

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	THURSDAY 24 NOVEMBER 2016
TITLE OF PAPER:	KIRKLEES SAFEGUARDING ADULTS BOARD 2015/16 ANNUAL REPORT
1. Purpose of paper	This report presents for information the attached 2015/16 Kirklees Safeguarding Adults Board Annual Report.
2. Background	<p>2.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership which brings together the main organisations working with adults at risk of abuse or neglect. Hence, its membership includes: the Council, West Yorkshire Police, NHS organisations and West Yorkshire Fire and Rescue Service. Its core purpose is to focus on the protection of vulnerable adults within the Kirklees area. The board's work is also strengthened through having two lay members.</p> <p>2.2 In 2015 the board appointed its first Independent Chair and in accordance with Care Act guidance, the Independent Chair of the KSAB reports quarterly to the Council's Chief Executive on the work of the board.</p> <p>2.3 Board members take responsibility for the submission of annual progress reports to their organisation's executive management body/board to ensure that adult safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.</p>
3. Proposal	<p>3.1 The report is being presented to the Health and Wellbeing Board (HWB) as it is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the local population, reduce health inequalities and tackle variances in the quality of health and social care.</p> <p>3.2 As part of this role the HWB receives the KSAB Annual Report which helps to further develop a shared understanding of the board's responsibilities and priorities and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.</p> <p>3.3 In fulfilling part of their role the panel receives the KSAB Annual Report.</p>
4. Financial Implications	None.
5. Sign off	Richard Parry on 21 October 2016.
6. Next Steps	<p>6.1 The report will be presented to the Overview and Scrutiny Panel for Health and Social Care on 10 January 2017. The panel, which is made up of democratically elected members and members of the public who volunteer to sit with Councillors on the panel, has the powers to:</p> <ul style="list-style-type: none"> • Hold decision makers to account • Challenge and improve performance • Support improvement that achieves better outcomes and value for money • Influence decision makers with evidence based recommendations • Bring in the views and evidence of stakeholders, users and citizens

6.2	Panel members have a unique role to act across the whole health and social care economy. They are responsible for holding decision makers (ie the HWB, the Council, Clinical Commissioning Groups, NHS England and providers), to account.
7.	Recommendations That the 2015/16 Kirklees Safeguarding Adults Board Annual Report be received.
8.	Contact Officer Mike Houghton-Evans, Independent Chair, Kirklees Safeguarding Adults Board.

Kirklees
Safeguarding Adults
Board

**Partners in
preventing
abuse and
neglect**

Annual Report
2015/16

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Message from the chair

I am delighted to have been appointed as the first independent chair for Kirklees Safeguarding Adults Board and to present my first annual report.

The safeguarding of adults requires organisations to work closely and effectively together. Effective partnerships are those whose work is based on an agreed policy and strategy, with common definitions and a good understanding of each other's roles and responsibilities.

A key part of my role as chair is to enable the continuous development of the board and ensure our local organisations work together closely and effectively. My role is to help the board build on its strong foundations. It is also to provide system leadership, constructive scrutiny and challenge as we focus on our primary aim to keep the people of Kirklees safe. It is vitally important to demonstrate an even handed independence and to be able to challenge poor performance wherever it arises.

Much of our work during the last year has been on repositioning the board and developing our statutory status, including;

- Developing a 3-5 year strategic plan in addition to our annual report. This year we have developed this partnership plan which lays out our shared goals and vision over the next three years
- Beginning to refresh the board's infrastructure to deliver the strategic plan
- Introducing a Safeguarding Adults Review Framework to help us ensure lessons are learned effectively where someone who is experiencing abuse or neglect dies, and if there is concern about how authorities acted together
- Becoming more outward facing – collaborating on joint areas of work across the Kirklees Children Safeguarding Board and Community Safety Partnership
- Undertaking work on hoarding and self-neglect protocols and guidelines
- We have considered how to measure our performance, which remains work in progress

This annual report will be submitted to the Health and Wellbeing Board and Overview and Scrutiny Panel. In addition, as required by the Care Act 2014, it will be shared with the Chief Executive and the leader of the local authority, the local policing body and Healthwatch Kirklees.



Mike Houghton-Evans
Independent Chair

Kirklees

With the two major centres of Huddersfield and Dewsbury, Kirklees also encompasses the smaller towns of Batley, Birstall, Cleckheaton, Denby Dale, Heckmondwike, Holmfirth, Kirkburton, Marsden, Meltham, Mirfield and Slaithwaite. With an estimated population of around 431,020 in mid-2014 it is the eleventh largest local authority in England and Wales. It is a place where:

- The population is predicted to grow to 458,800 by 2024
- There is an ethnically diverse population of which 21% gave their ethnicity as non-white at the last census in 2011
- There is a relatively young population compared to the national average
- There is a growing older population with the current state pension age (males 65 and over and females 60 and over) increasing by 17%, which is much higher than the total population increase of 9%
- Life expectancy is increasing for residents

There are two important strategies, the Joint Health and Wellbeing Strategy (JHWS) and the Kirklees Economic Strategy (KES), developed by Kirklees Council and its partners. Strong connections have been built into developing the two strategies and both share the same aim.

The JHWS sets out the vision for improving the health and wellbeing of local people. It sits alongside the Public Health Annual Report and complements the KES, which aims to drive economic growth, wealth creation and reduce inequalities.

Both strategies seek to improve the health, wellbeing and life chances of local people during times of change, reduced public spending and difficult economic circumstances.

The 2014 Care Act requires Safeguarding Adults Boards to develop a 3-5 year strategic plan. This year the Kirklees board has produced its strategic plan, taking into account this local background and context.

Governance and accountability

The Kirklees Safeguarding Adults Board brings together the main organisations working with adults at risk including the Local Authority, West Yorkshire Police and health agencies. Its core purpose is to help and protect adults at risk in its area.

The board has overall governance of the policy, practice and implementation for safeguarding. It also has a key role in promoting the wider agenda so that safeguarding is seen as a responsibility for everyone.

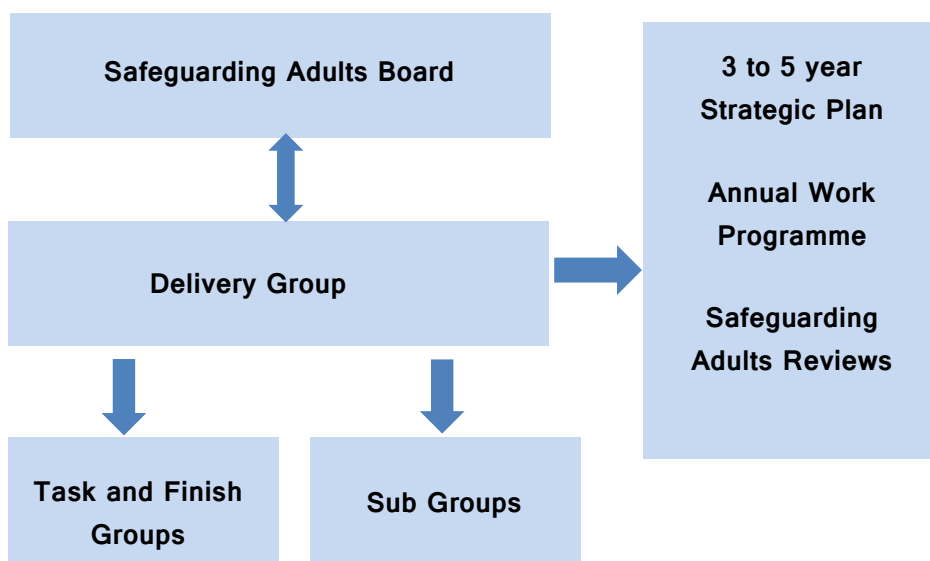
Effective governance and accountability for the work of the board is achieved through its formal relationship with the Health and Wellbeing Board and through individual members reporting through their organisations.

In accordance with Care Act guidance, the Independent Chair of the board reports quarterly to the Local Authority Chief Executive on the work of the Board.

This year the board has held four meetings and two additional development sessions.

Board members take responsibility for the submission of annual progress reports to their organisation's executive management body/board to ensure that adult safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.

The board is supported by an infrastructure that oversees and enables delivery of the work programme, coordinates sub-groups and task-and-finish groups and provides analysis and intelligence for the board.



Work this year has focussed on developing arrangements for our new Delivery Group, which will co-ordinate the development and implementation of priorities outlined in the strategic plan.

As a strategic partnership it is important that the chairing and membership of the delivery group and the sub groups is shared by the partners

Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the board's performance framework and the board's annual challenge event. The board calls partners to account for their approach to safeguarding adults through regular reporting and through the challenge event.

Membership and attendance

The board is made up of senior officers nominated by each member organisation. They are required to sign a membership agreement which reflects the board's constitution and information sharing agreement.

Members have sufficient delegated authority to effectively represent their agency and to make decisions on their agency's behalf. They have access to those responsible for making the decision for which they do not have delegated authority. If they are unable to attend board meetings for any reason they send, with the chairs permission, a nominated representative of sufficient seniority.

During 2015-16 the following agencies and organisations were members of the Kirklees Safeguarding Adults Board:

- Kirklees Council Social Care and Wellbeing for Adults
- Kirklees Council Commissioning and Health Partnerships
- Kirklees Council Streetscene and Housing
- West Yorkshire Police
- West Yorkshire Fire and Rescue Service
- NHS North Kirklees Clinical Commissioning Group
- NHS Greater Huddersfield Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- NHS England
- Locala Community Partnerships

In addition there is a lay member on the board whose role is to critically challenge decision making and provide a lay perspective. The lay member is also on the board of Healthwatch and is able to provide useful links to that organisation. This year we have decided to strengthen our arrangements for lay membership, and are in the process of recruiting a second lay member.

The expectation is that members attend all board meetings and despite organisational change in all partner agencies there has been excellent attendance. If for any reason members have been unable to attend their nominated deputy has usually attended.

Agency	Attendance for 2015-2016 (%)
Greater Huddersfield CCG	100
Mid Yorkshire NHS Trust	100
South West Yorkshire NHS Trust	100
Kirklees Adult Social Care	100
Kirklees Legal Services	100
Kirklees Streetscene & Housing	100
West Yorkshire Police	100
Locala	100
West Yorkshire Fire and Rescue	75
North Kirklees CCG	75
Calderdale & Huddersfield NHS Trust	75
NHS England	50
Lay member	75

The following were members in an advisory capacity:

- Kirklees Council Legal Services
- Kirklees Safeguarding Partnership Manager

During 2015-16 sub-groups of the board were:

- Safeguarding Adults Review
- Training and Development
- Quality and Performance

All of these groups have multi-agency membership. The sub-groups have met regularly in between each board meeting.

The Safeguarding Adults Network and the Dignity and Dementia Network are also sub-groups of the board. Their roles are to act as an information exchange and to share learning and good practice for a wider group of agencies across the partnership. This year three network events have been held.

The board also commissions 'task and finish' groups as required. This year there have been groups tasked at looking at self-neglect and safeguarding - as well as groups for Making Safeguarding Personal, and in partnership with other boards, Female Genital Mutilation.

Our Vision

The Care Act 2014 aims to:

- Promote people's wellbeing
- Enable people to prevent and postpone the need for care and support
- Put people in control of their lives so they can pursue opportunities to realise their potential

Our vision is based on these fundamental principles along with the Joint Health and Wellbeing Strategy (JHWS) and the Kirklees Economic Strategy (KES)

The citizens of Kirklees, irrespective of age, race, gender, culture, religion, disability or sexual orientation are able to live with their rights protected, in safety, free from abuse and the fear of abuse.

Our focus is on creating a culture where:

- Abuse is not tolerated
- There is common understanding and belief of what to do when abuse happens embedding the principles of 'Making Safeguarding Personal'

To make this vision a reality it is essential that agencies work together to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Ensure that they safeguard adults in a way that supports them in making choices and having control about how they want to live
- Proactively take steps to stop abuse or neglect
- Ensure they have a competent and able workforce
- Raise public awareness recognising the value local communities can play in prevention and early intervention

We work to the recognised six safeguarding principles:

- **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent
- **Prevention:** it is better to take action before harm occurs
- **Proportionality:** the least intrusive response appropriate to the risk presented
- **Protection:** support and representation for those in greatest need
- **Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability:** and transparency in safeguarding practice

Making Safeguarding Personal

The national programme Making Safeguarding Personal (MSP) has aimed since 2010 to promote a shift in culture and practice around safeguarding. Its key focus is on developing a real understanding of what difference is wanted or desired. This means from the outset, agreeing, negotiating and recording people's desired outcomes; working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, if those outcomes have been met.

These principles above underpin the delivery of our vision.

Key priorities

This section outlines our key priorities and summarises what we have achieved over the year.

Our priorities are to:

1) Provide strategic leadership across Kirklees ensuring effective collaborative working.

This year we said we would consolidate our arrangements as a statutory Safeguarding Adults Board and take a longer term strategic view. We also said we would work effectively with other strategic partnerships.

Our achievements include:

- ✓ Refining our key priorities and publishing a strategic plan
- ✓ Welcoming the City of York who formally adopted the West and North Yorkshire Policy and Procedures
- ✓ Holding workshops with Kirklees Safeguarding Children Board and Community Safety Partnership to develop joint work

2) Gain assurance that adults are safeguarded; there is a timely and proportionate response when abuse or neglect has occurred and individuals are supported to have choice.

We said we would make sure the board has a strong focus on protection of adults at risk and that safeguarding focusses more on outcomes and experience rather than process.

Our achievements include:

- ✓ Monitoring the uptake of appropriate use of advocacy to support an adult at risk

- ✓ Continuing to promote the key messages of Making Safeguarding Personal across the partnership
- ✓ Auditing safeguarding situations

3) Support the development of and oversee preventative strategies that aim to reduce instances of abuse and neglect.

This year we said we would develop our focus on prevention and early intervention and continue to promote prevention of financial abuse.

Our achievements include:

- ✓ working to support and influence the Council's Early Intervention and Prevention Programme
- ✓ Evaluating the See Me and Care campaign
- ✓ Working with the Kirklees Financial Inclusion Group to promote prevention of financial abuse

4) Promote multi-agency workforce development and consider any specialist training that may be required.

This year we said we would ensure training focussed on desired outcomes for the service user and promote a service user focus.

Our achievements include:

- ✓ Developing and launching new protocols and practice guidelines on self-neglect and hoarding
- ✓ Auditing the effectiveness of our training, whether it is delivering the key messages of MSP
- ✓ Developing the Safeguarding Adults Review framework

5) Provide governance for the evaluation of the effectiveness of partners' safeguarding arrangements and any associated improvement plans

This year we said we would make sure the board's work is evidence based and the board has assurance mechanisms in place that enable it to hold agencies to account.

Our achievements include:

- ✓ Embedding the role of our independent chair and clarifying the role of the vice chair
- ✓ Continuing to hold our annual challenge where organisations are held to account for their performance
- ✓ Commencing on the revision of our performance framework

Board activity, achievements and progress in 2015/16

This section highlights of some of the work that has been completed over the year. It is organised around the key priorities described in the previous section.

1) Leadership and collaboration

Our Independent chair says:

“As a Strategic Partnership the Board is committed to providing system leadership with key partners working collaboratively and with a common purpose.”

This year the board has focussed its work on complying with the statutory requirements for local authorities to establish and run Safeguarding Adults Boards (SABs) to “help and protect” adults at risk in its area. We concentrated on refining our key priorities and developing a longer term Strategic Plan. We have reviewed our arrangements for delivering this plan. We have also focussed our attention on revising our existing Performance Framework.

Independent chair and vice chair

Although it is not a Care Act requirement, last year the local authority took the decision to appoint a chair who was independent of the local authority and partner agencies, and welcomed its first independent chair.

The chair must ensure that the Kirklees Safeguarding Adults Board operates effectively and exercises its functions according to the duties imposed by the Care Act 2014 and other related guidance and good practice, and also provide independent scrutiny, challenge, leadership and strategic vision to the board.

The members of the SAB must include the local authority, the clinical commissioning group(s) and the chief officer of police. The board appointed a member of the Clinical Commissioning Groups as the vice chair. The vice chair is appointed for a period of 3 years, and will act as deputy to the independent chair.

In the absence of the independent chair, the vice chair will chair meetings of the KSAB, make impartial decisions when these are too urgent to wait for the chair to become available, provide impartial support and advice when requested and undertake a leadership role in the continued development of our partnership work. The vice chair will also play a key part in the development of the Delivery Group by leading and chairing it.

Our Strategic Plan

In addition to an Annual Report, the Care Act required Safeguarding Adults Boards to develop a 3-5 year strategic plan. The production of this plan has been a main focus of our work this year.

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The KSAB's Strategic Plan 2015-18 sets out our shared vision and goals and a three-year strategic work programme. The focus is on the prevention of abuse and neglect with an emphasis on the protection of individuals with care and support needs whilst applying the underpinning principle of "Making Safeguarding Personal".

The plan will be updated annually to ensure a programme of continuous development and activity, achievements and progress will be provided in the future Annual Reports. It has been shared with the other Kirklees strategic partnerships and Members of the KSAB will also present it to their own governing boards. It is supported by a revised communication plan, where we will seek to promote the work of the board, highlight good practice and explore the effective use of social media.

West and North Yorkshire and York Policy and Procedures

Sometimes we need to work across Local Authority boundaries and by signing up to shared policies and procedures we make it much easier to do that and we are also more likely to have a consistent response to tackling problems of adult abuse.

New procedures developed by five West Yorkshire councils, representing five Safeguarding Adults Boards, were launched to staff and partners across the areas in April 2013. Five local councils, Kirklees, Leeds, Wakefield, Calderdale and Bradford worked hard towards the development of joint adult safeguarding policies. Since then North Yorkshire Safeguarding Adults Board have also signed up to the procedures.

This year the City of York Safeguarding Adults Board also formally adopted the West and North Yorkshire Policy and Procedures. All these Safeguarding Adults Boards are now united in a common policy.

The board has also consolidated its relationship with other strategic bodies and stakeholders as described below.

The Health and Wellbeing Board (HWB)

The HWB is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the local population and reduce health inequalities. It has strategic influence over commissioning decisions in Kirklees across health, public health and social care.

The HWB is made up of elected members and officers from Kirklees Council, North Kirklees and Greater Huddersfield Clinical Commissioning Groups, NHS England and Healthwatch Kirklees.

As in previous years, the HWB received the Kirklees Safeguarding Adults Board Annual Report this year, and for the first time, the board's Strategic Plan was presented to the HWB. This continues to help develop a shared understanding of each board's responsibilities and priorities. More importantly, the Chair of the HWB has played a key role in meeting regularly with the independent chair to develop shared agendas, and has actively participated in joint workshops with the KSAB, the HWB, the Safeguarding Children Board and the Community Safety Partnership (see below).

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Elected members

The board's leadership role involves demonstrating that there is recognised and active leadership by the local authority on adult safeguarding and that elected members and officers are knowledgeable about safeguarding and keep abreast of local and national developments and learning, including enquiries, safeguarding adults reviews (SARs) and reports. The Cabinet Member for Health, Wellbeing and Communities receives regular briefings around safeguarding performance and current safeguarding issues and challenges in health and social care. She also receives a monthly update report on key board activities and local and national developments.

The KSAB Annual Report was submitted to the Health and Wellbeing Board in January 2016, and the board's Strategic Plan was presented in February 2016.

Safeguarding issues have continued to be an important part of development opportunities for councillors. Since the last Safeguarding Annual Report there have been two opportunities for Councillors to attend the core safeguarding training module. Attendance brought the numbers up to approximately 80% of councillors having attended the session in the last two years. There will be a further opportunity to complete the training as part of the new councillor induction programme in June 2016.

Informed by a discussion with leading councillors, the annual refresher training focussed on the issue of human trafficking. Feedback from councillors was that the training was an interesting and informative session and councillors came away with an understanding of the law and the work that was going on in Kirklees, including reporting mechanisms.

The Health and Social Care Scrutiny Panel

This panel is responsible for holding decision makers (i.e. the Health and Wellbeing Board, the Council, Clinical Commissioning Groups, NHS England and providers), to account. It has powers to;

- Challenge and improve performance
- Support improvement that achieve better outcomes and value for money
- Influence decision makers with evidence based recommendations
- Bring in the views and evidence of stakeholders, users and citizens

Panel members are made up of democratically elected members and members of the public who volunteer to sit with councillors on the panel. They have a unique role to act across the whole health and social care economy.

In fulfilling this role the panel received the Kirklees Safeguarding Adults Board Annual Report this year and the chair of Scrutiny Panel has received regular reports on key areas of activity during the year.

Healthwatch Kirklees

Healthwatch Kirklees is the independent consumer champion for the public in Kirklees on matters relating to health and social care. It has a seat on the Health and Wellbeing Board and contributes to feedback as part of commissioning and decision making for local health and social care services.

It is important to us to improve our understanding of community awareness of adult abuse. The Care Act 2014 requires the Safeguarding Adults Board to consult with local Healthwatch when preparing its strategic plan. Our relationship with Healthwatch continues to develop in a dynamic way and this year we broke new ground by asking them to help us evaluate how much learning had taken place in Kirklees following a Safeguarding Adults Review (see page 23). We'll continue to work with them as we fully develop our engagement strategy next year

Strategic Leadership with the Kirklees Community Safety Partnership and the Kirklees Safeguarding Children Board

The Community Safety Partnership brings together the Police, Police Crime Commissioner, Local Authority, Fire and Rescue Authority, Health and Probation to reduce crime and make people feel safer by dealing with issues such as anti-social behaviour, drug and alcohol misuse and re-offending. It has responsibility to deliver its statutory requirements and for domestic homicide reviews.

The Kirklees Safeguarding Children Board (KSCB) has a range of roles and statutory functions for how organisations and individuals work together to safeguard and promote the welfare of children, and ensure that this work is carried out effectively.

We have worked for a number of years with both partnerships but a major piece of work commenced this year on developing the strategic links between this board (KSAB), the Safeguarding Children Board (KSCB) and the Community Safety Partnership across key cross-cutting themes.

These key overlapping areas include Child Sexual Exploitation (CSE), Human Trafficking, Female Genital Mutilation (FGM), Forced Marriage, Domestic Abuse, Gangs and Restorative Justice.

It was agreed that work across these themes would be managed by:

- Identifying a lead board
- Identifying opportunities for collaborative work from both existing and any future work plans
- Ensuring that officers who sit on more than one board share information/ ideas and plans

The chairs of each board have met on a regular basis to drive forward a collaborative approach, and linking in with the Chair of the Health and Wellbeing Board.

Two workshops with representatives from all 3 boards, the Chair of the Health and Wellbeing Board and the Police and Crime Commissioner's Office were held in November 2015 and March 2016 to develop opportunities for future collaborative work:

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- Female Genital Mutilation (FGM) was identified as a priority area for collaborative work to begin and a model of effective collaborative working has piloted. A FGM Policy has been produced and is in the process of being implemented
- The existing work stream on Child Sexual Exploitation was asked to widen its scope to include exploitation of adults at risk
- Early Intervention and Prevention work is shared with all 3 partnerships at an early stage, so that the boards can support this important piece of work

It was also agreed to establish an effective governance framework for these areas and that the board chairs would meet regularly.

Links with NHS England

NHS England promotes a comprehensive health service to improve the health outcomes for people in England. It does this by:

- allocating funds to, guiding and supporting Clinical Commissioning Groups (CCGs) and holding them to account
- directly commissioning primary care, specialised health services, health care services for those in secure and detained settings, and for serving personnel and their families, and public health screening and immunisation programmes

NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. The Government sets out a number of objectives relating to safeguarding which NHS England is legally obliged to pursue.

These are set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework published by NHS England in July 2015.

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

NHS England is a member of the Kirklees Safeguarding Adults Board.

The Police and Crime Commissioner – supporting our approach to joint work

Safeguarding is a theme that runs throughout the West Yorkshire Police and Crime Plan (refreshed 2014). The Police and Crime Commissioner (PCC) has identified that areas of safeguarding have cross overs between adults and children safeguarding boards and although there are distinct differences between adult and children's boards there are also opportunities for improved working together, shared strategies and problem solving. In January 2016 the PCC held a workshop with all the West Yorkshire Safeguarding Adult and Local Safeguarding Children Boards to explore how he could better support the work of the boards and identify opportunities to develop joint working. This was to address safeguarding issues that may cross cut traditional approaches.

The PCC's office has actively supported our work with the other partnerships here in Kirklees.

2) Assurance that adults are safeguarded and supported to have choice

Feedback from adults at risk:

“I did not want anyone to lose their job, what I care about is that lessons are learned and services will be improved for other people”.

“I wanted to continue to attend services, and to do so safely. I received ongoing support to do this”.

We also monitor numbers of concerns, outcomes and themes; ensuring action is taken to address identified practice concerns (more information is found at Appendix 1) and quality assure the response to the Mental Capacity Act (MCA) across the partnership.

The Safeguarding Adults Board has had for a number of years an audit schedule for auditing safeguarding cases. The audit schedule, led by the local authority is undertaken bi-monthly and looks at a random sample of cases from across Adult Social Care and South West Yorkshire Partnership Foundation Trust (SWYPFT) which has this year been updated and incorporated into its ‘Achieving Excellence in Adult Social Care programme.

The audit process is undertaken through a peer arrangement, where relevant team managers audit cases, following a random selection across all services. This brings independence, support and challenge to the process.

The purpose of the audit is to establish oversight of safeguarding practice, increase confidence in the quality of practice and establish a clear mechanism for learning and improvement.

It is clear from the audit that immediate safety of the adult at risk is addressed at the earliest opportunity and in all cases it is recorded that issues of mental capacity of the adult at risk have been considered. There is evidence of good multi agency involvement at both strategy meetings and at case conferences.

This means that relevant organisations are attending and participating in the safeguarding process to support adults at risk.

On most occasions, the views, wishes and involvement of the adult at risk is recorded and has been taken into account throughout the safeguarding process and where the adult at risk was assessed as having capacity, was involved in the safeguarding process and their wishes and views taken into consideration. Some adults at risk chose to be represented at meetings by family members and this was respected.

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In addition the board conducts several additional independent reviews and this year has commissioned a review of advocacy uptake. The Care Act 2014 requires the local authority to ensure arrangements are in place for the provision of advocacy. Analysis was undertaken to establish that people were appropriately supported through a safeguarding adult's enquiry.

There is clear recording of advocacy being considered as part of the safeguarding process and rationale for decision making on who should support in all cases. The use of advocacy has increased compared to the previous year, mostly through the use of an Independent Mental Capacity Advocate. However in the main, a family member or friend tends to be the main support for an adult at risk. The decision making for these people being asked to advocate is clearly recorded in all cases.

Another independent audit was undertaken to identify whether case files for Case Conferences demonstrated that the Adult at Risk was included and the outcomes were what they desired. It showed in the main:

- Chairing of case conferences is appropriate
- The Adult at Risk is appropriately supported
- Mental Capacity is being considered
- The views of the Adult at Risk are recorded; however, what they want as an outcome needs further work

We use information from audits and the Safeguarding Adults Collection (a statutory return) to report on areas of good practice, undertake further audits and feed them into topics for network events.

Supporting individuals to have choice - Making Safeguarding Personal in Kirklees

Making Safeguarding Personal (MSP) is about making sure that people being safeguarded are better informed about what safeguarding is. The Care Act reinforced the key principles of MSP, by requiring person centred practice.

The board endorsed the key principles of MSP back in October 2014 and agreed to support the council in leading on this approach. In Kirklees we took this forward by piloting new training arrangements and approaches, ensuring that we asked the right questions at all stages of the safeguarding process and revising policy and procedures to take different approaches into account.

Much of the work this year has focussed on ensuring that the West Yorkshire and North Yorkshire and York Multi Agency Policy and Procedures were refreshed in line with the Care Act, with an increased emphasis on Making Safeguarding Personal.

In Kirklees a task and finish group ensured that guidance and procedures were Care Act compliant. A series of briefings about the key changes took place across the partnership.

Through the year another small task and finish group has focussed on:

- Making sure adults at risk and/or their advocates are asked about what they want to happen
- Promoting multi agency training which emphasises MSP and undertaking a specific piece of work to audit its effectiveness, by asking front line practitioners how they felt their practice had changed
- Promoting the use of advocacy and auditing uptake
- Providing information in easily accessible language
- Developing case conference practice across the partnership

We are confident that practice is changing, but we know we have more work to do in ensuring MSP is understood across the wider partnership and in effectively and sensitively obtaining routine feedback from people who have experienced safeguarding. We will take this work forward next year.

3) Preventative strategies

Feedback from our Network Event, March 2016:

“I found the event extremely useful. I will certainly be researching self-neglect and hoarding, in an attempt to further understand my role and my legal responsibilities”

Early Intervention and Prevention

The board has continued to give high profile to work on preventing abuse and neglect. By developing a series of strategies to prevent abuse or neglect we aim to improve the quality of care and prevent safeguarding issues arising in the first place.

Importantly, this year we have committed, through the work across the 3 boards, to ensure the KSAB supports the work of the council’s Early Intervention and Prevention Programme (EIP).

EIP aims to address problems at the earliest opportunity before they escalate, to work in partnership to improve outcomes for everyone, and help more people in the most appropriate way with the limited amount of money available to public bodies.

Many people get invaluable support from family, friends or neighbours to find their own solutions to meet their needs. Where this is the case agencies do not want to get in the way of these arrangements. However, when additional information or guidance is needed, people need to get in touch with organisations who can help, or support, so that they can remain safe and independent in their own home and community for as long as possible.

The three board work considered how the boards can work together to support and influence this work and do things differently to help focus more on prevention as well ensuring people are kept safe. This involves supporting a redesign of the whole ‘system’ aimed at each part of the child, adult and family journey.

Self-neglect and hoarding

A key area of work linked to prevention has been the development of our approaches to situations of self-neglect and hoarding.

Situations where someone appears to be self-neglecting are complex and challenging but in the past there was no agreement nationally whether to automatically include self-neglect within safeguarding policies and procedures. The board considered this issue in the past in some detail and the introduction of the Care Act required us to look further. This year we approved two key pieces of work-guidance for managing self-neglect and a framework for hoarding. We are in the process of rolling out training to underpin these protocols and we will monitor their use and effectiveness.

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Evaluation of the ‘See ME and Care’ campaign

Our key prevention approach - The “See ME and Care” campaign (targeted at health and social care workers) was launched by Kirklees Adult Safeguarding Board in June 2013.

“See ME and Care” is about challenging poor practice in care and promoting a message for staff that is about treating people how you would want your own family and friends to be treated. It is part of the continuing work health and social care organisations are doing to promote dignity in care and to prevent the number of adults at risk being abused.

In 2014 the campaign focused on sharing good practice and was widened to include other partner agencies, re-enforced by training and awareness programmes for staff. This year a specific piece of work has evaluated the success of phase 2 of the “See ME and Care” and recommendations are in the process of being made about how to further embed the campaign.

Support for staff

It is particularly important to make sure staff members are supported when working with complex and risky situations whatever agency they work for. Focussing on this can form an important element to preventing safeguarding situations. Each partner agency has its own supervision policy and procedures, and different models of supervision and support to suit the type of organisation and the size of its workforce. The training sub group of the board, made up of representatives from partner agencies, this year drew up some good practice top tips which were circulated across the partnership.

Safer Recruitment

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The KSAB continues to promote the requirement for safer recruitment, and the work of the DBS, and has been planning some advice and information sessions on safer recruitment which will take place during Safeguarding Week in October 2016.

Preventing financial abuse

The KSAB has been working closely for a number of years with a wide range of partners around poverty and the prevention of financial abuse. The council’s recently refreshed Tackling Poverty Strategy matches very closely the work the board already undertakes. Through our close working relationship with the Kirklees Financial Inclusion Steering Group we have been able to develop a range of programmes that support work to improve the awareness of financial abuse.

Five ways to financial wellbeing – Brass

The Brass framework brings together support and guidance around budgeting, saving, avoiding arrears and safe borrowing, spending money efficiently, keeping money safe from scams and fraud. KSAB helped develop the curriculum around scams and fraud and used the opportunity to engage a wider range of frontline staff in safeguarding procedures and protocols. The programme reached over 450 people from a wide range of organisations.

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Loan Shark campaign

Loan sharks are active in Kirklees and cause misery for families and communities. KSAB supported a hugely successful loan shark awareness campaign ran in early 2014, working with colleagues in West Yorkshire Trading Standards and the national loan shark team we were able to put together a range of activities and engage a wide range of people.

SAFER Project

The SAFER project is a West Yorkshire lottery funded project that aims to prevent and reduce scams and fraud activity against older people. The innovative project uses theatre and real life testimonials to explain how simple things can prevent doorstep crime and fraud. The financial and emotional impacts of being a victim has huge impacts, and can leave people open to further abuse and feeling isolated and unsafe in their own homes. KSAB support the project through a variety of means and are proud to see this project working so effectively in Kirklees.

Suckers List

National trading standards teams and police raided the premises of a suspected mail fraud operation in southern England. They obtained details of victims of the range of scams the criminal gang was perpetrating. This contained the details of people across the country. KSAB worked closely with colleagues to identify and support those already known in Kirklees and instigate preventative work with trading standards with others who featured on the suckers list.

Promoting safety- expansion of the Safe Places Scheme

The board has supported the 'Safe Places Scheme' for a number of years as part of its prevention agenda. It is a partnership arrangement across various parts of the council, the learning disability partnership board and Metro Travel. It is delivered by Mencap in Kirklees.

'Safe Places' are designated venues in the community where people can go if they are feeling unsafe or are experiencing what might be described as a hate crime.

The Safe Places scheme originally focussed on individuals with learning disabilities but as part of our work to learn from our Safeguarding Adults Review (see page 23) it was re-launched for all adults who might be at risk in the community, including people with dementia.

New partnerships have been encouraged and developed particularly with dementia led services including the Kirklees Dementia Action Alliance, Alzheimer's Society and Making Space.

Membership of the scheme has steadily increased to over 400 members and the number of venues across Kirklees is now over 70. Members continue to report higher feelings of confidence, independent travel and ability to participate in their local community.

The safeguarding board continues to help support and guide the scheme through its membership on the scheme's steering group.

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Deprivation of Liberty and understanding mental capacity

Deprivations of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The aim of DoLS is to ensure that if a person's life is being so restricted that their liberty is taken from them there should be an independent assessment and authorisation process for the deprivation. DoLS is a lengthy and complex process which if not followed precisely can lead to individuals, particularly in care home and hospitals, being unlawfully deprived of their liberty. This is a breach of Article 5 of the Human Rights Act.

The board has had an approach for a number of years now where any work around mental capacity has been integrated into the work of its sub-groups, and any activity around Deprivation of Liberty Safeguards (DoLS) has been reported as part of the annual report.

There continues to be a significant national increase as a result of a Supreme Court Judgement which widened the pool of those who might be considered to be deprived of their liberty. The local authority, who leads on this process, has undertaken specific actions to monitor activity and risk assess the demand. The board has ensured it is regularly updated about the impact of the continuing increase in the number of Deprivation of Liberty Safeguards (DoLS) applications being received by the Council and the risks associated with this increase.

4) Multi-agency workforce development and specialist training

Feedback from a session on learning from our Safeguarding Adults Review:

My key learning points include:

- Encourage and support staff to consider someone's future needs more effectively (rather than just the here and now)
- Raise awareness of assistive technology and appropriate times in a client's dementia journey to put this in place
- Managers to explore/assess risks more thoroughly when staff are closing cases – this would identify if someone needs on-going professional support

Training in 2015 – 2016

To date the safeguarding adults board training sub group has been responsible for overseeing the development of the board's training plan, ensuring that all training commissioned or delivered is consistent with safeguarding policy and promotes best practice. It also ensures that Mental Capacity Act (MCA), Deprivation of Liberty safeguards (DoLS) and human rights are integral to the delivery of all safeguarding learning events. It links to other areas of training, for example dignity in care. It also works in partnership with the Kirklees Safeguarding Children Board training work stream on shared agenda/delivery where appropriate.

More specifically it promotes:

- safeguarding individuals in a way that support them in making choices and having control in how they choose to live their lives
- practice that focusses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- prevention of harm and reduction in the risk of abuse or neglect to adults with care and support needs

The Kirklees Safeguarding Adults Board training plan is designed to support the Safeguarding Adults West and North Yorkshire and York Multi-Agency Policy and Procedures and the requirements of current legislation.

The training plan focusses on the delivery of high quality learning and development activities, to all levels of staff to enable them to respond to safeguarding concerns with prompt, timely and appropriate action. It emphasises preventative work, includes extensive training on Mental Capacity Act and Deprivation of Liberty and also focuses on learning from our Safeguarding Adults Reviews.

The next section summarises key safeguarding training activity for 2015 – 2016.

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Key training achievements 2015 – 2016

Training continues to be developed to shift the focus from purely taught delivery to incorporate an element of reflective practice and continue to support knowledge transfer and practice development needs.

All training was updated to reflect The Care Act, and multi-agency briefings took place to prepare staff for the changes introduced by this legislation.

Last year we made sure all training that the board commissioned incorporated the key messages of Making Safeguarding Personal. This year we wanted to see what that meant in practice. We took an independent look by auditing some of the training courses currently being delivered. The audit evidenced that the delivery of the courses contained the key messages and the principles of MSP. A further audit will establish if staff members who have attended training are transferring the knowledge into everyday work practice and to make recommendations of how we can further embed a service user focus.

See Me and Care – Preventing Abuse: A Framework for Compassionate Care continues to be delivered to underpin the key messages to the See Me and Care campaign and the impact of the training was included as part of the overall evaluation of the campaign.

Developing a Learning Culture from Safeguarding Adults Reviews

Section 44 of the Care Act 2014 requires Safeguarding Adults Boards to conduct Safeguarding Adults Reviews (SARs) in certain circumstances, and to help us do that effectively the board has developed and adopted a Safeguarding Adults Review Framework. The framework sets out the criteria for when Kirklees SAB must or may commission a SAR; a menu of options for conducting SARs, guidance on how adults at risk and their families and staff involved will be supported in SARs; how learning from our SARs and from other SARs nationally will be acted on in Kirklees.

Learning from our Safeguarding Adults Review – MR F

The importance of sharing learning from SARs in order to improve practice continues to be highlighted. The board recognises the need to share learning on a regular basis across all partner agencies.

The KSAB published a report following its serious case review concerning Mr F in 2014. This would now be termed a SAR.

Mr F was diagnosed with dementia. He lived alone in his own home, supported by his family who lived elsewhere in Kirklees and had their own families and work responsibilities. They had repeated contact with the council and some partners to get help and support. Very sadly Mr F was found deceased in February 2013 after going missing from his home at night several weeks earlier.

The SAR focussed on what happened to Mr F from the time of his diagnosis with dementia to his eventual death and highlighted many areas that could be improved for other families. Each agency was responsible for acting on the recommendations in the report. This includes offering people timely information and advice, regardless of their eligibility for services, and identifying one organisation to lead co-ordinated

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communications - so that all agencies and the family are kept fully updated. A fundamental review of the Kirklees Dementia Strategy was carried out as a result of this review so that it better reflects the needs of local people.

The KSAB carried out a series of challenge exercises to see what had actually changed as a result of this review.

Importantly, we undertook a significant piece of work by asking Healthwatch Kirklees to review 4 specific recommendations listed under the Mr F Review Action Plan that focused on improving Kirklees wide services so they are safer and more responsive for people with dementia. This is a new way of working with our Healthwatch partners.

To complete this review, Healthwatch actively sought feedback about the experiences of people with dementia and their carers. Their feedback was about the information and advice they had received; support that they were getting from the council and different NHS organisations; advice they had received about housing options, and whether they were involved in care planning. This feedback was gathered in person at activity and support groups and through an online survey. Staff and volunteers from Healthwatch Kirklees also did online research and mystery shopping activities to put themselves in the position of being a carer for someone with dementia, trying to find out answers to common questions.

Most of the feedback that came from carers was provided by people who have been caring for someone with dementia for over 2 years.

The Healthwatch recommendations indicated we still have more work to do in Kirklees. This has been built into the Dementia Challenge in Kirklees, and the Joint Dementia Strategy 2015 – 2020 action plan. The Strategy has been endorsed by the Health and Wellbeing Board and other key partners.

The board also arranged a Dignity in Care network event 'Working together to make a Dementia Friendly community' and over 100 people heard about the SAR and of some major initiatives in Kirklees, such as the Police 'Herbert Protocol', work undertaken by Dementia Action Alliance and snapshots of local practice like the 'Forget Me Not Scheme'.

The board also arranged some briefing sessions for staff on learning from the SAR and then looked in detail at sharing the learning from this review. Feedback was obtained to find out what changes/developments had been made following the sessions. Feedback indicates that most attendees have made positive changes to work practice following the workshops.

Learning from our Safeguarding Adults Review - OG Care Home

The board also undertook an independent review into the circumstances surrounding the sudden closure of a care home. This was published in November 2015. The review looked at the extent to which the agencies involved with the home could have foreseen the development of circumstances which led to the closure and to

consider if any actions could have one taken to reduce its impact and offered an alternative opportunity for the residents, and staff to contribute to the review.

The review found that partners worked well together given the complex set of circumstances, however, there were challenges in ensuring clear, consistent and timely communication. This resulted in people experiencing mixed messages which compromised the ability to plan alternative care home placements effectively. There is a series of recommendations which are contained in the report and the board is currently monitoring the agency responses to those recommendations and sharing the lessons learned. Overall the picture was that the majority of residents had settled well in their new homes.

The Safeguarding and Dignity in Care Networks

The Safeguarding and Dignity in Care Networks are now well established with regular attendees and a wide range of representation from organisations across Kirklees. The events continue to attract over 100 attendees, who enjoy the opportunity of new learning and to reflect upon their own practice.

During 2015 – 2016 two Safeguarding Adults Network events were held.

- In August 2015 the network event focused on Embedding the Mental Capacity into Practice. Speakers included Jill Manthorpe, Professor of Social Work King's College London and Sam Cox, Knowledge Officer Alzheimer's Society. Ninety six people attended the event and feedback was excellent.
- In March 2016. The event was: 'Should all self-neglect be regarded as Safeguarding? – Part two'. Professor Michael Preston-Shoot Executive Dean Faculty of Health and Social Sciences University of Bedfordshire, returned to Kirklees to help us update our thinking following the Care Act 2014 and to launch our self-neglect and hoarding protocols. One hundred and thirty people attended the event and again the feedback was excellent.

One Dignity in Care Network event was held, again with over 100 attendees – this is described on page 23 above.

The board is grateful to all those who give freely of their time to speak and on occasions, travel considerable distance, to ensure the continued success of our network events.

5) Provide governance for the evaluation of the effectiveness of partners safeguarding arrangements and any associated improvement plan

Our Independent Chair says:

“It is vitally important to demonstrate even handed independence and to be able to challenge poor performance wherever it arises”

The Independent Chair

As described on page 10 the local authority took the step to appoint an independent chair. An Independent Chair provides additional reassurance that the Board has some independence from the local authority and other partners.

In accordance with Care Act guidance, the independent chair reports quarterly to the Local Authority Chief Executive and will also report on the work of the Board including through the annual report to the Health and Wellbeing Board and to Scrutiny Panel.

Lay membership

A lay member is a member of the public, resident in Kirklees, with an interest in safeguarding and in constructively participating in and scrutinising decisions and policies that are being made by the board. We have had active lay membership on the board for a number of years and it is fundamental to how the board works effectively. This year's work plan identified the need to recruit another lay member to provide additional scrutiny and challenge and recruitment arrangements are currently underway.

The Delivery Group

This year we have been developing our infrastructure by planning a Delivery Group, The group will be responsible, among other things for co-ordinating the development and implementation of priorities outlined in the strategic plan, implementing lessons learned from Safeguarding Adults Reviews and driving the development of good practice in safeguarding adults work. It will oversee the monitoring and reviewing of performance in Kirklees.

Performance Framework and Challenge Event

The board has a performance framework which monitors progress across the partnership and the effectiveness of procedures. It continues to form the basis of assurance processes across the partnership and has been in place since 2011.

The performance framework demonstrates how the partnership is contributing to improvements in safeguarding and acts as a means of informing the KSAB work plan. Performance standards are in place covering themes such as leadership, effectiveness of the partnership, workforce development and quality, and partners submit regular information to the board against these standards. The board monitors

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this via highlight reports 3 times per year. The 4th quarter is used for feedback and actions have been fed into next year's work plan.

This year, the board's energies have focused on refreshing the performance framework to ensure it underpins the new strategic plan. There have been a number of challenges associated with this and our board, along with others nationally, needs to move to being more outcome focussed and enable better partnership ownership of the delivery of the strategic plan. We have developed a draft framework and are still working on finalising the key areas for measuring outcomes.

The annual challenge event remains a key date in the board's calendar. Our board chair and our lay member lead in constructively challenging agencies about performance and practice. All board members play a full part in this event, where they were required to evidence areas of strong performance, areas for development and progress on themes identified from last year's challenge.

Priorities for improvement are identified from this event and partners report on this during the year and again at the challenge event.

We plan to continue to further develop our challenge event. Healthwatch are to join as panel members to provide an extra degree of external scrutiny.

Annual returns

The Safeguarding Adults Collection (SAC) is a national mandatory data collection which records information about individuals for whom safeguarding enquiries were opened during the reporting period (also referred to as adults at risk). The purpose of the collection is to provide information which can help stakeholders to understand where abuse may occur and improve services for individuals affected by abuse.

The SAC data is recorded by adult safeguarding teams based in the 152 Councils with Adult Social Services responsibilities in England. At the end of the reporting year this data is submitted to the Health and Social Care Information Centre (HSCIC).

In addition, the Deprivation of Liberty Safeguards (DoLS) return gathers information on all DoLS applications in England on an annual basis. Information collected in this return provides an estimate of the number of individuals subject to a DoLS as well as the number of active DoLS cases in England for the 2014-15 reporting year.

The board has a responsibility to ensure these returns are submitted accurately and on time.

Audit Arrangements

The board has a well-established case file audit process. This is described in detail on page 15.

Agency Achievements

Calderdale & Huddersfield NHS Trust	We have developed our safeguarding web pages and published our safeguarding newsletter
	We have reviewed the safeguarding training requirements of all our staff groups and developed new training packages
	We have commenced a supervision audit
	We have completed 2 MCA/ DoLS audits last year
	We have delivered a masterclass to over 350 key staff on Mental Capacity Act and Deprivation Of Liberty
	We have distributed MCA/ DoLS information cards across the Trust
	We have seen a significant rise in the number of DoLS authorisations which reflects increased awareness Trust wide
We have continued to deliver PREVENT WRAP face to face to all staff and distributed information across the Trust	

North Kirklees and Greater Huddersfield Clinical Commissioning Groups	We have delivered bespoke training for GPs on Mental Capacity Act and Deprivation Of Liberty
	We have delivered a Master Class on domestic abuse
	We have agreed Safeguarding Standards for general practice
	We have obtained funding for a named GP for Safeguarding Adults
	We have agreed and are embedding safeguarding standards for our commissioned providers
	We have distributed FGM pocket guides provided by NHS England to all GP Practices along with advertising and ensuring GP Practices are aware of their responsibilities under FGM reporting
	We have distributed PREVENT pocket guides provided by NHS England to all GP Practices
	We have continued to facilitate Health Alliance meetings which now includes time for dedicated peer/group supervision
	We have distributed Safeguarding Booklets provided by NHS England to all GP Practices
We have funded MCA/DoLS pocket guides – multiple copies of which have been delivered to commissioned providers including GP Practices across Kirklees	

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**South West
Yorkshire
Partnership
NHS Trust**

We have developed our supervision support to those staff working with complex cases

We have undertaken an annual audit which includes assurance that adults we care for are safeguarded

We have grown our capacity within the safeguarding adults team and in order to strengthen the 'Think Family' model, the Trust wide Safeguarding Children Team and the Trust wide Safeguarding Adults Team have developed close working relationships and offer specialist supervision in complex cases

The safeguarding adult's team have developed a quarterly MARAC representative meeting which has strengthened the trust wide approach and will enhance learning through peer support and case discussions

The Trust has embedded the PREVENT agenda around the safeguarding of those people who are vulnerable to being radicalised. There is a PREVENT Strategy in place that identifies target/focus groups of staff for specialist training. The priority target groups have been Forensic and Children's Mental Health Services. The Trust has a number of staff who deliver robust and comprehensive Prevent training, including the Specialist Safeguarding Adults Adviser and the two named Nurses for Safeguarding Children. There is also a dedicated identified representative for SWYPFT for attendance at the Calderdale Channel Panel and Community Partnership meetings

Locala

Multi agency adult safeguarding procedures are in place and are readily accessible via the intranet

Safeguarding is embedded in corporate and service strategies across the agency

Safeguarding NHS booklets and NHS phone 'apps' have been shared with services

Mandatory read on Intranet for Prevent pocket guide along with distributing pocket guide within services

Named nurses continuously embed safeguarding at every opportunity with colleagues. Technology available within Locala is enhancing this process

Partner agency working with hoarding and Self-Neglect are in place. Panels have been established by partner agency and are attended by Locala safeguarding Named nurses

Safeguarding attendance at Integrated Community Care Team meetings to support and empower Locala staff is well established, using as an opportunity to continuously embed MCA and sharing of pocket guides for MCA and DoLS and safeguarding reflection

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Kirklees Streetscene and Housing	We have ensured that safeguarding is widely understood throughout our workforce across Streetscene, housing and Kirklees Neighbourhood Housing (KNH)
	We have held a dedicated session looking at safeguarding with our senior management team across wider Streetscene Services and as a result a member of the team is taking the safeguarding agenda forward on behalf of those services
	Kirklees Neighbourhood Housing has approved and implemented their new Safeguarding Policy and Procedures
	A new Safeguarding Co-ordinator post was approved and appointed to by KNH in April 2016 with a comprehensive work plan to address areas needing further work
	The council's Housing Solutions Service and KNH have jointly developed a bespoke training package in conjunction with Pennine Domestic Violence Group (PDVG) around domestic abuse, for over 250 staff
NHS England	NHS England's overall roles in terms of safeguarding assurance were set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework July 2015
	Our Chief Nursing Officer is the Lead Board Director for Safeguarding and has a number of forums through which to gain assurance and oversight
	In February 2016 NHS England published Safeguarding Adults: Roles and competencies for healthcare staff - Intercollegiate Document, to be used for the training of healthcare based staff in the safeguarding of adults
	We share learning from Safeguarding Reviews through The NHS England Yorkshire and the Humber Safeguarding Network and newsletters
	We hosted a safeguarding conference on Challenges for Modern Day Safeguarding a national safeguarding leadership role
Adult Social Care	We have implemented changes required by the Care Act and Making Safeguarding Personal and EIP
	We launched our Quality Assurance Framework for Staff Achieving Excellence in Adult Social Care
	We have developed a Domestic Abuse Strategy
	We led on the development of our partnership approach to self-neglect
	We have refreshed our audit arrangements for adult safeguarding

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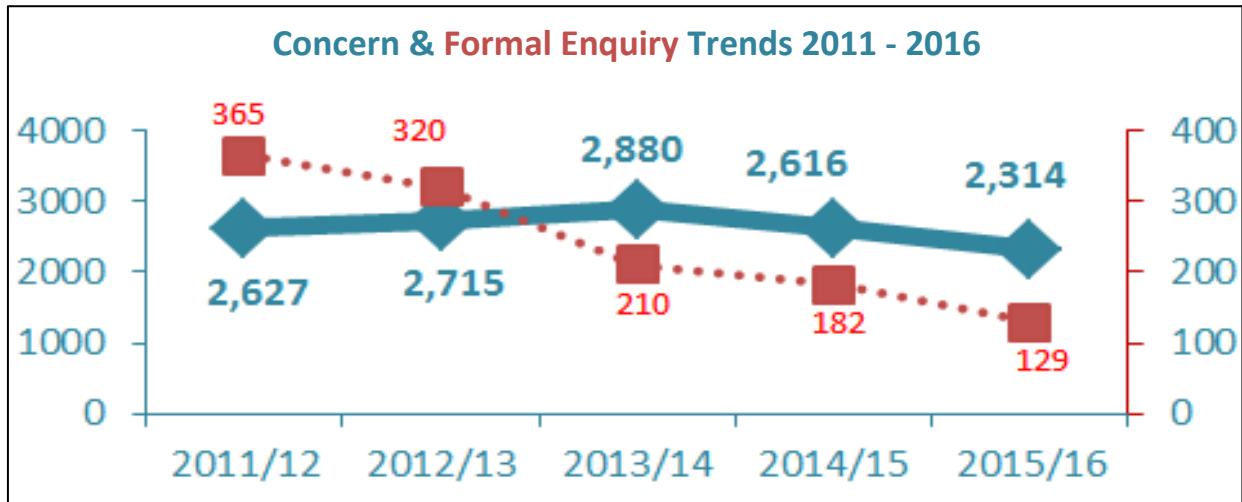
Mid Yorkshire NHS Trust	Our compliance with mandatory Mental Capacity Act training has continued to increase each month with high levels of completion
	Our training for all frontline staff was redesigned to cover the issues that cross-over between safeguarding children and adults, like counter-terrorism awareness, Female Genital Mutilation, Modern Day Slavery, Honour-based violence, and Domestic Abuse
	A newly developed Safeguarding Workbook (combining Children and Adults) has been sent to all Trust staff, which is equivalent to Level 1 training
	We continue to support the Local Authority in safeguarding enquiries as required and participating in Strategy Meetings and Case Conferences when requested
	We benefit from our Non-Executive Director with a special interest in Safeguarding who acts as a “critical friend” at Board level

West Yorkshire Police	We have focussed on training of mental health issues for our staff
	We look at the early identification of people at risk and who are vulnerable
	We look at Domestic abuse, FGM, forced marriage, sexual exploitation and other cross cutting agendas
	We have done a lot of work around becoming a Dementia Friendly organisation and have worked hard to embed the Herbert Protocol
	We have invested in training and resources to support our approach to risk and vulnerability

West Yorkshire Fire & Rescue Service	We have delivered refresher Safeguarding Training
	We have included Care Act requirements in our training
	We led on the development of our partnership approach to hoarding
	We have an internal audit process for safeguarding
	All front line officers have received Dementia Friends’ session and all the red fleet has been marked with dementia friendly stickers

Appendix 1 – Safeguarding and Deprivation of Liberty information

Safeguarding concerns 2015/2016



We have seen some changes nationally in the terms used to describe safeguarding: A concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council

Like last year, we have seen a slight reduction in safeguarding concerns compared with previous years. While continuing to make sure people are safe, we are beginning to move away from encouraging our wider partners 'to refer if in doubt' to thinking more about the reason why they may wish to raise a concern with the local authority and the best way of achieving the desired outcome for the person concerned

We have seen a decline in concerns which required a formal enquiry (previously known as investigated referral) and which concluded with a case conference. This continues a trend seen in previous years.

The reasons for this include the changes brought about by the Care Act 2014 and Making Safeguarding Personal, which require us to ask the person at risk about how they wish the situation they are in resolved. Their concern may not conclude with a case conference and may be resolved in a more proportionate way

These are the outcomes for the 129 concluded Formal Enquiries

A formal enquiry (this used to be known as an investigated referral) is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. The information below is where a formal safeguarding process has been used to deal with the concern.

Location of where risk was identified

Care home	60%
Own Home	28%
Hospital	5%
Other	5%
Community Services	2%

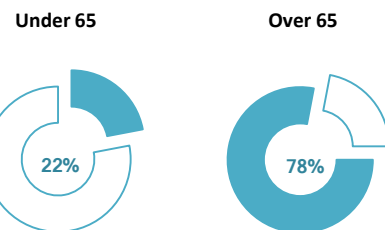
Ethnicity Profile

White	Others
76%	24%

Safeguarding Enquiries - Gender Profile



Age Profile



Type of Risk (Top 3)

Neglect



Physical



Psychological



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Risk Outcomes for 129 concluded formal enquiries

We are required to record what we have done about risk

Risk Removed 26%

This refers to cases where, after action has been taken to support management of risk, the circumstances which made the person vulnerable have been fully addressed and the individual is no longer subject to that specific risk

Risk Reduced 32%

This refers to cases where, after action has been taken to support management of risk, the level of risk has reduced or the circumstances which made the individual vulnerable have been mitigated. Again, there may be valid reasons why a risk is reduced rather than removed

Risk Remains 10%

This refers to cases where, after action has been taken to support management of risk, the circumstances causing the risk are unchanged and the same degree of risk remains. There may be valid reasons why a risk remains, one of these being individual choice

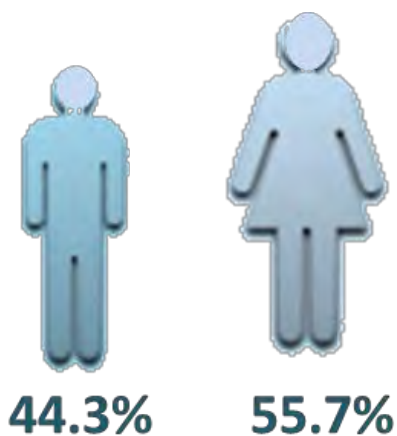
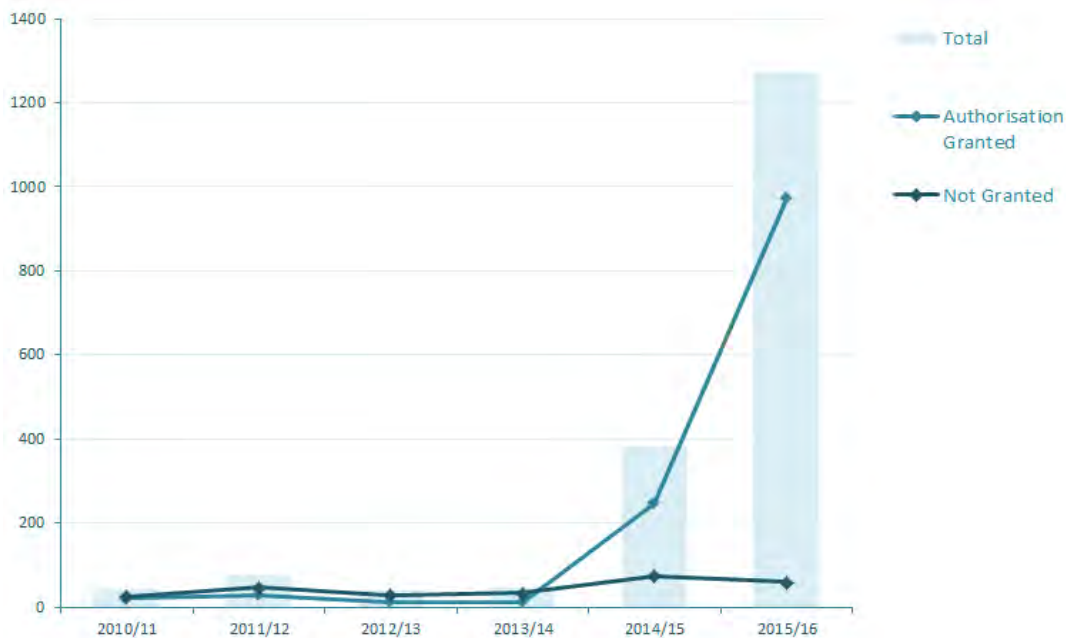
No Further Action Taken under Safeguarding 32%

This will usually refer to those cases where the formal conclusion recorded was unfounded, there insufficient evidence or the enquiry ceased at individuals request.

Deprivation of Liberty 2015/2016:

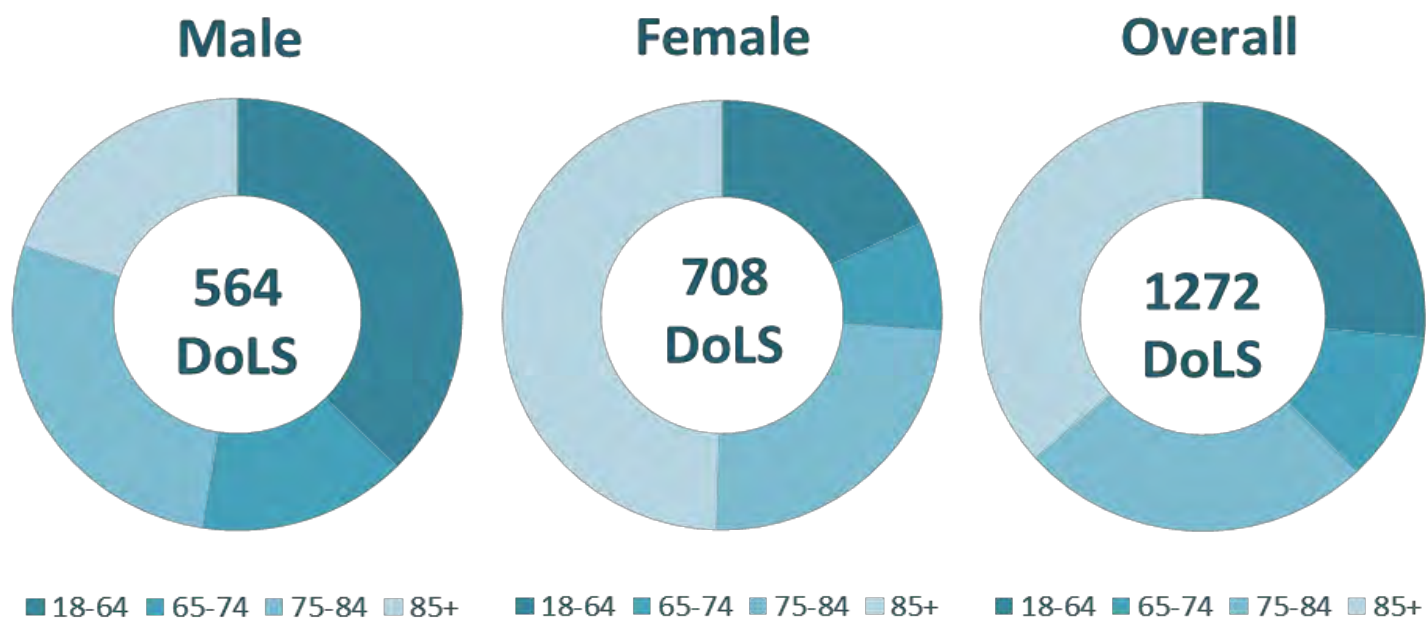
Year	Authorisation Granted	Not Granted	Other	Total
2010/11	20	24	NA	44
2011/12	28	46	NA	74
2012/13	11	27	NA	38
2013/14	13	33	NA	46
2014/15	247	73	62	382
2015/16	973	59	240	1272

NB: 'Other' refers to requests that were either withdrawn due to change of circumstance or where request that were awaiting sign off at the end of the reporting period. (This information was only recorded since 2014)



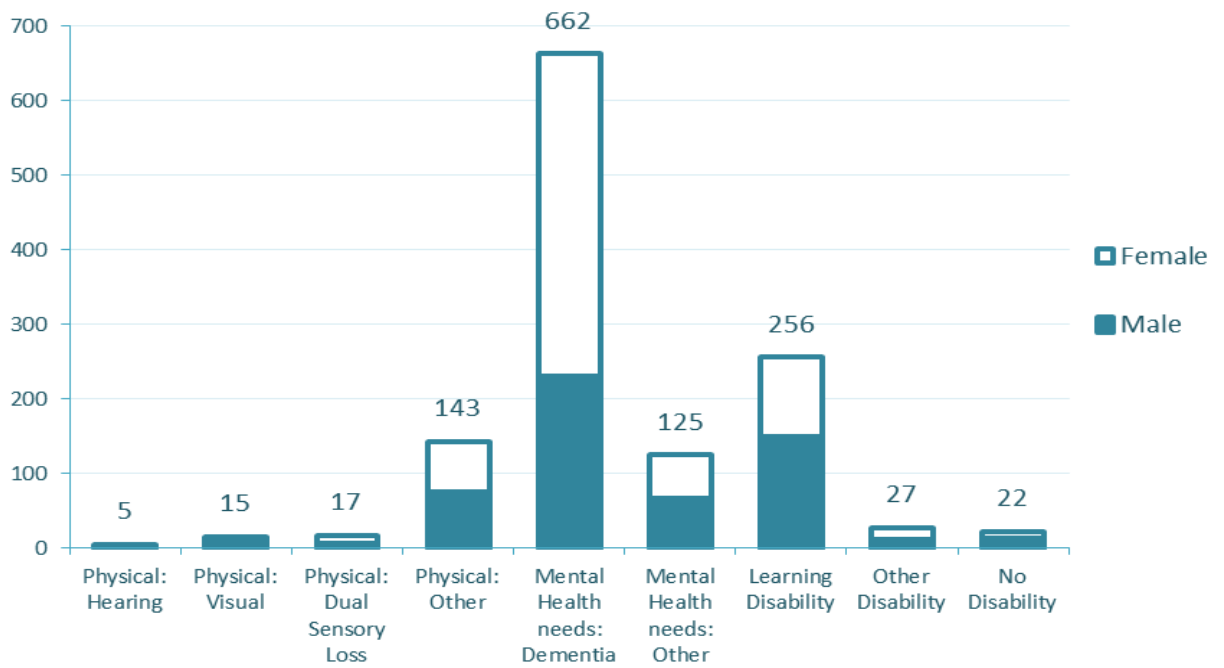
In keeping with the national picture, we continue to see a huge increase in requests for Deprivation of Liberty authorisations received by the Local Authority and significant challenges in meeting that demand.

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	Male	Female	All
18-64	211	127	338
65-74	85	58	143
75-84	156	172	328
85+	112	351	463
	564	708	1272
	44.3%	55.7%	

The figures reflect national trends- there are more females who have a Deprivation of Liberty authorised, as well as those people who are older than 85. Generally there tend to be more females than males living in care homes, and most of the requests for deprivations come from care homes



	Male	Female	All
Physical: Hearing	3	2	5
Physical: Visual	8	7	15
Physical: Dual Sensory Loss	7	10	17
Physical: Other	75	68	143
Mental Health needs: Dementia	231	431	662
Mental Health needs: Other	67	58	125
Learning Disability	149	107	256
Other Disability	11	16	27
No Disability	13	9	22
	564	708	1272

These figures follow the same patterns nationally.

Appendix 2 – Work programme for 2016-17

Priority 1	Outcome	Action	Lead	Timescale	Evidence
Provide leadership for an effective partnership across Kirklees ensuring effective collaborative working	The board and its members are accountable, visible and outward facing	<ul style="list-style-type: none"> • Work with the community and Healthwatch to develop an engagement strategy • Continue to engage with Police and Crime Commissioner • Continue to engage with third sector • Proactively report on the work of the Safeguarding Adults Board, highlighting areas of good practice (including use of social media) • Use social media as a way of disseminating information • The Board promotes a learning culture by undertaking Safeguarding Adults Reviews, and sharing the learning from them 	Board chair	March 2017	
	The Board works effectively with other strategic partnerships	<ul style="list-style-type: none"> • Undertake joint partnership work with the West and North Yorkshire and City of York Safeguarding Adults Boards as required • Finalise protocols and continue to develop working relationships with Health and Wellbeing Board and with elected members • Jointly commission work with other strategic partnerships where appropriate • Work with the Domestic Abuse Strategy group to finalise a local approach to adult safeguarding and domestic abuse 	Board chair Joint task and finish group with domestic abuse strategy group	March 2017	

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Priority 2	Outcome	Action	Lead	Timescale	Evidence
Gain assurance that adults are safeguarded; there is a timely and proportionate response when abuse or neglect has occurred and individuals are supported to have choice	Safeguarding is focused on outcomes and experience not process	<ul style="list-style-type: none"> The Board continues to promote practices that adheres to the principles of Making Safeguarding Personal Continue to develop training that promotes and embeds Making Safeguarding Personal Undertake file audits and carefully conducted independent post experience interviewing 	<p>Communication work stream</p> <p>Training sub group</p> <p>Q and P sub group</p>	<p>March 2017</p> <p>March 2017</p> <p>March 2017</p>	
	People who have experienced harm are empowered and feel outcomes are improved	<ul style="list-style-type: none"> Undertake file audits and carefully conducted independent post experience interviewing 	Q and P sub group	March 2017	
	Adults at risk and their families will be supported by offering appropriate advocacy	<ul style="list-style-type: none"> Continue to monitor the uptake of appropriate use of advocacy to support an adult at risk (Annual audit) 	Q and P sub group	December 2016	
	People who have experienced harm are enabled to access mainstream community safety measures	<ul style="list-style-type: none"> there is evidence that people are supported by appropriate community safety measures 	Q and P sub group		

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Priority 3	Outcome	Action	Lead	Timescale	Evidence
Support the development of and oversee preventative strategies that aim to reduce instances of abuse and neglect.	The Board develops and maintains its focus on early intervention and prevention	<ul style="list-style-type: none"> The Board will actively contribute to the development of Kirklees early intervention and prevention programme The Board works effectively with other strategic partnerships on some areas of prevention Further develop the 'See Me and Care' campaign 	Board chair	March 2017	
	Continue to promote prevention of financial abuse	<ul style="list-style-type: none"> Continue to link pieces of work to the council's anti-poverty strategy and the work of the Financial Inclusion Group Develop closer links with West Yorkshire joint trading standards service 	Board chair	March 2017?	
			Delivery group	By October 2016	
	The Mental Capacity Act (MCA) is further embedded into practice	<ul style="list-style-type: none"> Undertake specific pieces of work using the Local Government Association Improvement Tool 	Training Sub-group and Q and P sub groups	March 2017	

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Priority 4	Outcome	Action	Lead	Timescale	Evidence
Promote multi agency workforce development and consider any specialist training that may be required	People who have experienced harm are empowered and feel their outcomes are improved	<ul style="list-style-type: none"> Undertake focus group exercise and implement recommendations from audit of training to ensure that multi-agency training promotes a service user focus in accordance with 'Making Safeguarding Personal' 	Training sub group	By August 2016	
	Learning is widely disseminated across partners in Kirklees and reflective practice is encouraged	<ul style="list-style-type: none"> Develop the partnerships Learning Framework Develop further understanding of Safeguarding Adults Reviews methodology Disseminate findings from Safeguarding Adults Reviews, other reviews and case audits with a focus on reflective practice 	Training sub group SAR sub group SAR sub group Training sub group Q and P	October 2016 March 2017 March 2017	
	The Mental Capacity Act (MCA) is further embedded into practice (file audits will demonstrate understanding of the MCA becomes routine part of practice across the partnership)	<ul style="list-style-type: none"> Ensure that multi-agency training continues to focus on MCA with regular audits 	Training sub group	March 2017	

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Priority 5	Outcome	Action	Lead	Timescale	
Provide governance for the evaluation of the effectiveness of partners safeguarding arrangements and any associated improvement plans	The Board has assurance mechanisms in place that enable it to hold agencies to account	<ul style="list-style-type: none"> Revise the Board's Performance Framework with a focus on outcomes Continue to hold regular Challenge events and develop them further 	Q and P Chair	October 2016 September 2016	
	The Board has a strong focus on protection of adults at risk	<ul style="list-style-type: none"> Regular audit activity of Partners adherence to multi agency West Yorks and North Yorks procedures 	Q and P	March 2017	
	The Board's work is evidence based and concerned with outcomes	<ul style="list-style-type: none"> Refine ways of analysing and interrogating data on safeguarding notifications that increase the Boards understanding of prevalence of abuse and neglect Commission independent evaluation of effectiveness of changes introduced following safeguarding adults reviews. 	Q and P Chair	December 2016	

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Appendix 3 – Detailed training information to be updated.

Kirklees Council Multi-Agency Training 1 April 2015 – 31 March 2016

Agency: Kirklees Council

Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults from Abuse formerly Safeguarding Adults Basic Awareness Refresher – Kirklees Employees (via MiPod Xtra & Workbook)	Staff who need to undertake their basic awareness course (which needs to be refreshed every two years)	72 – e-learning (old package) 181 – e-learning (new package) 120 – workbook
Safeguarding Adults from Abuse formerly Safeguarding Adults Basic Awareness Refresher – Independent Sector (via Learning Pool and Workbook)	Staff who need to undertake their basic awareness course (which needs to be refreshed every two years)	5 – e-learning site closed 40 – workbook (includes 32 Shared Lives carers)
Safeguarding Adults at Risk Basic Awareness	Staff who require a basic awareness for safeguarding adults at risk and children and new starters in Kirklees Council as part of the Common Induction Programme	64
Safeguarding Adults ‘See Me and Care’: Preventing abuse – a framework for compassionate care for managers, care co-ordinators, residential homes and day opportunities	Staff working in residential and nursing care settings providing support for older people	Figure not available
Safeguarding Adults Refresher ‘See Me and Care’: Preventing abuse – a framework for compassionate care – residential and day opportunities staff	Staff working in residential and nursing care settings providing support for older people	147

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Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults Refresher 'See Me and Care': Preventing abuse – a framework for compassionate care – Generic	Staff working in care services for adults from all service user groups	94
Safeguarding Adults at Risk – Policy and Process	Staff with responsibility within the safeguarding process/specified responsibility and operational managers	34
New approach - Safeguarding Adults at Risk – Undertaking Investigations in the Workplace	Practitioners who may be responsible for conducting investigations and investigating officers who wish to develop their knowledge and skills	15
New approach – Mentoring – Safeguarding Adults at Risk – Undertaking investigations in the workplace and role of the Safeguarding Co-ordinator	Team managers, senior practitioners and level 3 social workers in order to develop their practice around undertaking investigations in the workplace and co-ordinating safeguarding investigations	Nil – training under review
New approach – Safeguarding Adults at Risk – Role of the Safeguarding Co-ordinator (previously known as Safeguarding Manager)	Practitioners/managers whose role involves co-ordinating safeguarding	20
Recording Skills for Social Workers: Recording in Safeguarding cases (2 day course)	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	9
Safeguarding Adults at Risk – Minute taking in safeguarding adults meetings for business support	Business Support staff that may be required to take minutes at Safeguarding Adults at Risk meetings	Nil (training under review)

Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults – An Introduction to Court Room Skills	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	8
Safeguarding Adults at Risk – Participating in adult safeguarding conference skills	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	Nil – training cancelled
Safeguarding adults at risk – Domestic Abuse – Basic Awareness	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	22

Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults at Risk and Children – Forced Marriages	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, Operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	13
Safer Recruitment in the Voluntary and Community Sector	Staff in the voluntary and community sector who have responsibility for recruitment of staff and volunteers	Nil
Safeguarding Adults at Risk - Role of the Concerns (formerly Alerting) Manager	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	35
Safeguarding Adults and Children – Elected members basic awareness	Elected members	6
Safeguarding Adults – Serious Case Reviews and undertaking internal management reviews	Operational managers, head of assessment and care managers, service Managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	30
Mental Capacity – Basic Awareness	Staff who require a basic awareness in Mental Capacity Act and new starters in Kirklees Council as part of the Common Induction Programme	210

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Training activity and level of training	Target staff	Number of staff trained
Mental Capacity Act 2005 – Applying in Practice	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	73
Mental Capacity Act – Assessing capacity and best interests decision making	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	82
Best Interest Assessor Training	Qualified Social Workers and Health professionals who are required to carry out the role of Best Interest Assessor	This is run at University of Huddersfield and Leeds
Best Interest Assessor Refresher	Qualified Best Interest Assessors	40
Deprivation of Liberty Workbook	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff and Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	19
DoLS for professionals who work with managing authority and may come across Deprivation of Liberty	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	66
Deprivation of Liberty (DoLS) for managing authorities	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	31

Training activity and level of training	Target staff	Number of staff trained
Mental Capacity Act – Working with unwise decisions	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	59
Mental Capacity Act and Support Planning for Residential Staff	Target Group - Identified Kirklees Council staff only working in Residential Homes	24
Mental Health Act and Mental Capacity Act Interface	All Social Workers and professionals who require an understanding and awareness of the interface between the MCA and MHA - Social Workers, Health Professionals and BIA's	52
Human Rights Act and Adults at Risk – e-learning	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, Operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	10

Training activity and level of training	Target staff	Number of staff trained
Network events (Safeguarding)	Open invitation to all partner organisations and care providers	206
Network events (Dignity in Care)	Open invitation to all partner organisations and care providers	106
Safeguarding Adults - Role of the Safeguarding Enquiry Office	All Safeguarding Enquiry Officers	19
Safeguarding Adults - Undertaking Enquiries in the Workplace (two days)	All Safeguarding Enquiry Officers	13

Name of partner agency

The Mid Yorkshire Hospitals NHS Trust

Training 1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
Level 1 Safeguarding Adults training- face to face & written materials	Mandatory for all Trust staff To be undertaken every 3 years	Induction – 830 Written – 1,107
Level 2 Safeguarding Adults classroom training	Mandatory for all Trust staff who have contact with adults in the course of their work. To be undertaken every 3 years (see also e-learning)	768
Level 2 Safeguarding Adults e-learning package	E-learning alternative for same staff groups as above	476
Prevent Basic Awareness – written materials	Advised for all clinical staff (not yet mandatory). Yearly refresher required	1,195
Level 3 Safeguarding Adults training	Optional training, for staff likely to be involved in SGA process, delivered by partner agencies or via bespoke tutorial when required	N/A
Prevent Wrap 3 classroom training	Advised for all clinical staff (not yet mandatory). Once in employment only	737
Level 1 Mental Capacity Act training- NHS prompt cards acknowledged and received and delivered at Corporate Induction	Mandatory for all Trust staff. To be undertaken every 3 years	Prompt Cards – 1,366 Induction - 830

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Training Activity and Level of training	Target Staff	Number of staff trained
Level 2 Mental Capacity Act/DoLS classroom training	Mandatory for any staff who assess patients or who need consent for any aspect of their role. To be undertaken every 3 years (see also e-learning)	1,355
Level 2 Mental Capacity Act e-learning package	E-learning alternative for same staff groups as above	494
Level 3 Mental Capacity Act/DoLS classroom training	Mandatory for senior staff who are decision-makers. To be undertaken every 3 years.	286

Key Achievements:

First Quarter

The compliance figure for Level 1 Safeguarding Adults training at the beginning of Quarter 1 was 100% which met the Trust target of 100%. This figure continued throughout April, May and June 2015 as 100% and so far exceeds the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) which at this time is 95% (reduced for 2015/16 from the previous target of 100%). This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department has made a commitment to resend updated written materials in September 2015 to all Trust staff although the method of recording the compliance figure will change so we envisage a potential drop in compliance. This training requires refreshing every 3 years and the materials were last sent to staff in Sept/Oct 2012.

The compliance figure for Level 2 Safeguarding Adults training at the beginning of Quarter 1 was 83%. Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training compliance targets which was set for 90% for the end of March 2015. This target had not been met at the end of March 2015. For 2015/16 the Trust lowered the compliance target, for role specific mandatory training, to 85%. The compliance figure for end April 2015 was 82%, for end May 81% and for end June 84%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets

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to meet. Level 1 MCA compliance was 86% at the beginning of Quarter 1, and although compliance had not met the 100% target at end March 2015 compliance did meet the target set at 80% for this subject, and compliance was 90% end April 2015, 92% end May and for end June was 93%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 25% at the end of Quarter 1 (target was 19% by end March 2015) and continued to increase through April (38%), May (49%) and June (58%). This figure is achieved through either classroom training or e-learning. Level 3 compliance was 52% at the beginning of Quarter 1, which did not meet the target of 64% for end March 2015, and continued to rise through April (53%) and May (71%) although compliance did fall during June (64%). Level 3 MCA figures are achieved via classroom learning only.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. Wrap3 will be incorporated into Level 3 safeguarding Children training from August 2015 and all staff will receive basic awareness in September 2015 which should be refreshed annually. It was decided to incorporate PREVENT into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Second Quarter

The compliance figure for Level 1 Safeguarding Adults training was 100% at the end of July, August and September 2015 and is so far on course to exceed the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95% This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department has made a commitment to resend updated written materials in September 2015 to all Trust staff although the method of recording the compliance figure will change so we envisage a potential drop in compliance. This training requires refreshing every 3 years and the materials were last sent to staff in Sept/Oct 2012.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end July 2015 was 83%, for end August 82% and for end September 2015 81%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets

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to meet. Level 1 MCA compliance was 92% end July 2015, 95% end August and for end September was 94%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 65% end July, 69% end August and 71% end September 2015. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 66% at end July 2015, 64% at end August and 74% at end September 2015. Level 3 MCA figures are achieved via classroom learning only. Both Level 1 and 2 MCA are either on, or above, trajectory for their specific compliance figures. Level 3 MCA is currently behind trajectory.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. Wrap3 was incorporated into Level 3 safeguarding Children training from August 2015 and all staff will receive basic awareness in September 2015 which should be refreshed annually. It was decided to incorporate PREVENT into the children's training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Third Quarter

The compliance figure for Level 1 Safeguarding Adults training was 67% at the end of October, 79% at the end of November and 82% at the end of December 2015 and is so far not on course to meet the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95%. This change in compliance rates is due to the changes made in the way that compliance is now recorded for this training- previously once the written materials were sent out to a staff member they were recorded as compliant. The decision was made to ask staff to return a sign off slip upon receipt and reading, of these materials, and these slips are being returned slowly. This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department sent out the written materials in September 2015 and they will next be due for resending September 2018 as this training requires refreshing every 3 years.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end October 2015 was 80%, for end November was 77% and for end December 2015 was 74%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years. The drop in compliance figures has been acknowledged and there are plans in place in the next quarter to contact those staff who are out of date with their training.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets to meet. Level 1 MCA compliance was 94% end October 2015, 94% end November and for end December was 95%. This figure is achieved through new staff attending at

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Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 74% end October, 75% end November and 76% end December 2015. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 75% at end October 2015, 76% at end November and 77% at end December 2015. Level 3 MCA figures are achieved via classroom learning only.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 and Level 3 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. All staff received PREVENT basic awareness in September 2015 as this was included in the mail out of the Level 1 Safeguarding training written materials. This should be refreshed annually. It was decided to incorporate PREVENT into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Fourth Quarter

The compliance figure for Level 1 Safeguarding Adults training was 84% at the end of January, 85% at the end of February and 85% at the end of March 2016 and is so far not on course to meet the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95%. This change in compliance rates is due to the changes made in the way that compliance is now recorded for this training- previously once the written materials were sent out to a staff member they were recorded as compliant. The decision was made to ask staff to return a sign off slip upon receipt and reading, of these materials, and these slips are being returned slowly. This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department sent out the written materials in September 2015 and they will next be due for resending September 2018 as this training requires refreshing every 3 years.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end January 2016 was 75%, for end February was also 75% and for end March 2016 was 74%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years. The drop in compliance figures has been acknowledged and there are continuing plans in place to contact those staff who are out of date with their training.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets to meet. Level 1 MCA compliance was 95% end January 2016, 95% end February and for end March was 96%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 79% end January, also 79% end February and 80% end March 2016. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 77% at end January 2016, 77% at end February and 80% at end March

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2016. Level 3 MCA figures are achieved via classroom learning only. Although neither of these meet the role specific target, MCA level 2 is ahead of its own specific target whilst MCA level 3 is behind target.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 and Level 3 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. All staff received PREVENT basic awareness in September 2015 as this was included in the mail out of the Level 1 Safeguarding training written materials. Basic awareness is also presented to new staff on corporate induction. This should be refreshed annually. It was decided to incorporate Wrap 3 into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Additional Training

Other mandatory training within Mid Yorkshire Hospitals NHS Trust, which could be seen to be related to safeguarding, includes:

- Diversity awareness- relates to discriminatory abuse
- Conflict resolution- issues in relation to safeguarding can lead to conflict between patients/carers and staff
- Health and Safety- this covers slips, trips and falls of which falls can sometimes be a safeguarding issue
- Medicines Management- maladministration of medication can be a safeguarding issue
- Patient Safety (Incident reporting and Root Cause Analysis)- all potential and actual safeguarding issues are incident reported and RCA is used during safeguarding inquiries

Some of this training is undertaken once in employment only and the rest have to be repeated within set timescales (1, 2 or 3 years usually).

The Trust's Level 2 Safeguarding Adults training was expanded to a full half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, Prevent and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (May 2015) a training session entitled 'Receipt and Scrutiny of Papers' was facilitated by SWYPFT staff in regards to the completion of 'section' papers related to detentions under the Mental Health Act. This training was aimed at certain key staff to assist in the management of people detained under the MHA. There are plans to run this training every six months.

The Trust's Level 2 Safeguarding Adults training was expanded to a half-day session

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from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (September 2015) a training session entitled 'Demystifying DoLS' was run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. It is envisioned that this will run monthly until further notice depending upon numbers booking on.

The Trust's Level 2 Safeguarding Adults training was expanded to a half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (November and December 2015) two training sessions entitled 'Demystifying DoLS' were run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. It is envisioned that this will run monthly until further notice depending upon numbers booking on.

Also during this quarter (November 2015) another training session entitled 'Receipt and Scrutiny of Papers' was facilitated by SWYPFT staff in regards to the completion of 'section' papers related to detentions under the Mental Health Act. This training was aimed at certain key staff to assist in the management of people detained under the MHA. There are plans to run this training every six months.

The Trust's Level 2 Safeguarding Adults training was expanded to a full half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter one training session (March 2016) entitled 'Demystifying DoLS' were run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. There are plans to run this training during April and May 2016.

During this year we have also started to run session every 4 months aimed at providing safeguarding training to the Trust's volunteers. Run in November 2016 for the first time and will next run April 2016. This training is a mixture of power point / written materials.

We are also running a practical session aimed at newly qualified band 5 nurses (or new to the Trust) and is based around admitting an acutely ill patient with a learning disability. This is additional to the mandatory safeguarding adults training they need to attend. This is run monthly and has around twenty people attending each session.

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Name of partner agency

Locala

1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
Safeguarding Adults Level 1	Clinical and non-clinical	1,091
Safeguarding Adults Level 2	Clinical and non-clinical	801
Mental Capacity	Clinical Face to Face	836

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Name of partner agency

Greater Huddersfield & North Kirklees CCGs

1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
PREVENT WRAP 3	CCG clinical staff	13
PREVENT awareness	CCG non clinical staff	49
MCA/DoLS	Primary Care Clinical staff	68

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Appendix 4

KIRKLEES SAFEGUARDING ADULTS BOARD

Board members June 2016

Name	Job title	Service/Organisation
Mike Houghton-Evans	INDEPENDENT CHAIR	
Kim Brear	Assistant Director	Kirklees Council – Streetscene and Housing
Victoria Thersby	Head of Safeguarding	Calderdale and Huddersfield NHS Foundation Trust
Penny Woodhead	Head of Quality	Greater Huddersfield Clinical Commissioning Group
Richard Parry	Director of Commissioning, Public Health and Adult Social Care	North Kirklees CCG
Jane Ford	General Practitioner	Greater Huddersfield CCG
Clive Barrett	Head of Safeguarding	The Mid Yorkshire Hospitals NHS Trust
Julie Warren Sykes	Assistant Director of Nursing, Clinical Governance and Safety	South West Yorkshire Partnership NHS Foundation Trust
Razia Riaz	Senior Legal Officer	Kirklees Legal Services
Hazel Wigmore		Lay Member
Superintendent Khan		West Yorkshire Police
Richard Parry	Director of Commissioning, Public Health and Adult Social Care	Kirklees Council
Mohammed Ali	District Prevention Manager	West Yorkshire Fire Service
Tina Quinn	Director of Quality	Locala
Kerry Warhurst (Yorkshire & Humber)	Senior Nurse – Quality & Safety NHS England – North	NHS England (West Yorkshire)

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Kirklees Council

Gateway to care

First point of contact for making an alert:

Tel: 01484 414933

For policy advice and information contact:

Kirklees Safeguarding Adults Partnership Team

4th Floor, Civic Centre 1, High Street, Huddersfield, HD1 4NF

Tel: 01484 221717

Email: protection@kirklees.gov.uk

www.kirklees.gov.uk/safeguarding

Police

Emergencies:

Always dial 999 in an emergency where there is a danger to life, or a crime is in progress.

This number is available 24 hours a day, 7 days a week.

From a mobile phone, please dial 999 or 112.

Non-Emergencies:

Telephone 101 (24 hours a day, 7 days a week) for non-emergencies where:

- Police attendance is required
- to report a crime
- to report other incidents

West Yorkshire Police Safeguarding Unit

The team of specialist police officers have expertise in supporting the vulnerable and in partnership working.

Tel: 01924 335075

Where possible please use the email address below which is checked daily:
ea.safeguarding@westyorkshire.pnn.police.uk

