

Hertfordshire Safeguarding Adults Board

Annual Report 2013 / 14

Hertfordshire

Safeguarding Adults Board

www.hertsdirect.org/HSAB



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Foreword from Cabinet Member

Thank you for taking the time to read the Hertfordshire Safeguarding Adults Board's annual report for 2013 - 2014. As Executive member for Health and Community Services I am again delighted to have contributed a further year to 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 is of paramount importance and the achievements of the Board in the past year are testament to the ability of our strong partnership to make real differences to the lives of Hertfordshire residents

Since last year we have seen some changes, mainly the change over from the Primary Care Trust arrangements to the new Clinical Commissioning Groups and the new members to the board that this has brought us. We are also very pleased to be able to say that we are well on track to be fully compliant with the new legislation that the new Care Act legislation will bring us in April 2015.

We have seen much activity in our work on Deprivation of Liberty Safeguards (DOLs) to ensure that people are supported as least restrictively as possible whilst also being able to keep safe from harm. This follows a Supreme Court ruling that was passed in March this year that changed the way we have to apply the law.

This year the Board underwent its third multi agency independent audit of progress. Outcomes from this are even more positive than they were last year, enabling us to use the recommendations, both as a board but also as individual agencies to make further progress in the quality of our safeguarding adults' partnership work. The audit again highlighted the strength of the partnership and the consistent efforts and commitment of all partners in continuing to build on the already developed robust governance arrangements to safeguard vulnerable adults. I have been very pleased to see again another successful year for both the partnership and the county council; however, as I said last year we must never become complacent, and stop striving for excellence in order to meet the challenges we face in the coming years. We will continue to work hard in partnership to meet the challenges we face and to improve the outcomes of our most vulnerable citizens.



A handwritten signature in black ink that reads "Colette Wyatt-Lowe".

Colette Wyatt-Lowe

Cabinet Member for Adult Care and Health
Hertfordshire County Council
Member of the Hertfordshire Safeguarding Adults Board

The Purpose of the Annual Report

The Hertfordshire Safeguarding Adults Board (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.

Safeguarding is everyone's business and responsibility; HSAB is a multi-agency partnership, with representation from the organisations and constituencies that work with and support the most vulnerable members of our community. Until the Care Act 2014 is enacted, there is no statutory requirement for Safeguarding Adults Boards to be established; under 'No Secrets', published by the Department of Health in 2000 under a Local Authority Circular, local authorities were required, amongst other duties, to coordinate the development of multi-agency policies and procedures to protect vulnerable adults from abuse. 'No Secrets' recommended that each local authority establish a Vulnerable Adult Protection Committee to facilitate this process, but it was only guidance, not a requirement. 'No Secrets' did not contain any Duty to Cooperate, requiring any other agency to cooperate with the local authority in meeting its responsibilities.

In response to 'No Secrets', the Hertfordshire Safeguarding Adults Committee was established, which has evolved into HSAB. HSAB, in both its forms, has produced an Annual Report to summarise the progress that has been made against its Business Plan, to identify key factors that have influenced that progress and which inform its Business Plan for the coming year. The Care Act 2014 will place safeguarding Adults.

Boards on a statutory basis, similar to Safeguarding Children Boards, and will require each Board to produce an Annual Report in consultation with their local community/ies which will have to be presented to specified bodies, including the local authority and the local Healthwatch, as part of a process of scrutiny and accountability.

This is the eighth and final Annual Report to be written in its current format; although the Care Act 2014 will not be enacted until 2015, HSAB intends to continue to be proactive in ensuring it is compliant with the Act and will be writing its Annual Report for 2014/15 as the Act will require. This Report contains details of the work undertaken by HSAB and its subgroups through the year and the Business Plan 2012/15 and Terms of Reference that HSAB was working to. It contains the recently agreed Strategic Objectives that will form the basis of a new three year Business Plan, but this is not yet completed. It will be available on the HSAB website later in the year as will the new Terms of Reference which are also being finalised.

We will therefore 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.

These should be addressed to: www.hertsdirect.org/HSAB

Interim Independent Chair's Report

This is the first Annual Report of the Hertfordshire Safeguarding Adults Board (HSAB) for which I have been responsible, having been appointed as Interim Independent Chair in January 2014. The past few years have seen safeguarding adults gaining an increasing profile with professionals, politicians and the general public; sadly, not always for positive reasons. 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, through increased demand, greater public expectations and budgetary reductions.

The building blocks are in place to ensure adults are safeguarded in Hertfordshire, but that there are a number of challenges that have to be faced to make that a reality. This has been the case for some time and the situation has not changed dramatically in the past twelve months; some of the challenges have been or are being addressed, some remain and some new ones have emerged.

HSAB has taken considerable progress towards realising its objectives to make Hertfordshire a safer place for all, but particularly the most vulnerable. There have been significant developments nationally that will support the work of HSAB, and I will consider these first of all, before returning to what has been achieved, what is in process locally to continue that progress and the challenges that still need to be addressed.

By the time this Report is published, the Care Bill will have completed its progress through Parliament and received Royal Assent during May. The Regulations and Practice Guidance to support the Act's implementation are being developed and the former should be out for consultation over the summer. The relevant clauses of the Act, from HSAB's perspective, are those relating to Safeguarding Adults and Schedule 2, which relates to Safeguarding Adults Boards (SABs). The Act will place a duty on local authorities to make or cause to be made enquiries into the circumstances of adults it thinks or knows are or might be at risk of abuse or neglect. The Act will not contain any powers, similar to those in Scotland and which the Welsh Assembly is going to introduce, that would enable the local authority to have access to the adult about who they have concerns. It has been argued that these are essential in order for the local authority to carry out that enquiry effectively and to assess their circumstances, but the government decided that the relevant legal powers already exist. While this is a concern, the Department of Health has commissioned the Social Care Institute for Excellence to develop legal guidance for social care staff on the relevant powers available to them.

One of the principles underpinning the Act is to enable local arrangements that are working effectively to continue to do so; for example, no structure is being laid down for Safeguarding Adults Boards and only the local authority, the police and the local clinical



commissioning groups are specified as members. Other members can be agreed by the above core members. HSAB has taken a number of steps to enable it to fulfil the functions and duties that the Act will lay upon Boards nationally. These include reviewing and revising the multi-agency policy and procedures to respond to concerns of possible abuse or neglect, reviewing its communications policy, establishing a budget, with contributions from the key members, to support its activities, establishing a post to provide administrative support to HSAB, agreeing a reporting process between HSAB and the County Council and appointing an Independent Chair on an interim basis to see if it adds value to the work of HSAB. None of the above are requirements of the Act or are likely to be included in the Regulations that will support its implementation, though they are likely to be recommended in the Practice Guidance that the Department will publish next year.

HSAB has also reviewed and revised its Strategic Objectives – to be found in Appendix 1 - to ensure these are fit for purpose under the Act and, for a similar reason, will be reviewing its own structure and membership; these have to both reflect the Act but also the other duties and responsibilities of HSAB's members. It is easy at times to forget that the Act contains some one hundred and thirteen sections and seven schedules of which only four sections and one schedule apply directly to safeguarding adults. While many of the sections will have implications for safeguarding adults, it is important to recognise the other pressures on HSAB members and the funding available to them. For example, each local authority has an allocation of £125k from the Care Act Implementation Fund; the reality is that very little, if any, of

the allocation may be allocated specifically for the safeguarding adults sections of the Act due to the pressures and implications of the majority of the Act.

A difficulty that Boards nationally have been struggling with is how to link the strategic and operational aspects of safeguarding adults. This will be brought into clearer focus with the requirement of the Act for HSAB to produce a Strategic Plan that has been consulted on with the local community. The difficulty is based, to a degree, on the fact that HSAB itself does not deliver safeguarding adults, which is the responsibility of its members. These will have different operational and strategic drivers and pressures steering their practice. The Duty to Cooperate that is included in the Act should assist in resolving this difficulty, as should the new Strategic Objectives.

The Act will provide impetus to the need to formalise links between HSAB and other local Community partnerships, such as the Safeguarding Childrens Board, the Health and Wellbeing Board and the Community Safety Partnership. There is a growing awareness that these partnerships have areas of shared interest and responsibility. They should therefore be coordinating their Strategic Plans and reporting to each other, in a non-hierarchical way, on their implementation. This will be an important area of future development for HSAB and there are examples nationally that can be built upon.

HSAB has continued to monitor the implementation of the joint Health/ County Council Action Plan developed as a result of the abuse at

Winterbourne View Independent Hospital. Much of that Action Plan is designed to prevent abuse or neglect occurring in the first place, and as such is not the direct responsibility of HSAB. It is, however, HSAB's responsibility to seek assurance that good commissioning and quality assurance practice is embedded across and between partner agencies. Likewise for the recommendations from the Mid Staffordshire NHS Foundation Trust Inquiry; HSAB is monitoring the implementation of the relevant safeguarding recommendations across Hertfordshire rather than duplicate the work of partner agencies.

HSAB will continue to make submissions to local and national consultations on relevant topics, such as those on the proposed new Offence of Ill-treatment and Wilful Neglect and the Duty of Candour. We will seek to work with the Police and Crime Commissioner and his Deputy to ensure that adults at risk in Hertfordshire have appropriate and effective access to and support from the Police and the Criminal Justice System. This is not to undervalue the importance and quality of the input of the Hertfordshire Police to HSAB's work, but to recognise the need to develop strategic links with partner agencies and organisations.

HSAB will continue to contribute to the national debate around safeguarding adults: we are represented on the Department of Health's Safeguarding Adults Advisory Group and on one of the Task and Finishing Groups developing the Practice Guidance I referred to earlier. HSAB will also respond to the consultation on the Regulations to support the Care Act when they are published. HSAB is represented

on a range of regional safeguarding adult forums, including the ADASS Eastern Region's SAB Chairs Group and the National Network of Independent Chairs of SABs; this is an important aspect of HSAB's work as service providers, in the statutory, independent and voluntary and community sectors operate across local authority and health boundaries and there are lessons to be learned and synergies to be gained from doing so.

The demographic and financial pressures on care and support services, whether provided or commissioned by health or social care, have not eased; if anything, they have deepened. These pressures apply across all sectors and services, not just health and social care but also the criminal justice system. The implications of the restructuring of the Probation and Aftercare Service and the out-sourcing of its service provision for safeguarding adults and the other local community partnerships have yet to be clarified but there will be an impact of some sort. The full impact of the cuts or reductions in services have yet to be felt and the demographic pressures that are generating increased demand for care and support services have yet to peak. Equally, the increased duties and responsibilities contained in the Care Act have yet to be fully identified as well as the impact of the recent reports criticising the implementation of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) in particular. The potential 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 and the risk of judicial review.

As I have said, 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 HSAB 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 HSAB 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. HSAB 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.

Much has been achieved in the past 12 months, as is described in the subgroups' reports later in this Report. HSAB has provided a strategic overview to their work and to Hertfordshire's response to the Care Act. HSAB has committed itself to owning and implementing its Strategic Objectives and to establishing an administrative post and a budget to support its work; at a time when financial constraint and cuts are impacting on all members, it will not be easy to maintain the level of resourcing HSAB will need. This is not just a question of money, but also enabling staff to be members of the subgroups. However, times of

financial constraint are also times when adults at risk are even more likely to experience abuse and neglect, as services are reduced and pressure on carers, formal and informal, are increased. The coming year will be a challenging one for HSAB and its members. This makes it even more important that they and elected members are honest and open with service users, carers, the public and their staff as to what they can and can't do. The resources available are not just financial ones, important though these are. HSAB will strive to ensure that those resources that are available are used as effectively and as efficiently as possible to safeguard the citizens of Hertfordshire.

I would like to take this opportunity to express my appreciation of the hard work and commitment shown by members of HSAB and its subgroups over the past year. There have been a number of new members joining HSAB during the year, partially due to staff moving on but also as the restructuring of the NHS has been implemented. It is to the credit of both the new agencies and the new members of staff that this has not reduced the effectiveness or commitment of HSAB. The work HSAB 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 HSAB have received has been essential to its smooth running. I look forward to working with them in the future to continue and developing HSAB's work.

Pete Morgan

Interim Independent Chair May 2014

peter.morgan@hertfordshire.gov.uk

Safeguarding Activity and Trends

This data and analysis has been structured around the Strategic Outcomes HSAB worked to during the year; these can be found in HSAB’s Business Plan 2012/15 later in this Report. The only Strategic Outcome not reported against is Number 4, “Vulnerable adults are protected by rigorous recruitment, training and vetting procedures”; this is because these processes are monitored and quality assured outside of the safeguarding procedures.

Strategic Outcome 1: Adults are protected from abuse by the application of the Hertfordshire Safeguarding Adults procedure

Total number of safeguarding alerts and referrals

In 2013 – 2014 investigating teams received a total of 3361 safeguarding adults’ alerts of which 1716 progressed to referral stage.¹

This represents a 14% increase in alerts and a 23.6% increase in the number of referrals compared to 2012 – 2013. 51% of alerts lead to a referral. This trend is similar to the previous two years.

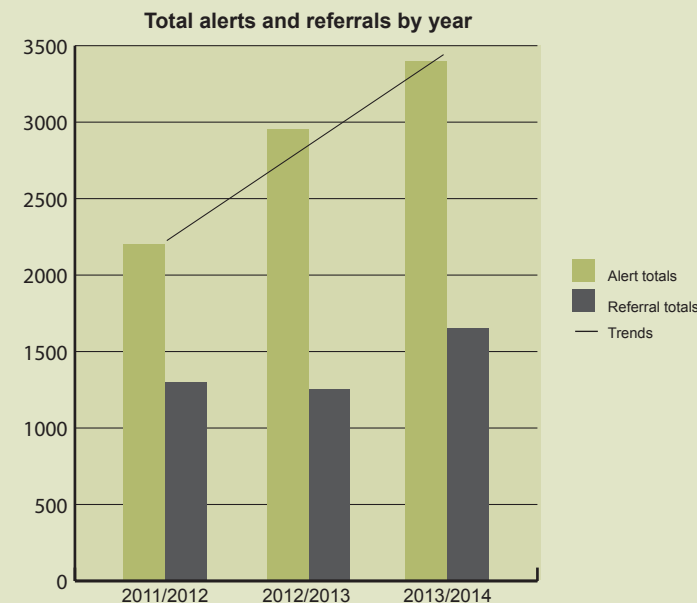
The Health and Social Care Information Centre published its final report Abuse of Vulnerable Adults in England (2012 – 2013) (<http://www.hscic.gov.uk/>) in February 2014.

In 2012 – 2013 the number of alerts in Hertfordshire increased by 34% compared to a national average increase of 20%.

The data submitted by local authorities in the Eastern region has been analysed by the regional safeguarding leads group.

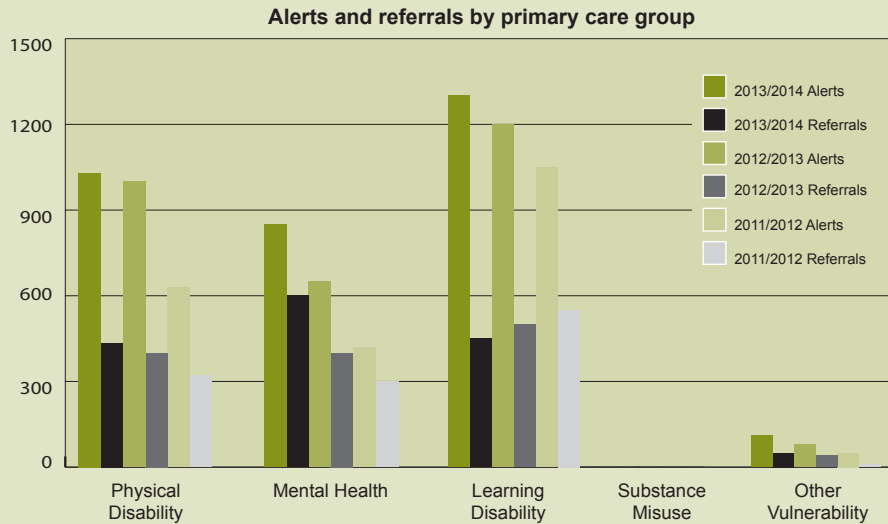
This shows that whilst the number of safeguarding alerts in Hertfordshire is higher than both the regional and national average, which is 53% and 40.4% respectively, the rate per 10,000 of the population (34.4%) is lower. This is also true for the rate of safeguarding referrals.

The chart below shows the total alerts and referrals for the past three years.



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

The chart below shows the distribution of alerts between the care groups.



Hertfordshire investigated a higher proportion of alerts compared to the regional totals and this is particularly true for mental health.

Source of referral

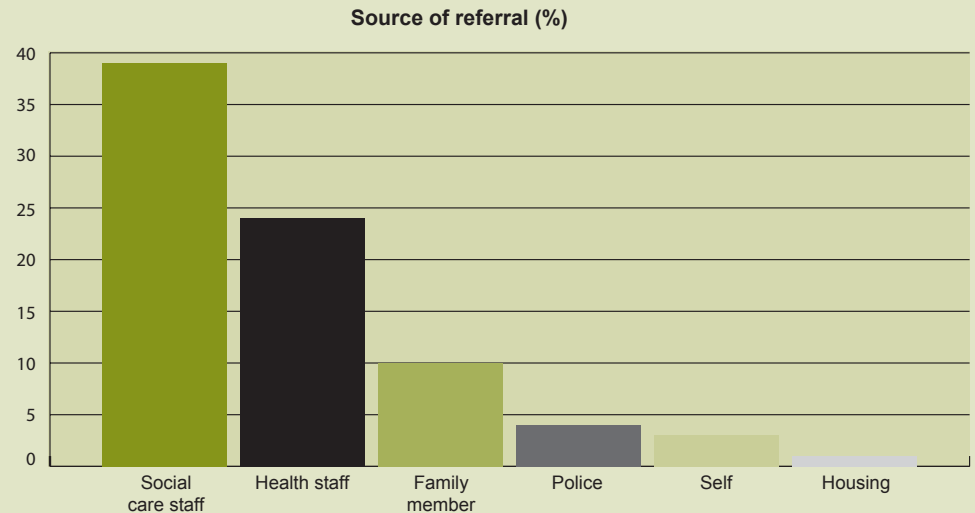
The majority of alerts are raised by social care staff; this includes staff in the private and voluntary sector as well as the local authority. This is a contributing factor in the higher number of incidents involving social care staff. Other sources include: self referral, family members, friends/ neighbours, other service users, housing and police.

The chart below shows the percentage of referrals (investigations) based on the referring organisation.

It is difficult to determine whether the increase in alerts relates to an

increase in abuse taking place, a rise in reporting, improved IT systems or a combination of all these factors. Certainly the continued media reporting and the publication of inquiry reports have raised the profile of adult abuse. However in Hertfordshire during 2013-14 there has been a slight decrease (0.2%) in the number of alerts from the public compared to 2012-13.

There appears to be more confidence in whistle blowing/reporting concerns processes with both the police and the investigating teams noting more referrals from staff.



The chart below shows the conversion rate of alerts to referrals by source:

The trend over the past three years shows a steady increase in the percentage of referrals from health professionals, family members and self referrals, with a corresponding decrease in the percentage from social care staff. This is encouraging and would suggest greater

awareness by the public and the impact of safeguarding training in health agencies.

Hertfordshire investigated a higher proportion of safeguarding alerts than in the remainder of the region. This reflects the increased training that has taken place in partner agencies. An audit undertaken by senior managers showed that safeguarding thresholds were correctly applied by managers.

Number of concerns reported to the police safeguarding team.

During 2013/2014 the Police SAFA team have processed 587 concerns. Of these 166 were allocated for further investigation by the team.

As a result

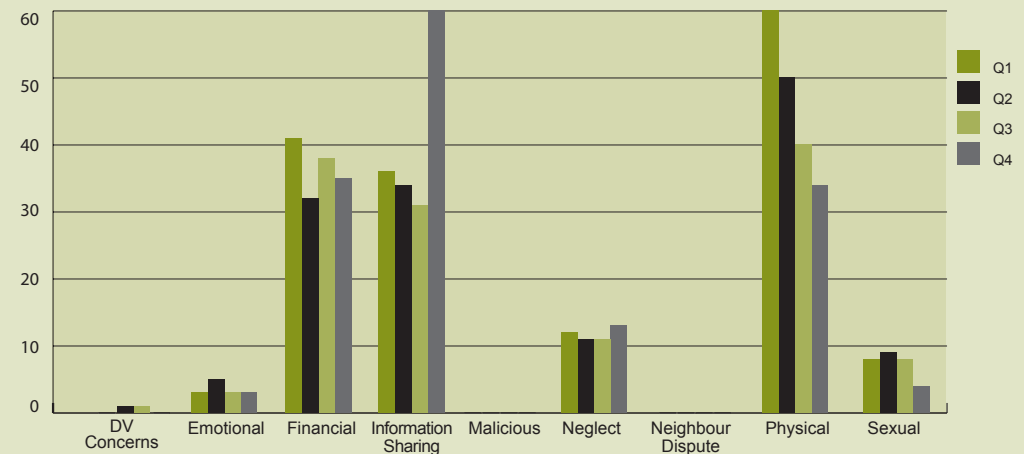
- 72 people have been interviewed under caution.
- 55 Achieving Best Evidence interviews were conducted with adults at risk.
- 16 people have been arrested by SAFA officers for offences of sexual assault, assault, theft, fraud and neglect.
- An additional 10 people were dealt with in custody (i.e. having been arrested by other officers).

Following investigation: **

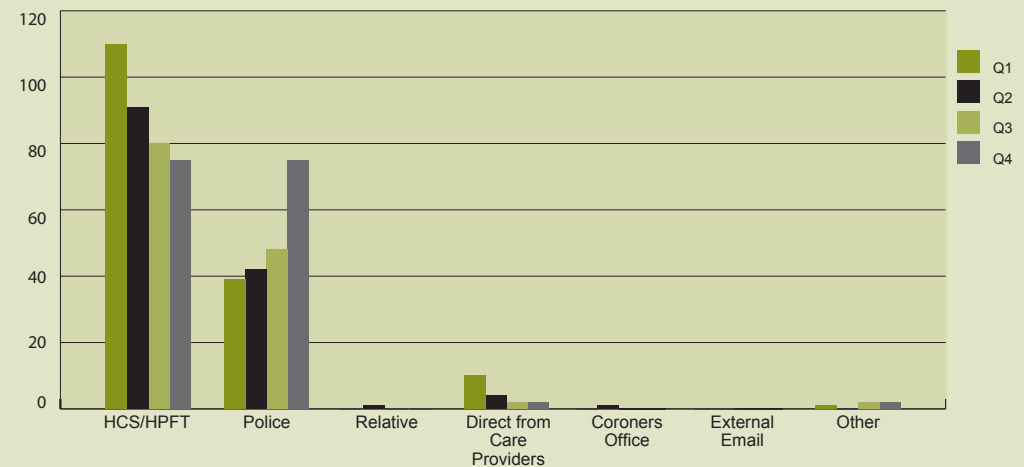
- 8 people were charged or summonsed to court for a total of 38 charges.
- 8 people were cautioned.
- 10 people were convicted at court while 1 person was acquitted.

**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 2013/2014 referral figures.

Types of Offences/Concerns



Police safeguarding referrals by source



Cases include:

Two women who had befriended an elderly male and become his carers then financially abused him and stole over £700,000. This was a complex and protracted investigation which resulted in the conviction of both women who received a total of 10 years imprisonment between them.

A care manager was investigated following financial irregularities at a care home. Following investigation it became apparent that forged references had been used when applying for a new post and she accepted a caution for fraud.

A carer was cautioned for kicking a service user while escorting her in the community.

A carer pleaded guilty to a charge of ill-treatment of a patient with dementia after film footage of the abuse was recorded on camera and sent to police. She received a 4 month suspended prison sentence.

A live in carer was convicted of stealing £14,000 from a service user. The judge at commented on the breach of trust and sentenced the care worker to 18 months imprisonment.

A social worker was investigated after concerns were raised about possible financial abuse. As a result she was charged with seven counts of theft against five service users with the thefts totalling in excess of £30,000. She pleaded guilty and was sentenced to 15 months imprisonment. As a result she is barred from working with vulnerable adults and her professional registration has been revoked.

Lessons learnt and recommendations from Serious Case Reviews are acted upon.

No serious case reviews have been requested this year.

A Multi Agency Serious Incident Review requested by Hertfordshire Community Trust is underway. Chronologies and individual management reports have been reviewed. An overview writer is to be appointed.

A Partnership Review concerning the death of a young person commissioned on behalf of HSAB by the HSCB who have agreed an action plan. Progress is reported to HSAB quarterly.

Strategic outcome 2: HSAB works together to ensure vulnerable adults are safe and secure from all types of harm through prevention and early intervention.

Disability Hate Crime

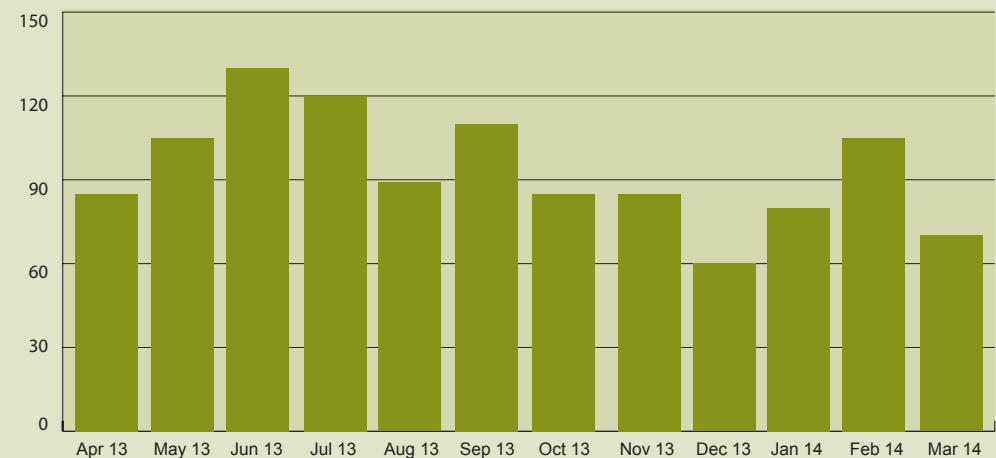
Number of Disability Hate Crimes (crime and incidents) 2013/14	Q1	Q2	Q3	Q4	Total
Disability Hate Crimes	3	5	1	4	13
Disability Hate Incidents	7	18	9	15	49
Total	10	23	10	19	62

Total Number of:	2011/12	2012/13	2013/14
Disability Hate Crimes	15	15	13
Disability Hate Incidents	16	34	49
Hate Crimes and Hate Incidents	31	49	62

It is recognised that a high proportion of Hate Crime/Incidents go unnoticed, unchallenged, and unreported. In Hertfordshire the focus remains on engaging with agencies across Hertfordshire to set up third party reporting centres. In addition to the centres already in existence, work continues with a number of other agencies to widen the network of opportunities for reporting.

On-line reporting has increased significantly in Hertfordshire since April 2013.

Reported Hate Crime incidents/crimes 2013/14



Reports associated with disability-related harassment are low. They represent 5.3% of all reporting and were showing a decrease of 10% on 2012/13 figures at Q3 2013/14. However disability-related reports saw a positive upturn during in Q4 2013/14. As a result 2013 -14 shows an increase of 13 reports in comparison to year end 2012/13.

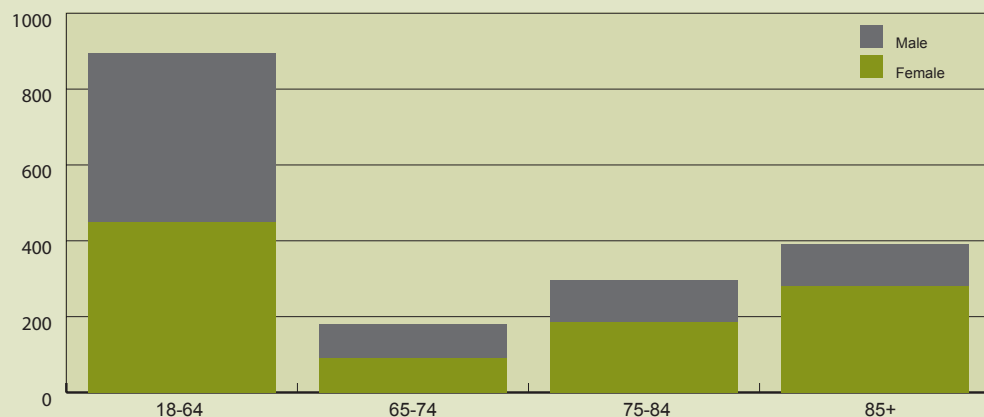
Strategic outcome 3: Patterns and trends of abuse are identified to inform practice and public awareness.

Referrals by age and gender of the adult at risk

In 2013 -14 57.1% referrals were for women compared to a national figure of 61%. This has been the trend in Hertfordshire for the past three years.

Nationally the number of referrals for women is higher in every age group and the proportion of women increases as age increases. This is partly due to the structure of the population which mirrors the trends and partly due to the increased likelihood of alleged abuse for older females. However whilst the percentage of referrals for women is lower locally the trend in terms of age is the same as nationally.

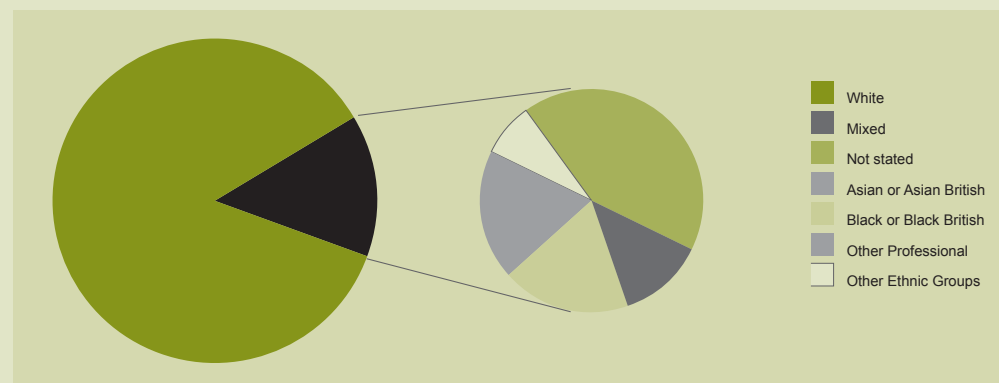
Referrals by gender and age



Ethnicity

In 2013- 2014 86% of the referrals were for those of white British origin. This compares to 84% in 2012 -2013 and 83% in 2011 -12. This is 5.2% higher than the most recent population statistics for Hertfordshire which states that 80.8% are White British.²

Referrals by ethnicity



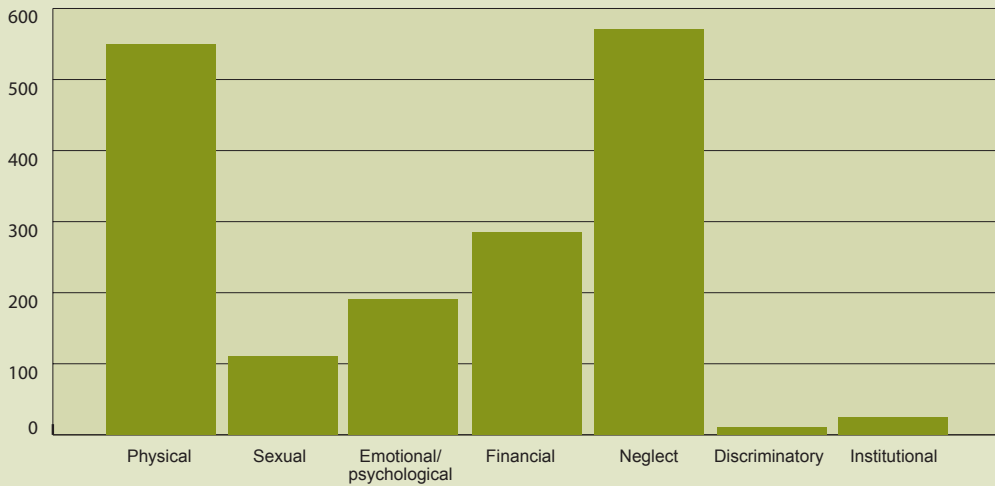
² Source: Office for National Statistics

Nature of abuse

In Hertfordshire neglect was the most prevalent type of abuse recorded (32.5%), followed by physical abuse (31.7%), financial abuse (16.2%), emotional/psychological abuse (10.7%), sexual abuse (6.3%), institutional abuse (1.8%), and discriminatory abuse (0.9 %).

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

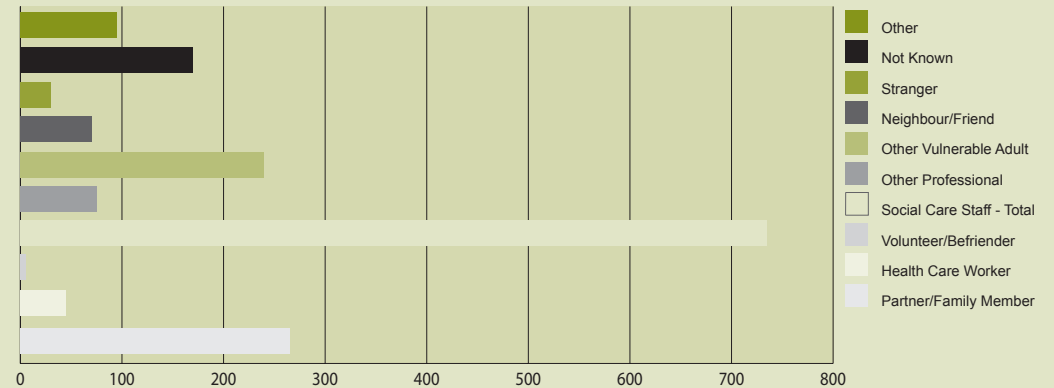
Social care staff remain the most frequently recorded category of person who (may have) caused harm at 43.1%. This compares with 39.6% last year and 34% in 2011-12.

There has been a decrease in the percentage of reported abuse by another adult at risk and the percentage of reported abuse by family members has also increased.

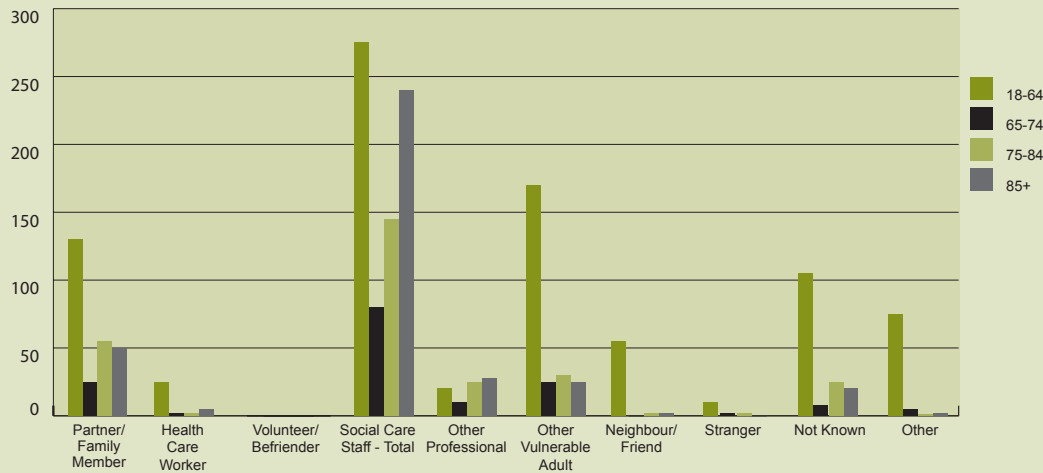
For those aged 85 and over there was a rise in the percentage of social care staff at 62.9% compared to 55.6% last year. This may be a reflection of the increase in the number of serious concerns about providers' investigations during the year.

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.

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



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



Location of abuse

37% of the incidents of abuse have occurred in the adult at risk’s own home and 35% in a care home*. In 2012 – 13 the percentage was 37% and 36% respectively and in 2011 – 2012 it was 36% and 30%.

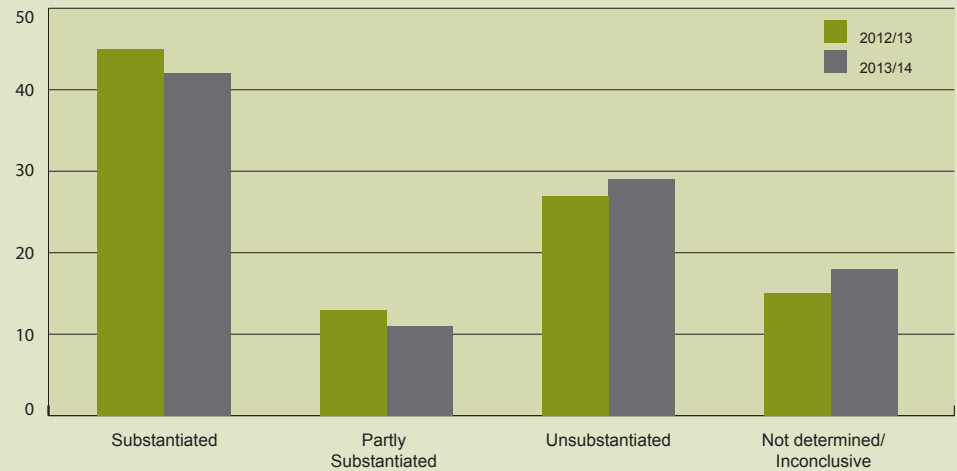
*It should be noted that this is where the abuse occurred; it is not necessarily that the alleged abuser was a care worker.

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 1746 investigations concluded in 2013-14, 733 (42%) were substantiated, 188 (11%) were partly substantiated, 514 (29%) were unsubstantiated and in 311 (18%) of cases there was not enough evidence to determine whether alleged abuse took place.

Case conclusions % year on year comparisons



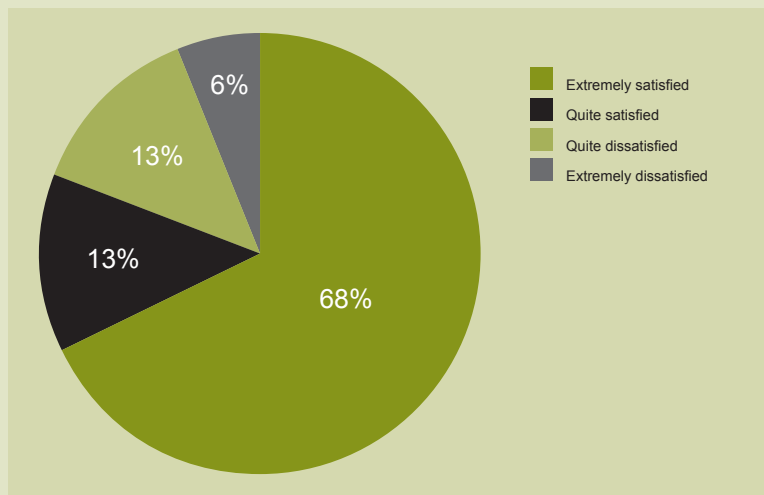
998 safeguarding episodes remain active at the end of the year.

Service User Survey

Since June 2013 a survey is sent to adults at risk who have been the subject of a safeguarding investigation. A sample survey is attached as Appendix 5

A total of 71 surveys have been sent out with seventeen returned. The results are summarised below.

Satisfaction



Comments included

“Very pleased it was being looked into and dealt with”

“I was well informed at the safeguarding meeting and was given the chance to voice my views”

“It is nice to know that this process exists to safeguard vulnerable people”

“I was quite shocked by the incident but am much happier now”

“I want to be back to normal”

“My views had been expressed to the GP and care home and as the decision arrived it was in line with my wishes I was satisfied”

	Yes	No	No Answer
Explained	11 (69%)	5 (31%)	-
Choice	10 (63%)	5 (31%)	1 (6%)
Attend	7 (44%)	8 (50%)	1 (6%)
Listened To	10 (63%)	4 (25%)	2 (13%)
Happen Next	9 (56%)	6 (38%)	1 (6%)
Safer	11 (69%)	4 (25%)	1 (6%)



Strategic outcome 5: 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. This, coupled with an increased scrutiny of complaints from service users has resulted in an increase in safeguarding investigations where the alleged person who caused harm is a social care worker.

The partnership working between the Care Quality Commission, HCS and the CCGs identifies potential issues at an early stage. This, coupled with an increased scrutiny of complaints from service users has resulted in an increase in safeguarding investigations where the alleged person who caused harm is a social care worker.

There were 16 serious concerns investigations open at the beginning of the year with 26 new investigations started during the year. 5 investigations were open at the end of the year. This represents an increase on last year where there were 21 new investigations.

Of the 26 new investigations 21 were in care homes, 3 were home care providers and 2 were day care providers.

20 of the new investigations were in Older People's services and 6 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
- poor management of medication
- poor nutrition; including poor SALT and diabetes management
- lack of leadership and poor management practice
- inadequate care plans with a lack of person-centered care
- lack of social activities and stimulation for residents
- inadequate staffing levels/changes of management
- poor environment, lack of cleaning, unsafe equipment
- poor financial management
- lack of daily activities/ social stimulation for residents

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 lead the investigation if a crime has been committed.

The Deprivation of Liberty Safeguards

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.

DOLS applications

Urgent authorisations	Within 7 days	Within 14 days	Over 14 days	Total
	166	27	0	193
Standard authorisations	Within 21 days			
	73			73
Total authorisations	239	27		266

Reviews	Scheduled	Requested		Total
	18	20		38

Unlawful deprivations	0			0
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Subgroup Reports

HSAB Performance sub group June 2014

HSAB has continued to delegate responsibility for developing the responses to its Business Plan to its subgroups which report back at Board meetings. HSAB retained the four subgroups that it has established, the Public Awareness Sub-group, the Performance Subgroup, the Learning and Development Subgroup and the Prevention Subgroup. Reports from the first two subgroups are contained in this Annual Report. For a number of reasons, it was not possible to identify new chairs for either the Prevention or the Learning and Development Subgroups until late in the year, when HSAB had appointed an Interim Independent Chair who was leading a review of the Board's structure, governance and membership to ensure it was fit for purpose when the Care Act 2014 will be enacted. At that stage, it was decided not to pursue re-establishing the Prevention Subgroup but to await the conclusion of the review and the resulting implementation of any changes in the Board's structure. The Learning and Development Subgroup coordinated a conference on behalf of HSAB in March with presentations and workshops on range of safeguarding themes, including the role of local authorities and NHS organisations in investigating themselves, the role of housing in adults safeguarding, the role of the Court of Protection, the Care Bill – as it was then – and wilful neglect. In the short term, the Subgroup has adapted an Action Plan written by Health and Community Services and will plan a conference for the coming year. It has been decided to pend reviewing and revising its Terms of Reference and writing a new Action Plan until the review of HSAB's structure, governance and membership is completed.

The Public Awareness Subgroup

During the year the chair of the Subgroup changed in response to the requirement for statutory members of HSAB to chair subgroups. The CCGs, as statutory members, took over as chair from October. Since then the Subgroup's Terms of Reference and the Objectives have been reviewed and new members recruited. HSAB also agreed the change of name to Public Engagement Subgroup to reflect the remit of the Subgroup as it has a dual purpose of communicating messages, and engaging with patients, service users, carers and the public on the work of the HSAB.

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 - 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 Foundation NHS Trust - Inclusion & Engagement Manager



Achievements in 2013/14

The Public Awareness Sub Group developed a standardised public facing web page for use by partner agencies to direct anyone searching for adult safeguarding information to the Local Authority or Police to minimise delays and for consistency of message, this was agreed at the HSAB and disseminated to all partner agencies.

The Subgroup has produced an article and case study for use within each partner organisation to raise awareness.

The Subgroup has reviewed the HSAB's previous poster and developed new ones and has developed a plan for their distribution.

Priorities for 2014/15

To develop a Strategy and an Action Plan to enable HSAB to meet its Strategic Objectives.

To further develop the HSAB web site

To demonstrate that the Subgroup is building links with the other subgroups to enable HSAB's Strategic Objectives to be delivered.

To develop the use of 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 could undertake to promote itself, its activities and Safeguarding Adults in general. The Public Engagement Subgroup has agreed that each partner organisation should use WEAAD this year as a focal point for their internal Safeguarding Adult activities. The planning for future years will be

added to the Subgroup's Business Cycle and annual Action Plan. The Subgroup will devise 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 Awareness Subgroup May 2014

The Performance Subgroup

The Performance Subgroup has met three times during 2013 -14, the meeting in February being abandoned due to flood disruption but the business was completed by email and telephone.

Membership

Health and Community Services (Chair) - Head of Adult Safeguarding

Health and Community Services - Deputy Area Manager (OPPD)

Hertfordshire County Council Community Protection (Vice chair) -

Deputy Head of County Community Safety

Hertfordshire Partnership Foundation Trust - Performance lead

Herts Valleys and East & North Hertfordshire Clinical Commissioning Groups - Head of Adult Safeguarding (from November 2013)

West Hertfordshire Hospitals Trust (on behalf of both acute trusts and the community trust) - Safeguarding adults lead

Hertfordshire Police - Detective Inspector/Sergeant

Hertfordshire Probation Trust - Senior Probation Officer

POhWER - Area Manager (from February 2014)

Objectives

- To monitor performance and practice in relation to safeguarding vulnerable adults across Hertfordshire on behalf of the Hertfordshire Safeguarding Adults Board (HSAB).
- Report safeguarding trends and activity on a quarterly basis.
- Inform the HSAB of strategic decisions or actions that need to be addressed to improve safeguarding practice within the partnership and across Hertfordshire and to identify and promote areas of good performance.
- Work in partnership with other sub groups to deliver improvements where poor performance or practice is identified.
- Report to the HSAB how national legislation, guidance, policy and the government's statement of principles on safeguarding vulnerable adults is being implemented across Hertfordshire.

Achievements

This has been a productive year for the Performance Subgroup. The membership has been strengthened with the addition of performance experts and as a result the data collection and analysis has been improved.

Safeguarding activity and trends have been reported on a quarterly basis. Hertfordshire data is compared with national data and any significant variations analysed.



Specifically the Subgroup was asked to identify whether there was significant under reporting within BME communities. During the first half of the year there was no evidence of under reporting but this is being monitored by the Subgroup.

The Subgroup has developed a self assessment audit tool for HSAB to use to monitor safeguarding performance and practice across their organisations. All partner agencies completed this in February 2014 and the results are have been used to drive up the quality of practice within and between partners.

A satisfaction survey for service users who have been supported under the Safeguarding Adults Procedures was launched by the Subgroup in June 2013. An easy read survey is also available. This was developed by an Expert by Experience in Health and Community Services. A summary of the findings are contained in 'Safeguarding Activity and Trends' above and a copy of the survey questionnaire can be found in Appendix 5. All NHS organisations and Health and Community services have presented their action plans for implementing the recommendations of the Winterbourne View and Francis reports.

An electronic dashboard has been developed for performance reporting. This will be used on a trial basis for full year data.

Work Plan for 2014-15

HSAB has commissioned the Subgroup to produce a strategic assessment for HSAB using the safeguarding alert and referral information received by investigating teams between April 2011 and March 2014 to identify trends and geography for each category of abuse. Members of the Subgroup will begin the assessment/analysis in April 2014 to allow a full year dataset to be used.

Patricia Orme

Chair, Performance Sub Group April 2014

Hertfordshire Safeguarding Adults Board

Business Plan 2012 – 2015

Hertfordshire

Safeguarding Adults Board

working together to prevent abuse

INTRODUCTION TO THE HSAB BUSINESS PLAN 2012 – 2015

The Hertfordshire Safeguarding Adults Board (HSAB) vision is that all vulnerable adults 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 vulnerable adults.

The Hertfordshire Safeguarding Adults Board (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.

Strategic objective 1: Adults are protected from abuse by the application of the Hertfordshire Safeguarding adults procedure

Strategic objective 3: Patterns and trends of abuse are identified to inform practice and public awareness

Objective	Action	Time Scales	Lead Board Member	Measurable milestone	Progress
People are treated and cared from in a safe environment and protected from avoidable harm	<ul style="list-style-type: none"> Analyse quarterly statistical data to determine trends of abuse Report trends to HSAB Work in partnership with training and development and public awareness subgroups to address any areas of low reporting/ referral. 	Quarterly	Performance sub group		
To ensure effective SVA service to BME Community	<ul style="list-style-type: none"> Analyse statistical information to include focus on BME Community Feedback to the public awareness and the training subgroups to Target outreach work to community groups in response to any under-representation 		Performance sub group		
Satisfaction survey for service users who have been supported under the safe guarding policy and procedures to assess impact of the outcomes for service users	<ul style="list-style-type: none"> Develop a system of either interviewing or a questionnaire for service users who have been alleged victims of abuse and supported through the safeguarding policy and procedures 		Performance sub group		



Strategic objective 1: Adults are protected from abuse by the application of the Hertfordshire Safeguarding adults procedure

Strategic objective 3: Patterns and trends of abuse are identified to inform practice and public awareness

Objective	Action	Time Scales	Lead Board Member	Measurable milestone	Progress
Monitor effectiveness of HSAB public awareness strategy and training strategies	<ul style="list-style-type: none"> Analyse statistical information against the training and public awareness strategy to assess the effectiveness of the strategies and identify further areas for development. 	Quarterly	Performance sub group		
Ensure safeguarding issues influence the commissioning and de-commissioning of services	<ul style="list-style-type: none"> All agencies to review contracts with current providers to ensure safeguarding embedded in the contracts Link with training work group to ensure that training is offered to providers addressing provider responsibilities within the Hertfordshire Policy and Procedures Implement robust embargo policy, with thresholds to implement embargos where quality standards are not met Monitor outcomes of serious concerns meetings 		Performance sub group		
Monitor the implementation of the Annual HSAB audit findings and recommendations	<ul style="list-style-type: none"> Agencies to report to the performance subgroup actions plans to address the findings and recommendations from the June 2012 HSAB audit 		Performance sub group		
Learn from Serious Case Reviews	<ul style="list-style-type: none"> Consider national and local serious case reviews, present to board to address any lessons learnt. 		Performance sub group		

Strategic objective 4: Vulnerable adults are protected by rigorous recruitment, training and vetting procedures

Objective	Action	Time Scales	Lead Board Member	Measurable milestone	Progress
HSAB training strategy in place (R14)	<ul style="list-style-type: none"> • Develop a HSAB training strategy for the next 3 years • Include an induction programme for new HSAB members and ongoing training for HSAB members • Consider joint commissioning of training across agencies where appropriate to ensure value for money. 		L&D sub group		
Evaluate effectiveness of training Including the HSAB training modules developed in 2011	<ul style="list-style-type: none"> • Develop an evaluation for the standardised training module • Develop a standardised cross agency evaluation and reporting module to ensure that the training commissioned is effective. 		L&D sub group		
Ensure staff are aware of their responsibilities in reporting safeguarding children concerns and vice a versa	<ul style="list-style-type: none"> • Develop in consultation with the Safeguarding Children’s Board a training programme that meets these needs 		L&D sub group		
Vulnerable adults are aware of abuse and how to report it.	<ul style="list-style-type: none"> • Include in the training strategy, training for service users enabling them to have a voice and self refer. • Engage Safeguarding Adults service user forum in consultation and possible delivery. 		L&D sub group		



Strategic objective 5: When abuse occurs vulnerable adults, their families, carers, and the general public know how to report concerns.

Objective	Action	Time Scales	Lead Board Member	Measurable milestone	Progress
Public Awareness Strategy in place (R 8)	<ul style="list-style-type: none"> • Develop a public awareness strategy for three years. • The strategy should include clear objectives and measurable outcomes. • The strategy should include an analysis of the effectiveness of the existing awareness campaigns 		Public Awareness Sub Group		
Increase the involvement of people who use services and carers in the HSAB activity and ongoing developments. (R 9 & S 11)	<ul style="list-style-type: none"> • Safeguarding adults service user forum to be consulted on decisions made by HSAB as appropriate • Safeguarding adults service user forum to be involved in specific projects within the sub groups action plans • Safeguarding adults service user forum facilitator to report quarterly to HSAB 		Public Awareness Sub Group		



Strategic objective 2: HSAB works together to ensure vulnerable adults are safe and secure from all types of harm through prevention and early intervention.

Objective	Action	Time Scales	Lead Board Member	Measurable milestone	Progress
Prevention strategy in place	<ul style="list-style-type: none"> Develop a cross agency prevention strategy including existing good practice. 		Prevention Sub Group		
Establish process/membership etc. for review of cases involving death/near miss of vulnerable adult where there has been multi-agency involvement but where the criteria for SCR is not met	<ul style="list-style-type: none"> The Local Authority to develop guidance and procedures for internal investigation, reflective learning and dealing with unmanaged risk for their staff Establish TOR for multi-agency sharing of these reports 		Prevention Sub Group		



Multi Agency Audit Action Plan

The Hertfordshire Safeguarding Board recognises the importance of all partner agencies playing a key role in safeguarding vulnerable adults. To ensure that there are effective safeguarding arrangements in Hertfordshire, the board commissioned an annual external audit which took place in May 2012. This is the second annual audit; the first audit was completed in 2011.

The 2012 audit focused on two areas:

1. The effectiveness of the safeguarding board

Members of the board met with the auditor and were given an opportunity to discuss their views on the effectiveness of the board. The auditor used an agreed challenge and improvement tool as a basis for the discussion.

2. An assessment of the progress each partner organisations has made to embed adult safeguarding practice within their processes and practice. This included workforce development.

Each agency completed a self-assessment tool; key members of the organisation met with the auditor and provided additional evidence to demonstrate how safeguarding is embedded in their organisation.

The audit report has two sections.

The first provides headline feedback and analysis with recommendations as to how the board can improve its performance as set out below.

The second gives a summary of how individual organisations are performing. Every organisation who participated in the audit has received an individual grading. Recommendations have been given to individual organisations highlighting areas that may need further development to ensure safeguarding is fully embedded in their organisation. This will be monitored by the performance sub group and fed back to HSAB on an annual basis.



Green -
Achieved/
on target



Amber -
Monitor closely/
behind schedule



Red -
Not yet achieved



**Hertfordshire Safeguarding Adults Board (HSAB) – Safeguarding Audit
ActionPlan 2012 - 2015**

Effective Governance Arrangements				
Objective	Action	Time Scales	Lead	Progress
Ensure strategic level representation on the Safeguarding Board. (R11 and S1)	<ul style="list-style-type: none"> Invite the executive boards of partner agencies to review their representation on the board and nominate the most appropriate person to be making decisions on behalf of their organisation/ agency. 	Annually	Chair and Vice chair	
HSAB membership reviewed and consideration given to additional agencies to be full or associate members of HSAB. (R 9)	<ul style="list-style-type: none"> Consider inviting provider agency, voluntary agency and DWP to a Safeguarding Board meeting to discuss their role and future involvement with the safeguarding Board. 	Sept 2012	Chair and Vice chair	
Ensure accountability and challenge of board members(R 3)	<ul style="list-style-type: none"> Members to be reminded of the memorandum and clear discussions at the board with minutes in instances when board members do not take accountability of agreed actions 	As needed	Chair and/or vice chair of Safe-guarding Board	
New Terms of Reference adopted which set out the responsibilities of the Board. Full and associate board membership is clear. (R12)	<ul style="list-style-type: none"> Produce and agree new terms of reference. 			

Effective Governance Arrangements cont'd				
Objective	Action	Time Scales	Lead	Progress
Accountability for and ownership of safeguarding adults work is recognised by each partner organisations executive body. (R15 S 2,4)	<ul style="list-style-type: none"> Each partners agency has a well publicised zero tolerance policy. HSAB members provide evidence of an up to date CRB check 		Monitor though annual audit ALL to the HSAB business unit	
Develop the Hertfordshire safeguarding partnership web page. (R 1, 2 S 6,10)	<ul style="list-style-type: none"> This page should hold all key documents. Documents must be accessible to all partner agencies and the general public. Examples of documents to be included are; TOR, MOU, sub group terms of reference, updated membership list, training strategy, serious case reviews, communication strategy, annual reports, business plans, governance structures, quality assurance framework etc. All citizens must be able to access information. 		Public aware-ness sub group.	
HSAB reporting cycle in place	<ul style="list-style-type: none"> Draft a reporting cycle based on the remit of the subgroups Present to the December HSAB for agreement 		Business unit	
Standard reporting template available to support the board decision making. (R 4)	<p>Template to include:</p> <ul style="list-style-type: none"> Proposal Budget implications Risk assessment Timescales Develop a business cycle linked to the business plan for the board to consider salient matters at appropriate intervals. 		Business unit	

Accountability for the work of HSAB

Objective	Action	Time Scales	Lead	Progress
HSAB business plan is reviewed annually. (R8 & 16)	<p>Arrange a board away day focusing on ‘how the board can function more effectively strategically.’</p> <p>Business plan to include milestones, dates and named members to take a lead on the agreed actions. In addition the board need to agree what mechanisms are to be used quantify the improvements.</p>		Chair of Safeguarding Board	Complete
Review the multi agency safeguarding adults policy (S3, 7, 8 & 9)	<ul style="list-style-type: none"> • Discussion needed as this is due 2013 – needs including in plan. Sub group to be established? /Commission externally? • Each partner agency to have an internal policy and procedure for “Safeguarding Adults” that is compatible with the Hertfordshire Multi-Agency Policy and Procedures. 		Monitor via annual audit.	
Identify annually the multi- agency resources to meet the safeguarding Board work plan (R 6, 7 and White Paper)	<ul style="list-style-type: none"> • A joint budget for board initiatives; for example awareness campaigns prevention and training, communication, publicity and serious case review to be agreed. • Consider funding a safeguarding board manager to project manage the work of the board. 			

Accountability for the work of HSAB cont'd

Objective	Action	Time Scales	Lead	Progress
The lines of accountability both to and from the HSAB are clear.	<ul style="list-style-type: none"> Mapping exercise to be completed setting out links to other Boards and groups e.g. MAPPA/ Domestic Violence/Community Safety 		Agree how and when and who	
Ensure there are links between HSAB and other partnerships including crime reduction partnership & care group partnership boards	<ul style="list-style-type: none"> HSAB annual report to be presented at each Board As and when particular issues arise a nominated member of the HSAB to address with partnership boards Regular reports are received from HSAB members who are on other strategic groups. 	Annually		
<p>Accountability lies with the Director of Adult Community Services</p> <p>Membership (from White Paper)</p> <p><i>local authority: a clinical commissioning group the whole or part of whose area is in the local authority's area: the chief officer of police for a police area the whole or part of which is in the local authority's area: such persons or persons of such description, as may be specified in regulations</i></p>	<p>Annual Report to go to</p> <p><i>The chief executive and the leader of the local authority which established the SAB, the local policing body the whole or part of whose area is in the local authority's area, the Local Healthwatch organisation for the local authority's area, and the chair of the Health and Wellbeing Board for that area. (from White Paper)</i></p>	Annually	Chair of Safeguarding Board	



Accountability for the work of HSAB cont'd

Objective	Action	Time Scales	Lead	Progress
Publish HSAB Annual report	<ul style="list-style-type: none"> Agree production and funding – options task and finish sub group / existing subgroup/ commission externally? 		Agree how and when and who	
The executive boards of all partner agencies are aware of the HSAB strategic plans and outcome (S2 White Paper)	<ul style="list-style-type: none"> Partners to submit the HSAB annual report to their executive boards. 	Annually	Agency representatives on Board	
Effectiveness of the HSAB and partner agencies. Is monitored	HSAB commission an external audit or complete a peer audit using standardised tools to assess the effectiveness of the board and how well safeguarding has been implemented in individual partner agencies.	Annually		

KEY

R = Recommendations from the HSAB partnership audit

S = ADASS Standards from the draft Terms of Reference

September 2012




Appendices:

1 Strategic Objectives 2014/17

- To promote, implement and maintain high quality multi-agency Safeguarding Adults practice across Hertfordshire ;
- To develop and maintain effective working relationships between members, their partners and other community partnerships and ensure that Safeguarding Adults is clearly identified within their core business;
- To engage service users, carers and the public in the development of Safeguarding Adult practice across Hertfordshire;
- To raise public, professional and political awareness of the Safeguarding Adult Agenda across Hertfordshire;
- To commission Serious Adult Reviews and ensure that learning from them and other reviews, local and national, is embedded in local practice;
- To promote effective training in Safeguarding Adults and ensure that workforce 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.

2 Board Structure 2013/4



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

SUB GROUP MEMBERS TO BE CALLED ON WHEN APPROPRIATE AND CONTRIBUTE TO ANNUAL REPORT
 East of England Ambulance Service
 Crown Prosecution Service
 Coroners Service
 HMP The Mount
 HCPA

↓
POLICY & PROCEDURE
 Chair: WHHT, Ruth Vines
 Vice Chair:

↓
PERFORMANCE
 Chair: HCS, Patricia Orme
 Vice-chair: Community Protection, Gary Ray

↓
LEARNING & DEVELOPMENT
 Chair: HCS, Denise McMurray
 Vice Chair:

↓
PUBLIC ENGAGEMENT
 Chair: Herts Valley & E&N Herts CCGs - Tracey Cooper
 Vice Chair: Jane Spence, HCT

↓
PREVENTION
 Chair: Tracy Pemberton, Det Inspector, Herts Police
 Vice Chair:

3 Board Membership and attendance 2013/14

Agency	Representative	May-13	Jul-13	Sep-13	Nov-13	Jan-14	Mar-14
Hertfordshire County Council	Operations Director Health & Community Services	N	Y	Y	Y	Y	Y
Hertfordshire Community Protection	Assistant Director Community Protection	Y	Y	Y	Y	N	Y
County Councillor	Executive Member	Y	Y	N (deputy)	N	Y	Y
E&N Herts CCG	Director of Nursing & Quality, E&N Herts CCG	Y	Y	N	Y	Y	Y
HCC Children's Services	Head of Child Protection	Y	Y	N	N	N	N
HCC Health and Community Services	Head of Adult Safeguarding	Y	Y	Y	Y	Y	Y
HCC Health and Community Services	Head of Service, Learning Disability & Autism Service	Y	N (deputy)	N (deputy)	Y	N	N
HCC Health and Community Services	Head of Service, OPPD	Y	N	Y	N	N (deputy)	Y
Hertfordshire Police	Detective Superintendent	Y	Y	Y	Y	N	Y
Hertfordshire Probation Trust	Director of Operations	Y	N	N	Y	Y	Y
POhWER	Area Manager	Y	N (deputy)	N (deputy)	Y	N (deputy)	Y
Hertfordshire Partnership NHS Foundation Trust	Executive Director	N	Y	N	N	N	Y
Hertfordshire Partnership NHS Foundation Trust	Head of Social Work & Safeguarding	Y	Y	Y	N	Y	N
Hertfordshire & South Midlands NHS England	Director of Nursing & Quality	N	N	Y	N (deputy)	Y	Y
Herts Valleys CCG	Director of Nursing & Quality	Y	N	N	Y	Y	Y
Hertfordshire Community NHS Trust	Deputy Director Quality & Governance, Deputy Chief Nurse	Y	Y	Y	N (deputy)	N (deputy)	Y
Herts Valley & E&N Herts CCG	Head of Adult Safeguarding	N	Y	Y	Y	Y	Y
West Hertfordshire Hospitals NHS Trust	Head of Safeguarding	Y	N	N (deputy)	N (deputy)	Y	N
Hertsmere Borough Council	Chief Executive	Y	N	N	Y	Y	N (deputy)
East & North Hertfordshire NHS Trust	Director of Nursing & Patient Experience	N	N	N	N	N (deputy)	N (deputy)
HSCB	HSCB Business Manager	Y	N	Y	N	N	Y
West Hertfordshire Hospitals NHS Trust	Deputy Director of Nursing	Y	Y	Y	N (deputy)	Y	N
Hertfordshire Constabulary	Detective Inspector	N	N	N	N	N (deputy)	Y
Independent Chair (interim)	Chair (interim)					Y	Y

4 Terms of Reference

These Terms of Reference were operational during the period covered by this Report. However, they will be revised as a result of the review of the structure, membership and governance arrangements for HSAB to be undertaken during the coming year. This is to ensure that HSAB is fit for purpose when the Care Act 2014 is enacted.

“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 Social 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 Adult Social Services headline standards (ADASS, 2005)



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

5 Service User Survey Questionnaire

Having Your Say

The Hertfordshire Safeguarding Adults Board is undertaking a survey with people who have had contact with the safeguarding process.

The purpose of this survey is to ask people about their views and experiences of the process and how this could be improved in the future.

You will not be asked about the incident itself. The questions focus on the service that you received.

1. Did someone explain to you what a safeguarding investigation is?

Yes No

2. Were you given the choice to go to any safeguarding meetings?

Yes No

3. Did you attend?

Yes No

4. Were your views listened to at the meeting?

Yes No

5. Were you asked what you wanted to happen next?

Yes No

6. Do you feel safer as a result of the safeguarding investigation?

Yes No

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

Yes No

Any comments:

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8. Overall satisfaction with the support you received:

Please tick (✓) one box

I am extremely satisfied I am quite satisfied
 I am quite dissatisfied I am extremely dissatisfied

Thank you
Please return this in the envelope provided

If you are worried that someone you know is at risk of harm, neglect or mistreatment please call Health and Community Services in confidence to report your concerns on 0300 123 4042.

For further information on safeguarding adults please visit www.hertsdirect.org/caresupport/safe

