Hertfordshire Safeguarding Adults Annual Report

April 2012 – 2013

Hertfordshire
Safeguarding Adults Board

Contents

Foreword from Cabinet Member

Thank you for taking the time to read the Hertfordshire Safeguarding Adults Board's annual report for 2012 - 2013. As Cabinet Member for Adult Care and Health I am delighted to have contributed again this year to the work of the Hertfordshire Safeguarding Adult Board (HSAB), acting as the strategic link between the agencies represented on the Board and the elected members of Hertfordshire County Council.

As a board, we continue to ensure that all the relevant agencies in Hertfordshire are working together to prevent abuse in our communities, a task which is of paramount importance.
The achievements of the Board over the course of this past year are a testament to its ability to make a difference to the lives of Hertfordshire residents.

The Board has undergone a multi-agency independent audit of progress again this year and the outcomes of this have proved positive. HSAB will now be using the recommendations to help make further improvements to the quality of safeguarding adults' work in the county, as a board and as individual agencies. Once more, the audit highlighted the strength of the partnership and its partners' commitment to building upon the robust arrangements that are already in place to safeguard Hertfordshire's most vulnerable adults.

I am pleased to have seen another successful year for the HSAB and the County Council. However, the Board will continue to meet challenges and face changes as the world of local government and beyond evolves.
We must never become complacent and must always strive for excellence, working hard to meet these challenges and to improve the lives of our most vulnerable citizens.

Colette Wyatt-Lowe
Cabinet Member for Adult Care and Health
Hertfordshire County Council
Member of the Hertfordshire Safeguarding Adults Board

Foreword from the Chair

It is my pleasure to present the Hertfordshire Safeguarding Adults Board's (HSAB) annual report for 2012-13.

This year has seen achievements across the HSAB partnership. The overwhelming commitment from our partners has again seen us shift into a higher gear and we continue to make improvements to the work we do to safeguard Hertfordshire's most vulnerable adults.

We have strengthened the Board during the 2012 - 2013 period,; taking business plans and subgroup work to the next level. We have repeated the multi-agency audit of our activities this year, so that next year's business plan is even better informed, and has clear outcomes that we can measure ourselves against.

We continue to spread important adult safeguarding messages throughout Hertfordshire to raise awareness of adult abuse, and have been engaging with communities to protect those most at risk. Sadly, we have seen horrendous reports in the national press about cases of adult abuse again this year, in particular at the Mid Staffordshire General Hospital. The Frances enquiry requires all organisations with a responsibility for safeguarding to scrutinise their current practices. HSAB has already started to review the work taking place in Hertfordshire to protect citizens and are looking at what actions we need to take to ensure all our partners can measure their progress and challenge activity, in accordance with the recommendations made by Robert Frances QC. As a Board we have also been monitoring our work after the Winterbourne View investigation, to ensure that we are on track and following the recommendations made in the Serious Case Review.

This year saw the publication of the white paper 'Caring for our Future' and the Care and Support bill. The recommendations and guidance from both have helped us to measure our journey so far and to ensure that our practices are robust, both as a Board and on the ground.

The recent NHS transformation, which has been taking place since April 2013, has led to changes in who we work with. The Board has already started to embrace these changes so that we can maintain relationships, even if they are more complex. All of our partners are committed to meeting the challenges ahead.

I would like to take this opportunity to thank everyone for their contribution to the work of the Board during some very challenging times.

Sue Darker, Assistant Director
Mental Health and Learning Disability, Health and Community Services,
Hertfordshire County Council
Chair of the Hertfordshire Safeguarding Adults Board

Introduction

The Hertfordshire Safeguarding Adults Board (HSAB) is the key body for agreeing how the various organisations in Hertfordshire work together to safeguard and promote the welfare of vulnerable adults, and for ensuring that this work is effective.

Safeguarding is everyone's business and to this end the safeguarding board is multi-agency, representing all agencies in Hertfordshire whose day to day business involves working with the most vulnerable members of the community. The Board has senior representatives from both voluntary and statutory agencies who are committed to safeguarding adults from abuse. The Board is chaired by Sue Darker, Assistant Director for Learning Disability and Mental Health at Health and Community Services, Hertfordshire County Council; Guy Pratt, Assistant Director of Community Protection serves as vice chair.

This is the sixth annual report produced by the Hertfordshire Safeguarding Adults Partnership Board, formerly known as the Hertfordshire Safeguarding Adults Committee. The report summarises the Board's progress against the Safeguarding Business Plan, including the achievements of the individual partner agencies. The report includes information on safeguarding activity and trends during 2012 – 2013. To conclude, the report states the key priorities for 2013 – 2014 and details an updated business plan for 2013 - 2014.

Shared Vision
The Hertfordshire Safeguarding Adults Board is committed to providing an excellent service of:

1. **Preventative** activity affecting all adults, and aims to identify and prevent abuse whilst promoting independence.

2. **Proactive** work that aims to target particular groups of vulnerable adults, including those vulnerable, the elderly, adults in care, in hospital, those in custody, and adults with disabilities.

3. **Responsive** work to protect adults who are at risk of suffering from, are suffering from, or have suffered from abuse.

Section 1
The Hertfordshire Context

Hertfordshire County has an estimated adult population of 831900 (2010 census). Within this figure there are 171600 adults over the age of 65 years.

The ethnicity of the population is diverse, but the largest group is White British.

During this reporting period a total of 15200 adults received a commissioned service from Hertfordshire County Council. Of this 15200, 23% of the services were provided in-house by the County Council and 77% were commissioned from a private provider.

The cohort of 15200 adults receiving a commissioned service includes:

- Physically disabled: 2025
- Learning disability: 2450
- Mental health issues: 575
- Older people: 10150

Section 2 provides a detailed analysis of the safeguarding activity in this reporting period. It is noteworthy that one of the Safeguarding Adults Partnership Board's main priorities in 2012 - 2013 will be to use the data collected from the different agencies to influence future decisions regarding the priorities of the board in relation to planned preventative activity.

Section 2 Safeguarding Activity and Trends

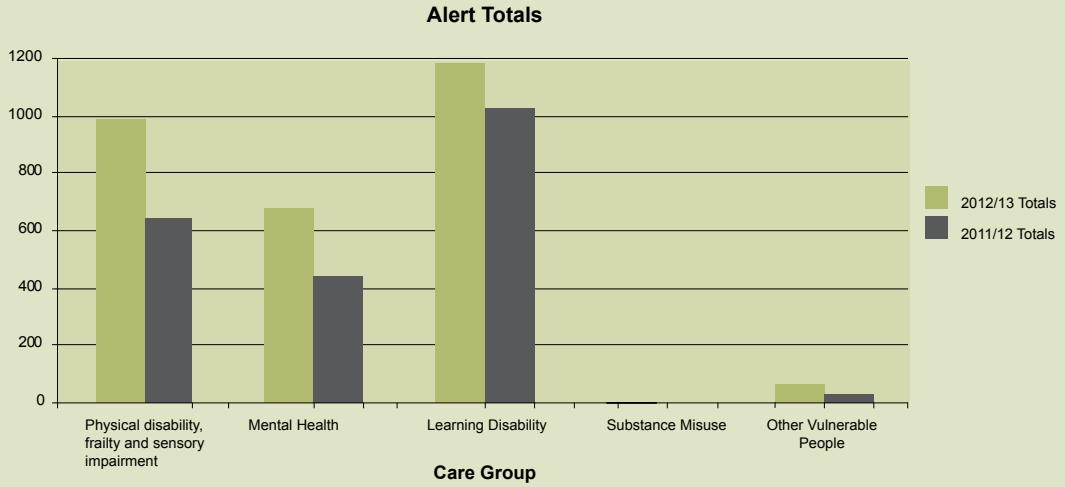
Investigating teams received a total of 2948 safeguarding adults' alerts this year, of which 1388 progressed to the referral stage.[1]

This represents a 34% increase in alerts and a 19.4% increase in the number of alerts leading to an investigation compared to the same period last year. 47.1% of alerts progressed to a referral this year, compared to 52% last year.

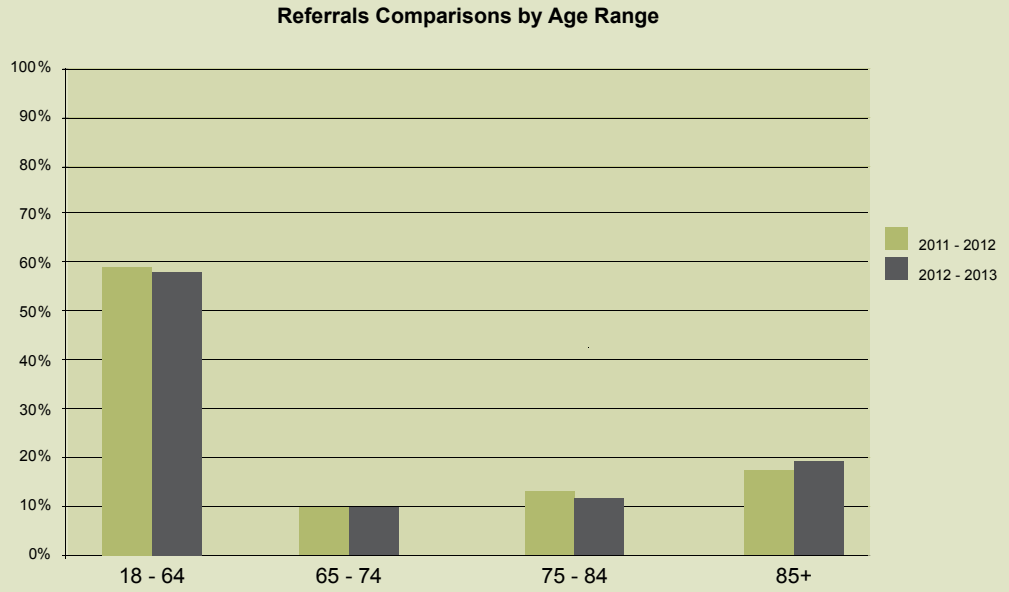
There are a number of factors contributing to this change. Adult abuse continues to have regular media attention and undoubtedly this has increased public awareness.

The training and e-learning undertaken by partner organisations has increased the number and quality of referrals. There appears to be more confidence in whistle-blowing / reporting concerns, with both the police and the investigating teams noting more referrals from staff.

There is an increase in the number of alerts/ referrals where the primary care category is mental health (including dementia). This reflects the work undertaken in HPFT to increase awareness and reporting within their inpatient services.



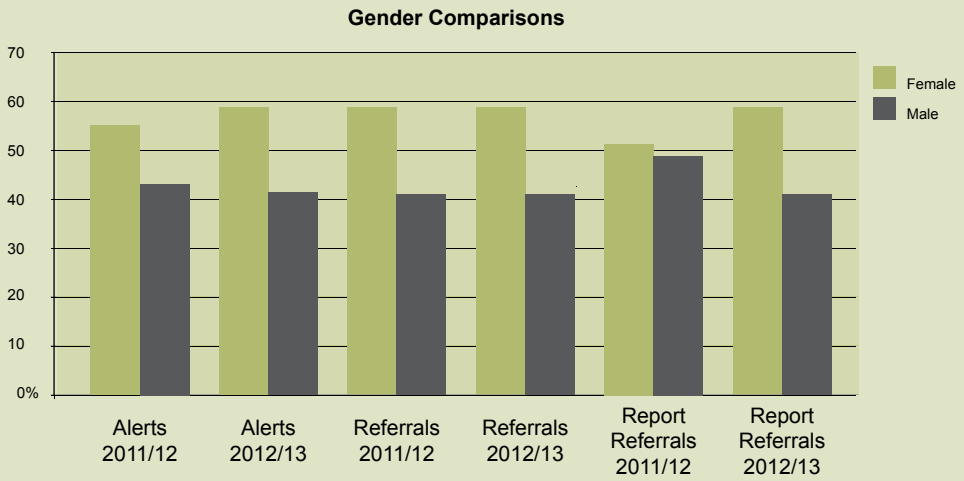
Of the 1,388 referrals, 58.1% were for those aged 18-64, 10.1% for those aged 65-74, 12.4% for those aged 75-84 and 19.5% for those aged 85 and above. This trend is similar to last year.



[1] *An alert becomes a referral when the details of the alert lead to an adult protection investigation under the Hertfordshire Safeguarding Adults from Abuse Procedure*

Gender of alleged victim

More alerts and referrals are recorded for women, with a total figure of 57.8%. This is similar to the trend seen last year and is in line with national figures.



Ethnicity

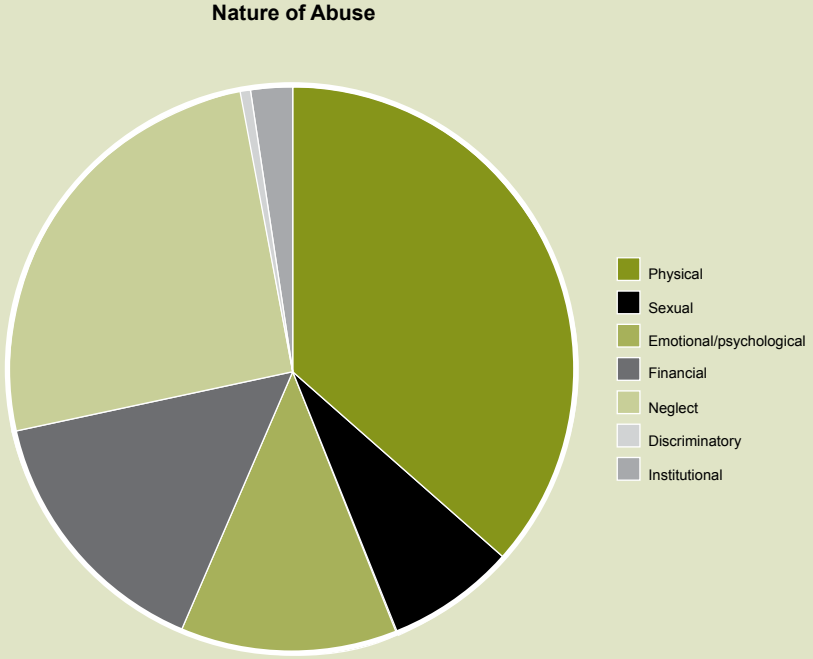
88.6% of referrals were for those of white British origin. The most recent population statistics for Hertfordshire show that 80.8% of the population are White British[2].

Nature of abuse

Physical abuse was once again the most prevalent type of abuse recorded for 2012-13, constituting 36.3% of all referrals. This was followed by neglect (25.6%), financial abuse (15.3%), emotional/ psychological abuse (12.4%), sexual abuse (7.7%), institutional abuse (2.2%) and discriminatory abuse (0.5%).

Whilst there is no significant difference in these trends when compared with last year, the type of abuse experienced does vary according to age and care group. With younger adults for example, instances of physical, emotional, sexual and discriminatory abuse is higher, whilst financial and institutional abuse is lower.

During this year the police have run targeted campaigns to raise awareness of financial abuse, and it is worth noting that the percentage of referrals for this category of abuse has fallen this year.



[2] *Source: Office for National Statistics*

Relationship of alleged victim to alleged perpetrator
Social care staff remains the most frequently recorded category of alleged perpetrator at 39.6%. However, the figure is higher for those aged 85 and above, at 55%, which would correspond to the higher number of referrals from care homes for this group.

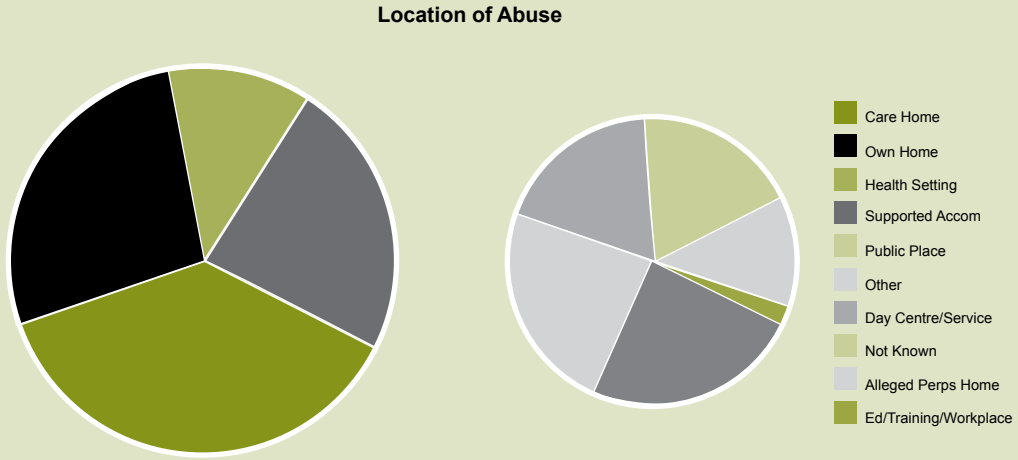
In the Learning Disability service there is again an increase in the number of referrals where for which the perpetrator is another vulnerable adult. This reflects continuing work by the service to raise awareness in this area, and also increased reporting by care providers.

Location of abuse
Most of the incidents of abuse (73.1%) have occurred where the alleged victim lives either in their own home or in a care home.[3]

35.9% of abuse took place in the alleged victim's own home and 37.2% in a care home. These figures are consistent with nationally reported data from 2011 -12.

The percentage of referrals investigated in care homes has increased by 9% compared to last year. The figure for abuse in health settings has increased by 8%.

The continued media focus on adult abuse has had a positive impact, as it has increased public awareness of safeguarding issues and increased the number of concerns being reported.



Outcome of completed referral
A referral is completed once the investigation into the alleged abuse is concluded and the outcome is listed as one of the following: substantiated, partly substantiated, not substantiated or inconclusive (which means there is not enough evidence to determine whether the alleged abuse took place).

In 2012/2013, 1117 investigations were concluded. Of these 45.3% were substantiated, 13% were partly substantiated, 26.6% were unsubstantiated and 15.1% were inconclusive. This is in line with nationally reported data and is similar to last year. 1041 safeguarding episodes remained open at the end of the year.

Serious Case Reviews
The Hertfordshire Safeguarding Adults Board received one request for a serious case review in 2012 -2013. This concerned the death of a young person. A joint partnership review has been commissioned by the Hertfordshire Safeguarding Adults and Safeguarding Children's Boards. This review has not yet been completed.

[3] *It should be noted that this is where the abuse occurred; it is not necessarily that the alleged abuser was a care worker.*

Serious Concerns Investigations

A serious concerns investigation is undertaken when there are concerns about a service which provides health or social care to adults at risk. This can be when:

- a safeguarding investigation about an adult at risk raises concerns about the care of others in the same service
- an inspection visit by the Care Quality Commission finds that the provider is not compliant with regulations and that this puts adults at risk of harm
- commissioning and contract monitoring identifies concerns that put adults at risk of harm.

There are currently 286 care homes and 187 domiciliary care providers regulated by the Care Quality Commission in Hertfordshire.

There were 9 serious concerns investigations open at the beginning of the year, with 19 new investigations started during the year. 16 investigations were open at the end of the year. This represents a slight decrease compared to last year, in which there were 22 new investigations.

15 investigations were in care homes, 12 were with home care providers and one investigation was with a supported living provider.

19 of the new investigations were in Older People's services, 8 in Learning Disability services, and one in Dementia Services.

In all cases action plans were put in place to support improvements and care providers were supported to make these improvements. However, contracts were suspended where necessary, with no new services commissioned until sustained improvements were in place.

Where an allegation is made against an individual social care or health care worker, immediate action is taken by their employer to protect the adult at risk from harm and to ensure that no other adults are put at risk.

In many cases the safeguarding investigation identifies that the worker needs more training, and where this occurs the worker is supported to deliver safe care. However, disciplinary action is taken when the worker has caused harm to a vulnerable adult, and if the worker is dismissed a referral is made to the Disclosure and Barring Service or the regulatory body. This means that the individual is barred from working in the care or health sector.

The police will lead the investigation if a crime has been committed.

Number of Referrals to the Police Safeguarding Adults from Abuse Team

This data relates to work managed directly by the SAFA Team and does not include that undertaken by Hate Crime Officers or other normal policing activity.

The police safeguarding team investigate abuse by persons in a position of trust. This includes abuse by family members.

Type of offences/concerns	Q1	Q2	Q3	Q4	Total
DV concerns	1	0	1	1	3
Emotional	13	5	7	2	27
Financial	43	50	38	56	187
Information sharing	18	39	25	25	107
Malicious	1	0	0	0	1
Neglect*	58	21	21	20	120
Neighbour dispute	1	0	0	0	1
Physical	66	69	59	44	237
Sexual	9	9	16	12	46
Total	**210**	**193**	**166**	**160**	**729**

During the past year the police launched the Money Safe initiative, and this has increased the number of referrals they have received.

During 2012/2013 the following outcomes were recorded:

- 14 people were arrested by the police safeguarding team
- 7 people were dealt with by the police safeguarding team whilst in police custody (i.e. arrested by other officers)
- 51 people were interviewed under caution
- 17 people were charged or summonsed (total of 44 offences)
- 6 people were cautioned for offences
- 13 people were convicted at court
- 1 person was acquitted at court

It should be noted that, due to the time gap between investigation and court hearings, these outcomes do not directly correlate to the 2012/2013 referral figures.

Prevention

HSAB works together to ensure that vulnerable adults are safe and secure from all types of harm, through prevention and early intervention.

Number of Disability Hate Crimes (crime and incidents)	2012/3	2011/12
Disability Hate Crimes	15	15
Disability Hate Incidents	34	16
Total	**49**	**31**

The data for 2012/2013 shows an encouraging increase on the figures from 2011/2012. Please note that these figures relate to the population as a whole and may or may not reach the threshold for an investigation under the adult safeguarding procedures.

It is widely thought that all hate crimes, including those which are disability related, are under-reported. Third party reporting centres are currently being piloted in Hertfordshire, and it is anticipated that this will increase the number of referrals received.

Type of offences/concerns	Q1	Q2	Q3	Q4	Total
Home safety visits	**285**	**974**	**1280**	**773**	**3312**
Home security checks	**186**	**974**	**1280**	**773**	**3213**
Fire safety checks	**184**	**379**	**529**	**332**	**1424**
Falls prevention work	**65**	**112**	**202**	**97**	**476**

A total of 5,027 referrals have been received to date, of which 3,242 were eligible for the service. All 3,242 homes have been visited, resulting in all homes having a home security check and security devices fitted as appropriate.

A total of 1,424 fire safety checks have been carried out, with 449 smoke detectors being fitted (the majority of homes visited already had a working smoke detector).

Of the 476 Falls interventions jobs completed,165 new grab rails have been fitted.

Section 3
Board Achievements 2012/2013

The Safeguarding Adults Partnership Board has continued to oversee and steer the course of the safeguarding adults' arrangements in Hertfordshire, meeting on a six-weekly basis. Key agencies, both statutory and voluntary, continue to be represented at a decision-making level. During 2012/2013 all meetings have had consistent attendance from all partner agencies. The reporting year has been marked by the development of the Community Commissioning Groups (CCG), with representatives from the two Hertfordshire CCGs becoming members of the Board. The Board changed the agenda to include 'a service user's experience'.

A key priority for the Board in this reporting year was to commission an independent audit of the Hertfordshire Safeguarding Adult Board. The purpose of the audit was twofold: to assess the effectiveness of the Board, and to assess partners' effectiveness in the embedding of safeguarding within their individual agencies. The findings of the audit informed our business plan for 2013/2014. Overall audit findings were graded as good. Key areas for development were:

- the Board to take a more strategic role and less of an operational role in steering safeguarding arrangements
- the Board's decision-making to be made more accessible to the public.

Subgroups cover performance, prevention, learning and development, and public awareness. Board members were nominated as chairs and deputy chairs of the subgroups. This ensured that all agencies had a joint accountability of the Board's business plan. Revised terms of reference have been agreed and formally signed off by the Partnership Board. The subgroups will be covered in the following sections of this report.

3.1 Learning and Development Subgroup

The subgroup's target for this year has been to identify new learning and training needs based on what training was being delivered by the HSAB partners.

Priorities for the year include:

- Raising awareness with senior leaders and members
- Rolling out the excellent e-learning awareness package commissioned by Hertfordshire County Council
- Linking all training activity/approaches to the safeguarding adults national competencies
- Developing closer links with the Hertfordshire Safeguarding Children's Board learning and development team
- Organising Hertfordshire Safeguarding Adults Board Annual Conference to promote awareness with partners and providers

During the year an e-learning package for senior leaders and members was made available.

The e-learning safeguarding awareness module is available to all organisations who work with adults at risk of harm. This high quality interactive package is strongly recommended, particularly for agencies where adult safeguarding may not be a primary business activity. It has been used as level 1 awareness training by organisations alongside their own training material.

This year closer working relationships with the HSCB training group have been established. This provides an opportunity to develop a joint pool of multi-agency trainers in the future.

In March the first HSAB Annual Conference took place. This very successful conference brought together practitioners and managers from partner agencies and those directly providing services.

The conference had presentations on:
- Fire safety – Hertfordshire Fire and Rescue Service
- Lessons form Winterbourne View – Care Quality Commission

Workshops included:
- Keeping Safe - protecting your finances
- Aware not Scare - support provided from the voluntary sector to carers, in relation to adult safeguarding
- Disability Hate Crime

The challenge for the coming year is to develop a co-ordinated approach to adult safeguarding training.

3.2 Public Awareness Subgroup

A safeguarding partnership communication strategy has been developed, incorporating the public awareness strategy.
The partnership board has agreed a program for the development of web-based awareness materials that will be designed to target all groups of adults at risk. The purpose of the materials is to improve public understanding of safeguarding adults and provide clear sign-posting to where they can get support. The second key achievement of the subgroup is the involvement of people who use the services in consultation and decision-making for the safeguarding agenda. This involvement is facilitated by the HertsHelp Network, which is comprised of over 250 community voluntary organisations that are service-user-led and have active group involvement.

3.3 Performance Subgroup

The performance subgroup's target this year has been to ensure that data collected and collated by organisations is used in an intelligent and meaningful way to influence the Safeguarding Adults Boards' priorities. During 2012/2013, the priority has been to ensure that the correct systems are in place to enable this. With this in mind, the key achievements of 2012/2013 are:

a) Quarterly Reports presented to the HSAB, including trend analysis and recommendations. The HSAB have used this to focus on improving partnership working in relation to serious concerns. Evidence Risk Summits with relevant HSAB agencies regarding two care providers – in one case worked together to support the home to raise care standards and in the other multi agency support to kept residents safe whilst alternative placements were made. The Board has strengthened its engagement with the Care Quality Commission, to work in partnership ensuring the quality of care provider to Hertfordshire residents is of a high standard, with safety being paramount.

b) Statistical information analysed indicated that there is a low level of reporting of abuse from the BME Community. This has been reported to the public awareness and the training subgroups to target outreach work community groups in response to any under-representation.

c) A questionnaire for service users who have been alleged victims of abuse and supported through the safeguarding policy and procedures. has been developed and launched. It includes both easy-read and non-easy-read versions. The findings are due to be reported in the first quarter of 2013/2014. These findings will be used to influence changes in policy and practice.

d) Annually the HSAB has commissioned an external audit of the Board and the individual agencies on the Board. The aim of the audit is to monitor how well the Board is achieving its strategic objectives and to ensure that safeguarding is embedded in all the individual agencies. The subgroup has set up a system which includes a standardised template to monitor what action is being taken to implement the recommendations arising from the audit.

3.4 Prevention Subgroup

The prevention subgroup has not been active during 2012/2013. Currently the Board are recruiting a new chair for the subgroup to move the prevention agenda forward.

Section 4
Single Agency

4.1 Hertfordshire Probation Trust
For the Probation Trust, 2012/2013 has been a year of some consolidation, some development and some stasis as regards Adult Safeguarding. The primary aim was to roll out awareness training to senior managers regarding their responsibilities in line with the policy and strategic development. This was to be followed by further training for practitioners using the Hertfordshire Adult Safeguarding e-package as core material. Achievements included:

4.1.1 All senior management team [then 5] in the adult and child safeguarding e-learning package for senior leaders. The training was not rolled out to all the practitioners for a variety of reasons, but this will be addressed in 2013/2014.

4.1.2 Probation contributed to the HSAB, with 100% attendance at all meetings.

4.1.3 Probation intranet has been updated with all relevant national and local developments, and this is available to all practitioners within the Probation service.

4.1.4 The agency participated in a thematic inspection of disability hate crime in Hertfordshire, involving Probation, Police and CPS inspectorates. As part of this, Probation reviewed cases identified as disability hate crime cases. The recommendations from this have been published and we are participating in a multi-agency action plan as a result.

4.1.5 Specific guidance has been developed, in partnership with Health, on the management of offenders who have a Mental Health Treatment Requirement, in order to ensure that their needs are being adequately addressed. This includes communication between agencies at the earliest opportunity, to make sure that specialist services are provided as appropriate.

Case Example

(name has been changed for confidentiality) Robert is a 23-year-old man with mild learning difficulties. He is known to the Probation Service and is currently on a Community Order for offences of theft. He has particular mechanical skills and is often exploited by others to carry out unpaid work on their cars. When he has complained about this he has been beaten.
The same individuals also placed a video on YouTube that shows him being mocked and assaulted. The supervising Probation Officer asked the police to investigate as Robert and his partner, who also has learning difficulties, were being exploited and having their benefits stolen from them. The police are investigating this and are working with a number of agencies to support Robert and his partner.

4.2 Hertfordshire County Council (Health and Community Services)

4.2.1 The HCS aim was to increase service user / carers' safeguarding awareness about how to report concerns. This was achieved through the training of service users to carry out quality checks of Learning Disability residential services. There were five inspections completed in health provision during 2012/2013. This will be extended to social care provision during 2013/2014. The Safeguarding Expert by Experience continues to promote safeguarding for people with Learning Disabilities. He has advised on the redesign of the safeguarding web pages to include easy read information and the content of easy-read information for the Hertfordshire Partnership Foundation Trust. Work books on safeguarding have been developed in partnership with POhWER. These will be launched with service user groups in 2013/2014. For carers, "Safeguarding Adults – A Carer's Perspective" has been developed by Health and Community Services in partnership with Carers in Hertfordshire, and this provides safeguarding adults training specifically for carers.

4.2.2 HCS aimed to increase the involvement of service users and carers in the safeguarding process. In partnership with the performance subgroup HCS has launched the Having Your Say Safeguarding Survey. The findings of the survey will be reported in the first quarter of 2013/2014 and the information will be used to inform change in practice and policy.

4.2.3 HCS is continually aiming to improve access to health care for adults with learning disabilities. The nationally recognised 'purple star' brand is a successful initiative has been ongoing since the over the past two years. This year the key achievements are:

a) All 132 GP practices in Hertfordshire provide annual health checks to adults with learning disabilities.

b) Nurses and social workers from community learning disability teams meet with palliative care specialists every month to discuss service users. The group follows nationally established frameworks and pathways and has developed these to suit the needs of people with learning disabilities.

c) The branding is aligned with high quality reasonably adjusted services for adults with learning disabilities. The pilot project groups (Dentists, Opticians and Pharmacists) will reach competency-based training - T.E.A.C.H (Time, Environment, Attitude, Communication, Help).

d) RAP presentation by service users at the Hertfordshire County Show is now widely available on U tube.

e) A nationally recognised initiative to support service users with learning disabilities who are known to be at the end of life or expected to die within a year. Each service user within Hertfordshire is now offered end of life planning, with a clearly recognisable folder for their health action planning and communication tool.

4.2.4 For HCS, a key priority each year is to develop and maintain good practice standards with all services provided to Hertfordshire residents. There is an ongoing focus with care providers. This year there has been a number of developments focusing on improving the practice. This work has included:

a) HCS has funded 398 courses and trained 3,425 delegates from the Private and Voluntary Sector.

b) In line with the recommendations in the Winterbourne View report, all Hertfordshire residents living in independent hospitals have been reviewed.

c) 676 people have been trained by the Deprivation of Liberties Practitioner & Manager (inc. MCA, DoLS & Court of Protection Briefings) between April 2012 and March 2013.

d) The serious concerns process continues to be used to improve practice standards. This process includes the commissioning teams and the learning and development team to address serious concerns within provider agencies. Training programmes on safeguarding issues are put in place following serious concerns investigations.

e) The introduction of a risk matrix across all providers enables intelligence for preventative work and future commissioning.

f) Establishment of a Homecare carers' forum to provide carers with an opportunity to share their experiences, a process which in turn informs commissioning practice.

g) Strengthened partnership working with Care Quality Commission by facilitating regular monitoring meetings, with attendance from Clinical Commissioning Groups and Continuing Health Care.

h) Unannounced 'spot checks' on all new providers once they have started providing service to HCS.

4.2.5. HCS has a responsibility to ensure that all HCS staff have the skills and competencies needed to deal with safeguarding adult concerns raised in their work situations. The level of competency required is based on job role and includes advanced skills training for managers and staff that manage and lead safeguarding investigations. During 2012/2013 HCS agreed upon a training strategy. This has been linked to the Bournemouth national competency framework for safeguarding adults. A variety of courses have been offered to practitioners in order to further develop practice. A newsletter to support development provides up-to-date information for managing authorities and community services. This is to 84 people across HCC, NHS Trusts & POhWER on a quarterly basis. The case example demonstrates the competence of practitioners to address concerns.

Case Example
SAFEGUARDING: PROTECTION

K is a 62-year-old man who has multiple sclerosis. He lives alone in a ground floor flat, with homecare staff assisting him in the morning and evening. He attends a day service 3 days a week. His only relative is a younger brother living 15 miles away.
K's home carers were concerned that two men had been present in the house on several of their visits. K had told the home carers that his brother was aware of the visits.However, a day services worker had been told by K that he saw little of his brother and felt she needed to check with K if he was happy with the arrangement. K confirmed that two men were coming regularly to his flat, especially on the days that he collected his allowances from the Post Office. They were gaining entrance via his patio doors, which he often forgot to lock K admitted that he was scared of the men and had 'loaned' them money, which was never returned. He said he didn't want them visiting, but didn't know what to do. The link worker reminded K of the safeguarding process and that she needed to report what was going on to the social work team. K appeared relieved about this. Following a safeguarding meeting, additional homecare and police support have been provided. The abuse has stopped and K is considering moving house.

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g) Strengthened partnership working with Care Quality Commission by facilitating regular monitoring meetings, with attendance from Clinical Commissioning Groups and Continuing Health Care.

h) Unannounced 'spot checks' on all new providers once they have started providing service to HCS.

4.2.7. HCS has a responsibility to ensure that all HCS staff have the skills and competencies needed to deal with safeguarding adult concerns raised in their work situations. The level of competency required is based on job role and includes advanced skills training for managers and staff that manage and lead safeguarding investigations. During 2012/2013 HCS agreed upon a training strategy. This has been linked to the Bournemouth national competency framework for safeguarding adults. A variety of courses have been offered to practitioners in order to further develop practice. A newsletter to support development provides up-to-date information for managing authorities and community services. This is to 84 people across HCC, NHS Trusts & POhWER on a quarterly basis. The case example demonstrates the competence of practitioners to address concerns.

4.2.8. HCS have a responsibility to ensure that those adults who are vulnerable because of the level of restraint /restriction used in their care are assessed by an independent process and are protected by the process of authorisation with the additional safeguard of a relevant person's representative and an Independent Mental Capacity Advocate (IMCA) in line with the Mental Capacity Act 2005. HCS has achieved this aim with all assessments completed within statutory timescales. All completed assessments were scrutinised by the Supervisory Body. In appropriate circumstances, the Supervisory Body has been able to work across agencies to enable care management to lessen the impact of the deprivation or to reduce the deprivation to a restriction of liberty.

Case Example
PREVENTION: PARTNERSHIP WORKING

Mrs. X is 91 years old. She has a poor short-term memory, is partially sighted and lives alone. Her family referred her to Health and Community Services as they were concerned that she was at risk living at home. The main risks involved were fire risk and medication misuse. Mrs X had on several occasions burnt toast, filling the whole house with smoke. She was also using an electric bar heater to dry her laundry.

The social worker made an urgent referral to the fire and rescue service for a home safety check. A joint visit was arranged with the family. Health and Community Services, the Fire and Rescue Service, the GP and her family worked together to minimise the risks and to enable Mrs X to safely fulfil her wish to live independently at home.

The electric bar heater was replaced with an oil-filled radiator. An extra smoke detector was fitted outside the kitchen to provide early warning of danger. It was linked to the existing alarm system so that the fire service can be alerted if the alarm is triggered. A liquid level indicator was provided to help Mrs X to safely make a hot drink. Mrs X's GP has also discontinued non-essential medication.

4.3 Hertfordshire Constabulary

4.3.1 The aim for the constabulary was to work in partnership with HCS to develop joint achieving best evidence training to ensure the best outcomes for vulnerable adults. All the police officers working in the Safeguarding Team within the police have been trained, but the constabulary recognises that this is an area for further development with HCS. During 2012/2013 there have been a number of joint interviews with vulnerable adults.

4.3.2 The constabulary aimed to further develop the police intranet sites with links to the county safeguarding policy and procedures. This remains a work in progress with the HSAB communications subgroup. The police sites have been updated, however, to reflect the latest procedures and reports.

4.3.3 Safeguarding supervisors have attended all local policing command training days to increase awareness of the Safeguarding Adults function and of the referral process. This has resulted in an increased in both number and quality therefore raising the levels of safeguarding at an operational front line level.

4.3.4. There has been joint training with social workers during 2012/2013 on numerous aspects of the safeguarding process. The joint training has led to an increase in the safeguarding team efficiency due to a reduction in inappropriate referrals which do not require police input.

Case Example
SAFEGUARDING: SUCCESSFUL PROSECUTION

The manager of a residential care home for people with learning disabilities was jailed following financial abuse of service users. The financial abuse came to light after a planned contract-monitoring meeting with the home. One of the visiting Health and Community Services staff uncovered what he believed to be financial irregularities in the service users' personal finances and made a safeguarding referral to the Community Learning Disability Team. The team worked in partnership with the police to uncover a significant level of financial abuse perpetrated by the manager of the unit against a number of service users. He was given a 20-month custodial sentence and ordered to serve half the sentence in prison.

4.4 Children's Services
Hertfordshire County Council Children's Services has lead responsibility for safeguarding and promoting the welfare of children and protecting them from harm.

Adult Social Care Services often provide services for adults who are responsible for children in need of help or protection from harm. There is substantial evidence that children may be at greater risk of harm in families where the adults have mental health problems, learning difficulties, drug or alcohol misuse, or where there is domestic abuse occurring. The safeguarding of vulnerable adults and of children is clearly inter-linked; therefore the following activities have been undertaken:

4.4.1 Training of safeguarding adults is embedded in safeguarding children training. (There is no separate mandatory safeguarding adult training at present).

4.4.2 Safeguarding children policy and procedure is linked to adult safeguarding policy and procedure.

4.4.3 All staff are appropriately vetted prior to employment, in line with safe staffing procedures.

4.4.4 Good use of advocacy in safeguarding for service users in transition between children and adult services.

4.4.5 Staff from Children's Services have attended Multi Agency Public Protection Arrangements (MAPPA) and Multi Agency Risk Assessment Conferences (MARAC) meetings.

4.5 Community Protection Directorate
The community protection service has focused on 6 key areas of improvement during the reporting period. Each of these areas will be considered separately in the following section.

4.5.1 The priority of domestic violence is to offer ongoing accessible support and advice to victims of domestic violence. With this in mind, the community protection directorate achieved the following during 2012/3:

a) The Domestic Violence Strategic Programme Board reviewed the contractual arrangements for the IDVA / ISVA service, and Victim Support continued in their provision of the Service during 2012/2013.

b) The Hertfordshire Sunflower drop-in service in Welwyn Hatfield was temporarily relocated to more suitable premises, and an additional Sunflower drop-in centre was opened in Borehamwood. People experiencing domestic abuse are still being offered comprehensive support by the IDVAs (independent domestic violence advisors) at alternative locations across the County.

c) The MARACs (multi-agency case conferences) continue to be held across Hertfordshire to identify safeguarding interventions for those victims presenting a medium-high to high risk.

d) MODUS – the case management and MARAC administration tool has been successfully used by key users.

e) The County Community Safety Unit, part of the Community Protection Directorate, trained a multi-agency pool of 28 domestic violence practitioners to become certified trainers. These trainers now work across the County, delivering training to their respective agencies and partners. Four one-day awareness course programmes run, with 25 people now able to deliver DV training within their agencies.

f) The Gypsy and Romany Traveller Working Group has been fully established.

g) The honour-based Violence Working Group has been established.

4.5.2 Hate Crime: the aim is to maintain our focus on raising the awareness of hate crime and of the necessity of reporting such crimes. A HMIC inspection in March 2013 acknowledged the significant amount of progress made in developing policy and operating procedures. It also revealed the need for a clear action plan around how we respond to hate crime on an operational level. Work is well underway to make improvements in this area and we plan to promote this importance of this agenda through the RAGs (Responsible Authorities Groups). The work that has been achieved includes:

a) The Disability Hate Crime Working Group focuses primarily on third party reporting and the need to train and raise awareness amongst those working with vulnerable individuals.

b) The Hate Crime action plan has been fully developed.

c) Third party reporting centres have been established, piloted by Aldwyck Housing Trust.

d) 'True Vision' – third party reporting of hate crime online – has been re-launched amongst partners.

4.5.3 Rogue Traders: the focus regarding rogue traders is to investigate the most serious offences in accordance with the agency enforcement promise, and in particular taking action to prevent people from being the victims of doorstep trading rogues. In order to achieve the community protection directorate, we work in partnership with the police and other partners to prevent crime and disorder, particularly amongst vulnerable people.

During this year the following action was taken:
a) 100 rogue trader incidents were responded to.

b) £65,800 cash saved for victims of rogue traders.

c) 5 new No Cold Calling Areas were set up in the County (bringing the total to 60).

4.5.4 Aim of Home Fire Safety Checks:
a) Hertfordshire Fire and Rescue Service has delivered in the region of 6000 Home Fire Safety Visits, of which 1136 were to the most vulnerable, including 161 hard-of-hearing smoke alarms.

b) To provide appropriate fire-resistant clothing and bedding to the most vulnerable people in Hertfordshire, in order to minimize the risk in case of a fire. In excess of 65 persons at risk were supplied with fire retardant bedding / nightwear / blankets.

c) To provide fire-proof letterboxes to the most vulnerable people in Hertfordshire, in order to minimize risk in the case of a fire; 114 letterboxes were provided this year.

d) To continue to provide advice and co-ordination regarding sprinkler alarms for the most vulnerable people in Hertfordshire, in order to minimize risk. This year funding has been identified for 4 systems, in partnership with a local housing trust and District Councils.

4.5.5. Hertfordshire Home and Security Service:
In April 2012, the County Community Safety Unit (CCSU) commissioned Medequip Assistive Technology to provide the Hertfordshire Home Safety Service (HHSS) for 3 years to prevent vulnerable residents from becoming victims of crime, death fire injury or fall within their homes. The HHSS, which is part funded by Proceeds of Crime monies retrieved from criminals by Trading Standards, is provided free to residents who are:

- over 60
- have a registered disability
- are at high risk of domestic violence
- are victims of burglary
- are at high risk of falling (e.g. certain hospital discharges) or have a registered disability.

In a single visit, HHSS can provide home security advice and fittings, rogue trading prevention advice, home fire safety advice and falls prevention work (fitting grab rails and removing obstacles). The service also supports residents to identify any additional needs and refers them to other services or agencies when required such as Herts Help or back to F&R should the fire safety check indicate a high risk. This has been an effective project, with the following achievements to date:

a) Of the 3,369 eligible referrals, all 3,369 homes had a home security check and 3,270 homes have had security devices fitted as appropriate.

b) A total of 1,477 fire safety checks were carried out, with 449 smoke detectors being fitted (the majority of homes visited already had working smoke detectors).

c) Of the 487 Falls Interventions jobs completed, 165 new grab rails were fitted.

4.5.6 Case Reviews:
Following the death of an adult in a fire in Hertfordshire in June 2012, a request for a Serious Case Review was discussed with members of the Hertfordshire Safeguarding Adults Board who concluded that although this case did not fall within the criteria, there was merit in setting up a task and finish group, Chaired by Sue Darker (the County Council's lead officer for safeguarding adults), to look at issues raised by the incident. The serious case review provided a platform to examine what lessons can be learned from the case and for considering how the Hertfordshire Fire and Rescue Service (HFRS) and its partners can do all they can to prevent a similar tragedy.

The review identified 5 recommendations:
a) To review how publicity and awareness regarding the availability of the Fire Service's Home Fire Safety Visits (HFSVs) can be improved within other agencies. A training package has been developed and will shortly be available for all care staff, whether they are from public, private, family or third sector providers. Fire safety products and services are now available via emarketplace.
To review how referrals and requests for Home Fire Safety Checks (HFSVs) are risk assessed on receipt to establish priority in terms of speed of response.

b) Interim arrangements are in place and a single point of contact has been established within the Community Protection Department.

c) To review how HFRS link into other partner agencies to undertake multi-agency risk assessments to reduce an individual's risk, including who may be involved as partners and the contact routes. Work is underway between HCS and Fire and Rescue to develop data-sharing protocols.

d) To consider how further training and support is made a contractual stipulation re; looking at resources other than the fitting of detectors that may reduce risk i.e. fire retardant throws, clothing, bedding, water misting systems etc. to all care management teams and care agencies. The training presentation identified in recommendation 1 will be made mandatory for those providers commissioned by HCS.

e) To continue to identify those at high risk from fire and to share work between partner agencies. CPD continue to be part of HSAB and appropriate sub groups.

4.6 East and North Hertfordshire NHS Trust

4.6.1 The appointment of Lead Nurse for Adult Safeguarding in April 2012 has resulted in strengthened Adult Safeguarding practice across the Trust. The collaborative working with multi-agency teams in HCS has improved with a named safeguarding lead. The role supports continued development within the Trust of robust safeguarding frameworks, standards and practices.

4.6.2 A lead Doctor for safeguarding adults was appointed in July 2012 to provide medical advice in safeguarding cases and enhance safeguarding practice with clinicians.

4.6.3 The Trust implemented and embedded a Level 1 and Level 2 Adult Safeguarding training programme for all Trust staff, matching the national competency framework requirements. 66.1% of all staff (3475) are compliant with their training requirements.

4.6.4 Identified Safeguarding requirements for vulnerable adults. During 2012/2013 177 referrals were made.

4.6.5 Continue to implement and embed best practice standards to reduce risks of hospital-acquired pressure ulcers and patient falls. During 2012/2013 there was a reduction in inpatient falls by 26% (40% reduction in 2 years). Hospital-acquired pressure ulcers were reduced by 48% in 2012/2013, with no grade 4 hospital-acquired pressure ulcers.

4.6.6 The Trust aims to make improvements to the experience of people with a learning disability using Acute hospital services. During 2012/2013 the Acute Hospitals Learning Disability Improvement plan was implemented. The Trust moved from a position of 2 out of 23 standards achieving green in February 2012 to 19 out of 23 standards achieving green, with no red standards, by the end of 2012/2013. There are progress plans in place to achieve green in all 23 standards in 2013/2014.

4.6.7 The Trust have developed, implemented and monitored the work plan for 2012/13. They have provided bi-monthly safeguarding adult reports to the Risk and Quality Committee and for Trust board reporting. Undertook a review of the Trust Safeguarding assurance frameworks in the light of the 'Saville allegations' and NHS review. The Trust completed the SHA Safeguarding Adults Self Assessment, achieving 96% 'effective' or 'excelling' in required criteria.

4.7 NHS Hertfordshire

4.7.1 In order to ensure a safe transition following the abolition of Primary Care Trusts and their successor bodies CCGs and NHS England being established the PCT provided a legacy document to both CCGs. This legacy document included all aspects of safeguarding adults, mental capacity and deprivation of liberty safeguards, domestic homicides and mental health homicides that had occurred in the past year. A safeguarding transition plan, which was overseen by the Director of Nursing & Quality, was developed and implemented. As part of the national authorisation process the CCGs had to provide evidence that they would meet their statutory safeguarding responsibilities. This ensured that business as usual was maintained and new organisations with statutory safeguarding adult responsibilities were effectively informed of previous safeguarding activity.

4.7.2 With the abolition of PCTs in March 2013, the supervisory body responsibilities held by the PCT were transferred to the relevant local authority for where the person had ordinary residence from April 1st 2013. The joint supervisory body developed an action plan and the PCT Mental Capacity and DoLS lead ensured that the identified PCT actions were implemented and patient safety was maintained. This ensured that the patient remains at the centre of care planning.

4.7.3 All grade 3 and 4 pressure ulcers are reported as serious incidents (SI) by NHS provider organisations. These organisations also alert the PCT when a patient comes into their organisation with a grade 3 or 4 pressure ulcer. All allegations of adult abuse within NHS provider organisations are also reported through the SI process and are overseen by the Designated Nurse. These alerts are reviewed and logged by the Quality and Patient Experience Team. If an alert is received relating to a patient who lives in a care home then this is added to the safeguarding log, which is used to collate and triangulate information on care home providers. This allows emerging themes and trends to be identified and acted upon, to improve patient safety and prevent risk from harm. If the care home is registered for nursing, then the Continuing Healthcare Team are asked to review the patient's notes and confirm that appropriate care and treatment has been provided.

4.7.4 The safety thermometer CQUIN measures prevalence of grade 2, 3 and 4 pressure ulcers. The safer care group, led by the PCT, supported a Hertfordshire-wide whole systems approach and the sharing of best practice. Surveillance data is monitored through quality review meetings. Quality assurance visits are regularly carried out at provider organisations. The elimination of avoidable pressure ulcers improves patient safety and experience. It prevents admission to hospital and reduction in the length of hospital stays and costs.

4.7.5 All staff should have the competencies and skills to recognise and report potential or actual safeguarding issues, in line with policy and procedure. This is a contractual requirement for providers, to ensure that they meet operational standards set out in quality schedules relating to the level and type of safeguarding and mental capacity training and compliance against CQC essential standards. These have agreed thresholds, with methods of measurement and consequences of any breach. There are opportunities to review these at monthly provider quality review meetings

All providers are expected to have a learning disability action plan in response to Winterbourne view. All Hertfordshire residents living in independent hospitals have been reviewed.

Case Example

During the review of a number of pressure ulcer alerts, it was noted that 3 of the alerts that had been received all related to patients who lived in the same care home registered for nursing. The safeguarding log was reviewed to identify any previous alerts and it was found that there were 3 previous alerts, 2 of which had been received recently. The new alerts were sent to the NHS Continuing Healthcare Team to review individual cases and the batch of alerts discussed with the Designated Nurse for Safeguarding Adults. It was agreed that the HCS Head of Adult Safeguarding would be contacted. Due to the number of alerts relating to the same care home registered for nursing, the Continuing Health Care team contacted the care home manager.

Following contact with the HCS Head of Safeguarding, a safeguarding meeting was arranged and the care of the residents involved was reviewed. The review found that all care was appropriate and that adequate preventative measures had been put in place, and the safeguarding process was concluded.

4.8 Hertfordshire Partnership Foundation Trust (HPFT)

4.8.1 HPHT successfully delivered joint children/adult safeguarding training through face to face sessions throughout the year, particular focus on in-patient services. The aim was to build upon the excellent improvements in compliance with mandatory training and implement the competency framework. The compliance with training at the end of the year was 85.94%. A greater number of staff have received training and this new awareness of safeguarding has resulted in an increase in the number of alerts raised.

4.8.2 HPHT aimed to Promote and embed dignity, RESPECT and prevention initiatives across services to ensure excellent quality services. The Trust has developed the RESPECT campaign, which is being piloted in the North Essex Services as a framework services can assess themselves against the core RESPECT criteria (which also incorporate) the 6 C's. The framework applies to all staff and persons within the HPHT service. A 'dignity day' was facilitated, where the planning and events on the day were co-produced with a group of service users. The RESPECT campaign is an ongoing project for 2013/2014.

4.8.3 The Head of Social Work & Safeguarding has worked closely team, reviewing the commissioning, placing and reviewing of structures and procedures ensuring that safeguarding is an integral component of both the current and future commissioning and interface between quality/contract monitoring structures and procedures and front line services placing and reviewing service users' care. The revised and strengthened procedures have now been implemented and are regularly monitored. Work on the structure is ongoing as part of the review of these services.

4.8.4 2012 saw the restructure of the corporate structure of safeguarding, which now has a Head of Social Work & Safeguarding overseeing the safeguarding of adults and children through the Safeguarding Practice Team. This team consists of one secretarial / administration role and Safeguarding Practitioner roles. The safeguarding adults leadership team was also been strengthened through the appointment of a Lead Doctor for Safeguarding Adults.

2.8.5 During 2012/2013 a safeguarding quality measure was introduced into the Trusts Quality Account and the 3 Strategic Business Units (SBU) business plans. The measure for the Learning Disability & Forensic services: Safeguarding alerts reported within 24hrs. The measure for East/North & West SBU's: a decision made by HPFT investigating teams within one working day.. Quality is monitored through an audit. This helps to ensure that people are protected when alleged abuse is reported and helps us to monitor the timeliness of responses

2.8.6 The Head of Social Work & Safeguarding, the Lead Doctor for Safeguarding Adults with a GP colleague from North Essex co-authored a Clinical Review, 'Safeguarding adults at risk of harm'. The paper was subsequently published in the BMJ 2013/2014.

4.9 West Hertfordshire Hospitals NHS Trust

4.9.1 The Trust aimed to raise the profile of Safeguarding Vulnerable Adults across the Organisation. To achieve this, a Head of Safeguarding was appointed in order to support named nurse. The Infloflex data base was reinstated due to the appointment of a safeguarding administrator. There has been an improved attendance by senior Trust staff at the Safeguarding Adults Committee. The non-executive Trust director also attends the safeguarding committee. The development of a central register to record all safeguarding and potential safeguarding concerns has enabled the Trust to monitor trends.

4.9.2 The lead nurse is a member of the training development subgroup and the performance subgroup. The strategic lead is the named HASPB member.

4.9.3 Level 1 mandatory training has been recorded since January 2011, and currently 53 % of staff have been recorded as having undertaken this training.

Since April 2013, Level 2 mandatory training has been recorded, and a plan is in place to target front line areas in order to bring them up to 85% compliance.

4.9.4 An internal audit has been undertaken by Trust Auditors. Audits of safeguarding referrals and record-keeping have also been undertaken. The outcome of the audit was amber and green, indicating that both the referrals and record-keeping were satisfactory but with some development needed.

4.9.5 Mental Capacity Act 2005 training is now mandatory for all clinical staff as part of a three-year rolling mandatory programme.

4.9.6 A Trust safeguarding action plan has been developed, based upon the DH safeguarding self assessment tool and is monitored quarterly.

4.9.10 The Midlands and Eastern region QIPP programme for people with Learning disabilities and autism has been implemented and all 23 objectives are moving towards being met by the Trust.

4.10 POWhER

4.10.1 All policies were internally audited and reviewed in October 2012 by the safeguarding lead and Chief Executive. Any amendments were approved through the Board of Trustees. All policies are an integral part of annual mandatory safeguarding training. All 26 staff members employed by POhWER in Hertfordshire have attended this training. Policies support staff to be able to effectively fulfil the organisation's safeguarding duty. POhWER have seen a 40% increase in the number of disclosures made and a 45% increase in the number of clients supported in raising their own safeguarding concerns, across all advocacy services.

4.10.2 Internal safeguarding training has been redesigned and delivered to all staff in Hertfordshire as detailed above. This is in addition to National Advocacy Qualification accreditation and LA training. Training has been extended to POhWER members and volunteers and supported peer listening programmes.

4.10.3 There has been a 25% increase in the number of disclosure or support to report by Advocacy Support officers for calls that did not initially highlight a safeguarding issue. The triage process used supports clients to talk about other issues that may underpin the reason for calling.

3.10.4 There has been a 20% increase in the number of safeguarding cases POhWER has supported through the provision of an Independent Mental Capacity Advocate. POhWER continued to deliver presentations to all adult social care teams across Hertfordshire, as well as to care and residential homes.

3.10.5 POhWER has developed a new website, with local area pages. This has a translation function in order to make it more accessible. To date there has been a 10% increase in the number of clients contacted regarding safeguarding as a result of the website.

4.11 Hertfordshire Community NHS Trust:

4.11.1 HCT ensured that the safety of vulnerable adults was a priority and that staff respond in a way that protects patients from ongoing harm. Improved staff understanding and competence ensured that more of the concerns raised by HCT to the Local Authority resulted in multi-agency safeguarding investigations. There were 126 referrals in 2012/2013, compared to 117 referrals in 2011/2012.

4.11.2 The Safeguarding Children and Adults training for induction and mandatory updates was combined and refined, enabling staff to access ongoing support in a variety of ways. This included the use of a briefing sheet for non clinical staff, elearning tools, and face to face team-specific sessions using real but anonymous case studies. Modifying the training in this way helped the staff to understand the common themes of safeguarding and to identify where they can get appropriate support for both adults and children. This will ensure that staff know how to act when concerns are raised.

4.11.3 Training rates for safeguarding champions exceeded the target for 2012/2013 – it was set at 90%, but 93% was achieved. The champion's role has increased to include learning disabilities, and training has been offered to meet the requirements of the increased responsibilities.

4.11.4 The web page (public facing) has been revised and reworded to ensure key word is 'abuse'. Ensuring the public can find information more easily. The consistent message to anyone searching for information will reduce the risk of confusion on who to contact when raising a concern.

Section 5
Serious Case Reviews

The Safeguarding Adults Board has not commissioned a serious case review in this reporting period. There was one request presented to the board following the death of an adult in a fire in Hertfordshire, for consideration but the Safeguarding Adults Partnership Board made the decision was not progressed due to the case not meeting the serious case review criteria.

Section 6
Overall Analysis of Safeguarding in Hertfordshire

The Safeguarding Adults Partnership Board continues to recognise that safeguarding adults is everybody's business and have built on strengthening the safeguarding arrangements in Hertfordshire. In this report most of the achievements have been reported through individual agency reports, and it is noteworthy that many of the activities have involved a multi-agency approach, as the case studies demonstrate.

Strategic Objectives for 2013/2015, included in the Business plan, include:

1. Adults are protected from abuse by the application of the Hertfordshire Safeguarding Adults procedure.
2. HSAB works together to ensure that vulnerable adults are safe and secure from all types of harm, through prevention and early intervention.
3. Patterns and trends of abuse are identified to inform safeguarding practice and public awareness.
4. Vulnerable adults are protected by rigorous recruitment, training and vetting procedures.
5. Vulnerable adults, their families, carers, and the general public know how to report abuse concerns.

Priorities for 2013 – 2014:

1. To commission an independent audit of the Partnership Board and individual agencies. Achievements will be benchmarked against the 2013 audit.
2. To implement and embed the three-year training strategy, which complements the national safeguarding competency framework for both adults and children.
3. To follow the Law Commission's recommendations for the reform of social care law, in preparation for the legislation expected in 2015 that will put safeguarding boards on a statutory footing.
4. To promote a 'think family' approach that will underpin decision-making in case work and preventative work.
5. To commission the development of a Hertfordshire Safeguarding Adults website, in order to give the residents of Hertfordshire to the HSAB. This will include the commissioning of the public awareness subgroup to continue with the development of materials to be available on all the agencies' websites. This will include materials that are accessible for all communities in Hertfordshire, including the BMI communities.
6. To analyse the intelligence collated from different agencies and service users, in order to inform the HASPB priorities and to influence the safeguarding agenda in Hertfordshire.
7. HSAB recognises possible significant budget restrictions across all agencies. In recognition of this, the Board aim to ensure that all their decisions are based on clear risk matrix criteria whilst simultaneously ensuring value for money, in order to achieve the ultimate goal of safeguarding vulnerable adults in Hertfordshire.

Section 7
Business Plan for 2012/2015 Hertfordshire Partnership Board

Introduction
Hertfordshire Safeguarding Adults Board (HSAB) vision is that all vulnerable adults who live and work in Hertfordshire are cared for and supported in an environment free from abuse, harassment, violence or aggression.

HSAB's mission is to work in partnership to ensure that Hertfordshire is a safe place for all vulnerable adults.

HSAB is responsible for agreeing how the relevant organisations in Hertfordshire cooperate to safeguard and promote the welfare of vulnerable adults.

The HSAB has a strategic role to challenge the overall safeguarding work of agencies and to ensure that all agencies continue to improve practice.

However, it should be noted that HSAB is not an operational body or one that delivers services to vulnerable adults or their families. Its role is to co-ordinate and ensure the effectiveness of what its member organisations do, and contribute to broader planning and delivery.

HSAB Strategic Objectives:

- **Strategic objective 1:** Adults are protected from abuse by the application of the Hertfordshire Safeguarding adults' procedure
- **Strategic objective 2:** HSAB works together to ensure vulnerable adults are safe and secure from all types of harm through prevention and early intervention.
- **Strategic objective 3:** Patterns and trends of abuse are identified to inform practice and public awareness.
- **Strategic objective 4:** Vulnerable adults are protected by rigorous recruitment, training and vetting procedures
- **Strategic objective 5:** When abuse occurs vulnerable adults, their families, carers, and the general public know how to report concerns.

Sue Darker
Chair of Hertfordshire Safeguarding Adults Board

Section 8

Appendix 1: Structure of the Board

Hertfordshire
Safeguarding Adults Board
working together to prevent abuse

Chair: Sue Darker, Assistant Director, Learning Disability and Mental Health, Health and Community Services (HCS), Hertfordshire County Council
Vice Chair: Clare Hawkins, Director of Quality & Governance and Chief Nurse Hertfordshire Community NHS Trust (HCT)
Membership from the following organisations (Lead + deputy where nominated)
County Councillors - **Colette Wyatt Lowe** Executive Member for Health and Adult Care
Teresa Heritage, Deputy Member for Health and Adult Care
POhWER - **Elyzabeth Hawkes**, Area Manager, Deputy - **Richard Grieves**
Hertfordshire County Council – Childrens Services– **Brenda McLaughlin**, Head of Child Protection
Hertfordshire County Council – Health and Community Services – **Patricia Orme**, Head of Safeguarding, **Sue Gale**, Head of Community Learning Disability Teams (CLDT), Deputy - **Mark Harvey**, **Adrian Smith**, Area Managers Older People and People with Disabilities (OPPD), Deputy – **Arnold Sami**
Hertfordshire Constabulary – **Mick Hanlon**, Detective Superintendent
Deputy - **Glen Channer**, Detective Chief Inspector
Hertfordshire Probation Trust – **Steve Johnson-Proctor**, Director of Operations
Deputy - **Maureen Spencer**, Senior Probation Officer
Hertfordshire Partnership NHS Foundation Trust – **Ian Scammell**, Interim Joint Head of Service, Community **Sally Hickman**, Head of Social Care, Deputy for both - **Jemima Burnage**, Safeguarding Adults Manager
Hertfordshire Community NHS Trust - **Clare Hawkins**, Director of Quality & Governance and Chief Nurse
Deputy - **Donna Lamb**, Assistant Director of Quality & Governance
NHS Hertfordshire - **Heather Moulder**, Director of Quality and Patient Experience-Nursing /Interim Director of Clinical Quality **Tracey Cooper**, Head of Quality and Patient Experience. Designated Nurse Safeguarding Adults
Hertfordshire Community Protection – **Guy Pratt**, Assistant Director Community Protection,
Deputy - **Simon Brown**, Head of Citizens (Community Protection Directorate)
East & North Hertfordshire NHS Trust– **Bernadette Herbert**, Adult Safeguarding Lead Nurse
West Hertfordshire Hospitals NHS Trust – **Tracy Moran** – Deputy Director of Nursing, Deputy - **Brenda Rance**
District Council safeguarding representative; **Daniel Goodwin** -Chief Executive St Albans City & District Council

→ Link to Health whole systems group
Lead: Tracey Cooper

→ Link to HCS social care whole systems group
Lead: Sue Darker

PERFORMANCE
Chair: HCS, Patricia Orme
Vice-chair: HPFT, Jemima Burnage

LEARNING & DEVELOPMENT
Chair: Probation – Steve Johnson Proctor (Louise Purser HCC L&D supporting)
Vice Chair: Community Protection, Guy Pratt

PUBLIC AWARENESS
Chair: POhWER, Elyzabeth Hawkes
Vice Chair: Police, Damien Kennedy

PREVENTION
Chair: West Herts Hospitals Trust, Tracy Moran
Vice Chair: HCT, Donna Lamb

SUB GROUP MEMBERS TO CALLED ON WHEN APPROPRIATE AND CONTRIBUTE TO ANNUAL REPORT

East of England Ambulance Service
Crown Prosecution Service
Coroners Service
HMP The Mount
HCPA

Appendix 2: Board Attendance for period April 2011/-2012

Agency	Representative	Jun-12	Sep-12	Dec-12	Mar-13
Chair- Hertfordshire County Council	Assistant Director Health & Community Services	Y	Y	Y	Y
Vice Chair -Hertfordshire Community NHS Trust	Director of Quality & Governance and Chief Nurse	Dep	Dep	N	N
County Councillor	Executive Member	Y	Y	Y	Y
County Councillor	Deputy Executive Member	N	N	N	Y
HCC Children's Services	Head of Child Protection	Y	Y	N	N
HCC Health and Community Services	Head of Adult Safeguarding	Y	Y	Y	Y
HCC Health and Community Services	Head of Community Learning Disabilities	Dep	Y	N	Y
HCC Health and Community Services	Area Manager OPPD	Y	N	N	N
Hertfordshire Police	Detective Superintendent	Dep	Y	Y	Y
Hertfordshire Probation Trust	Director of Operations	Y	N	N	N
POhWER	Area Manager	Y	Dep	Y	N
Hertfordshire Partnership Foundation Trust	Joint Head of Service	Y	Y	Y	Y
	Head of Social Care	Y		Y	N
NHS Hertfordshire	Director of Quality and Patient Experience(from Dec)	Y	Dep	N	Y
	Head of Quality and Patient Experience	Y		Y	Y
HCC Community Protection	Assistant Director Community Protection(F&R)	Y	N	Y	Y
East & North Hertfordshire NHS Trust	Deputy Director of Nursing	Y	Y	Y	Y
West Hertfordshire Hospitals NHS Trust	Deputy Director of Nursing	Y	Y	Y	Y
	Chief Executive -Hertmere Borough Council from Dec 12			N	Y
East & North Herts Clinical Commissioning Group	Interim Board Nurse (from September 12)			Y	Y
East & North Herts Clinical Commissioning Group	Board Nurse (from March 13)		Y		Y
Herts Valleys Clinical Commissioning Group	Board Nurse form Dec 12			Y	N

Appendix 3: Terms of reference

Terms of Reference for the Hertfordshire Safeguarding Adults Board (HSAB)

[Approved by the HSAB on 14th September 2012]
The Hertfordshire Safeguarding Adults Board (HSAB) believes that all vulnerable adults have a right to live and work, to be cared for, and to be supported in an environment that is free from abuse, harassment, violence or aggression. HSAB will work to ensure that Hertfordshire is a safe place to work and live for all vulnerable adults.

HSAB defines vulnerability as "any person of 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness and who is, or may be, unable to take care of himself or herself against significant harm or serious exploitation."

The Association of Directors of Adult Services safeguarding guidance further defines a vulnerable adult as someone who is unable to retain independence, wellbeing and choice, or to access their human right to live a life that is free from abuse and neglect.

Hertfordshire County Council has the lead responsibility for ensuring effective arrangements for the safeguarding of [vulnerable] adults across the County. Health and Community Services (HCS) leads this work, reporting to the County Council's Chief Executive. Each member of the Hertfordshire Safeguarding Adults Board is responsible for ensuring that effective safeguarding arrangements are in place within their organisations.

Purpose
The Hertfordshire Safeguarding Adults Board is made up of nominated senior representatives from key agencies within Hertfordshire, and includes those agencies that have statutory responsibilities in promoting the welfare of adults and protecting adults whose independence is placed at risk by abuse and neglect.

Role
The role of the HSAB is to:

- Maintain and develop inter-agency frameworks to safeguard adults within Hertfordshire;
- Scrutinise the outcomes of Serious Case Reviews and the key performance data analysis produced by the Key Agencies to ensure the effective delivery of safeguarding practices in Hertfordshire;
- Challenge current safeguarding practices in Hertfordshire;
- Seek assurance that the safeguarding practice delivered by all the key organisations is maintained at the highest level and meets appropriate organisational and professional standards;
- Agree and oversee a business plan, which will be based on the Association of Directors of Social Services (ADASS, 2005) headline standards as outlined below.

Standard 1	Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults' work.
Standard 2	Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.
Standard 3	The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.
Standard 4	Each partner agency has a clear, well-publicised policy of zero-tolerance of abuse within the organisation.
Standard 5	The 'Safeguarding Adults' partnership oversees a multi-agency workforce development / training sub-group. The partnership has a workforce development / training strategy and ensures that it is appropriately resourced.
Standard 6	All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.
Standard 7	There is a local multi-agency 'Safeguarding Adults' policy and procedure, describing the framework for responding to all adults "who is or may be eligible for community care services" and who may be at risk of abuse or neglect.
Standard 8	Each partner agency has a set of internal guidelines that are consistent with the local multi-agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within its guidelines.
Standard 9	The multi-agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding Assessment Strategy, Safeguarding Assessment, Safeguarding Plan, Review, Recording and Monitoring.
Standard 10	The safeguarding procedures are accessible to all adults covered by the policy.
Standard 11	The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service-user participation into it's: membership; monitoring, development and implementation of work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

In order to fulfil and succeed in its role, The HSAB will:

- Prepare and secure executive level agency approval and resources from HSAB member organisations to deliver its business plan.
- Produce an annual report on safeguarding adults and review progress in the delivery of the business plan, the development of the partnership and to inform service planning and commissioning.
- Develop, approve, monitor and review multi-agency safeguarding policies, protocols, procedures and practice.
- Lead and review the development and delivery of safeguarding policies, protocols and procedures across all agencies and by all partners and providers of adult health and social care.
- Oversee safeguarding activity by agencies and generation of timely, consistent and reliable data and other information on adult safeguarding work.
- Promote quality assurance and undertake audits to validate effectiveness of joint and single agency policy, protocols, procedures and practice.
- Involve patients, service users, and carers and adopt an inclusive approach to its role.
- Prepare, monitor and keep under review the protocols for serious case reviews.
- Receive and consider outcomes of serious case reviews and other opportunities for sharing learning from practice. Identify and disseminate learning points from other investigations, feedback, reviews and advice.
- Encourage joint and single agency training to raise awareness of recognising and responding to adult abuse and neglect.
- Review progress in taking steps to recognise, report, respond to and reduce risk of abuse and monitor incidence of abuse, including institutional abuse and discrimination.
- Send out accessible information about its work and for the public, professionals, service users, patients, and carers about how to gain safety from adult abuse, and how to recognise and report concerns.
- Review the effectiveness of policies and procedures for the recruitment and supervision of people working with vulnerable adults and the compliance with national guidance; including integration of best practice and learning.
- Ensure effective engagement of adult safeguarding work with the safeguarding of children, domestic violence, bullying, hate crime, MAPPA process, and wider work on crime and disorder reduction.
- The Board will review and determine the number and remit of any additional subgroups required to lead specific areas of work. Chairs of the subgroups will submit terms of reference and details of membership, and will present findings and proposals to the HSAB.

Discharge of work

The HSAB will discharge its work through each of its subgroups:

- Performance
- Learning and Development
- Public Awareness
- Prevention

Each subgroup will be led by a member of the HSAB. The terms of reference for each group will be agreed by the HSAB and reviewed annually through the business plan. The HSAB will commission additional subgroups as necessary, in order to enable it to complete the business plan.

GOVERNANCE AND ADMINISTRATIVE ARRANGEMENTS
Membership and Chair

Chair: the Assistant Director (Learning Disabilities/ Mental Health) Health and Community Services will Chair the Board on behalf of the Director of HCS.

Vice-Chair: will be appointed by the Board for a term of two years.
The Key Agencies are:

- Health and Community Services (HCS), Hertfordshire County Council
- Children's services (CS), Hertfordshire County Council
- Hertfordshire Constabulary
- NHS Hertfordshire
- Clinical Commissioning Group(s)
- Hertfordshire Community Trust
- East and North Hertfordshire NHS Trust
- West Hertfordshire Hospitals NHS Trust
- Hertfordshire Partnership Foundation Trust (HPFT)
- POhWER
- Hertfordshire Probation Trust
- District and Borough Councils
- Community Protection, Hertfordshire County Council

Membership of the HSAB is provided by the key agencies named above. Each agency will nominate a senior officer, who has appropriate delegated responsibility for safeguarding in their agency.
Each agency should nominate a deputy to attend in the absence of the lead officer.

If neither the nominated nor deputising members attends two or more meetings, the Chair of the HSAB will inform the executive body of the relevant agency to seek a change of representation.

The Hertfordshire HCS Executive and/or Deputy Executive Member will be invited to attend all meetings.

The key agencies are required to co-operate with Hertfordshire County Council in the establishment and operation of the HSAB and have shared responsibility for the effective discharge of its functions.

Associate members
In addition to full board membership, the HSAB has associate members who provide support to the HSAB either generally or on specific areas of practice.

The following organisations are associate members of the Board:

- East of England Ambulance Service
- Crown Prosecution Service
- Hertfordshire Coroner Service
- Hertfordshire Care Providers Association
- HMP – The Mount
- Housing providers TBC

Meetings of the HASB
A register of attendance will be kept and will form part of the Annual Report.

Frequency of Meetings
The HSAB will meet not less than four times a year, with additional meetings arranged as necessary.

Decision Making
Prior to the discussion of a matter, Board members should have:

- read the written report
- identified key lines of discussion/enquiry to be taken up at the meeting
- identified potential areas of good practice and shared learning
- established the relevant position within their own agency, as necessary

The Chair will manage the consideration of reports and highlight any further action, outputs or outcomes required by the Board and ensure recognition is given for real progress made.

Voting at meetings
Members will not be asked to vote on any decision that may have an impact on the resources or corporate policy-making of their agency. In this situation a consensus will be reached so that members can report the HSAB's request/decision to their organisation and provide any required response to the HSAB.

Only lead members or their named deputy may vote.
The decision-making process of the HASB must provide clarity and certainty.

Members will vote by a show of hands.

Decisions will be binding on the HSAB. However, a review of any decision can be requested if it is felt by a majority of members that the decision was based on inadequate facts, or best practice requires a review.

In cases where there are an equal number of votes, the Chair will have a second or casting vote.

Accountability and Reporting
HSAB is accountable for its work to its constituent agencies. Board members are accountable to their own organisations, and to the Board within the remit of the stated role and responsibilities as described below.

The Board will produce an Annual Report detailing the work of the Board and the local Adult Safeguarding arrangements and operation. The Annual Report will be made available for the general public, and will be presented on behalf of the HSAB to the Hertfordshire County Council Health and Adult Care Panel, Health and Wellbeing Board, and the executive boards of all agencies.

Board Members will submit a summary to the HSAB of the reporting lines within their organisations for Safeguarding Adults issues.
As part of their responsibility to feed back through appropriate reporting lines within their own organisations, Board members will undertake to provide a minimum of one report annually to their own agency executive body, which will include a presentation of the HSAB Annual Report.

Role and Responsibilities of HSAB members

All Members will:

- Share responsibility for ensuring board effectiveness
- Lead and remain accountable for safeguarding activity within their agency
- Possess sufficient seniority and authority to speak on behalf of their agencies, sustain strategic direction, and be able to commit resources or directly feed into agency decision-making and commit resources as appropriate
- Feedback to both their agency and to the HSAB about safeguarding adults issues
- Have responsibility for dissemination to their own and related agencies
- Share responsibility for further development of policy and procedures
- Promote staff awareness of policy in statutory, voluntary and independent sectors
- Participate in developmental training and learning around safeguarding
- Identify a nominated deputy to represent their organisation at HSAB meetings in the event the Board member is unable to attend

and

- Provide an annual statement to the HSAB, detailing their organisation's role in the work, namely;
    - Specific professional responsibilities and legal obligations their agency has/will adopt in relation to Safeguarding Adults work;
    - Their internal implementation of Safeguarding Adults work;
    - Information relating to ensuring all staff and volunteers
    - Have the understanding and skills to carry out their roles and responsibilities

Declaration of personal interest

Board members are required to declare any personal interest that arises in the course of conducting Board business, and should declare this at the start of Board meetings. Board members who have declared a personal interest will be able to participate in the meeting at the discretion of the Chair.

Signed on behalf of the Hertfordshire Adults Safeguarding Board

Sue Darker
Chair