Agenda Item 8

Report to:	**Adult Social Care Scrutiny Committee**
Date:	**26 March 2009**
By:	**Director of Adult Social Care**
Title of report::	**Safeguarding Vulnerable Adults Progress report**
Purpose of report:	**The purpose of this report is to update the Adult Social Care Scrutiny Committee on the progress of the Safeguarding Vulnerable Adults agenda in East Sussex.**

RECOMMENDATIONS:

The Adult Social Care Scrutiny Committee is recommended to note the content of this quarterly report.

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1. Financial Appraisal

1.1 There are no financial implications arising from the report recommendations.

2. Background and Supporting Information

2.1 On 27 November 2008, the Adult Social Care Scrutiny Committee agreed to receive reports on a quarterly basis in recognition of the Council's role in respect of Safeguarding Vulnerable Adults agenda in East Sussex.

2.2 Adult Social Care have developed a Programme of Action Plans to address areas of development and to strengthen its governance, management and quality assurance of Safeguarding Vulnerable Adults in East Sussex.

3. Progress

3.1. <u>The Safeguarding Vulnerable Adults Work Programme.</u>

3.1.1 The Safeguarding Vulnerable Adults Board has now been revised, with more senior (Director Level) representation from partner agencies, and is supported by four sub-groups covering specific safeguarding related areas:

- Communication & Raising Awareness
- Operational Planning
- Workforce Planning
- Performance, Quality & Audit

3.1.2 The Serious Case Protocol has now been reviewed and the revised version has been distributed for consultation. The aims of the protocol are to;

- Establish the lessons to be learnt from cases.
- Establish what these lessons are and what is expected to change.
- To improve inter-agency working to better safeguard vulnerable adults.

The Protocol is attached at Appendix 1.

3.2. <u>Safeguarding Vulnerable Adults - Performance & Quality Assurance Action Plan.</u>

3.2.1 A Minimum Data Set (MDS) is being developed to implement, robust governance, performance management and quality assurance arrangements. The MDS will provide performance information for the Departmental Management Team (DMT) and the Safeguarding Vulnerable Adults Board.
The Council will also be able to provide the required data for the Safeguarding Data Return (see Appendix 2 for the Project Brief and the Data requirements).

3.2.2 During the last quarter (October – December 2008) there were a total of 615 Safeguarding Vulnerable Adults referrals. This is an increase of the 488 referrals received for the same period during 2007. The service that recorded the most significant increase was the Assessment & Care Management service. This could be as a result of increased understanding and awareness by staff and the general public (see Appendix 3). Further activity reports will be presented on a quarterly basis to Lead Member in respect of Safeguarding Vulnerable Adults agenda in East Sussex.

3.3 <u>Safeguarding Vulnerable Adults Workshop Action Plan.</u>

3.3.1 There continues to be regular audits of practice across the Operational Division with Team Action Plans being developed. Since September 2008, there has been over 200 Management Case File Audits undertaken as well as the completion of the second phase of the Safeguarding Peer Review on 18 February 2009. The Safeguarding audit process will then be reviewed with recommendations on how to further develop the process to ensure we can continue to improve the quality of services and outcomes for service users.

3.3.2 Operational Guidance has been developed for using the case file audit tool. The document provides guidance for the auditing of case files, ensuring that files are audited routinely to ensure quality of decision making and best practise. It includes auditing compliance with recording practises. The guidance is attached at Appendix Four.

4. Conclusion and Reason for Recommendation

4.1 The Safeguarding Vulnerable Adults Progress reports are intended to support the democratic engagement of safeguarding work in East Sussex given the significant contribution elected members have to make with oversight and audit.

KEITH HINKLEY
Director of Adult Social Services

Contact officer(s): Name: Angie Turner, Safeguarding Vulnerable Adults Lead Manager
Tel: 01273 482503

Local Member(s): All

Background documents: None

Appendix 1

Safeguarding Adults Board

Serious Case Review Process

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1. Purpose of Serious Case Reviews

1.1. There are three purposes to be fulfilled by a Serious Case Review:

i. To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to safeguard vulnerable adults.
ii. To establish what those lessons are, how they will be acted upon, by whom and what is expected to change as a result.
iii. From ii above, to improve inter-agency working to better safeguard vulnerable adults.

1.2. Serious Case Reviews are not inquiries into how an adult died or suffered injury or who is culpable.

1.3 The Serious Case Review is not part of a disciplinary inquiry or process. However, information that emerges in the course of reviews may indicate that disciplinary action should be taken under established agency procedures. In some cases (e.g. alleged institutional abuse) disciplinary action may be needed urgently to safeguard other vulnerable adults.
Alternatively, reviews may be conducted concurrently with disciplinary action or after a disciplinary investigation has concluded. Consideration needs to be given to what information needs and/or can be shared between the two processes where there is a disciplinary investigation, having regard to confidentiality and relevance to the case being reviewed.

2. Criteria for conducting a Serious Case Review

2.1. The Safeguarding Adults Board (SAB) should take the lead responsibility for conducting a Serious Case Review.

2.2. The SAB should always consider conducting a Serious Case Review when a vulnerable adult dies (including death by suicide), and abuse or neglect is known or suspected to be a factor in their death.

2.3. In addition, the SAB should consider whether to conduct a Serious Case Review where a vulnerable adult has sustained the following:

- A life threatening injury through abuse or neglect
- Serious sexual abuse
- Serious or permanent impairment of development through abuse or neglect
- When serious or widespread abuse takes place in any care setting that does not result in the above

AND

There are likely to be lessons to be learned about the way in which local professionals

and services work to safeguard vulnerable adults.

2.4. in deciding whether a Serious Case Review should be conducted in cases other than those involving a death (see above), the following questions should be considered.
A positive response to several is likely to indicate that a Serious Case Review should be concluded:

- Was there clear evidence of a risk of significant harm to a vulnerable adult which was:

i. Not recognised by agencies or professionals in contact with the adult or perpetrator, OR
ii. Not shared with others, OR
iii. Not acted upon appropriately?

- Was the adult abused in an institutional setting?
- Was the adult abused in an institutional setting?
- Was the adult abused while being supported by the local authority?
- Does one of more agency or professional consider their concerns were not taken sufficiently seriously, or acted upon appropriately, by another?
- Does the case indicate that there may be falling in one or more aspects of the local operation of formal safeguarding adult procedures, which go beyond the handling of this case?
- Does the case appear to have implications for a range of agencies and/or professionals?
- Does the case suggest that the SAB may need to change its local protocols or procedures, or that protocols and procedures are not adequately being publicised, understood or acted upon?
- Are there any exceptional circumstances e.g. significant political or media interest?

3. Identification and Referral of Cases for Serious Case Review

3.1. Any agency or professional may refer a case it believes conforms to the criteria. Referral should be made to the Chairperson of the SAB/Lead Safeguarding Adults Manager, giving a brief outline of the case and the factors that indicate a Serious Case Review (see appendix C).

3.2. The assessment of the need for a Serious Case Review will be made by the SCR Subgroup of the SAB. This group will be convened in response to a referral and will

include senior managers from the lead agencies e.g. CSCI, Sussex Police, PCTs, Adult Social Care.

3.3. The SCR Subgroup will decide if, from the information provided, the case meets the criteria contained in section 2. If the criteria are met the SCR Subgroup will decide how the issues are to be addressed and inform the SAB of their decision.

3.4. If having considered an application the SCR Subgroup decided against holding a Serious Case Review, the decision and the reasons for making it must be recorded in the minutes of the SAB meeting.

3.5. The Serious Case Review Panel will complete its deliberations about those actions to take within three months of the case being referred to it.

3.6. If the SCR Subgroup cannot agree the application must be discussed and decided upon next SAB meeting. An Extraordinary SAB meeting may need to be called in exceptional circumstances.

3.7. The final decision whether or not to conduct a Serious Case Review and its scope and management rests with the Chairperson of the SAB.
3.8. Where, in the opinion of the SCR Subgroup a case does not meet the agreed criteria for a Serious Case Review, the SCR Subgroup or the SAB may recommend that one or more agencies conduct Internal reviews or audits to address areas of concern.
Such reviews should be completed within an agreed timescale and the findings shared with the SAB.

3.9. Where a review involves agencies or individuals from other areas, agreement will be reached between the chairs of the SAB about how the review will be conducted.

3.10. The Chair of the Serious Case Review Subgroup will inform the referrer as to the outcome of this initial discussion.

4. Scope of the Serious Case Review

4.1. Where it is concluded that a Serious Case Review is appropriate, the SCR Subgroup should draw up an outline for the conduct of the review in line with the Terms of Reference and identify an appropriate person to chair the Serious Case Review Panel.

4.2. The Serious Case Review Panel may be chaired by an independent Health/Social Care Senior Manager, depending on the nature of the case (e.g. chair of neighboring SAB). The nomination of the Chair will be agreed by the SAB.

4.3. The Serious Case Review Subgroup in conjunction with the Panel Chair will agree any case specific addendum/s to the Terms of Reference e.g. timescales for completion of the Serious Case Review. The review process should be completed within four month of the SAB Chairperson’s decision to conduct the review unless an alternative timescale has been agreed.

4.4. Considerations should include:

- Over what time period events should be reviewed?
- What appears to be the most important issues to address?
- Will, or has the case given rise to other parallel investigations (e.g. disciplinary, Serious Untoward Incident, criminal, regulatory, Health & Safety, Coroner's Inquiry, Child Protection, Domestic Homicide Review) and if so, how can a coordinated review process best address all the relevant questions in the most efficient way? Who do the Panel need to liaise with?
- Does the scope of the review indicate the need to obtain independent legal advice about any aspect of the proposed review?
- Where appropriate, the SCR Subgroup will agree an inter-agency media strategy and consider who else at a senior level needs to be informed in each organisation.

5. Information Sharing and Disclosure.

5.1. There is an expectation that information will be shared between agencies. This information will remain confidential and securely stored.
Information will not be disclosed to individuals or agencies outside of the SCR Panel without the permission of the Chair.

5.2. When sharing information the following points will need to be considered:

- **The Freedom of Information Act**

The right under the Freedom of Information Act and the Environmental Information Regulations to request information held by public authorities, known as the "right to know", came into force in January 2005.

There are "absolute exemptions" under the Act. Where Information falls under "absolute exemption", the harm to the public interest that would result from its disclosure is already established.

If a public authority believes that the information is covered by a "qualified exemption" or "exception" it must apply the "public interest test".

The public interest test favours disclosure where a "qualified exemption" or "exception" apples. In such cases, the information may be withheld only if the public authority considers that the public interest in withholding the information Is greater that the public interest in disclosing it.

- **The Data Protection Act 1998**.

- **Children Act 1989 – updated 2004.**

6. Serious Case Review Panel

6.1. On confirmation from the Chair of the SCR Subgroup, the Chairperson of the SAB will inform agencies involved in the case of the Serious Case Review and request that;

- all relevant documentation is secured to safeguard against loss or interference
- co-operation with the Chair of the Panel

6.2. The Chair of the Serious Case Review Panel will be responsible for ensuring administrative arrangements are completed and the review process is conducted according to these procedures and the agreed Terms of Reference.

6.3. The Chair of the Serious Case Review Panel will decide who needs to sit on the Panel.

6.4. The SCR Panel will comprise of representatives from key agencies who may also be members of the SAB:

- Adult Social Care
- Sussex Police
- Health (PCT/Acute/ESHT)
- Commission for Social Care Inspection (CSCI)

6.5. In addition to this core group, additional members may be co-opted to address particular cases or issues such as legal representation or Adult Social Care Contracts Unit.

6.6. Panel members will have appropriate levels of experience or knowledge of safeguarding adults and inter-agency work and will have suitable qualifications and seniority within their agencies.

6.7. In order to enhance the independence and objectivity of the Panel, some panelists must be chosen from an operational area having no involvement.

7. Conducting a Serious Case Review

7.1. The Chair of the Panel will request reports, plus any other information identified as necessary, from the agencies involved in the case (see Appendix A for detail of contents of reposts).

7.2. Where appropriate, the Chair will request relevant agencies and individuals to give a direct account.

7.3. Individuals who are under investigation in relation to criminal proceedings must not be interviewed in relation to the SCR without prior consultation with the police.

7.4. When conducting an SCR the Panel will need to consider the following:

- Are there any features of the case or part the review process that should involve, or be conducted by, a party independent of the professionals/agencies participating in the review?
- What family/service history and background information will help better understand the recent past and present?
- How should the victim and/or family members/carers voice/s be heard?
- Which agencies and professionals should contribute the review?
- Is there a need to involve agencies or professionals from other authorities?
- How should the public, family and media interest be handled before, during and after the review?
- The events that occurred, the decision made, and the actions taken or not taken.

7.5. Where judgments were made, or actions taken, which indicate that practice or management could be improved, understand what happened and why. Consider specifically:

- Were practitioners sensitive to the needs of the adult in their work, knowledgeable about potential indicators of abuse or neglect, and about what to do if they had concerns about a vulnerable adult?
- Did the agency have in place policies and procedures for safeguarding vulnerable adults and acting on concerns about their welfare?
- What were the key relevant points/opportunities for assessment and decision making in this case in relation to the adult, family/carer? Do assessments and decisions appear to have been reached in an informed and professional way?
- Did actions accord with assessments and decisions made? Were appropriate services offered/provided or relevant enquiries made in the light of the assessments?
- Where relevant, were appropriate care plans or safeguarding adults processes in place, and care plan reviews and /or safeguarding adults reviewing process complied with? Were senior managers or other agencies and professionals involved at points where they should have been?
- Was the work in this case consistent with agency and SAB policy and procedures for safeguarding vulnerable adults and wider professional

standards?

- Was the vulnerable adult abused in a care setting (e.g. hospital, residential home or day centre)?
- Was the vulnerable adult abused while being looked after by the local authority?
- Where care is being funded by a statutory agency what steps were taken by that agency to ensure that he service provision met regulatory and contractual requirements? Were the adult's wishes and feelings ascertained and considered? How? Was this information recorded?

7.6. Was practice sensitive to the racial, cultural, linguistic, religious identity or any other diversity factors of the adult, and family/carer?

7.7. Was there clear evidence of risk of significant harm to a vulnerable adult which was:

- Not recognised by agencies or professionals in contact with the vulnerable adult or perpetrator or
- Not shared with others or
- Not acted upon appropriately?

8. Outcomes of the Serious Case Review

8.1. A short overview report will be produced, which brings together information from the reports, analysis findings and makes recommendations about actions needed (Appendix C).

8.2. Are there lessons from this case for the way in which this agency works to safeguard vulnerable adults and promote their welfare?

8.3. Is there good practice to highlight?

8.4. Are there areas where practice can be improved?

8.5. Does one or more agency or professional consider that its concerns were not taken sufficiently seriously, or acted upon appropriately, by another?

8.6. Does the case indicate that there may be failings in one or more aspects of the local operation of safeguarding adults' procedures, which go beyond the handling of this case?

8.7. Are there implications for ways of working; training (single or inter-agency); management and supervision; partnership working with other agencies; resources?

8.8. Does the case suggest that the SAB needs to consider changing its protocols or

procedures, or those protocols are not being understood or acted upon?

8.9. What actions are needed, by whom and when? What outcomes should these actions achieve, and how it will be ensured they have been achieved?

8.10. Have any actions already been taken?

9. Implementing the Review Recommendations

9.1 On completion, the overview repost will be presented to the SAB which will ensure contributing agencies are satisfied that their information is fully and fairly represented in the overview report.

9.2. The SAB will consider the recommendations from the overview repost and agree and action plan (if needed). The action plan will indicate:

- Who will be responsible for various actions?
- Timescales for completion of actions.
- The intended outcome of the various actions and recommendations.
- The means of monitoring and reviewing intended improvements in practice and/or systems.

9.3. Clarity to whom the report or part of the report would be made available and disseminate the report or key findings to relevant agencies as agreed.
The SAB will also provide feedback and debriefing to staff and family members. Section 5 of these procedures; Information Sharing and Disclosure must be taken into account.

9.4. A joint agency media strategy will be agreed as to how the findings of the report will be made available to the media.

9.5. The SAB will ensure that recommendation and actions identified are fed back to the agencies involved at senior level.

9.6. The action plan will remain on the SAB agenda until such time that all recommendations have been implemented.

9.7. All Serious Case Reviews conducted within the year should be referenced within the SAB annual report along with relevant service improvements.

Appendix A

Referral Framework for Serious Case Review Applications

The format for requesting a Serious Case Review must include the summary information listed below.

All requests will be assessed and submitted to the SAB when it next sits. if the matter appears to require urgent attention then it needs to be sent directly to the Chair of the SAB. They will decide if the SAB needs to be convened as a matter of urgency.

Content of the report

1. Name of the person submitting the application for a Serious Case Review.

2. Position of the applicant.

3. Agency of the applicant (if applicable).

4. Contact details, to include Address, Telephone Number, Fax and Email.

5. Brief details of the safeguarding adults issues to include:

a. The name(s) and date of birth of the victim(s) and ID number (e.g. NHS or CareFirst).

- a) Name of any service provider involved.
- b) Team involved in the safeguarding adults case and any other care or health professionals known.
- c) Name of the social services lead officer and/or the chair of any safeguarding adults meeting (if known).
- d) Details of why, in your opinion, the case meets the Serious Case Review criteria and guidelines contained in section 2.2, 2.3 and 2.4.

East Sussex Safeguarding Adults Board

Request for a Serious Case Review

This form must be used by any individual requesting a Serious Case Review.
The form is to be submitted and assessed by the East Sussex Safeguarding Adults Board (ESSAB) when it next sits. If the matter appears to require urgent attention it must be sent directly to the Chair of the ESSAB who will decide whether an extraordinary meeting of the ESSAB needs to be convened.

Please complete this form with as much detail as possible

Details of person making referral:

Name:	Job Title:	Agency: if applicable
Contact Address:	Telephone No: Fax:	Email Address:

Details of person being referred:

Name & DOB:	Name of any Service Provider Involved:	Team Involved in Safeguarding Adults Case if Known:
Name of Next of Kin:		

Any Agencies Involved:	Key Contact Name:	Contact Details:

Name of the Social Services Lead Officer and/or the Chair of any Safeguarding Adults Meeting (if known):
Dates of any Meetings held:

Details of why, in your opinion, the case meets the Serious Case Review criteria for a Serious Case Review contained in section 2 of the Serious Case Review Process Guidance.

Signature: **Print Name:**

Date:

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East Sussex
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Tel: 01273 481634

Appendix B

Reports to the Serious Case Review Panel

1. Where a case conforms with the criteria for conducting a Serious Case Review (see section 3), the Chairperson of the Serious Case Review Panel will formally request the agencies (or independent practitioners) involved to submit a report.

2. The request for a report will be addressed to the Head of Service or Chief Executive of the agency concerned or directly to any independent practitioners. Although the task of completing the review and repost may be delegated, it is important that the report is endorsed by the senior manager before submission to the Chairperson of the SAB.

3. The following format should guide the preparation of reports to help ensure that the relevant questions are addressed and to provide information to the SAB in a consistent format. The questions posed do not comprise a comprehensive checklist relevant to all situations, Each case may raise specific questions or issues which need to be explored, and each review should consider carefully the individual circumstances of cases and how best to structure a review.

Content of Report

Agency reports should clarify between recorded fact, opinion and third party information.
Reports should include as far as is known from agency records:

- A family genogram
- A relationship map of the individual
- A full social history
- A factual chronology of all agency involvement with all relevant staff and managers, family members and other agencies.
- Where there are other investigative processes such as disciplinary, regulatory or criminal in progress, this should be advised to the Panel. Where investigations have been concluded then the investigating manager or responsible senior manager should be consulted regarding the sharing of relevant information to the review.
- Any issues about the context of that agency which may be relevant to the case during the period under review.
- Summary of the meetings held by the investigation team under Safeguarding Vulnerable Adults procedures, actions and outcomes.
- Any other information you consider relevant for the Serious Case Review Panel to consider.

Appendix C

Framework for the Overview Report from the Chair of the SCR Panel

Introduction

1. Summary of circumstances that lead to review being undertaken in this case.

2. Terms of Reference of review.

3. List of contributors to the review and the nature of their contributions (e.g. management review, report from provider).

4. List review panel members and author of the overview report.

The facts

5. Details of he family/household and/or care services(s) provided.

6. Integrated chronology of involvement with the adult, family/carer on the part of all relevant agencies, professionals and others who have contributed to the review process. Note specifically in the chronology when the adult was seen.

7. The adult's views and wishes and when these were sought or expressed.

8. Overview which summarises what relevant information was known to the agencies and professionals involved; the carers and family, any perpetrator and the home circumstances of the vulnerable adult.

Analysis

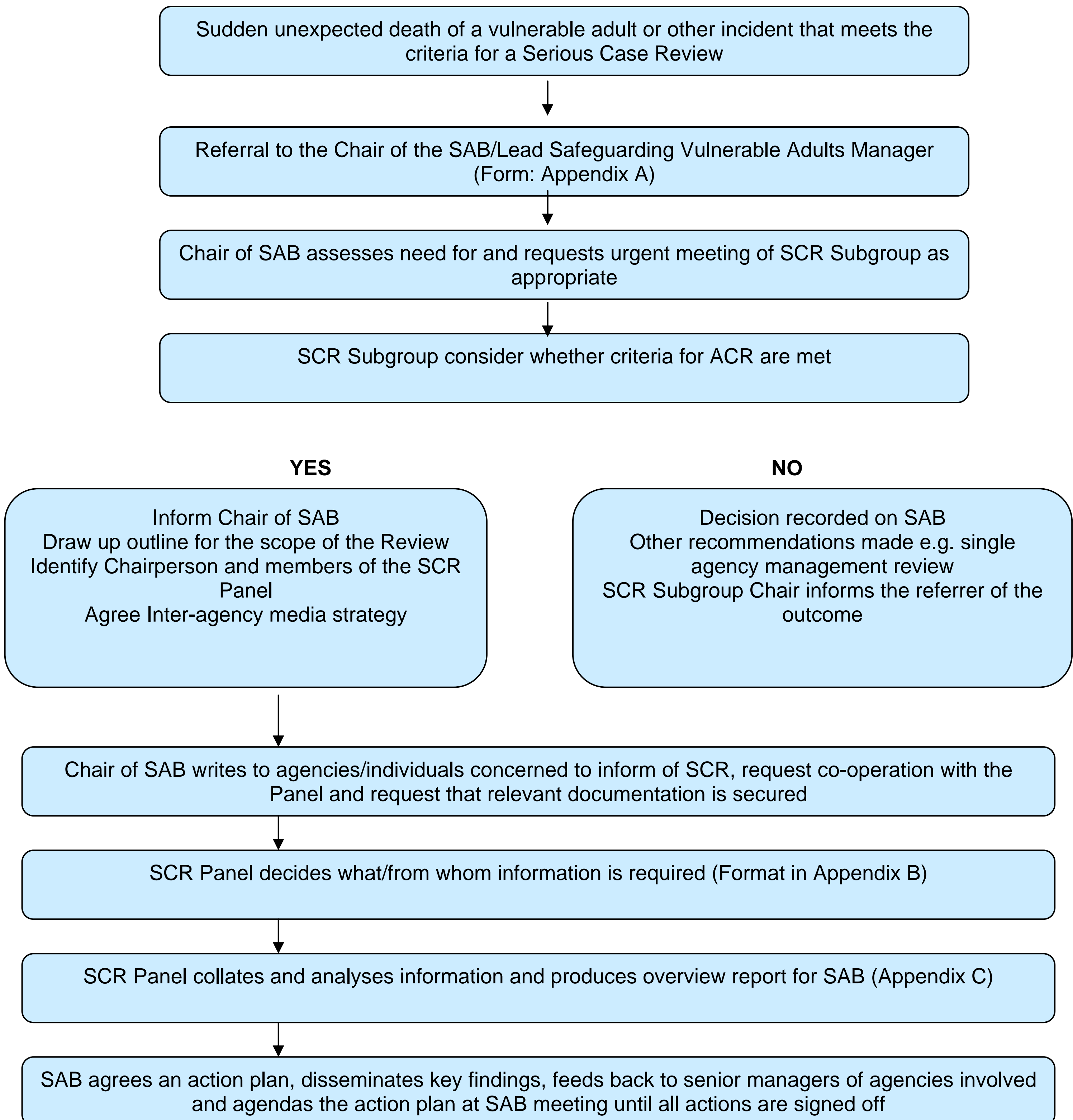
9. Examination of how and why events occurred, decision made, actions taken or not. Reviewers can consider with the benefit of hindsight whether different decisions or actions may have led to an alternative course of events. This section should also highlight any examples of good practice.

Conclusion

10. A summary of what, in the opinion of the Serious Case Review Panel, are the lessons to be drawn from the case and how those lessons should be translated into recommendations for action including areas of good practice.
Recommendations should be SMART (Specific, Measurable, Achievable, Realistic and Time bound). If there are lessons for national as well as the local policy and practice, these should also be highlighted.

Appendix D

Flow diagram of basic SCR Process



Appendix 2

Project Initiation Document

Project Title	Minimum Data Set
Department	Adult Social Care
Service Team	Performance and Engagement
Department Reference	Safeguarding Performance and Quality Assurance Framework
Sponsor	Samantha Williams, Acting Director of Planning, Performance and Engagement
Customer Contact	Louisa Havers, Interim Head of Performance and Engagement
Author	Louisa Havers
Date	19th February 2009
Version	4

1. Background

An Inspection team from the Commission for Social Care Inspection visited East Sussex County Council in July 2008 to find out how well the Council was safeguarding adults whose circumstances made them vulnerable. The Commission rated the Councils' performance in safeguarding as adequate.

The Council responded to the Commission's recommendations with a Service inspection Action plan.

The key recommendation for this project was the need for the council and its partners to implement robust governance, performance management and quality assurance arrangements to achieve the key outcomes of keeping people safe, including ensuring clear arrangements for monitoring, reporting, and evaluations of performance across organisations, linking annual reporting to improvement planning and a measurable work programme.

This recommendation is picked up in the Performance and Quality Assurance Framework (PQAF) Action plan. There are six work streams within the PQAF, this project will address the monitoring of process and outcomes through a minimum data set (MDS) work stream.

The Council will also be required to provide a return on Safeguarding Data Collection in 2009/10, and East Sussex County Council will be expected to provide this information by May 2009.

This project links to work being undertaken within the PQAF:

- Performance Standards by Danny Ryan, Operations Manager (March 2009)
- Documentation stored within Care Doc (Care First) by Phil Davies, Operations Manager (March 2009)

- A Map of requirements for Caseload Management by Andy Cunningham, Head of Operations- Assessment and Care Management.

Through the Business Planning process for Adult Social Care Safeguarding has been identified as 1 of 14 key priorities, and each service area will have targets to deliver on Safeguarding.

This project is a target for Assessment and Care Management Older People and Learning Disability Business Plans.

2. Objectives, Benefits and Deliverables

Objectives

To provide Management data and information that will support the performance management of Safeguarding Adults work.

To agree format of performance information for the Departmental Management Team (DMT) who will receive a quarterly report on performance.

To agree format of performance information for the Safeguarding Vulnerable Adults board who will receive twice yearly reports.

To provide the required data for the Safeguarding Vulnerable Adults Return.

To provide a Gap analysis in relation to requirements and current state of reports, and draft an Action and resource plan to close identified gaps.

Benefits
The Council and its partners will have robust governance, performance management and quality assurance arrangements to achieve the key outcomes of keeping people safe.

The Council will have performance management information for continuous service improvements.

Deliverables
Minimum Data Set for:

Practioner (Infoview Report)

Team Level (Infoview Report)

Service Level (Infoview Report and Performance Report)

Departmental Level (Performance Report)

Board Level (Performance Report)

Data provided to complete the Safeguarding Return

Action and Resource Plan to close identified gaps.

3. Scope and Exclusions

This project will define the data required for the minimum data set at each level, and the Safeguarding return.

The data that informs the reports to be provided to DMT and the Safeguarding Board will not be written by the project group.

These reports will be collated by the Performance Team with the data provided by the Business Information Team and written by the Safeguarding Management Team with Operational Input.

The Safeguarding Return Data will be collated by the Performance Team with the data provided by the Business Information Team.

4. Risks

See Appendix A for Risk Log

5. Project Organisation and Responsibilities

See Appendix B for Roles and Responsibilities within the Project Team.

The Project Sponsor is Samantha Williams, Acting Assistant Director of Planning, Performance and Engagement. The Project Sponsor is a member of the Safeguarding Vulnerable Adults Steering Group.

The Project Manager will provide project updates with highlight reports for the Safeguarding Adults Steering Group.

The Project will be managed by a Project Manager, Louisa Havers, Interim Head of Performance and Engagement.

The Project group will be Louisa Havers, Interim Head of Performance and Engagement; Andy Cunningham, Head of Operations- Assessment and Care Management; Mick Acott, Service Information Manager, Adam Norton, Information Development Support Manager, Lucy Johnson, Business Analyst, Susanne Crosby, Performance Manager, Jeremy Pearson, Performance Officer.

The SVA Working Group for the Documentation on Care Doc, led by Phil Davies, Operations Manager, will agree the minimum data set for Practitioner and team level, and advise of what is already in place, and what gaps are missing.

The Operational Management Team will inform the minimum data set for Service Level, and advise of what is already in place, and what gaps are missing.

The SVA Steering Group will agree the minimum data set for the departmental and board level, and the information taken from the previous levels will inform of what is already in place, and what gaps are missing.

The SVA Board oversee Adult Safeguarding in East Sussex, representation on the forum includes, Adult Social Care, Housing, Police, Probation, PCT; Other NHS Care Trusts; CSCI; Care for the Carers; Age Concern; Refuge; Sussex Partnership Trust; Service Users; Home Care Association; Registered Care Homes Association Representatives.

6. Costs and Funding

The project will utilise the time of the current workforce, it is not anticipated at this stage that there will be any additional costs in completing this project.

7. Required Timescales

The Project started 15th January 2009, and is due to be completed by 31st May 2009, this is in line with the Safeguarding Return.

8. Project Approach

The Minimum Data Set for each of the five levels will need to be agreed in consultation with representatives from the operational teams and signed off by the Heads of Service and Departmental Management Team.

The Categories of Return for the Safeguarding Return will be agreed with representatives from Operations, Business Information and Performance, and signed off by the Project Sponsor.

The Project Plan outlines the key stages of this project, (see Appendix C)

9. Quality Plan

In order to ensure that the minimum data set at each level will produce data that is robust and reliable, and therefore provides management data to support the performance management of safeguarding adults work. A quality check will be completed for each deliverable.

The risk to this project is that data is not input accurately, or is omitted, the quality control in place is the Carefirst Guidance to support Staff with inputting accurately, training provided by Business Systems Officers

Minimum Data Set for*:*

Practitioner - 1st cut of data, identify gaps- close gaps, 2nd cut of data

Team Level - 1st cut of data, identify gaps- close gaps, 2nd cut of data

Service Level - 1st cut of data, identify gaps- close gaps, 2nd cut of data

Departmental Level - 1st cut of data, identify gaps- close gaps, 2nd cut of data

Board Level - 1st cut of data, identify gaps- close gaps, 2nd cut of data

Data provided to complete the Safeguarding Return- Jeremy Pearson, Performance Officer; Mick Acott, Service Information Manager,- 1st cut date; check gaps; 2nd cut date

Action and Resource Plan to close identified gaps- Louisa Havers, Interim Head of Performance and Engagement (Reviewed Monthly) This will be circulated to Operational Managers, and time will be given for comments/ updates.

Risk Log to be reviewed monthly and updated by Louisa Havers, Interim Head of Performance and Engagement. This will be circulated at the Steering Group for comments/ updates.

10. Project Communications Plan

The Stakeholders in the Project are DMT, Heads of Service within Adult Social Care, Assessment and Care Management Managers, Assessment and Care Management Staff, Current and Future Service Users, the Commission for Social Care Inspection and the Safeguarding Vulnerable Adults team.

The Stakeholders will be kept informed of this project by the Project Manager through a variety of mediums.

Information about the start of the project will be provided in To the Point/ Brief Encounter by the Project Manager, this is available to DMT, Managers and Staff within Adult Social Care

An Update about the project will be provided in To the Point/ Brief Encounter by the Project Manager, this is available to DMT, Managers and Staff within Adult Social Care

A Project Briefing Document will be made available to the Older People's forum's groups, the Disabled Peoples Participation Group, and the Learning Disability Reference Group, to brief current and future service users.

The Project Manager will inform the Safeguarding Steering Group, the Safeguarding Board and the 3 Subgroups with highlight reports, exception reports, change requests or risk logs, including progress in decisions with the agreed Minimum Data Set, progress with data up to date on Care First and progress on timing of the reports for Managers.

The Project Manager will inform the Performance Board with highlight reports, as above.

Emails will be used to ensure that key Stakeholders are briefed as risks/ issues arise or matters. (Safeguarding Team; Project Team; Project Sponsor; DMT)

Highlight reports, exceptions reports, change requests or risk logs will be discussed with the project sponsor at monthly meetings, and presented to the SVA Steering group.

The Commission for Social Care Inspection will be kept up to date at the Monthly Business Relation Meetings, and through representation on the Safeguarding Board.

11. Change Control

Any request to change the scope or definition of the project as set down in this document will be assessed by the Project Manager. The Project Manager will give their assessment of the impact of the change (for example to the cost or timescale of the project) to the Project Sponsor, Samantha Williams and the Safeguarding Board, who will decide whether to accept the change request.

12. Project Closure

When the project has been completed the Project Manager will produce a Project Closure Report which will be formally signed off by the Project Sponsor.

The SVA Board is supported by the Performance, Quality and Audit sub-group; this group will work with partners to continually improve the performance management information.

13. PID Authorisation

The PID needs to be formally authorised by the Sponsor or the Project Board. This means that the PID includes sufficient information for the Sponsor/Board to authorise the actual start of the project.

Authorised by	
Date	
Signature	

Appendix A- Risk Log

Project Title	Minimum Data Set
Reference	Appendix A
Sponsor	Samantha Williams, Acting Assistant Director of Planning, Performance and Engagement
Customer	Louisa Havers, Interim Head of Performance and Engagement
Author	Louisa Havers, Interim Head of Performance and Engagement
Date	19th January 2009
Version	1

No.	Date raised	Risk [1]	Impact [2]	Risk assessment 1 = Low; 3 = High Impact x Likely = Result			Proposed or actual Countermeasure(s) [3]	Owner	Status open/ closed
				Impact	Likely	Result			
1	15th Jan	Data required not able to be held in Care First	Information for Safeguarding Return will not be available in time	3	1	3	Mapping of Requirements and Categories agreed	Louisa Havers	Open
2	15th Jan	Data in fields is not kept up to date	Reports provided for Minimum Data Set and Safeguarding will not be accurate.	3	2	6	Line Managers ensure Practioners responsible for accurate data entry Support with Team Meetings by Performance Team	Andy Cunningha m	Open
3	15th Jan	Pressure on Staff time within a busy period to complete the Return	Staff working additional hours to complete work as the Safeguarding Return coincides with other Returns.	3	1	3	Built in time to the project plan to accommodate revised workload.	Business Information	Open

4	15th Jan	Language used within Care First and Practioners means different things to different people e.g. Referral	Data recorded inaccurately which will mean that the information available to Managers will not be accurate E.g.: Repeat Referral; What do we use as a key to identify as a repeat referral from recording.	1	1	1	Care First Guidance, and definitions provided Agreed definition- If a new investigation has started/ ongoing any additional referrals are part of the same process	Business Information	Open
5	5th Feb	Data is not kept up to date, and data cleansing is required	Moving Dates could have a huge implication for the return	2	2	4	Monitor recording through data cuts, and discuss with operations; taking into account timescales consideration may need to be given to what gaps we are prepared to accept, and through monitoring minimise the gaps	Louisa Havers	Open
6	5th Feb	First Cut will identify where the gaps are	The return will not have 100% of full data, and this will require a significant amount of work, there are other pressures which impact on this, with other returns and audits required before 31st May. 2009	2	2	4	There is no date of the return as of yet, however the project group is working to the principle of the 31st May, need to identify what needs to be changed, and consider who will do it	Mick Acott	Open

Appendix B
Identifying Roles and Responsibilities – RACI Chart

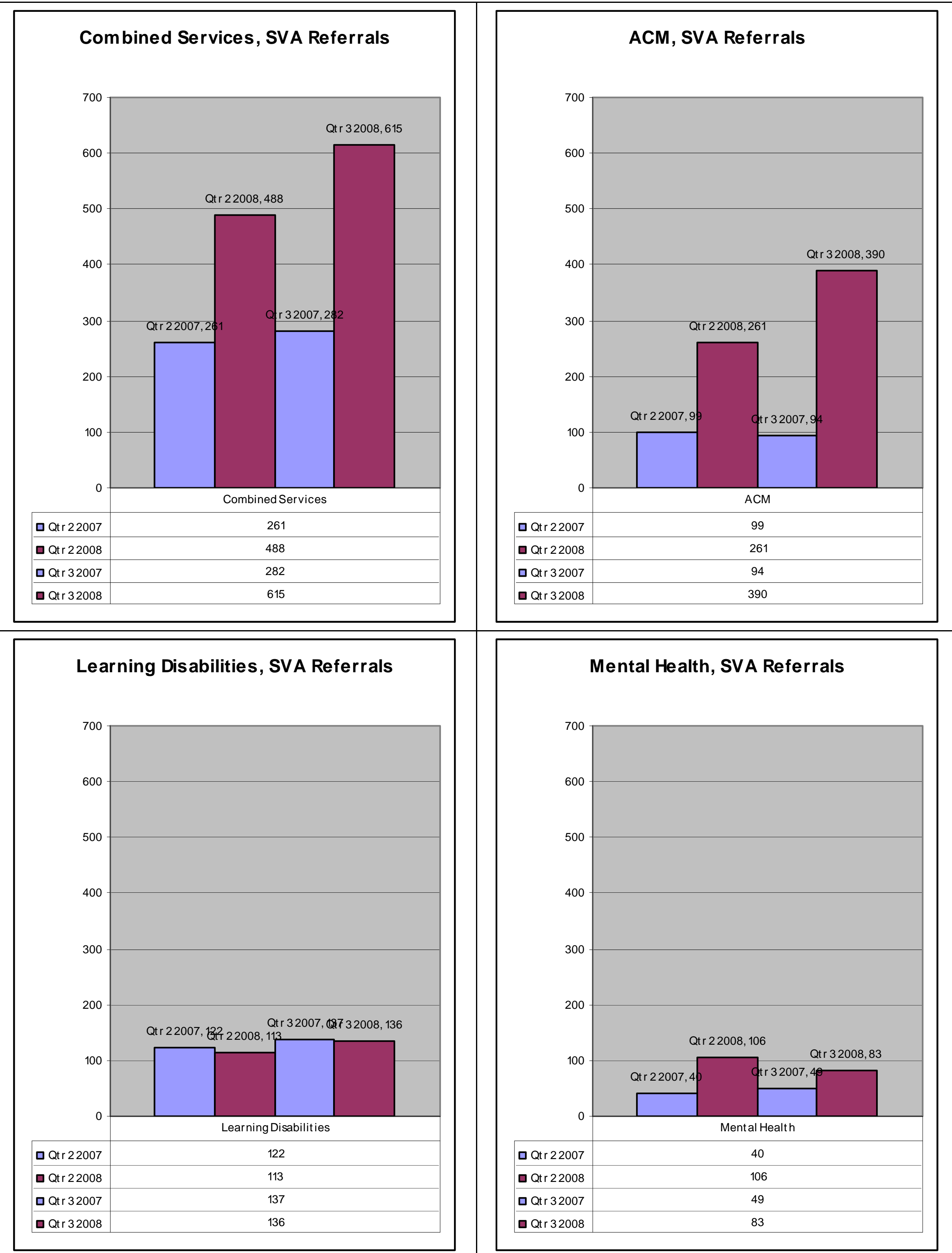
Title of Project	Minimum Data Set
Project Sponsor	Samantha Williams, Acting Assistant Director Planning, Performance and Engagement
Author	Louisa Havers, Interim Head of Performance and Engagement
Date	2nd February 2009
Version	1

TASK *Task to be carried out* Should result in a clear output.	**R** *Responsible person(s)* The person(s) who carries out the task. Task can be shared.	**A** *Accountable person(s)* Responsible for ensuring overall completion and success of all tasks.	**C** *Consulted person(s)* Needs to be kept informed prior to a final decision or action is taken.	**I** *Informed person(s)* To be kept notified after decision or action taken. One-way Communication
Agree Categories for Return	Steve Darvill; Mick Acott; Andy Cunningham; Louisa Havers; Lucy Johnson	Jeremy Pearson, Louisa Havers	Samantha Williams; Mark Stainton; Kay Holden; Angie Turner	Performance Board; Safeguarding Steering Group
Data extract report work	Adam Norton	Mick Acott, Louisa Havers	Samantha Williams	
Communication of Project to Stakeholders – ESSA; DPPG; LD Reference Group; BME	Louisa Havers/ Denise Leary/ Judy Richards;	Louisa Havers	Samantha Williams	All Stakeholders
Data Set- Practioner	SVA Working Group led by Phil Davies	Louisa Havers	Mark Stainton; Kay Holden; Andy Cunningham; Angie Turner	Performance Board; Safeguarding Steering Group; Operational Staff
Action Plan- Practioner	Bryn Mabey (PA)	Louisa Havers	SVA Working Group; Mark Stainton, Kay Holden; Andy Cunningham; Angie Turner	Performance Board; Safeguarding Steering Group; Operational Staff

Data Set- Team Level	SVA Working Group led by Phil Davies	Louisa Havers	Mark Stainton; Kay Holden; Andy Cunningham; Angie Turner	Performance Board; Safeguarding Steering Group; Operational Staff
Data Set- Service Level	Louisa Havers; Andy Cunningham; Kay Holden	Louisa Havers	Mark Stainton; Angie Turner	Performance Board; Safeguarding Steering Group; Operational Staff
Data Set- Departmental level	Louisa Havers	Louisa Havers	DMT	Performance Board; Safeguarding Steering Group; Operational Staff
Data set- Board Level	Louisa Havers	Louisa Havers	DMT; Safeguarding Steering Group/ Board	Performance Board; Safeguarding Steering Group; Operational Staff
Communications to Staff	Louisa Havers	Louisa Havers	Samantha Williams	All Staff
Communications to Stakeholders	Louisa Havers	Louisa Havers	Samantha Williams	All Stakeholders
Project Close	Louisa Havers	Louisa Havers	Samantha Williams	All Stakeholders

Appendix 3

SVA Referrals



Appendix 4

East Sussex Adult Social Care

Safeguarding Vulnerable Adults

Guidance for completion of the Case File Audit Check List

POLICY AND AIM

The overarching aim of the audit is to improve the quality of services and outcomes for users. Case files will be examined in a clear and simple way, to ensure that all relevant practice quality and issues are captured. The information gained will be used to develop and maintain a culture of continuous quality improvement within the performance management framework.

It is important that both quantitative and qualitative aspects of recording are routinely examined. ***Quantitative audits*** consider whether the file is up to date, contains all the relevant documentation and that the documentation has been properly completed. ***Qualitative auditing*** considers the quality of the recording on file, the clarity of the decisions made and the process leading to them, and whether they reflect best practice. In an auditing process, both aspects are necessary.

Insert link to Orange Book, pages 7, 8, 9 which set out policy framework and key legislation

PURPOSE

This document provides guidance in the auditing of Adult Services case files. The Auditing Policy and Procedure ensures that files are audited routinely to assure quality of decision making and best practice in social care. It includes auditing compliance with recording practices as detailed in the Records Management Policy and Procedure. Follow links for East Sussex ASC policies and guidance.

https://portal.eastsussex.gov.uk/reference/recordsmanagement/Pages/,DanaInfo=intranet.escc.gov.uk+main.aspx

https://portal.eastsussex.gov.uk/searchcentre/pages/,DanaInfo=intranet.escc.gov.uk+results.aspx?k=record%20management%20&v1=relevance&start1=11

DEFINITIONS

Case File	The electronic or paper file which contains the complete client/user record
Service User	A member of the public for whom services are being provided – whether funded by ASC or self-funded

Care First	Adult Social Care records system
Audit Tool/Check List	The electronic or paper form which is completed as part of the audit process
File preparation	Identification of evidence and completion of the Case File Audit Check List
Evidence Review	Review of evidence during a supervision session (the evidence may have been identified by the worker prior to supervision)
DN (in draft document)	Drafting note: for attention/action

PERFORMANCE STANDARDS

DN: These are taken from the Hampshire (3 star authority) SVA documents and are used as a guide only to illustrate the kinds of things that E Sx might wish to reflect (in an expanded form) Danny and team are working on standards

The Quality Practice Audit Tool sets out the Quality Standards which will help the department to achieve Quality Practice. These standards are derived from the care management manual. By using the tool and being involved in quality management all staff will become aware of and take responsibility for the quality of the service the department provides according to the following:

Standard 1	There is enough information collected on which to decide further action
Standard 2	The decision making is consistent with the eligibility criteria
Standard 3	The assessment adequately reflects all areas of risk to the service user, staff members and the public
Standard 4	There is evidence of the referred adult being seen
Standard 5	There is evidence of the needs of the referred adult being clearly stated within an assessment framework including an assessment made of their mental capacity to identify their needs
Standard 6	The Care Plan is informed by assessment findings, including their assessed mental capacity
Standard 7	Issues of ethnicity and equality are addressed in the care plan

Standard 8	Clear outcome measures are established and agreed with the service user
Standard 9	It is clear who is responsible for developing the plan
Standard 10	There is evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided
Standard 11	Monitoring is carried out at regular intervals
Standard 12	The review decisions are clearly reflected in the care plan
Standard 13	The review identifies both successes and weaknesses in meeting identified needs
Standard 14	The decision to close/transfer the case is related to assessments, care plans and reviews

SCOPE
This guidance applies to all staff, including managers, who are involved in the recording of service user information in case files and/or have responsibility for the quality of that information.

The following sections correspond to the numbered sections in the Case File Audit Check List (Appendix 1), and should be read in conjunction with them.

1 REFERRAL AND IMMEDIATE RESPONSE

1.1 Completed Risk Assessment

Assessment and management of risk are crucial elements of practice at every stage in the procedures for responding in cases of suspected abuse. The Initial Response Discussion should include documented evidence of thorough risk assessment including decisions about:

- whether to take emergency action
- whether to refer on to another agency
- whether to share information with other agencies
- whether statutory powers are necessary to over-ride the expressed wishes of the vulnerable adult
- the level of seriousness of the situation
- the level and course of intervention
- whether an immediate protection plan is necessary

and the rationale for making these decisions.

DN ?? Need 'risk framework' to ensure consistency in the process underlying the establishment of risk(s), including explanations and explicit descriptions of how/why particular decisions were made. **JILL B IS PRODUCING SOMETHING - FURTHER DISCUSS WITH HER ON FRIDAY 9 JAN.**

1.2 Immediate protection plan

The record should clearly demonstrate that an immediate, initial 'Protection Plan' is in place, and the steps that were taken to ensure that risks to the service user were reduced.

NB At closure, it should be clear from the record that the protection plan has been incorporated into the ongoing care plan – see point 5.3 below.

DN Need to decide whether 'Protection Plan' should be part of Strategy Discussion document, or recorded in a revised care plan, or a separate document, or recorded on a diary sheet. Using diary sheets makes it possible to get the whole story logically, but difficult in a complex case to pick out quickly the key decisions/actions from a wealth of information. See also 4.1 below

2 STRATEGY MEETING AND INVESTIGATION

2.1 User and carer involvement:

Service users should be involved in risk assessment and management, wherever possible, because:

- There are citizens rights/human rights issues involved
- Involvement potentially brings greater commitment and may be crucial to achievement of positive outcomes
- Involvement helps to build trust and may enhance the information available from the service user
- Involvement may result in a more effective assessment

DN Include ref to DOL?? Check with Jill B where to put this

The record should demonstrate that risk assessment has been carried out in a transparent way, for individuals to:

- Gain a better understanding of their situation
- Identify the options that are available for managing their own lives
- Identify the outcomes required from any help that is provided
- Understand the basis on which decisions are made

The record should show clear evidence of the ways in which service users' views and wishes were reflected in the process. If the service user was not directly involved, the recording should demonstrate that an alternative approach was considered; this might include engagement with family members/advocacy etc. If this route was taken it should show evidence that service users' interests were fully reflected. If the decision was taken NOT to invite the service user to a case conference, this decision should be justified in the case record.

Insert link to Care Management guidance (Jill B)

2.2 Advocacy/IMCA **insert link to ASC MCA and IMCA guidance (Jill B)**

The record must show whether advocacy was discussed, what was suggested and what decisions were taken. Careful assessment of whether individuals have or lack capacity is essential to the protection of their rights. Where an individual is assessed as being capable of making an informed decision their wishes should be respected but the broader public interest and any responsibility to intervene must be considered. The issue of capacity must be carefully documented, with clear indication of the process which led to capacity being

established, or not. If an IMCA was required, does the record clearly show how this process was followed?

See IMCA notes – Appendix 2

2.3 Multi-agency involvement

File should record which other agencies, if any, were involved, how they were involved (meetings, case conference etc) and the decisions that were taken as a result. It should also record ongoing involvement. NB: don't forget Contracts and Purchasing Unit.

3 PROTECTION/CARE PLANNING

3.1 Service user choices and actions

This links to 2.1 above. Individuals should have the greatest possible control over their lives. Available information and options should be clearly outlined to assist individuals in expressing their wishes. The file should record the choices presented to the service user and how he or she reached a decision about how to proceed. If advocates were used, this should be clearly stated.

3.2 Was there clear recording on all aspects of the protection plan, including roles and tasks, timescales monitoring and review?

The case file is the key means by which the story, decisions and actions in a safeguarding case are determined. Is it possible to follow the story in a logical sequence? It is essential that every part of the process is carefully recorded, there are no gaps in the story and reasons for decisions are clearly set out. Does the Investigator's Report do this? Meeting notes should clearly identify agreed actions, timescales and review dates, and this information should be readily identifiable. The file should record clearly whether or not the allegations were substantiated.

4 REVIEW/SAFEGUARDING CLOSURE

4.1 Has the event finished? Was level of protection offered clearly recorded?

The file should clearly identify the end point of the event, from the Adult Social Care perspective, with the reasons for deciding that the event can be closed. It should also record any ongoing interventions by other agencies. The level of protection offered should be clearly recorded.

DN: There used to be a case closure/transfer document – some feel that reintroducing this would be very helpful, as it would give the opportunity to summarise, identify actions and those involved, and clearly identify the protection plan. Others feel that the introduction of another form would not be helpful.

4.2 Is the quality of the record(s) acceptable? Is it clear from the record what action will be taken, by whom, when and why? Have all actions been undertaken?

See 3.2 above.

4.3 Equality and diversity

Equality and diversity are very broad areas and this guidance does not list all the aspects which should be considered. However, the record should clearly demonstrate that due attention has been given to the issues of equality and diversity for the service user. Any investigation should take into account and respond to an individual's race, culture, religion, gender, sexual orientation, disability and communication needs. Where issues are identified, the record should provide evidence that advice has been sought to ensure sensitive and effective interventions and to ensure that all relevant matters were fully taken into account. It

should be clear from the protection plan and ongoing care plan how these issues were considered and addressed.

4.4 Outcomes of safeguarding activity

It is important that the record clearly describes the outcomes of the safeguarding activity. Was it possible easily to identify the outcomes, and were these clearly stated in the ongoing protection/care plan? Does the file record whether or not the allegation(s) were substantiated? Is there evidence of the service user's views following completion of the intervention?

5 OVERVIEW

5.1 Compliance with procedures, including timescales specified on pages 69-74 of the 'Orange Book' (Sussex Multi-Agency Policy and Procedures for Safeguarding Vulnerable Adults, 2007). Is there evidence of managerial sign off?

Insert link to Orange Book section on timescales. Also need to be explicit about required timescales between receiving a referral and making decisions? For discussion with Jill B on 9 Jan

Is there clear evidence that policy and procedures have been correctly followed and best practice standards adhered to? Is it easy to follow the story, decisions made, actions recommended, and outcomes?

5.2 Has consideration been given to provider's responsibility to make a referral to the POVA list (soon to be Vetting and Barring)?

Does the file record that providers have been advised of their responsibility to make appropriate referrals to the POVA list (Vetting and Barring scheme)?

5.3 Managerial sign off (see page 81 of 'Orange Book') to be counter-signed by the Investigating Manager's line manager for levels 3 & 4.

The record should be explicit on the following issues:

- Is it clear from the file that the investigation has been completed?
- Is there evidence of a clear sign-off?
- Has the service user and/or family members/carers been informed of the decisions/actions/ongoing interventions?
- Is there evidence that the service user and/or family members/carers are satisfied with the outcomes?
- Has the protection plan been incorporated into the ongoing care plan?

6 SUMMARY OF THE FINDINGS AND ANALYSIS

6.1 What strengths, if any, have been identified as a result of the audit?

The file should record the key strengths of the investigation process. It should also record how these strengths will be shared with colleagues, eg, practice notes, team meetings etc.

6.2 What weaknesses, if any, have been identified as a result of the audit?

The file should record any weaknesses identified during the investigation process, including gaps or overlaps with other agencies. It should also record how these weaknesses will be addressed, eg, through training, multi-agency meetings, Safeguarding Board etc.

6.3 What is the process to provide feedback to care managers/social workers on identified strengths and key areas for improvement?

Refer to 6.1 and 6.2 above. The processes for sharing this information should be explicit.

6.4 Were any training issues highlighted as a result of this audit?

As an outcome from 6.1 and 6.2 above, the file should record how training needs will be addressed, with a clear pathway for taking the suggestions forward, eg, via the Safeguarding Board.

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Appendix 1

Safeguarding Vulnerable Adults - Case File Audit Check List

Name of Manager completing form:
Team:
Service User P number:
Date completed:

Based on the case file, record your findings in relation to the following:

1 Referral and Immediate Response

1.1 Completed risk assessment – this must demonstrate the level of investigation has been applied and the justification for that decision.

1.2 Immediate protection plan, if applicable, with explanation for decision. Was this proportionate including, where appropriate referral to other agencies?

2 Strategy Meeting and Investigation

2.1 How was the involvement of the service user and carer reflected during the investigation (including in cases conferences)?

2.2 Advocacy offered, including IMCA service if required or Best Interest decision recorded?

2.3 What was the evidence of multi-agency involvement?

3 Protection/Care Planning

3.1 Was the service user supported to make choices about the actions taken to mitigate risks?

3.2 Was there clear recording on all aspects of the protection plan, including roles and tasks, timescales monitoring and review?

4 Review/Safeguarding Closure

4.1 Is it clear that the safeguarding event has finished? Is there is a record of the level of protection offered to the service user?

4.2 Is the quality of the record (s) acceptable? Is it clear from the record what action will be taken, by whom, when and why? Have all actions been undertaken?

4.3 What evidence was there to demonstrate that the service user's equality and diversity issues were addressed?

4.4 What were the outcome(s) for the Service User of this Safeguarding activity?

5 Overview

5.1 Compliance with procedures, including timescales specified on pages 69-74 of the 'Orange Book' (Sussex Multi-Agency Policy and Procedures for

Safeguarding Vulnerable Adults, 2007). Is there evidence of managerial sign off?

5.2 Has consideration been given to provider's responsibility to make a referral to the POVA list?

5.3 Managerial sign off (see page 81 of 'Orange Book') to be counter-signed by the Investigating Manager's line manager for levels 3 & 4.

6 Summary of the findings and analysis

6.1 What strengths have been identified in this Safeguarding Adult audit?

6.2 What weaknesses have been identified in this Safeguarding Adult audit?

6.3 What is the process to provide feedback to care managers/social workers on identified strengths and key areas for improvement?

6.4 Have any training issues have been highlighted as a result of this audit?

Involving Independent Mental Capacity Advocates (IMCAs) in safeguarding vulnerable adults cases (further information from www.dh.gov.uk/imca and www.justice.gov.uk)

When people meet the IMCA criteria, local authorities and the NHS have a DUTY to instruct an IMCA for changes in accommodation and serious medical treatment decisions. For safeguarding vulnerable adults procedures, local authorities and the NHS have POWERS to appoint an IMCA where they consider that the appointment would be of particular benefit to the person concerned. Refer to East Sussex Adult Social Care Policy Guidance about appointment of IMCAs. DN Put in reference here

IMCA and safeguarding vulnerable adults procedures

Local authorities and the NHS have powers to instruct an IMCA to support and represent a person who lacks capacity where:

- it is alleged that the person is or has been abused or neglected by another person
- it is alleged that the person is abusing or has abused another person.

Local authorities and the NHS can only instruct an IMCA if they propose to take, or have already taken, protective measures. This is in accordance with safeguarding vulnerable adults procedures set up under statutory guidance (Published guidance: for England - *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*(www.dh.gov.uk). **NB 'No Secrets' is currently (late 2008) under review**

In safeguarding vulnerable adults cases, access to IMCAs is ***not*** restricted to people who have no one else to support or represent them. People who lack capacity who have family and friends are still entitled to have an IMCA to support them in safeguarding vulnerable adults procedures. ***The decision-maker must be satisfied that having an IMCA will benefit the person.***

Example

A young woman who has a learning disability lived at home with her family. Her care manager had evidence and consequently serious concerns that her needs were not being met and that she was at serious risk of harm and neglect. The care manager made a referral to the IMCA service and an IMCA was instructed to support and represent the person throughout the safeguarding vulnerable adults proceedings.

Appendix 3

PROTECTION OF VULNERABLE ADULTS (POVA) LIST AND THE NEW VETTING AND BARRING SCHEME

The Protection of Vulnerable Adults (POVA) scheme acts as a workforce ban on those professionals who have harmed vulnerable adults in their care. It adds an extra layer of protection to the pre-employment processes, including Criminal Records Bureau checks, which already take place and stop known abusers from entering the care workforce.

The Protection of Vulnerable Adults (POVA) scheme, as set out in the Care Standards Act 2000, was implemented on a phased basis from 26 July 2004. At the heart of the scheme is the POVA list. Through referrals to, and checks against the list, care workers who have harmed a vulnerable adult, or placed a vulnerable adult at risk of harm, (whether or not in the course of their employment) will be banned from working in a care position with vulnerable adults. From 26 July 2004 there is a statutory requirement on providers of care to check if an individual is included on the POVA list if they are about to offer an individual employment in a care position (in a care home involving regular contact with residents; or providing personal care in individuals' own homes. The Care Standards Act 200 contains definitions of "care worker" (see section 80(2)), "care position" (section 80(3)), "employment" (section 80(4)), "supply worker" (section 80(5)), "vulnerable adult" (section 80(6)), "care provider"(section 80(7)) and other terms. Guidance sets out what is required of providers of care, employment agencies and businesses and other stakeholders affected by implementation. It covers both England and Wales, and refers to the care of vulnerable adults aged 18 years or over.

The DH Guidance "Protection of Vulnerable Adults Scheme in England and Wales for care homes and domiciliary care agencies: A Practical Guide" and related material, can be accessed on the Internet at www.dh.gov.uk - or type "Vulnerable Adults" into the search box.

Some extracts from the guidance are given below in relation to key issues:

Providers of care may consider referring care workers who left their care positions before 26 July 2004 for inclusion on the POVA list, if they consider that this course of action is in the interests of the protection of vulnerable adults.

The Act makes it clear that individuals who have been suspended on the grounds of harm they have caused to vulnerable adults, but before decisions have been made to dismiss him/her or permanently transfer him/her to a non-care position, should be referred to the POVA list. Detailed guidance on this is given in the guidance notes cited above and includes advice that a referral in these circumstances to the POVA list should only be made "if the provider is reasonably satisfied that the allegations have some substance".

In view of the above it is particularly important that the service provider make decisions around suspension of staff and referral to the POVA list in these circumstances with reference to employment law. It is not for the commissioner of the service to advise on/insist on suspension of a member of staff.

The POVA check should be made prior to the appointment of the care worker to the care position. Employment in a care position must not be offered to an individual who is on the POVA list – see section 89(1) of the Care Standards Act 2000.

As from 26 July 2004, POVA checks must be carried out where an individual:

- applies for a care position with a new employer; or

- moves, or is transferred, from a non-care position to a care position within his current employment. (Please note that a check against the POVA list is required if an individual moves from a regulated child care position to a care position working with vulnerable adults within his current employment.)

Following receipt of a Disclosure application requesting a POVA check for a person seeking a care position, if the CRB discovers that the person is included on the POVA list (other than provisionally), the CRB will advise the care provider that the person may not be employed in a care position. The CRB will also inform the police that an offence may have been committed (see paragraph 74 below). Where a person is provisionally included on the POVA list, the care provider will again be informed that the person may not be employed, but the police will not be informed since it is not a criminal offence to seek work in a care position while provisionally listed on the POVA list.

Vetting and Barring Scheme
The Safeguarding Vulnerable Groups Act 2006 introduced a new centralised, integrated and updated Vetting and Barring scheme for people working with children and vulnerable adults; this will incorporate and update POVA. The new scheme will be implemented by October 2009 by the newly-formed Independent Safeguarding Authority (ISA). The aim of the new scheme is to reduce the incidence of harm to children and vulnerable adults by helping to ensure that employers benefit from an improved vetting service for those who work with children and/or vulnerable adults and that those who are known to be unsuitable are barred from working with children and/or vulnerable adults at the earliest possible opportunity.
The new scheme will:

- build on the existing lists of those barred from work with children and vulnerable adults, including the Protection of Vulnerable Adults (POVA) list;
- be more comprehensive in coverage, with a wider workforce eligible for checks. Coverage will include paid/unpaid employment in state and independent sector - the test will be the nature of the activity undertaken;
- make barring decisions based on an individual's criminal record history, as well as following a referral from an employer or another body. Barring decisions will be taken by a central expert team;
- update barring decisions as soon as any new information is made available and notify employers if an employee is deemed unsuitable;
- link to existing registration schemes and professional councils who will required to share information re: suitability.
- enable employers to make secure, instant online checks of an applicant's status in relation to the scheme.
- make it illegal to employ someone who is barred.