

## APPENDIX A

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### INFORMATION

The Hillingdon Safeguarding Adults Partnership Board has a statutory duty to publish an Annual Report on the effectiveness of safeguarding and promoting the welfare of vulnerable Adults in the Borough. Once agreed by the Board the report is submitted each year to the Chief Executive, the Leader of the Council and the Chairman of the Health and Wellbeing Board.

### SUGGESTED COMMITTEE ACTIVITY

**It is recommended that the Committee note the report and comment as appropriate on the suggested priorities for the current year.**

The Care Act 2014 has been a significant factor in the way adult safeguarding is regarded amongst both agencies and the public. It seems that at last, safeguarding vulnerable adults is being considered in the same light as the way children are safeguarded. This has resulted in significant challenges for agencies and predominantly the Local Authority and Health services. With an ageing population there are enormous demands on mental health services. Just providing protection in these two areas and ensuring that people have meaningful and fulfilling lives is an enormous challenge.

The Board has been restructured to provide an Executive Board with the most senior leaders providing strategic direction and an Operational Group where managers agree the work of the Board and drive it forward. There is also in place a business unit that is developing performance and audit processes and ensuring that training packages are available to all agencies, as well as providing project management support.

The priorities of the Board have been discussed long and hard this year and the focus will be on mental health issues and the neglect of the elderly. These are huge areas of work and we will continue to refine our approach to ensure that each agency is clear about the work expected of them. To ensure that we are successful we need to concentrate efforts on Making Safeguarding Personal (MSP) which is a national programme aimed at front line staff and encouraging them to understand the role they play in keeping people safe.

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Social Services, Housing and Public Health Policy Overview Committee  
6 September 2016

PART I – Members, Public and Press

# 2015- 2016

## SAB Annual Report



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## 1. Foreword



Thank you for taking the time to read our annual report. This report provides an overview of the work undertaken by agencies in Hillingdon to safeguard vulnerable adults. At a time of limited resources it is essential that those agencies work together and are properly held to account to make sure that they are delivering safeguarding services to an acceptable level.

I have been in post for a year and have already seen some considerable changes in how services are being delivered. In addition, the way in which the Board is managed has had to move forward to ensure that it keeps pace with the increased demand upon it, and to develop and improve the way in which agencies are held to account.

The Care Act 2014 has been a significant factor in the way adult safeguarding is regarded amongst both agencies and the public. It seems that at last, safeguarding vulnerable adults is being considered in the same light as the way we safeguard our children. This has resulted in significant challenges for our agencies and predominantly the Local Authority and Health services. We are facing an ageing population and there are enormous demands on our mental health services. Just providing protection in these two areas and ensuring that people have meaningful and fulfilling lives is an enormous challenge.

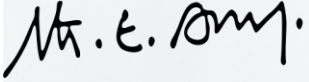
The Board has been restructured to provide an Executive Board with the most senior leaders providing strategic direction and an Operational Group where managers agree the work of the Board and drive it forward. We have also put in place a business unit that is developing performance and audit processes and ensuring that training packages are available to all agencies, as well as providing project management support.

We have discussed long and hard the priorities for the Board this year and our focus will be on mental health issues and the neglect of the elderly. These are huge areas of work and we will continue to refine our approach to ensure that each agency is clear about the work expected of them. To ensure that we are successful we need to concentrate our efforts on Making Safeguarding Personal (MSP) which is a national programme aimed at front line staff and encouraging them to understand the role they play in keeping people safe.

There have already been some significant changes to adult safeguarding with the Multi-agency Safeguarding Hub (MASH) now playing a significant role in co-ordinating a response to those adults at risk. I look forward to seeing further improvement over the coming year. I believe that in Hillingdon we are fortunate to have such high levels of commitment from agencies and individuals.

I would like to thank all of those agencies, and especially the third sector organisations, for their hard work this year in keeping vulnerable adults safe.

I hope you enjoy the report and I would welcome any comments or suggestions you would like to make through our website.



Steve Ashley

## 2. London Borough of Hillingdon - Local Demographics and Safeguarding

Hillingdon is the second largest of London's 32 boroughs, covering 44.6 square miles. Greater London Authority population projections estimate that in 2016 there were 304,000 people living in Hillingdon, of whom 6.9% were aged over 65 years of age and 6.1% over 75. Hillingdon is an ethnically diverse borough with 45% of residents from Black and Minority Ethnic groups, the largest groups being Indian, Pakistani or other Asian.

The proportion of those over 65 is slightly higher than the London average, but lower than that for England as a whole.

The population is projected to increase across all age groups, mainly due to internal migration and an increase in the birth rate and decrease in the death rate. The projected increase is larger than other North West London Boroughs. The proportion of those from black and ethnic minorities is also projected to increase, particularly in the south of the Borough.

The number of those with mental health needs and physical, sensory and learning disabilities are also expected to increase. Adults with learning disabilities who will be returning to the community from long stay settings (in line with Winterbourne recommendations) will contribute to this increase.

Hillingdon has 48 GP practices serving a GP registered population of 301,000 (2015). There are 64 care homes in the Borough providing a range of services including nursing and dementia care, care for people with learning disabilities and mental health needs. During 2015-16, Adult Social Care services provided support to 3382 adults, of this total, 2404 were aged over 65, 176 had mental health needs, 2023 had a physical disability, 507 had a learning disability and 649 received support with memory and cognition. A number of adults who receive help fall in to more than one category.

### 3. Governance & Accountability

The Safeguarding Adult Board is a multi-agency partnership comprising statutory, independent and charitable organisations with a stakeholder interest in safeguarding adults at risk. A full list of members can be found in the body of the report with attendance details for the year.

The Board's objective is to protect and promote individual human rights, independence and improve wellbeing, so that adults at risk stay safe and are protected at all times from abuse, neglect, discrimination, or poor treatment.

#### **The role of the Board and its members is to:**

- Lead the strategic development of safeguarding adults work in the borough of Hillingdon
- Agree resources for the delivery of the safeguarding strategic plan
- Monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities
- Ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults
- Act as champions for safeguarding issues across their own organisations, partners and the wider community, including effective arrangements within their own organisations
- Ensure best practice is consistently employed to improve outcomes for vulnerable adults

Since November 2011, the SAB has had an independent chairman, who also chairs the Local Safeguarding Children's Board (LSCB). The independent chairman is a member of the London and National Chairs Group SAB. The SAB now comprises of an Operational Board and an Executive Board, which ensures that matters are dealt with at an agreed level of seniority.

In accordance with good practice, an annual report has been produced in previous years and presented to Council Cabinet, the Health & Wellbeing Board, and the Community Safety Partnership. From April 2015, production of an annual report became a statutory requirement (Care Act 2014).

Through common membership, there are links to Multi Agency Public Protection arrangements (MAPPA), the Multi Agency Risk Assessment Conference (MARAC), and the Community MARAC (CMARAC).



## 4. Board Membership & Structure

### i. Members & Lay Members

Hillingdon SAB has recently recruited two lay members for the Board. The role of the lay member is to support stronger public engagement and awareness in local issues affecting vulnerable adults and to promote the referral route for support services if there is a safeguarding concern. The lay members will contribute to an improved understanding of the SAB's work within the community.

Following a robust induction programme, one of the areas that we wish the lay members to assist in is ensuring that we hear the voice of vulnerable adults and we as a board fully understand areas that concern them. In future we intend for the lay members to take a proactive role in sub committees and relevant task and finish groups and support the board in future publications designed for professionals and the public. The overall aim of the role is to ensure that vulnerable adults have a voice.

### ii. SAB Operational Board Members

| Name                    | Organisation                 | Job Title   |
|-------------------------|------------------------------|---|
| <b>Andrea Nixon</b>     | London Borough of Hillingdon | SAB & LSCB Business Manager                       |
| <b>Angela Wegener</b>   | DASH                         | Chief Executive                                   |
| <b>Ann Nardecchia</b>   | London Borough of Hillingdon | Learning & Development Manager                    |
| <b>Anna Fernandez</b>   | The Hillingdon Hospital      | Safeguarding Adults Lead                          |
| <b>Christine Dyson</b>  | Clinical Commissioning Group | Designated Safeguarding Nurse                     |
| <b>Daniel Kennedy</b>   | London Borough of Hillingdon | Head of Business Performance & Policy             |
| <b>Debbie Hun</b>       | London Borough of Hillingdon | Adult & Community Learning Service Manager        |
| <b>Duncan Struthers</b> | Interfaith Communities       | CEO   |
| <b>Erica Rolle</b>      | London Borough of Hillingdon | Domestic Violence VAWG Strategic LEAD Coordinator |
| <b>Fiona Gibbs</b>      | London Borough of Hillingdon | Stronger Communities Manager                      |
| <b>Gill McLean</b>      | London Borough of Hillingdon | Corporate Learning & Development Manager          |
| <b>Glyn Jones</b>       | Metropolitan Police          | Detective Sergeant                                |
| <b>Graham Hawkes</b>    | Healthwatch Hillingdon       | CEO   |
| <b>Helen Smith</b>      | London Borough of Hillingdon | LSCB & SAB Training & Quality Assurance Manager   |

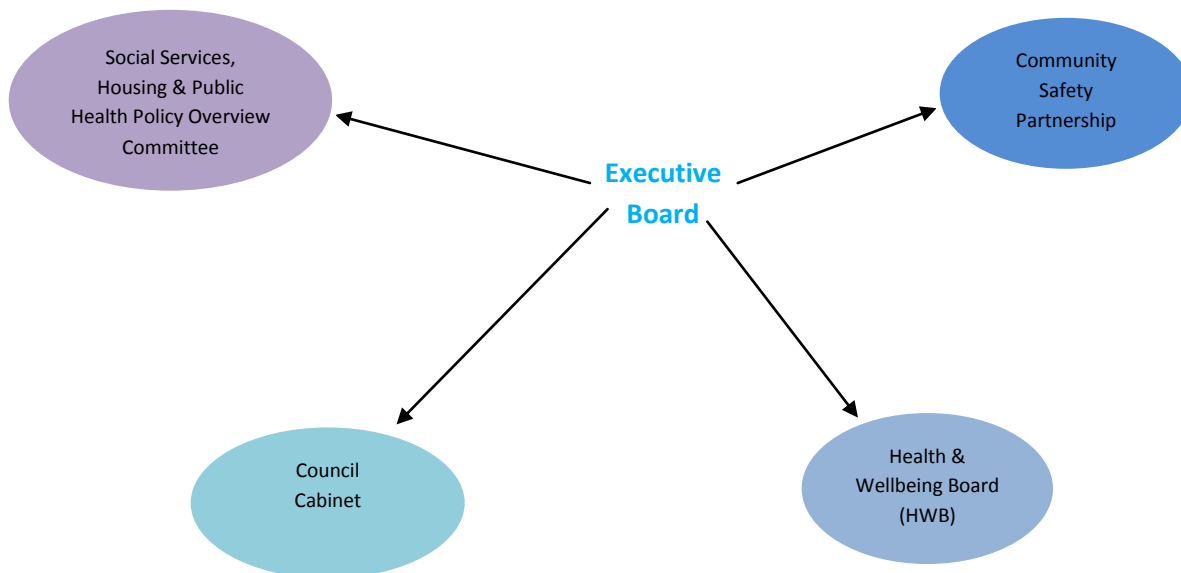
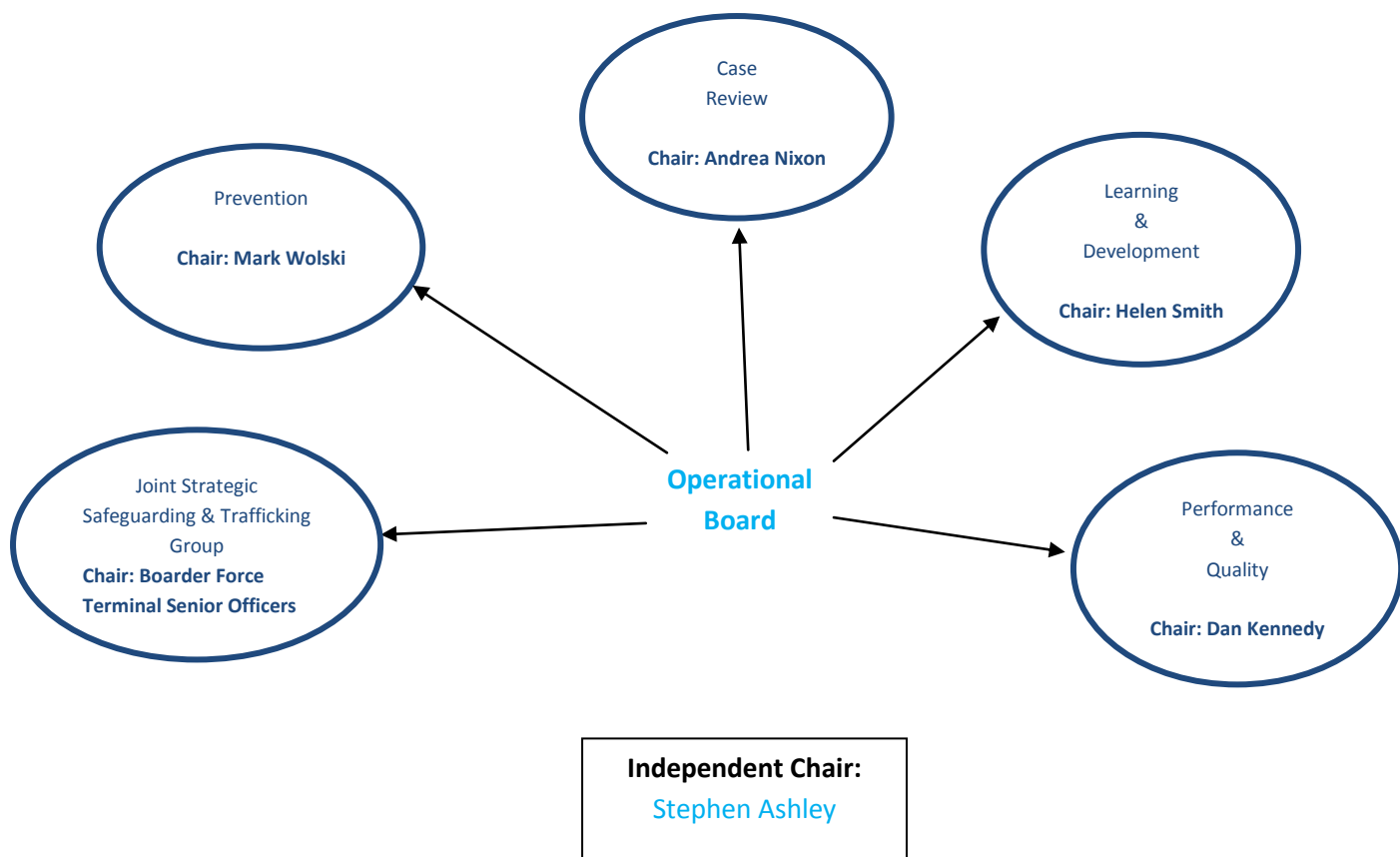
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| <b>Jackie Bennett</b>  | London Borough of Hillingdon | Safeguarding Adults Manager              |
| <b>John Higgins</b>    | London Borough of Hillingdon | Head of Safeguarding Adults              |
| <b>Julie Simmonds</b>  | Hillingdon Carers            | Carers Advisor                           |
| <b>Kim Cox</b>         | CNWL                         | Deputy Director                          |
| <b>Dawn Mountier</b>   | LAS                          | Safeguarding Officer                     |
| <b>Liz Hamilton</b>    | Home Office                  |  |
| <b>Lucy McLeod</b>     | London Fire Brigade          | Deputy Station Manager                   |
| <b>Mike Norton</b>     | London Borough of Hillingdon | Lay Member                               |
| <b>Naveed Mohammed</b> | London Borough of Hillingdon | Business Performance Service Manager     |
| <b>Paul Alexander</b>  | London Borough of Hillingdon | Performance & Intelligence Administrator |
| <b>Roger Elliot</b>    | London Borough of Hillingdon | Lay Member                               |
| <b>Sally Chandler</b>  | Hillingdon Carers            | Chief Executive                          |
| <b>Sharon Trimby</b>   | Age UK Hillingdon            | Director of Services/Deputy CEO          |
| <b>Stephen Ashley</b>  | London Borough of Hillingdon | Independent Chair                        |

### iii. SAB Executive Board Members

| <b>Name</b>                  | <b>Organisation</b>          | <b>Job Title</b>                          |
|------------------------------|------------------------------|---|
| <b>Andrea Nixon</b>          | London Borough of Hillingdon | LSCB & SAB Business Manager               |
| <b>Antony Rose</b>           | Probation                    | Assistant Chief Officer                   |
| <b>Caroline Morison</b>      | Clinical Commissioning Group | Executive Lead                            |
| <b>Christine Dyson</b>       | Clinical Commissioning Group | Safeguarding Adults Lead                  |
| <b>Cllr Philip Corthorne</b> | London Borough of Hillingdon | Cabinet Member                            |
| <b>Daniel Kennedy</b>        | London Borough of Hillingdon | Head of Improvement & Performance         |
| <b>Jan Norman</b>            | NHS                          |   |
| <b>John Higgins</b>          | London Borough of Hillingdon | Head of Adult Safeguarding                |
| <b>Joy Godden</b>            | NHS                          | Director of Nursing & Clinical Governance |
| <b>Kim Cox</b>               | CNWL                         | Deputy Director                           |
| <b>Maria O'Brien</b>         | CNWL                         | Director of Operations                    |

| <b>Name</b>            | <b>Organisation</b>          | <b>Job Title</b>  |
|------------------------|------------------------------|---|
| <b>Mark Wolski</b>     | London Borough of Hillingdon | Community Safety Team Manager                                   |
| <b>Nick Downing</b>    | Metropolitan Police          | Borough Commander   |
| <b>Reva Gudi</b>       | Clinical Commissioning Group | GP Lead   |
| <b>Richard Claydon</b> | London Fire Brigade          | Borough Commander   |
| <b>Sharon Daye</b>     | London Borough of Hillingdon | Public Health Consultant  |
| <b>Shika Sharma</b>    | London Borough of Hillingdon | Public Health Consultant  |
| <b>Stephen Ashley</b>  | London Borough of Hillingdon | Independent Chair   |
| <b>Steve Hajioff</b>   | London Borough of Hillingdon | Director of Public Health                                       |
| <b>Theresa Murphy</b>  | The Hillingdon Hospital      | Director of Nursing   |
| <b>Tony Zaman</b>      | London Borough of Hillingdon | Corporate Director of Adult, Children & Young People's Services |

**iv. SAB Sub-Committees**



## 5. SAB Achievements 2015/2016



Revised structure of SAB Operational and Executive Board, including revision of Membership and Terms of Reference



Development of joint LSCB and SAB Business unit, including appointment of SAB Co-ordinator and Training and Quality Assurance Officer



SAB Logo developed



SAB Newsletter produced and will be distributed on a quarterly basis



Two Lay Members recruited to join the Operational Board



Pan London Safeguarding Adult procedures adopted by the Board



Launch of Pan London Procedures organised for June 2016, followed by half day workshops. These are multi agency events



New audit tool 'Enable' purchase in order to develop multi agency safeguarding adult audits to reassure the Board



Tool purchased in order to produce chronologies for SAR's



Performance & Quality SAB sub-committee set up to produce data for both SAB boards using the performance web, and to provide analysis and challenge to partners around data provided



Case review sub-committee to be managed jointly with Children and Adult services in order to learn lessons across disciplines from SCRs, SARs and DHRs



SAR guidance produced and implemented



Learning & Development sub-committee is now a joint sub-committee of LSCB and SAB



Training needs analysis developed for Adult Services to understand what training is currently being provided and future training needs



Development of SAB Prevention sub-committee, chaired by LFB Borough Commander and Community Safety Borough Lead



Joint Strategic Safeguarding and Trafficking sub-committee, chaired and hosted by Border Force at Heathrow, now include vulnerable adults within its Terms of Reference



Introduction of 'Chairs Challenge' following each Executive Board in order to reassure the board members that safeguarding in Hillingdon is effective

## **6. What we have achieved against 2015/16 priorities**

### **i. Resourcing and developing the Safeguarding Adults Board**

Work has been undertaken in the last year to review the structure of the Safeguarding Adult Board. Membership has increased with a real commitment from members to drive the safeguarding agenda forward. There is an Operational Board that supports the work of the sub-committees and an Executive Board that is made up of senior leads across the Borough.

The SAB share a joint business unit with the Hillingdon Local Safeguarding Children Board and have a dedicated SAB coordinator within that team.

The Board recently recruited two lay members who will represent the views of the community and provide challenge to the Board.

The SAB have developed its own logo and now has a quarterly newsletter distributed to front line practitioners.

### **ii. Implementing 'Making Safeguarding Personal' across all safeguarding activity and across all partner agencies.**

Within Adult Social Care Advanced Practitioners have been identified as Making Safeguarding Personal (MSP) practice champions. They have a key focus on developing a real understanding within Adult Social Care teams about what people themselves wish to achieve: agreeing, negotiating and recording the person's desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then evaluating the extent to which those outcomes have been achieved.

A multi-agency audit is planned for later this year and will report to the Operational SAB on how agencies have implemented the MSP guidance.

The Safeguarding Adult & Quality Assurance Manager oversees the implementation of MSP through the safeguarding case file audits and performance monitoring meetings.

**iii. Deprivation of Liberty Safeguards (DoLS)), ensuring there is an effective model of practice to build upon, including enhancing the functions of the DoLS Supervisory Body:**

- Introduced on line application forms which are available of the council's website;
- Given a presentation - followed by a question and answer session - for care home and nursing home managers at the Residential and Nursing Provider forum
- The introduction of a DoLS newsletter
- Task and Finish group (multi-agency) set up to ensure that referrals are being made appropriately.

**iv. Mental Capacity Act (MCA), embedding knowledge and skills across all partner agencies**

The Care Act 2014 identified self neglect as a category of abuse. Since this introduction, where staff have identified cases of self-neglect, patients mental capacity is always taken into account. The outcome of this assessment can often be the catalyst in enabling the professional to make the right decision in which would best help the patient.

MCA training is provided to multi-agency groups in addition to own agency training. This is evaluated and reported to the Operational Board.

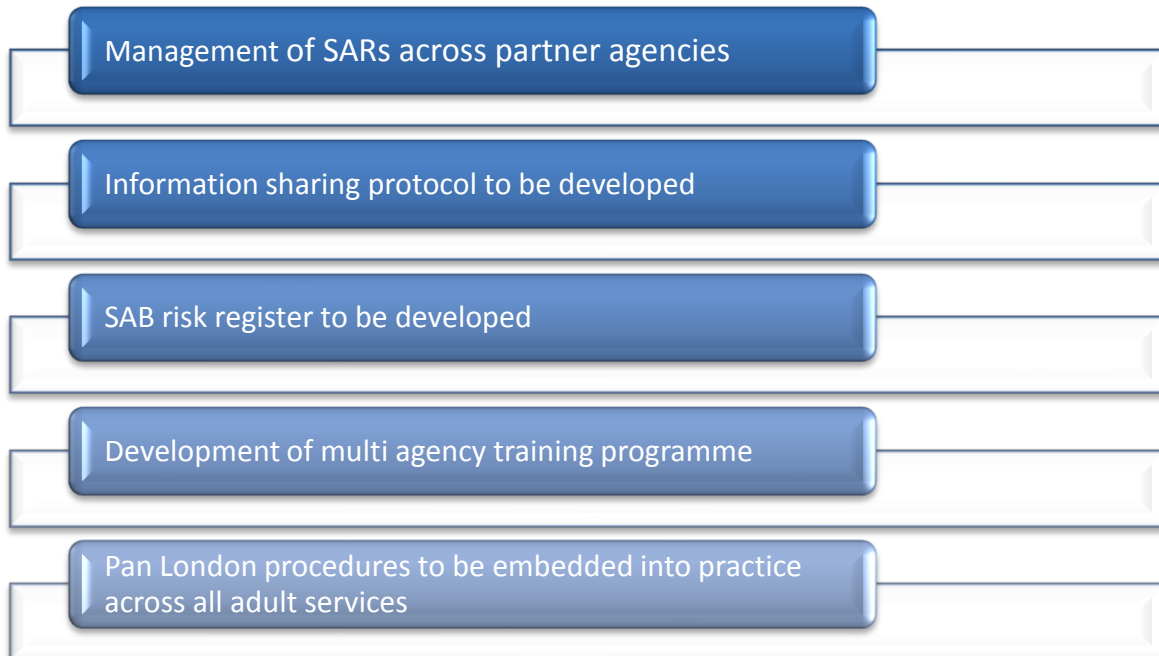
**v. Raising public awareness of safeguarding**

Although the Board have not promoted a particular public awareness campaign this year, the development of the Prevention Sub-committee is a positive step forward in order to identify areas of concern and develop public awareness programmes. The business unit are developing a SAB website that will provide up to date information for professionals and the public.

A SAB newsletter has been produced quarterly that practitioners can share with members of public through their work. Practitioners are encouraged to contribute articles for the newsletter and to promote 'good news' stories and events.



## 7. SAB Challenges 2015/2016





## 9. SAB Sub-Groups

### i. P&Q Sub-Committee

The focus this past year has been on strengthening the governance arrangements to enable the Board properly scrutinise the work of the partnership and ensure that, when it comes to performance and quality, there is sufficient transparency across the partnership so that priorities and risks can be identified and addressed. As part of this, the Performance and Quality Sub-Committee was formed - comprising of key agencies across the partnership - the role of the Sub Committee is to promote high standards of safeguarding work; foster a culture of continuous improvement and ultimately to provide assurance to the SAPB Executive.

Key items of work already being delivered include:

- Developing the 'performance web' - A structured report aligned to the key priorities of the Executive - the performance web provides an opportunity for the Board to ask the pertinent questions in relation to how performance is being managed and the key things the partnership needs to achieve. From trying to understand the profile of our customers/clients (who are we trying to safeguard?) through to measuring the quality of the services we provide, the difference we have made and what 'good' looks like - the web allows the partnership to align these questions with the specific measures that will enable the Board to test the effectiveness of what is done.
- Building transparency across the partnership - The partnership is moving from providing performance reports on single agencies - to providing a performance report that covers the partnership as a whole - in particular identifying inter-agency issues/'blockages' that can impact on safeguarding. In the same way as positive practice is often underpinned by organisations working well together - so too is the fact that service failure often involves more than one partner. Building transparency across the partnership so key risks can be identified and avoided is therefore a key driver.
- Challenging and driving service improvement - Whilst providing meaningful analysis and tracking progress are essential - it is just one part of effective performance management. Equally important are the tangible actions that partners, alone and in collaboration will take, to improve practice. The wider direction for the Partnership will be provided by the Executive - with immediate priorities flowing out of this. Amongst the wider work plan for 2015/16, areas for focus included how agencies are managing the issue of pressure ulcers and the sharing of information between agencies. In focusing on these and other areas, the role of the sub-committee will be as much to monitor and report on performance as it will be to identifying emerging issues and possible future priorities.

## **ii. Prevention Sub-Committee**

The Prevention sub-committee has been created in order to collate themes of issues relevant to preventing abuse and neglect and to develop a multi agency work plan to address any emerging issues through public awareness campaigns, training and development opportunities for staff.

The sub-committee is chaired by the Borough commander for London Fire Brigade and the Service Manager for Community Safety team. There are close links with the Community MARAC and Case Review sub-committee in order to pick up on emerging themes quickly. The intention is that the Lay Members for the Board are represented on this sub-committee so that any campaigns are targeted correctly.

## **iii. Learning & Development Sub-Committee**

Representatives from the Safeguarding Adults Board have joined colleagues from the Safeguarding Children's Board to wider the remit of the LSCB Learning and Development Subgroup. The new joint subgroup is in its infancy, with Terms of Reference having been drafted and membership being reviewed.

The role of the sub-group is to promote high standards of safeguarding by ensuring that training opportunities are provided and learning and development from serious case reviews and other safeguarding activities are shared across all colleagues. The subgroup is chaired by LSCB/SAB training and quality assurance officer.

Key items of work for the joint SAB and LSCB Learning and Development subgroup include:

- Development and review of the Learning and Improvement Framework
- Development of training needs analysis to inform training programme
- Rolling out half day training sessions for multi-agency staff in respect of the London Multi-Agency Adult Safeguarding Policy and Procedures

#### **iv. Joint Strategic Safeguarding and Trafficking sub-committee**

This sub-committee is unique to Hillingdon LSCB and SAB and its aim is to continue to strengthen the partnership that we have with Heathrow Airport and the LA. Operations at Heathrow remain a priority for children social care who support Border Force Officers in preventing child trafficking and potential victims of FGM being taken out and returning to the UK. Increasingly Border Force are dealing with cases of vulnerable adults that have travelled to the UK and they have seen a sudden rise in issues relating to passengers where there are suspected concerns about their mental health.

Members of the asylum intake team and MASH delivered training with Border Force to British Airways crew to raise awareness of safeguarding concerns and how to report them. This was a highly successful event and hopefully will be rolled out across other airlines and will include information regarding vulnerable adults.

One of the challenges for the coming year is to be clear about the referral route for vulnerable adults entering the UK in order that following assessment they receive the appropriate service for their needs.

#### **v. Case Review sub-committee**

The Case Review sub-committee has been arranged in order to review serious case reviews, safeguarding adult reviews and Domestic Homicide reviews, and to ensure that learning is embedded and cascaded into adult and children's services working practice. The sub-committee has representatives from both adult and children services, this ensures that learning from reviews is disseminated across both service areas.

The sub-committee has met to draw up terms of reference and agree membership. We currently have four serious case reviews, two domestic homicide reviews and two safeguarding adult reviews. Once these have been completed the recommendations will be tracked through the case review sub-committee. Regular reports will then be reported to the Executive Board of both the SAB and LSCB.

## 11. Effectiveness of safeguarding arrangements

### i. DoLS

#### Deprivation of Liberty Safeguards

The wider consequences of the *Cheshire West* ruling in March 2014 continue to emerge and likewise the implications for practice relating to Deprivation of Liberty matters continue to evolve.

In June 2014 it was estimated that, as a consequence of the Cheshire West ruling, the number of DoLS authorisation requests received by Hillingdon Council would rise to over 500 cases per annum; this estimate did not include out of borough and hospital in-patient placements. This figure has been realised for 2014-15 and is set to increase to at least 1200 for 2015-16. Each application can only be granted for a maximum of 12 months therefore these figures will be repeated each year, on top of any new requests received.

In addition to this it has now been identified that the acid test determined by the Cheshire West ruling must also be applied to people who are being deprived of their liberty in the community. This means that people in supported housing settings and people in a domestic setting who receive a care package that is *imputable to the state*, who potentially lack capacity, must also be assessed.

The acid test hinges on two key questions:

1. Is the person free to leave?
2. Is the person subject to continuous supervision and control?

The Deprivation of Liberty Safeguards (DoLS) applies only to residential/nursing care homes and hospital settings; any other form of deprivation must be authorised by the Court of Protection. Thus an application must be made to the Court of Protection in respect of anyone in supported housing, or anyone who is living at home and receiving a care package that is imputable to the state, who lack capacity to make an informed decision about where they reside or what services they need and have been assessed as being deprived of their liberty under the Cheshire West acid test.

In response to the demand created by the above the Council has:

- Established a robust DoLS Supervisory Body that has agreed the forward strategy for DoLS and monitors performance/compliance;
- Streamline processes for accepting and responding to DoLS Authorisation requests including the development of on line forms for Managing Authorities;
- Increased its capacity to complete DoLS assessments by identifying internal staff to train as Best Interest Assessors (BIA) and also by going out to tender for a BIA Provider agency to undertake assessments on the Council's behalf.

The advocacy tender mentioned above will also assist in the timely appointment of advocacy support under DoLS which will assist and support the council in terms of those cases that might go before the Court of Protection.

### **Impact for Hillingdon**

- 2013/14 Hillingdon received 15 requests
- 2014/15 Hillingdon received 500 requests
- 2015/16 estimated Hillingdon will receive 1000 requests
- Resulted in big increase in number of IMCAs required
- In addition approx. 250 people who require Court of Protection applications to be made each year
- 30+ cases will require application to Court Of Protection due to AK case
- Requires significant additional resources
- Need all residential, nursing homes and hospital providers to be aware of their responsibilities to make applications

### **Current Progress**

- Allocated significant additional resources
- Increased the DoLS team
- Engaged a number of external BIA assessors and Section 12 Doctors
- Tendering for provider of BIAs and Section 12 Doctors
- Training up existing staff
- Developed performance reports
- Updated ICT
- Training of Social Care Direct
- Briefed Providers

## Next Steps

- Operational Board to receive further updates
- Continue to publicise to providers of residential, nursing and hospital services
- Supervisory body to continue to oversee the delivery of the DoLS responsibilities locally
- Continue to link to London wide networks

## ii. Making Safeguarding Personal

The aim of Making Safeguarding Personal (MSP) is to move safeguarding practice *away* from following a process *towards* the commitment to improving the experience and outcomes for people experiencing abuse or neglect. MSP promotes person-led, outcome-focused safeguarding.

The shift in culture and practice encapsulated by MSP is in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult.

### The Key objectives of MSP focus on:

- a) Developing an approach to safeguarding that is based on working with people

Using an outcome focused approach and engaging with the person throughout the safeguarding process can be done. Evidence shows that this leads to better outcomes for the person and can inform practitioners and safeguarding boards of the effectiveness of their work.

### More time invested at the beginning can lead to a quicker resolution.

- b) Improving people's experience/circumstances

Exploring how to support and empower people at risk of harm to resolve the circumstances that placed them at risk and/or manage risks themselves. MSP aims to encourage practice that puts the person more in control and generates a more person centred set of responses and outcomes. In this way the outcomes focus is integral to practice and the recording of practice in turn generates information about outcomes.



c) Utilising Professional Care Skills

MSP asks practitioners to go back to basic professional care skills - engagement, discussion, negotiation - as a means of safeguarding people rather than simply putting people through a process.

Risk and proportionality is potentially more achievable within MSP than within a process driven system.

Audits and peer challenges have established that people do tend to feel driven through a process in safeguarding.

⌋ Mumby famously described process driven safeguarding as "ticking the box and missing the point".

d) Benchmarking change

MSP enables all partners to see the benefits of this approach. There is a need to move adult safeguarding from a process driven approach to one that is focused on improving outcomes for, and the experience of, people who are referred to the service.

Within Adult Social Care Advanced Practitioners have been identified as Making Safeguarding Personal practice champions with a key focus on developing a real understanding within Adult Social Care teams about what people themselves wish to achieve: agreeing, negotiating and recording the person's desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then evaluating the extent to which those outcomes have been achieved.

### iii. Pan London

In December 2015 the Pan London Authorities updated their multi agency 2011 Safeguarding Adults Policy and Procedures. The updated procedures support the introduction of the Care Act 2014 and lays the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, so people maintain independence and have real choice.

There is an emphasis on working with adults with care and support needs who are at risk of abuse and neglect to have greater control in their lives to both prevent it from happening, and to give meaningful options of dealing with it should it occur.

The aim of the procedures are to better safeguard adults at risk of abuse throughout London; and in using this document better encourage the continuous development of best practise.

It covers the legislative requirements and expectations on individual services to safeguard and promote the well-being of adults, and a framework for SABs to monitor the effective implementation of policies and procedures.

Hillingdon SAB agreed to adopt the Pan London Procedures following their launch in February 2016. A series of workshops have been commissioned to inform practitioners and to help in embedding the procedures into practise. The implementation of the procedures will be monitored through the performance and quality sub-committee.

A copy of the procedures can be downloaded from:

<http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures>.

### iv. Safeguarding Performance Reports

The Safeguarding Performance Reports are drawn from the ASC database and are now produced on a monthly basis. The reports support understanding of safeguarding performance across Adult Social Care, within individual teams and by individual workers and enable ASC managers to identify areas of good practice as well as identifying issues that need to be addressed either within teams or with individuals. Information presented in the reports are analysed and discussed with ASC managers at monthly performance meetings; month on month improvements are also monitored as part of these meetings.

## v. Domestic Violence

The overall purpose of the Domestic Violence Steering Executive (DVSE) is to have strategic oversight of domestic violence and violence against women and girls (VAWG) in Hillingdon. This includes ensuring that the council's policy on domestic violence continues to be reviewed and updated, ensuring that there is a robust action plan. This includes taking high level policy decisions in relation to DV and VAWG issues. The DV Steering Executive has ultimate responsibility for the DV Action Forum that reports directly to the DV Steering Executive on the work, targets, progress and achievements of individual subgroups.

The DV Steering Executive informs the SAB annual report of the successful achievements of the subgroups in 2014-15 in reducing the risks of DV and VAWG to victims and survivors by continuing to provide equitable access to services, referrals and awareness raising, specialist support and safeguarding, robust data collection to influence change and secure on-going DV/VAWG provision, including joint collaborative partnership working and critical integration of services for an effective victim centred approach. This is notwithstanding Hillingdon's Annual White Ribbon Day Conference, which was an outstanding success and highlights a mention of some of the key themes on Female Genital Mutilation (FGM), Safeguarding and empowerment of children, young people and vulnerable adults, trafficking and partnership working and continues in its commitment to raise the profile of DV/VAWG and to openly state its zero tolerance of all forms of domestic violence and other forms of harmful practices.

The DVSE is working jointly with the Safer Hillingdon Partnership (SHP) in response to the two domestic homicides in the borough. The DVSE and SHP Strategic Boards have considered the recommendations from the DHR Homicide Review, which was conducted for 1 year by Standing Together. There are 21 recommendations from the review and they will be appropriately embedded into the DV Action Plan work stream for 2015-16, across the seven working subgroups linked to the DV Action Forum.

## 12. Case Reviews

There have been no serious adult reviews (SAR) during the period of this report.

Four consideration meetings have been held to discuss whether a case meets the threshold for a serious adult review. For two of the cases it was felt that the criteria was not met for an SAR. One case did meet the threshold but we are not able to progress this yet as the case is under investigation by the Independent Police Complaints Commission. Once this investigation has been completed the SAB will request a report and then consider again whether the case meets the threshold for an SAR.

The fourth case we considered is part of a police investigation. We have agreement from the investigating officer that we can progress the initial stages of an SAR by gathering historical data. Witness statements will be made available to us once the case has been through the court process and we have to be mindful that any information we gather may have to be made available to the Police. At the stage of writing this report the SAB has requested chronologies from agencies.

All cases will be monitored through the case review sub-committee and progress reported to the SAB Operational Board.

### 13. Priorities for 2016/2017

| Strategic Priority   | What does this mean?   | Actions  |
|--|--|--|
| <p><b>To ensure that there are effective arrangements across agencies to reduce the risk of abuse and neglect of vulnerable adults in the borough.</b></p> | <p>Neglect often takes place in environments in which one or more of the following issues is apparent;</p> <ul style="list-style-type: none"> <li>• Domestic violence</li> <li>• Drug/alcohol misuse</li> <li>• Mental health issues.</li> </ul> | <ul style="list-style-type: none"> <li>• Develop a multi-agency neglect strategy owned by all partner agencies.</li> <li>• To improve awareness and understanding of neglect and abuse across the whole partnership through training and awareness campaigns.</li> <li>• To analyse key performance indicators to be reassured that appropriate referrals are made and prevention strategies are in place, for example, effective public awareness.</li> <li>• Making Safeguarding Personal is embedded in practice supported through training, awareness raising and audit activity.</li> <li>• Develop meaningful public awareness campaigns.</li> </ul> |
| <p><b>To ensure that partners understand, and provide an appropriate response to, vulnerable adults who require support with mental health.</b></p>        | <p>Hillingdon Safeguarding Adult's Board need to be assured that adults requiring the services of mental health receive a prompt and appropriate response.</p>   | <ul style="list-style-type: none"> <li>• Performance sub-committee to analyse source of referrals and primary need and to conduct an audit of cases of people with dual diagnoses.</li> <li>• Adult voices are heard and views recorded during contact with professionals.</li> <li>• To develop multi-agency training with good attendance across agencies.</li> </ul>  |
| <p><b>To ensure that all agencies place the 'Making safeguarding Personal' model at the centre of their response to vulnerable adults.</b></p>             | <p>To ensure that vulnerable adults are consulted and have a say in the services that they receive, and are part of the planning process from the beginning.</p>   | <ul style="list-style-type: none"> <li>• To develop and implement the 'Making Safeguarding Personal' strategy.</li> <li>• Agree key performance indicators that can be measured against the strategy.</li> <li>• Multi-agency training packages are available to all partner agencies.</li> <li>• Relevant and meaningful public awareness campaigns.</li> </ul>   |

|   |  |  |
|---|--|--|
| <p><b>To ensure that Hillingdon Safeguarding adult Board has the capability and tools to effectively hold agencies to account, in order to satisfy ourselves that vulnerable adults are safeguarded within the borough.</b></p> | <p>The Hillingdon SAB is committed to challenging partner agencies to ensure that the Board can be satisfied that vulnerable adults are safe in Hillingdon.</p> <p>The Board is committed to listening to the community in order to learn lessons from practice and to challenge existing practice where necessary.</p> <p>The Board needs to be satisfied that all vulnerable adults are seen, heard and helped; with the public and professionals being alert to risks posed to vulnerable adults and how to report this when necessary.</p> | <ul style="list-style-type: none"> <li>• Effective auditing and quality assurance of partner's practice leads to robust analysis and challenge to come from data presented to P&amp;Q sub-committee.</li> <li>• Multi-agency training is available to all partner agencies.</li> <li>• All practitioners to have received training and Pan London procedures embedded into practice.</li> <li>• Continue to monitor the development of the Multi-agency Safeguarding Hub (MASH).</li> <li>• Audit of agency governance arrangements across all partner agencies undertaken.</li> <li>• Board improvement plan regularly updated and presented to Board. Risk Register developed and regularly monitored at the Board.</li> </ul> |
|---|--|--|

## 14. Conclusion

2015-2016 has been a very busy year for the SAB, with the development of the business unit and prioritising a training and quality assurance programme. It is hoped that this report has provided you with reassurance of the effectiveness of local arrangements to safeguard and promote the welfare of vulnerable adults in Hillingdon.

This report demonstrates that safeguarding activity is progressing well and that Hillingdon SAB has clear agreement on the strategic priorities achieved and what actions need to be taken forward over the coming year. The SAB is aware of, and working to fulfil, its statutory functions under the Care Act 2014 and the Pan London Procedures.

Agency reports in Appendix 2 demonstrate that statutory and non statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

The Board has, throughout the year, begun a programme that has monitored, quality assured and evaluated the quality of services within Hillingdon, and this programme of robust auditing analysis and challenge will continue to ensure that vulnerable adults remain safe.

*Thank you*

A close-up illustration of a fountain pen nib, positioned at the end of the 'Thank you' text.





## Appendix 1 - Glossary

| Acronym | Meaning   |
|---------|---|
| ASC     | Adult Social Care                                 |
| BIA     | Best Interest Assessors                           |
| CCG     | Clinical Commissioning Group                      |
| CMARAC  | Community Multi Agency Risk Assessment Conference |
| CNWL    | Central & North West London                       |
| COP     | Court of Protection                               |
| DASH    | Disablement Association Hillingdon                |
| DHRs    | Domestic Homicide Reviews                         |
| DoLs    | Deprivation of Liberty safeguards                 |
| DV      | Domestic Violence                                 |
| DVSE    | Domestic Violence Steering Executive              |
| FGM     | Female Genital Mutilation                         |
| IMCA    | Independent Mental Capacity Advocate              |
| LA      | Local Authority                                   |
| LAS     | London Ambulance Service                          |
| LFB     | London Fire Brigade                               |
| LSCB    | Local Safeguarding Children Board                 |
| MAPPA   | Multi Agency Public Protection arrangements       |
| MARAC   | Multi Agency Risk Assessment Conference           |
| MASH    | Multi Agency Safeguarding Hub                     |
| MCA     | Mental Capacity Act                               |
| MSP     | Making Safeguarding Personal                      |
| SAB     | Safeguarding Adult Board                          |
| SARs    | Serious Adult Reviews                             |
| SCRs    | Serious Case Reviews                              |
| SHP     | Safer Hillingdon Partnership                      |
| VAWG    | Violence against Women & Girls                    |

## Individual Agency Contributions

### Appendix 2 - Age UK Hillingdon

|   |  |
|---|--|
| Name of agency  | Age UK Hillingdon  |
| Description of service  | Local Charity offering a wide range of services supporting older people in Hillingdon to remain safe, secure and independent.  |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | 35% employees in total: 35% staff and 53% supervisors<br>10% volunteers  |
| Regulator inspection in reporting period and outcomes                                   | N/A  |
| Challenges in the reporting period  | <ul style="list-style-type: none"> <li>97 staff and 271 volunteers currently work for Age UK Hillingdon to support older people and safeguarding training is mandatory for all. We regularly review and audit our policies and procedures to ensure compliance with Safeguarding as well as raising awareness with all staff and volunteers so that there is a clear process for reporting issues.</li> <li>An increase in staff reporting concerns relating to potential safeguarding cases – referred onto to SCD as appropriate.</li> </ul> |
| Progress on safeguarding priorities in the reporting period                             | <ul style="list-style-type: none"> <li>Age UK Hillingdon's Director of Services/Deputy CEO is a member of the SAPB Operational Group</li> <li>Mental Capacity Awareness training</li> <li>On-going review of safeguarding issues across our wide range of services</li> <li>Annual audit of internal safeguarding procedures</li> </ul>  |
| Safeguarding priorities for 2015/6  | <ul style="list-style-type: none"> <li>Keep up to date with new developments in Safeguarding and Disclosure and Barring.</li> <li>Implement the Care Bills Safeguarding measures as required.</li> </ul>   |
| Good news stories   | Appropriate action/intervention to resolve safeguarding issues at an early stage.  |
| Good practice examples  | <ul style="list-style-type: none"> <li>Safeguarding is a standard agenda item in supervision and appraisal processes and for staff and volunteer meetings.</li> <li>Information relating to Safeguarding and relevant contact numbers are displayed on our website and in our services brochure.</li> </ul>  |

## Appendix 3 - CNWL

|  |   |
|--|---|
| <p>Name of agency</p>  | <p>Central and North West London NHS Trust</p> <p>The Trust provides both mental health and community services across five London Boroughs and Milton Keynes.</p> <p>Operationally, CNWL is managed in three divisions; each headed up by a Director of Operations and supported by a Nursing and Medical Director. They are responsible for all elements of care and delivery within their respective divisions.</p> <p>In relation to CNWL Hillingdon services, the Divisional Director of Operations who has responsibility for these services is also the senior lead director for safeguarding and is supported in this role by the Divisional Director of Nursing.</p> <p>Each of the boroughs is headed up by a Borough Director and a Clinical Director; they are a key link and member of the local adult safeguarding boards.</p> |
| <p>Description of service</p>  | <p>CNWL provide secondary Mental Health Care, IAPT services, Substance Misuse Services, CAMHs services a range of physical healthcare community-led adult and children's services across the borough of Hillingdon.</p> <p>Safeguarding Adults Team:</p> <p>CNWL have a dedicated adult safeguarding team who are split across each of the 3 divisions of CNWL.</p> <p>The 3 staff within the divisional team which supports Hillingdon are responsible for providing expert advice, supervision, education and training on all relevant safeguarding issues. This team also collects and analyses data, carries out audits and delivers training including Prevent.</p> <p>All front line staff have direct access to one of the safeguarding team to seek advice/support.</p>   |
| <p>Safeguarding training undertaken in reporting period. % of staff trained at each level.</p> | <p>Safeguarding adults training is mandatory for all staff within the Trust. The training equips staff to have an understanding in their role of identifying abuse and ill treatment of Adults at risk. Training must be refreshed every three years.</p> <p>At the time of writing, CNWL have a 95% compliance rate for safeguarding training, this is the same as last years compliance rate.</p>   |

|  | <p>Other formal training given by the safeguarding adults team is Health wrap Prevent, MCA and DOLs. They also give opportunistic training and hold surgeries for staff who more indepth safeguarding adults or MCA queries, or would like to discuss one of their cases.</p>   |                      |   |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
|--|---|----------------------|---|----------------------|----------------------------|---------------------------|--------------------|------|---|---------------------------|-------------------------------------|------|---------------------------|---------------------------|--------|------|-------------------------------------|---------------------------|------------------|------|-------------------------------------|---------------------------|---------------------------|------|-----------------------|---------------------------|----------------------------------|-------------|---------------|------------------------|--|------------|--------------------------------|------------------------|--|------|---------------|
| <p>Regulator inspection in reporting period and outcomes</p> | <p>The CQC inspected CNWL in February 2015, the results from this inspection showed that overall CNWL is safe but 'requires improvement'. In forming the overall rating, 18 different specialty reports were compiled which were aggregated up to provide an overall rating for the Trust. The rating for all the Hillingdon services provided in CNWL are detailed below:</p> <table border="1" data-bbox="507 633 1406 2004"> <thead> <tr> <th data-bbox="507 633 703 734">Service</th> <th data-bbox="703 633 916 734">Type</th> <th data-bbox="916 633 1102 734">Overall Trust Rating</th> <th data-bbox="1102 633 1406 734">Local Hillingdon Provision</th> </tr> </thead> <tbody> <tr> <td data-bbox="507 734 703 869">Community health services</td> <td data-bbox="703 734 916 869">Inpatient services</td> <td data-bbox="916 734 1102 869">Good</td> <td data-bbox="1102 734 1406 869">Hawthorne Intermediate Care Unit, Woodlands</td> </tr> <tr> <td data-bbox="507 869 703 1003">Community health services</td> <td data-bbox="703 869 916 1003">Children, young people and families</td> <td data-bbox="916 869 1102 1003">Good</td> <td data-bbox="1102 869 1406 1003">Multiple Hillingdon sites</td> </tr> <tr> <td data-bbox="507 1003 703 1137">Community health services</td> <td data-bbox="703 1003 916 1137">Adults</td> <td data-bbox="916 1003 1102 1137">Good</td> <td data-bbox="1102 1003 1406 1137">Multiple Hillingdon sites/home care</td> </tr> <tr> <td data-bbox="507 1137 703 1272">Community health services</td> <td data-bbox="703 1137 916 1272">End of life care</td> <td data-bbox="916 1137 1102 1272">Good</td> <td data-bbox="1102 1137 1406 1272">Multiple Hillingdon sites/home care</td> </tr> <tr> <td data-bbox="507 1272 703 1406">Community health services</td> <td data-bbox="703 1272 916 1406">Community Dental Services</td> <td data-bbox="916 1272 1102 1406">Good</td> <td data-bbox="1102 1272 1406 1406">Uxbridge and Ickenham</td> </tr> <tr> <td data-bbox="507 1406 703 1541">Community health services</td> <td data-bbox="703 1406 916 1541">Community Sexual Health Services</td> <td data-bbox="916 1406 1102 1541">Outstanding</td> <td data-bbox="1102 1406 1406 1541">Uxbridge/Hesa</td> </tr> <tr> <td data-bbox="507 1541 703 1776">Mental health services</td> <td data-bbox="703 1541 916 1776">Acute wards for adults of working age and Psychiatric Intensive Care Units</td> <td data-bbox="916 1541 1102 1776">Inadequate</td> <td data-bbox="1102 1541 1406 1776">Riverside Mental Health Centre</td> </tr> <tr> <td data-bbox="507 1776 703 2004">Mental health services</td> <td data-bbox="703 1776 916 2004">Long stay rehabilitation mental health ward for working age adults</td> <td data-bbox="916 1776 1102 2004">Good</td> <td data-bbox="1102 1776 1406 2004">2 Colham Road</td> </tr> </tbody> </table> | Service              | Type  | Overall Trust Rating | Local Hillingdon Provision | Community health services | Inpatient services | Good | Hawthorne Intermediate Care Unit, Woodlands | Community health services | Children, young people and families | Good | Multiple Hillingdon sites | Community health services | Adults | Good | Multiple Hillingdon sites/home care | Community health services | End of life care | Good | Multiple Hillingdon sites/home care | Community health services | Community Dental Services | Good | Uxbridge and Ickenham | Community health services | Community Sexual Health Services | Outstanding | Uxbridge/Hesa | Mental health services | Acute wards for adults of working age and Psychiatric Intensive Care Units | Inadequate | Riverside Mental Health Centre | Mental health services | Long stay rehabilitation mental health ward for working age adults | Good | 2 Colham Road |
| Service  | Type  | Overall Trust Rating | Local Hillingdon Provision                  |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
| Community health services                                    | Inpatient services  | Good                 | Hawthorne Intermediate Care Unit, Woodlands |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
| Community health services                                    | Children, young people and families   | Good                 | Multiple Hillingdon sites                   |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
| Community health services                                    | Adults  | Good                 | Multiple Hillingdon sites/home care         |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
| Community health services                                    | End of life care  | Good                 | Multiple Hillingdon sites/home care         |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
| Community health services                                    | Community Dental Services   | Good                 | Uxbridge and Ickenham                       |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
| Community health services                                    | Community Sexual Health Services  | Outstanding          | Uxbridge/Hesa                               |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
| Mental health services                                       | Acute wards for adults of working age and Psychiatric Intensive Care Units  | Inadequate           | Riverside Mental Health Centre              |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |
| Mental health services                                       | Long stay rehabilitation mental health ward for working age adults  | Good                 | 2 Colham Road                               |                      |                            |                           |                    |      |   |                           |                                     |      |                           |                           |        |      |                                     |                           |                  |      |                                     |                           |                           |      |                       |                           |                                  |             |               |                        |  |            |                                |                        |  |      |               |

|                        |   |                      |   |
|------------------------|---|----------------------|---|
| Mental health services | Wards for older people with mental health problems                        | Requires Improvement | Oaktree Ward, Woodlands                 |
| Mental health services | Community based mental health services for adults of working age          | Requires Improvement | Pembroke Centre, Mead House, Mill House |
| Mental health services | Crisis services and health based places of safety                         | Good                 | Riverside Mental Health Centre          |
| Mental health services | Community based mental health services for older people                   | Good                 | Woodlands                               |
| Mental health services | Specialist community mental health services for children and young people | Good                 | Redford Way                             |
| Mental health services | Community mental health services for people with learning disabilities    | Good                 | LBH/Riverside (not inspected)           |
| Mental health services | Community substance misuse services                                       | Not rated            | HDAS, Uxbridge                          |

As a result of the rating, the Trust was required to implement a number of 'must do' actions to provide assurance to the CQC of compliance. One of the areas requiring significant work related to CNWL's Adult Mental Health inpatient services, which were rated as inadequate. The main factor which determined this rating was the over-occupation of many of our wards due to the significant pressure on Mental Health beds across the organisation which impacted on both patient experience and safety.

|  |   |
|--|---|
|  | <p>Over the last year, significant work has taken place to reduce bed occupancy including Trust-wide bed management process, improved discharge planning, reduction in length of stay and use of beds outside of the Trust to assist in management of peaks in demand. Whilst this still remains challenging both locally and nationally, significant improvements have been made.</p> <p>Following implementation of all of the 'must do' actions required by the CQC, the Trust is now declaring full compliance with all CQC standards.</p> <p>As part of our on-going focus on safety and quality, CNWL undertakes regular internal peer reviews, which involve multidisciplinary teams inspecting other services to ensure all services are safe and effective.</p> <p>In addition, in November 2015, CNWL carried out a Trust-wide Quality Inspection of all services involving internal staff, patients, carers, commissioners and other external stakeholders. This provided a transparent framework to review our services and enable learning across all parts of the organisation.</p> |
| <p>Challenges in the reporting period</p>                          | <p>The Home Office via NHS England is requesting that Health Wrap Training (Prevent) be mandatory for all NHS trusts, this will be applied by CNWL in the near future, this has meant that all staff have needed to and are going to attend Health Wrap Training, the time frame is short, quarterly Prevent returns are forward to NHS England and CCG, to prove that this is prioritised by NHS trusts.</p> <p>DOLs is currently under review. DOLs training is continuing within MCA training. The final changes to DOLs which is planned to be called 'Protective Care' is hoped to be released during 2016, this will mean ensuring every clinical member of staff has been updated and aware of the changes within this legislation.</p>  |
| <p>Progress on safeguarding priorities in the reporting period</p> | <p><b>Learn from serious incidents and cases:</b> (including SARs and domestic homicides) locally and nationally: In the last year CNWL Hillingdon has had services involved in two DHR's, the lessons are discussed with relevant teams as they are identified during the SCR and DHR panel meetings. Policies are changed as needed. The lessons are discussed in supervision with staff as part of reflective practice. DHR's and SCR's are presented and discussed in the overall Trust safeguarding adults meeting and the divisional safeguarding adults meetings. They are anonymised and used in training with individual teams and if suitable within safeguarding adults mandatory training.</p>  |

|                                    |  |
|------------------------------------|--|
|                                    | <p><b>Respond to cases of self-neglect and/ or non-engagement with services:</b> Such cases are properly understood and responded to (including issues of capacity and/ or underlying illnesses) to keep people safe whilst respecting choice and independence. Self-neglect became a safeguarding adults category under The Care Act 2014. Since this introduction staff have identified cases of self-neglect, patients mental capacity is always taken into account when identification of self-neglect is made. The outcome of this assessment can often be the catalyst in enabling the health care professional to make the right decision in which would best help the patient.</p> <p><b>Share the right information with the right people at the right time:</b> Key information is shared at the right time to enable holistic and comprehensive risk assessment and safeguarding, whilst legal requirements (such as the Data Protection Act and patient confidentiality) are complied with. CNWL prides itself on having good connections with partner organisations. They have signed up to the SAB information sharing agreement. This agreement, with open lines of communication helps to ensure that correct information requested is given within a good time frame to the appropriate person. CNWL has a clinical governance team and trust policy, in which it clearly outlines which information can be shared and with whom, it looks at all aspects of information sharing.</p> |
| Safeguarding priorities for 2015/6 | <p>Priorities for 16/17 are:</p> <ul style="list-style-type: none"> <li>• Make Safeguarding Personal - ensure individuals are kept safe and individuals identify the outcomes that would keep them safe</li> <li>• Continuing to work with our partners to implement the new Pan London Guidelines</li> <li>• Improving sexual safety on all our Inpatient services</li> <li>• Improving the identification and monitoring individuals who have suffered Female Genital Mutilation</li> </ul>  |
| Good news stories                  | <p>Much work has taken place with in Hillingdon's mental health services, as part of the section 75 agreement there is now a senior SAM in place. She oversees the safeguarding adults concerns raised, she works closely with CNWL's adult safeguarding &amp; MCA practitioner, who has targeted MH services with Prevent Health Wrap Training, Consent, DOLs etc.</p>  |

|                               |   |
|-------------------------------|---|
| <p>Good practice examples</p> | <p>Safeguarding Adults team keep clear records of all cases, to ensure that statistics, outcomes and feedback are easily and readily available at all times.</p> <p>As well as training each team has a visit from a member of the safeguarding team, during this visit a case study is presented which always incorporates MCA, safeguarding and any other safeguarding related topic that is felt to be key at that time.</p>   |
| <p>Any other comments</p>     | <p>CNWL is committed to safeguarding adults from abuse, they have had a small team in Hillingdon for 7 years, this team is well supported by senior management, and is now part of a larger overarching CNWL team, good practice and new ideas is shared amongst the team, helping the team to keep up to date with constantly changing legislation. CNWL fully supports the local safeguarding adults agenda and recognises the importance of partnership working.</p> |



## Appendix 4 - DASH

|   |   |
|---|---|
| Name of agency  | Disablement Association Hillingdon (DASH)   |
| Description of service  | Local charity providing information, advice and advocacy for people with disabilities. Also a range of activities including sport.  |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | All staff receive safeguarding training as part of their induction. All policies and procedures are reviewed annually. All staff are aware of reporting procedures.               |
| Regulator inspection in reporting period and outcomes                                   | N/A   |
| Challenges in the reporting period  | Raising awareness among our service users about Hate crime and how to deal with it.   |
| Progress on safeguarding priorities in the reporting period                             | Contact made with police and marketing material available for promoting Safe Places initiative.   |
| Safeguarding priorities for 2016/17   | Promote Safe Places and work with police to get shops and businesses engaged.   |
| Good news stories   | People are becoming more aware of what is acceptable behaviour through our interventions.   |
| Good practice examples  | Throughout our sport and activities we teach young people with learning disabilities what is acceptable behaviour at sessions and have had some success with changing behaviours. |

## Appendix 5 - BOCU

|   |   |
|---|---|
| Name of agency  | Hillingdon BOCU   |
| Description of service  | Metropolitan Police Service   |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | Training in Safeguarding is currently limited to departments concerned in Safeguarding.( Missing Person's Unit), (CSU).There has been no bespoke Safeguarding training given to Police with the exception of the limited input within the CSU Investigators Course. There is a constant flux of staff .When on CSU staff are appointed they attend CSU courses .Safeguarding is included within that course.(approx 60% currently trained). A training cycle on Disability hate Crime will commence shortly for all officers in the Borough to identify and report. |
| Regulator inspection in reporting period and outcomes                                   | Hillingdon has a small team dedicated to Safeguarding Vulnerable Adults. Specialising in predominantly carer abuse. All Hillingdon CSU officers (with the exception of temporary attachments will have had significant input re Domestic Abuse /Hate Crime)<br>Training re Safeguarding knowledge thereof requires updating due to turnover of investigators.   |
| Challenges in the reporting period  | During the reporting period Hillingdon CSU has suffered two Domestic Homicides. Both victims had children. Although in neither case the victims considered within the category of vulnerable.   |
| Progress on safeguarding priorities in the reporting period                             | Progress has been made in that -<br><ol style="list-style-type: none"> <li>1. Increase in the size of MASH - Two extra Safeguarding Adult/CSE Investigators</li> <li>2. Increase in staff to CSU encompassing Domestic Abuse - Bespoke unit for investigating Safeguarding Issues</li> </ol>  |
| Safeguarding priorities for 2015/6  | To increase the reporting and identification of Disability Hate Crime within Hillingdon Borough. To have a Safeguarding Vulnerable Adults Social Worker engage within the MASH.   |
| Good practice examples  | The weekly Safeguarding Adults clinic is viewed as groundbreaking with other Local Authorities adopting similar focus. Hillingdon MASH is considered to be most effective in the MPS and increasing in size and scope.  |
| Any other comments  | To reiterate - Direct engagement within the MASH from Adult Social Services is considered paramount in progressing partnership working and best practice. Internally, more partnership working involving MASH and CSU re safeguarding adult investigations.   |

## Appendix 6 - Hillingdon Carers

|   |  |
|---|--|
| Name of agency  | Hillingdon Carers  |
| Description of service  | Provides support to unpaid Carers in the London Borough of Hillingdon, this includes Young Carers aged 5 – 18 years old.   |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | All members of staff and volunteers have completed Safeguarding Children training<br>All members of staff and volunteers have completed Safeguarding Vulnerable Adults training<br>All staff and volunteers have undergone PREVENT training  |
| Regulator inspection in reporting period and outcomes                                   | None   |
| Challenges in the reporting period  | Increase in number of safeguarding concerns in regards to both carers and the person they care for.  |
| Progress on safeguarding priorities in the reporting period                             | All safeguarding policies have been updated to include prevent<br>Policy attached  |
| Safeguarding priorities for 2015/6  | To ensure all staff are fully aware of all safeguarding policies and procedures. That when employing new staff and volunteers we use the safer recruitment procedure, and that all staff and volunteers have up to date DBS checks   |
| Good news stories   | <p>See Case study</p> <p><b>Hillingdon Carers case study</b></p> <p>Mohinder is an elderly Indian lady caring for her husband, she has her own health problems causing mobility problems which mean that she is now struggling to care.</p> <p>Safeguarding concerns were first flagged by their home care agency as it was felt the carer was being abused by her son.</p> <p>Hillingdon Carers was contacted by local authority to arrange a joint meeting, also attended by the police.</p> <p>It was found that indeed, Mohinder was very frail and unwell and she was at risk from physical abuse from her son.</p> <p>Several meetings took place at various locations, including at our offices.</p> <p>We supported Mohinder with financial advice, emotional support and information about her health and she was eventually offered a place at extra-care housing, which she accepted.</p> |

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|                        | <p>We supported her to make a statement to the police although this was really difficult for her to do due to mixed emotions.</p> <p>The criminal investigation is on-going with a view to prosecuting the son for assault.</p> |
| Good practice examples | See Case study  |
| Any other comments     | Hillingdon Carers remains committed to the safeguarding of vulnerable adults  |

## Appendix 7 - Clinical Commissioning Group

|   |   |
|---|---|
| Name of agency  | Hillingdon CCG  |
| Description of service  | <p>NHS Hillingdon Clinical Commissioning Group (CCG) is responsible for buying health services in Hillingdon including community health and hospital services. The CCG is a statutory NHS body with a range of statutory duties which includes safeguarding adults and PREVENT. Hillingdon CCG is a member organisation made up of local GPs and health professionals who are best placed to know the right services for our area.</p> <p>As a clinically-led organisation, Hillingdon CCG is in the unique position of being able to take into account the first-hand experience of our patients who use health services when new services are commissioned</p> <p>Safeguarding forms part of the NHS contract (service condition 32) Commissioners are required to agree with providers how contracts will be reviewed and evidence of compliance with statutory safeguarding duties.</p> |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | <p>Level 1 48%</p> <p>Level 2 30%</p> <p>Level 3 100%</p> <p>Level 4 100%</p> <p>Safeguarding training is mandatory</p>   |
| Regulator inspection in reporting period and outcomes                                   | <p>No inspections have taken place, the CCG has quarterly assurance meetings with NHS England. This is an opportunity to review Safeguarding across the health economy using data collected and Serious Case Reviews, Domestic Homicide Reviews and Safeguarding Adults Reviews.</p>  |
| Challenges in the reporting period  | <p>There have been a number of statutory changes since April 2014:</p> <ul style="list-style-type: none"> <li>• The care Act 2014 introduced fresh definitions of abuse and Making Safeguarding Personal and the Prevention agenda are key components of safeguarding work.</li> <li>• PREVENT became a statutory responsibility in 2015.</li> <li>• Domestic Violence Legislation has changed.</li> <li>• Training materials need to reflect the changes and assurance from providers needs to reflect how organisations are embedding the changes.</li> <li>• Training sessions will be delivered on a regular basis to ensure that compliance against the national target is met.</li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>• The CCG and Local authority submitted its return on the transforming care plan the NHSE within the required timeframe.</li> </ul> <p>Written feedback tells us that across the domains all but two have been met or partially met, work is ongoing to achieve the standards required for the final submission in April 2016.</p>  |
| <p>Progress on safeguarding priorities in the reporting period</p> | <p>The CCG is represented at the Executive Safeguarding Adults Partnership Board and the Operational Board<br/>There is representation at the Hillingdon PREVENT Partnership Group and Partnership Board Subgroups.<br/>Care Home Forum, Provider Risk Forum and the DoLs Supervisory Body.</p> <p>Attendance at the NHS England PREVENT Forum and the CCG Leads Forum is an opportunity to reflect and influence.</p> <p>Raising the profile of Safeguarding Adults within the CCG and supporting and advising staff about the need to pay attention to safeguarding adults at risk when commissioning services and developing contracts.</p> <p>Continuing to ensure that all staff receive the appropriate level of Safeguarding Adults, Mental Capacity Act and PREVENT training appropriate for their role.</p>                               |
| <p>Safeguarding priorities for 2015/6</p>                          | <ul style="list-style-type: none"> <li>• To continue to work in partnership with Hillingdon Local Authority to ensure that the residents of Hillingdon live free from abuse.</li> <li>• NHS Hillingdon Clinical Commissioning Group (HCCG) priority is to ensure that adults at risk remain safe whilst receiving healthcare in Hillingdon. This is achieved through contract monitoring and receipt of assurance through quality monitoring, attendance at provider safeguarding committees, assurance visits and audit.</li> <li>• Training continues to be a priority, sessions are planned and delivered to CCG staff and GP practices covering Safeguarding adults, Mental Capacity Act and PREVENT.</li> <li>• Develop a safeguarding supervision structure offering leads expert advice, mentoring and safeguarding supervision.</li> </ul> |
| <p>Good news stories</p>   | <p>Joint announced and unannounced 'Quality visits' to nursing homes and clinical areas in provider trusts. These visits enable the team to gain assurance against the Health and Social Care Act 2008 and the Care Quality Commission Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and social care services have the right to expect. These visits have allowed the nursing homes and trusts to develop action plans that can be reviewed through quality committees.</p>  |

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|                               | <p>An External audit of Hillingdon CCG's Safeguarding structure and processes was undertaken in 2015.</p> <p>The results were favourable and actions have been achieved. NHS England carried out a London-wide deep-dive of Safeguarding Adults practices in 2016, Hillingdon CCG is looking forward to receiving feedback.</p> <p><u>Policy Update</u><br/> PREVENT policy ratified 2015<br/> Safeguarding Adults Policy ratified 2016.<br/> Adults Safeguarding Supervision policy in development.</p> <p>The CCG has appointed a part time interim Safeguarding Adults Lead. The post will be advertised as a full time substantive 8b post from April 2016.</p> |
| <p>Good practice examples</p> | <p>Safeguarding Adults Intranet and Extranet page has been developed and contains links to key documents and sites. This can be accessed by CCG staff and GP practice staff across the Borough.</p> <p>A Safeguarding Adults leaflet has been updated.</p> <p>The CCG now has a generic email address that acts a repository for alerts, requests for advice and can be accessed by key people within the CCG Confederation.</p> <p>Hillingdon CCG has a named Dr for Safeguarding Adults who supports, advises and offers training to personnel based in GP practices.</p>   |
| <p>Any other comments</p>     | <p>The Pan London Safeguarding Adults Procedures launch in 2016 has been welcomed.</p>  |

## Appendix 8 - Adult Social Care

| Name of agency  | London Borough of Hillingdon  |              |                         |                                  |    |                                   |    |               |    |                               |    |
|---|---|--------------|-------------------------|----------------------------------|----|-----------------------------------|----|---------------|----|-------------------------------|----|
| Description of service  | Adult Social Care   |              |                         |                                  |    |                                   |    |               |    |                               |    |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | <table border="1"> <thead> <tr> <th>Course Title</th> <th>Number of staff trained</th> </tr> </thead> <tbody> <tr> <td>Interview &amp; Investigation Skills</td> <td>50</td> </tr> <tr> <td>Safeguarding Adult Managers (SAM)</td> <td>30</td> </tr> <tr> <td>MCA Awareness</td> <td>70</td> </tr> <tr> <td>Safeguarding Adult Thresholds</td> <td>20</td> </tr> </tbody> </table>  | Course Title | Number of staff trained | Interview & Investigation Skills | 50 | Safeguarding Adult Managers (SAM) | 30 | MCA Awareness | 70 | Safeguarding Adult Thresholds | 20 |
| Course Title  | Number of staff trained   |              |                         |                                  |    |                                   |    |               |    |                               |    |
| Interview & Investigation Skills  | 50  |              |                         |                                  |    |                                   |    |               |    |                               |    |
| Safeguarding Adult Managers (SAM)   | 30  |              |                         |                                  |    |                                   |    |               |    |                               |    |
| MCA Awareness   | 70  |              |                         |                                  |    |                                   |    |               |    |                               |    |
| Safeguarding Adult Thresholds   | 20  |              |                         |                                  |    |                                   |    |               |    |                               |    |
| Regulator inspection in reporting period and outcomes                                   | <p>The Quality Assurance Team carried out approximately 190 visits during the year - these include initial quality assurance visits, follow-up visits and spot (unannounced) visits.</p> <p>Some care providers require repeat follow up visits in order to support them to make the improvements necessary to achieve a safe standard of practice. The Council's Quality Assurance Team has been pivotal in monitoring progress and supporting care provider services to improve practice in areas such as management of medication, person centred care planning; recruitment and staff training and leadership and oversight by management.</p>  |              |                         |                                  |    |                                   |    |               |    |                               |    |
| Challenges in the reporting period  | <ul style="list-style-type: none"> <li>• Meeting the demands of Deprivation of Liberty Safeguards (DoLS) authorisation requests following the ruling of the Supreme Court in the Cheshire West case.</li> <li>• Successful recruitment to specialised posts.</li> </ul>   |              |                         |                                  |    |                                   |    |               |    |                               |    |
| Progress on safeguarding priorities in the reporting period                             | <p><b>Quality audit of Safeguarding cases by Adult Social Care (ASC) Team Managers</b><br/>The safeguarding case file audits are now business as usual. Outcomes identified by the audits have resulted in a series of workshops for all ASC staff on accurate/robust recording.</p> <p><b>Increase Management oversight of safeguarding</b><br/>Management oversight has been significantly enhanced as a consequence of the case file audits and analysis of the safeguarding conversion rates which has resulted in Safeguarding Threshold workshops being organised for all ASC Team Managers and Advanced Practitioners.</p> <p><b>Implement Making Safeguarding Personal</b><br/>The aim of Making Safeguarding Personal (MSP) is to move safeguarding practice <i>away</i> from following a process <i>towards</i> the commitment to improving the experience and outcomes for people experiencing abuse or neglect.</p> |              |                         |                                  |    |                                   |    |               |    |                               |    |



MSP promotes person-led, outcome-focused safeguarding. The shift in culture and practice encapsulated by MSP is in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult and is framed around ensuring a positive experience for the adult.

Hillingdon piloted MSP for a 6 month period from March 2015 and it was rolled out across all Adult Social Care Teams in October 2015. Advanced Practitioners have been identified as the best practice/ MSP champions and are supported within individual ASC Teams by those practitioners who were involved in the pilot.

The Safeguarding Adult & Quality Assurance Manager oversees the implementation of MSP through the safeguarding case file audits and performance monitoring meetings.

**Build on the Advanced Practitioner (POC) role**

Advanced Practitioners have been identified as Making Safeguarding Personal (MSP) - see above - and best practice champions across ASC and are being supported to embrace this role through Advanced Practitioner Forums. It is anticipated that a Best Practice forum will be a subsequent offshoot of the forum for Advanced Practitioners.

**Ensure robust Advocacy Services are available and are used appropriately**

The council is currently re-tendering for advocacy services and the Safeguarding adults & Quality Assurance Manager has played a key role in the tender process.

The new contract will be beneficial in terms of establishing a single point of access for all levels of advocacy, improving the timeliness of advocacy referral allocations and the quality of the advocacy work undertaken and facilitating the appropriate use of advocates in both Deprivation of Liberty Safeguards and Safeguarding investigations.

**Establish a Provider Forum**

The forum for nursing & residential care homes is now well established with a significant degree of success. The first half of the forum is devoted to presentations from people who are "experts in their field" and particular areas of relevance e.g. DoLS; the second half of the forum is devoted to sharing local good practice.

### **Introduce robust performance reporting -**

Performance reports are now produced monthly and are analysed to identify any issues concern; issues of concern are then addressed at the monthly Safeguarding Performance Monitoring meeting which is attended by all ASC Team Managers and Service Managers and chaired by the Safeguarding Adults & Quality Assurance Manager.

*A performance report surgery* has been established to assist Team Managers in the analysis of the performance reports. A quarterly report is now presented to the Council's DASS, Chief Executive and lead Cabinet Member.

### **Adapt the Council's IT system for safeguarding in response to practice needs**

The current safeguarding module has been adapted to improve the intuitiveness of the workflow and an upgraded version will be in place from April 2016.

### **Deprivation of Liberty Safeguards**

The wider consequences of the *Cheshire West* ruling in March 2014 continue to emerge and likewise the implications for practice relating to Deprivation of Liberty matters continue to evolve.

In June 2014 it was estimated that, as a consequence of the Cheshire West ruling, the number of DoLS authorisation requests received by Hillingdon Council would rise to over 500 cases per annum; this estimate did not include out of borough and hospital in-patient placements. This figure has been realised for 2014-15 and is set to increase to at least 1200 for 2015-16. Each application can only be granted for a maximum of 12 months therefore these figures will be repeated each year, on top of any new requests received.

In addition to the above it has now been identified that the acid test determined by the *Cheshire West* ruling must also be applied to people who are being deprived of their liberty in the community. This means that people in supported housing settings and people in a domestic setting who receive a care package that is *imputable to the state*, who potentially lack capacity, must also be assessed.

The acid test hinges on two key questions:

1. is the person free to leave?
2. is the person subject to continuous supervision and control?

|                                    |  |
|------------------------------------|--|
|                                    | <p>The Deprivation of Liberty Safeguards (DoLS) apply only to residential/nursing care homes and hospital settings; any other form of deprivation must be authorised by the Court of Protection.</p> <p>Thus an application must be made to the Court of Protection in respect of anyone in supported housing, or anyone who is living at home and receiving a care package that is imputable to the state, who lack capacity to make an informed decision about where they reside or what services they need and have been assessed as being deprived of their liberty under the Cheshire West acid test.</p> <p>In response to the demand created by the above the Council has:</p> <ul style="list-style-type: none"> <li>• Established a robust DoLS Supervisory Body that has agreed the forward strategy for DoLS and monitors performance/compliance;</li> <li>• Streamline processes for accepting and responding to DoLS Authorisation requests including the development of on line forms for Managing Authorities;</li> <li>• Increased its capacity to complete DoLS assessments by identifying internal staff to train as Best Interest Assessors and also by going out to tender for a BIA Provider agency to undertake assessments on the Council's behalf.</li> </ul> <p>The advocacy tender mentioned above will also assist in the timely appointment of advocacy support under DoLS which will assist and support the council in terms of those cases that might go before the Court of Protection.</p> |
| Safeguarding priorities for 2015/6 | <ul style="list-style-type: none"> <li>• Further refine safeguarding performance reporting</li> <li>• Adopt and roll out of the revised Pan London Procedures</li> <li>• Ensure that MSP is firmly embedded within practice</li> <li>• Adhere to the Council's statutory duty under the Mental Capacity Act/Deprivation of Liberty Safeguards.</li> </ul>  |
| Good practice examples             | <p>Case example that demonstrated working to the adult's wishes within the principles of MSP rather than automatically changing care agency which historically would have been the outcome:</p>  |

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|  | <p><i>Mr A is 80 and is physically frail. He lives alone but is supported to remain in his own home and retain a significant level of independence by through his care plan and the services of a domiciliary care agency.</i></p> <p><i>As Mr A became more infirm concerns health staff raised concerns about the ability of the current domiciliary care staff to meet his needs and recommended that a change of care provider be considered. However, Mr A informed his social worker that he liked his carers, that he got on well with them and did not want to "start all over again" with another care agency. It was therefore agreed that the staff providing care to Mr A should receive additional training to enable them to meet his increasing need rather than changing care provider services and causing him upset and distress. This arrangement has worked well and Mr A is very happy with the outcome.</i></p> |
|--|---|

## Appendix 9 - London Fire Brigade

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| Name of agency  | London Fire Brigade  |
| Description of service  | Emergency fire and rescue service  |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | All personnel receive safeguarding input twice a year. 100%  |
| Regulator inspection in reporting period and outcomes                                   |  |
| Challenges in the reporting period  | Lack of feedback when highlighting safeguarding concerns.<br>Gaining referrals from partners.  |
| Progress on safeguarding priorities in the reporting period                             | Safeguarding mainstream business for all LFB personnel.<br>VP panel governance brought under SAB.<br>Some increase in referrals for preventative services. |
| Safeguarding priorities for 2015/6  | Identifying vulnerable people in the community, offering our preventative services and referring where appropriate.  |
| Good news stories   | Improved partner working resulting in multiagency approach to managing cases for vulnerable people.<br>VP panel starting to get direction from SAB Chair.  |
| Good practice examples  | Instant referrals to LFB resulting in us fitting smoke alarms and providing fire resistant bedding for vulnerable people.                                  |

## Appendix 10 - The Hillingdon Hospital

|   |  |
|---|--|
| Name of agency  | The Hillingdon Hospitals NHS Foundation Trust  |
| Description of service  | <ul style="list-style-type: none"> <li>• Acute Trust-Provider, including A and E services.</li> <li>• The Executive Director with responsibility for Safeguarding oversees the annual work and audit programmes for safeguarding adults and progress against these is reported to the Trust's Safeguarding Committee which reports to the Quality and Safety Committee (a board committee).</li> </ul>   |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | <ul style="list-style-type: none"> <li>• 93.76 % of staff trained as of 18/2/16</li> <li>• Training also delivered to new starters (induction) on a monthly basis.</li> <li>• Safeguarding training includes basic Prevent awareness at Level 1, MCA and DoLS principles, DVA, learning disability awareness.</li> <li>• All staff are eligible for training, including volunteers.</li> </ul>   |
| Regulator inspection in reporting period and outcomes                                   | <ul style="list-style-type: none"> <li>• CQC re – inspection: significant progress of enhanced MCA and DoLS training for identified staff in Trust via a Training Needs Analysis (TNA). This is monitored via the WIRED dashboard and to achieve 80% compliance by the end of March 2016.</li> <li>• The Trust revised the Key Performance Indicator (KPI) for Learning Disability, which was approved by the Safeguarding Committee. This KPI provide the Trust with assurance in terms of safeguarding governance and is reviewed annually at the Safeguarding Committee.</li> <li>• Quarterly assurance provided by the Trust to Monitor</li> </ul> |
| Challenges in the reporting period  | <ul style="list-style-type: none"> <li>• Further raising the awareness/need of DoLS referrals.</li> </ul>  |
| Progress on safeguarding priorities in the reporting period                             | <ul style="list-style-type: none"> <li>• DoLS audit carried out by an external auditor of behalf of the Trust .Results due in quarter four, 2016.</li> <li>• Regular meetings with the Dols lead at LBH and CCG Safeguarding Lead to monitor progress.</li> <li>• Training slides for Prevent updated as the equivalent of level 1 training for all trust staff.</li> <li>• SA awareness training now includes a revised DVA flowchart and a summary of how staff should ask the DVA question to a patient.</li> <li>• DVA policy to be written for adults and children.</li> </ul>  |
| Safeguarding priorities for 2015/6  | <ul style="list-style-type: none"> <li>• To further embed the principles of DoLS within the organisation and to increase the rate of DoLS referrals.</li> <li>• To write a trust wide Prevent Policy. Prevent is currently within the safeguarding adult policy.</li> </ul>  |

|                        |  |
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|                        | <ul style="list-style-type: none"> <li>• To embed WRAP training within the trust. Key staff identified via a TNA.</li> <li>• Enhanced DVA training to be established</li> <li>• To explore the possibility of a Learning Disability nurse covering hospital and community.</li> </ul>  |
| Good news stories      | <ul style="list-style-type: none"> <li>• Safeguarding administrator in post within the reporting period to support the work of the Head of Safeguarding and the Named Nurse for Safeguarding Children.</li> <li>• Training consistently above 80% for VA within the reporting period.</li> </ul>   |
| Good practice examples | <ul style="list-style-type: none"> <li>• Delivering bespoke training to Trust volunteers on a regular basis in addition to scheduled training. All volunteers also have had a safeguarding adult leaflet posted to them and they have then signed to say they have read and understood its contents.</li> </ul>  |
| Any other comments     | <ul style="list-style-type: none"> <li>• Regular attendance and contribution to 2 DHR panels within the reporting period.</li> <li>• A member of the Hillingdon Prevent group.</li> <li>• Executive Director representation at the SAB.</li> <li>• Head of Safeguarding attends SAB Operational Group.</li> <li>• Head of Safeguarding a member of the Safeguarding Adults Provider Forum NHSE.</li> </ul> |

## Appendix 11 - UK Border Force

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|---|---|
| Name of agency  | UK Border Force Heathrow Command  |
| Description of service  | Joint Safeguarding of children and Vulnerable Adults arriving through Heathrow Airport  |
| Safeguarding training undertaken in reporting period. % of staff trained at each level.                 | <p>All Border Force officers receive training in the core skills for protecting children to give a greater understanding of how to identify children in need and the actions to take once you have done so. The Safeguarding and Trafficking Teams are trained to a higher, more expert level than ordinary front-line officers. In 2014 80 Officers and 12 Managers received this enhanced training. In 2015 5 Managers and 61 Officers received the enhanced training, 68 Managers attended a bespoke Safeguarding and Trafficking Managers course and 22 Officers attended a specific Safeguarding and Trafficking awareness session in relation to drug mules, baggage searches and legacy customs work.</p> <p>The enhanced training is a rolling programme, and further courses are scheduled for 2016.</p> <p>This enhanced training course has been validated by external agencies such as UKHTC and CEOP. This is a joint agency course primarily delivered by Border Force and the Metropolitan Police but incorporates training sessions delivered by Hillingdon Social Services, Salvation Army and ECPAT to provide a rounded experience. Elements of police ABE, (Achieving Best Evidence), training and expertise in areas of exploitation such as Jujy, FGM and forced marriage have also been included.</p> <p>New e learning to incorporate the Modern Slavery Act and changes to the NRM process is awaiting final approval and will be rolled out as mandatory training for all Border force staff in early 2016.</p> |
| Level 1 Introduction to Safeguarding<br>Level 3 Working Together<br>CSE Awareness<br>DV<br>FGM (online) | <p>E learning modules cover these topics.</p> <p>Local SAT teams, SAT led Operations, Operational Shift briefs and Heathrow communications all further raise staff and stakeholder awareness.</p>   |
| Regulator inspection in reporting period and  | Section 55 Review has historically been conducted every 3 months by Heathrow Safeguarding Coordinator and Action Plan reviewed & updated.   |



|   |   |
|---|---|
| outcomes  | <p>This has been superseded by regular internal SAT Assurances conducted by local teams and fortnightly joint meetings between the Terminal SAT teams and Hillingdon SS to review &amp; progress arriving cases.</p> <p>Regular visits by the Operational Assurance Directorate review the handling of SAT cases and SAT procedures in place.</p>   |
| Challenges in the reporting period                          | <p>Arranging training courses, consistently maintaining a fully trained SAT team and recruiting others to fill arising vacancies. Joint frontline operations are arranged to address operational challenges such as Operation Limelight to target FGM.</p>  |
| Progress on safeguarding priorities in the reporting period | <p>We will continue to build on already considerable achievements of the SAT teams and work with other agencies to carry out frontline operations to identify PVOTs or FGM.</p> <p>A national project is ongoing to develop e learning for roll out to Airlines and stakeholders in trafficking awareness. Pending its development there have been several joint events at the airport including a joint 2 day event to inform British Airways crew. Similar monthly road show events are planned with Heathrow Airport Ltd to engage with their security personnel.</p>  |
| Safeguarding priorities for 2015/6                          | <p>We will continue to build on already considerable achievements of the SAT teams and work with other agencies to carry out frontline operations to identify PVOTs or FGM.</p>   |
| Good news stories   | <p>A very successful second year for the Heathrow SAT teams, established in April 2014 to replace Paladin. We have seen increased joint working with Hillingdon, including delivery of expert training, a programme of job shadowing &amp; involvement in joint SAT operations such as Op Limelight (FGM) and Op Jake (Vietnam Airlines). BF has increased the recruitment of volunteer responsible adults through Heathrow's Ambassador network and NGO organisations. A quarterly joint strategic forum is held with Hillingdon and other stakeholders and fortnightly operational meetings held with SS and each Heathrow terminal.</p> <p>Anti Slavery day was marked again on 18/10 October at Heathrow by a SAT event hosted airside attended by SS and other NGOs.</p> |
| Good practice examples                                      | <p>Designated expert SAT teams. Joint agency working on front line operations.</p>  |
| Any other comments  | <p>Ref JSSAT Strategic Joint work plan.</p>   |

## Appendix 12 - LAS Safeguarding Report 2016 for inclusion in safeguarding board reports

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

This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

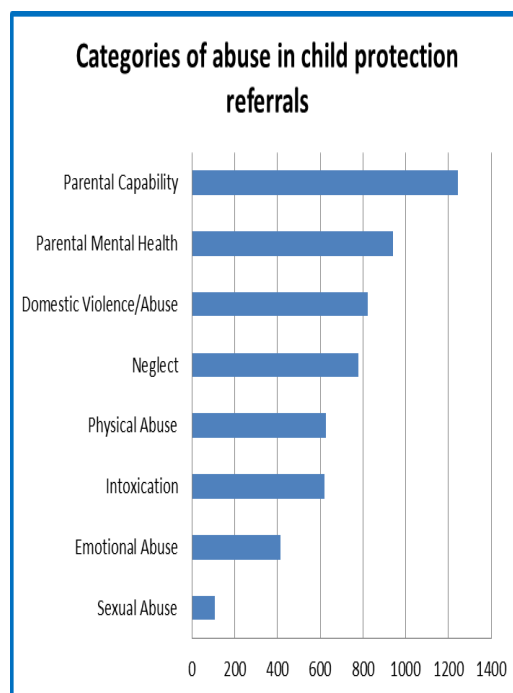
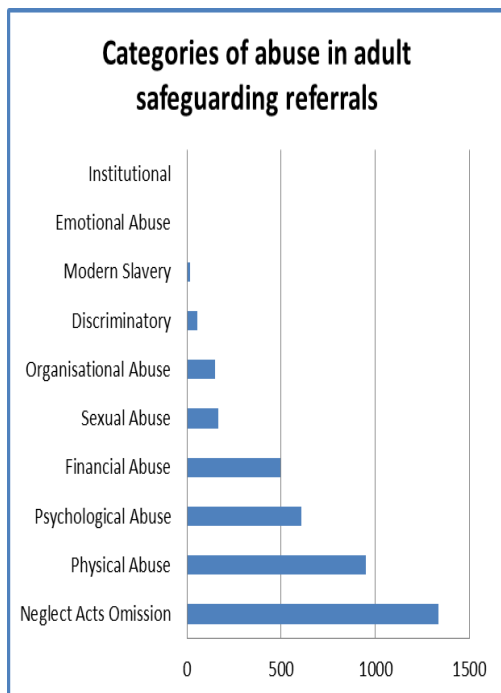
### Referrals or concerns raised to local authority during 2015-16

The LAS made a total to 17332 referrals to local authorities in London during the year.

4561 children referrals, 4331 Adult Safeguarding Concerns, 8440 Adult welfare Concerns

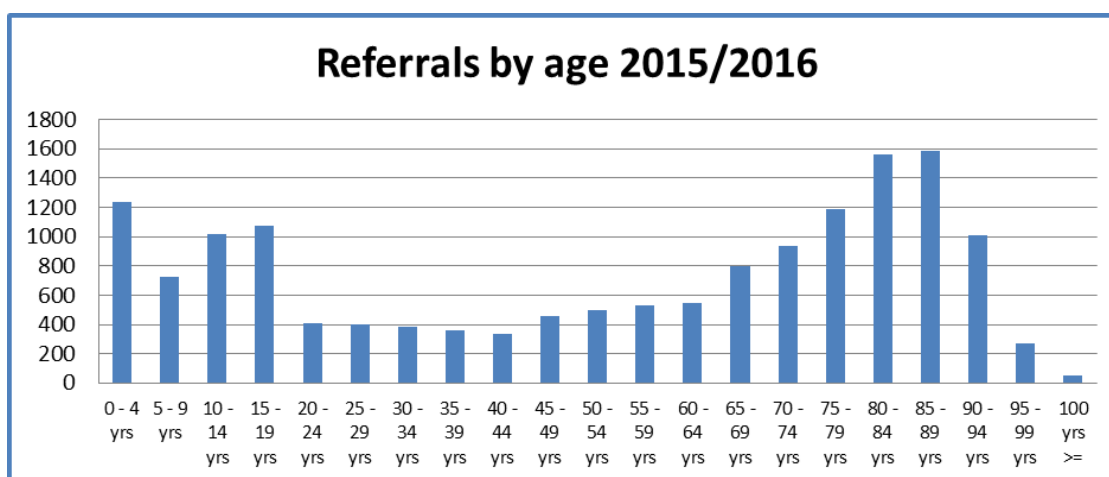
|                        | Adults Safeguarding | Adults Welfare | Children    | Total Referrals | Referrals as % of incidents |
|------------------------|---------------------|----------------|-------------|-----------------|-----------------------------|
| <b>LAS</b>             | <b>4331</b>         | <b>8440</b>    | <b>4561</b> | <b>17332</b>    | <b>1.66%</b>                |
| Barking and Dagenham   | 107                 | 162            | 189         | 458             | 1.62%                       |
| Barnet                 | 144                 | 259            | 159         | 562             | 1.34%                       |
| Bexley                 | 120                 | 326            | 146         | 592             | 2.09%                       |
| Brent                  | 157                 | 258            | 138         | 553             | 1.40%                       |
| Bromley                | 153                 | 317            | 153         | 623             | 1.73%                       |
| Camden                 | 109                 | 177            | 72          | 358             | 1.05%                       |
| Croydon                | 262                 | 458            | 343         | 1063            | 2.26%                       |
| Ealing                 | 174                 | 319            | 183         | 676             | 1.70%                       |
| Enfield                | 132                 | 267            | 217         | 616             | 1.62%                       |
| Greenwich              | 137                 | 274            | 220         | 631             | 1.93%                       |
| Hackney                | 128                 | 238            | 113         | 479             | 1.67%                       |
| Hammersmith and Fulham | 89                  | 176            | 63          | 328             | 1.48%                       |
| Haringey               | 123                 | 238            | 134         | 495             | 1.59%                       |
| Harrow                 | 80                  | 136            | 92          | 308             | 1.28%                       |
| Havering               | 148                 | 205            | 116         | 469             | 1.42%                       |
| Hillingdon             | 148                 | 260            | 150         | 558             | 1.32%                       |
| Hounslow               | 165                 | 330            | 152         | 647             | 1.98%                       |
| Islington              | 129                 | 240            | 91          | 460             | 1.53%                       |
| Kensington and Chelsea | 72                  | 155            | 39          | 266             | 1.42%                       |
| Kingston upon Thames   | 75                  | 152            | 69          | 296             | 1.63%                       |
| Lambeth                | 185                 | 327            | 188         | 700             | 1.65%                       |
| Lewisham               | 149                 | 348            | 194         | 691             | 2.07%                       |
| Merton                 | 108                 | 171            | 111         | 390             | 1.80%                       |
| Newham                 | 143                 | 232            | 182         | 557             | 1.38%                       |
| Redbridge              | 121                 | 237            | 125         | 483             | 1.46%                       |
| Richmond upon Thames   | 90                  | 203            | 62          | 355             | 1.92%                       |
| Southwark              | 191                 | 313            | 166         | 670             | 1.62%                       |
| Sutton                 | 128                 | 223            | 108         | 459             | 2.00%                       |
| Tower Hamlets          | 111                 | 194            | 141         | 446             | 1.35%                       |
| Waltham Forest         | 160                 | 309            | 136         | 605             | 1.96%                       |
| Wandsworth             | 153                 | 238            | 141         | 532             | 1.67%                       |
| Westminster            | 98                  | 256            | 58          | 412             | 0.95%                       |

## Categories of abuse



## Referrals by age

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



## Safeguarding Training

The Trust is committed to ensuring all staff are compliant with safeguarding training requirements. The chart below shows staff directly employed by the London Ambulance Service as well as voluntary responders and private providers who we contract to work on our behalf.

| Training required                    | Total Staff | Frequency of training | 2014 | Target to be trained 2015/16 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total trained 2015/16 | % of target 2015/16 | 3 year cumulative % of total staff trained |  |
|--------------------------------------|-------------|-----------------------|------|------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------------|---------------------|--|--|
| <b>Level One</b>                     |             |                       |      |                              |     |     |     |     |     |     |     |     |     |     |     |     |                       |                     |  |  |
| Induction                            | various     | on joining            |      | various                      | 28  | 10  | 14  | 9   | 0   | 14  | 19  | 19  | 17  | 53  | 0   | 26  | 209                   |                     |  |  |
| E Learning                           | 1389        | 3 yearly              | 672  | 356                          | 69  | 220 | 67  | 35  | 18  | 40  | 60  | 34  | 22  | 32  | 33  | 32  | 662                   | 186%                | 96%  |  |
| <b>Level Two</b>                     |             |                       |      |                              |     |     |     |     |     |     |     |     |     |     |     |     |                       |                     |  |  |
| New Recruits                         | Various     | on joining            |      | various                      | Nil | 53  | 88  | 31  | 39  | 124 | 13  | 16  | 47  | 27  | 74  | 177 | 689                   |                     |  |  |
| Core Skills Refresher                | 3019        | annually              |      | 3019                         | N/A | N/A | N/A | N/A | 310 | 596 | 785 | 936 | N/A | 178 | N/A | N/A | 2805                  | 93%                 |  |  |
| EOC Core Skills Refresher            | 443         | annually              |      | 443                          | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 0                     | 0%                  |  |  |
| EOC new staff                        | Various     | on joining            |      | various                      | 34  | 10  | 9   | 27  | 4   | 12  | 17  | 0   | 14  | 7   | 12  | 8   | 154                   |                     |  |  |
| PTS/NET                              | 114         | annually              |      | 114                          | Nil | N/A | 20  | N/A | 25  | 29  | N/A | N/A | N/A | N/A | N/A | N/A | 74                    | 65%                 |  |  |
| Bank staff                           | 390         | annually              | 58   | 390                          | N/A | N/A | N/A | 6   | 8   | 43  | 66  | 0   | 31  | N/A | N/A | N/A | 154                   | 39%                 | 54%  |  |
| 111                                  | 152         | annually              | 101  | 51                           | 9   | 15  | 3   | 0   | 1   | 2   | 16  | 9   | 5   | 26  | 1   | 6   | 93                    | 182%                | 128%                                       |  |
| Community first Responders (St John) | 140         | 3 yearly              | 135  | 50                           | Nil | 12  | 13  | 10  | 13  | 12  | 12  | 14  | 15  | N/A | 13  | 12  | 126                   | 252%                | 186%                                       |  |
| Emergency responders                 | 150         | 3 yearly              |      | 100                          | Nil | Nil | Nil | Nil | Nil | 29  | 11  | Nil | 69  | N/A | 7   | 10  | 126                   | 126%                |  |  |
| <b>Level Three</b>                   |             |                       |      |                              |     |     |     |     |     |     |     |     |     |     |     |     |                       |                     |  |  |
| EBS                                  | 30          | 3 yearly              |      | 25                           | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 13  | 14  | N/A | 27                    | 108%                |  |  |
| 111                                  | 11          | 3 yearly              | 11   | 0                            | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 0                     |                     | 100%                                       |  |
| Local leads                          | various     | 3 yearly              |      | various                      | 6   | 5   | N/A | N/A | N/A | 7   | 6   | 12  | N/A | N/A | N/A | N/A | 36                    |                     |  |  |
| <b>Specific training</b>             |             |                       |      |                              |     |     |     |     |     |     |     |     |     |     |     |     |                       |                     |  |  |
| Prevent- clinical staff              | 3019        | one off               |      | 3019                         | N/A | N/A | N/A | N/A | 310 | 596 | 785 | 936 | 0   | 178 | N/A | N/A | 2805                  | 93%                 |  |  |
| Prevent- Non clinical                | 1389        | one off               |      | 0                            | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 0                     | 0%                  |  |  |
| Trust Board                          | 17          | 3 yearly              |      | 17                           | N/A | N/A | 12  | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 12                    | 71%                 |  |  |
| HR/ Ops managers                     | Various     |                       |      | various                      | 29  | N/A | N/A | N/A | N/A | 7   | N/A | N/A | N/A | N/A | N/A | N/A | 36                    |                     |  |  |
| Private providers                    | 450         | 3 yearly              | 226  | 112                          | 26  | 21  | 13  | 10  | 19  | 16  | 14  | 11  | 6   | 18  | 21  | 13  | 188                   | 168%                | 92%  |  |
| Other safeguarding                   | various     | as required           |      |                              | 104 | 12  | N/A | N/A | N/A | N/A | N/A | 12  | 0   | 0   | 0   | 75  | 203                   |                     |  |  |
| Nil = no figures provided            |             |                       |      |                              |     |     |     |     |     |     |     |     |     |     |     |     | 8399                  | total               |  |  |
| N/A= no course planned this month    |             |                       |      |                              |     |     |     |     |     |     |     |     |     |     |     |     |                       |                     |  |  |

Emergency Operations Control (EOC ) staff have safeguarding training planned for quarter 1 2016.

Patient Transport Staff (PTS) are also receiving safeguarding training in quarter 1-2 2016.

Bank staff position is currently under review by LAS Executive Leadership Team.

Trust Board training is arranged for May for those outstanding safeguarding training.

All non-clinical staff will undertake Prevent awareness in 2016.

The LAS full safeguarding report for 2015-16 can be accessed via the Trusts website.