

Appendix A



Hertfordshire Safeguarding Adults Board

Annual Report 2014-2015

Hertfordshire
Safeguarding Adults Board



Foreword from the Cabinet Member

Thank you once again for taking the time to read the Hertfordshire Safeguarding Adults Board's annual report for 2014 - 2015. As Executive member for Health and Community Services I am again delighted to have contributed to yet another exciting year to further the work of the Board 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 agencies work together to prevent abuse in our communities. This year has seen much activity in anticipation of the Care Act 2014 that goes live in April 2015 that for the first time has taken safeguarding adults to the same statutory level as safeguarding children; this makes the work of the board even more important. The achievements of the Board in the past year to be ready for the new legislation is a testament to the ability of our strong partnership to 'Making it Real' to the lives of Hertfordshire residents.

Following the changes in the law in March 2014 we have again this year seen much activity in our work on Deprivation of Liberty Safeguards (DOLs); we continue to work tirelessly to ensure that people are supported as least restrictively as possible whilst also being able to keep safe from harm.

This year the Board commissioned two audits, one to look at practice and qualitative care practice and the other to look at how well we work together when applying our Serious Concerns about providers processes, we have subsequently agreed action plans to take the learning forward.

I have been very pleased to see again another successful year for both the partnership and the county council; however, as I say every year we must never become complacent, and stop striving for excellence in order to meet the challenges we face. We will continue to work hard in partnership to meet the challenges we face and to improve the outcomes of our most vulnerable citizens.

Colette Wyatt-Lowe

Executive Member for Health and Community Services

Hertfordshire County Council

Member of the Hertfordshire Safeguarding Adults Board



The Purpose of the Annual Report

The HSAB is the key body for the coordination of the activity of the various organisations, statutory, independent and voluntary, in Hertfordshire to safeguard and promote the welfare and well-being of 'adults at risk' and for seeking assurance that this work is effective.

The HSAB vision is that all adults at risk have a safe place to live and work, 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 to work and live for all adults at risk.

The role of the HSAB is to:

- Maintain and develop inter-agency frameworks to safeguard adults within Hertfordshire;
- Scrutinise the outcomes of Safeguarding Adult 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 strategic plan and publish an annual report.

You can keep up to date with HSAB by following us on Twitter [@HertsSab](#)

This Annual Report contains details of the work undertaken by HSAB and its subgroups through the year and the Business Plan 2015 and Terms of Reference that HSAB was working to. As always, we welcome any comments on the content or format of this report to inform the development of future reports to ensure they are relevant, informative and accessible to the citizens of Hertfordshire as well as the agencies/constituencies directly involved in the day-to-day work of supporting those adults who experience or at risk of experiencing abuse or neglect.



Interim Independent Chair's Report (Pete Morgan)

Since the publication of 'No secrets' in 2000, safeguarding adults, or vulnerable adult protection as it was then, professional, political and public awareness of the abuse and neglect of adults has grown, although not always for positive reasons. 'No secrets' was criticised almost from its launch as being not fit for purpose as social care professionals in particular argued and campaigned for it to be put on a similar statutory basis as safeguarding children. What started as a commitment to review 'No secrets' became a commitment to consult on a review of 'No secrets' and finally a commitment to incorporate the review into a review of adult social care legislation as a whole. While this was a disappointment to many, it had a certain logic as putting safeguarding adults onto a statutory basis without rationalising the legislation underpinning adult social care would have been nonsensical and unhelpful. The draft Care and Support Bill was extensively consulted upon, amended and retitled the Care Bill, further consulted upon and eventually entered the statute book in May 2014 and will be implemented in part as of April 1st 2015. Despite the fact that, of the some 113 sections and 3 schedules contained in the Act, only some 7 sections and 1 schedule apply directly to safeguarding adults, the Care Act finally places safeguarding adults on a comparable statutory footing to safeguarding children; comparable but not equal.

The Department of Health has, quite correctly, emphasised that the implementation of the Care Act in general, but particularly with regard to safeguarding adults, is not a question of 'Business as normal'. It requires a major change in culture on behalf of all agencies, whether in the statutory, independent or voluntary sectors; for too long safeguarding adults was something 'done to' not 'done with' the adult concerned. This was seen as driven by four factors:

- a risk averse culture in the statutory sector manifested in a performance indicator focused mentality;
- a lack of a focus on outcomes for the adult; a lack of commitment from some agencies locally to safeguarding adults as opposed to safeguarding children;
- a failure locally to acknowledge that safeguarding adults is core activity to all in health and social care services and
- safeguarding adults boards either accepting responsibility for things they shouldn't or having those things thrust upon them.

The above combination resulted in safeguarding procedures and services being overwhelmed by the demands placed upon them to the point where cases and situations of serious abuse and neglect were ignored or overlooked as attention was directed elsewhere. I would stress that where I've used the term 'locally' above, I am not referring to Hertfordshire in particular but to things happening at a local level across the country.



For much of the last year, the work of the Hertfordshire Safeguarding Adults Board (the Board) has therefore been focused on ensuring it is ready for April 1st. This has taken the form of five distinct areas of activity:

- Recruiting an Independent Chair for the Board on a long-term basis
- Reviewing the multi-agency safeguarding adults policy and procedures, 'Safeguarding Adults at Risk'
- Reviewing the Board's structure and membership
- Establishing the Board's administrative support
- Developing a Strategic Plan and a Business Plan to implement it.

I was recruited late in 2013 on a twelve month contract as the Board's Interim Independent Chair with a remit of reviewing its structure, governance and processes in order to ensure it was 'fit-for-purpose' when the Care Act was implemented in 2015 and to enable the members of the Board as required by the Act, namely the County Council, the two Clinical Commissioning Groups and the Police to decide on the form of Chair they wished to appoint to take the work of the Board forward. In the event, my contract was extended until the end of February while the recruitment of an Independent Chair was completed. I would like to congratulate Liz Hanlon, who recently retired as a Detective Chief Inspector from Hertfordshire Police, on being appointed and I'm sure she will prove to be a successful appointment.

The first two areas identified above are indicative of how the Board is working to ensure that, post April 1st, it is not a case of 'Business as usual'. The multi-agency policy and procedures have been revised in the light of the Care Act, both in terms of being outcome-focused and person-centred and in ensuring that the terminology and language used is Care Act compliant and that they reflect the Statutory Guidance that was published in October 2014 to support the Act. They will still require reviewing and revising in the light of implementing the Act from April 1st onwards, but a process has been put into place to enable this to happen and to ensure that there is a consistent interpretation of the Care Act in its totality across Hertfordshire by linking the Board's Policy and Procedures Subgroup with the County Council's Care Act implementation Group.

A complication, that is potentially both a strength and a weakness, is the number of district councils within Hertfordshire. As a level of local democracy, it is important that the district councils are represented on the Board; the fact that there are ten of them makes this harder to achieve. The Board is developing a Members' Role Description that will facilitate this by making explicit the responsibilities of members who are representing a community of interest rather than an agency. The Role Description will also assist in identifying at which level of the Board particular agencies and communities of interest would be best suited to participate in its work.



The review of the Board's structure has been completed and the proposed revised structure is still being finalised; the outstanding details are around membership of the different levels of the structure but these will be finalised during April. The core operational components, the subgroups, have been agreed and their Chairs identified; their membership is being confirmed to ensure that they contain the necessary skill, expertise and experience mix to enable them to be efficient and effective.

The Board has not, until now, had its own dedicated administrative support post; it has had to draw on support from the Safeguarding Children Board's Business Team. While being very grateful and appreciative of the support that was provided, the Board recognised the need to establish and recruit a full-time post of its own and in December 2014, Kate Sullivan was appointed as the Board's Business Officer. In the few months she has been in post she has had a real impact and will, I am sure, be a valued asset in taking the work of the Board forward in the future.

The Board had drafted a Business Plan for the period 2012 – 15 which required updating both to make it compatible with the Care Act and to incorporate the Strategic Objectives the Board had agreed. It has also been decided to separate those tasks that will be required each year from the time-limited tasks. The former will be contained in a Business Process, the latter in the Business Plan; in combination, they will form

the basis for the Board to consult with the citizens of Hertfordshire to develop its Strategic Plan for 2016-17 onwards as required by the Care Act. In the future they will enable the Board to demonstrate how it will fulfil its Strategic Plan and hence its Strategic Objectives.

The Care Act and its supporting Statutory Guidance recognises that safeguarding adults is not a stand-alone activity; the lives of adults with care and support needs are also impacted upon by the activity of the local Health and Wellbeing and Safeguarding Children's Boards. In Hertfordshire, this recognition has been taken further by the drafting of a protocol that will coordinate the activity of all three boards; this can only be for the better of all Hertfordshire's citizens and will, hopefully, lead to the extension of the protocol to include the Community Safety Partnerships led by each District Council and the county-wide Strategic Domestic Abuse Forum.

As I wrote in last year's Annual Report, the foundations are in place to ensure that adults are safeguarded in Hertfordshire and systems have been or are being established to monitor and evaluate their successful implementation. However, there is a danger of complacency; the challenges I referred to last year remain and, in some cases have deepened.



The demographic and financial pressures on care and support services have not eased but have increased. These pressures apply across all sectors and services, not just health and social care but also the criminal justice system. The full impact of the cuts or reductions in services have yet to be felt and may well not become apparent for a number of years as the implications of the reduction if not removal of preventative services begin to result in increased demand for critical services. In addition, the demographic pressures that are generating increased demand for care and support services have yet to peak. The Care Act brings with it a number of advantages from a safeguarding perspective but also imposes additional duties, financial as well as direct service provision, for local authorities and their partners on the Board. These have been compounded by the Chester West Judgement; the resulting huge increase in demand for DoLS assessments is a cause of great concern for all local authorities, not only for reasons of costs, but also because of the shortage of the appropriately trained/qualified staff, the risk of judicial review and the need to divert staff away from other activity.

In this context, I can only repeat what I wrote last year:

“

these pressures apply to all the statutory services and to the independent, voluntary and community sector agencies that are commissioned to provide services; it seems to me unavoidable that these will impact particularly on the most vulnerable in our society and not just at times of crisis but also at lower levels of need through reduced preventative services. It is not the function of the Board or the Chair to adopt a party-political approach to these issues. Elected members and managers across all sectors have to manage within financial and legislative constraints. Where the Board and the Chair do have a role is in holding members to account for their activity as it effects the wellbeing of citizens in general and adults at risk in particular, both as individual agencies but also a partnership. The Board should coordinate the activity of its members to maximise their impact on the well-being of the citizens of Hertfordshire. Key to this is exercising a Duty of Candour. It is unhelpful and dishonest to be anything other than open and transparent about what we can and cannot do, individually and collectively, to safeguard the citizens of Hertfordshire.”

The need to exercise that Duty of Candour remains central to the role of the Board, in fact makes the relevance of the Independence of the Independent Chair even more critical.



Much has been achieved in the past 12 months, as is described in the subgroups' reports later in this Report. The Board has continued to provide a strategic overview of their work and to Hertfordshire's response to the Care Act. The Board has continued to be committed to owning and implementing its Strategic Objectives and has established a budget to support its work despite the financial constraint and cuts I referred to earlier. It will not be easy to maintain the level of resourcing the Board needs to be effective, not just financially but also in terms of staff time to take the Strategic Plan forward. Hopefully, the protocol with the Health and Wellbeing and Safeguarding Children Boards will reduce areas of duplication of effort and enhance joint working. This will be vital as times of financial constraint are also times when the most vulnerable in our society are put at even greater risk of abuse and neglect.

The Board will continue to strive to ensure that those resources that are available are used as effectively and as efficiently as possible to safeguard the citizens of Hertfordshire. The context in which this Annual Report is being written is therefore a mixed one of optimism and pessimism: new legislation will put safeguarding adults on a statutory basis but the media continue to highlight instances of abuse and neglect within health and social care services. In addition, the pressure on care and support services is increasing.

This is the second, and also the last, Annual Report for which I will be responsible, as my tenure as its Interim Independent Chair ceased at the end of February 2015. I would like to take this opportunity to express my thanks for the support I have received over the last 14 months and my appreciation of the hard work and commitment shown not only by members of the Board and its subgroups but by numerous colleagues across Hertfordshire during that period. It has been a period of transition, not just in terms of the legislation relating to safeguarding adults and social care in particular, but also for the agencies who work with adults at risk of abuse and neglect. The work of the Board and safeguarding adults practice across Hertfordshire has been well supported by staff and volunteers across health and social care and support services and the police. In addition, the administrative support that I and the Board have received has been essential to its smooth running and the recruitment of a Business Officer dedicated to supporting the Board will ensure that this continues into the future. It is therefore with some sadness that I write this report, but I am sure my successor will find the foundations in place to take the development and work of the Board forward under the Care Act and that the Board will support and enable her to do so.

Pete Morgan
Interim Independent Chair



Independent Chair's Report (Elizabeth Hanlon)

I would like to thank Pete Morgan for all the hard work that has taken place over the last 14 months and for his dedication and expertise in the arena of safeguarding adults. As already mentioned the care act will bring all partner agencies together for the common goal of safeguarding vulnerable adults within Hertfordshire and I am honoured to be a part of that journey. The structures of the boards have been set and the level of attendance by agencies agreed. All partner agencies within Hertfordshire have signed up to provide support to the board and to the arena of safeguarding adults. The board will be looking to hold a safeguarding day where service users, carers and members of the public will all be asked to contribute to the development of the business plan and future safeguarding agendas. I am very pleased to have been appointed as the Independent chair for Hertfordshire and I look forward to continuing all the good work that has already started.

Elizabeth Hanlon

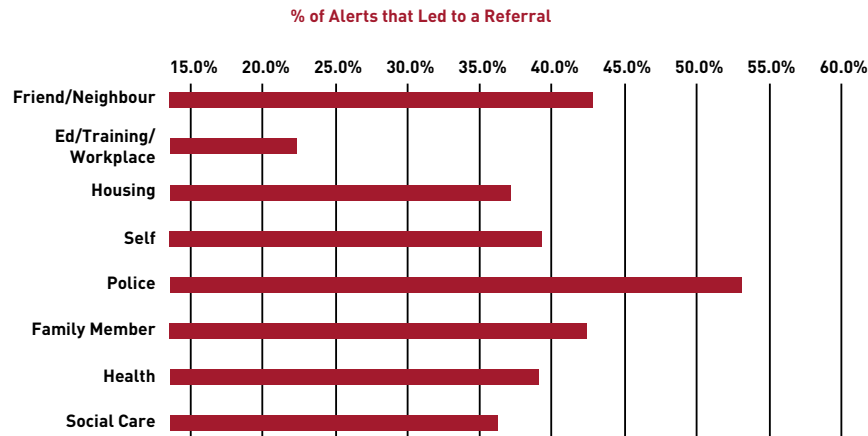
Independent Chair March 2015 - Present



Source of referral

The majority of alerts are raised by Social Care staff (43.9%); this includes staff in the private and voluntary sector as well as the local authority. Other sources include health staff (26.5%), family members (3.6%), police (3.5%), self-referrals (2.4%) and friends/neighbours (4.3%).

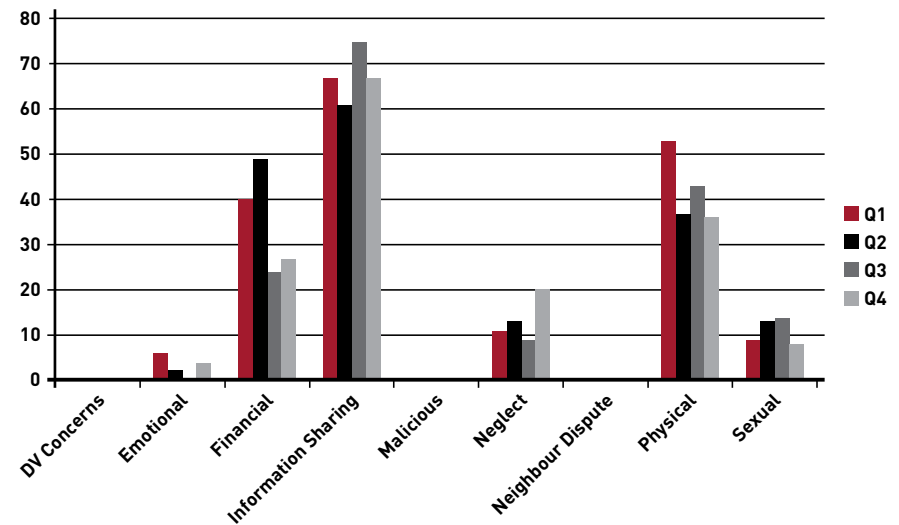
The chart below shows the percentage conversion rate of alerts to referrals.



Number of concerns reported 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.

Type of offences/concerns	Q1	Q2	Q3	Q4	Total
DV concerns	0	0	0	0	0
Emotional	6	2	0	4	12
Financial	40	49	24	27	140
Information Sharing	67	61	75	67	270
Malicious	0	0	0	0	0
Neglect	11	13	9	20	53
Neighbour dispute	0	0	0	0	0
Physical	53	37	43	36	169
Sexual	9	13	14	8	44
Total	186	175	165	162	688



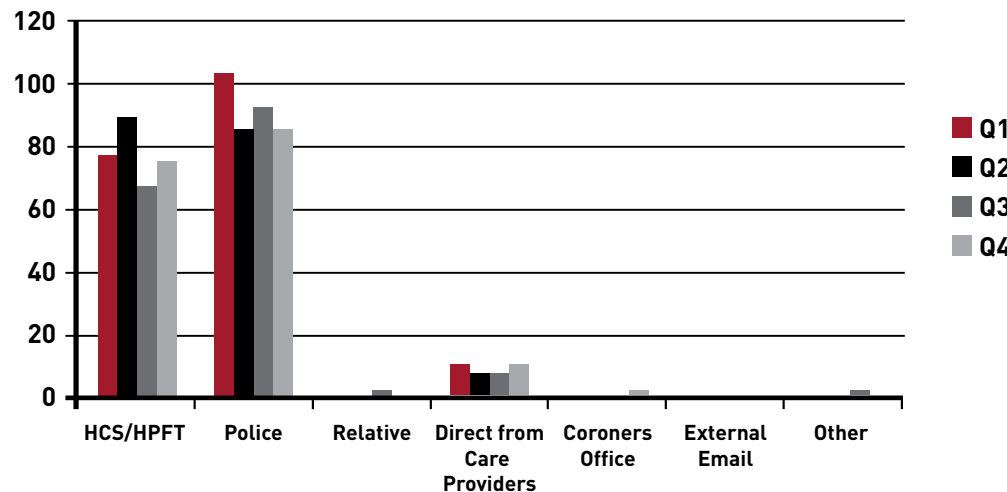
176 entries for second quarter however there is one duplicate - therefore numbers adjusted to 175



Hertfordshire Safeguarding Adults Board Annual Report 2014-2015



Referrals received from	Q1	Q2	Q3	Q4	Total
HCS/HPFT	79	88	65	71	303
Police	102	84	95	85	366
Relative	0	0	1	0	1
Direct from care providers	5	3	3	5	16
Coroners Officer	0	0	0	1	1
External email	0	0	0	0	0
Other	0	0	1	0	1
Total	186	175	165	162	688



During the year the following outcomes have been recorded for the SAFA team. The team have processed 688 referrals – (initial investigation/enquiry is applied to all referrals including follow up enquiries with the referrer, possible witnesses and safeguarding strategy discussions).

Of these 688 referrals, 153 were allocated for further investigation. 18 people have been arrested by SAFA officers for offences of sexual assault, assault, theft, fraud and neglect. An additional 10 people were dealt with in custody (i.e. having been arrested by other officers). 65 people have been interviewed under caution. 42 ABE interviews have been conducted with vulnerable adults.

Following investigation:**

22 people were charged and summonsed to court for a total of 48 offences. 7 people were cautioned. A total of 55 charges or cautions were administered. 14 people were convicted at court while 1 person was acquitted.

**It should be noted that, due to the time lag between investigation and court hearings, the outcomes of investigations do not directly correlate to the 2014 figures.



Strategic objective 5: To commission Safeguarding Adults Reviews and ensure that learning from them and other reviews, local and national, is embedded in local practice.

No safeguarding adult reviews have been requested this year.

Two Multi Agency Serious Incident Reviews (MASIRs) have concluded. The first overview report and action plan from the agencies involved has been reviewed by the MASIR panel and the final report presented to the HSAB. The second overview report and action plan is due to be presented to the HSAB in September 2015.

Case Studies

A carer was found guilty of assaulting a vulnerable adult who was in his care after a member of the public called 999 to report her concerns. The victim was unable to communicate and could not explain what had happened but the evidence of this witness including the compelling 999 recording ensured that he was found guilty. As a result the carer received a community order and will be prevented from working with vulnerable people in the future.

An assistant care home manager pleaded guilty to stealing £3,600 from 6 highly vulnerable residents of a care home. The assistant manager received a suspended sentence, fine and community work. Measures have been put in place to ensure he cannot work with vulnerable people in the future.

As part of a safeguarding investigation a member of the public came forward and made allegations of sexual abuse dating back to when the male suspect had been living with her family. As a result he was prosecuted for these and other offences and was found guilty of 12 counts of sexual assault. He was sentenced to 7 years imprisonment by the Judge at Harrow Crown Court.



Disability Hate Crime

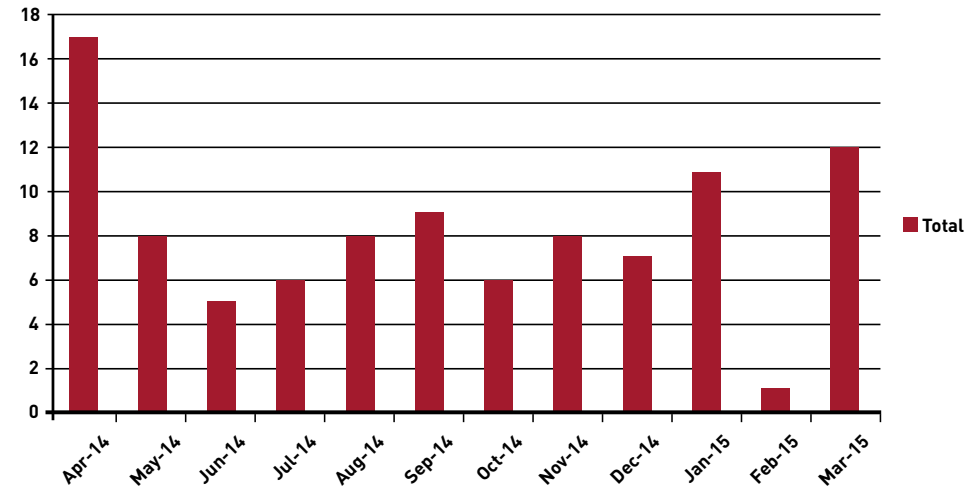
Number of Disability Hate Crimes (crime and incidents) 2014/15	Q1	Q2	Q3	Q4	Total
Disability Hate Crimes	16	15	15	6	52
Disability Hate Incidents	17	10	6	18	51
Total	33	25	21	24	103

Total Number of:	2012/13	2013/14	2014/15
Disability Hate Crimes	15	13	52
Disability Hate Incidents	34	49	51
Hate Crimes and Incidents	49	62	103

In Hertfordshire the focus remains on engaging with agencies across Hertfordshire to set up third party reporting centres. Hertsmeres Borough Council has recently signed up to be a third party reporting centre along with Headway (a charity for people with brain injuries). In addition to the centres already in existence, work continues with a number of other agencies to widen the network of opportunities for reporting.

These include Stevenage Borough Council and the Citizens Advice Bureau, Hertsmeres Borough Council and Watford Borough Council. Training has been delivered to The University of Hertfordshire. A Hate Crime awareness week in June 2015 will highlight the importance of reporting.

Reported Hate Crime incidents/crimes 2014-2015



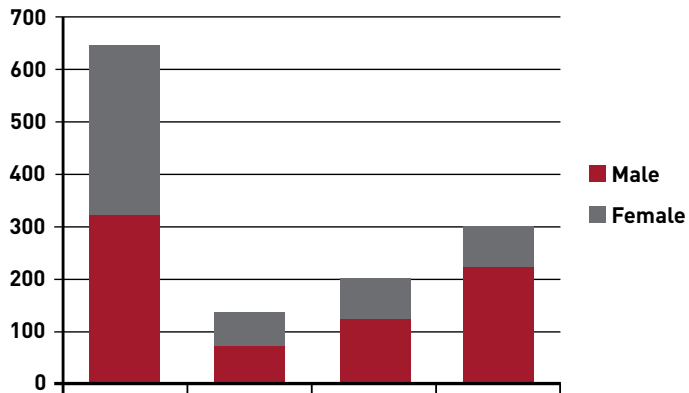
Referrals by age and gender of the adult at risk.

In 2014-2015 58% of referrals were for women compared to a national figure of 60% in the previous reporting year (2013-2014). This has been the trend in Hertfordshire for the past three years.



The table below sets out the number of referrals by gender and age.

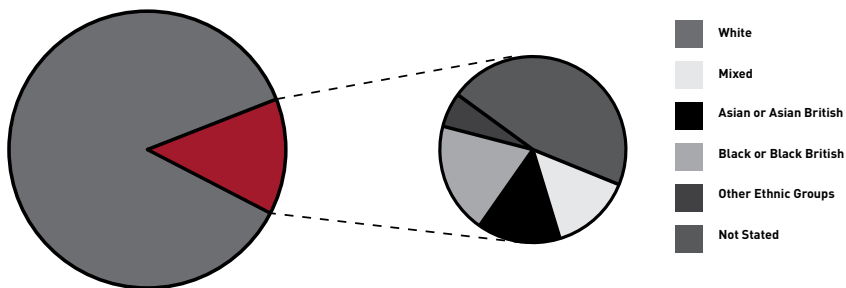
Referrals by Gender & Age



Ethnicity

In 2014-2015 86% of the referrals were for those of white British origin. This compares to 86% in 2013-2014 and 84% in 2012-2013.

Referrals by Ethnicity

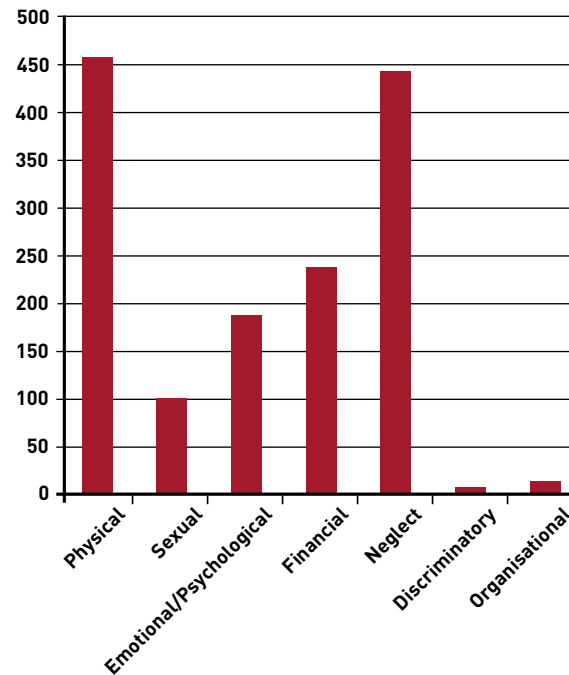


Nature of abuse

In Hertfordshire physical abuse was the most prevalent type of abuse recorded (31.8%), followed by neglect (30.9%), financial abuse (16.2%), emotional/psychological abuse (12.8%), sexual abuse (6.9%) organisational abuse (1.1%) and discriminatory abuse (0.4%).

Please note that all categories of abuse that apply are recorded for each investigation.

Nature of Abuse





Relationship of adult at risk to person who (may have) caused harm

Social care staff remain the most frequently recorded category of person who (may have) caused harm at 42.1%. This compares with 43.1% in 2013-2014 and 39.6% in 2012-13.

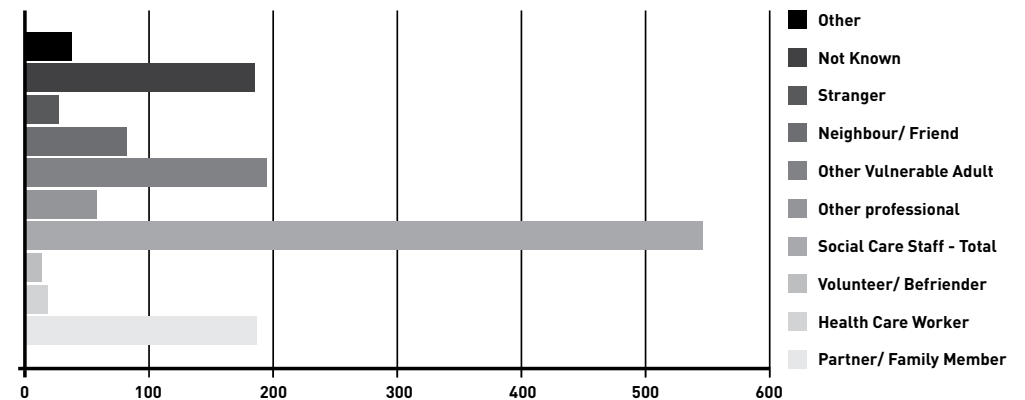
There has been a decrease in the percentage of reported abuse by another adult at risk from 14.2% (2013-14) to 13.2% (2014-15) and the percentage of reported abuse by family members has also decreased from 15.4% (2013-14) to 14% (2014-15).

For those aged 85 and over there was a drop in the percentage of social care staff at 59.1% compared to 62.9% last year. This may reflect the reduction in the number of serious concerns investigations.

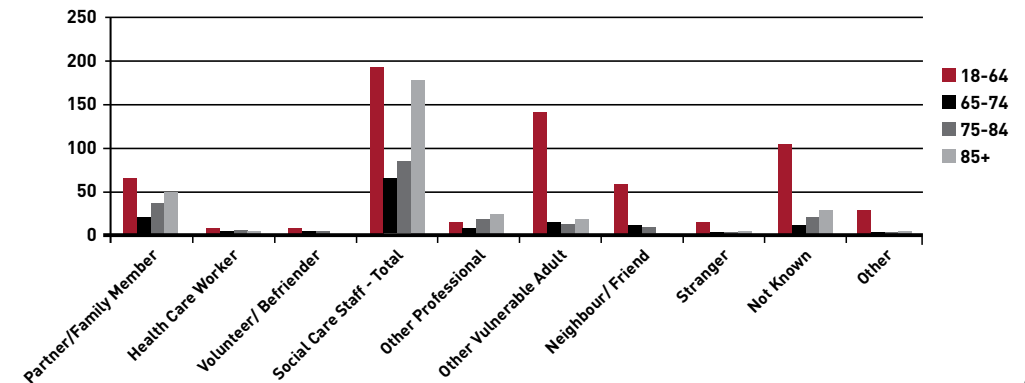
It should also be noted that social care staff make more safeguarding referrals than any other group. This is often the manager of a provider service raising an alert about incidents in their service, which are addressed either through training or when necessary disciplinary or police action.

The tables below set out the relationship of the adult at risk to the person who (may have) caused harm and relationship of the adult at risk to the person who (may have) caused harm and by age range.

Relationship of the Adult at Risk to the Person who (may have) caused harm



Relationship of the Adult at Risk to the Person who (may have) caused harm by Age Range





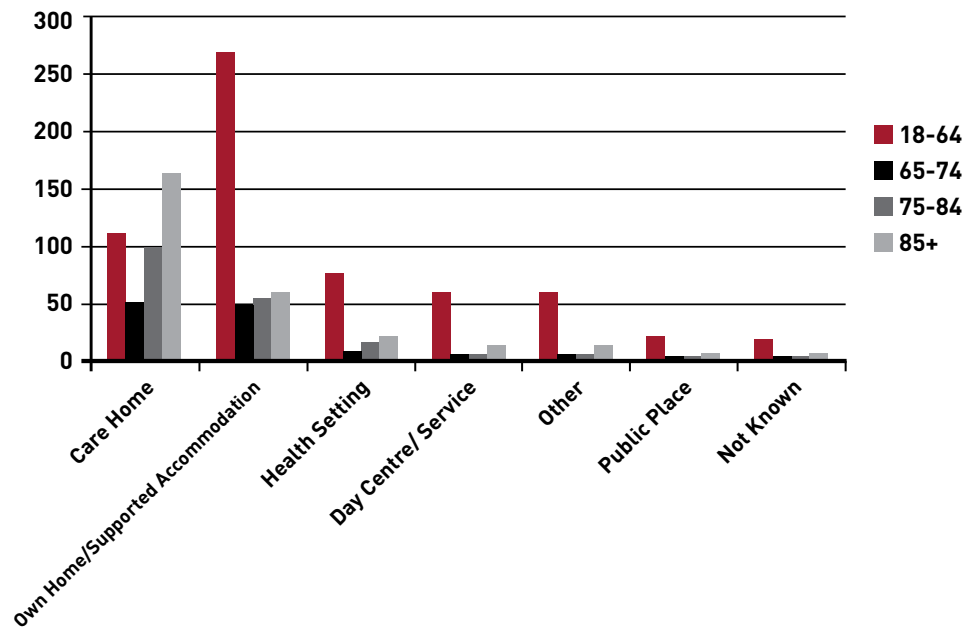
Location of abuse

35.6% of the incidents of all reported abuse occurred in the adult at risk's own home and 35.6 in a care home*. In 2013 – 14 the percentage was 37% and 35% respectively and in 2012 – 2013 it was 37% and 36%.

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

The table below sets out the location of abuse by age range.

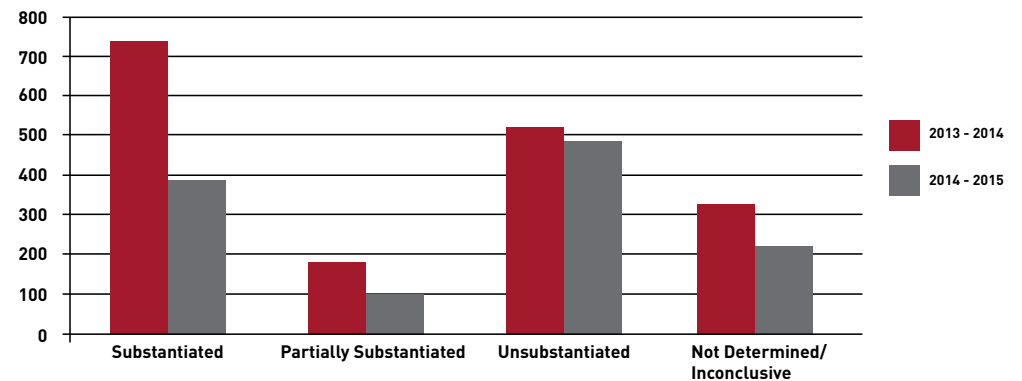
Locations of Abuse by Age Range



Outcome of completed referral

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

Of the 1126 investigations concluded in 2014-2015, 395 (35%) were substantiated, 114 (10%) were partly substantiated, 396 (35%) were unsubstantiated and in 221 (20%) of cases there was not enough evidence to determine whether alleged abuse took place.



866 safeguarding episodes remain active at the end of the year.



Service User Survey

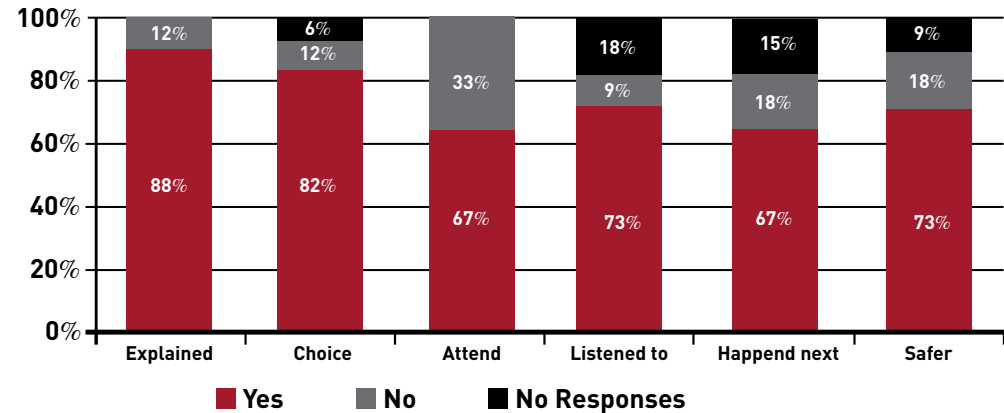
1126 investigations were closed in 2014/2015. Of these 69 had a Having Your Say safeguarding survey requested.

Of the **69** surveys sent out **33** were returned. This compares to 71 sent with 22 returned in 2013/2014 and represents a 17% increase in return rate for 2014/2015. The survey questions are shown below with the results for 2014/2015.

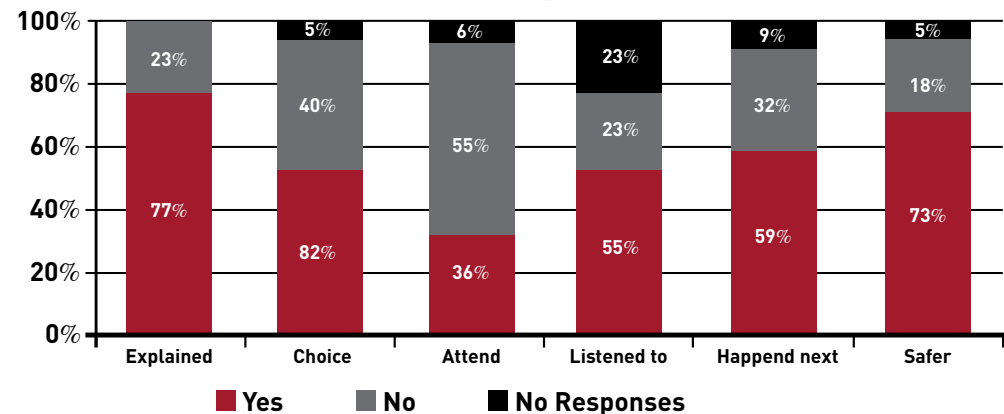
1. Did someone explain to you what a safeguarding investigation is?
2. Were you given the choice to go to any safeguarding meetings?
3. Did you attend?
4. Were your views listened to at the meeting?
5. Were you asked what you wanted to happen next?
6. Do you feel safer as a result of the safeguarding investigation?

	Yes	%	No	%	No Response	%	Total
Explained	29	88%	4	12%	0	0%	33
Choice	27	82%	4	12%	2	6%	33
Attend	22	87%	11	33%	0	0%	33
Listened to	24	73%	3	9%	6	18%	33
Happened next	22	67%	6	18%	5	15%	33
Safer	24	73%	6	18%	3	9%	33

14/15 Responses



13/14 Responses





7. Do you have any comments about your experience of the safeguarding process?

“ Grateful for the help I have received. ”

“ I was informed of how S was progressing and I kept in touch as well to see if she was being looked after. Knew there was going to be a meeting but was told I would be informed of the result. The social worker came and told me the result. ”

“ Very helpful, my worries were dealt with. ”

“ I'm happy ”

“ Thanks for listening and respecting me and keeping everything we talked about to yourselves ”

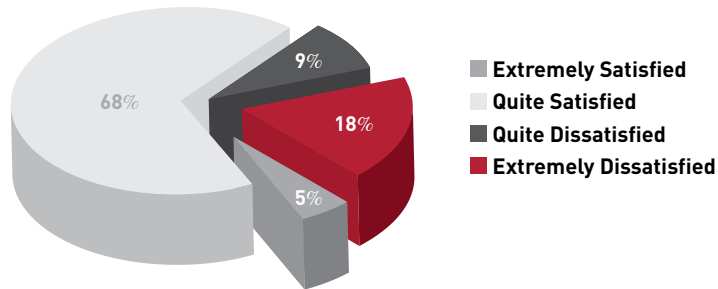
“ R indicated by saying no and shaking his head that he didn't have anything else he wanted to say. ”

8. Overall satisfaction with the support you received:

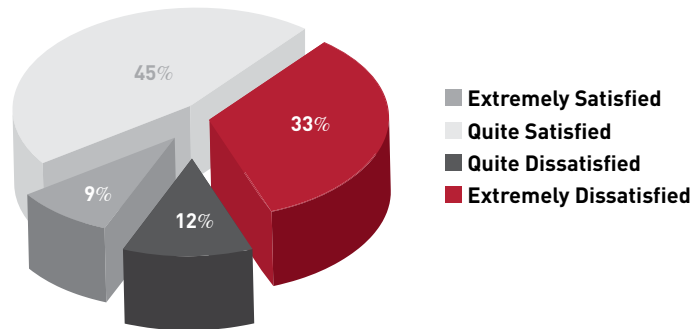
	Satisfaction	
Extremely Satisfied	3	9%
Quite Satisfied	15	45%
Quite Dissatisfied	4	12%
Extremely Dissatisfied	11	33%



13/14 Satisfaction



14/15 Satisfaction



People are treated and cared for in a safe environment and protected from avoidable harm

Serious concerns about providers

The serious concerns process is started when there are concerns that the care provided by a service to adults at risk is causing abuse or neglect. The partnership working between the Care Quality

Commission, HCS and the CCGs identifies potential issues at an early stage. There were 5 serious concerns investigations open at the beginning of the year with 13 new investigations started during the year. 7 investigations were open at the end of the year. This represents a decrease on last year where there were 26 new investigations. Of the 13 new investigations 9 were in care homes, 3 were in supported living and 1 within a home care provider. 9 of the new investigations were in Older People's services and 4 in Learning Disability services.

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

The key themes identified by senior managers are:

- poor personal care and standards of hygiene
- lack of offering choice
- poor management of medication
- poor nutrition
- lack of leadership and poor management practice
- poor care planning and care delivery
- lack of daily activities and stimulation for residents
- inadequate staffing levels/changes of management
- lack of staff training
- poor communication between staff
- poor environment, lack of cleaning and infection control
- poor financial management



**Strategic objective 8:
To promote, maintain and seek assurance of the multi agency implementation of the Mental Capacity Act and the Deprivation of Liberty Safeguards to a high quality across Hertfordshire**

The Deprivation of Liberty Safeguards (DoLS) were introduced in 2009 as part of the Mental Capacity Act 2005 (MCA) to protect the rights of people who lack the capacity to make certain decisions for themselves. The MCA provides the framework of guidance for people who need to make decisions on behalf of others.

The Deprivation of Liberty Safeguards (DoLS) process in Hertfordshire is managed by the Hertfordshire Supervisory Body who are responsible for assessing and authorising a standard authorisation or urgent authorisation where individuals lacking capacity are deprived of their liberty in a hospital or care home.

From 01/04/2014 to 31/03/2015 the Hertfordshire Supervisory Body has received a total of 5,129 applications.

In quarter four there were 1179 applications made to the Hertfordshire Supervisory Body.

During this quarter, 115 applications were authorised, 162 were not authorised. This includes applications received in quarter one, two and three.

3106 applications remain not assessed with 331 applications in progress. Of those not assessed, 3105 are out of the statutory timescale. Quarter 4 DOLS applications (historical/current) – total for Supervisory Body

(NB: Table shows work completed, regardless of when application came in)

	Authorised	Not Authorised	Awaiting Assessment	Total
Care Homes	114	197	797	1108
Hospital	80	130	112	322
Total	194	327	909	1430

Quarter 4 DOLS new applications – Hertfordshire Managing Authorities (Hospitals)

Hospital	Authorised	Not Authorised	Awaiting Assessment	Total
West Herts Hospitals NHS Trust	11	52	7	70
East and North Herts NHS Trust	3	23	9	35
Herts Partnership Foundation Trust	46	22	31	99
Herts Community NHS Trust	2	8	2	12
Out of county hospitals	3	26	15	44
Total	65	131	64	260

As the Hertfordshire Supervisory Body only has information on Hertfordshire residents the table sets out the information supplied by each trust in relation to its total activity and includes non-Hertfordshire residents. This data does not include applications from Nursing homes, respite or short stay care.

**HSAB Performance sub group
July 2015**



Subgroup Reports

HSAB continues to delegate responsibility for developing the responses to its Business Plan to its subgroups which report back at Board meetings. HSAB has retained all of the four subgroups that it has established the Public Engagement Sub-group, the Performance Subgroup, the Learning and Development Subgroup and the SARs sub group.

The Public Engagement Subgroup

Following the review of the membership and terms of reference the focus of this group has been to create awareness raising materials that clearly identify the HSAB and then develop an awareness raising strategy.

Membership

- Herts Valleys and East & North Hertfordshire Clinical Commissioning Groups - Head of Adult Safeguarding (Chair)
- Hertfordshire Community NHS Trust - Named Nurse Adult Safeguarding (Vice Chair)
- Health and Community Services - Head of Adult Safeguarding
- Hertfordshire Constabulary – SAFA Unit Detective Sergeant
- East & North Hertfordshire NHS Trust Adult Safeguarding Lead
- Health and Community Services - Public Engagement Manager
- Healthwatch - Senior Partnership & Community Development Officer

- POhWER - Regional Manager
- West Hertfordshire Hospitals NHS Trust - Deputy Director of Nursing
- District Council Representative
- Hertfordshire Partnership University Foundation NHS Trust - Inclusion & Engagement Manager
- ENCCG Patient Experience & Safety Lead
- HCPA – Chief Executive
- Supported by the HSAB Business Support Officer

Achievements in 2014/15

- The development of a generic power point presentation that can be used by all HSAB partners to raise awareness of safeguarding adults and the Care Act.
- The development of a safeguarding adult leaflet that can be used by professionals and the public.
- The development of a series of posters and pop ups that will support awareness raising.
- Launch of the materials at the annual safeguarding adult conference
- The creation of a case study library that professionals can use to support training
- The Public Engagement Subgroup agreed that each partner support World Elder Against Abuse Day (WEAAD) by using the material supplied as a focal point for their safeguarding adult activities that month on their intranets.



- Creation of a year planner of partner events where awareness raising can take place.
- Distribution of materials to HSAB partners and other stakeholders.

Priorities for 2015/16

- The Sub Group has identified two future work streams which are; developing a work plan which focuses on how the HSAB communicates its work to the public, for example, the Annual Report and the Business Plan and how we engage with the public.
- To finalise the draft work plan to enable HSAB to meet its Strategic Objectives regarding public engagement.
- Complete the development of the web pages.
- To use the World Elder Abuse Awareness Day, an international event held each year on June 15th, to provide a focal point for a range of activities that the HSAB will undertake to promote itself, its activities and Safeguarding Adults in general.
- The Subgroup will continue to be responsive and implement strategies to increase the involvement of people who use services and carers in HSAB activity and on-going developments, working with a wide range of different groups who are willing to engage with this work.

Tracey Cooper

**Chair Public Engagement Subgroup
April 2015**

The Learning and Development Subgroup

The Learning and Development subgroup has not been active during 2014-2015, however at the time of writing this report, membership of this sub group is being finalised. Once the group is established the work plan and priorities for the next year will also be confirmed. The nominated chair of this sub group was instrumental in the very successful Annual Safeguarding Adults Conference and a report about the conference is below.

A total of 98 delegates attended the HSAB Annual 2015 conference in February. This year's conference had a greater spread of representation across partner agencies – this was evidenced by the sheer number of GP's in attendance. This gave a great multi-disciplinary feel to the conference and allowed the opportunity for key networking to take place and foster a partnership approach towards safeguarding.

There was a wide range of speakers, launched by Iain MacBeath, Director of Health and Community Services at Hertfordshire County Council, who highlighted the key changes for safeguarding in relation to the Care Act.



In addition to Iain speakers presented about;

- Challenges of the legislation and the Care Act and its ability to safeguard from Action on Elder Abuse;
- Hate Crime by a representative from Hertfordshire Constabulary;
- When it goes wrong – The Mental Capacity Act - From a GP's personal experience.

The most highly valued aspect of the day from evaluations was the GP's frank and honest account of his personal experience.

The workshops were successful and received positive feedback especially concerning the duty to share information.

The Performance Subgroup

The Performance Subgroup has met four times during 2014 -15. Following the retirement of the Head of Adult Safeguarding in December 2014, the chair of this sub group has been replaced by the Head of Social Care and Safeguarding at Hertfordshire Partnership Foundation Trust.

Membership

- Hertfordshire Partnership Foundation Trust - Head of Social Care and Safeguarding (Chair)
- Hertfordshire County Council Community Protection (Vice chair) - Deputy Head of County Community Safety
- West Hertfordshire Hospitals Trust – Adult Safeguarding Lead Nurse
- Health and Community Services - Deputy Area Manager (OPPD)
- Health and Community Services - Head of Adult Safeguarding (from April 2015)
- Hertfordshire Community NHS Trust - Safeguarding Adults Specialist Nurse
- Health and Community Services - Performance Information Officer
- Hertfordshire Police - Detective Sergeant
- Hertfordshire Partnership Foundation Trust – Safeguarding Nurse
- POhWER – Regional Manager
- Supported by the HSAB Business Support Officer



Objectives

- To promote, implement and maintain high quality multi-agency Safeguarding Adults practice across Hertfordshire.
- Report safeguarding trends and activity on a quarterly basis.
- Advise the HSAB of strategic decisions or actions that need to be addressed to improve safeguarding practice within the partnership and across Hertfordshire.
- Identify and promote areas of good performance.
- Report to the HSAB how national legislation, guidance, policy and the government's statement of principles on safeguarding adults at risk is being implemented across Hertfordshire.

Achievements

This has been a productive year for the Performance Subgroup. Safeguarding activity and trends have been reported on a quarterly basis. Research has been carried out around dashboards for Performance reporting and we aim to implement this from next financial year.

Priorities for 2015/16

Our main aim for next year is to develop and imbed a system/process to capture information around making safeguarding personal.

Santokh Dulai

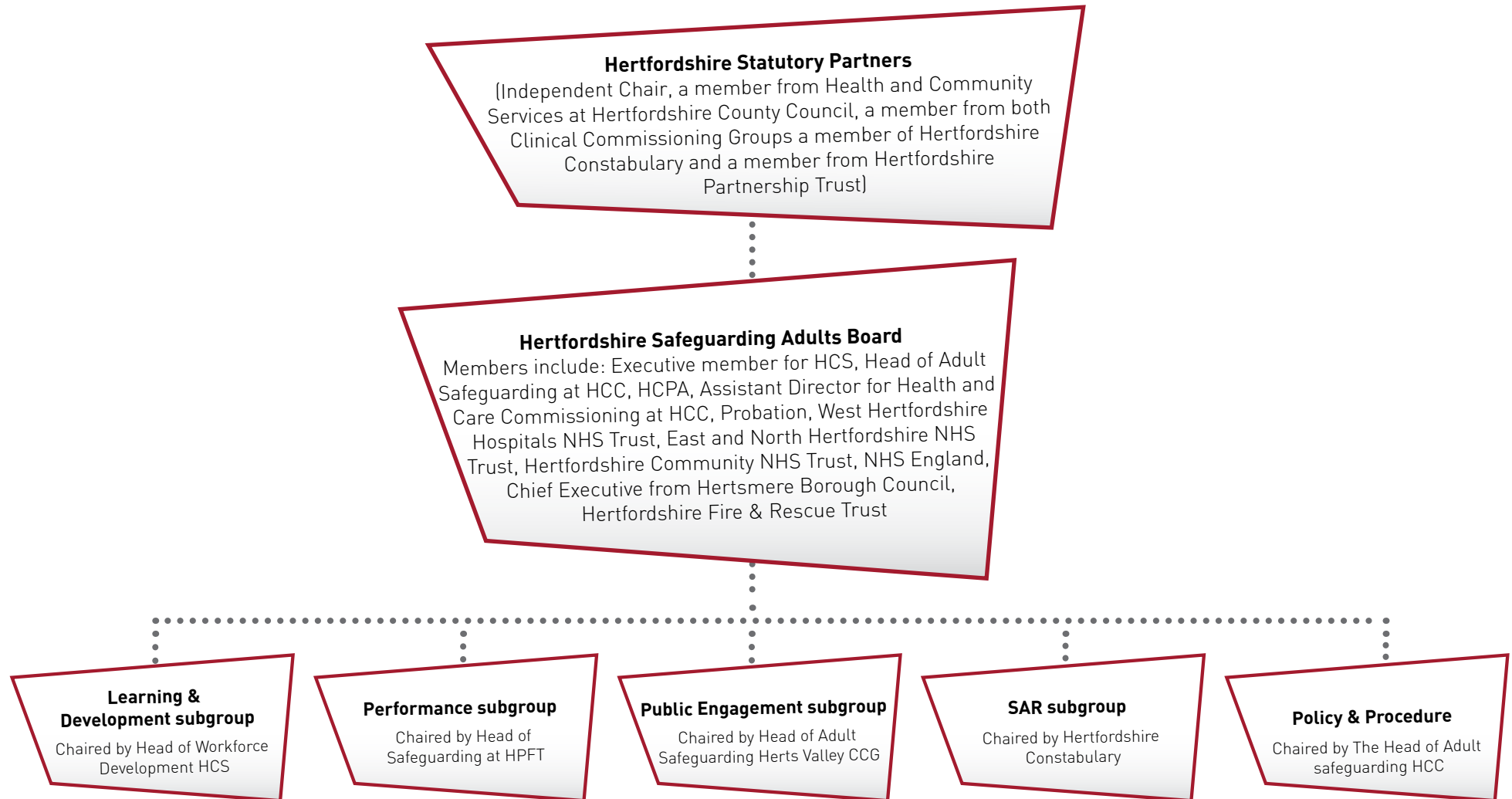
Chair, Performance Sub Group

April 2015



Please click here to view our current Business Plan.

www.hertsdirect.org/HSAB





Purpose	To safeguard adults with care and support needs by leading, shaping, co-ordinating and seeking assurance of effective safeguarding arrangements across Hertfordshire as required by the Care Act.
Legal standing	HSAB is a multi-agency partnership and has been established to enable Hertfordshire County Council and its relevant partners to meet their responsibilities and duties under the Care Act 2014 re Safeguarding Adults.
Strategic Objectives To be fulfilled in accordance with the safeguarding principles: Empowerment Protection Prevention Proportionality Partnership Accountability	<ul style="list-style-type: none">• To promote, maintain and seek assurance of the implementation of a high quality multi-agency Safeguarding Adults process across Hertfordshire;• To seek assurance that Safeguarding Adults is clearly identified within the core business of members and their partners;• To develop and maintain effective working relationships between members, their partners and other community partnerships;• To ensure that service users, carers and the public are enabled to contribute to the work of the Strategic Board;• To raise public, professional and political awareness of Safeguarding Adult issues across Hertfordshire;• To commission Serious Adult Reviews and to promote and seek assurance that learning from them and similar reviews nationally are embedded in local practice;• To promote and seek assurance of the development of a social and health care workforce effectively trained in Safeguarding Adults and that their practice is continuously improving;• To contribute regionally and nationally to the development of Safeguarding Adults;• To promote, maintain and seek assurance of the multi-agency implementation of the Mental Capacity Act and the Deprivation of Liberty Safeguards to a high quality across Hertfordshire.



Approach

To do this HSAB will:

- Set Strategic Objectives for itself and implement a Business Plan to meet the Strategic Objectives;
- Establish Sub Groups where necessary to meet the Strategic Objectives;
- Regularly review progress against the Business Plan and its Strategic Objectives;
- Agree, contribute to and monitor the use of a resource base to meet its Strategic Objectives;
- Develop information on Safeguarding Adults for service users, carers, the public and staff;
- Consult on and produce an Annual Strategic Plan;
- Develop and monitor a set of performance indicators to measure progress against its objectives;
- Publish an Annual Report on progress including learning from Safeguarding Adults Reviews;
- Review and revise its Terms of Reference and Strategic Objectives periodically but at least every other year;
- Develop Strategic Partnerships with other community partnerships across Hertfordshire;
- Appoint an Independent Chair.

Membership

HSAB Membership:

Required by the Care Act:

- Hertfordshire County Council
- E&N Hertfordshire CCG
- Herts Valleys CCG
- Hertfordshire Constabulary

Agreed:

- Independent Chair
- Hertfordshire Partnership Foundation NHS Trust



Membership

Social Care:

- Executive Member for HCS
- Head of Adult Safeguarding
- CEO of HCPA

Criminal Justice System

- National Probation Service

Health:

- West Hertfordshire Hospitals NHS Trust
- East & North Hertfordshire NHS Trust
- Hertfordshire Community NHS
- NHS England

District Councils Representative

- Chief Executive

Other:

- Fire & Rescue Trust
- Voluntary Sector – CVS



Membership

Sub Group Chairs

- Learning & Development Sub Group
- Safeguarding Adult Reviews
- Public Engagement Sub Group
- Performance Sub Group

All members will be required to nominate a single named deputy to take their place in the event that they are unable to attend a meeting.

Meeting Objectives

- HSAB will determine how the Strategic Objectives will be met. This could include real or virtual task groups. All such groups and Sub Groups established will be chaired by a member of HSAB. HSAB will be responsible for resourcing administrative and other requirements via a pooled budget managed by the Council.

Wider involvement and participation

- HSAB will be supported by a wider group of service users, carers, staff, providers and others with an interest in Safeguarding Adults who will be invited to contribute to the business of HSAB. Their contribution may include:
- The ability to comment on HSAB papers prior to meetings
- Joining any sub-groups or task groups when these are established
- Providing intelligence on Safeguarding Adults issues
- Enhancing the profile of Safeguarding Adults
- Input to the Strategic Plan and Annual Report
- Planning and delivery of an Annual event



Declarations of Interest and Code of Conduct

- All members of HSAB and deputies will be required to register their Disclosable Pecuniary Interests as required under the Localism Act 2013, which will be published on the HSAB website. A register of interests will be maintained.
- Members of the HSAB are required to:
- Attend meetings or send their single named substitute
- Ensure that their own contribution and the business of HSAB is conducted in a way which is consistent with the Nolan Principles of Public Life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership
- Take the lead for specific objectives
- Come with a mandate to represent and feedback to their respective organisation(s) or communities of interest
- Honour any commitments made insofar as they relate to their own organisation(s) or communities of interest.
- A role description will be developed for all members.

Frequency and support

- Meetings of HSAB will be held six times a year.
- Agendas will be based around the Strategic Objectives.
- The HSAB Business Officer will provide administrative support to HSAB.
- Hertfordshire County Council will co-ordinate media contact.

Resources

- HSAB will have a budget drawn from contributions from the County Council, CCGs and Police. This will fund an Independent Chair, a Business Officer, communications activities, Safeguarding Adult Reviews and other activity as HSAB deems appropriate to enable it to meet its Strategic Objectives and legal responsibilities.

Review date