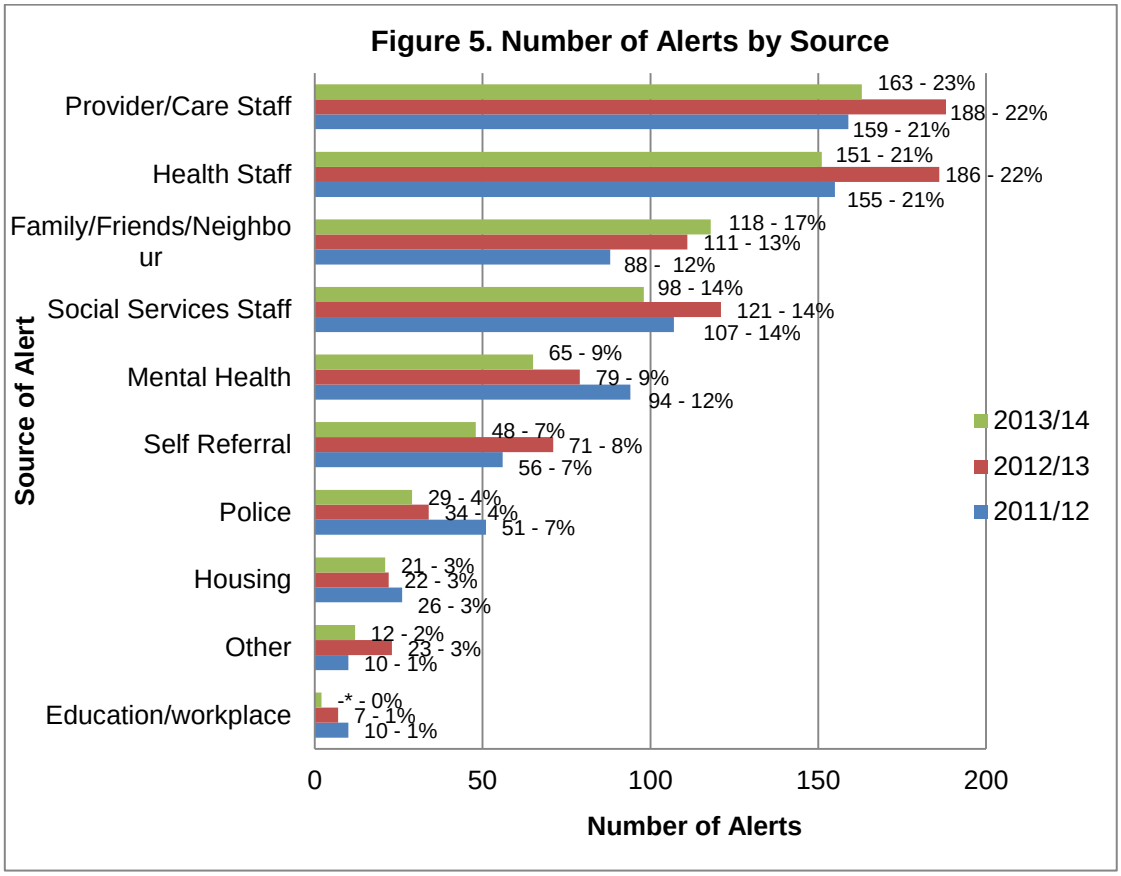


TABLE 4: Alerts by Source

Source	2011/12	2012/13	2013/14
Provider/Care Staff	159	188	163
Health Staff	155	186	151
Family/Friends/Neighbour	88	111	118
Social Services Staff	107	121	98
Mental Health	94	79	65
Self-Referral	56	71	48
Police	51	34	29
Housing	26	22	21
Other	10	23	12
Education/workplace	10	7	-*
Total	**756**	**842**	**707**

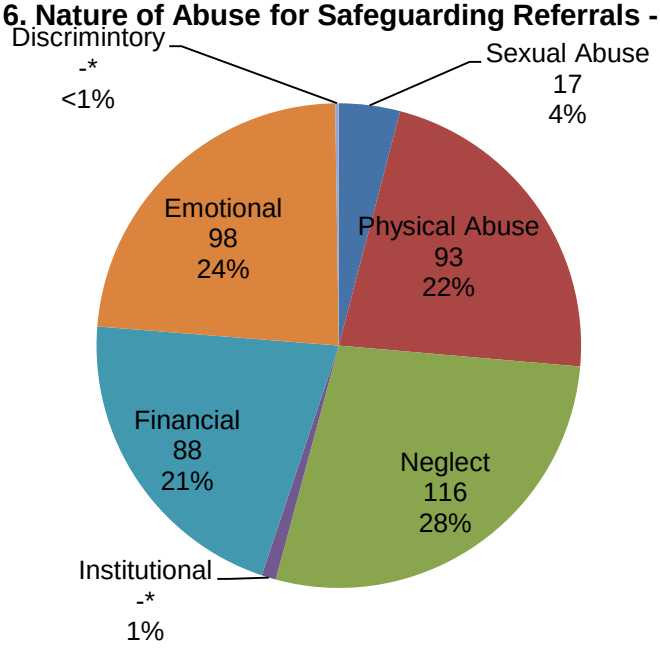
***** Numbers less than 5 have been suppressed to protect the identities of individuals.

Comment: *The above figures reflect the robust links that exist between provider services and LBRuT's Workforce Development Team, achieved through attendance at and participation in the Board's Learning and Development Sub-Group. It also reflects the close working relationship between the Council and providers through Care Provider Forums, and the strong links the providers have with the Quality Assurance Team.*

6.5 Nature of abuse for safeguarding referrals

Some referrals included more than one allegation and/or more than one type of alleged abuse. Therefore the number of allegations and types of abuse is higher than the number of referrals. There were 417 allegations for the 299 referrals received. Of the 90 referrals for alleged financial abuse, four of these cases involved a service user where a direct payment was in place, three were in relation to the direct payment being abused by a third party. The chart below shows referrals by the nature of alleged abuse.

Figure 6. Nature of Abuse for Safeguarding Referrals - 2013/14



*Numbers less than 5 have been suppressed to protect the identities of individuals

Comment: *Whilst still an issue and wholly unacceptable, given the high numbers of personal budgets and direct payments provided by the Council the incidents of abuse relating to direct payments is low. The Council operates a risk rating system for people who arrange their own services or receive a direct payment, with review frequency increased (quarterly) for people where risk is considered to be high. In addition, a pre-payment card for paying for services is an option available to people and where areas of risk prevail will be used as an alternative enabling a person to still arrange their own care and support as well as retaining control.*

6.5.1 Nature of abuse for all referrals

The most common types of alleged abuse across all referrals were neglect – 28% (114 people) and emotional abuse – 24% (98). 22% (93) of alleged abuse was physical and 21% was financial (88). 4% (17) of alleged abuse was sexual abuse. There are a larger number of referrals for financial abuse. In 2012/13 there were 68 (17%) referrals; this has risen to 88 (21%) referrals in 2013/14.

Comment: *The above continues to be reflective of the national picture with "neglect" and "physical abuse" being the most prevalent forms of abuse. Within the Borough the increase in financial abuse can, in part, be attributed to a heightened awareness and recognition of this type of abuse, particularly by LBRuT staff and the Police.*

6.5.2 Nature of alleged abuse for older people

The most common types of abuse were: neglect - 38% (89 people) and financial abuse - 25% (58 people). 19% (45 people) was physical and 14% (34 people) was emotional/ psychological. 2% was sexual and 2% was institutional.

6.5.3 Nature of alleged abuse for adults with a learning disability

The highest proportions were: neglect - 29% (16 people), emotional/psychological – 29% (16 people). 24% physical (13 people) 15% (8 people) was financial and 4% was sexual abuse.

6.5.4 Nature of alleged abuse for adults with mental health problems

The most common types of alleged abuse were: emotional – 42% (23 people), physical - 33% (18 people), financial – 22% (12 people), Sexual - 9% (5 people), Neglect – 7% and discriminatory - 2%.

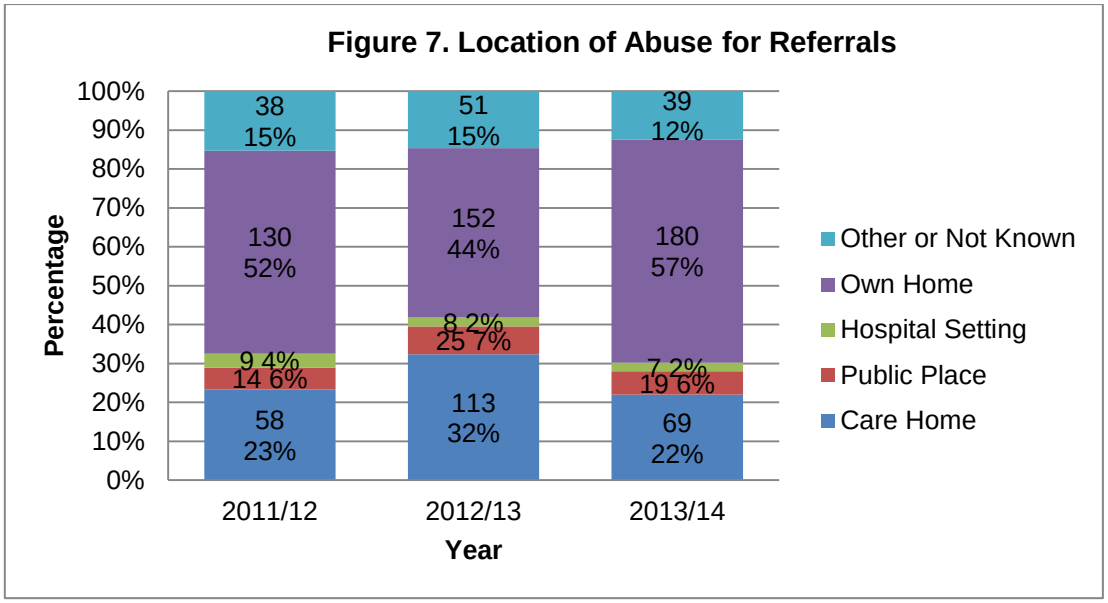
6.5.5 Nature of alleged abuse for adults with a physical disability

The highest proportions of allegations were: for emotional/psychological abuse - 25% (14 people) and physical- 15% (8 people). 13% (7) of abuse was neglect and 13% (7) was financial. A further 9% (5) referrals were for sexual abuse.

6.6 Location of abuse for referrals

The most common locations of alleged abuse in 2013/14 were: the person's own home (57%, 180 people). 22% (69 people) took place in care homes. Smaller proportions of alleged abuse took place in public places (6%, 19 people), hospital settings (2%, 7 people) and other or unknown locations (12%, 39 people). This shows a 10% decrease in care homes and a 13% increase in the person's own home compared to 2012/13. For more information on provider performance, see section 6.9.

Comment: *This corresponds with the national picture: nationally, the most common location of abuse was a person's own home at 47%, followed by a care home at 39%.*



6.7 Relationship of person alleged to have caused harm

Family, friends and neighbours were the largest group of people alleged to have caused harm 39% (116) (family - 15% (46), neighbours/friends - 13% (39), partners - 10% (41)).

Care workers were just below this group at 36% (109) (domiciliary care– 21% (64), residential care - 13% (40), and other health care workers - 2% (5)).

In comparison to 2012/13 there was a marginal increase in the proportion of domiciliary care workers as person alleged to have caused harm from 13% to 21% (41 vs 64).

There was a decrease in other adult at risk alleged to have caused harm, from 6% in 2011/12 to 1% (11 vs less than 5).

Comment: *This is consistent with the findings of national prevalence studies[5][6]: The majority of people alleged to have caused harm were care workers or family members of the adult at risk.*

[5] UK Study of Abuse and Neglect of Older People (National Centre for Social Research, 2007)

http://www.natcen.ac.uk/study/uk-study-of-abuse--neglect-of-older-people

[6] Adult Safeguarding Scrutiny Guide (Improvement & Development Agency, 2010) http://www.idea.gov.uk/idk/aio/19170842

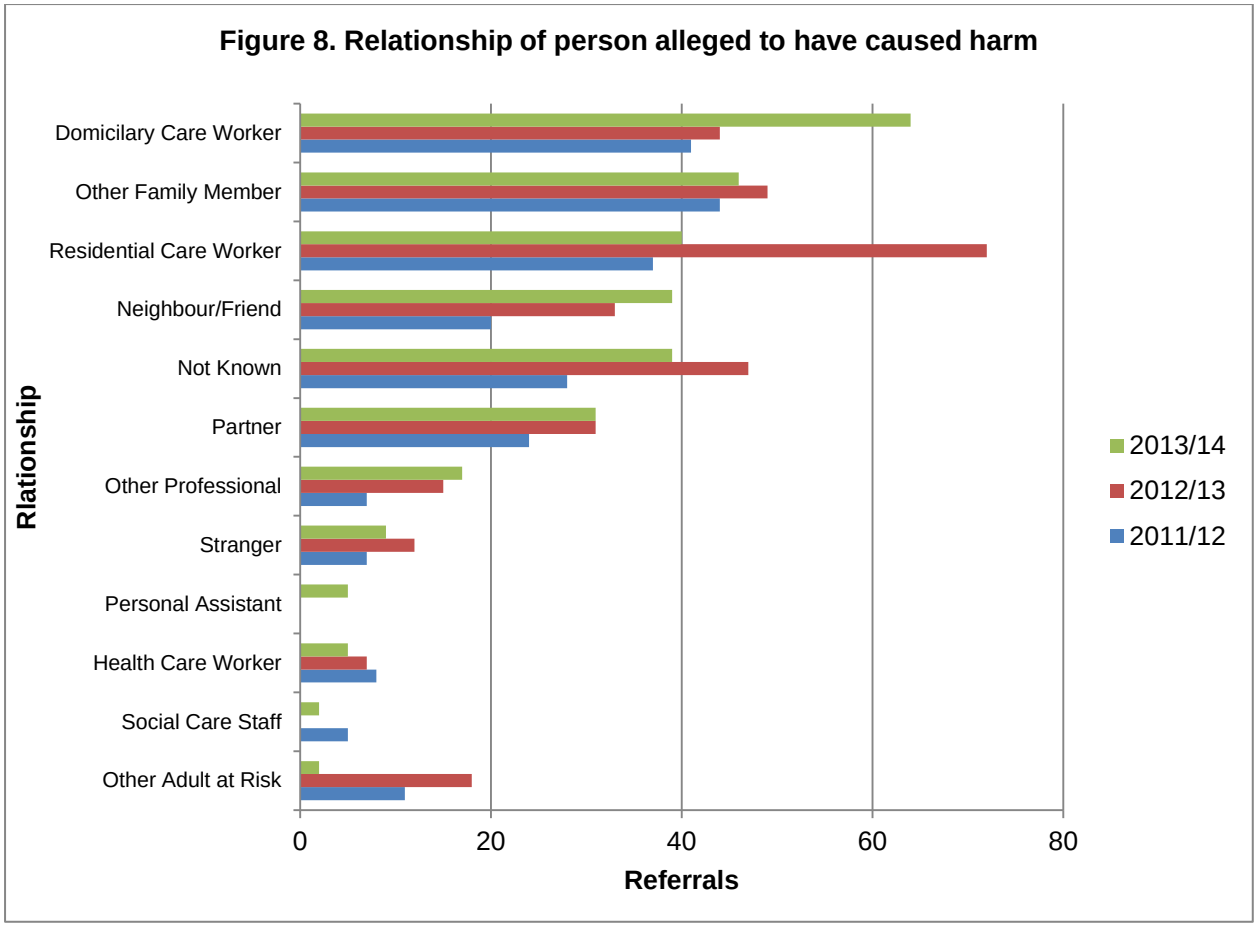


TABLE 5: Relationship to Person Alleged to have Caused Harm

Person Alleged to have Caused Harm	2011/12	2012/13	2013/14
Domiciliary Care Worker	41	44	64
Other Family Member	44	49	46
Residential Care Worker	37	72	40
Not Known	28	47	39
Neighbour/Friend	20	33	39
Partner	24	31	31
Other Professional	7	15	17
Stranger	7	12	9
Health Care Worker	8	7	5
Personal Assistant	0	0	5
Other Adult at Risk	11	18	-*
Social Care Staff	5	0	-*
Total	**232**	**328**	**299**

***** Numbers less than 5 have been suppressed to protect the identities of individuals.

6.8 Outcomes

Case conclusions for individual allegations per referral are agreed at safeguarding case conference meetings. It may not be possible to reach a conclusion on all allegations at that time. In 2013/14 there were 245 concluded cases (including some for referrals received prior to April 2013) with 332 individual allegations. This was in line with 2012/13 when there were 242 concluded cases with 354 allegations.

Comment: *This is a positive development and is a clear indication that safeguarding practice is increasingly robust in terms of screening alerts to determine whether or not they should progress through the safeguarding process.*

Figure 9. 2012/13 - Allegation Conclusions

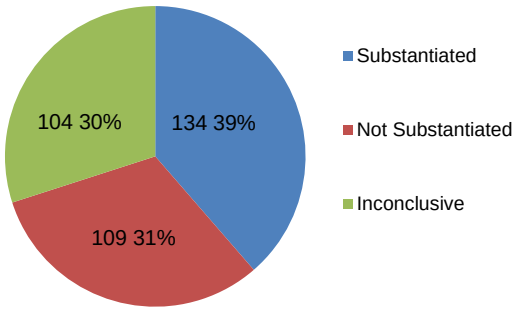


Figure 10. 2013/14 - Allegation Conclusions

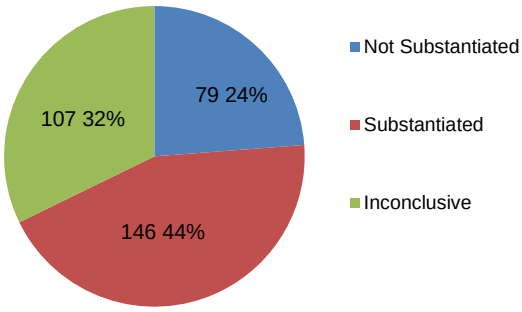


TABLE 6: Allegation conclusions by year

Allegation conclusion	2011/12		2012/13		2013/14		Difference 12/13-13/14
	n	%	n	%	n	%	
Substantiated/partially substantiated	118	46%	134	39%	146	44%	+12 (+9%)
Not substantiated	69	27%	109	31%	79	24%	-30 (-28%)
Inconclusive	69	27%	104	30%	107	32%	+3 (+3%)
Total concluded	256	100%	347	100%	332	100%	-15 (-4%)

TABLE 7: Case conclusions by year

Case conclusion	2011/12		2012/13		2013/14		Difference 12/13 - 13/14
	n	%	n	%	n	%	
Substantiated/partially substantiated	106	49%	110	45%	114	47%	+4 (+4%)
Not substantiated	42	19%	65	27%	78	32%	+13 (+20%)
Inconclusive	68	32%	67	28%	53	22%	-14 (21%)
Total concluded	216	100%	242	100%	245	100%	+3 (+1%)

Figure 11. 2012/13 - Case Conclusions

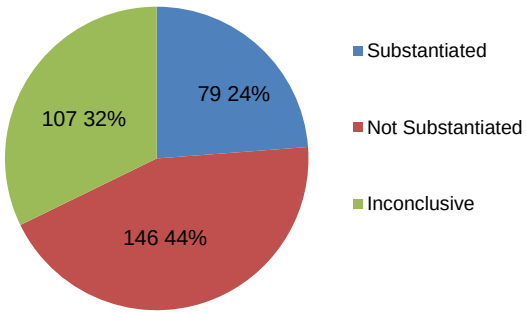
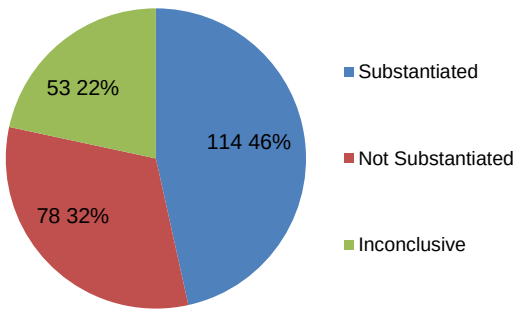


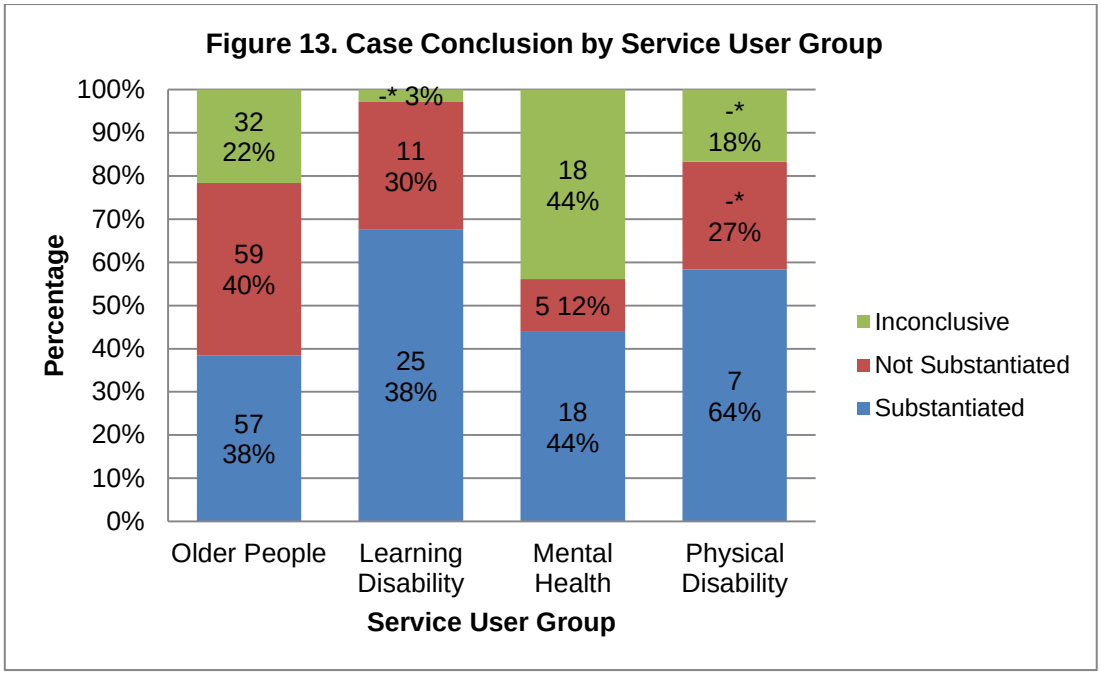
Figure 12. 2013/14 - Case Conclusions



6.8.1 Case conclusions by service user group

'Substantiated' case conclusions were more common for adults with learning disabilities or with mental health problems. 'Not substantiated' case conclusions were also higher among people with learning disabilities who also had a low percentage 'not determined/inconclusive'. 'Not determined/inconclusive' was the most common for people with mental health problems.

***Comment**: What we mean by "inconclusive". The NHS Information Centre's "Information and Guidance on the Safeguarding Adults Return (SAR)" formalised the categories of outcomes in safeguarding adult and defines "Inconclusive" as being applicable in "cases where it is not possible to record an outcome against any of the other categories. For example, where suspicions remain but there is no clear evidence to substantiate".*



***** Numbers less than 5 have been suppressed to protect the identities of individuals

6.8.2 Summary of safeguarding cases by service user group

TABLE 8: Safeguarding cases by service user group – 2013/14

Service user group	Number of alerts	Number of referrals/ % progressing	Number of substantiated cases
Older People	484	38%	57
Physical Disability	42	33%	7
Learning Disability	54	76%	25
Mental Health	82	55%	18

6.8.3 Outcome of concluded referral – adult at risk

The 245 cases concluded in 2013/14 resulted in 314 outcomes for the adults at risk. The breakdown below is based on outcomes and therefore percentages do not add up to 100% due to a high number of cases having more than one outcome for the adult at risk:

- 39% (96) of cases resulted in no further action
- 31% (71) of cases resulted in increased monitoring
- 16% (39) resulted in a community care assessment and services
- 12% (30) resulted in movement to increased or different care
- 7% (16) resulted in management of access to finances
- 4% (11) resulted in a review of self-directed support
- 4% (10) resulted in a referral to counselling/training
- 4% (10) resulted in restriction/management of access to person alleged to have caused harm
- 4% (9) resulted in the adult at risk being removed from property or service
- 2% (6) resulted in a referral to an advocacy scheme

- 2% (-*) resulted in an application to Court of Protection
- 1% (-*) resulted in a referral to Multi-Agency Risk Assessment Conference (MARAC)
- 1% (-*) resulted in a civil action
- 1% (-*) resulted in an application to change appointeeship

*Cases where numbers are less than 5 have been suppressed to protect the identities of individuals.

6.8.4 Substantiated case conclusions by person alleged to have caused harm

In 2013/14 there were 96 safeguarding cases that were concluded to be substantiated. In these cases the people alleged to have caused harm were as follows:

- 45% (43) were care workers (23% (22) home care, 18% (17) in care homes, 2% (-*) health care & 2% (-*) personal assistant)
- 34% (33) were family, friends or neighbours (18% (17) partners, 9% (9) neighbours/friends and 7% (7) other family members)
- 5% (5) were strangers
- 2% (-*) were other professionals
- 1% (-*) were another adult at risk
- 3% (-*) were not known

*Cases where numbers are less than 5 have been suppressed to protect the identities of individuals.

6.8.5 Outcome of concluded referral – person alleged to have caused harm

The 245 concluded cases resulted in 294 outcomes for the people alleged to have caused harm. The breakdown below is based on outcomes and therefore percentages do not add up to 100% due to a high number of concluded cases having more than one outcome for the person alleged to have caused harm:

- 43% (105) of cases resulted in no further action
- 17% (42) resulted in continued monitoring
- 16% (38) resulted in counselling/training/ treatment
- 10% (25) resulted in disciplinary action
- 9% (21) resulted in police action
- 6% (15) were not known
- 6% (14) resulted in management of access to the adult at risk
- 3% (8) resulted in community care assessment
- 3% (7) resulted in removal from property or service
- 5% (5) resulted in referral to POVA/ISA
- <1% (-*) resulted in referral to registration body
- <1% (-*) resulted in action by CQC
- <1% (-*) resulted in a referral to MAPPA

*Cases where numbers are less than 5 have been suppressed to protect the identities of individuals.

6.8.6 Individual Safeguarding Records

The Individual Safeguarding Record (ISR) is a professional support tool for capturing face-to-face feedback from adults at risk and, where appropriate, their representatives. This was developed by the Safeguarding Adults Team which was introduced within LBRuT Adult Community Services Teams in October 2012. The ISR is a three part tool that seeks to engage and inform adults at risk at the beginning of the safeguarding process (Part 1), throughout the process (Part 2) and evaluate their experience, and gain feedback about how we can improve, at the close of the process (Part 3). In 2013/14, of 245 cases that concluded, 113 (46%) follow up contacts the ISR were made to review people's experiences

of the safeguarding process. Of these cases, 83 (74%) provided feedback. The table below shows the questions in the ISR that can be analysed, the number of people that answered the question and the number and percentage that gave a positive answer (e.g. 'Yes' or rated their experience as 'Good' or 'Excellent')

TABLE 9: Individual Safeguarding Records - Responses

Question	Number Responded	Number Yes/Good Excellent	% Yes/Good Excellent
Did you express concern that you were at risk of abuse or neglect?	29	15	51.7%
Were you told that someone had expressed concerns that you were at risk of abuse or neglect?	26	18	69.2%
Were you told how the safeguarding process would work?	28	24	85.7%
Was the information you were given easy to understand?	27	21	77.8%
Was Part 2 of the Individual Safeguarding Record form completed with you?	28	23	82.1%
Were you told that a meeting or discussion would take place?	28	26	92.9%
Were you told when the meeting would happen?	26	21	80.8%
Did your Investigating Officer talk to you before the meeting about what you would like to happen?	26	17	65.4%
Did you say how you would like the concern dealt with?	27	16	59.3%
Was the action plan discussed with you after the meeting?	27	17	63.0%
Did you understand how the concern was going to be investigated?	25	17	68.0%

Question	Number Responded	Number Yes/Good Excellent	% Yes/Good Excellent
Were you happy with the actions agreed in the action plan to look into the concerns raised?	25	19	76.0%
Were you happy with the actions agreed in the plan to make you feel safe?	27	19	70.4%
Did you give your permission for the action plan to go ahead?	24	22	91.7%
Were you kept informed of what was happening during the investigation?	26	18	69.2%
Did you feel supported during the investigation?	24	18	75.0%
Was a Case Conference held?	23	22	95.7%
If a Case Conference was held, were you invited?	23	14	60.9%
Did you attend the Case Conference?	8	2	25.0%
How would you rate the way your wishes were respected throughout the safeguarding investigation process?	24	22	91.7%
How would you rate the safeguarding investigation process for achieving what you wanted?	22	19	86.4%
How well do you feel that the risks you face have been reduced since the safeguarding investigation process started?	19	17	89.5%
Overall how would you rate the safeguarding process	23	21	91.3%

Just over 91% of people completing the ISR were positive about the overall process and appreciated the explanation and guidance that was given to them at the start and during the process. However, some people felt that the adult at risk did not understand, or had little understanding of the process.

***Comments surrounding the entire safeguarding process included**:*

- *"It is good to see care agencies held accountable by social services, you're not blinded."*
- *"Time spent explaining the procedures and their consequences were appreciated."*
- *"The Adult at Risk's understanding of the safeguarding process was limited and could not understand the questions on this form."*
- *"Document is not suitable for service user group. My client has a learning disability."*
- *"I like my social worker, they are very supportive."*

Comments surrounding the case conference were:

- *"I was pleased with the meeting."*
- *"The Adult at Risk does/has no/little understanding of the process."*
- *"Minutes were given out before the start of the meeting. It was like being in the House of Commons."*
- *"The meeting went well."*

Some people were unable to attend the case conference due to their circumstances or not having capacity to understand the process. Others chose not to attend the conference. Of people who attended, most were satisfied with the case conference and did not have any suggestions on improving it.

***Comment:** Whilst feedback received from adults at risk to date has been generally positive about the safeguarding process we recognise that the number of completed ISRs needs to be improved as well as the completeness of the records. In 2014 we will be integrating the ISR within the social care information system so that we can track that all safeguarding cases have a completed ISR. Going forward, the Head of Safeguarding will continue to support developments in this area; the Council has now signed up to "Making Safeguarding Personal* [7]

6.9 Provider Performance

The following provides a summary analysis of safeguarding alerts raised in 2013/14 about services provided within the Borough against the following types of providers:

- Home Support
- Older people's care homes,
- Learning disability care homes
- Learning disability supported living providers.

Individual providers have not been named for confidentiality reasons.

[7] Local Government Association (LGA) & Association Directors Adults Social Services (ADASS) initiative http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE

6.9.1 Home Support

Contracted providers

In 2013/14 there were 93 safeguarding alerts made against the 7 home support providers commissioned by the borough (including the Reablement provider). 43 of the alerts raised were deemed not to be safeguarding alerts and closed down. The remaining 50 alerts went onto referral/ investigation. Of these 50 referrals, 26 were substantiated, 17 were not substantiated, 5 were inconclusive and 2 investigations were not completed within the financial year.

TABLE 10: Contracted Home support alerts and referrals/investigations 2013/14

	Number
Total Number of Safeguarding Alerts	93
Alerts progressing to referral/ investigation	50
Substantiated cases	26
Non Substantiated cases	17
Inconclusive	5
Not closed in 13/14 financial year	2

Of the 26 substantiated safeguarding referrals 70% were due to neglect.

TABLE 11: Contracted Outcomes of Substantiated Cases by criteria

Type of abuse	Number
Neglect	18
Financial Abuse	4
Physical Abuse	2
Sexual Abuse	1
Emotional Abuse	1
Total Substantiated Cases	26

Contracted home support providers – large scale investigations

There was one large scale safeguarding investigation involving one contracted provider. The allegation of neglect was substantiated as a result of the investigation.

Non Contracted providers registered in Richmond

There are 15 non-contracted home support providers in the borough registered by the Care Quality Commission to provide services. In 2013/14 there were 17 alerts raised against these providers and 13 went on to become referrals/investigation.

TABLE 12: Non Contracted Home Support alerts & referrals 2013/14

	Number
Total Number of Safeguarding Alerts	17
Alerts progressing to referral/investigation	13
Substantiated cases	7
Non Substantiated cases	3
Inconclusive	2
Not closed in 13/14 financial year	1

Almost 50% of the 13 substantiated safeguarding referrals/investigations were due to neglect. The rest were split between financial, emotional and physical abuse.

TABLE 13: Non Contracted Outcomes of Substantiated Cases by criteria

Type of abuse	Number
Neglect	5
Financial Abuse	3
Physical Abuse	1
Sexual Abuse	0
Emotional Abuse	2
Total Substantiated Outcomes	11

Comparison between contracted and non-contracted home support providers
Proportionately, there were a significantly higher proportion of financial abuse cases with non-contracted providers compared against contracted providers.

6.9.2 Care homes for older people

There are 19 registered care homes in the borough which provide a maximum of 818 beds. The council has a 'block' contract with 3 of these homes. In 2013/14 there were 100 safeguarding alerts raised against the care homes in the borough. Of these 100 alerts, 49 progressed to referral/ investigation stage.

TABLE 14: Care homes for older people - alerts and referrals 2013/14

	Number
Total Number of Safeguarding Alerts	100
Alerts progressing to investigations	49
Substantiated cases	23
Non Substantiated cases	20
Inconclusive	6

Of these 49 referrals, 23 were substantiated, 20 not substantiated, 6 were inconclusive and 8 were 'outcomed' as part of a large scale safeguarding investigation.

TABLE 15: Outcomes of Substantiated Cases by criteria

Type of abuse	Number
Neglect	12
Physical Abuse	0
Financial Abuse	3
Sexual Abuse	6
Emotional Abuse	7
Total Number of Outcomes	28

There are a higher number of outcomes than referrals as there were two referrals with multiple outcomes.

6.9.3 6.9.3 Care homes for older people - large scale investigations

In 2013/14 there was one large scale safeguarding investigation involving 2 care homes. A number of allegations were raised via a whistle blower report relating to practice and culture within these care homes. The allegations were divided into two main categories; 1) physical and psychological abuse; 2) neglect, and institutional abuse. All allegations were found to be unsubstantiated apart from two; one of neglect which was substantiated and another of psychological abuse that was found to be inconclusive.

6.9.4 Care homes for people with a learning disability

There are 27 registered learning disability homes in the borough. These include 1 respite residential service and 1 care home with nursing. During 2013/14 there were 18 alerts raised against 7 residential care providers. 1 was deemed not to be safeguarding and closed down. The remaining 17 alerts went onto referral/ investigation. Two of the 17 referrals were dealt with as part of the same investigation and another 7 under another single investigation but all were outcomed separately. Of the 17 referrals, 13 were substantiated, 2 were not substantiated and 2 were inconclusive. Two alerts were received prior to the start of the reporting period but progressed to referral/investigation and were outcomed during 2013/14. One was investigated as part of a large scale investigation; both referrals were substantiated for neglect. Therefore the number of outcomes displayed in both tables below exceeds the number of alerts recorded for 2013/14 period by two.

TABLE 16: Care Homes for people with a learning disability - alerts and referrals 2013/14

	Number
Total Number of Safeguarding Alerts	18
Alerts progressing to referrals/investigations	17
Substantiated cases	15
Non Substantiated cases	2
Inconclusive	2

Of the 15 substantiated safeguarding referrals 87% were due to neglect.

TABLE 17: Outcomes of Substantiated Cases by criteria

Type of Abuse	Number
Neglect	13
Physical Abuse	1
Financial Abuse	0
Sexual Abuse	0
Emotional Abuse	1
Total Number of Outcomes	15

6.9.5 Care homes for people with a learning disability - Large-scale Investigation

In 2013/14 there were 2 large scale safeguarding investigations involving one residential care home and one residential care home with nursing. Both large scale investigations were substantiated regarding allegations of institutional abuse.

6.9.6 Supported living for people with a learning disability

There are 14 supported living units in the borough and 1 community support service.
In 2013/14, there were two safeguarding alerts raised against two Providers both of which proceeded to referral/investigation stage. Of these two alerts one was substantiated and one was found to be inconclusive, both were allegations of neglect.

TABLE 18: Supported Living for people with a Learning Disability - alerts & referrals 2013/14

	Number
Total Number of Safeguarding Alerts	2
Alerts progressing to referrals/investigations	2
Substantiated cases	1
Non Substantiated cases	0
Inconclusive	1

TABLE 19: Outcomes of Substantiated Cases by criteria

Type of Abuse	Number
Neglect	2
Physical Abuse	0
Financial Abuse	0
Sexual Abuse	0
Emotional Abuse	0
Total Number of Outcomes	2

6.10 Safeguarding Timescales

Tables 9 to 13 below show Richmond's performance in relation to the time standards in the Pan London Safeguarding Procedures.

TABLE 20: Time Standard 1 - Wait between alert and safeguarding decision

	Q1	Q2	Q3	Q4	Full Year	Target
% of cases completed within timeframe	91.4%	87.8%	89.0%	82.8%	86.5%	92%

TABLE 21: Time Standard 2 - Wait between alert and strategy meeting (5 working days)

	Q1	Q2	Q3	Q4	Full Year	Target
% of cases completed within timeframe	88.3%	83.3%	76.6%	89.3%	81.3%	70%

TABLE 22: Time Standard 3 & 4 - % of case conferences co-ordinated within 25 working days of receiving the strategy meeting

	Q1	Q2	Q3	Q4	Full Year	Target
% of cases completed within timeframe	90.0%	78.1%	81.6%	92.6%	85.6%	80%

TABLE 23: Time Standard 5 - % of first reviews undertaken within 3 months of case conference

	Q1	Q2	Q3	Q4	Full Year	Target
% of cases completed within timeframe	100.0%	77.8%	60.0%	84.6%	75.0%	85%

TABLE 24: Time Standard 6 - % of second reviews undertaken within 6 months of the first review

	Q1	Q2	Q3	Q4	Full Year	Target
% of cases completed within timeframe	No Data	No Data	No Data	80.0%	60.0%	80%

6.11. Deprivation of Liberty Safeguards (DoLS)

Background Information

Managing Authority

Within the DoLS legislation a '*Managing Authority'* is either a Care Home or a Hospital. Managing Authorities must apply to the Local Authority where the Care Home or Hospital is situated for a deprivation of liberty authorisation if they believe a person in their care lacks capacity to decide on where they should be treated or cared for. They can only provide care for that person in circumstances that may amount to a deprivation of their liberty.

Standard and Urgent Authorisations

A '*Managing Authority'* must request a '*Standard Authorisation'* from their Local Authority when it appears likely that, at some time during the next 28 days, someone will be accommodated in their *'institution'* (either a Hospital or Care Home) in circumstances that amount to a deprivation of liberty. This request should only be made *after* rigorous care planning indicates that less restrictive measures cannot meet the person's needs.

'*Managing Authority'* can issue themselves with an '*Urgent Authorisation'* where, in the best interest of the person, there is an immediate need to deprive someone of their liberty to protect them from harm. An '*Urgent Authorisation'* is valid for a maximum of 7 days. When making an '*Urgent Authorisation'*, the '*Managing Authority'* must simultaneously make a request for a '*Standard Authorisation'* to the Local Authority. The assessment process must then be completed before the 7 day period of authorisation expires.

Conditions

The '*Best Interest Assessor'* (BIA) is qualified professional who assesses the person actually deprived of their liberty and may recommend that specific conditions should be attached to a deprivation of liberty authorisation. For example, they may make recommendations around contact issues or the appropriateness of the current placement, or other such issues related to the deprivation. If the conditions stated in the assessment are not dealt with it might mean that the deprivation would cease to be in the person's best interest. The BIA may also recommend conditions to work towards avoiding the deprivation of liberty in the future. Conditions should not be set to deal with general care planning issues.

The Local Authority has to have in place a *'Supervisory Body'* to oversee all DoLS work and activity. LBRuT Council has systems in place for all of this work, working closely with our CCG partner.

6.11.1 DoLS Performance

During 2013/14 a total of 31 Authorisation Requests were received by the Council. Of these, 27 were received from Managing Authorities, 2 were received from Social Work staff and 2 were third party referrals. Of the 31 requests, 15 were '*Urgent Authorisations'* (followed *by 'Standard Authorisation'*) and 16 were Standard requests, 9 of which were repeat referrals for people already subject to an existing '*Standard Authorisation'*. 1 of the '*Standard Authorisation'* requests was a new referral.

TABLE 25: DoLS Requests

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Local Authority Funded	3	3	10	7
NHS Funded	2	1	2	3
Total	**5**	**4**	**12**	**10**

At the end of 2013-14 there were 12 people subject to a '*Standard Authorisation*' 10 under Richmond Council and 2 under Richmond Clinical Commissioning Group (CCG). Themes emerging from Authorisations were:

- Chemical restraint
- Continuous supervision
- The person objecting to being in the care home or hospital.

6.11.2 Supporting Information

The changes identified in Section 5 above have resulted in a significant increase in the volume of DoLS Authorisation Requests received by the Richmond Supervisory Body which will be reflected in the data included in the 2014-15 Annual Report. The Richmond Supervisory Body has ensured that appropriate actions are in place to manage the increased volume of requests.

7. REVIEW OF ACHIEVEMENTS 2013-14

For this report we have grouped each agency's review of their contribution to the Borough's safeguarding arrangements and Board's work through its 6 main areas of work identified on page 5, with a fuller Partner summary contained in the appendices at the back of this report.

7.1 Accountability and leadership across and within the community

- As a Council area, we have maintained a profile within the London Safeguarding Community in a number of ways. Currently the Council Assistant Director is Vice Chair of the Dignity, Safety and Capacity Group (ADASS/London Social Care Partnership) giving the Borough links to issues of regional and national profile. We are represented at the London Adults Network (LSAN) as well as the London-wide Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS) Network.
- Community Safety Priorities are part of the performance management framework and have benefit measures attached to them, including domestic abuse and Anti-Social Behaviour.
- Richmond Housing Partnership (RHP) support and work with service providers through other panels with involvement in safeguarding, including the domestic violence committee, ASB Panel, and Vulnerable Persons Panel.
- RHP is currently reviewing their services with an aim to sign up to the Social Care Commitment later in 2014: this is a best practice tool to ensure the robust delivery of quality services and championing safeguarding practices and risk assessments.
- Most organisations have undertaken some form of role review or appointed a key professional within their services to have safeguarding leadership:
  - LBRuT, supported by Richmond CCG and Richmond CVS led the recruitment of the Independent Safeguarding Chair in February 2014.
  - Richmond CCG has recruited to a new post of Clinical Reviewing Officer (Learning Disabilities) with a specific focus Winterbourne View issues.
  - RHP Director of Housing is their Safeguarding champion; the Head of Community Services sits on two Safeguarding sub groups (performance and learning and development).
  - Hounslow and Richmond Community Healthcare NHS Trust have recruited a specialist nurse to support clinical oversight of adult safeguarding. The Director of Quality and Clinical Excellence retains responsibility for safeguarding.
  - In February 2014, Southwest London and St George's Mental Health NHS Trust and LBRuT appointed an experienced interim Associate Director of Social Work who will lead for Safeguarding Adults.
  - Your Healthcare has appointed a Board Clinical Lead for Safeguarding.
  - Deputy Director of Nursing of Kingston Hospital has a leadership role.
  - Assistant Chief Officer for the Hounslow, Kingston & Richmond Probation cluster has the Safeguarding Adults Portfolio lead.
  - London Fire Brigade Borough Commander has attended the Adult Safeguarding Board.

7.2 Prevention and improving awareness and engagement so that the wider community has a better understanding of the issues

SAFEGUARDING ADULTS FACT SHEET

What is "safeguarding"?

'Safeguarding Adults' is the process of protecting adults with care and support needs from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities. Safeguarding Adults operates in a different statutory context to Children's safeguarding.

Safeguarding is mainly aimed at people with care and support needs who may be vulnerable due to the circumstances in which they are living and/or are at risk of abuse or neglect by others.

The London Borough of Richmond upon Thames operates to a common London wide policy. The Pan London Policy and Procedures for safeguarding adults at risk provides an inter-agency framework to protect adults at risk from abuse, harm and/or exploitation.

Who is an adult at risk?

The Pan London Policy and Procedures define an 'adult at risk' as an adult who is aged 18 or over *"who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"*

This is consistent with the *No Secrets* definition (see below) and can include people with a learning disability, a mental health problem, older people or those with a physical or sensory disability. It may also include a person who may be vulnerable as a consequence of their particular personal situation such as experiencing domestic abuse, chronic illness, drug or alcohol problems, social or emotional problems, poverty or homelessness.

The Pan London Policy and Procedures states that abuse can be viewed in terms of the following categories: physical, sexual, psychological/emotional, financial and material, neglect and acts of omission, discriminatory, institutional.

Many aspects of abusive behaviour may constitute a criminal offence and all suspected abuse must be investigated.

What are The Council's Responsibilities?

The Department of Health *No Secrets* Guidance (2000)[1], issued under Section 7 of the Local Authority and Social Services Act (1970), places a responsibility on three key statutory agencies (Health, Local Authorities and the Police) to work in partnership to identify people who are adults at risk and take steps to protect them by ensuring that systems, policies and procedures are in place.

[1] No Secrets: No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

- The Board continues to use every opportunity to raise the awareness of Safeguarding. Alison Twynam (Assistant Director, Achieving for Children) and Derek Oliver (Assistant Director, Adult and Community Services) held an awareness symposium for Council Elected Members of children and adult safeguarding prior to full Council in November 2013.
- Members of the Domestic Abuse Forum ran a number of successful White Ribbon campaign events during November 2013; over 150 children at Waldegrave School attended workshops and assembly presentations about teenage relationship abuse.
- A further significant event was an awareness raising day at the Rugby Football Union where over 500 pledges were obtained to end violence against women and girls from the public.
- The level of non-police referrals on community safety for the current year is now 66% - an increase of 18% on last year which indicates a significant increase in the level of awareness and this factor is likely to be a contributor to the increase in repeat cases.
- Every Police Officer has undertaken mandatory e-learning in relation to recognising, recording and sharing information regarding Vulnerable Adults through the Merlin system. This is an ongoing commitment and all new PCs and PCSOs will complete the same training.
- All Police response officers and safer neighbourhood teams have also attended sessions regarding recognising situations where safeguarding issues may exist and how to highlight these concerns through the appropriate channels.
- All Police CID officers have also been delivered bespoke training to help them better manage investigations involving Vulnerable Adults and understand their role while at safeguarding meetings.
- Joint training between Social Services and Police has taken place. The Community Safety Units' Detective Inspector facilitated a session with senior Social Workers to engender understanding regarding when a safeguarding concern might constitute a crime and what process then to follow.

- The Police have published the agreed Communication Protocol (as described in last year's report) regarding inter agency 'Adults at Risk' referral pathways. This has since been updated and refined due to advent of the Multi Agency Safeguarding Hub (MASH). Accompanying training will follow for both the Metropolitan Police Service (MPS) and Adult/Children Social Services.
- A number of safeguarding cases during this past year have involved criminal investigations. While prosecutions have not always been brought the robust but proportionate approach to the allegations made and subsequent criminal investigations have sent a clear message.
- Awareness training has been delivered to Members of Richmond CCG Governing Body.
- Success in raising awareness can be highlighted on a number of levels.
- RHP 17 safeguarding alerts during 2013-14 which were investigated by the Council. The relatively high number of alerts reflects RHP's robust policy, procedures and training programme in this area. It should be noted that 11 of the reported incidents related to one customer. One alert relating to an internal matter.
- Fire crews in Richmond have received safeguarding awareness training and also receive regular updates to enable them to identify and support vulnerable people.
- London Probation Trust has ensured wide awareness training for its staff, along with enhanced resources to promote awareness.
- Both HRCH Community NHS Trust and SWL&StG Mental Health Trust have identified safeguarding as a key area in their Quality Accounts.
- Many partner organisations have established groups and forums to promote safeguarding to staff and ensure that in their area of expertise they can support vulnerable people appropriately and raise concerns as necessary.

7.3 Partnership working and the role of statutory and voluntary sector partners in collaboratively supporting vulnerable people

- The Community Safety Partnership successfully achieved funding for Domestic Abuse Service and Substance Misuse Service through Mayor's Office for Policing and Crime (MOPAC) bids.
- The Council has worked with HRCH to develop a protocol for how pressure ulcers are managed though adult safeguarding.
- The Community Safety Partnership has continued participation in the Home Office pilot for testing whether ASB/hate crime issues have been dealt with properly (which tested the proposed legislation for Community Triggers).
- The Community Safety Partnership has implemented clear protocols for case management/ sharing of information/ 'dip sampling' for domestic abuse, ASB/hate crime and integrated offender management.
- RHP has revised its internal Safeguarding policy introduced in 2012; the policy now includes an Equality Assessment. The policy covers RHP's responsibilities as a partner organisation to support the local authority under the Pan London framework and has been shared with LBRuT and partners and customers' housing

- The Richmond MASH recently launched, with a children's focus, but with Adult involvement. The intention of the Metropolitan Police Service (MPS) is to utilise the staff and officers deployed to this asset to ensure that the sharing of information between the police and partner agencies evolves. Currently all reports of Vulnerable Adults coming to the notice of MPS are simply passed to Social Services for dissemination or action as appears appropriate. The creation of the MASH should facilitate better and more in depth research of police indices before the more holistic circumstances are given a considered risk grading by the police decision maker before then passing this on to the social services' counterpart within specified time frames depending upon the risk. Regular meetings are scheduled to review practices.
- In the past 12 months Richmond upon Thames police officers have created 1265 Vulnerable Adult "Coming to Notice PACs" which has meant a huge increase in the sharing of information between the MPS, Social Services and Mental Health Services to better enable joint working. Richmond police officers appear to be particularly sensitive to the needs of vulnerable adults' as they have recorded significantly higher PACs than any other borough in South West London.

7.4 Balancing empowerment, safeguarding and risk management where people arrange their own support

- The Council has a Best Practice Panel for its Social Workers where critical reflection of safeguarding cases can be undertaken to share learning and offer proactive suggestions for practice improvement
- It has introduced a risk assessment and risk management tool (based on the tool developed by SCIE) to ensure robust, consistent and transparent management of risk.
- Case examples from with community teams show how users are being supported to assert their rights and be supported when abuse takes place.

A married couple who use Direct Payments to purchase support hours, were subjected to financial abuse. Both attended all safeguarding meetings with support from a social worker. Key documents were supplied in a simple format and extra time was allowed for meetings. They valued this as they felt they were listened to and in control throughout. The perpetrator received a lengthy custodial sentence. Through the support provided, Mrs X has been more assertive with support workers and more able to seek support appropriately.

A woman with a significant learning disability, who uses her DP (with family support) to pool support hours with a group of friends, disclosed that she was being sexually abused by a close friend. Through the safeguarding process, she was supported over time to understand and protect her personal boundaries, understand what was happening and say what she wanted to change. She has maintained her friendship (which was important to her) and is now able to articulate her rights and preferences, in several areas of her life. Her family commented "We have got the old 'X' back". The other vulnerable person was also supported to understand the impact of their behaviour.

7.5 Involving service users and their carers

- The Council is continuing to champion mechanisms for involving service users and gaining their feedback (and the view of carers) to inform service improvement. The use of the Individual Safeguarding Record promotes full involvement of people before during and after a safeguarding intervention
- There has been ongoing close working with the Council's Tenant's Champion and improvements to the case management process.
- The MPS is committed to 'Total Victim Care' so in each and every investigation there are processes which ensure communication with victims of crime. These are monitored using the Crime Recording System and are regularly reviewed by the senior leadership team. This data tends towards the quantitative so supervisors are mandated to review ongoing cases weekly or daily depending on risk and outstanding actions to ensure victim contact is informative and the views of the victim are considered as the investigation progresses.
- South West London and St George's Mental Health NHS Trust (SWL&StGMHT) has been developing its direct service user feedback mechanisms and has worked with staff to ensure the ethos of effective service user involvement and empowerment within safeguarding becomes more mainstream.

7.6 Workforce development within and across partner organisations.

- Council staff and Lead Nurse for Safeguarding Adults (Richmond CCG) have been rolling out safeguarding training (based upon British Medical Association adult safeguarding toolkit) to GPs. So far 13 practices have had the training.
- RHP remains committed to ensuring that appropriate pre-employment checks have been undertaken on its employees and other workers to ensure customers are protected. All employees who require a Disclosure and Baring Service (DBS) check to carry out their roles effectively will be notified in their offer letter. All employees and volunteers working with adults or children at risk will have an enhanced check.
- Safeguarding e-learning and awareness is available to all retirement housing customers and their families, with an emphasis on Scheme Managers discuss 'safeguarding' and how to report it at scheme meetings or whenever appropriate.
- 93% of Hounslow and Richmond Community Healthcare NHS Trust have accessed safeguarding training during the last three years. Additionally, the percentage of

staff who had updated their knowledge of the Mental Capacity Act 2005 within the same period rose from 5% to 45%.

- Within the RHP Retirement Housing structure there are two Retirement Housing Managers. These managers cover our retirement schemes in the absences of the scheme managers. This is an additional safeguard to ensure schemes are being managed in accordance with RHP policy and procedures and give customers an opportunity to raise any concerns directly with a senior manager.
- The London Fire Brigade Borough training plan has also been amended to include safeguarding as an identified training need.
- The Kingston Safeguarding Adults and Mental Capacity Act Team along with Kingston Hospital Foundation Trust (KHFT) and the Mental Health Trust delivered a workshop and learning sessions in to reflect on learning from the Hospital's 2012/13 annual report.
- SWL&StGMHT introduced an e-learning Safeguarding Adults package for Level 1 training which led to a rise in compliance from 52% to 90% for relevant staff by the end of the year.

8. KEY ACTIONS FOR THE SAFEGUARDING BOARD IN 2014/15

8.1 Our vision for adult safeguarding

Overall the Board will continue to promote a strong vision for adult safeguarding so that we collectively:

- Actively work to **PREVENT** abuse from occurring.
- Improve **COMMUNITY AWARENESS** and engagement in order to enable prevention through better understanding.
- Ensure a **PERSON CENTRED RESPONSE** in the event of suspected abuse.
- Enable robust **ENGAGEMENT** of service users and carers in all areas of adult safeguarding.
- Enhance **PARTNERSHIP WORKING** arrangements in order to improve safeguarding outcomes for vulnerable people.

8.2 The Board's Terms of Reference

The Board regularly reviews its Terms of Reference and will do so in the year ahead in order to respond to the requirements of the Care Act 2014. All Board members and partner agencies collectively work to these. In addition, Appendix 3 describes how key elements of our Terms of Reference are discharged.

8.3 Our work for the year ahead

As a Board and as individual Members of the Board we have set the following key strategic aims:

- Set out the Borough's vision for Adult Safeguarding.
- Ensure the Board membership is fully representative of the key and statutory agencies for the Borough.
- The new Independent Chair takes up leadership of the Board and its work
- Undertake the analysis and preparatory work for the implementation of the Care Act 2014, ensuring all required safeguarding proposals and requirements are fully addressed.
- Support the ADASS safeguarding 'Peer Review' of Council services, overseeing the implementation of the resulting development plan.
- Find ways to celebrate the successes from the 'Peer Review' and impart best practice across the Borough.

- Support and drive the Making Safeguarding Personal[8] initiative being taking forward by the Council to embrace a shift culture and in practice enabling safeguarding to be person-centred
- Development of closer strategic partnerships with Community Safety and Children's Services where there are logical crossovers of work.
- Issue a new Serious Case Review protocol based upon the learning from the two SCRs undertaken in 2012.
- Review working structures and process of the Board to ensure continuous improvement.
- Seek meaningful strategic involvement of service users by experience in the work of the Board.
- Work with health partners to critically review self-assessment processes developing a plan of service development for local NHS agencies.
- Hold at least one development day for the Board, its sub group members and allied staff and services.
- Consider the use of a learning set for Board Members to enable greater understanding of their role.
- Review the role of the Borough's Safeguarding Team, to better engage with partners and internal teams in the Council.
- Impact assess, redefine and implement the Borough's response DoLS following the Supreme Court judgement.

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

APPENDIX 1 - CONTACT POINTS

REPORTING A SAFEGUARDING CONCERN

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

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

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

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

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

DEPRIVATION OF LIBERTY SAFEGUARDS – REPORTING AND ADVICE

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

Tel: **020 8487 5443**

Fax: **0800 014 8629**

Email: Dols@richmond.gov.uk

SAFEGUARDING TRAINING

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

Tel: **020 8891 7649**

Email: Adultsworkforcedevelopment@richmond.gov.uk

QUESTIONS ABOUT THIS REPORT

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

APPENDIX 2 - PARTNER CONTRIBUTIONS FOR THEIR ORGANISATION

The following appear here as the complete source information from each partner and represent a fuller contribution to the summary contained within the main body of the report, that is presented under the six main headings of the Board's work.

PARTNER: Richmond Council of Voluntary Service

Key issues, action and achievements

- Promoted appropriate training courses especially the Safeguarding Awareness Online Course.
- Disseminated relevant information to the sector as appropriate.
- Continues to strongly advocate for vulnerable people and the community of Richmond within the Voluntary Sector, especially in keeping safe

In terms of making a contribution to the work of the Board during 2013-14 Richmond CVS has:

- Regularly attended and contributed to the Board meetings as the Voluntary and Community Sector representative.
- Attended and contributed to the Learning and Development sub-group meetings on behalf of the Voluntary Community Services providers where necessary and as appropriate.
- Contributed to the Board's Strategic Away Day
- Contributed to the recruitment of the Independent Chair, being a Panel Member

PARTNER: Council Safeguarding & Community Teams

Key issues, action and achievements

- Used available performance information in a Council Safeguarding Adults Performance Managers' Group, to review performance and learn from the data provided.
- Introduced a risk assessment and risk management tool (based on the tool developed by SCIE) to ensure robust, consistent and transparent management of risk.
- The Council is continuing to champion mechanisms for involving service users and gaining their feedback (and the view of carers) to inform service improvement. The use of the Individual Safeguarding Record promotes full involvement of people before during and after a safeguarding intervention. Going forward use of the tool will be monitored through the council's data system
- Maintained a profile within the London Safeguarding Adults Network (LSAN) as well as the London wide Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS) Network.
- Maintained robust working links with neighbouring Boroughs in South West London in relation to both safeguarding and DoLS work.
- Strengthened established links with the Quality Assurance Team to ensure that routine care and contract monitoring is linked to adult safeguarding through regular meetings and regular attendance at Provider Forums.
- Continued to build strong partnerships with Richmond Clinical Commissioning Group, South West London & St George's Mental Health Trust, Kingston Hospital NHS Foundation Trust and the Police and, in conjunction with the Quality Assurance Team, the Care Quality Commission.
- Supported the Lead Nurse for Safeguarding Adults (Richmond CCG) in rolling out safeguarding training to GPs.
- Begun to prepare for a Peer Review of Safeguarding under the ADASS/ Local Government Association programme of Peer Review challenges.

PARTNER: Community Safety Partnership

Key issues, action and achievements

- Monitored the repeat case rate for the Multi-Agency Risk Assessment Conferences (MARAC). Over the last year the MARAC the rate has increased from 30% in 2012-13 to its current level of 33% in 2013-14. The actual number of repeat cases remains at 69 the same as the previous year but this number is from a reduced level of overall referrals which dropped by 10% from 229 in 2012-13 to 207 in the current year.
- Seen improved awareness: the level of non-police referrals for the current year is now 66% - an increase of 18% on last year which indicates a significant increase in the level of awareness and this factor is likely to be a contributor to the increase in repeat cases.
- Noted that the drop in the actual number of MARAC cases is in all likelihood linked to a more rigorous process of monitoring referrals being introduced to ensure that referrals meet the high risk criteria required.
- The integrated Domestic Abuse Services contract was tendered in 2013. Refuge was again the successful bidder for the new service and continues to provide an excellent independent service for residents residing in the borough. The key performance measurements for the service are reported on quarterly to the CSP Strategy Group.
- Performance in relation to the above continues to be excellent:
  - 95.8% of clients achieved their desired outcomes from accessing the IDVA Service (satisfaction levels).
  - 96.3% reduction the severity of abuse experienced by clients accessing the IDVA Service.
  - 36.4% of clients felt safer after intervention from the IDVA Service.
- Members of the Domestic Abuse Forum ran a number of successful White Ribbon campaign events during November 2013; over 150 children at Waldegrave School attended workshops and assembly presentations about teenage relationship abuse.
- A further significant event was an awareness raising day at the RFU where over 500 pledges were obtained to end violence against women and girls from the public.
- Continued participation in the Home Office pilot for testing whether ASB/hate crime issues have been dealt with properly (which tested the proposed legislation for Community Triggers).
- Provided guidance and best practice for other areas across the Country who now are implementing the new legislation which comes into effect on the 20 October 2014.
- Ongoing close working with the tenant's champion and improvements to the case management process.
- Implemented clear protocols for case management/ sharing of information/ 'dip sampling' for domestic abuse, ASB/hate crime and integrated offender management.
- All Community Safety Priorities are part of the performance management framework and have benefit measures attached to them. Domestic abuse is listed above. Benefits around anti-social behaviour ASB are linked in with the Council's annual survey.
- Successfully secured funding for Domestic Abuse Service and Substance Misuse Service through MOPAC bids.

PARTNER: Council Housing Team and Richmond Housing Partnership

Key issues, action and achievements

- Revised our internal Safeguarding policy, introduced in 2012; the policy now includes Equality Assessment. The policy covers RHP's responsibilities as a partner organisation to support the local authority under the Pan London framework and has been shared with LBRuT and partners and customers.
- RHP is a proactive partner within Richmond's safeguarding network: the Director of Housing is the Safeguarding champion for RHP and the Head of Community Services sits on two Safeguarding sub groups (performance and learning and development).
- RHP support and work with service providers through other panels with involvement in safeguarding, including the domestic violence committee, ASB Panel, and Vulnerable Persons Panel.
- RHP raised 17 safeguarding alerts during 2013-14 which were investigated by the Council. The relatively high number of alerts reflects RHP's robust policy, procedures and training programme in this area. It should be noted that 11 of the reported incidents related to one customer.
- One alert was raised against RHP relating to financial abuse. This was reported to LBRuT safeguarding process although it was not investigated by Richmond Council as the customer was not considered to be at risk and RHP had taken all appropriate action. The member of staff against whom the allegation was made has now left RHP.
- We are accessing Richmond Council's training resource for our employees, volunteers and customers, so we can develop awareness amongst professionals and those involved in community care: we are aware that how well we help to safeguard adults depends on the extent to which our customer-facing employees are proactive in seeking advice and raising alerts where they suspect abuse or neglect.
- RHP are currently reviewing their services with an aim to sign up to the Social Care Commitment later in 2014: this is a best practice tool to ensure the robust delivery of quality services and championing safeguarding practices and risk assessments.
- RHP is committed to ensuring that appropriate pre-employment checks have been undertaken on its employees and other workers to ensure customers are protected, including, where appropriate Disclosure and Baring Service (DBS) checks at the appropriate level
- All employees are aware of RHP's Whistle Blowing Policy which supports maintaining the highest standards of honesty, openness and accountability and recognises that employees have an important role to play in achieving this.
- Within the Retirement Housing structure there are two Retirement Housing Managers. These managers cover our retirement schemes in the absences of the scheme managers. This is an additional safeguard to ensure schemes are being managed in accordance with RHP policy and procedures and give customers an opportunity to raise any concerns directly with a senior manager.
- Safeguarding e-learning and awareness is available to all retirement housing customers and their families. Scheme Managers discuss 'safeguarding' and how to report at scheme meetings or whenever appropriate i.e. during support planning.

PARTNER: Metropolitan Police Service (MPS) - Richmond

Key issues, action and achievements

Continuing to raise awareness: *Internally*

- Every officer has undertaken mandatory e-learning in relation to recognising, recording and sharing information regarding Vulnerable Adults through the Merlin system. This is an ongoing commitment and all new PCs and PCSOs will complete the same training.
- All response officers and safer neighbourhood teams have also attended sessions regarding recognising situations where safeguarding issues may exist and how to highlight these concerns through the appropriate channels.
- All CID officers have also been delivered bespoke training to help them better manage investigations involving Vulnerable Adults and understand their role while at safeguarding meetings.

Continuing to raise awareness: *Externally*

- Joint training between Social Services and Police has taken place. The Community Safety Units Detective Inspector facilitated a session with senior Social Workers to engender understanding regarding when a safeguarding concern might constitute a crime and what process then to follow.
- The publication of an agreed Communication Protocol (as described in last year's report) regarding inter agency 'Adults at Risk' referral pathways. This has since been updated and refined due to advent of the Multi Agency Safeguarding Hub (MASH). Accompanying training will follow for both the Metropolitan Police Service (MPS) and Social Services.
- There have also been a number of safeguarding cases this past year which have involved criminal investigations. While prosecutions have not necessarily been brought the robust but proportionate approach to the allegations made and subsequent criminal investigations have sent a clear message.

Continuing to encourage Service User involvement

- The MPS is committed to 'Total Victim Care' so in each and every investigation there are processes which ensure communication with victims of crime. These are monitored using the Crime Recording System and are regularly reviewed by the senior leadership team. This data tends towards the quantitative so supervisors are mandated to review ongoing cases weekly or daily depending on risk and outstanding actions to ensure victim contact is informative and the views of the victim are considered as the investigation progresses.

Ensuring Robust policies and procedures are in place

- The Detective Inspector of the Community Safety Unit has been working closely with the Head of Safeguarding to develop a new communication protocol to streamline the inter agency 'Adults at Risk' referral pathway.

- The Richmond MASH recently launched. The intention of the MPS is to utilise the staff and officers deployed to this asset to ensure that the sharing of information between the police and partner agencies evolves. Currently all reports of Vulnerable Adults coming to the notice of MPS are simply passed to Social Services for dissemination or action as appears appropriate. The creation of the MASH should facilitate better and more in depth research of police indices before the more holistic circumstances are given a considered risk grading by the police decision maker before then passing this on to the social services' counterpart within specified time frames depending upon the risk. Regular meetings are scheduled to review practices.
- In the past 12 months Richmond upon Thames police officers have created 1265 Vulnerable Adult "Coming to Notice PACs" which has meant a huge increase in the sharing of information between the MPS, Social Services and Mental Health Services to better enable joint working. Richmond police officers appear to be particularly sensitive to the needs of vulnerable adults' as they have recorded significantly higher PACs than any other borough in South West London.

Strengthening structures which support the Board

- During 2013-14 the Police have supported and thereby strengthened the Board structure through improved attendance and increased input into the work of the Board and its sub-groups.
- The Board representative on the Board met with the respective chairs of the Policy and Performance Subgroup and the Learning and Development Subgroup to ensure appropriate, useful and effective input from the police into these groups is achieved. This has led to better defined processes and consequently improved capabilities in recording of referrals to the MPS from partner agencies in relation to the Policy and Performance Subgroup and further joint agency training is being organised to improve understanding, create a common safeguarding language and ensure better risk management.
- MARAC and MAPPA: the MPS has a joint chairing role at both these local Multi Agency meetings. Processes exist and continue to evolve to ensure that they do not operate in isolation of each other. During the past twelve months a number of Vulnerable Adults have been discussed at a combination of these meeting as well at Safeguarding or Professional meetings. Awareness continues to be raised through LA and in house training to ensure referrals are discussed at each meeting as is appropriate while ensuring each is not acting in isolation.

PARTNER: Richmond Clinical Commissioning Group

Key issues, action and achievements

- Richmond CCG has continued to work in partnership with all agencies across the borough to achieve this and to make sure that all commissioned providers understand their role in the health and wellbeing of adults at risk.
- Reviewed and monitored service users who have a learning disability who live out of the borough and for whom the CCG has responsibility.
- Worked in partnership with the Richmond Community Learning Disability Team to support 2 service users with autism and high support needs to move from special hospital to community placements that are better able to meet their needs.
- Recruited to the new post "Clinical Reviewing Officer in Learning Disabilities". The main responsibilities of the post are:
  - To ensure the recommendations from the Winterbourne View SCR are being implemented.
  - To review all people with a learning disability, funded by Richmond CCG, who are placed out of borough or who are in special hospital.
  - To jointly work with Richmond Local Authority Learning Disability Team, to ensure commissioned services are safe, person centred and value for money.
  - To work with provider services to develop new specialist LD services in Borough.
- In partnership with Local Authority Adult Safeguarding Team, the CCG Safeguarding Team has led the Adult Safeguarding Training to Richmond GP practices based on the British Medical Association adult safeguarding toolkit. So far 13 practices have had the training. A Safeguard Leads workshop afternoon is being arranged for mid-September 2014 in order to support Richmond GP practices safeguard leads for children and adults.
- Delivered basic adult safeguarding awareness training has been given to Richmond CCG governing body.
- Continued with membership of the DoLS supervisory body and have been part of the DOLS sign off rota for the supervisory body.
- Continued to organise and chair the Safeguarding Improvement Panel whose membership includes South West London & St Georges Mental Health Trust, East London Foundation Trust and Richmond Local Authority Safeguarding Adults Team.
- As lead agency and in partnership with the local authority, been successful in making a bid for monies awarded by NHS England to improve understanding of the mental capacity act and deprivation of liberty safeguards within local areas amongst care and support services. The bid focused on the need for improving knowledge and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards within our local care provider services as well as unpaid service user representatives.

PARTNER: Hounslow and Richmond Community Healthcare Trust (HRCH)

Key issues, action and achievements

- HRCH's quality account for 2013/2014 identifies safeguarding adults was one of the organisation's areas for improvement and the targets set monitored every quarter by the Trust's Board.
- HRCH have achieved all of the targets set and safeguarding adults remain extremely high profile within the Trust.
- Safeguarding adults work is overseen by a safeguarding committee which is attended by HRCH commissioners.
- This year investment was made in a new role of Specialist Nurse in Safeguarding Adults modelled on similar internal roles to safeguard children.
- At the end of 2013 HRCH's safeguarding adults processes were reviewed by internal auditors. While this identified that further work is needed it also provided assurance that adults who may be at risk of abuse and neglect are identified and take appropriate action. This was an improvement on previous audits and reflects the Trust's commitment to safeguarding adults.

Continuing to raise awareness

- Training on safeguarding adults is required for all HRCH staff in contact with people who use our health services. This includes both clinical and administrative staff.
- At the end of the year 93% of these staff had accessed this training during the last three years. We also increased significantly the number of staff who had updated their knowledge of the Mental Capacity Act 2005 in the same period from 5% to 45%.

Continuing to encourage Service User involvement

- HRCH undertakes its own investigations of incidents where an individual may have been abused or neglected whilst accessing our services. Our investigators consider how best to involve and support the individual and any carers in the process.

Ensuring that robust policies and procedures are in place

- During 2013/2014 we reviewed all our Trust wide clinical policies to ensure they included our responsibilities to safeguard adults where appropriate. This review also looked at compliance with the Mental Capacity Act. Our internal procedures to safeguard adults were updated, particularly to include work on identifying individuals who may be at risk of radicalisation linking the government's Prevent agenda.

Strengthening the structures supporting the Board

- The recruitment of a specialist nurse has allowed HRCH to be a more active member of the Partnership board with representation at all of the subgroups. HRCH has 100% attendance at the Safeguarding Adult's Partnership Board.
- The Director of Quality and Clinical Excellence and Executive Director has responsibility for safeguarding.

- HRCH's Board is kept fully appraised of safeguarding concerns, gaps and achievements.
- The Trust's Board identifies and agrees its corporate goals and objectives on an annual basis: a number of key strategies underpin the strategic commitment and objectives of HRCH. These include an engagement strategy, patient and public involvement strategy and a clinical strategy.
- All documents supporting the Board's strategy are fundamental in ensuring that:
  - HRCH's commitment to listening to the patient voice and responding accordingly is achieved
  - Staff work safely and effectively and possess the skills and competencies required
- The 'adults at risk'' work plan is reviewed and updated on an annual basis in order to ensure that key local and national priorities are reflected within the annual cycle of work and that it remains aligned to local need.
- The implementation of the work programme is delegated to the Safeguarding committee which provides the Trust's Board and commissioners with quarterly progress reports.

PARTNER: South West London & St George's Mental Health NHS Trust

Key issues, action and achievements

(NB It should be noted that the following are highlights, some being Trust wide but important to Richmond, some being Richmond-specific)

- Safeguarding adults has had a very high profile within the Trust in 2013/14, promoted by strong Executive focus and helpful scrutiny from the new CQC inspection regime. Safeguarding was also part of the Trust's Quality Account for the second year running...
- The Trust completed a review of its Safeguarding Adults at Risk policy (last updated in 2010) including a revision to the senior governance structure. This was approved by the Trust Board and ensured Trust alignment with Pan-London protocols. The revised policy was submitted to the Richmond Safeguarding Adults Partnership Board.
- The Trust has improved its in-house electronic safeguarding reporting system (Ulysses) in order to have greater corporate scrutiny of activity. Ulysses flags timeframes and completion at key points in the safeguarding process for all cases opened on the system. It is used centrally by the Trust Lead for Adult Safeguarding (and others) to promote quality and compliance. The implementation of Ulysses was driven by Trust Quality Account targets for 13/14
- In addition to the above the Ulysses safeguarding electronic recording system was integrated with incident reporting and complaints modules on the same software system to ensure all types of incidents could be cross-referenced. All incidents that were also safeguarding matters were picked up as such and managed appropriately. The system can also draw out organisational learning from thematic analysis that can be disseminated to governance groups in Richmond and other Boroughs.
- Early in 2013 the Trust agreed that in Richmond that all adult safeguarding incidents would be entered onto the Frameworki (FWi) workflow. Access to this system was made available to staff in community teams alongside access to Ulysses to ensure the Trust's practice could be monitored by the Council alongside that of the Local Authority teams
- The Trust commissioned an audit from London Audit Consortium (its internal audit partner). This gave an overall rating of substantial assurance of Trust safeguarding governance, processes and policies.
- The Trust introduced an e-learning Safeguarding Adults package for Level 1 training which led to a rise in compliance from 52% to 90% for relevant staff by the end of the year.
- The Trust ensured close liaison with the Richmond Adult Safeguarding Team in the development of a domestic violence peer mentoring initiative within which the Trust is a collaborator and action research funded project. The Trust aimed to ensure the proposal fitted with Richmond's overall approach to domestic violence.
- In February 2014, the Trust and the Council appointed an experienced interim Associate Director of Social Work who took the Safeguarding Adults Lead role for the partnership mental health services. This role had been vacant for some time. The re-establishment of this role, which is key to the Trust and Council's governance and leadership structure, is a key achievement.

- The Trust was subject to a 'new style' comprehensive CQC/Chief Inspector of Hospitals inspection in March 2014. This inspection found safeguarding systems across all Trust areas to be effective. Staff knowledge of how to respond to concerns and allegations was high and policies and protocols were up to date.
- The Trust was specifically inspected on its compliance with the provisions of the Mental Health Act 1983/2007 and the Mental Capacity Act 2005. Good practice was commended with regard to the operation of both of these important legal safeguards of people's rights within inpatient settings across all Trust sites including Lavender Ward for Richmond.
- The Trust has maintained representation at the SAPB during a period of significant change in local leadership during 13/14. It is anticipated that membership of the Board will become consistent in 14/15 and the Trust's contribution to the strategic direction of the Board will become more effective.
- The Trust and Richmond Council refreshed their partnership and the Trust undertook management of integrated mental health services on behalf of both organisations under a NHS Act s75 agreement from October 2013. This has set the conditions for closer working relationship with the Council, including as a key health partner on the Board. The performance and quality monitoring of the s75 agreement is developing and will provide better assurance to the Council, Trust and Partnership Board on safeguarding matters.
- The Trust shares the commitment of the Board to service user involvement in the safeguarding process and in enabling service users to determine good outcomes. During 13/14 the Trust has been developing its direct service user feedback mechanisms and has worked with staff to ensure the ethos of effective service user involvement and empowerment within safeguarding becomes more mainstream. This is a priority for the Trust in the coming year.

PARTNER: 'Your Healthcare'

Key issues, action and achievements

(**Context**: Your Healthcare is a Kingston based Social Enterprise commissioned by Richmond Clinical Commissioning Group (CCG), to provide specialist healthcare services for adults with learning disabilities in the London Borough of Richmond. Your Healthcare (YH) also provides community health services for residents of the LBRuT who have a Kingston GP. Their specialist learning disability team is co-located with the Richmond Council Community Learning Disability Team).

- Your Healthcare has appointed a Lead for Adult Safeguarding. This is a full time post developed to ensure that adult safeguarding is further embedded into all aspects of the health and social care services provided by Your Healthcare. The main functions of this post are to develop YH policies and procedures, develop and deliver safeguarding and Mental Capacity Act training, the provision of support and supervision for staff involved in safeguarding cases, to assist in the investigation of safeguarding issues and generally to provide additional resilience within YH with regard to adult safeguarding activity.
- Significantly increased the number of staff who have attended adult safeguarding awareness training
- Improved the incident reporting system: YH's electronic incident reporting system now prompts staff to indicate whether there is a safeguarding issue relating to the incident they are reporting.
- Continued to contribute to complex investigations undertaken under the Safeguarding Adults procedures.
- Provided performance data to NHS Richmond regarding the number of adult safeguarding alerts received and/or raised by Your Healthcare staff, the number of safeguarding meetings attended and the number of complex investigations with health involvement.
- Established a Safeguarding Committee which reports to Your Healthcare's Board.
- Raised the profile of safeguarding adults and MCA (DOL's) via a bi-monthly report to the Your Healthcare Board as a standing agenda item. Safeguarding adults has also remained a standing item on the Learning Disability governance meeting agenda.
- Ensured that mandatory safeguarding adults' training is available for all staff including Directors and Non-Executive directors.
- Commenced a review of MCA and DOLS processes following the recent Supreme Court judgement.
- YH has had Director level representation at all SAPB meetings and feedback has been provided to relevant YH committees.
- During 2013/14 YH has also been invited to and has attended the Policy and Development group which is a sub-group of the SAPB.

PARTNER: Kingston Hospital NHS Foundation Trust

Key issues, action and achievements

(**Context**: Kingston Hospital has key links with the Kingston Adult Safeguarding Board as it is located in their area of jurisdiction. It is member of the Richmond SAPB given the key role it plays in acute admissions and medical intervention for the population of Richmond)

- Kingston Hospital produced a publically available annual report to inform members of the Trust Board (and the public) of the Safeguarding Adult activities in Kingston Hospital during 1st April 2013 to 30th March 2014.
- The focus on adult safeguarding remains high particularly given the publication of the Francis Inquiry and the Winterbourne View Inquiry which have increased both the public awareness of safeguarding and the need for the health service to place greater emphasis on ensuring quality care is delivered at all times.
- Kingston Hospital has a Safeguarding Adults and Learning Disabilities Group to provide leadership and direction that ensures safeguarding and learning disability issues are managed effectively in the Trust. The group meets bi-monthly, is accountable to the Clinical Quality Improvement Committee (previously, the Patient Safety Committee) and has an active programme of work (recently focusing on the change in case law relating to Deprivation of Liberty standards).
- The Clinical Quality Review Group (with local commissioners) receives regular reports from the Trust regarding safeguarding adults.
- The Kingston Safeguarding Adults and Mental Capacity Act Team along with Kingston Hospital and the Mental Health Trust delivered a workshop and learning sessions in to reflect on learning from the Hospital's 2012/13 annual report.
- Kingston Hospital responded to the NHS England (London) Adult Safeguarding Self-Assessment Assurance Framework (SAAF). This was shared with Richmond SAPB. 22 of the 24 dimensions assessed were rated as being fully met (GREEN) and two areas as partly met (AMBER). The amber areas related to the requirement to increase the Mental Capacity Act and PREVENT training provided for clinical staff.
- Focus on dementia care given the potential risk this group of people is at from possible abuse
- In order to have a higher degree of focus on preventable harm and reduce avoidable hospital acquired pressure damage the Trust has implemented a range of actions since the last Annual Report in relation to Hospital Acquired Pressure Damage:
  - Deputy Director of Nursing has become the senior nurse lead for this.
  - Revised terms of reference reporting into the Clinical Effectiveness Committee
  - Regular formal meetings with professional staff along with ward based teaching sessions
  - Process outlining roles, responsibilities and time frames for any avoidable pressure damage has been circulated to staff
  - The Stage 2 checklist completion timeframe has been reduced from 28 days to 7 days
  - A new incident tracker has been implemented
  - Introduced an internal process to identify people at risk and ensure appropriate care

PARTNER: Kingston and Richmond Probation, London Probation Trust

Key issues, action and achievements

- 170 staff across London attended Safeguarding Adults Awareness Briefing training, including a section on the Mental Capacity Act
- 32 staff attended the Safeguarding Adults - Train the Trainer events, run by Sylvia Manson, safeguarding adults consultant
- 147 staff attended Learning Disability Awareness training run by Key Ring
- A Learning Disability Screening Questionnaire was piloted in Barking, Dagenham and Havering, Hammersmith and Fulham and Croydon. This will be used at the first point of contact with service users, for example the Pre-Sentence Report stage or post-sentence/release induction. The pilot is being evaluated.
- An easy read format of offender induction compact introduced
- A Practitioner forum and Strategic Group met during the year
- Received positive feedback from lead inspector following Criminal Justice Joint Inspection on service users with a learning disability: Arrest to Sentence
- The Safeguarding Adults page on the London Probation Trust intranet has been developed with new resources being added to it. This includes useful information and resources for staff and service users.

Achievements against the SAPB's Key Targets for 2013-14:

- The Assistant Chief Officer for the Hounslow, Kingston & Richmond Probation cluster has the Safeguarding Adults Portfolio lead and during the course of the past year attended and contributed to the Safeguarding Adults Partnership Board meetings
- The nDelius offender database was introduced in August 2013. The local lead has liaised with the London Probation Trust lead regarding contacts and registers to be included regarding Safeguarding Adults. There are registers to identify service users who are vulnerable adults and those who present a risk to vulnerable adults. There are contacts titled Safeguarding Adults Contacts and Safeguarding Adults Strategy Meetings. Details of these are available to staff on the Safeguarding Adults and Delius pages of the London-i. Staff need to be reminded to use these entries where appropriate.
- As indicated above, Safeguarding Adults Train the Trainer, Awareness Briefings and Learning Disability Awareness Training was run during the business year. Some 349 staff attended these events.

PARTNER: London Fire Brigade (Richmond)

Key issues, action and achievements

During the past year the Fire Brigade has:

Continued to encourage Service user involvement

- Fire crews have regular contact with the public in a variety of circumstances including operational incidents and whilst carrying out home fire safety visits. As a result firefighting staff within Richmond Borough have all now received initial safeguarding training and are also required to undertake continuation training as part of their Watch training programmes.
- The Borough training plan, which is designed to address Borough specific training needs, has also been amended to include safeguarding as an identified training need.
- Senior Managers have been quality assuring the implementation of safeguarding training and the policies.

Ensured that robust policies and procedures are in place

- The Brigade has robust policy's regarding Adult and Children's safeguarding including guidance on reporting.

Contributed towards strengthening the structures supporting the Board

- The Brigade is committed in supporting the safeguarding structures within Richmond Borough; the Borough Commander has attended the Adult Safeguarding Board and has contributed to strategy meetings, case conferences and investigations.
- A known "gap" within Richmond Borough relates to the management of hoarding which poses a significant risk to the individual, neighbours and to the Fire service. The Borough Commander has been stimulating the development of a hoarding strategy within the Borough of Richmond and the possibility of this sitting within the safeguarding framework.

APPENDIX 3 – MEETING OUR TERMS OF REFERENCE

Key statement in SAPB Terms of Reference	How we discharge this responsibility
1. Strategic leadership and oversight of Adult Safeguarding arrangements in the Borough discharged through all statutory and non-statutory partners.	Through regular meetings of the Board, its sub-groups and other connected and inter-agency partnerships.
2. Oversight of the effective implementation of the Pan London Policy at a local level.	A general responsibility of each agency partner and Board Member.
3. Support and guide communities and organisations to ensure that the circumstances in which neglect and abuse occur in LBRuT are actively identified and prevented, thereby promoting the welfare and interests of vulnerable adults.	Through a learning and development strategy; through awareness campaigns; through inter-agency partnerships and through contract and quality monitoring of care arrangements.
4. Develop a robust overarching strategy for Safeguarding in LBRuT, within which all agencies set their own strategic and operational policy.	To form part of our plans for 2014-15.
5. Raise awareness, knowledge and understanding of abuse and neglect in order that communities and organisations know how to respond in an effective, coherent and timely way when safeguarding issues arise.	Through a learning and development strategy; through awareness campaigns; through inter-agency partnerships and through contract and quality monitoring of care arrangements.
6. Engage and encourage dialogue with intra and inter borough partnerships to achieve shared responsibility for the safety and welfare of all adults resulting in an effective response to the vulnerable adult.	Through Board representation; through work of the Board's sub- groups; through connections with wider partnerships.
7. Ensure coordinated and timely operational processes, for identifying and investigating any incidents of abuse and protect vulnerable people.	Through implementation of the Pan London Procedures and complementary Richmond policy.
8. Ensure that vulnerable adults who use services that fall within the remit of the Board are safe and their care and treatment is appropriate to their needs.	A general responsibility of each agency partner and Board Member and through active use of the Pan London Procedures.
9. Ensure that each organisation has systems in place that evidence that they discharge their functions in ways that safeguard vulnerable adults.	A general responsibility of each agency partner and Board Member
10. Work together as a Board to learn and share lessons learnt from national and local experience and research and to promote best practice by ensuring that such learning is acted upon.	Through shared and open discussion; work with wider partnerships and forums and from our own experiences, including safeguarding reviews.

Key statement in SAPB Terms of Reference	How we discharge this responsibility
11. Develop systems to audit and evaluate the impact and quality of safeguarding work to aid continuous improvement of interagency practice, including lessons learned from practice.	Through the leadership of the Policy and Performance Sub-Group
12. Develop and maintain a strong and evolving network of stakeholders including vulnerable adults, their carers and advocates.	To form part of our plans for 2014-15.
13. Undertake joint serious case reviews when it is confirmed or there is strong evidence to suggest that a vulnerable adult has died, been significantly harmed or put at risk as a result of abuse or neglect.	Through the leadership of the Serious Case Review Sub-Group and our SCR Policy.

APPENDIX 4 - BOARD MEMBERSHIP 2013 – 2014

MEMBER	POSITION	ORGANISATION
Dawn Warwick	Partner Chair	
Cathy Kerr	Director of Adult & Community Services	London Borough of Richmond upon Thames Council
Derek Oliver (Ged Taylor until October 2013)	Assistant Director of Adult & Community Services Chair SCR Sub Group	London Borough of Richmond upon Thames Council
Gill Ford	Head of Performance & Quality Assurance Chair Policy & Performance Sub Group	London Borough of Richmond upon Thames Council
Carol Stewart	Head of Workforce Development Chair Learning & Development Sub Group	London Borough of Richmond upon Thames Council
Andrea Knock	Head of Safeguarding	Hounslow & Richmond Community Healthcare NHS Trust
David Bullivent (Tyrone Blackford-Swaries to July 2013) (Sarah Haspel until January 2014)	Interim Service Director	South West London & St George's Mental Health NHS Trust
Kathryn Williamson	Health & Partnership Manager	Richmond Council of Voluntary Service
Jackie Bennett	Head of Service Safeguarding	London Borough of Richmond upon Thames Council
Debra Towns	Detective Superintendent, Community & Partnership	Metropolitan Police Service, Richmond
James Fox	Detective Inspector	Metropolitan Police Service, Richmond
Peter Warburton	Safeguarding Lead Nurse	Richmond Clinical Commissioning Group
Fiona Hegarty	Board Lead for clinical Services (Long Term Care)	Your Healthcare
Andy Cane	Borough Commander	London Fire Service

MEMBER	POSITION	ORGANISATION
James Jolly	Assistant Chief Officer	London Probation Trust
Ken Emerson	Head of Housing Operations	London Borough of Richmond upon Thames Council
Alison Twynam	Assistant Director of Children's Social Care	Achieving for Children
Cllr David Marlow	Cabinet Member for Adult Services, Health & Housing	London Borough of Richmond upon Thames Council
Fergus Keegan	Deputy Director of Nursing & Patient Experience	Kingston Hospital NHS Foundation Trust
Natasha Allen	Community Safety Manager	London Borough of Richmond upon Thames Council
Roger James	Compliance Manager	Care Quality Commission