COURAGE

COMPASSION

Safeguarding Adults Executive Board

ANNUAL REPORT 2013-14

ACCOUNTABILITY

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hammersmith & fulham

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

City of Westminster

Contents

Foreword from Mike Howard

Independent Chair of the
Safeguarding Adults Executive Board

As the chair of the Safeguarding Adults Executive Board, I am pleased to present our inaugural annual report.

The Board is a non-statutory body of senior decision-makers from key agencies working in the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster. The agencies that are represented on the Board have agreed to work together to co-ordinate, challenge, and review policies and practices, all designed to improve the safety and well-being of adults at risk of harm or abuse.

The Board meets quarterly and our first meeting was on 30th July 2013. The Board was formally launched at a safeguarding event, on 7th November 2013, generously hosted by the London Probation Service, and attended by eighty-five delegates. Our first Safeguarding Adults conference took place in on 27th March 2014 and was also well attended. The focus of the conference was developing the values and behaviours needed for good safeguarding when working with adults at risk in general, and people with dementia in care and nursing homes, in particular. Both events promoted the Board's shared safeguarding values of 'Courage, Compassion, and Accountability' and received overwhelmingly positive feedback from delegates.

Safeguarding is everyone's business. To emphasise this point, the report includes contributions from agencies represented on the Board, highlighting their work this year. These examples are listed under the Board's safeguarding outcomes framework which promotes the 'voice of the user'; highlighting that safeguarding work must centre on the person who has experienced harm and help them to achieve the outcome they are looking for.

Appendix two shows how the data gathered for the new Safeguarding Adults Return informs progress on the five outcomes the Board is working to achieve. This data is 'personalised' by two case studies which show the positive difference made to people's lives. Recently, Board members spent time with case managers to go through resolved cases in order to understand the complexities and challenges which require resolution to achieve a satisfactory safeguarding outcome.

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The report includes the Board's priorities for 2014/15. It is a demanding agenda with work at a national level (the Board becomes a statutory body under the new Care Act in April 2015); and overseeing the Board's involvement in the Local Government Association's 'Making Safeguarding Personal'. This program will act as a framework for better understanding of what works well when working with adults at risk of harm and abuse. At a local level, I would like the Board to develop closer links with other existing boards to ensure adult safeguarding is included in their work plans where appropriate, and vice versa.

The Board has three work streams; Developing Best Practice; Measuring Effectiveness; and Community Engagement, all of which are charged with delivering our safeguarding outcomes. The achievements of these groups, together with our challenges for next year, are included in the report.

I would like to end by thanking everyone for their contributions to the work of the Board in our first year. I am optimistic that we will meet all the challenges and continue to make a positive difference to adults at risk of harm in our communities.

Mike Howard
Independent Chair
September 2014

Executive Summary

This report shows what progress has been made in consolidating the governance of adult safeguarding in the London Borough of Hammersmith and Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster, to meet the requirements of the Care Act 2014[1]. It outlines what adult safeguarding work is being carried out under the leadership of the multi-agency Safeguarding Adults Executive Board and what is being done to raise public awareness of, and confidence in, reporting abuse, and developing best practice in staff and volunteers working with people who have experienced abuse. It reports on how information is being used to measure the effectiveness of adult safeguarding activity and to make improvements to safeguarding systems and practice.

As well as reflecting back on the past year, the report sets out what the Safeguarding Adults Executive Board is aiming to achieve by 1st April 2015; the date for the implementation of the first phase of the Care Act 2014.

Readiness for the Care Act 2014

The Care Act 2014 replaces a raft of social care legislation and guidance, including 'No Secrets' guidance[2]. From 1st April 2015, the Act will place adult safeguarding on a statutory footing. It requires local authorities to:

- make (or cause to be made) enquiries if a person is at risk of abuse and neglect, and unable to protect themselves;
- establish a Safeguarding Adults Board;
- arrange for there to be a review of a case where the Safeguarding Adults Board knows or suspects that death, or serious harm, resulted from abuse or neglect.

Make (or cause to be made) enquiries if a person is at risk of abuse and neglect, and unable to protect themselves

The reporting arrangements for adult safeguarding in the three local authorities are well-established and the resulting case activity is reported to the Department of Health in the Annual Safeguarding Adults Return[3]. Adult Social Care is in the process of scoping what changes may need to be made to these arrangements under the Act. The Association of Directors of Adult Social Services is being lobbied to update the Pan-London adult safeguarding procedures[4] so that when abuse or neglect of adults at risk occurs, the adult

[1] Care Act 2014 Sections 42-47
[2] No Secrets Guidance 2000
[3] Safeguarding Adults Return 2013-14 Guidance

[4] SCIE Report 39 Protecting Adults at Risk

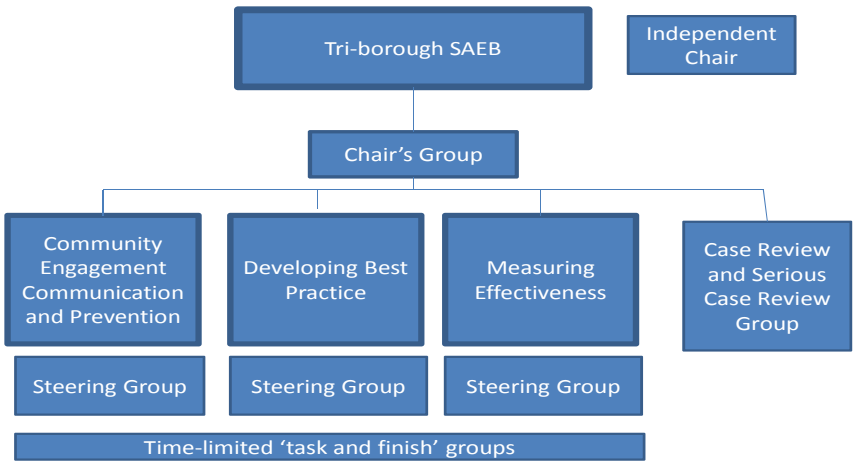
safeguarding response across all thirty-two London boroughs remains fairly consistent. There is now a single client information system for Adult Social Care across the three boroughs, which is being redesigned to accommodate the requirements of the Act, including prompts to consider when a person needs an advocate, and encouraging the practitioner to focus on outcomes for the person who has experienced harm. This is also in line with 'Making Safeguarding Personal' [5] which the Board hopes to roll out during 2014-2015.

Establish a Safeguarding Adults Board

In March 2013, the Cabinets of the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington and Chelsea and Westminster City Council, agreed to establish an independently chaired, multi-agency, Safeguarding Adults Executive Board to provide robust leadership of adult safeguarding across the three boroughs. These arrangements mean that the three boroughs will be fully compliant with this requirement of the Act on 1st April 2015.

The Board has the required senior representation from all statutory agencies, including an elected member from each of the three boroughs. A list of members is attached as Appendix one. The 2013-14 quarterly meetings of the Board were held on 10th July, 22nd October 2013, 23rd January and 1st April 2014. The Board will continue to meet in these months of each year. Attendance at the Board is regular and agencies represented on the Board show consistently high levels of commitment to this important agenda.

Figure 1: Safeguarding Adults Executive Board



[5] Making Safeguarding Personal

At its January 2014 meeting, the Board agreed five high-level outcomes for the focus of all its work[6]. These are that:

1. **People are aware of safeguarding and know what to do if they have a concern or need for help;**
2. **People are able to report abuse and are listened to;**
3. **Concerns about harm or abuse are properly investigated and people can say what they want to happen;**
4. **People feel, and are safer as a result of safeguarding action being taken (but being safe on its own is not enough);**
5. **The wider well-being of people is maintained or enhanced as a result of safeguarding activity.**

The section below: **'Working together to achieve Safeguarding Outcomes'** outlines some of the achievements and challenges that the agencies represented on the Board have experienced this year in meeting these outcomes.

The work of the Safeguarding Adults Executive Board is carried out through three work-streams:

- **Community Engagement**
- **Developing Best Practice** and
- **Measuring Effectiveness**.

These were set up in April 2012 and they are building good member engagement and participation. They have delivered some very good products. Each work stream is supported by a member of the Adult Social Care Tri-borough Professional Standards and Safeguarding team. The team also offer administrative support to the Board and work-streams. The chairs of the work-streams, who give considerable time and commitment to the task, are listed in **Appendix 1.**

Community Engagement

The purpose of this work-stream is **to raise public awareness** so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect. **Board Outcomes one and two** are the main focus for this work-stream: *that people are aware of safeguarding, and know what to do if they have a concern*

[6] These five high-level outcomes have been proposed by ADSS Cymru and SSIA as part of A A Safeguarding Adults Outcomes and Effectiveness Framework
They are aligned to the national NHS Outcomes Framework; the national Adult Social Care Outcomes Framework (ASCOF); and 4 domains of the Public Health Outcomes Framework 2013-16.

or need for help; that people are able to report abuse; and that people are listened to. This year, the group has completed the following work:

- A **redesign and publishing of safeguarding information leaflets** was completed this year. The leaflets have been distributed widely through the three boroughs, together with cards and an easy-read 'Say No to Abuse' leaflet. This leaflet was developed with the help of the Safeguarding Adults Reference Group, a group of people who have experience of using services in the Royal Borough of Kensington and Chelsea.
- The Community Engagement work-stream hosted a **'Training-for-Trainers'** Safeguarding Adults programme which was taken up by twenty, third-sector organisations. This has substantially increased the capability and capacity of organisations in the three boroughs to train their staff on recognising, reporting and preventing abuse. This programme will be re-run in 2014-2015.
- The work-stream also carried out a qualitative **Service User Survey**. The survey adopted a person-centred approach informed by the 'well-being' principle of the Care Act 2014. The survey contributed to the Health and Social Care Information centre work on developing an outcomes framework for adult safeguarding, which is collecting views from people who have experience of adult safeguarding to understand what quality looks like from their perspective. This is the first time this sort of data has been collected to create a national measure of the effectiveness of adult safeguarding. The participants are asked to consider the statement: 'As a result of the safeguarding investigation I feel safer'. Five people in each borough, fifteen in total, were selected for interview from a sample of fifty people who had experience adult safeguarding in the previous year. The results of the survey were that twelve respondents were positive about their experience; three people reporting a very positive experience. The remaining three people reported being dissatisfied with their experience. Some of the key themes that emerged were:

  Lack of information and signposting meant immediate assistance was not given;
  People were unaware of Safeguarding procedures;
  People wanted to be kept involved, given a voice and to be listened to;
  People wanted more follow-up and review of protection plans;
  People want to share their experiences to prevent harm coming to others;
  Some people said the survey helped because it acknowledged what they had been through.

  Some of the things people said are published, with their permission, in the 'Working Together to Achieve Safeguarding Outcomes' section below. Learning from the survey is being shared with the Developing Best Practice work-stream to inform staff

training, and planning the 'Making Safeguarding Personal'[7] programme for 2014 to 2015.

- The work-stream organised the **first Adult Safeguarding Conference** for the new Board on 27th March 2014. The focus of the event was developing the behaviours needed for good safeguarding: Courage, Compassion, and Accountability, when working with adults at risk in general and with people living with dementia in care and nursing homes, in particular. The conference was attended by eighty-five delegates who evaluated it very positively.

Developing Best Practice

The purpose of this work-stream is, by **developing the practice of staff in all agencies**, to deliver **Board Outcomes two and three:** *that when people report abuse, they are listened to and concerns about harm or abuse are properly investigated and people can say what they want to happen*. The Developing Best Practice Steering Group has twenty members, predominantly representatives from the NHS and the local authorities. The group is working to attract better representation from the third sector and the Metropolitan Police.

This year, the group has completed the following work.

- The **Safeguarding Adults training programme**, which includes the Seven Step Mental Capacity Act Pathway, was reviewed and refreshed. Much of the programme is open to staff from any agency working with adults at risk in the three boroughs and take-up of courses is high.
- The steering group has been **scoping the practice development implications of the Care Act 2014** and **Making Safeguarding Personal** and have radically reviewed their action plan and priorities, including developing local guidance on information-sharing; safeguarding thresholds; and developing best practice models for investigating adult abuse allegations.
- An **audit tool for learning outcomes and competencies for Levels 1 and 2 safeguarding adult training** has been developed, based on Bournemouth competency framework[8]. The tool will enable managers to identify gaps in competency levels, leading to more effective analysis of learning needs, which, in turn, will shape what training will be commissioned. The tool is being piloted for three months by Age UK; the Central North West London NHS Trust (in-patient settings); the Royal Marsden NHS Foundation Trust; and the London Clinic. This will enable it to be validated, providing an overview of how useful it is in different settings. Post validation, it will be available for use in all health and social care

[7] Making Safeguarding Personal
[8] Bournemouth University Competency Framework

agencies across the three boroughs. Analysis of the results will inform the development of a range of resources that will be benchmarked against the minimum requirements. These quality resources, containing all of the key learning outcomes, will be available to all partner agencies.

- The group has worked in close partnership with NHS England (London Region) to develop more robust, evidenced-based tools to facilitate **appropriate safeguarding referrals in relation to pressure ulcers**. The tool has been adopted as a model of best practice by NHS England (London Region) who will be encouraging Safeguarding Adults Boards to promote its use and ensure a single, multi-agency approach to assessing avoidable pressure ulcers and safeguarding reporting where neglect is indicated.
- The development of a Tri-borough Safeguarding **Joint Working Protocol across Adults and Children's services** is in its final stages and will be presented to the Safeguarding Adults Executive Board and the Local Safeguarding Children's Board in the autumn for ratification. The protocol will act as a driver of good practice increasing knowledge, expertise and effective partnership working to safeguard residents in the three boroughs, especially young people moving into adulthood, with an emphasis on a 'think family' approach.
- At present, each borough has its own local arrangements for managing cases of **Hoarding and Self-neglect**. A standardised approach across all three is currently being explored, based on a protocol developed in Kensington and Chelsea.
- The **Spring Case Study** was completed as part of the Board Member development programme. Board members met with a nominated Safeguarding Adults Manager in Adult Social Care to reflect on a real safeguarding case. The purpose of this is for Board members to better understand how concerns are acted upon, investigated, and the person's safety secured. All participants reflected on how valuable the learning was and the study will be repeated every year. Two examples of these case studies are attached as Appendix 3.
- Members of the group contributed to a task and finish group developing the **Safeguarding Adults Review** process, ensuring that learning outcomes from case and serious case reviews are embedded into safeguarding education and training programmes and resources. The group is scoping the cost of developing Social Care Institute for Excellence 'Learning Together'[9] capacity and capability across adults and children's services, as recommended by Care Act guidance.

Measuring Effectiveness

The purpose of this work-stream is to **measure to what extent the work of agencies represented on the Safeguarding Board are delivering Outcomes Four and Five**: *that*

[9] Social Care Institute for Excellence Learning Together model

people feel, and are safer as a result of safeguarding action being taken (but being safe on its own is not enough); and that the wider well-being of people is maintained or enhanced as a result of safeguarding activity.

Much of the work of this group has focused on raising standards in care and nursing homes in the three boroughs, and clarifying the interface between safeguarding and the quality of service provision[10]. Close joint work between health and adult social care, the Care Quality Commission, and Healthwatch, in partnership with local providers of service, has ensured early identification of areas needing improvement, and shared effort to raise standards and achieve higher levels of satisfaction from people using services, and their families. The group has completed the following work this year:

- The **homes in the three boroughs have been mapped** and contact made with registered managers. A 'heat map' is being developed to identify where commissioners and safeguarding staff may need to focus their interventions and support. The group is exploring electronic solutions for collecting and analysing monitoring data, such as dashboards.
- The **Safeguarding Information Panel** (formerly the Monitoring Registered Providers meeting) has been set up to share information and keep track of concerns and remedial actions being taken to raise standards of care. This meeting is attended by Healthwatch; the Care Quality Commission area inspector for care and nursing homes in the three boroughs; and representatives from health and social care commissioning, procurement, monitoring and adult safeguarding. **Joint operational groups** have been re-instated to co-ordinate engagement and monthly monitoring of contracted care and nursing homes to ensure safeguarding alerts are progressed and joint remedial work with local care homes leads to greater levels of satisfaction from people and their families with the services they receive.
- Focused work has been undertaken with a number of homes in the three boroughs where Care Quality Commission inspections have raised areas of concern. Risk tools, including the **Safeguarding Adults Risk Tool**, have been used with registered managers to identify gaps and for monitoring service improvements.
- This work was undertaken using the **Adult Social Care Establishments of Concern protocol** and the **Clinical Commissioning Groups' Escalation Policy**. Work is being done to blend these two procedures into one. A driver for this to be completed in 2014-2015 is the Market Shaping and Managing Provider Failure requirements of the Care Act 2014.
- The group reviewed the range of adult social care and health initiatives involving care and nursing homes; including the **Compassionate Leadership Programme**[11];

[10] Care Act Guidance: Adult Safeguarding

[11] The Compassionate Leadership in Care Homes project was launched on 11th March. Places were taken up by managers and leaders from twenty care homes across Tri-borough, working with commissioning and

Improve Proactive Care in Care Homes funded by the **Integrated Care Programme**[12]; and research; so that the interventions are targeted and help the homes to improve the service they offer to their customers.

- The group contributed to **two events for provider managers**: the **Safeguarding Adult Practice Seminar** on **25th September 2013** and the London Care and Support Network **Best Practice in Safeguarding** on **5th February 2014**. The events covered understanding the national context for adult safeguarding; raising a concern; applying the Mental Capacity Act 2005 to practice; and when to make an application for Deprivation of Liberty Safeguards authorisation.
- The group coordinated the Board's response to the request from NHS England to make arrangements to **validate organisations' self-assessment against the Safeguarding Adults Risk Tool**. An event involving all member agencies represented on the Board in September 2014, will extract the themes arising from the self-assessments and be used to inform Board priorities in the coming year.

Review cases, especially where a death of an adult at risk has occurred as a result of abuse or neglect.

In anticipation of the Care Act 2014, the Board set up a 'task and finish' group to review the previous procedures for case and serious case review, and to develop new **arrangements** that are compliant with the Care Act for extracting learning from case work, to avoid repeating mistakes, and improve outcomes for adults at risk. The group were assisted in their task by representatives from the Local Safeguarding Children's partnership. The Terms of Reference for the safeguarding Adults Case Review Groups were agreed at the Board on 1st April 2014.

The Case Review group will be working with the Developing Best Practice work-stream to develop capacity and capability in the Social Care Institute of Excellence 'Learning Together' approach, as recommended in Care Act guidance.

Learning from case review was a central theme at the launch of the Board on 7th November 2013 where an exercise was based on the Serious Case Review conducted by Surrey into the death of Gloria Foster[13]. The learning from this case is being drawn on continually in the work of the Board, particularly in the light of the Care Acts requirements to manage a robust care market and wherever possible, prevent provider failure.

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safeguarding adult leads. The course teaches tools for taking care of oneself, in order to provide compassionate care to others. To provide consistently compassionate staff need to be valued and appreciated by their organisation.

[12] Integrated Care Programme funded the Improve Proactive Care designed to reduce the number of emergency calls and hospital admissions from care homes, through building the skills, confidence and capabilities of care home staff to deliver more co-ordinated pro-active care.

[13] Gloria Foster Serious Case Review

The Board has also reviewed progress on the comprehensive action plan it developed in response to the Winterbourne View Serious Case Review and government Concordat[14]. Actions arising from the review in the three boroughs are:

- Closer monitoring of the welfare of people with learning disability placed out-of-borough in Winterbourne View type accommodation, and appointment of advocates where appropriate;
- Review of local housing options to increase the opportunities for people with learning disability to live in their borough of origin;
- Appointment of a designated person working with vulnerable patients at Imperial to monitor repeat attendances at Accident and Emergency; and repeat admissions, and identify people who may be at risk;
- Commissioning scrutiny of all applications to place people with learning in assessment and treatment services, and regular review of placements, leading to return to less restrictive arrangements as soon as possible;
- Ensuring that where a person is not detained under the Mental Health Act, application is made for authorisation under the Deprivation of Liberty Safeguards, where relevant;
- Review of 'whistle-blowing 'policies by all agencies to ensure staff raising concerns are listened to, taken seriously, and are not scapegoated.

[14] Winterbourne View Concordat

Deprivation of Liberty Safeguards: Supreme Court Judgement March 2014

Local authorities assumed sole responsibility for the authorising deprivations of liberty under the Mental Capacity Act 2005 in hospitals, and care and nursing homes from 1st April 2012.
Between 1st April 2013 and 31st March 2014 there were seventy-six applications for authorisation across the three boroughs. This activity, together with case examples of where the safeguards have made a difference to people's lives, was reported to January meeting of the Board.

On 19th March 2014 a Supreme Court judgement significantly lowered the threshold for what constitutes a deprivation of liberty[15] . The Court confirmed that to determine whether a person is objectively deprived of their liberty there are two key questions to ask, which they describe as the 'acid test':

> (1) Is the person subject to continuous supervision and control?
> and
> (2) Is the person free to leave? (The person may not be saying this or acting on it but the issue is about how staff would react if the person did try to leave).

This means that if a person is subject both to continuous supervision and control and not free to leave they are deprived of their liberty. The judgement also said that a person could be deprived of their liberty in supported living and other domestic settings. Once identified, a deprivation of liberty must be authorised in accordance with one of the following legal regimes:

> a deprivation of liberty authorisation, or Court of Protection order, under the Deprivation of Liberty Safeguards in the Mental Capacity Act 2005; or
> (if applicable) under the Mental Health Act 1983.

It is anticipated that in 2014 to 2015 there will be a ten-fold increase in the number of applications for authorisation under the Deprivation of Liberty Safeguards across the country, with an attendant pressure on resources to deliver this statutory requirement. The Board will continue to monitor developments and the outcomes for people who are subject to authorisations.

[15] The requirements for the Deprivation of Liberty Safeguards remained unchanged. There are still six requirements which need to be met. The person must be: 18 and over; suffering from a mental disorder; lacking capacity for the decision to be accommodated in the hospital or care home; have made no decision previously to refuse treatment or care, or conflict relating to this such as Lasting Power of Attorney; not be ineligible for Deprivation of Liberty Safeguards; deprived of liberty, in their best interests.

Working together to achieve Safeguarding Outcomes

Agencies represented on the Safeguarding Adults Executive Board were invited to reflect the work they have done this year, against each of the Five Safeguarding Outcomes that were agreed at the January 2014 meeting of the Board.
They were asked to identify the achievements of which they feel most proud, and some of the challenges that they are working on through the Safeguarding Adults partnership.
These are some of their contributions.

The quotes attached to each outcome are from people who took part in the service user experience of safeguarding survey completed in July 2014. They are included in order to illustrate people's experiences of abuse and adult safeguarding. By listening to what people say, the Board can identify those areas where agencies needs to work harder, or perhaps differently, to increase public confidence in adult safeguarding work.

Outcome One: 'People are aware of safeguarding and know what to do if they have a concern or need for help'.

" safety is a constant concern, mentally ill people are very vulnerable, and sometimes they just can't say no, we can be more at risk of getting into trouble....people do need to know a bit more about where to get help." Respondent to the Service User Survey 2013/14

London Fire Brigade
The London Fire Brigade now has a safeguarding policy and cases have been referred to the local authority where fire crews have had concerns about individuals. Links have been made locally to raise awareness of how the London Fire Brigade can help with safeguarding and social care issues, particularly where hoarding poses an additional risk of fire.

A challenge is recognising that there is a difference between proper safeguarding cases and those which are simply concerns about the conditions in which some people live. Another is making the links with the relevant local authority departments and ensuring that the London Fire Brigade becomes, and remains an active partner in adult safeguarding and social care.

The Royal Marsden NHS Foundation Trust
The Trust has been working with one of the local authority partners on the Making Safeguarding Personal agenda. This work has included changing the venues where meetings are held from Civic Offices and hospital wards, to the person's home. The work continues to develop with the focus on outcomes for the person being identified more regularly.

The Trust has also produced a number of tools to raise awareness of safeguarding including staff information leaflets, safeguarding business cards and a Trust-specific Safeguarding Adult information guide for patients and their families. This was created as a result of completing the Safeguarding Adult Risk Tool audit. The Trust had historically used the local authority information, but this will be replaced with the Trust's own patient information.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups

The governing bodies of the Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups have received safeguarding awareness-raising briefings and safeguarding activity is reported on a quarterly basis to sub-committees of the Governing Body. Information is available on the Clinical Commissioning Groups extranets to inform staff how to report a safeguarding concern.

The Associate Director for Safeguarding meets with the Managing Director and Deputy Managing Director for each of the Clinical Commissioning Groups on a monthly basis to discuss and receive and update on safeguarding.

There is clear accountability and leadership in safeguarding across the constituent Clinical Commissioning Groups.

The changes to the NHS commissioning landscape have led to systems needing to be reviewed to ensure that there is clarity over roles and responsibilities of the different organisations.

Chelsea and Westminster Hospital NHS Foundation Trust

The number of alerts raised by senior members of clinical staff that relate to the Trust has increased. This would suggest that there is a greater awareness of the safeguarding process within a culture of openness.

The Trust annual report notes an increased level of reporting generally, and an increase in the engagement of staff specifically in the Emergency department. This is evidence that the safeguarding process has been embedded into practice with a consistently high level of reporting even against a background of increased attendances and admissions.

Releasing staff to attend training, jointly commissioned by Chelsea and Westminster and Royal Marsden hospitals, can be a challenge. Also, further work is needed to increase medical staff's understanding of their responsibilities in relation to the application of the Mental Capacity Act 2005, and the Deprivation of Liberty Safeguards process and some aspects of adult safeguarding procedure.

Central London Community Healthcare NHS Trust

The Trust has continued to work to achieve a high level of compliance in regard to staff being trained at a level appropriate to their role. 94% of Trust staff have received safeguarding adult at Level One: Basic awareness and how to report concerns; and at Level Two: How to assess the report of a concern in order to make a safeguarding referral.

The Trust is now offering a Level Three training programme to its Safeguarding Champions. The Trust has been delivering PREVENT[16] training as part of clinical staff induction since April 2012. From 1st April PREVENT will be incorporated into the mandatory training programme so ensuring all staff have access to this training.

The Trust training is updated regularly and the learning from the Orchid View Serious Case Review (2014)[17], and the implications of the Supreme Court ruling in regard to Deprivation of Liberty Safeguards[18] have been incorporated into the Safeguarding Level Two training.

The Trust has produced a Safeguarding Adult Newsletter which provides additional information to update staff on national developments.

Since August 2012 the Trust has had two dedicated Safeguarding Adult Leads supported by an administrator. In 2013, the Trust launched Safeguarding Adults Champions. These champions are frontline practitioners who expressed an interest in receiving enhanced safeguarding adult training to enable them to act as a frontline resource to support staff in identifying safeguarding concerns and escalating and referring them to the local authority, where appropriate.

West London Mental Health NHS Trust

Safeguarding training remains a priority for the Trust. It has maintained high levels of compliance with mandatory levels for safeguarding adults training (85%). In May 2013, the Trust held a safeguarding adults conference for its staff. The conference focussed on safeguarding adults in institutional settings and keynote speakers reflected on the impact of the events at Mid-Staffordshire[19] and at Winterbourne View[20]. The Trust revised its safeguarding adults policy in the last year to better reflect current practice and guidance.

The Trust will develop safeguarding expertise over the coming year through plans to recruit to new safeguarding adult professional roles. This will allow the Trust to expand its audit capacity to improve its learning from safeguarding issues.

Central and North West London NHS Foundation Trust

The Trust has achieved greater openness and transparency with multi-agency partners following the lessons learnt from a serious incident. Joint training initiatives with local authority partners have led to increased staff awareness and confidence in raising concerns.

[16] PREVENT Strategy
[17] Orchid View Serious Case Review
[18] Deprivation of Liberty after Cheshire West
[19] Mid-Staffordshire Inquiry Report
[20] Winterbourne View Serious Care Review Report

The changes to the Trust's delivery of service structures has meant a need to review local borough leadership with clarity over roles and responsibilities of different key staff.
Further work is needed to help staff differentiate between safeguarding and other internal NHS patient safety processes to ensure that appropriate timely action is taken for all concerns raised.

Imperial College Healthcare NHS Trust
The Trust has a simple and effective adult safeguarding training video and online training package for staff which has led to an increase in the levels of training compliance and the number of safeguarding referrals raised by staff in the last twelve months.
With around 10,000 staff and a range of mandated training, it is difficult to deliver this training as quickly as the Trust would like.
The Trust has developed a phone application to guide staff on the use of the Mental Capacity Act 2005 in their work.
The Trust is working to resolve some information technology-related issues in terms of accurately recording levels of compliance with training.

Royal Brompton and Harefield NHS Foundation Trust
The Trust policy on safeguarding of vulnerable adults has been revised to include supervision of staff assessing and escalating cases, and further guidance on Prevent, Deprivation of Liberty Safeguards, and Female Genital Mutilation.
The Trust has been successful in a funding application to Health Education North West London for money to create a training DVD and source external trainers to present cases with role play to stimulate discussion of safeguarding and issues concerning adults at risk of harm .
The challenges facing the Trust are how to integrate Safeguarding and Mental Capacity Act 2005 assessment into staff supervision and appraisal, and to ensure all non-clinical staff have had training in adult safeguarding.

Outcome Two: 'People are able to report abuse and are listened to'.

" the tragedy was my mother had been in the hospice and was then moved to this home....my mum was not doolally, she was 94 and had all her marbles, she said this woman had grabbed her and thrown her across the floor... I felt because we did not actually have a photo of this carer doing it, our case was weak". Respondent to the Service User Survey 2013/14

"....you just want to know they are safe, I have always been very involved in keeping my child safe within service provision, but I can't be with her all the time. It is a constant

worry and source of concern and stress. I feel very strongly about the poor souls who are not in my child's position." Respondent to the Service User Survey 2013/14

London Fire Brigade
The London Fire Brigade has clear reporting strategies established for adult and child safeguarding policies. The challenge is obtaining feedback on progress after making a report of a suspected safeguarding or welfare issue.

The Royal Marsden NHS Foundation Trust
The Trust has worked with a neighbouring acute Trust to develop and deliver safeguarding adult training which includes how to support people in reporting abuse and to ensure they are taken seriously. Staff are made aware of the importance of listening to people and taking the allegations seriously and of dealing with the person sensitively.

The Trust has worked with other health care, local authority and care and nursing home providers to ensure staff are aware of the need to report concerns to safeguarding that relate to pressure ulcers. The Trust has been a core member of the NHS England Pressure Ulcer and Safeguarding Task and Finish Group which has produced principles of best practice and a number of tools to ensure staff know when to report alerts to the local authority.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups
The Safeguarding Team have escalated issues of concern raised by members of the public and practitioners to the Tri-borough safeguarding leads to ensure that action is taken. A communication pathway with Care Quality Commission has been established to identify organisations where there may be underlying concerns.
This is the first year of operation for the Clinical Commissioning Groups and ensuring clarity of roles and responsibilities for commissioning organisations in relation to providers such as specialist commissioning and primary care is a challenge. Another challenge is working with owner organisations for care and nursing Homes to improve practice and quality assurance systems. This has been addressed through working together with senior managers and commissioning and safeguarding colleagues in the local authority to meet with directors and registered managers to identify issues; plan remedial actions; and monitor progress against these plans. The key measure of success in this work is increased satisfaction from people who are in receipt of services, and their families.

Chelsea and Westminster Hospital, NHS Foundation Trust
The number of alerts raised has increased. Matrons and senior nurses have effectively engaged with the Safeguarding process, leading and taking forward safeguarding concerns within the clinical areas.

There has been a huge increase in the understanding of staff in relation to the reporting of and management of people who raise concerns relating to Domestic Abuse. This has been achieved through a number of work-streams that include commissioning of training; developing a Trust Domestic Abuse policy, and referral flow chart. It is now possible to record disclosures and other evidence of abuse in the electronic patient record (the Confidential Information Log) and this has enhanced both the quality of evidence captured and the Information Governance arrangements to secure this information.

A challenge for the Trust is ensuring that we continue to challenge ourselves to be open and transparent, for example if a hospital acquired pressure ulcer was avoidable.

West London Mental Health NHS Trust

The Trust-wide Safeguarding Adult Governance Forum was established in 2013 and now meets every two months, with participation from clinical commissioning groups and local authority safeguarding leads.

The safeguarding quality metrics developed during the previous year have been extended to include detailed monthly analysis of referrals by locality in response to learning from the Care Quality commission inspections during the year. These measures are reported to the Trust board monthly, and each locality service reviews the data on a monthly basis.

The challenge for the Trust is extracting learning from quality data and to make considered changes to services that will improve the service-user experience.

Central and North West London NHS Foundation Trust

The Trust has revised the Safeguarding Adult's Guidance document in partnership with local authority colleagues that support better safeguarding processes especially around identifying abuse and making safeguarding more personal.

The Trust with local authority and Police colleagues has developed a protocol for staff around timely reporting of a crime.

There is still work to be done around thresholds to get the balance right on the number of concerns raised with those that constitute abuse, especially within inpatient services.
The Trust needs to do work around ensuring that those that investigate incidents under the safeguarding adult process have the right skills, knowledge and support. We have commissioned investigator training and will appoint a Senior Safeguarding Manager post to support local investigator staff.

Imperial College Healthcare NHS Trust
The Trust has seen an increase in the volume of safeguarding alerts which are monitored through the Imperial Safeguarding Adults Board.

We have amended the Trust's internal incident reporting system (DATIX), so that it steers people to raise a safeguarding alert where this is necessary. The Trust are considering how the application of the Safeguarding Pressure Ulcer decision guide may assist staff in understanding when a pressure ulcer may indicate neglect and warrant raising a safeguarding alert.

Royal Brompton and Harefield NHS Foundation Trust
The Trust continues to increase the number of staff receiving safeguarding training, so people know how to report abuse. The Trust is working with the Tri-borough Developing Best Practice sub-group to develop a minimum standard for each of the safeguarding training levels and for Mental Capacity Act and Deprivation of Liberty Safeguards awareness. The objective is to develop minimum standards for partners to aspire to and produce training material for use in training sessions.

Outcome Three: 'Concerns about harm or abuse are properly investigated and people can say what they want to happen'.

"No-one told me anything about what happened to this carer, there was no acknowledgement. The other thing is that my mother is probably one of hundreds this happens to and one of the main reasons I wanted to talk to you to try and help prevent these things from happening. It was so upsetting, I can't tell you, what I can't bear is the last three weeks of her life should have been hell. It left a huge legacy of guilt for the family". Respondent to the Service User Survey 2013/14

The Royal Marsden NHS Foundation Trust
As a Trust we have worked closely with local authority colleagues to address issues around the safeguarding adult process, in particular the speed at which alerts are dealt with and the communication around the safeguarding process with professional, and the person for whom the alert has been raised.

The Making Safeguarding Personal agenda has meant that staff now focus on the wishes and outcomes for the person for whom the alert has been raised. The Trust reporting system tools are being amended to ensure that the outcomes the person wants are recorded, and that this is not just the responsibility of the local authority.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups

The Safeguarding team has been established with additional resources identified through the year to cover safeguarding and interim measures for improving quality in care homes. The Safeguarding Leads attend establishment concerns' meetings and provide feedback to the clinical commissioning groups on safety of their patients.

A challenge is how to ensure that the revised NHS serious incident system is able to be aligned with the safeguarding adult investigative process.

Chelsea and Westminster Hospital, NHS Foundation Trust
The Trust has developed a multi-disciplinary pressure ulcer standing panel where all Root Cause Analysis of hospital-acquired pressure ulcers are reviewed in a way that fully integrates the Safeguarding Pressure Ulcer decision guide.

Safeguarding oversight has been integrated into complaints and incidents to ensure any potential safeguarding concerns are captured.

A challenge for the Trust is the number of internal processes that need to be followed for some complex safeguarding cases, for example, risk management; human resources; safeguarding. The Trust is thinking about different processes and recording requirements can be streamlined to avoid duplication of effort.

Central London Community Healthcare NHS Trust
Trust staff routinely involve the patient, and where appropriate, the family, where there are concerns regarding safeguarding

The Trust, in response to the new duty of candour, and ethos of being open, embodied in the Francis Report (2013), have in place a process to ensure the outcome of investigations are shared with patients and families. This is recorded on the Trust's internal incident reporting system (DATIX), and compliance will be tested by an audit in 2014.

West London Mental Health NHS Trust
The Trust revised its adult safeguarding policy in 2013 and this has supported better safeguarding processes. The challenge is to improve our investigation skills and capacity, in order to allow better understanding and awareness of safeguarding to permeate through all levels of clinical services.

The Trust has co-produced a Safeguarding Information Sheet, currently in publication, to give to service users to inform them about safeguarding processes and how it is reflected in the work of the Trust. Our challenge is to develop user-involvement in safeguarding processes to ensure that we facilitate safeguarding outcomes that have value for our service-users.

Central and North West London NHS Foundation Trust
The Trust with the local authority has identified money for a Senior Safeguarding Adult Manager who will be part of the Making Safeguarding Personal agenda and will work with the Recovery College[21] to implement outcomes from this work into the wider patient and carer partnership agenda.

The Trust has revised the Safeguarding Adults Guidance document to include a flowchart of the process which includes asking patients and their carers what they want to happen.
The challenge the Trust faces is maintaining a resource to follow up people when the safeguarding process has ended, and that this addresses wider well-being issues.
When a referral requires police intervention, this can be challenging for the Trust and delay the investigating process, causing distress for both the patient and staff involved.

Imperial College Healthcare NHS Trust
The Trust has worked hard to ensure that we close the loop on safeguarding alerts recorded on the internal incident reporting system (DATIX), by checking outcomes of referrals through a fortnightly conference call with adult social care colleagues.
As a result of this, the Trust now has good evidence of safeguarding plans having been put in place as a result of raising alerts.

The safeguarding process is time-intensive and requires commitment from a number of agencies which can put pressure on staff resources.

Royal Brompton and Harefield NHS Foundation Trust
The numbers of safeguarding concerns raised continue to rise and be followed up by the safeguarding team. The continued low proportion of alerts (three out of fifty-four alerts for 2013/14) raised about care provided by the Trust is very positive and reflects the highly specialised care and support that patients and their carers receive in inpatient and outpatient settings. All three alerts against the Trust were investigated but were found to be either not caused by the Trust (two pressure sores) or not safeguarding incidents (one was a complaint about discharge plans which was not substantiated).

A challenge for the Trust is that we are a small tertiary centre and many patients are transferred back to referring hospitals. We therefore do not have many cases to follow through and do not know if we miss any cases before they move on.

Outcome Four 'People feel and are safer as a result of safeguarding action being taken (but being safe on its own is not enough)'.

[21] CNWL Recovery College

"I'm so worried about being safe and keeping safe that I present myself as vulnerable, I think people can see the worry, stress and anxiety in me. I think they can sense it and I'm quite scared on a daily basis...it's not a safe world anymore". Respondent to the Service User Survey 2013/14

The Royal Marsden NHS Foundation Trust
The issue of patients feeling safer is being addressed at strategy and case conference with boroughs in the implementation of the Making Safeguarding Personal agenda.

In many cases, the outcome of safeguarding alerts has not been fed back to the Trust as the patients have returned to their own local authority. The Trust continues to work with local authorities to ensure the outcome is known and is fed back to staff involved in the alert.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups
The Clinical Commissioning Groups do not provide direct services to patients but are commissioning organisations only. They have been setting up patient experience fora but these have not dealt specifically with safeguarding issues as yet.

Chelsea and Westminster Hospital, NHS Foundation Trust
The Trust rarely receives feedback or the outcome of safeguarding alerts so it can be difficult to ascertain whether people feel safer. If a case requires police engagement, this can occasionally be challenging and can cause delays to concluding investigations, which causes some distress for patients at risk, and for the staff involved.

West London Mental Health NHS Trust
A commissioned internal audit of Safeguarding Adults functions across the organisation by the Trust's internal auditors made recommendations to strengthen governance. An action plan was duly implemented and completed to assure our governance processes in respect of safeguarding adults at risk. The main outcome of the audit was the support for developing and increasing safeguarding adult capacity in the Trust and funding has been agreed to employ two new safeguarding adult professionals to support further developments.

Central and North West London NHS Foundation Trust
The Trust with the local authority has identified money for a Senior Safeguarding Adult Manager who will be part of the Making Safeguarding Personal agenda and will work with the Recovery College to implement outcomes from this work into the wider patient and carer partnership agenda.
The Trust has revised the Safeguarding Adults Guidance document to include a flowchart of the process which includes asking patients and their carers what they want to happen.

This is to ensure that the Trust maintains a resource to follow up people when the safeguarding process has ended and that this addresses wider well-being issues.
When a referral requires police intervention, this can be challenging for the Trust and delay the investigating process, causing distress for both the patient and staff involved.

Imperial College Healthcare NHS Trust
The Trust is considering how best to develop ways of capturing patient feedback on personal safety, through their patient survey processes.

Royal Brompton and Harefield NHS Foundation Trust
Thirteen cases were escalated by the Trust to relevant local social services to ensure that safeguarding concerns were investigated and care plans were set up to safeguard patients in the community. A further fourteen were safeguarding concerns but did not require escalation either because the patient refused; the situation was resolved; or on investigation, there was no case to be answered. All cases offer a good learning opportunity to improve safeguarding procedures and working practice.

The challenges for the Trust going forward are to ensure people who use services are asked what they want and what outcomes are they looking for.

Outcome Five: ' The wider well-being of people is maintained or enhanced as a result of safeguarding activity'.

" we were very happy, with the way everything was worked out, it's been fantastic the extra support we have received (compared to years ago when my wife first was ill)... We have nothing but praise". Respondent to the Service User Survey 2013/14

"I am my wife's main carer, and the extra visits from carers do help you feel a bit safer, and helps me to manage my own health as they check to see I have taken my medication. My wife feels safer about me now". Respondent to the Service User Survey 2013/14

The Royal Marsden NHS Foundation Trust
The Trust has been working very closely with local authority partners to enhance the safeguarding adult procedures, including significant investment in reducing and reporting on pressure ulcers, and implementing Making Safeguarding Personal.

Changing the outcome focus and the venues for safeguarding meetings to be more "person-centred" changes the whole ethos and focus of the safeguarding process. Although this can raise more challenges for professionals, it can result in a better experience for the person and their families.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups
Quarterly reporting in relation to Safeguarding Adults has been established for the Clinical Commissioning Groups. This has enabled discussion about the issues affecting people at risk of harm to impact on commissioning services.

A research group, along with a Pressure Ulcer Working Group (clinical network) has been established to focus on reducing pressure ulcers in health settings, bringing together clinicians and adult social care professionals from commissioning and providers. This fits in with the Clinical Commissioning Groups monitoring of serious incidents for pressure ulcers and focus on quality improvement.

The Clinical Commissioning Groups only came in to being on 1st April 2013 and were required to be accountable for safeguarding adults in the services they commission. A new team was established to address this. There have been a number of serious issues within nursing homes with placements funded by the Clinical Commissioning Groups. They have been committed to addressing poor care and maintaining patient safety.

Establishment concerns are reported to the Clinical Commissioning Groups via their Quality and Patient Safety Committees, which are sub-committees of the Governing Body.

Chelsea and Westminster Hospital NHS Foundation Trust
There is single access to, and support from, the onsite adult social care team that enables consistency and effective communication.

A challenge facing the Trust is how to adhere to the requirements of the Mental Capacity Act 2005, including what now constitutes a Deprivation of Liberty Safeguard, within an acute trust, for example in intensive care, understanding how best to promote the well-being of patients with no or limited capacity.

Whilst, we are extremely keen to influence safeguarding practice and processes, it can be quite challenging effectively engaging and supporting the work of the range of adult safeguarding subgroups.

West London Mental Health NHS Trust
The Trust reviewed its compliance with the Winterbourne Concordat. The Trust is not currently commissioned to provide specialist learning disability services but has a plan for developing resources and expertise in respect of this area of work.

Recruitment into the new roles for a Safeguarding Adult Lead professional and a Safeguarding Adult trainer /Advisor of sufficient quality may be a challenge.

Central and North West London NHS Foundation Trust
The Trust has worked hard to link safeguarding adults to other Trust agendas and committees. For example the Recovery College has co-produced safeguarding adult's awareness training. The Trust is beginning to link safeguarding adults into both the Serious Incident and complaint processes allowing for greater triangulation of information.

The Trust needs to undertake more work with staff around translating information-sharing policies into every day practices and to ensure that patients and their families receive access to a wider holistic assessment of their needs, where appropriate, in addition to the safeguarding process.

The Trust is excited about working with colleagues in the three boroughs in developing a Senior Safeguarding Adult post. This will achieve a single point of entry and build in capacity to attend some of the Board sub-groups. This post will "champion safeguarding" and promote good practice while supporting other Safeguarding Adults Managers and investigators with their roles.

Imperial College Healthcare NHS Trust
Our safeguarding work has linked into other key areas such as dementia and the Mental Capacity Act 2005. The Trust has taken action to protect vulnerable people, for example, by appointing a designated lead on vulnerable patients.

The Trust is working on providing more consistently high quality care for our patients with learning disabilities, particularly being attentive to repeat attendances at Accident and Emergency, in response to Winterbourne View and the Francis Enquiry. Safeguarding systems and processes at Imperial continue to develop. We are confident that we have a better understanding and more information about the relevant issues.

Royal Brompton and Harefield NHS Foundation Trust
The Trust Executives with safeguarding responsibilities met the local Prevent police liaison offices and NHS England London Prevent Coordinator to improve understanding of the Prevent and Channel referral process. The challenge for the Trust is ensuring active engagement with raising alerts for Prevent, including supporting the Channel process, amongst staff members.

Safeguarding Adult Executive Board Priorities for 2014-2015

By April 2015 the Board is aiming to have achieved the following:

1. **Embedded Making Safeguarding Personal into the work of Adult Social Care and Mental Health Services working in the three boroughs.**
   The learning from the user survey and from observations such as this one from one of the Trusts represented on the Board is key to ensuring the person is at the centre of every enquiry:
   'A recent focus group with patients showed that people are still not involved sufficiently in the process. One patient stated that the process had damaged his relationship with his sister when he saw her comments without him knowing that she would be consulted for her views.'

2. **To have ensured that all the new statutory duties for Safeguarding Adults under the Care Act 2014, are fully understood, and that Safeguarding Adult Executive Board members are confident about their new responsibilities and about applying them to practice in their organisations.** *Key areas of the Act that the Board will be reviewing to reach agreement are Schedule 2 (which includes provision about the membership, funding and other resources, strategy and annual report of a Safeguarding Adults Board) and Section 45, Supply of Information , or information-sharing.*

3. **To have developed a multi-agency process for conducting Safeguarding Adults Reviews, with capacity and capability to use the Social Care Institute of Excellence's 'Learning Together', as recommended in statutory guidance.** *This is an area of work where the clear opportunities to share resources and expertise across children's and adult services; domestic abuse agencies; fire services, and the police are being identified and developed.*

4. **To have consolidated the joint work on continuously improving people's experience of care, in care and nursing homes in the three boroughs.**
   The Care Act 2014 guidance lists the need to clearly lay out roles and responsibilities of individuals and organisations with regard to the interface between safeguarding and quality of service provision.

5. **To have established closer working with the Tri-borough Local Children's Safeguarding Board; Community Safety Partnerships; and the Health and Well-being Boards, in all three boroughs, on issues of common concern, to achieve better outcomes for children and adults at risk of harm.**
   There is a joint event between the Children's Safeguarding Board and the Safeguarding Adults Executive Board to begin a process of closer collaboration on shared areas.

Appendix 1 Members of the Safeguarding Adults Executive Board April 2014

Independent Chair	**Mike Howard**	Independent Chair
Imperial College Healthcare NHS Trust	**Sally Heywood**	Divisional Director of Nursing
Chelsea and Westminster Hospital NHS Trust	**Holly Ashforth**	Deputy Chief Nurse
Royal Brompton and Harefield NHS Trust	**Caroline Shuldham**	Director of Nursing and Clinical Governance
The Royal Marsden	**Scott Pollock**	Discharge and Vulnerable Adult Lead Older People's Champion
Central London Community Healthcare NHS Trust	**Tony Pritchard**	Deputy Chief Nurse
Central North West London NHS Foundation Trust	**Andy Mattin**	Director of Operations and Nursing
West London Mental Health NHS Trust	**Johan Redelinghuys**	Director of Safeguarding Children and Vulnerable Adults
London Ambulance Service	**Steve Lennox**	Director of Nursing and Quality
CWHHE CCGs Commissioning Collaborative	**Jonathan Webster**	Director of Quality and Patient Safety
CWHHE CCGs Commissioning Collaborative	**Julie Dalphinis**	Lead Nurse Safeguarding Adults and MCA/Lecturer Practitioner
Healthwatch Central West London	**Paula Murphy**	Director
London Fire Brigade	**Steve Chesson**	Station Commander
Metropolitan Police	**Alisdair Ferguson**	Superintendent
London Probation Service	**Adela Kacsprzak**	Assistant Chief Officer
Crown Prosecution Service	**Geralllt Evans**	Deputy Chief Crown Prosecutor
Tri-borough Children's Services	**Angela Flahive**	Head of Safeguarding, Review and Quality Assurance
Public Health	**Gaynor Driscoll**	Head of Commissioning Substance Misuse Services and Offender Health
Victim Support and Chair of the Community Engagement Steering Group Chair	**Clare Williamson**	Senior Service Delivery Manager
The Royal Marsden and Developing Best Practice Work-stream Steering Group Chair	**Scott Pollock**	Discharge and Vulnerable Adult Lead Older People's Champion
CWHHE CCGs Commissioning Collaborative and Measuring Effectiveness Steering Group Chair	**Nicky Brown-john**	Associate Director for Safeguarding
London Borough of Hammersmith and Fulham	**Councillor Andrew Brown**	Elected member
Royal Borough of Kensington and Chelsea	**Councillor Robert Freeman**	Elected member
Westminster City Council	**Councillor Christabel Flight**	Elected member
Tri-borough ASC	**Gill Vickers**	Interim Director of Operational Services ASC
Tri-borough ASC	**Stella Baillie**	Tri-borough Director for Provided Services, Mental Health Partnerships and Safeguarding
Tri-borough ASC	**Helen Banham**	Strategic Lead Professional Standards and Safeguarding (Board Manager)
Carers Network	**Sarah Mitchell**	Chief Executive Carers Network
Community Safety	**Mark Benbow**	Chief Community Safety Officer RBKC
NHS England	**Finola Syron**	Vulnerable Adults Project Manager

Appendix 2 Outcomes and the Safeguarding Adults Return 2013-14

In June of this year, all local authorities were required to complete and return to the Department of Health a new statutory return about safeguarding activity in their local area. Known as the Safeguarding Adults Return, the return replaces the Abuse of Vulnerable Adults return, and is part of a suite of returns together with the Deprivation of Liberty Safeguards return and the Guardianship return.

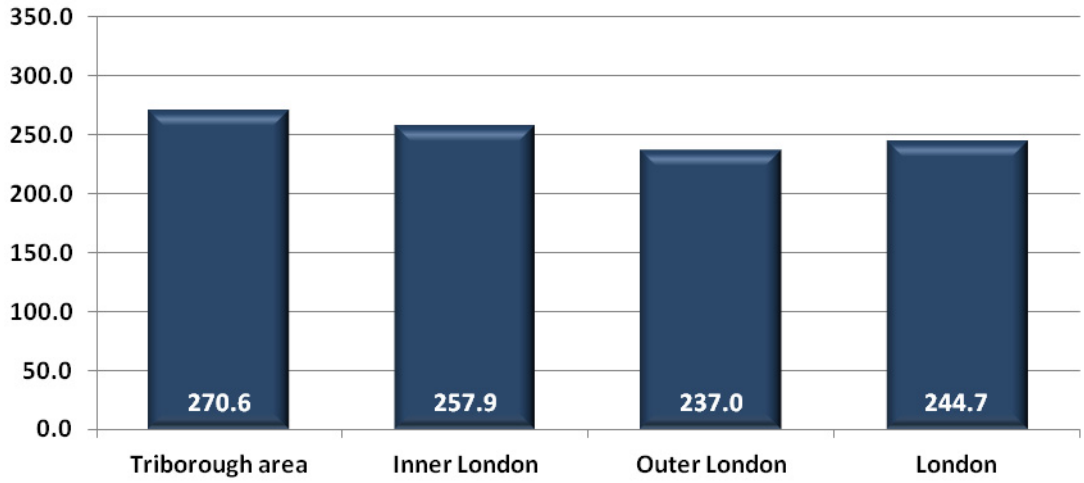
Compared with the Abuse of Vulnerable Adults return, the Safeguarding Adults Return (SAR) is more focused on the outcomes of safeguarding activity. It seeks to support local authorities to identify areas for improvement and to share learning and expertise.

For 2013-14 the Safeguarding Adults Return included six main measures. The Making Safeguarding Personal programme being rolled out in the three boroughs will encourage practitioners to routinely ask people what they would like to happen next, and what would make them feel safer. This information will be captured and reported in the 2014-15 Safeguarding Adults Return.

The headline findings from the 2013-14 across the three boroughs, as they relate to the Safeguarding Adults Executive Board's five outcomes are set out below.

Outcome 1: People are aware of safeguarding
The total number of people for whom a safeguarding referral was made across the three boroughs in 2013-14 was 1,250. This is equivalent to 271 referrals per 100,000 population aged 18 and over, a little higher than the average for inner London (258). Across London as a whole the rate of referral was higher in Inner London than in Outer London (Chart 1).

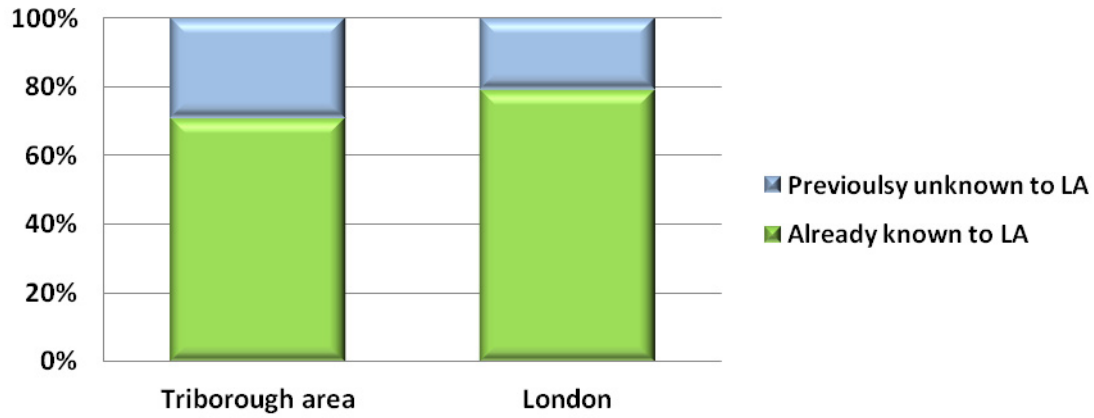
Chart 1 Number of people for whom a safeguarding referral was made per 100,000 population aged 18+ years



Outcome 2: People are able to report abuse

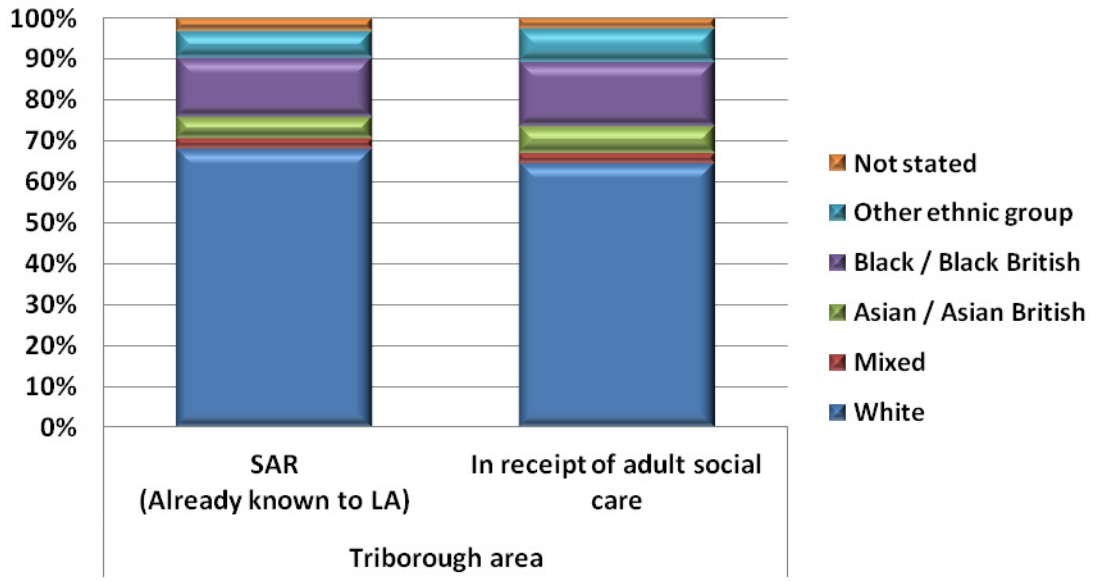
The majority of people referred were already known to adult social care (Chart 2).

Chart 2 Whether the adult at risk was already known to social services



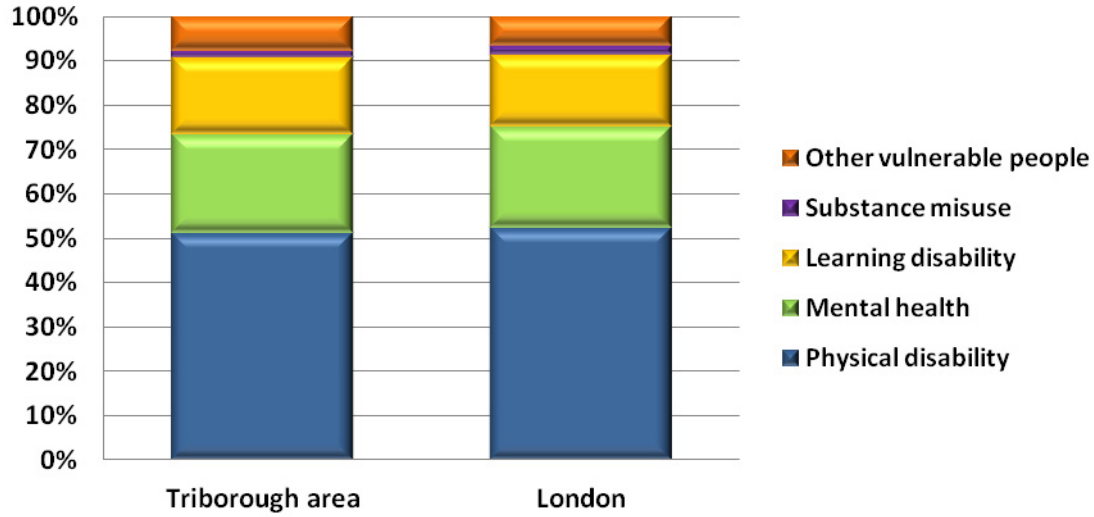
Among those already known to adult social care there was a slight over-representation of people who were are white and a slight under-representation of people from other ethnic groups, when compared with all adults known to adult social care (Chart 3).

Chart 3 Ethnicity: a comparison between the ethnic profile of people for whom a safeguarding referral was made and who were known to social services and the ethnic profile of all adults known to social services



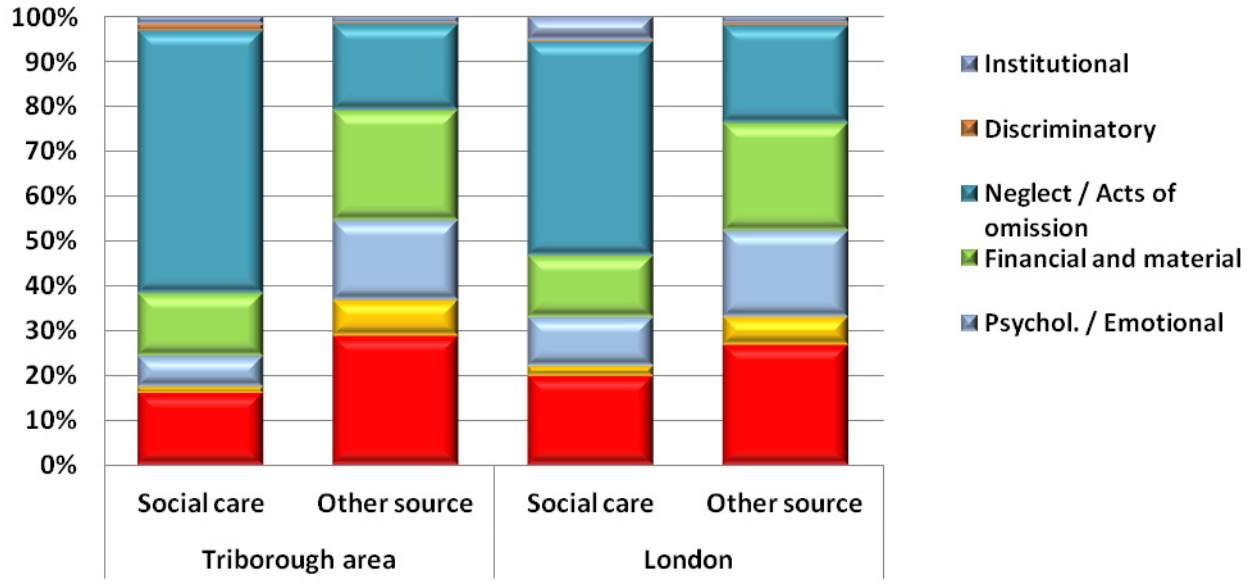
The profile of those referred in terms of care group was very similar to the profile for London as a whole (Chart 4).

Chart 4 Whether the adult at risk was already known to social services



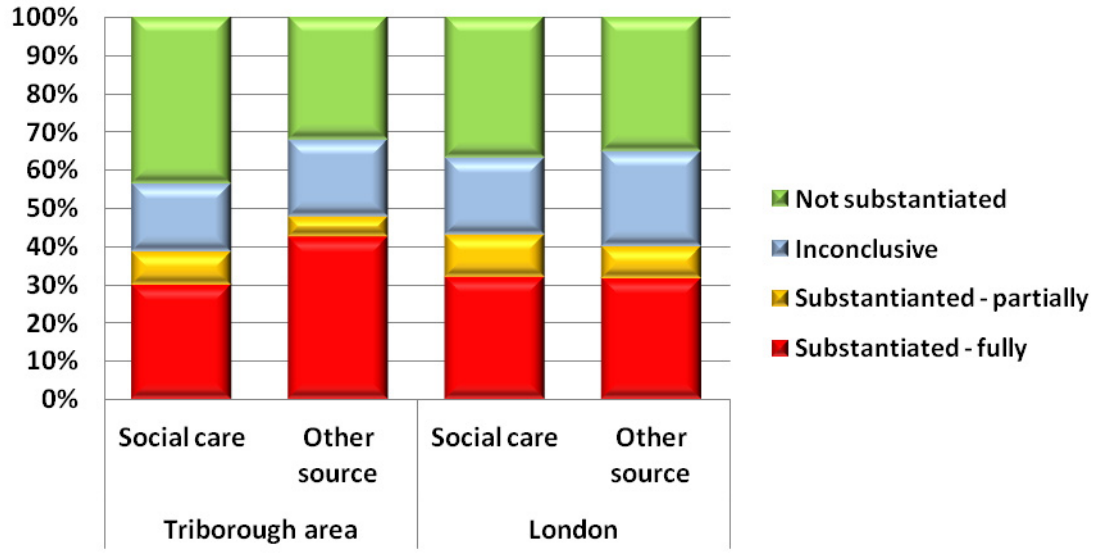
Where social care staff were believed to be the source of risk, the most frequent type of abuse reported was neglect or acts of omission, consistent with the pattern across London as a whole. (Chart 5).

Chart 5 Types of alleged abuse according to whether the individual or organisation believed to be the source of risk was a provider of social care or support



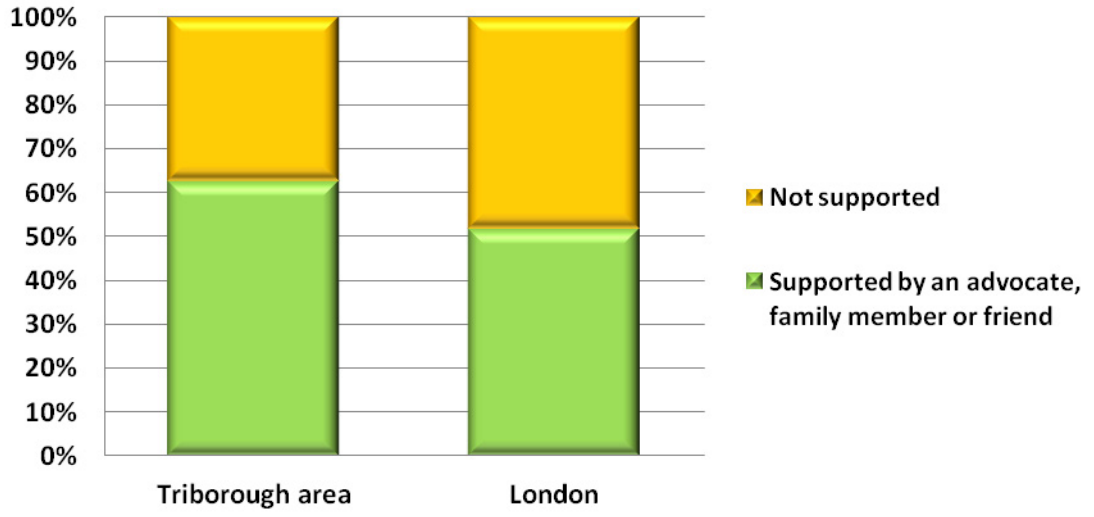
Outcome 3: Concerns are investigated fully and people can say what they want to happen
In the majority of investigations there was a clear outcome of 'substantiated' or 'not substantiated' (Chart 6).

Chart 6 The outcomes of the investigations according to whether the individual or organisation believed to be the source of risk was a provider of social care or support



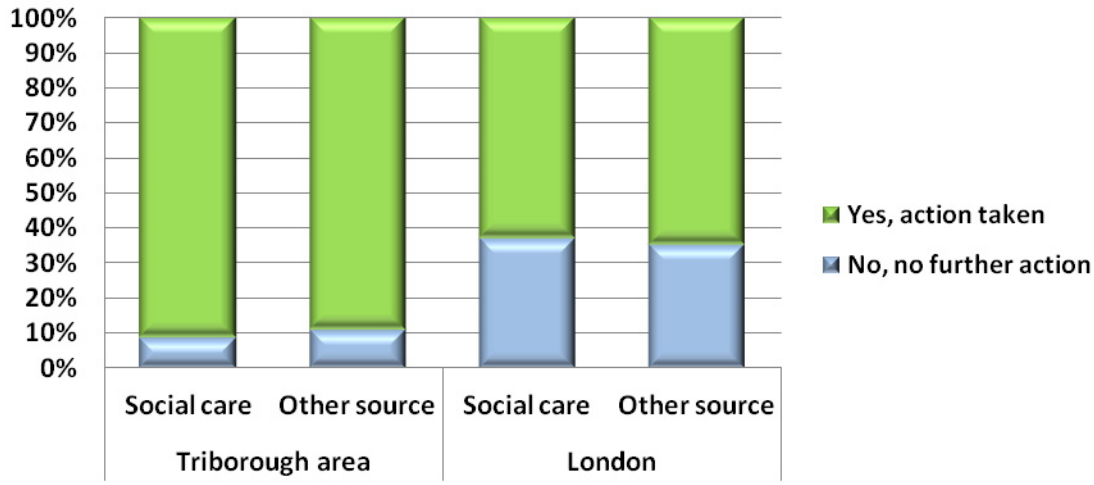
Where the adult at risk was assessed as lacking capacity in relation to safeguarding, the majority of adults were supported by an advocate or family member (Chart 7).

Chart 7 Whether those who were assessed as lacking capacity to make decisions in relation to the safeguarding process had support from an advocate, family member or friend



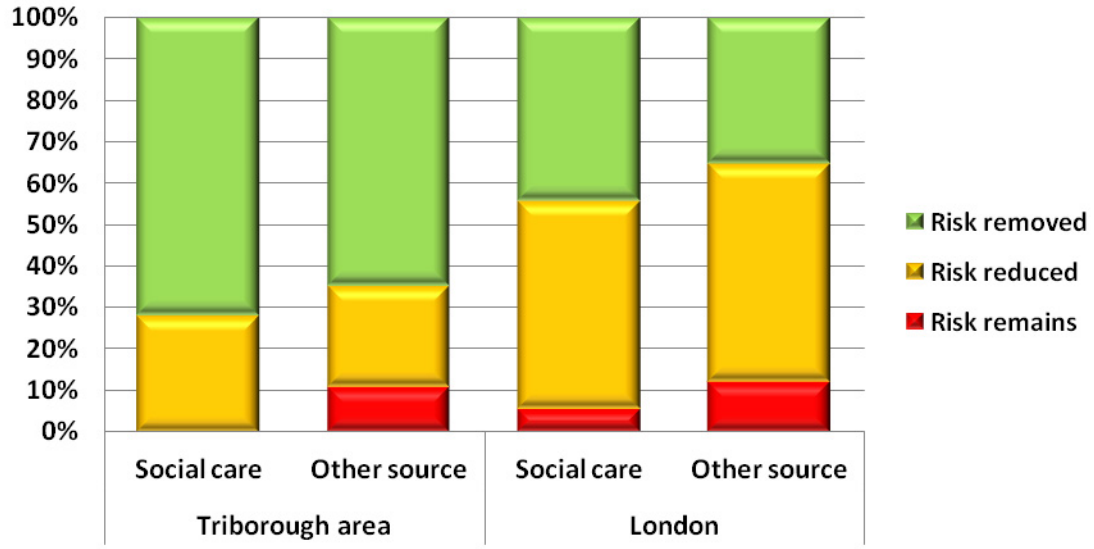
Outcomes 4 and 5: People feel safer and their wider well-being is maintained or enhanced
Across the three boroughs, the majority of investigations resulted in some safeguarding action being taken (Chart 8a).

Chart 8(a) Whether investigations resulted in action under safeguarding, according to whether the individual or organisation believed to be the source of risk was a provider of social care



Where some action had been taken, this was judged to have resulted in the risk being removed or reduced in nine out of ten cases (Chart 8b).

Chart 8(b) The results of action taken to support the management of risk, according to whether the individual or organisation believed to be the source of risk was a provider of social care



Appendix 3 Two Case Studies

Case Study 1

Mr B is 89 years old and lived with his 50 year old son in a rented flat. Mr B is mentally alert but physically frail. He had an agency carer and had been regularly admitted to hospital, and always discharged with a bespoke care package. However this was soon cancelled as Mr B's son, who did not like strangers in the house.

In August 2013, Mr B was again admitted to hospital and discharged with a home care team visiting him three times a day. Following a disagreement, Mr B's son threatened one of the carers with a knife. Police attended and arrested Mr B's son. Mr B was found to have raised blood pressure and was taken to hospital. As his son's behaviour would prevent Mr B's accessing care and assistance, Mr B was deemed to be at risk of emotional and physical abuse from his son.

Adult Social Care held a strategy meeting with staff from the hospital, the police and the manager from the housing provider. An immediate protection plan was put in place in case Mr B's son, who had been charged and was on bail, tried to visit his father on the ward.

Subsequently, Mr B's son was sentenced to a one year probation order with weekly supervision sessions. The probation officer gave regular updates to the case worker and concluded that Mr B's son remained a high risk to care staff and to his father.

There was a further multi-agency meeting to discuss the implications of Mr B's decision to return home. He has full mental capacity, accepting and understanding the risks but still wanted to go home. However, following lengthy interventions and negotiations with Mr B aimed at reducing the threat posed to him by his son, he agreed to go to a residential care home on a temporary basis.

Part of the risk assessment and protection plan examined how to support Mr B's son. The housing officer found him suitable accommodation and this provided reassurance to Mr B as he felt that he was not abandoning his son. Six months after the incident, Mr B now has a permanent place in the care home and his son now visits Mr B as he no longer poses a risk to Mr B's well- being**.**

Case Study 2

Mrs C had advanced cancer and came to London from abroad for treatment under a private arrangement. She resided in a hotel and was accompanied by her brother. Clinical care was provided by a private doctor who also worked as a general practitioner. During the course of her treatment, Mrs C had two hospital admissions for tests in two private hospitals. She

then had care delivered by healthcare support workers from a private nursing agency. This agency is not used by adult social care staff. Mrs C's care was funded privately.

Mrs C's condition deteriorated and she was referred to an NHS accident and emergency department where a safeguarding alert was raised due to evidence of neglect of Mrs C's care needs, and questions about the medical treatment she was receiving. Mrs C was admitted to the NHS hospital for palliative care, and subsequently died.

The safeguarding investigation focused on concerns about Mrs C's care; administration of medications by unqualified staff; and possible financial abuse.

On some days, Mrs C had capacity to make decisions about her care and treatment. On other days she did not. There was no record of her capacity being formally assessed by her private doctor; or of a treatment plan being agreed and put in place; or a clear rationale for the treatment she received. Mrs C's brother had concerns around the validity of this treatment. Discovering the truth was made more difficult because Mrs C's brother provided conflicting and different views on this as the investigation progressed. Concerns were also raised by staff about the behaviour of Mrs C's brother, as he interfered in the delivery of treatment to Mrs C whilst in the ward. Following Mrs C's death, her brother disappeared, and there has been no contact with him since.

The safeguarding investigator was not able to find out if the doctor had any other similar cases in his private caseload, however, due to the concerns about the doctor's provision of treatment, the matter was referred to the General Medical Council.

Concerns also related to the provision of care by the nursing agency. On investigation, the agency managers said that unqualified staff were not administering medications, but were observing self-administration. This conflicted with the evidence provided by some of the unqualified staff themselves. The care agency said that records of care were kept at the patient's address, but these were not found at Mrs C's property. The Care Quality Commission were made aware of the concerns that the investigation raised about the agency.

In relation to the outcome of the safeguarding investigation, the concerns of undignified care were upheld; the concerns relating to medicines administration were not upheld; and concerns around financial abuse are unresolved due to the lack of contact with Mrs C's brother, who made the allegations.

The case study raised a number of issues, which are being followed up:

- The nursing agency role in safeguarding: The agency had a safeguarding policy, but there was no evidence of how this was understood by staff in relation to raising a safeguarding alert. There were concerns about the practice of the nursing agency in relation to the care delivered, though this was difficult to substantiate due to missing records.
- The role of the doctor: There was no clear treatment plan in place for Mrs C and it was difficult to identify any other patients that the person may be treating privately. There appeared to be no contract in place to stipulating what was

being charged for and what would be provided. Though the doctor was also working as a general practitioner, it was unclear if this was as a substantive general practitioner, or on a sessional basis. By the conclusion of the investigation, it was unclear whether or not the General Medical Council would use an interim suspension order to prevent the general practitioner practicing, pending an investigation.

- Mrs C had two attendances at private hospitals, and neither recognised any safeguarding issues or raised a safeguarding alert.
- The sums of money involved in privately treating Mrs C were significant, and there is a question of how can people be protected from possible exploitation when they are at their most vulnerable.
- Mrs C was taken to a place of safety, but was only entitled to NHS funded emergency care. This raised the issue of the provision of on-going care where a person has no recourse to public funds.