



## Annual Report 2009/2010

**Bucks Safeguarding Vulnerable Adults Board**

Protecting and safeguarding vulnerable people in Buckinghamshire

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## Foreword



Welcome to the 2009/10 annual report of the Bucks Safeguarding Vulnerable Adults Board. This is the third annual report and it details the achievements over the year and the challenges to be faced by the Board and member organisations in the next 12 months.

The Board has worked hard to improve the way in which organisations work together both strategically and operationally to safeguard adults. This year, with increased capacity brought by additional personnel supporting the Board, and by refocusing and aligning personnel on safeguarding business within member organisations, we have been able to progress outstanding work and complete other tasks with confidence.

However, we appreciate that there is still a lot to do, develop and improve, and this is especially challenging in the social and economic climate in which we operate. We also know however, that when organisations work together, sharing skills and expertise we can provide simple and effective ways of safeguarding vulnerable adults. We can do this by raising the profile of safeguarding, making individuals and their families aware of risk, giving advice on how to manage their life styles safely and engage them in the development and quality assurance aspects of services they need. Furthermore, with the range of agencies on the Board, we can ensure that safeguarding is fully embedded in the way agencies do business, including those we commission to do work in our communities. These are within the remit of Board members and will remain solidly part of Board activity in the forthcoming months.

I would encourage you to take time to read the report to see what has been done and invite you to work with us by sending through your comments on the report together with the work of the Board. Contact details can be found at the end of the report. On behalf of the Board, I look forward to hearing from you

A handwritten signature in black ink that reads "Charles J Owen-Conway". The signature is written in a cursive, flowing style.

**Charles J Owen-Conway**  
**Chairman**  
**Buckinghamshire Safeguarding Vulnerable Adults Board**

## Introduction



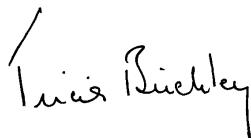
### by Councillor Patricia Birchley, Cabinet Member for Adults and Family Wellbeing

I am passionate that our vulnerable people in Buckinghamshire can live without fear, without risk and with dignity. To achieve this, safeguarding has to be everybody's business. It can only be everybody's business by an understanding of what represents abuse and what to do when abuse is observed or suspected.

During 2009/10 the SVAB's work to increase awareness, introduce wider-reaching training programmes, agree policy across the membership organisations and improve the recording of incidents, has set a firm foundation for the coming year to build on a programme of responsibility and involvement for us all.

The public sector, which encompasses the organisations represented on the SVAB, are facing severe financial pressures which in turn will create unprecedented challenges to deliver services that maintain the level of quality and safety essential for our residents. It is encouraging, therefore, that through the strength of the Board's joint working agreements more effective safeguarding is already in evidence.

On behalf of the people of Buckinghamshire I would like to thank the Chairman and the members of the Safeguarding Vulnerable Adults Board for their hard work during the last year. I am confident that in the coming year the SVAB will take us further forward in ensuring that safeguarding is closer to being 'everybody's business', and that our county is an even safer place in which to live.



**Patricia Birchley**  
**Cabinet Member**  
**Adults & Family Wellbeing**  
**Buckinghamshire County Council**

## Safeguarding is everybody's business

*'What is safeguarding anyway?'*

*'I am worried about my disabled neighbour but I haven't known who to talk to about my concerns - it feels like being nosey'*

*'Safeguarding might be part of your job but it isn't mine'*

*'What is so different about safeguarding? Just another government initiative?'*

*'I witnessed some unprofessional behaviour to a patient by my colleague who is usually very kind. I reported it - it was very hard, but I am glad I did now'.*

comments from members of the public

Coming across possibly abusive situations, we often don't know when to say something, stay silent, take action against a person's expressed will or respect their views and do nothing. But safety from harm and exploitation is one of our most basic needs and there are actions you can take if you are a neighbour, friend or family member, and actions you must take if you are professional worker in the safeguarding partnership.

The diagram below illustrates how safeguarding vulnerable adults is everybody's business and who in the community, is responsible for taking the lead.





There is a role and responsibility for everyone from raising awareness and preventing situations developing, to helping vulnerable adults access services, which can assist them in managing their situations so that they are not at risk of harm or exploitation. For professional staff in the safeguarding partnership there are specific actions to take.

These include enabling vulnerable adults to protect themselves, ensuring that potential criminal acts against them are investigated and, if they also lack capacity, ensure their 'best interests' are protected

The following pages explain what we mean by abuse and safeguarding and to whom it applies.

### Keeping vulnerable adults safe in the community...

*Following his mother's death, a single man with a brain injury allowed his health and their home to deteriorate. He moved to a hostel whilst awaiting repairs to his house. The hostel warden made a safeguarding alert as he was seen to be vulnerable - he was living on the street, drinking excessive amounts of alcohol and being befriended by a group of people who would then rob him. A multi-agency approach was taken to support him to cope with daily living. Housing services, his GP and Social Services helped him to move into sheltered accommodation, sort out his income and expenditure and manage his medication. The police were alerted to his vulnerability which was managed using the Multi-agency Case Conference system. He later wrote a letter to staff thanking them for their support.*

**Learning point:** working together to pool expertise and resources increases an individual's capacity to self-manage and safeguard himself in future. It is efficient and cost effective because it avoids the situation becoming chronic and requiring often more expensive alternative solutions.

# Terminology – what and who are we talking about?

## What is abuse?

It is everybody's right to live in a safe environment free from being threatened, intimidated or abused. The feeling of being unsafe can occur in different ways and in different circumstances. The most well known types of abuse are physical and sexual abuse but abuse can also take other forms including; neglect, financial, psychological, institutional and discrimination. Most people associate abuse as happening to children but it can and does happen to adults as well. For examples of what is considered abusive behaviour visit the website:

[http://www.buckinghamshirepartnership.gov.uk/sites/partnership/sva/how\\_to\\_spot\\_abuse.page](http://www.buckinghamshirepartnership.gov.uk/sites/partnership/sva/how_to_spot_abuse.page)

## When does 'abuse' happen?



A vulnerable adult may be subject to abuse when they are neglected, persuaded to agree to something against their will or taken advantage of because they do not fully understand the consequences of their choices or actions. It can be a single act or repeated over time. It may be deliberate but it may also happen as a result of poor care practices or ignorance.

Sadly abuse can occur in any relationship, most frequently by people the person knows personally very well

## Who does this apply to – who is a vulnerable adult?

A vulnerable adult is defined as an adult (a person aged 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 him or herself, or unable to protect him or herself against significant harm or exploitation'. *Definition from 'No Secrets' March 2000 Department of Health.*

This could include people with learning disabilities, mental health problems, older people or those with a physical disability or impairment. It may also include an individual who may be vulnerable as a consequence of their particular personal situation such as experiencing domestic abuse, chronic illness, drug or alcohol problems, social or emotional problems, poverty or homelessness.

## What is safeguarding?

Safeguarding is the national framework of guidance and laws designed to bring together experts from different agencies concerned with the safety and welfare of vulnerable adults.

## About the Board

Formed in 2008 the Buckinghamshire Safeguarding Vulnerable Adults Board is the multi-agency partnership with 12 member organisations and through them has access to a large network of health, housing and social care service providers of approximately 200 organisations. The Board promotes the welfare of vulnerable adults and their protection from abusive behaviour throughout the county. It provides strategic leadership for agencies providing services to vulnerable adults, and seeks to ensure there is a consistently high standard of professional response to situations where there is abuse, actual or suspected.

### Scope

The Board has 7 main areas of operation, which together provide an effective means of minimising the risk of abuse. These are:

1. Ensuring staff are fully trained and understand their roles and responsibilities in recognising and reporting abusive practice
2. Developing policy and standards of best practice to improve professional practice across the partnership
3. Preventing potential abusers coming into contact with vulnerable people and through the development and promotion of robust employment practices
4. Carrying out serious case reviews when and where appropriate to learn how to improve our practices
5. Investigating, reporting and improving performance
6. Supporting the implementation of new legislation: the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS)
7. Promoting the message of awareness amongst the public and professionals to increase their knowledge and confidence in reporting concerns

The member organisations are:

- Buckinghamshire County Council Directorate of Adults and Family Wellbeing
- Thames Valley Police
- NHS Buckinghamshire
- Buckinghamshire District Councils
- Buckinghamshire Hospitals NHS Trust
- Ridgeway Partnership Oxfordshire Learning Disability NHS Trust
- Buckinghamshire Oxfordshire and Buckinghamshire Mental Health Trust
- Thames Valley Probation Service
- MKB Care Association and Fremantle Trust
- Multicultural Centre and Race Equality Council, Buckinghamshire
- Community Safety Partnership

Appendix 2 gives details of the roles and personnel involved

## **Structure**

The Board meets bi-monthly to lead and oversee progress towards an improved Buckinghamshire wide system of response, and to scrutinise working practices and standards. It has a number of committees which deliver the work:

- Training committee
- Safer employment committee
- Policy and procedure committee
- Serious Case Review committee
- Monitoring and evaluation committee
- Deprivation of Liberty Safeguards Project Group

Terms of reference for the Board and a structure chart can be seen in appendix 4 and 3 respectively.

## **Governance arrangements**

Board members are accountable to the Buckinghamshire Safeguarding Vulnerable Adults Board. The work of the Board is reported by members to their organisations using their internal governance structures. For example, this will include the County Council Overview and Scrutiny Commissioning Committee and Boards of Health Trusts.

The Board, through the Chairman, is accountable to Buckinghamshire County Council via the Buckinghamshire County Council Strategic Director of Adults and Family Wellbeing.

## Keeping staff and public aware

An item generated for internal newsletters of Board organisations and placed on TV screens in public places.

November 25 :The United Nations' (UN) International Day for the Elimination of Violence against Women raises public awareness of violence against women in all countries around the world and at all levels of society.

Would you recognise domestic abuse?

Would you know who to tell?



Sue lives in Buckinghamshire. Her husband died earlier in the year. She had been caring for him for 4 long years. After the death of her husband and with her children living abroad, Sue decided to work as a volunteer, where she met another volunteer, Robert, in the same project. He needed accommodation, she offered him a spare room, and discovering he had an alcohol problem, tried to help him rebuild a life without it. She didn't report the physical and emotional abuse she suffered over the next few months to anyone, and is still desperately sad she cannot help him. Eventually she went to her GP for treatment from a physical assault and received the support she needed to change her situation.

Whatever form it takes, domestic violence is rarely a one-off incident. Usually it's a pattern of abusive and controlling behaviour through which an abuser seeks power over their family member or partner.

Domestic violence occurs across all of society, regardless of age, gender, race, sexuality, wealth or geography. Women are more likely than men to be victims of domestic violence, and children are also affected - they can be traumatised by what they've seen, and there is a strong connection between domestic violence and child abuse.

**In Bucks there were approximately 3000 domestic violence crimes in 2008/9**

### Help to protect and safeguard vulnerable adults

If the person is in immediate danger or needs medical treatment, ring 999. Alternatively ring

**0845 8 505 505**

The police if a crime is being committed

**0800 137915**

Bucks CC Careline to alert a professional who can help or

**01494 675802**

Emergency line at evenings or weekends

**03000 616161**

The Care Quality Commission about residents in care and nursing homes, registered home care, nursing agencies

Or contact [safeguardingadults@buckscc.gov.uk](mailto:safeguardingadults@buckscc.gov.uk) or ring 01296 382178

## Summary of Board progress and achievements during 09/10

*'The well-attended Board has significantly improved joint working in Bucks. There is better participation and increased awareness of senior staff in partner organisations.'*

Quote from a manager of a member organisation

Board aims	Board achievements
<p>Develop shared knowledge of best practice and improve standards of safeguarding responses in Buckinghamshire through the work of the Board</p>	<ol style="list-style-type: none"> <li>1. Established a serious case review committee to manage serious case reviews and disseminate lessons learned</li> <li>2. Established a monitoring and evaluation committee to investigate performance and improve standards</li> <li>3. Appointed an independent Chair to challenge performance and ensure the Board continued to improve</li> <li>4. Appointed a business manager to lead the development of the Board</li> <li>5. Appointed a training manager to ensure that sufficient training is efficiently and effectively provided to the highest standards across the Buckinghamshire multi-agency partnership</li> <li>6. Participated in Department of Health research on Adult Safeguarding Boards governance and a study of self neglect due for publication in 2010</li> <li>7. Established an active communication route with the Local Safeguarding Children's Board. Guidance, best practice and working structures have been shared and safeguarding statements regarding each other's areas of work have been inserted into the multi agency policies and procedures to ensure this joined up working continues at all levels.</li> <li>8. At every Board meeting considered any improvements to be made arising from the work of the multi- agency risk assessment conference, the multi-agency public protection arrangements, and following external inspections.</li> <li>9. Reviewed and refreshed membership, governance and terms of reference to make it fit for purpose</li> </ol>

Board aims	Board achievements
<p>Develop the ways in which information about safeguarding is communicated</p>	<p>Increased the ways in which the Board communicates with different audiences: service users and carers, community and voluntary sector, professionals</p> <ol style="list-style-type: none"> <li>1. Increased the public information outlets <ul style="list-style-type: none"> <li>• Public website developed and launched <a href="http://www.buckinghamshirepartnership.gov.uk/bsvab">www.buckinghamshirepartnership.gov.uk/bsvab</a></li> <li>• Public leaflets, easy to read version and handy cards produced</li> <li>• News items regularly produced and circulated to member organisations for onward publication</li> <li>• Other media outlets used e.g. flat screen TV advertising, stands at conferences etc</li> <li>• Radio interviews</li> </ul> </li> <li>2. Attendance at key meetings (local Service User Boards)</li> <li>3. Introduced safeguarding stakeholder meetings for the voluntary, private, independent sector, service users and carers</li> <li>4. Used community safety and county council networks, campaigns and expertise to broaden access on issues eg distraction burglary and outlets eg community roadshows</li> <li>5. Devised and implemented a communications strategy and plan.</li> <li>6. Set up a communications reference group and a quality assurance and reviewing system</li> <li>7. Board meetings include presentations and learning</li> </ol>
<p>Deliver the revised Board safeguarding training strategy</p>	<ol style="list-style-type: none"> <li>1. Conducted a training needs analysis and agreed and adopted a multi-agency safeguarding training strategy</li> <li>2. Monitored the performance of contracted trainers with an improved quality assurance system to ensure standards of delivery</li> <li>3. Built a coordinated framework across the partnership for level I training</li> <li>4. Devised and distributed resource material to improve understanding of safeguarding issues by volunteers working in health and social care</li> <li>5. Prioritised and supported staff in delivering the safeguarding service across Buckinghamshire, through training</li> <li>6. Revised recording guidance as a consequence of a Board partnership review and included this in Level I training</li> </ol>

Board aims	Board achievements
<p>Improve selection and recruitment practices</p>	<ol style="list-style-type: none"> <li>1. Commenced development of safer recruitment policies and processes, including plans to disseminate guidance.</li> <li>2. Developed the Allegations Against Employee process.</li> <li>3. Commenced preparing for the introduction of the multi-agency system to manage allegations against staff.</li> <li>4. Prepared members for the national requirements of the Vetting and Barring Scheme and shared expertise.</li> <li>5. Developed materials to support service users and carers in safe recruitment and employment practices.</li> </ol>
<p>Review serious cases, share and act on the lessons learned</p>	<ol style="list-style-type: none"> <li>1. Began the learning process from serious case reviews. Early indications are that the partnership has workers who are confident in using the safeguarding alert system and initiate action. Staff are skilled in delivering their services, and there is strong desire by board and senior managers to improve practice. The lessons to be learned include improvements in record keeping, improved performance when transferring key information about the vulnerable person between organisations at times of crisis or change of circumstances; ensuring that all staff understand their responsibilities using the multi-agency procedures and are supported to enact them.</li> <li>2. This information is based on the 2 partnership reviews, and one completed serious case review</li> <li>3. Set up a system and process to complete serious case reviews and monitor action plans, disseminate lessons learned.</li> </ol> <p>A summary of learning from the partnership review can be found in the following pages and details of the serious case review process can be read by clicking on to the link  <a href="http://www.buckinghamshirepartnership.gov.uk/partnership/sva/serious_case_reviews.page">http://www.buckinghamshirepartnership.gov.uk/partnership/sva/serious_case_reviews.page</a></p>
<p>Ensure that any adopted multi-agency policies and procedures are fit for purpose across the partnership</p>	<ol style="list-style-type: none"> <li>1. Commenced a consultation on current multi agency safeguarding policy and procedure which is approaching final phase</li> <li>2. Reviewed the information sharing protocol and created a safe e-library to store for future reference</li> <li>3. Used the website to increase access to policies and procedures</li> <li>4. Delivered a seminar on learning from serious case reviews in relation to policy and procedure</li> </ol>

Board aims	Board achievements
Deliver MCA Act Deprivation of Liberty Safeguards (DoLS) service	<ol style="list-style-type: none"> <li>1. Promoted information about the Act via a programme of awareness briefings</li> <li>2. Established a Supervisory Body and trained social care staff to manage requests for 'best interests' assessments in Bucks <a href="http://www.buckscc.gov.uk/bcc/adult_social_care/deprivation_of_liberty_safeguards.page">http://www.buckscc.gov.uk/bcc/adult_social_care/deprivation_of_liberty_safeguards.page</a></li> <li>3. Devised data collection arrangements and use information to monitor usage and target future actions</li> <li>4. Used local intelligence, lessons learned and best practice to promote through regional and national networks.</li> </ol>
Review performance and improve standards	<ol style="list-style-type: none"> <li>1. Adopted terms of reference and provisional work plan for the Monitoring and Evaluation Committee</li> <li>2. Undertaken individual audits</li> <li>3. Begun to plan a programme for sharing useful performance amongst members and a system for bringing key data to the attention of members at Board meetings.</li> </ol>

### Deprivation of Liberty Service (DoLS) in action....

*A hospital social worker rings the DoLS to request a deprivation of liberty order concerning an elderly lady who has fluctuating mental capacity. The lady is ready for discharge from hospital and wants to go home. Staff feel that she cannot make this decision herself, she will fall and injure herself and needs residential care.*

*A member of staff trained in DoLS safeguards legislation visits and assesses that the elderly lady has capacity to make this decision. The staff member liaises with Social Services who agree to put in 24/7 care with family support for 2 weeks at home to see how she adjusts to home living again. At the 2 week review it is clear that she can manage and the care package changes to reflect this. The lady and son send grateful thanks for the support they received to get her home and help her to stay there.*

**Learning point:** Listening to service users' and carers' views and getting a range of expert advice contributes to better assessment of risk and the correct level of resources.

## Learning from serious case reviews

This is the first year that the Board has conducted reviews. Below is the summary of the first actual partnership review undertaken and the actions taken to improve.

### Summary of the Partnership Review

The Review group considered the case of Mrs A, an elderly lady moving from one care home to another and on to hospital. Reports were considered from the police, GP services, social services, hospital, residential care home and care quality commission. These identified the following issues:

- The information flow between care home and hospital at critical points i.e. admission to hospital, between hospital departments
- The quality and timeliness of record keeping
- Staff knowledge and understanding of safeguarding issues and when and how to raise alerts
- The securing and preservation of evidence once alert has been raised
- Delays in convening strategy meetings
- Commissioning, contracting, monitoring arrangements need to be robust when securing placements in newly opened units and transferring of service users
- Local health and community services must be prepared and available to support the opening of new large residential homes catering for elderly people with complex health and care needs.

### We have addressed these by:

1. Undertaking a major review of the multi-agency safeguarding policy and procedure developing with guidance on the recognition of neglect within different settings
2. Improving the range of safeguarding training and appointing a training manager to lead developments
3. Adding recording guidance to basic safeguarding training and the multi-agency policy and procedure guidance notes
4. Requesting an audit of performance in these areas to the monitoring and evaluation committee, to ensure that interagency communications are improved e.g. key medical and social care information is conveyed accurately, immediately and securely.
5. Asking commissioners to ensure that community based health care is available to support the care home when applications are made.

## Partner achievements

### **Buckinghamshire County Council Adults and Family Wellbeing Directorate**

Over the year we have focused on delivering the improvement plan agreed with the Care Quality Commission following their inspection in June 2008. At that time it was agreed that developing and improving effective multi-agency working was key to Bucks County Council delivering better responses for people at risk, and in raising the profile of preventative work. As lead agency we created a service manager post dedicated to the safeguarding service. A new recording system to allow early adoption of the new Department of Health guidance on referrals was commissioned and launched 1<sup>st</sup> February 2010. The Directorate continued to support the Deprivation of Liberty Safeguarding Service to full and successful implementation. In other areas, the Directorate has taken an active approach to quality assurance by arranging regular external audits of staff performance on safeguarding interventions, and working with private, voluntary and independent social care organisations to increase self monitoring and sustain improvements.

### **Thames Valley Police**

Thames Valley Police has continued its commitment to delivering an effective service to vulnerable adults in Bucks. Over the past 12 months we have investigated a number of serious offences against vulnerable adults and supported a multi agency approach. Thames Valley police has identified all the cases which have developed into serious case reviews in the last year and contributed to discussions of other cases, including partnership reviews. We have increased our resources to better respond to the needs of vulnerable adults in Bucks and this reorganisation should increase our capacity to contribute to committees other than the Serious Case Review Committee where we are already active members.

### **NHS Buckinghamshire**

NHS Buckinghamshire is responsible for commissioning the majority of health services provided across Buckinghamshire. This responsibility involves working closely with partner organisations to ensure patients are kept safe from abuse.

Over the last year we have focused on increasing awareness of the importance of protecting vulnerable people across our service providers, by improving availability and uptake of multi-agency training opportunities. As a commissioning organisation we have also focused on improving our own recording and reporting systems. Our ongoing aim regarding the monitoring and application of the 'No Secrets' and 'Safeguarding Adults' guidance is to continue to support awareness of our key responsibilities within Safeguarding Adults procedures.

### **Buckinghamshire Hospital Trust**

It has been a challenging year for the Trust operating in an environment of increased public expectations, financial pressures and managing through a prolonged period of difficult weather conditions. Nevertheless, safe discharge planning arrangements and closer working with social care and other agencies has improved, with communications becoming key to ensuring that vulnerable adults are discharged safely and in a timely fashion. New training resources were introduced to provide wider and easier access for staff to understand their roles and responsibilities in keeping patients safe, and specialist Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training delivered for more senior staff. BHT continues to be committed to providing an effective service and has identified safeguarding leads for each of the hospital divisions within the Trust to ensure that the work continues to be driven forward.

## Ridgeway Trust

The Ridgeway Trust delivers specialist health and social care services for people with a learning disability in the community and at Amersham Hospital. Approximately 50% of all safeguarding cases referred are for people with a learning disability and we take this work very seriously. Partnership and multi-agency working is at the heart of what we do and we have realigned safeguarding within the organisation to have the highest priority for both clinical and managerial staff at all levels. We carry regional responsibilities in respect of people with a learning disability who come into contact with the criminal justice system and this is a growing area of demand for our advice and treatment. Many of these clients have been the victims of, or the perpetrators of, abuse and our work with the police, courts, probation and prison services continues to be of great significance. We have facilitated the secondment of two of our senior clinical staff to launch the MCA / DOLS service, and through their efforts and those of other colleagues this new area of challenge has been successfully managed.

### Providing safeguarding action for someone with a learning disability

*A service provider calls the safeguarding team at Bucks CC regarding an allegation of theft by a service user who attends a day centre. Two members of staff are implicated and concerns are logged as a safeguarding referral. The service provider confirms that the incident has been reported to the police and that the two members of staff have been suspended. A strategy meeting is called to make arrangements to ensure the service user is not at further risk and a plan is put in place. A disciplinary hearing is undertaken immediately and one member is sacked, the other given a warning and retraining. The Police investigate but take no further action.*

**Learning point:** Early and co-ordinated action between agencies keeps vulnerable people safe.

## Fremantle Trust and MKB Care

MKB Care is an 'umbrella' body providing a network of advice and support for independent sector care homes and domiciliary care members in Buckinghamshire and Milton Keynes. The MKB nominated Board member works for Fremantle Trust, attends Board meetings, disseminates information from the Board and encourages MKB Care member feedback. Over the last year The Fremantle Trust has furthered safeguarding by supporting staff to attend and contribute to the Training and Safer Employment Committees. Other MKB members have attended workshops on Safeguarding and Deprivation of Liberty Safeguards, and made contributions to the consultation on the first draft of the multi-agency safeguarding revised policy and procedure. The Fremantle Trust and MKB Care members remain committed to ensuring that their individual organisations promote and maintain the highest standards of care and with that, safeguarding knowledge.

## Oxfordshire Buckinghamshire Mental Health Trust

The Trust incorporates both health and social care responsibilities and manages both inpatient and community resources. We have developed not just our work with partners, but also the integration of safeguarding work within the Trust to improve understanding of roles and responsibilities. We manage the staff responsible for undertaking safeguarding investigations so we support and quality assure this system to ensure they understand the whole of this responsibility. Each of our teams and units has a named safeguarding lead responsible for ensuring colleagues are well-informed and know where to find help and guidance. These leads have met regularly over the year with Trust's nominated safeguarding professional lead for Bucks actioning issues from training and sharing learning from cases. Key people in partner agencies have met to improve front-line links and understanding between staff, police and the Bucks County Council safeguarding team staff. This initiative has proved to be a good mechanism for overcoming any problems in communication or in role perceptions as well as continuing to raise awareness of mental health issues.

### Mental Health Services: Keeping patients safe...

*A staff member in a mental health service is dismissed for gross misconduct against a patient. A few months later staff in another mental health service recognise the surname of the person who is now representing a patient as her mental health advocate for an out of the area group of solicitors.*

*The staff alert the solicitors and inform the safeguarding Board so that all the member organisations are aware. The solicitors make further inquiries regarding his application and find aspects falsely declared so are able to dismiss him quickly.*

**Learning point:** Taking action and sharing information appropriately prevents harm and protects vulnerable people.

## Community Safety Partnership

This year has seen the improved coordination of activities between domestic violence and safeguarding vulnerable adults work programmes. Safeguarding vulnerable adults prompts to workers has been included in referral forms and key multi-agency forums such as MARAC, and Domestic Violence Champions have the additional brief of promoting Safeguarding Vulnerable Adults. There has been the sharing of information to the public and use of the wider community safety network to promote safeguarding messages.

## Applying the national frameworks to Buckinghamshire safeguarding

The Buckinghamshire Safeguarding Vulnerable Adults Board has reaffirmed its commitment to delivering the national safeguarding agenda and using legislation and campaigns to positively impact and guide improvements in local practice. Key elements we have used this year are:

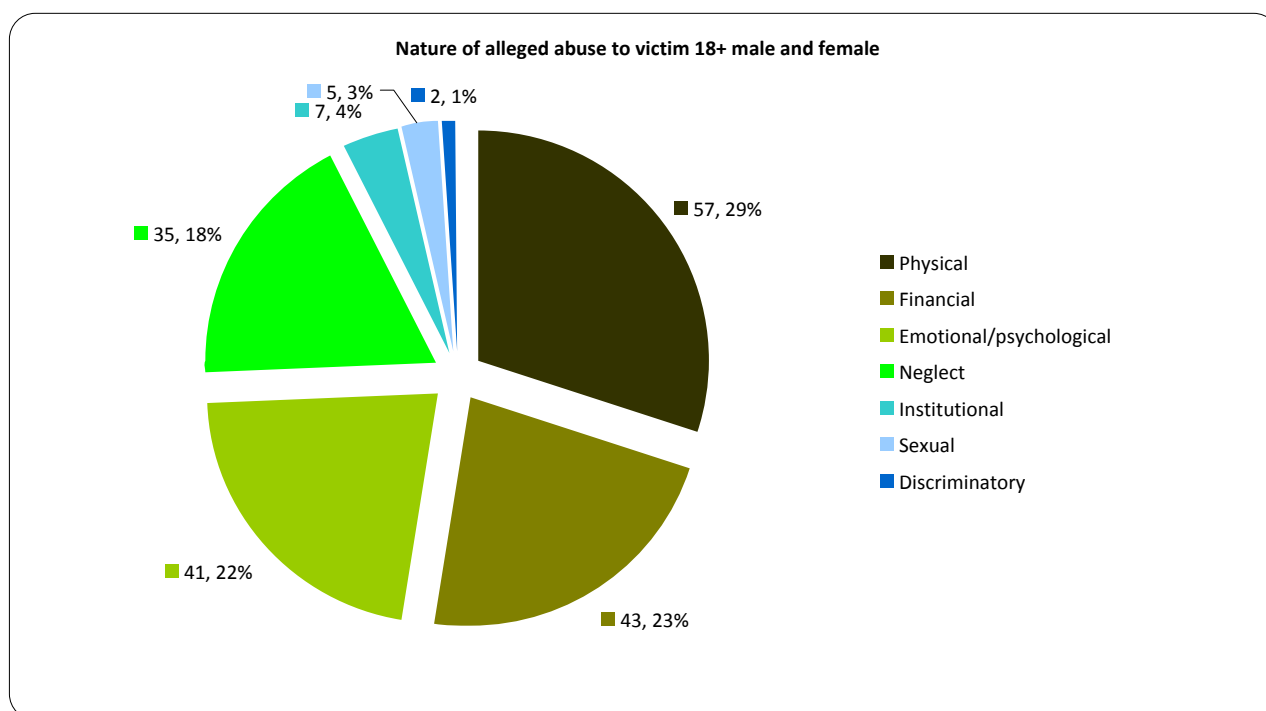
National guidance and legislation	Application
The 'No Secrets' guidance produced by the Department of Health in 2000	Contained within the Bucks multi agencies policies and procedures on safeguarding vulnerable adults used by all professionals
Safeguarding Adults (2005) - a framework of standards for adult protection work developed by the Association of Directors of Social Services	Contained within the Bucks multi agencies policies and procedures on safeguarding vulnerable adults used by all professionals
The national programme of implementation for self directed support as identified in the concordat 'Putting People First – A shared vision and commitment to the transformation of Adult Social Care' (2007)	Safeguarding issues have been addressed within the programme. This includes the communications programme (briefings and conference to service users, carers and professionals), the design of the support services, and progress reported to the Board at regular intervals
The Mental Capacity Act 2005 and duty to provide 'best interest assessors' from the 1 <sup>st</sup> April 2009 under the Deprivation of Liberty Safeguards	Best interest assessors (social workers specifically trained) began to deliver assessments from the 1/4/09.
The Safeguarding Vulnerable Groups Act 2006 for employing staff and volunteers working with vulnerable children and adults	Guidance to support good practice based on this act has been developed
The Corporate Manslaughter and Corporate Homicide Act 2007	The serious case review committee referred to this act when considering a request for a serious case review
The Fraud Act 2006	Safeguarding interventions have included reference to this act
The government programme which requires all older people in care to be treated with dignity and respect.	The Board have endorsed the Dignity in Care campaign and supported 'champions'

## Performance

In October 2009/10 a new reporting government return was introduced with new definitions and counting arrangements. Commenting and drawing conclusions from the data activity reported at this very early stage is recognised as limited. Any trend information given is general, based on what has been collected and reported over the years.

Please note the activity in this section is for a **6 month period October 09 – March 10**, unless otherwise specified.

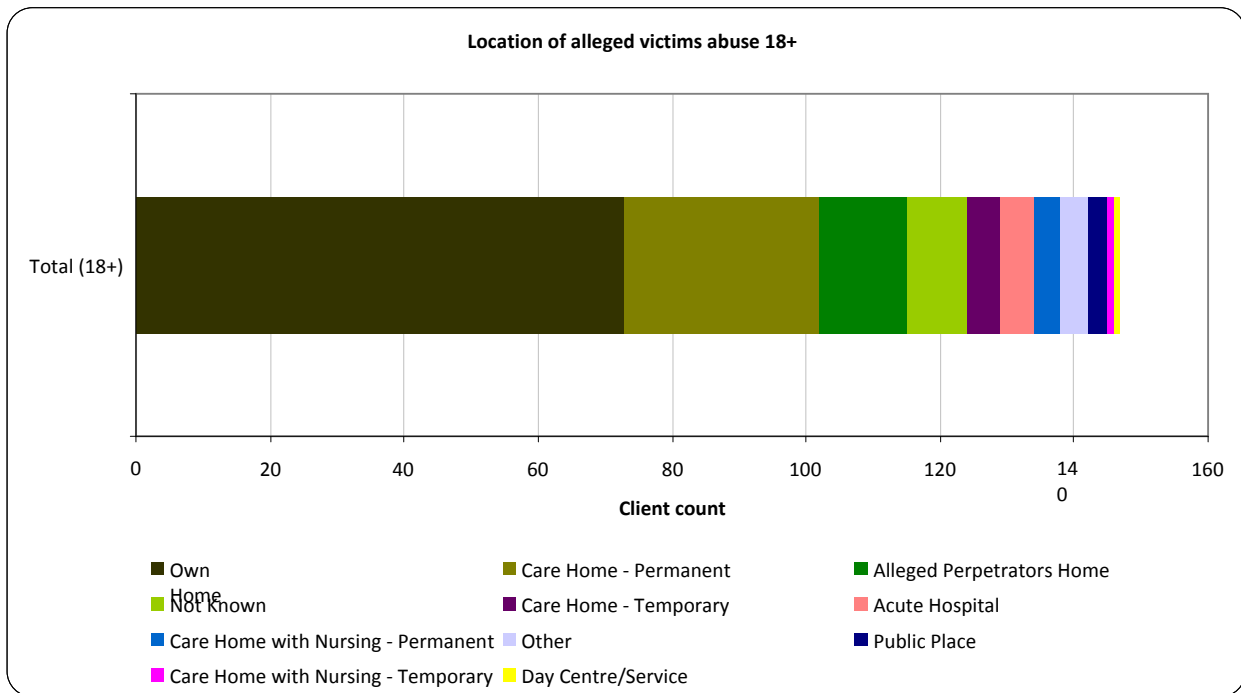
Chart I: Incidents by Type: Nature of alleged abuse to victim 18+ male and female



Victims nature of alleged abuse Total 18+	F	M	T
Physical	33	24	57
Financial	26	17	43
Emotional/psychological	33	8	41
Neglect	21	14	35
Institutional	4	3	7
Sexual	3	2	5
Discriminatory	1	1	2
<b>Total</b>	<b>121</b>	<b>69</b>	<b>190</b>

Physical abuse continues the trend from other years to form the largest proportion of abuse type in 2009/10. The planned restructure of specialist police services to one geographical location was accomplished and supporting arrangements have followed i.e. the setting up of a single point of safeguarding referrals from BCC to police to eliminate delay. The number of incidents of financial abuse continues to rise as expected, and in line with growing awareness and knowledge by professionals and public about how to recognise and report. This area of often hidden abuse is of growing concern, and is addressed through the support and advice offered by local voluntary agencies and the Bucks County Council Self Directed Support programme.

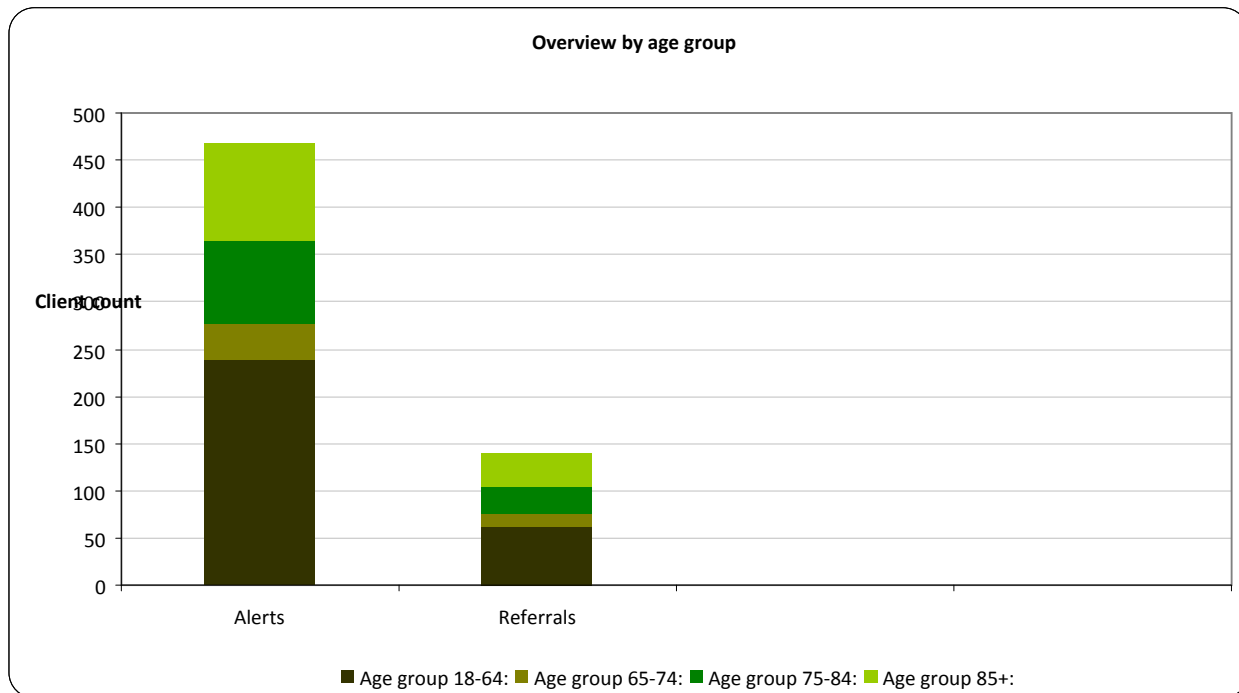
Chart 2: Incidents by location of abuse Location of alleged victims abuse 18+



Location alleged abuse took place	18-64	65-74
Own Home	25	11
Care Home - Permanent	16	2
Alleged Perpetrators Home	8	1
Not Known	5	1
Care Home - Temporary	3	0
Acute Hospital	0	0
Care Home with Nursing - Permanent	2	0
Other	3	0
Public Place	2	1
Care Home with Nursing - Temporary	0	0
Day Centre/Service	1	0
<b>Total</b>	<b>65</b>	<b>16</b>

The number of recorded abuse incidents occurring in a vulnerable person’s own home continues to be of major concern, as it was last year. An increasing population of elderly people living independently in their own homes and managing their own health and social care plans presents a challenge for the Board in future to alert and inform families and local communities to be vigilant. However, we know from anecdotal evidence that it can be family members who are also the perpetrators of abuse, and victims often want the abuse to stop but do not want involvement from the statutory agencies who are authorised to investigate and protect. It is hoped that the government response to the No Secrets review will provide guidance on such matters later in 2010.

Chart 3: Overview by age group



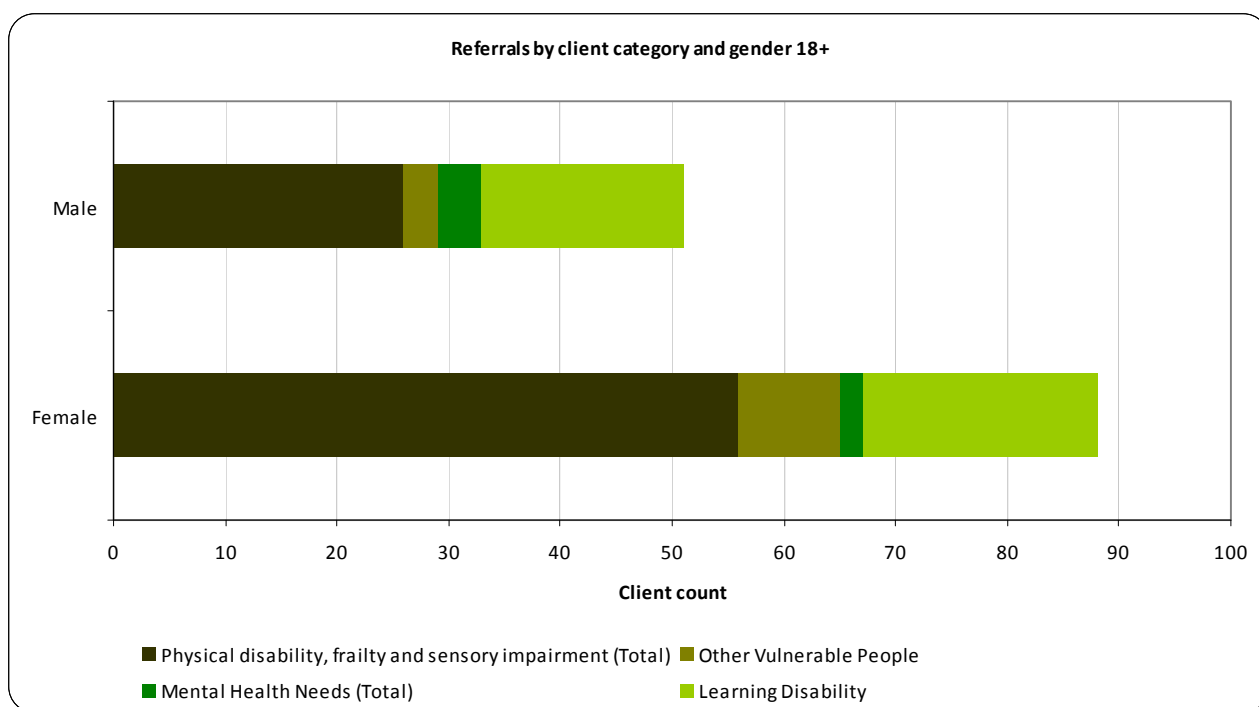
Location alleged abuse took place	18-64	65-74
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Care Home with Nursing - Permanent	2	0
Other	3	0
Public Place	2	1
Care Home with Nursing - Temporary	0	0
Day Centre/Service	1	0
<b>Total</b>	<b>65</b>	<b>16</b>

Note: an **alert** is when any member of the public or professional raises a safeguarding concern

A **referral** is a safeguarding alert which requires further investigation

The chart shows a rising number of alerts. This is likely to reflect higher numbers of trained staff and possibly higher levels of public awareness. The recording age bands were changed for this year and so the Board will look carefully at data in future to see if there are any issues and trends that warrant further study.

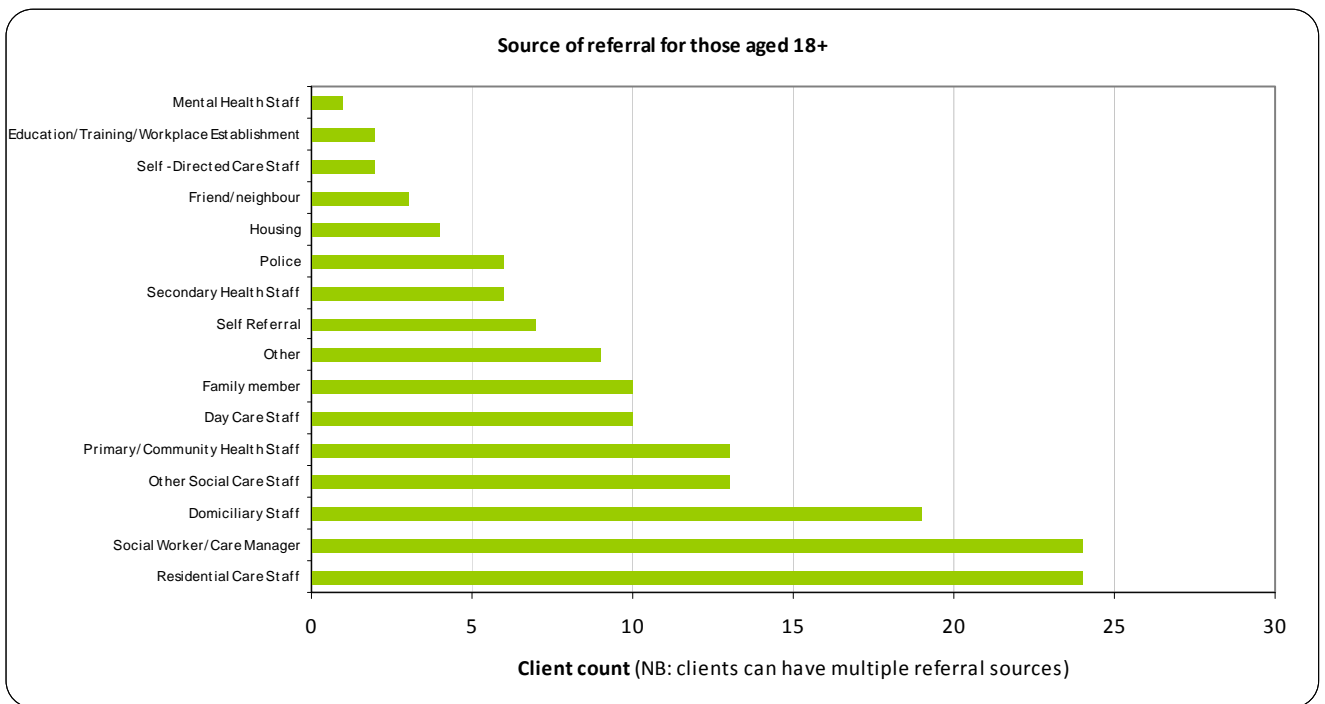
Chart 4: Referrals by client category and gender 18+



Referrals by category and gender			
Age group 18+	Female	Male	Total
Physical disability, frailty and sensory impairment (Total)	56	26	82
Other Vulnerable People	9	3	12
Mental Health Needs (Total)	2	4	6
Learning Disability	21	18	39
<b>Total</b>	<b>88</b>	<b>51</b>	<b>139</b>

The category of physical disability, which includes the older age group, indicates the largest number of referrals and thus investigations. This would be in line with an increasingly aging population supported in their own homes or in regulated health and care services. Concerns have been addressed and action has been taken to safeguard people with learning disabilities where known, as they too can be exposed to risk and exploitation because of their circumstances. Both these client groups will need continuing support to manage risk and keep themselves safe as the government programmes of personalisation, choice and independence are completed in the forthcoming months.

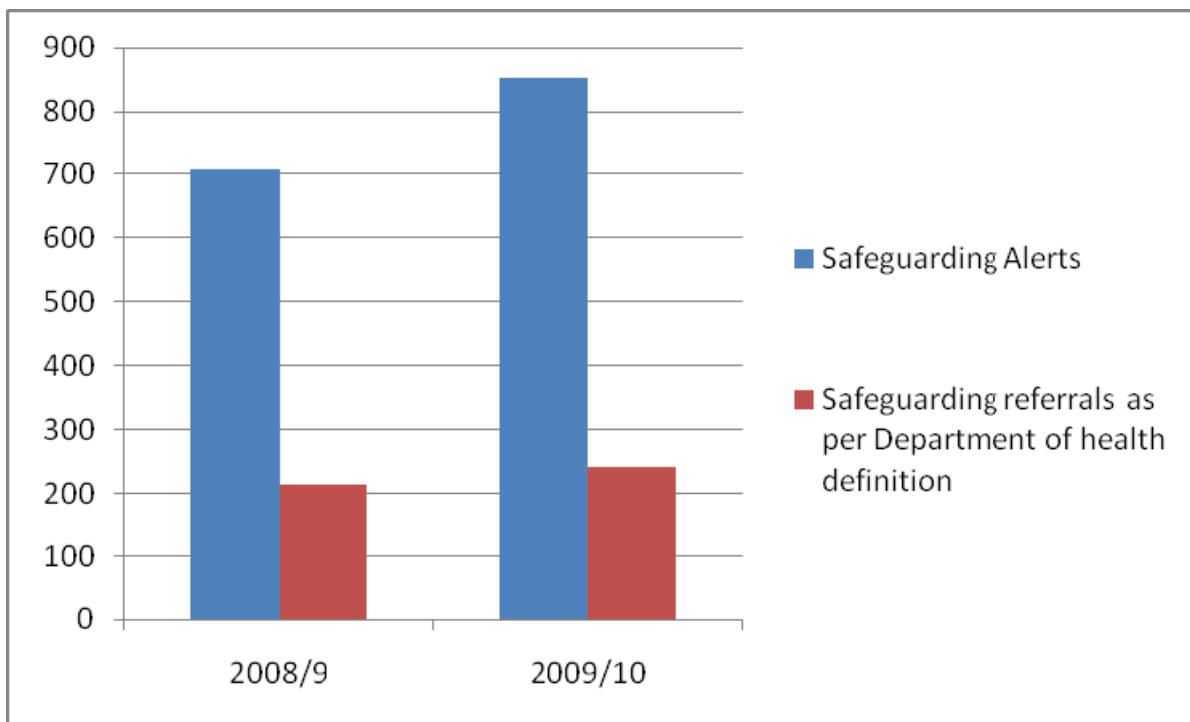
Chart 5: Sources of referrals for those aged 18+



Source of Referral	18+
Residential Care Staff	24
Social Worker/Care Manager	24
Domiciliary Staff	19
Other Social Care Staff	13
Primary/Community Health Staff	13
Day Care Staff	10
Family member	10
Other	9
Self Referral	7
Secondary Health Staff	6
Police	6
Housing	4
Friend/neighbour	3
Self -Directed Care Staff	2
Education/Training/Workplace Establishment	2
Mental Health Staff	1
<b>Overall Total</b>	<b>153</b>

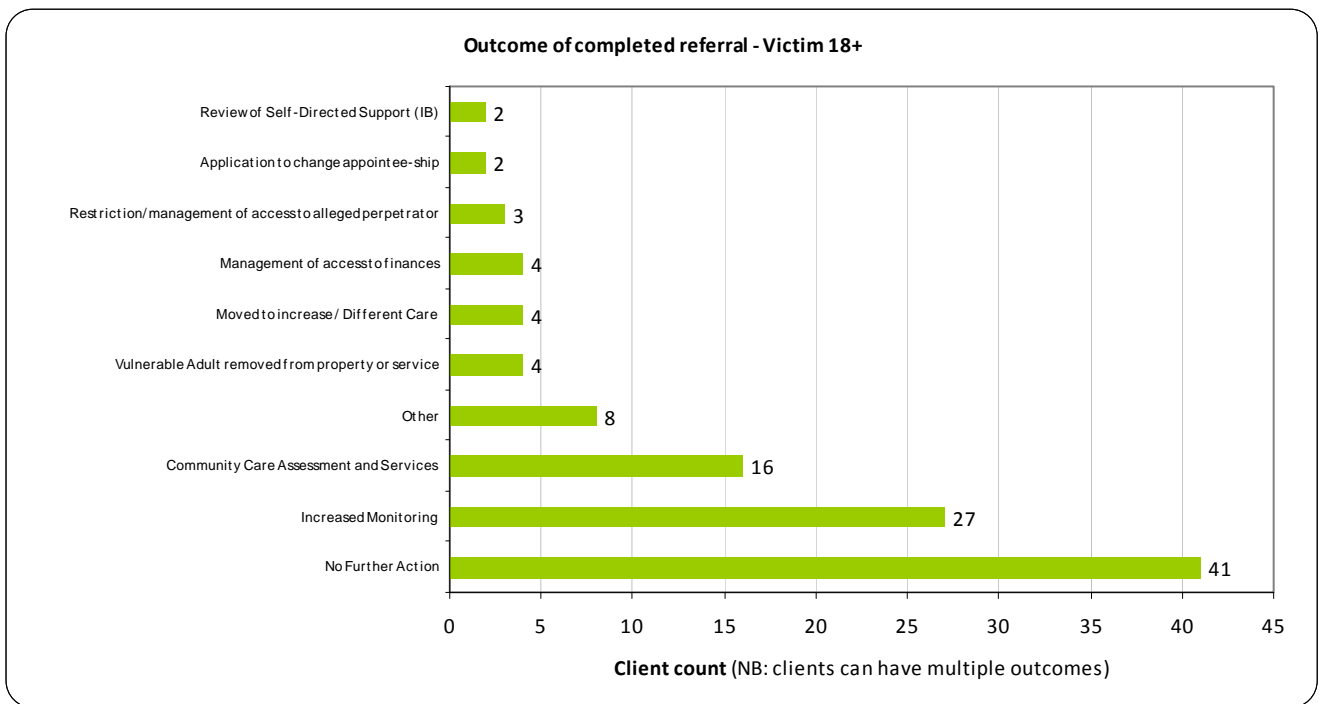
The higher number of referrals from social workers, residential and domiciliary staff reflect the levels of training that has been delivered to these staff in the past and robust management practices. This is again a new return and organisational knowledge arising from this will be used to improve services in future.

Chart 6: Trends: increasing numbers of alerts and number of referrals over 2 years



Reflecting the increased priority given to safeguarding work by member organisations, data collection sources have indicated a steady increase in the numbers of alerts received and the numbers of people referred to the Buckinghamshire safeguarding process for further investigation. Against national alert rates we would expect Buckinghamshire to record approximately 600 per annum.

Chart 7: Outcome of completed referral – Victim 18+



Outcome of Completed Referral - Victim	18+
No Further Action	41
Increased Monitoring	27
Community Care Assessment and Services	16
Other	8
Vulnerable Adult removed from property or service	4
Moved to increase / Different Care	4
Management of access to finances	4
Restriction/management of access to alleged perpetrator	3
Application to change appointee-ship	2
Review of Self-Directed Support (IB)	2
<b>Total</b>	<b>111</b>

The largest proportion of completed referrals indicate no further action. This can be due to many different reasons, such as the lack of evidence, the person concerned refusing or not wishing to take the matter forward, or for the concern to have resolved itself through the help of the safeguarding investigation team.

Table 8: Safeguarding Training delivered in 2009/10

Course Title	Number of courses	Participants					Total
		Local Authority	NHS	Independent & Voluntary	Not stated	Other	
Core Training (previously known as Awareness training)	92	192	67	735	0	0	994
Responding to Alerts of Abuse: Care Management responsibilities	6	43	0	0	0	0	43
Responding to Alerts of Abuse: Provider agency Responsibilities	2	0	0	30	0	0	30
Convening & Chairing SVA Strategy Meetings & Case Conferences	2	24	0	0	0	0	24
Investigators Training	2	15	0	0	0	0	15
Safer Recruitment	1	14	0	0	0	0	14
Train the Trainer	1	7	0	4	0	0	11
Mental Capacity Act	47	187	28	267	0	5	487
Deprivation of Liberty Safeguards Awareness	22	136	19	71	0	2	228
DoL Process & Procedures	9	5	0	86	0	0	91
DoI – Legal Training for Supervisors	1	10	0	0	0	0	10

## Future Priorities

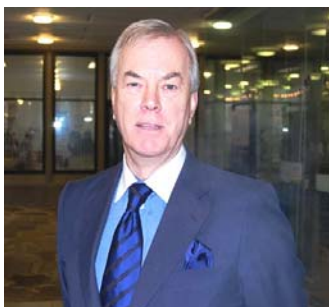
Building on the progress made in 2009/10 the Board will:

- Continue to raise awareness by maximising the publicity opportunities that arise and deliver the communications strategy
- Undertake serious case reviews which meet Board criteria, and develop the lessons learned programme
- Deliver the multiagency training strategy
- Develop ways to monitor and improve performance
- Deliver, monitor and improve MCA DoLS understanding and compliance across professional groups
- Complete the review of multi-agency safeguarding policy and procedures and devise a programme for implementation and further review
- Provide guidance and advice to ensure that Board member organisations are prepared and knowledgeable about recruitment and employment legislation relating to vulnerable adults
- Implement the national legislation and guidance following the 'No Secrets' review as it becomes available.

**For more information contact the Business manager [mcollings@buckscc.gov.uk](mailto:mcollings@buckscc.gov.uk)**

## Appendix 1

### Meet the team



Charles J Owen-Conway  
Chairman

Lead and develop the  
safeguarding agenda across  
Buckinghamshire



Monica Collings  
Business Development Manager

To develop the strategic focus of  
the Safeguarding Vulnerable  
Adults' Board



Isabelle Latham  
Safeguarding Training & Development Manager

To advise and support Board partners on  
safeguarding adults training  
requirements



Krysia Niezgoda  
BSVAB Administration Officer

To support the Board with  
administration management

## Appendix 2

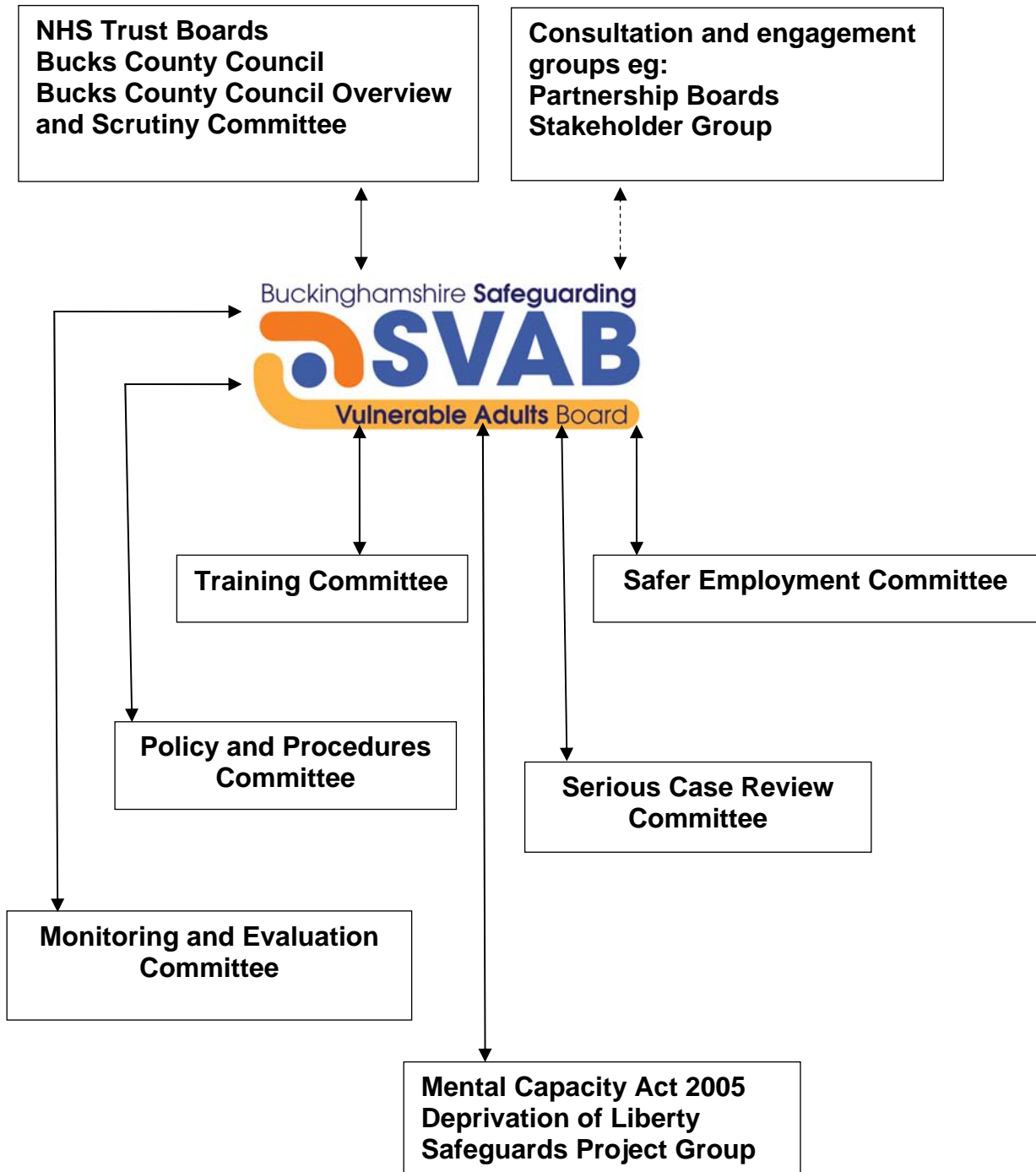
### Membership of the Buckinghamshire Safeguarding Vulnerable Adults Board at 31 March 2010

Name	Role on Board	Organisation
Mr Charles Owen-Conway	Independent Chairman	Buckinghamshire Safeguarding Vulnerable Adults Board
Mr Trevor Boyd	Vice Chairman Lead representative for Buckinghamshire County Council Adults and Family Well being	Buckinghamshire Council Adults and Family Wellbeing
Cllr Patricia Birchley	Lead Councillor representative for Buckinghamshire County Council	Buckinghamshire County Council
Mrs Rita Lally	Accountable Chief Officer for Safeguarding for Buckinghamshire County Council	Buckinghamshire Council Adults and Family Wellbeing
DCI Yvonne Hitch	Lead representative for Thames Valley Police	Thames Valley Police
Mr Colin Thompson	Lead representative for NHS Buckinghamshire	NHS Buckinghamshire
Mr Chris Furness	Lead representative for the 4 Buckinghamshire District Councils	South Bucks District Council
Ms Celina Eves	Lead representative for Buckinghamshire Hospitals NHS Trust	Buckinghamshire Hospitals NHS Trust
Mr Jeremy Taylor	Lead representative for Ridgeway Partnership Oxfordshire Learning Disability NHS Trust	Ridgeway Partnership Oxfordshire Learning Disability NHS Trust
Mrs Deborah Humphreys	Lead representative for Oxfordshire and Buckinghamshire Mental Health Trust	Buckinghamshire Oxfordshire and Buckinghamshire Mental Health Trust
Mr Stephen Czajewski	Lead representative for Thames Valley Probation Service	Thames Valley Probation Service
Mr Leon Ferreira	Lead representative for Voluntary and Independent Residential Care providers	MKB Care Association
Mr David McNichols	Representative for the Multicultural Centre and Racial Equality Council	Race Equality Council, Buckinghamshire

Name	Role on Board	Organisation
Mrs Gill Manning-Smith	Service Manager for Safeguarding at Buckinghamshire County Council and chair of the Monitoring and Evaluation Committee and Serious Case Review Committee	Buckinghamshire County Council Adults and Family Wellbeing
Mrs Teresa Martin	Lead representative for community safety	Community Safety Partnership
Mrs Monica Collings	Business development manager for the Safeguarding Board and chair of the policy and procedure committee	Buckinghamshire Safeguarding Vulnerable Adults Board
Ms Isabelle Latham	Training manager for the Board and chair of the training committee	Buckinghamshire Safeguarding Vulnerable Adults Board
Ms Chris Daltry	Chair of the safer employment committee	Buckinghamshire County Council
Ms Sarah Haigh	Deprivation of liberty manager	Deprivation of Liberty Service, Bucks CC

Appendix 3

**Buckinghamshire Safeguarding Vulnerable Adults Board  
Structure and lines of communication and accountability**



## Appendix 4

### Buckinghamshire Safeguarding Vulnerable Adults Board

#### Terms of Reference

The Board will promote the independence, choice, dignity and the individuality of vulnerable adults in all aspects of the work of the Board. Working in partnership with organisations across Buckinghamshire, in particular it will:

1. Monitor the effectiveness of organisations' implementation of their responsibilities in relation to the safeguarding of vulnerable adults as detailed in 'No Secrets'
2. Ensure that there is communication with the public to develop awareness of the safeguarding of vulnerable adults and to provide information on how to access services to secure their safety and the safety of others.
3. Develop policies and procedures for safeguarding the welfare of vulnerable adults in Buckinghamshire.
4. Ensure that systems are in place to identify and support the safety of all vulnerable adults, including those who are in receipt of Direct Payments, who have individual budgets to provide care and who are privately funded.
5. Develop and implement a training strategy to meet the training needs of staff across all agencies to work effectively together to safeguard vulnerable adults.
6. Develop standards for the recruitment and supervision of persons who work with vulnerable adults and monitor their implementation and compliance
7. Ensure that systems are in place in all agencies for the investigation of allegations of breaches of safeguarding practices concerning persons working with vulnerable adults and to monitor compliance with procedures.
8. Ensure that the work of the Safeguarding Vulnerable Adults Board addresses the diverse needs of vulnerable adults from all communities in Buckinghamshire.
9. Monitor and evaluate the effectiveness of what is done by the Local Authority and board partners individually and collectively to safeguard vulnerable adults and advise them on ways to improve.
10. Participate in the local planning and commissioning of adult services to ensure that they take account of safeguarding vulnerable adults.
11. Undertake serious case reviews in accordance with the Board's serious case review policy.
12. Formally report on its work to Buckinghamshire County Council's Strategic Director for Healthier Communities and Adult Services. Reports will also be made to Buckinghamshire's Cabinet Member for Adult Social Care, who will decide on issues to be reported to Cabinet. An annual report will be made to the Adult Services Overview and Scrutiny Committee of the Council.

Reviewed Sept 09