



CWMPAS: The Mid & West Wales Safeguarding Adults Board

Adult Practice Review & Quality Monitoring Sub Group

CWMPAS (*Collaborative Working and Maintaining Partnership for Adult Safeguarding*) is the name for the Regional Safeguarding Adults Board in Mid & West Wales, covering Ceredigion, Carmarthenshire, Pembrokeshire and Powys.

Purpose:

The purpose of the CWMPAS Adult Practice Review & Quality Monitoring Sub Group is to:

- Instigate, progress and oversee Adult Practice Reviews (APRs) in accordance with the Welsh Government APR Guidance – ‘*Working Together to Safeguard People: Volume 3 – Adult Practice Reviews*’ from the Social Services & Wellbeing [Wales] Act 2014,
- Monitor ‘Escalating Concerns’ in relation to Care Homes,
- Identify any quality themes that emerge in respect of these two functions and highlight these to the CWMPAS Executive Board and other regional groups, including the Regional Training and Regional Policies & Procedures Sub Groups.

Objectives:

- Promote high standards of safeguarding work
- Support professional & organisational learning and promote improvement in future inter agency adult protection work
- Foster a culture of continuous improvement
- Identify and act on identified themes across services
- Provide direction to local audits in respect of specific themes to be subject of the audit process
- Look at themes of quality practice issues which will then be fed back to the CWMPAS Executive Board
- Ensure the consistency of policy and practice throughout the four local authorities.

Membership:

The Group will be chaired by a member of the CWMPAS Executive Board and supported by the Business Unit. Membership will comprise of appropriate representation from each CWMPAS partner agency. Any legal advice that needs to be provided to the Group will be highlighted and sought on a case by case basis. The Chair and Vice Chair roles will be from two different statutory organisations.

Membership as of Gorffennaf 2017:

| Attendees | Apologies |
|----------------------|---------------------------------------------------------------------------------------------------|
| Avril Bracey – Chair | Head of Mental Health, Learning Disabilities & Adult Safeguarding, Carmarthenshire County Council |
| Jason Bennett | Head of Adult Services, Pembrokeshire County Council |
| Carys James | Head of Adult Services, Ceredigion County Council |
| Jen Jeffreys | Head of Adult Services, Powys County Council |
| Debbie Pachu | Designated Nurse, Safeguarding, Public Health Wales |
| DCI Ifan Charles | Safeguarding, Protecting Vulnerable People, Dyfed Powys Police |
| Sonia Mason | Head of Safeguarding, Powys Teaching Health Board |
| Nicola Edwards | Head of Safeguarding Children & Adults, Hywel Dda University Health Board |
| Sian Passey | Assistant Director of Nursing Assurance and Safeguarding, Hywel Dda University Health Board |
| Donna Pritchard | Service Manager, Strategic Lead for Adult Safeguarding, Ceredigion County Council |
| Karen Arthur | Adult Safeguarding Manager, Powys County Council |
| Cathy Richards | Senior Safeguarding Manager, Carmarthenshire County Council |
| Karen Toohey | Chair of CPR Sub Group |
| Deanne Martin | Head of Dyfed Powys LDU, Probation Community Rehabilitation Company (CRC) |
| Christine Harley | Head of Dyfed Powys LDU, National Probation Service |
| Julie Breckon | Mid & West Wales Safeguarding Board Business Manager |

Frequency of meetings:

Meetings to be timetabled quarterly and will be rotated regionally. Where possible, meetings will be held on the same day and in the same location as the regional CPR Sub Group. Video conferencing facilities will be offered at alternative venues in the region.

Governance:

The CWMPAS Adult Practice Review & Quality Monitoring Sub Group will report directly to the CWMPAS Executive Board. Although governance and reporting arrangements are to the CWMPAS Executive Board, the group will develop and foster clear paths and channels of communication with the Regional Training and Regional Policies & Procedures Sub Groups in respect of any practice issues and learning needs identified.

Functions:

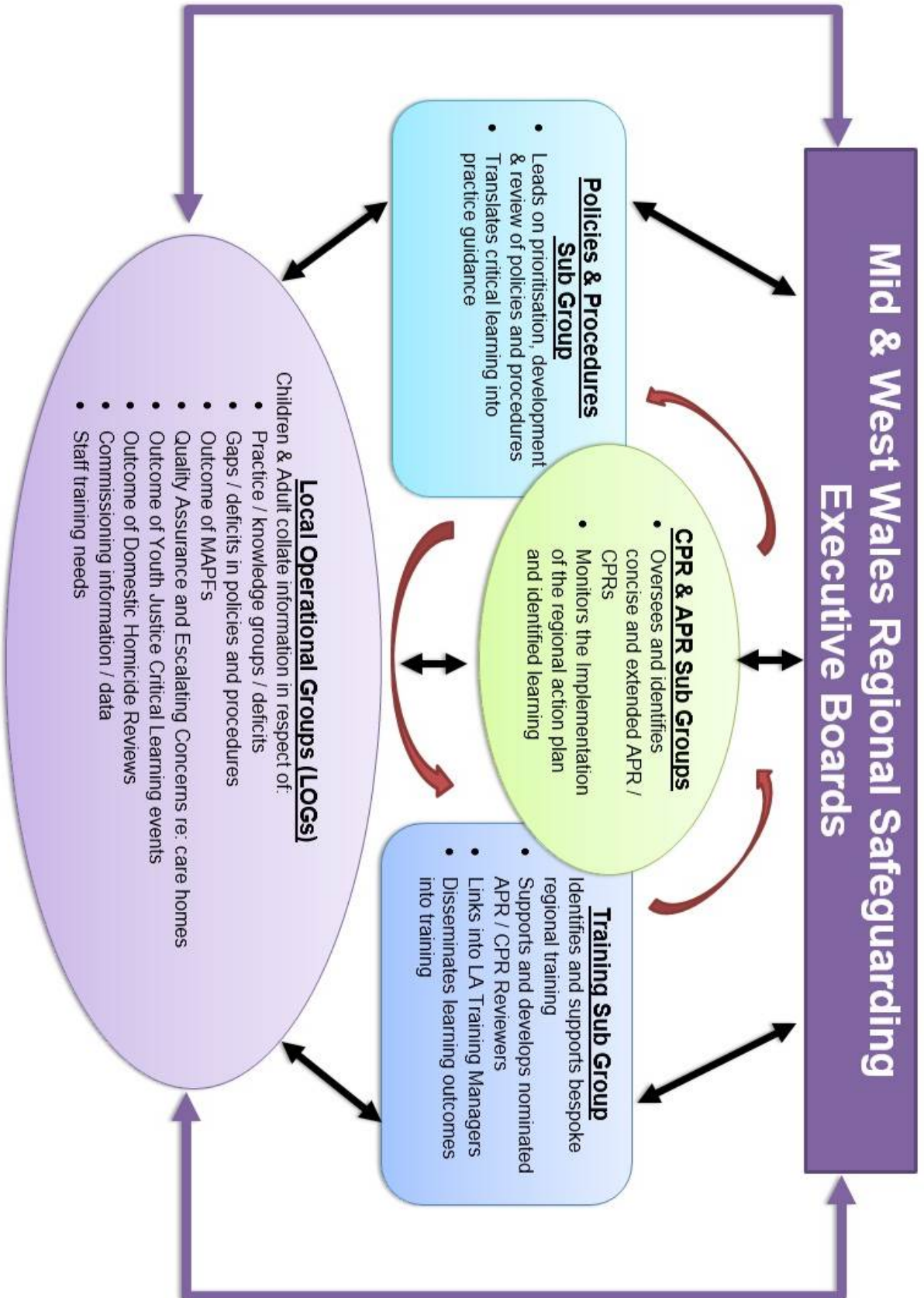
1. To work within the framework outlined in 'Working Together to Safeguard People: Volume 3 – Adult Practice Reviews' from the Social Services & Wellbeing [Wales] Act 2014.
2. Receive referrals and consider cases against the criteria set out in the above APR guidance and make appropriate recommendations to the Chair of the CWMPAS Executive Board in relation to:
 - a. whether a case meets the criteria for a concise or extended APR or;
 - b. If a case does not meet the criteria for a concise or extended APR, make appropriate recommendations in relation to whether a Multi-Agency

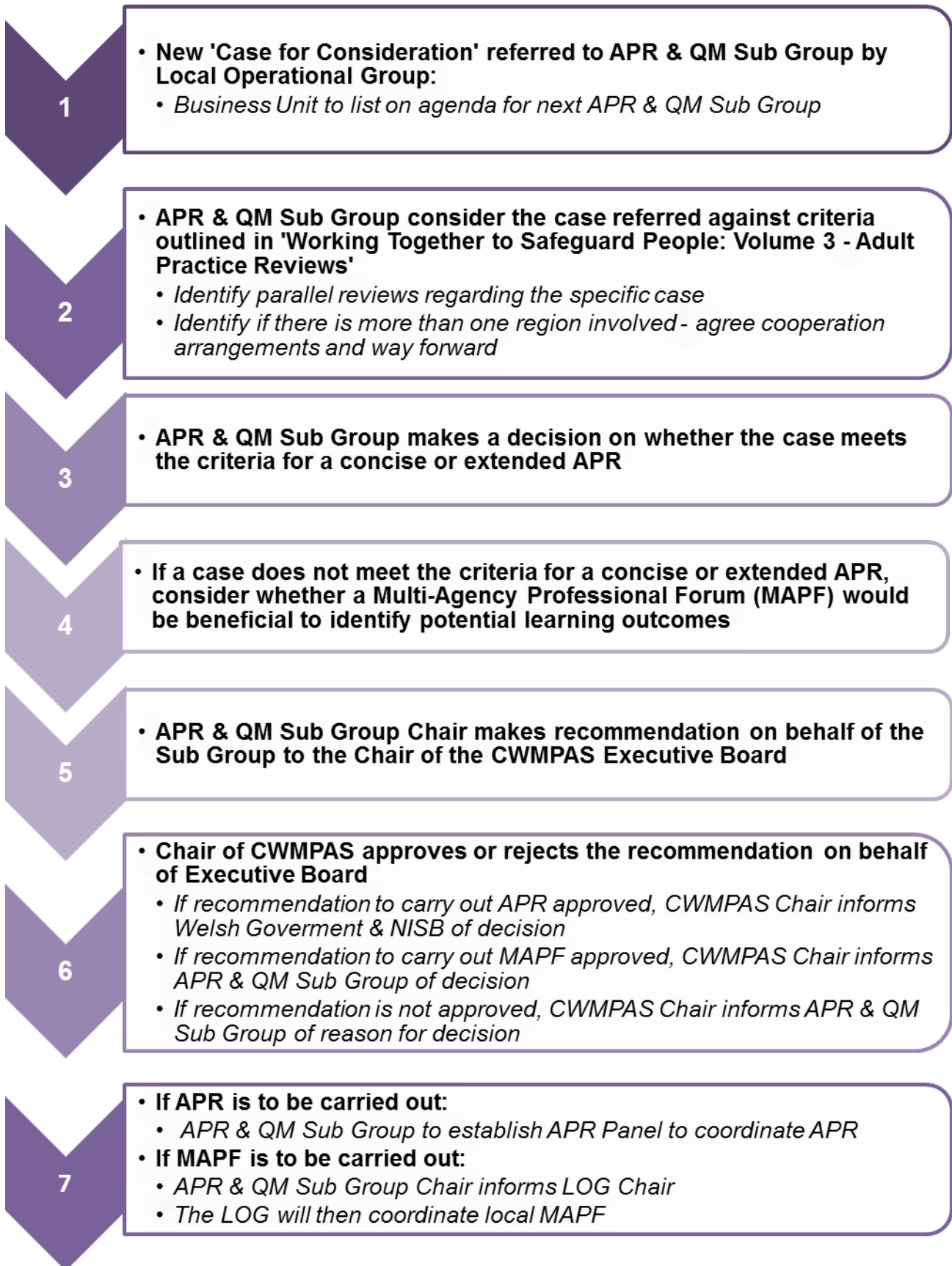
Professional Forum (MAPF) would be beneficial to identify potential learning outcomes.

3. If a case meets the criteria for a concise or extended APR, establish a multi- agency review panel to coordinate the review.
4. The Chair of the APR Sub Group will provide regular updates to the CWMPAS Executive Board regarding the outcome of any new referrals received and progress of any ongoing APRs with the timescale of completion.
5. Develop and monitor regional action plans arising from recommendations and learning points from individual APRs and MAPFs.
6. Identify and highlight common themes in relation to quality of practice. Strategic issues regarding escalating concerns which will be shared with the CWMPAS Executive Board.
7. Suggest solutions to identified themes which can be shared with the CWMPAS Executive Board and other regional groups, including the Regional Training and Regional Policies & Procedures Sub Groups.
8. Consider any identified activity across the Mid & West Wales region in relation to escalating concerns and make recommendations in respect of any action or outcome needed.
9. Extra ordinary meetings can be arranged in addition to the normal calendar of meetings, when appropriate.

| <u>Appendices:</u> | Page |
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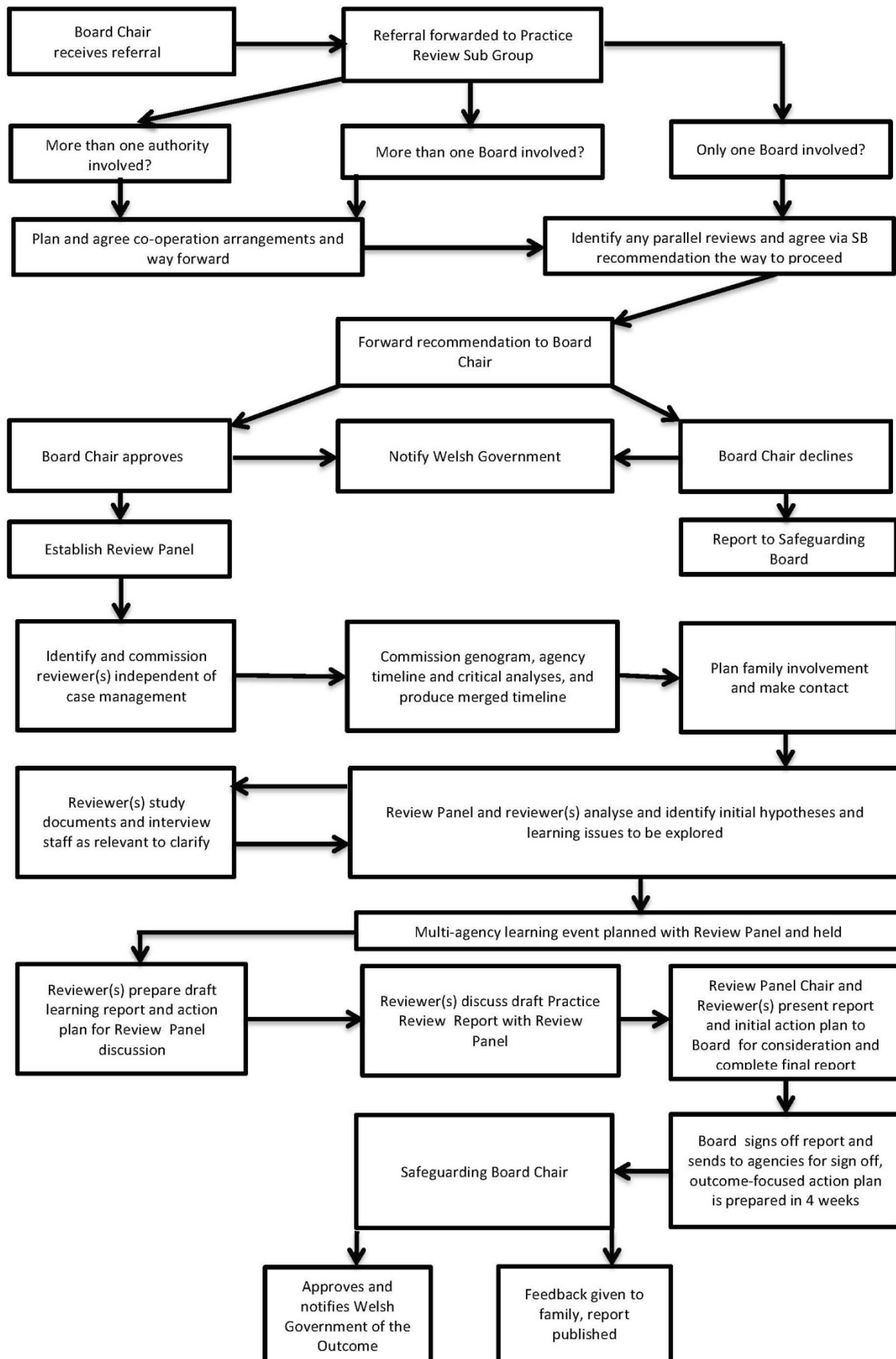
NB: All appendices are based on Welsh Government guidance published in 'Working Together to Safeguard People: Volume 3 – Adult Practice Reviews' from the Social Services & Wellbeing [Wales] Act 2014





Appendix 3

Flowchart of adult practice review process



Appendix 4

Referral to CWMPAS Adult Practice Review Sub Group for consideration

From:

Re: **CWMPAS */**** ()**

Date of Request:



Brief outline of Case/incident

Please include the legal status of person prior to incident and any immediate remedial safeguarding action taken by relevant agencies.

Rationale for Request.

| Any other relevant information |
|--------------------------------|
| |

| Agencies involved in the case (E.g. Adults Services, Police, Probation, Health Board, Local Authority, WAST, Public Health Wales, Other.) |
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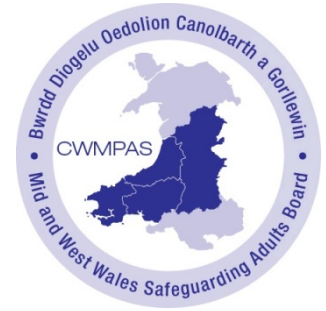
To be completed by referring agency:

Name: _____ Designation: _____

Contact details: _____

Appendix 5

CWMPAS Adult Practice Review Sub Group



Meeting Date:

Re: **CWMPAS** */*** ()

Adult Practice Review: Criteria checklist

This checklist may be used to support decision making in respect of guidance criteria under 'Working Together to Safeguard People: Volume 3 – Adult Practice Reviews' from Social Services & Wellbeing [Wales] Act 2014.

Subject's Name:

Date of Birth: **DOD:**

Q1 Was abuse or neglect of the subject known or suspected prior to the date of the death, potentially life threatening injury, or serious and permanent impairment of health or development?

Yes go to Q2 No go to Q2

Q2 Has the subject died or sustained a potentially life threatening injury or serious and permanent impairment of health? This may include cases where a person has been subjected to particularly serious sexual abuse and/or exploitation.

Yes No

If NO, consider whether an alternative review process is required e.g. Domestic Homicide or whether case audit or a Multi-Agency Professional Forum event would be helpful to support learning for example, in respect of inter-agency working.

If YES, to the above go to Q3.

Q3 Is the death of the subject, potential life threatening injury, or serious and permanent impairment of health and development potentially associated with physical, emotional or sexual abuse or exploitation or neglect?

Yes No

If NO, consider whether alternative types of review or learning process would be helpful for this case.

If YES, a Concise Adult Practice Review should be recommended. Continue to Q4.

Q4 Was the subject a person whom a local authority has determined to take action to protect them from abuse or neglect following an enquiry by a local authority on any date during the 6 months preceding the date of the triggering event?

Yes No

If YES, an Extended Adult Practice Review should be recommended.

Appendix 6

Recommendation to Chair of CWMPAS Regional Safeguarding Adults Board from CWMPAS Adult Practice Review Sub Group

From: xxxxx, Chair of the APR Sub Group

To: xxxxx, Chair of CWMPAS Executive Board

Re: **CWMPAS */**** ()**

Date of Recommendation:



| Brief outline of Case |
|-----------------------|
| |

| Recommendation | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| The APR Sub Group has considered this case and recommends that it meets the criteria for: | | | | |
| <table><tr><td data-bbox="134 1350 654 1451">A Concise review</td><td data-bbox="654 1350 1457 1451"><input type="checkbox"/></td></tr><tr><td data-bbox="134 1451 654 1536">An Extended review</td><td data-bbox="654 1451 1457 1536"><input type="checkbox"/></td></tr></table> | A Concise review | <input type="checkbox"/> | An Extended review | <input type="checkbox"/> |
| A Concise review | <input type="checkbox"/> | | | |
| An Extended review | <input type="checkbox"/> | | | |
| If the criteria are not met for the above reviews, what alternative review process will be undertaken: | | | | |
| Multi-agency professional forum No review Alternative review process | | | | |
| <i>Please specify or detail alternative review process e.g. Domestic Homicide Review:</i> | | | | |

| Decision | | |
|-----------------|----------------------|--------------------------------|
| Unanimous | <input type="text"/> | |
| Majority | <input type="text"/> | (Number balance of votes.....) |

| Rationale for Decision/Recommendation |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>This should include:</p> <ul style="list-style-type: none"> • Guidance criteria • Range of reviews considered • Alternative types of review considered to meet the case needs • How the needs of any other review will be incorporated into the terms of reference • If majority decision – explanation and outcome. |
| |

Appendix 7

**Decision of the Chair of CWMPAS Regional Safeguarding Adults Board
from CWMPAS Adult Practice Review Sub Group**



Re: **CWMPAS */**** ()**

| | |
|------------------------------------------------------------------------|--------------------------|
| I agree with the recommendation | <input type="checkbox"/> |
| I agree with the recommendation with the following amendments:- | <input type="checkbox"/> |
| I disagree with the recommendation | <input type="checkbox"/> |
| <i>If disagree, reasons why and proposed action:-</i> | |

Signature:

Title: Chair

Date:

Telephone Number:

In discussion with Chair of Sub Group

Date information to be presented to MAWWSB

Date information sent to Welsh Government



Appendix 8

Proposed Initial Outline of Review

(This is an initial outline which will need to be updated as the review proceeds)

Re: **CWMPAS */**** ()**

Time period to be covered by the review in line with guidance

| | | | |
|-------------------|--------------------------|--------------------|--------------------------|
| 0-6 months | <input type="checkbox"/> | 6-12 months | <input type="checkbox"/> |
|-------------------|--------------------------|--------------------|--------------------------|

Rationale for time period

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| More than 12 months | <input type="checkbox"/> |
|----------------------------|--------------------------|

If more than 12 months - As this is outside timeframe recommended in guidance please specify rationale

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Agencies involved in the case being reviewed

(Include name and designation if known)

| | | | | | |
|----------------------------------------------------------|--------------------------|--------------------------|---------------------|--------------------------|--|
| Care Provider | <input type="checkbox"/> | | Police | <input type="checkbox"/> | |
| Housing | <input type="checkbox"/> | | Probation | <input type="checkbox"/> | |
| Local Health Board | <input type="checkbox"/> | | Public Health Wales | <input type="checkbox"/> | |
| NHS Trust | <input type="checkbox"/> | | Social Services | <input type="checkbox"/> | |
| Other Safeguarding Board | <input type="checkbox"/> | | Third Sector | <input type="checkbox"/> | |
| Other (please specify if known or yet to be identified): | | <input type="checkbox"/> | | | |

Agency identified to Chair Review Panel

(Include name and designation if known)

| | | | | | |
|----------------------------------------------------------|--------------------------|--------------------------|---------------------|--------------------------|--|
| Care Provider | <input type="checkbox"/> | | Police | <input type="checkbox"/> | |
| Housing | <input type="checkbox"/> | | Probation | <input type="checkbox"/> | |
| Local Health Board | <input type="checkbox"/> | | Public Health Wales | <input type="checkbox"/> | |
| NHS Trust | <input type="checkbox"/> | | Social Services | <input type="checkbox"/> | |
| Other Safeguarding Board | <input type="checkbox"/> | | Third Sector | <input type="checkbox"/> | |
| Other (please specify if known or yet to be identified): | | <input type="checkbox"/> | | | |

| | | | | |
|---------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Is the Chair independent in that they have had no involvement/oversight of the case? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

Rationale for choice of Chair:

Terms of Reference for Concise / Extended Adult Practice Review

(Insert Reference for Review)

Core issues to be addressed in the terms of reference of the review will include:

To examine inter-agency working and service provision for individual xthrough defined terms of reference.

To seek contributions to the review from the individual/individuals and appropriate family members and keep them informed of key aspects of progress.

To identify particular issues for further clarification.

(List issues relevant to particular case.)

To produce a report for publication and an action plan.

Core tasks

Determine whether decisions and actions in the case comply with the policy and procedures of named services and Board.

Examine inter-agency working and service provision for the individual and family.

Determine the extent to which decisions and actions were individual focused.

Seek contributions to the review from appropriate family members and keep them informed of key aspects of progress.

Take account of any parallel investigations or proceedings related to the case.

Hold a learning event for practitioners and identify required resources.

Indicative Roles and responsibilities:

The Board Co-ordinator will be responsible for maintaining links with all relevant agencies, families and other interests.

The *Review Panel* Chair will inform the Chair of the Board and the Board sub-group of significant changes in the scope of the review and the terms of reference will be updated accordingly

The Chair of the Board will be responsible for making all public comment, and responses to media interest concerning the review until the process is completed. It is anticipated that there will be no public disclosure of information other than the Final Board Report.

The Board and *Review Panel* will seek legal advice on all matters relating to the review. In particular this will include advice on:

terms of reference;

disclosure of information;

guidance to the *Review Panel* on issues relating to interviewing individual members of staff.

Specific tasks of the Review Panel

Identify and commission a reviewer/s to work with the *Review Panel* in accordance with guidance for concise and extended reviews.

Agree the time frame.

Identify agencies, relevant services and professionals to contribute to the review, produce a timeline and an initial case summary and identify any immediate action already taken.

Produce a merged timeline, initial analysis and hypotheses

Plan with the reviewer/s a learning event for practitioners, to include identifying attendees and arrangements for preparing and supporting them pre and post event, and arrangements for feedback.

Plan with the reviewer/s contact arrangements with the individual and family members prior to the event.

Receive and consider the draft adult practice review report to ensure that the terms of reference have been met, the initial hypotheses addressed and any additional learning is identified and included in the final report.

Agree conclusions from the review and an outline action plan, and make arrangements for presentation to the Board for consideration and agreement.

Plan arrangements to give feedback to family members and share the contents of the report following the conclusion of the review and before publication.

Tasks of the Safeguarding Adults Board

Consider and agree any Board learning points to be incorporated into the final report or the action plan.

Review Panel completes the report and action plan.

Board sends to relevant agencies for final comment before sign-off and submission to Welsh Government.

Confirm arrangements for the management of the multi-agency action plan by the Review Sub-Group, including how anticipated service improvements will be identified, monitored and reviewed.

Plan publication on Board website.

Agree dissemination to agencies, relevant services and professionals.

The Chair of the Board will be responsible for making all public comment and responses to media interest concerning the review until the process is completed.

Information Sharing and Confidentiality

In working with sensitive information in relation to an adult practice review, all agencies have agreed boundaries of confidentiality. This process respects those boundaries of confidentiality and is held under a shared understanding that:

- The Panel meeting is called under the guidance of '*Working Together to Safeguard People: Volume 3 – Adult Practice Reviews*' from the Social Services & Wellbeing [Wales] Act 2014.
- The disclosure of information outside of the Panel beyond that which is agreed at the meeting will be considered as a breach of the subject's confidentiality and a breach of the confidentiality of the agencies involved.
- If consent to disclose is felt essential, initial permission should be sought from

the Chair of the Panel, and a decision will be made on the principle of 'need to know'.

- However, the ultimate responsibility for the disclosure of information to a third party from the Multi-Agency Panel rests with the Mid & West Wales Safeguarding Board and must be referred to the Board Business Manager for authority to disclose.

A statement of confidentiality will be signed at each Panel meeting by all attendees to reaffirm the boundaries within which information is being shared.

Ownership of all information and documentation must be clarified in order that the appropriate permission is obtained from the relevant organisation prior to sharing. Organisations can only share information that is owned or originated by them.

Responsibility for requesting information from each organisation (including from independent providers) should be clarified and agreed by the Panel, as appropriate.

All Panel members will adhere to the principles of the Data Protection Act 1998 when handling personal information as part of the adult practice review process.

Appointment of Reviewer Independent of the Case Management

| | | | | |
|------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Is an independent reviewer to be appointed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the name and designation of independent reviewer known? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes please state nominated designation of independent reviewer plus any additional information): | | | | |
| | | | | |

Review Independent of the Case Management – Extended Review

In the case of an extended review the following core questions will be addressed as per the guidance by the reviewers in the Terms of Reference of the Review.

- Whether previous relevant information or history about the adult at risk and/or family members was known and taken into account in professionals' assessment, planning and decision-making in respect of the adult at risk, the family and their circumstances. How that knowledge contributed to the outcome for the adult at risk.
- Whether the actions identified to safeguard the adult at risk were robust, and appropriate for that adult and their circumstances.
- Whether the actions were implemented effectively, monitored and reviewed and whether all agencies contributed appropriately to the development and delivery of the multi-agency actions.
- The aspects of the actions that worked well and those that did not work well and why. The degree to which agencies challenged each other regarding the effectiveness of the actions, including progress against agreed outcomes for the adult at risk. Whether the protocol for professional disagreement was invoked.
- Whether the respective statutory duties of agencies working with the adult at risk and family were fulfilled.
- Whether there were obstacles or difficulties in this case that prevented agencies from fulfilling their duties (this should include consideration of both organisational issues and other contextual issues).

Further relevant issues in relation to the circumstances of the case may also be identified by the *Review Panel* and/or the reviewers.

Any additional specific questions which are appropriate to be raised at this stage?

| | |
|-------------------------------------------------------------------------------------|---------|
| Approximate cost (if known) of independent reviewer and how this will be met | £ |
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|-------------------------------------------------------------------|---------|
| Additional costs identified (if known). Please specify: | £ |
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|-------------------------------------------|-------|
| Date of First Review Panel meeting | |
|-------------------------------------------|-------|

| | | | | |
|--------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Will the report be completed within Guidance timeframe? <i>i.e. 6 months from date of referral</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

| |
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| Please identify any issues that may impact on the timeframe and how these will be managed:- <i>Include issues such as:- Criminal prosecution / Coroner's decision</i> |
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|------------------------------------------|-------|
| Anticipated completed report date | |
|------------------------------------------|-------|

To be completed by APR & QM Sub-group Chair:

Signature

Title

Date

Telephone number

| Agencies | Yes | No | Reason |
|------------------|-----|----|--------|
| CSSIW | | | |
| Estyn | | | |
| HIW | | | |
| HMI Constabulary | | | |
| HMI Probation | | | |

For Welsh Government use only

Date information received

Date acknowledgment letter sent to Board Chair

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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