Wakefield and District
Safeguarding Adults Board

Annual Report
April 2018 to March 2019
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Cover pictures taken during the ‘Promoting Resilience and Preventing Harm’ event during Safeguarding Week 2019. Photos courtesy of Abed Al Ju’beh.
1. Foreword from the Safeguarding Adults Board Chair

I’m writing this introduction to the Annual Report as the outgoing Chair, after six busy and rewarding years in post. So, it seems appropriate to reflect on the progress that the Board has made over that time and to recognise the challenges that remain.

Achievements

- The board is currently stable, well attended and adequately resourced to fulfil its statutory responsibilities. Partnership relationships are generally very positive with a shared commitment to tackle abuse and neglect.

- The board has a solid constitution with clear governance links into the wider partnership arrangements in Wakefield. A Strategic Plan is in place for the next three years which is regularly reported to and monitored by the board.

- Staff from Wakefield have played a significant role in shaping and finalising the sub-regional policies and procedures and we have fully embraced the philosophy that underpins the changes in the Care Act 2014 – to place the adult concerned at the centre of decision-making. The creation of a dedicated safeguarding team in the council has taken some years to bed in and become fully established but has proved to be the right decision.

- The Board has made “Making Safeguarding Personal” a strategic priority for all partners and a recent survey of board members confirmed that all members felt that the board was committed to this work and was well on the road to embedding the changes in practice across all the agencies.

- The Board made a two-year funding commitment to develop a proactive approach to supporting good practice in care homes and to try and prevent poor care quality turning into neglect. Building upon the existing multi-agency work with care providers the Board invested in an app called Perfect Ward and was successful in engaging many homes in self-improvement. It supported visits to providers which became known as Resident Safety Walkabouts with almost instantaneous written reports and photographic evidence on areas for improvement. The funding has now been taken on by Wakefield CCG and the Local Authority with capacity to cover 75% of care homes in Wakefield.

- The Board has maintained a strong commitment to training and development for staff within partner agencies and between them. Funding has also been provided to community and hard-to-reach groups to set up their own safeguarding events.

- One of the board’s main roles is to assure itself that adults are being protected in Wakefield and the real test of the effectiveness of safeguarding arrangements are the opinions of those who have called on that support. In the past year, over 50 people have reflected on the outcomes they wanted from safeguarding support and 84% felt they had been fully achieved. In the same group, 90% said they felt safer after they had received support. These very positive views have to be backed up by regular audits of cases and by learning reviews to ensure that practice continues to be challenged and improved.

Challenges

Public and community services continue to be under enormous strain and so, although the foundations in Wakefield are sound and the track record of achievement is good, we know that there is always more work to be done. It is also important to ensure that the investment and commitment that has brought success in the past is maintained in the future. Some of the challenges facing the board include:

- Funding and staffing shortages in the care system remain acute. This is accepted as a national problem and it is therefore very disappointing that the Green Paper on Social Care has been repeatedly delayed. We know that care standards in Wakefield are affected by this and the board needs to remain vigilant and supportive to work alongside commissioners and providers to ensure that care quality is not compromised to the extent that it becomes neglect or abuse.

- There have been shocking incidents of widespread child sexual exploitation in other parts of the country that have heightened our awareness of the severe harm this has caused to the children involved. In Wakefield we know that there is a significant number of young people who have suffered sexual exploitation and are now moving into adult life, but without the level of support that is available to children. Forging relationships with these young people and helping them to manage the impact that abuse has had on their lives will be a major challenge.
• Domestic abuse and violence is a stain on our society and remains a significant issue in Wakefield. Recognising this, the council and the police have made significant investment to put services and support in place. Not every person who suffers domestic abuse will meet the criteria for safeguarding support but the board will need to continue to prioritise work across agencies for those people who do.

• We have two prisons in the Wakefield area and we know that there are long-term prisoners who will have lasting psychological and health issues when they come to be discharged. A new sub-group has been set up which enables a sharper focus on the safeguarding issues that affect prisons. The board now has an opportunity to forge closer working relationships with prison staff to work on areas of joint concern.

• The reality of funding cuts and restrictions in public service investment is that some of the infrastructure that used to exist in the community has had to be curtailed. Investment in safeguarding work itself has been protected but the challenge is to continue to find ways to reach out into the community to create links with the places and organisations where people go for help and support and where they feel safe to confide in others. This is particularly important for groups who feel themselves to be at the margins of society or who are mistrustful of statutory agencies.

Finally, I would like to pay tribute to all the people I’ve worked with over the past six years, in the public, private, charitable and voluntary sectors who work so hard to keep adults safe in Wakefield. I would particularly like to thank Mick Wharton, Board Manager, and Jayne Freeman, Board Co-ordinator, for all their excellent work and the help and support they have given me as chair.

Bill Hodson
Independent Chair

2. Foreword from the Chief Executive (Wakefield Council)

I would like to thank Bill Hodson for his excellent six year service in chairing our adult safeguarding Board and his leadership in promoting and embedding the Care Act safeguarding changes. His introduction sets out the success and continuing challenges of his time in office.

Since the onset of the government’s austerity agenda in 2010, the Council (along with local partners) has had significant reductions in its available resources due to central Government spending reductions. Throughout this period the Council has committed to a focus on protecting and supporting the most vulnerable people in our district, as well as directing resources into front line services that matter most to local people.

The financial challenges will continue and the impacts particularly around local economic growth and welfare reforms are likely to affect the lives of local people, especially the most vulnerable. This will place pressure on the Council and other partners as the demand for services continues to grow.

The priorities for adult care services in Wakefield are to ensure that people are supported to stay in their own homes wherever possible and that care and support packages are personalised to meet the individual needs of the people and their families.

A date has still to be set for the Social Care Green Paper, though the Chancellor in his budget statement stated the paper will be “setting out the choices, some of them difficult, for making our social care system sustainable into the future”.

Quality services prevent the need to respond to safeguarding issues, but the Safeguarding Adult Board Annual Report provides reassurance that partners can and do respond proportionately to safeguarding concerns when they arise and that partners strive for continuous improvement in the delivery of their safeguarding services.

The adult board partners have shown an openness to how things work elsewhere and sought to learn from regional and national work. There is evidence from the partners of support for staff development and the board receives good performance information as well as continuing its work to secure benchmarking data. A major strength of the adult board is the quality networking events they promote to provide learning both from experts and people who use the services and the sharing of local personal expertise.

Merran McRae
Chief Executive
Wakefield Council
3. National Context

What is meant by Adult Safeguarding?

It means protecting an adults’ right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults’ wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The key aims of Adult Safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or harm to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.

Care Act 2014

The Care Act 2014 came into effect on the 1st April 2015. It reformed the way the adult social care system works in England and provided a legal basis for safeguarding adults from abuse or neglect.

Safeguarding adults is now a statutory duty under Section 42 of the Act, but this does not extend to all adults, only those who meet the eligibility criteria:

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- has care and support needs (whether or not the authority is meeting any of those needs) and
- is experiencing, or is at risk of, abuse or neglect and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case and, if so, what and by whom. This is commonly referred to as the three step test.

The Care Act safeguarding guidance sought to differentiate between quality of service issues and actual abuse or neglect, introducing a process of fact finding to clarify if it should be a safeguarding enquiry. However, there is no definitive guidance as to when fact finding actually becomes a safeguarding enquiry and many local authorities deem that if the adult concerned meets the three step test criteria they are already undertaking a safeguarding enquiry when looking into the circumstances of what raised the concern. This has resulted in different interpretations of what constitutes a Section 42 safeguarding enquiry with authorities all using the three step test, but counting different aspects of the Act to be reported upon in the national returns.

NHS digital included the following in the most recent national safeguarding returns. “When reading this report, users will become aware of variation between local authorities for certain measures. In many instances this variation will result from differing interpretations of the Care Act by local authorities, rather than from poor data quality per se. Whilst it is acknowledged that the Care Act is open to local interpretation, attempts are being undertaken to help develop a loose framework around elements of the Care Act to result in more consistent approach to defining these key elements.”

Regional attempts have been made to provide this consistent approach to section 42 safeguarding enquiries, but there currently remains wide variation of interpretation in the Yorkshire and Humber region which mitigates against both regional and national benchmarking data having any reliability. The consistent approach across different councils remains work in progress.
4. Board Structure

Wakefield and District Safeguarding Adults Board (WDSAB)

**Independent Chair**
Bill Hodson

Statutory partners and representatives from member organisations committed to safeguarding vulnerable adults in the district with an agreed Constitution, Business Plan and sub groups of the Board to achieve the plan objectives.

ALL Sub Groups work to terms of reference agreed by the WDSAB.

**Learning and Development Sub Group**

*Chaired by Frances Aldington*
Named Professional for Safeguarding Adults *(Mid Yorkshire NHS Trust)* *(part year)*

The Sub Group has delegated responsibility for safeguarding awareness raising and all aspects of training with a preventative focus in mind, but ensuring staff know how to deal with concerns when they arise.

**Quality and Performance Sub Group**

*Chaired by Lisa Willcox,*
**Service Manager (Wakefield Council)**

The Sub Group has delegated responsibility for formulating the performance management information presented to the Board and quality issues linked to practice development from audits and learning from review processes.

**Quality Intelligence Group**

*Chaired by Jane Wilson,*
**Designated Nurse for Safeguarding Adults (NHS Wakefield Clinical Commissioning Group)**

This is a Sub-Committee of the Quality and Performance Sub Group and considers intelligence regarding service provider quality standards. Its aim is to identify provider concerns before they become safeguarding issues and work with providers to improve standards. It reports to the Quality and Performance Sub Group, but also reports annually to the Board.

**Business Team to Support all Board and Sub Group Work**

*Safeguarding Adults Board Business Manager: Michael Wharton*

*Safeguarding Adults Board Co-ordinator: Jayne Freeman*
5. Board Key Objectives and Outcomes 2018/19

Key Strategic Objectives

Set out below are the Board’s key objectives during this review period that were reflected in the Board’s Strategic Plan, which partners worked together to achieve.

1. Board members will champion active and effective adult safeguarding within their own organisations and ensure that commissioning processes have strong safeguarding themes

The Constitution of the Safeguarding Adults Board reflects the aspirations and operating practices of the Board and its sub groups and was ratified by Board members at the January 2019 board business meeting.

All Board members (except voluntary organisations) completed the Yorkshire and Humber Safeguarding Adults Partner Assurance self-assessment Framework and participated in challenge events led by the Board Chair and supported by the Local Authority, and CCG Board members. The challenge event included partners’ approach to safeguarding through leadership, training for a skilled and knowledgeable workforce, person-centred approach, challenges to success and plans to overcome them.

The Local Authority, Clinical Commissioning Group and Police as the three statutory partners under the Care Act agreed to continue with their funding for the Board.

The Board reviewed the three year strategic plan 2018-21 and made minor amendments for 2019/20 after consultation with Healthwatch.

The Board continues to be part of a joint area for Safeguarding Adults Policy and Procedures aimed at bringing consistency to practice and recording across West Yorkshire and our other partner areas of North Yorkshire and York.

2. Board partners to have an approach to safeguarding that is firmly based on the outcomes that adults want to achieve in their lives

The Board incorporates a range of ‘making safeguarding personal’ (MSP) objectives in the strategic plan and monitors progress by reviews of the plan and the performance management information on the achievement of expressed desired outcomes.

The completion by agency Board members of a safeguarding adults self-assessment followed by a challenge event is a key element in ensuring that adults views and wishes are listened to and where ever possible followed in relation to safeguarding issues.

The Board has worked with Healthwatch to introduce an adults’ safeguarding story into board meetings. This requires the agreement of the adult or representative to participate and an interview to obtain the necessary information framed around the MSP principles of being asked about desired outcomes, information, understanding, being listened to and feeling safe. This process provides independent feedback on the effectiveness of the safeguarding procedures in Wakefield.

Building on the commitment to ensure that Seldom Heard Voices are represented, the Board has continued to work with the Well Women Centre and the Community Cohesion team to reach out to isolated and vulnerable women. The project offers tailored, culturally appropriate group work that is carried out sensitively and safely, and works with Female Genital Mutilation (FGM) survivors, domestic abuse survivors, migrant and Black and Minority Ethnic (BME) women and women experiencing significant mental health issues. The project will be delivered in community settings with a focus on health and well-being, safe relationships, faith and culture and increasing understanding of and appropriate engagement with services.
3. **Use information and data to have an overview on how well adult safeguarding is working and taking responsibility for actions to make any improvements needed**

The data recording system remains under continuous review due to the on-going work at both regional and national level as to what constitutes a section 42 safeguarding enquiry. We have however now had a stable year in terms of recording practice following changes made at the end of 2017.

Where-ever possible desired outcomes to any enquiry are always obtained and recorded. A key part of the safeguarding procedures is to conduct a satisfaction survey with the adult or their representative to inform us on the effectiveness of our safeguarding procedures. Fifty seven surveys were completed this year with a very strong indication that adults valued the support provided and that it was effective in making them feel safe.

The Healthwatch led ‘safeguarding story’ provides valuable insight into the effectiveness of the safeguarding procedures.

The Board conducts at least two multi-agency case file audits (MACFA) per year. The three Care Act statutory agencies of local authority, police and clinical commissioning group lead the audits, but this year representatives from acute and mental health hospital trusts have also been invited. These audits enable an independent overview of cases and are completed using a matrix previously agreed by the audit group members. They reveal both good practice and areas for development which is fed back to the people involved by their respective managers. The audits so far have proved excellent learning opportunities with a brief overview of MACFA reported to the Quality and Performance sub group.

The Quality Intelligence sub Group (QIG) of the board has continued to refine the data collection process on quality of service issues to prevent poor practice becoming abuse. The QIG provides an annual report to the Board on its activities and future plans.

4. **Making sure that the local workforce is skilled and knowledgeable and that there is a culture of continuous learning and development to ensure service delivery is effective**

The Board requires that members train their staff to a recognised standard and the Learning & Development (L&D) sub Group asks the members to provide a quarterly update on their adult safeguarding training activity. This is then collated to be presented to the Board as numerical assurance that safeguarding training is taking place and this information can be followed up in the challenge events.

The Board funds safeguarding partnership training and self-neglect training. The safeguarding partnership training had to be re-configured in light of the new safeguarding adults’ policy and procedures coming on line in April 2018. This training has been opened to service provider staff safeguarding leads as they play a major role in the safeguarding process.

A key form of learning organised and funded by the Board is our Network events aimed at providing information to improve service practice. These events involve securing keynote speakers who are experts in their field who assist practitioners in avoiding pitfalls by learning from others experience.

In July the Network event theme was self-neglect and learning from Safeguarding Adult Reviews (SAR’s) led by a national lead in this area, Professor Suzy Braye. In March the theme was avoiding common legal pitfalls in social care and vulnerable adults led by Stephen Knafler QC a leading expert in this field.

The Board agreed to continue funding the development of the Resident Safety Walkabout (RSW) using the Perfect Ward App as a key tool available to QIG members to improve service quality. This has been adapted for bespoke use when undertaking a RSW in care homes (residential and nursing ) and supporting them with an instantaneous report with evidential pictures on their quality of service. The report with supporting photographs is enabled by the Perfect Ward technology and has been widely welcomed by the service providers to help them improve their service quality. The RSW and use of the Perfect Ward App is now embedded as core work and continued support for the Perfect Ward App will now move to mainstream funding jointly by the Clinical Commissioning Group (CCG) and Local Authority.
5. Effective governance and close working relationships with the Safeguarding Children Board, the Health and Wellbeing Board and the Community Safety Partnership (CSP)

The Board has statutory status under the Care Act 2014 and presents its annual report to the other partnership boards, the CCG and the Overview and Scrutiny committee. The Board has a Constitution which is approved annually and works to a three year strategic plan agreed with Healthwatch which is also updated annually. The Board has responsibility for conducting a Safeguarding Adult Review (SAR) when an adult with care and support needs dies as a result of abuse or neglect and there is concern regarding how professionals worked together. There has not been a SAR this year, but the Board has contributed financially and supported the first Domestic Homicide Review (DHR) in Wakefield which started this year.

The Independent Chair of the Board has meetings with both the Council Chief Executive and the Corporate Director for Adults Health and Communities to discuss adult safeguarding issues.

There is a reciprocal agreement between the Adult and Children Safeguarding Boards that the respective Board Managers will attend each other’s meetings to provide insight and work together where-ever possible.

The Safeguarding Adult Board Business Manager (SABBM) attends the; CSP led Domestic Abuse Management Board, Multi-Agency Risk Assessment Conference (MARAC) steering group, Strategic Hate Crime Group, the Contest Silver & Bronze Groups and the Serious and Organised Crime Group meetings (including Modern Slavery) Silver & Bronze groups to ensure important issues are brought back to the Safeguarding Adult Board and that adults contribute when needed.

The Board has funded the publicity campaign for the 16 days of action on domestic abuse as part of its joint work with the CSP.

In January 2019, the chair of the community Safety Partnership (CSP), Cllr Maureen Cummings attended the Safeguarding Adult Board meeting to talk about CSP priorities and other ways the respective partnerships can work together.

6. Board Key Objectives for 2019/20

These objectives form the basis of actions in the three year Strategic Plan for 2018-2021 (updated annually) and progress will be reported in next year’s annual report.

At the Board business meeting in January 2019, it was decided to retain the current five key objectives for 2019/20:

- Board members will champion active and effective adult safeguarding within their own organisations and ensure that commissioning processes have strong safeguarding themes.
- Board partners to have an approach to safeguarding that is firmly based on the outcomes that adults want to achieve in their lives.
- Use information and data to have an overview on how well adult safeguarding is working and taking responsibility for actions to make any improvements needed.
- Making sure that the local workforce is skilled and knowledgeable and that there is a culture of continuous learning and development to ensure service delivery is effective.
- Effective governance and close working relationships with the Safeguarding Children Board, the Health and Wellbeing Board and the Community Safety Partnership.
Reports from Agencies

7. Adults Health and Communities – Wakefield Council

The continued response to budget pressures has seen the alignment of staff with our health colleagues and third party sectors in the locality hubs, as well as the acute hospital and the discharge team arrangements. This work has been an essential requirement to improve the prevention aspect of our work; with early intervention designed to promote independent living for longer and ensure the most efficient use of resources. This is a key element in the drive to be able to respond to the needs of increasing numbers of people with care needs with an ever pressured Adult Social Care budget.

The Care Act places a statutory duty on the local authority to make proportionate enquiries into safeguarding concerns relating to adults with care and support needs who are subject or at risk of abuse. The Act also introduced into law the term “Making Safeguarding Personal” (MSP) with a requirement to work with adults to identify their desired outcomes, around what they want any safeguarding work with them to achieve.

We have now established a dedicated Adult Social Care (ASC) safeguarding team and refined the way the team works with colleagues in Social Care Direct to ensure proportionate enquiries are made and that the MSP principles are followed. The new safeguarding policy and procedures are well embedded and our data collection system is compliant with regional and national standards, but is kept under continuous review whilst monitoring best practice information.

The ASC safeguarding team is now looking at ways to further improve its processes, particularly in relation to employer led enquiries and meeting the MSP requirements.

Lisa Willcox - Service Manager
Wakefield Council

The Care Act also introduced social care responsibility for Local Authorities in prisons, but safeguarding responsibility remains with the Prison Governor. We have this year set up a new sub-group of the board to explore this interface and develop further.

Another significant piece of work for the Local Authority this year has been managing the continued impact of the House of Lords ruling regarding the Deprivation of Liberty Safeguards (DoLS). This ruling changed the criteria for when a DoLS is required, resulting in a massive increase in DoLS work each year since 2013/14. In the year prior to the House of Lords ruling Wakefield carried out 70 DoLS assessments. In 2018/19 we have received requests (including re-assessments) for over 1300 such assessments.

New legislation has been proposed around Liberty Protection Safeguards because of the strain the current processes have put on the Court of Protection, including the backlog of cases for people in supported living situations. However, this legislation has been subject to much debate in parliament and it remains to be seen, if it is passed, what impact it will have.

Lisa Willcox - Service Manager
Wakefield Council
8. Mid Yorkshire Hospitals NHS Trust

Safeguarding remains a key priority for Mid-Yorkshire Hospitals NHS Trust (MYHT). Central to this is empowerment of the 7000+ staff ensuring knowledge, understanding and application of the safeguarding principles. MYHT is committed to partnership working, sharing and learning and maintains regular attendance at boards and subgroups.

During 2018/19 the team membership and professional dynamics have changed; the team consists of a Head of Safeguarding, a Named Nurse for Safeguarding Adults, a Safeguarding Adults Specialist Advisor, a Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS) Specialist Advisor, Lead Nurse for Learning Disabilities (LD) and Autism and a Safeguarding Assistant. The team is supported by a Named Doctor for Safeguarding Adults, who is a Consultant Geriatrician in the Trust.

The safeguarding adult’s team continues to prioritise embedding and application of the Mental Capacity Act; with an emphasis on documentation. Compliance with the MCA remains a priority within the MYHT CQC action plan and the safeguarding team have progressed their MCA “orange t-shirt campaign” focusing on individual hospital sites, wards and departments, attending board rounds, providing bespoke MCA awareness sessions which always evaluate positively, increasing not only the number of MCA champions in the Trust but attracting senior colleagues into this role. The team continues to join with existing promotions and developments happening in the Trust where MCA must be considered for example - Falls; covert administration of medicines and learning disabilities. MYHT have created, developed and is hosting a Yorkshire wide MCA professionals forum with the aim of learning, sharing and promotion of best practice.

The Lead Nurse for LDs portfolio has increased to include autism and developments include creation of an autism intranet page, agreement from the Trust to progress autism accreditation with the National Autistic Society (NAS), reasonable adjusted surgical pathways and flagging is available from May 2019; next steps are to write an integrated LD and or autism policy.

In response to the Safeguarding Adults Intercollegiate Document 2018 the Trust has reviewed its mandated training offer to include level 3 safeguarding adults which incorporates MCA level 3 and Mental Health Awareness. At the end of March 2019 all level 1 training topics are at or just above Trust target at 95%. Level 2 Safeguarding Adults training compliance is 86%. MCA training compliance level 2 and 3 at the end of March 2019 is 84% and 76% respectively. The wider safeguarding team delivers mandatory WRAP 3 training and compliance at the end of February 2019 is 85%. The Safeguarding Children training encompasses issues that cross over in to adult safeguarding - for example - Female Genital Mutilation, Trafficking, Modern Day Slavery and Honour Based-Violence.

Fully assessed and approved DoLS applications in the Trust as of March 2018 – February 2019 is 13 Urgent and 28 Standard applications the safeguarding adults team scrutinize all applications for accuracy and completeness.

The safeguarding adult’s team shout out moments for 2018-19 include the positive feedback received from MYHT staff for their support in managing complex safeguarding adult’s referrals from referral to outcome and application of MSP agenda.

Clive Barrett Head of Safeguarding
Marie Gibb Named Professional
Mid Yorkshire Hospitals NHS Trust
9. South West Yorkshire Partnership NHS Foundation Trust

The safeguarding of adults at risk of harm or neglect remains a key priority throughout South West Yorkshire Partnership (NHS) Trust. The changes in the structure of the Nursing Quality and Professions Directorate impact upon the safeguarding team and the changes in leadership arrangements provide robust governance arrangements.

There is a requirement that all incidents concerning potential or actual adult safeguarding concerns and any safeguarding concerns raised with partner organisation are recorded on the internal Risk Management System, Datix. There are changes to the Datix system to provide oversight of Safeguarding Adult Reviews, Domestic Homicide Reviews and learning lessons where recommendations and actions are monitored. This is regularly reviewed by Specialist Advisers, Associate Director, an Assistant Director, Deputy Director and Director of Nursing, Quality and Professions to ensure relevant advice and appropriate actions are taken.

The Safeguarding Team provide access to mandatory safeguarding training and other resources and opportunities. The safeguarding conference April 2018 provided the opportunity for multi-agency practitioners to receive seminars from a range of highly skilled and knowledgeable speakers; topics covered ranged from Child Sexual Exploitation, Human Trafficking, Female Genital Mutilation and Prevent. The safeguarding conference arranged for 25th March 2019 is to host external speakers: topics to be covered; Contextual Safeguarding, Child Sexual Exploitation, Domestic Abuse and the Truth Project.

The Safeguarding Team, safeguarding children and safeguarding adults have further embedded the think family model through the combining of: the safeguarding advice duty provision, the safeguarding link professionals and the safeguarding co-ordinators meetings and the joint Children and Adults Strategic Safeguarding meeting.

The team support multi-agency working through attendance at the Safeguarding Adult Board meetings and subgroup meetings and the Quality Intelligence Group meeting, following which relevant information is disseminated through attendance at the Business Development Units (BDU) Governance meeting and via the weekly safeguarding newsletter to the practitioners. The safeguarding team are involved in the Wakefield Female Genital Mutilation (FGM) multi-agency strategy and meetings.

There is a rolling programme for level 1 and level 2 safeguarding adults at risk of harm training and there has been further work towards the level 3 training for adults following the NHS Intercollegiate Document on safeguarding. Safeguarding adults level 1: Wakefield total (2018) 96.88% (2019) 96.97% Safeguarding adults level 2: Wakefield total – (2018) 89.43% (2019) 93.90%

Over the past year, the Trust has attained the West Yorkshire Quality Mark around SWYPFT’s response to domestic abuse. The quality mark accreditation also enables access to resources that the safeguarding team are able to utilise to support the roll out of the domestic abuse training.

The Safeguarding Team are actively involved in learning lessons and ensuring the key learning is disseminated. The Safeguarding Team produce briefings to support lessons learned, Safeguarding Adult Reviews and Domestic Homicide Reviews.

The Assistant Director is the Prevent Lead for the Trust. The Trust continues to exceed the target of 85% set by NHS England in relation to compliance with WRAP 3 and this currently sits at 95%. There is an identified representative from SWYPFT for attendance at the Wakefield Channel Panel and Community Safety Partnership meetings.

The Safeguarding Team are actively promoting the ‘Making Safeguarding Personal’ philosophy through training, advice provision and information on the intranet and through the dissemination of audit findings. The re audit of the ‘voice of the adult’ indicated positively that the outcomes and views of the service users were being recorded.

The Safeguarding Team are responsive to new initiatives and have developed a Sexual Safety leaflet. They have included in the Sexual Relationships Policy information from the CQC (2019) on relationships and sexuality. As well as information from the CQC (2018) on sexual safety in mental health inpatient wards within the Trust’s draft Sexual Safety Policy.

There is further work to be undertaken on the Child Sexual Exploitation agenda; including issues of transition. The Trust is currently developing an internal Child Sexual Exploitation Strategy.

Julie Warren-Sykes
Assistant Director of Nursing, Quality
South West Yorkshire Partnership NHS Foundation Trust
10. West Yorkshire Fire and Rescue Service

West Yorkshire Fire and Rescue Service has a duty of care to report all situations where a safeguarding issue has taken place, is threatened or where an omission of care has been identified or is suspected.

WYFRS staff receive safeguarding training on a regular basis and we are currently working with West Yorkshire Police to look at a new multi-agency safeguarding education package. We will respond to any cause for concern in line with our Safeguarding Procedure and in line with the ‘Joint Multi-agency Safeguarding Adult’s Policy and Procedures’, West Yorkshire, North Yorkshire and York (2018).

Our decision to raise a cause for concern or safeguarding referral should be made, wherever possible, in conjunction with the person concerned if they have the capacity to contribute to the decision.

Where an adult is not subject to abuse but is at risk, perhaps due to self-neglect, and may benefit from further engagement with support or care agencies we will, with permission, access suitable support through our existing referral pathways or through direct referrals as appropriate.

We will always seek agreement and permission prior to raising a cause for concern and will be open in our reasons for concern. We will have regard to the person’s views, wishes, feelings and beliefs in deciding on any action recognising that they may be ambivalent, unclear or unrealistic about their personal circumstances. We will always contact the appropriate emergency service if someone is in immediate danger. Our safeguarding policy is published on our website.

We will work together with others to prevent and stop the risks and experience of abuse or neglect arising and to access suitable support when it does. We review our partnerships regularly to ensure the systems and processes in place are effective.

Any information gathered by WYFRS staff is recorded securely at the earliest opportunity and Information is shared on a need to know basis both within the organisation and with others. People are able to access their data and information by request in line with current Data Protection legislation.

Our internal safeguarding procedure ensures that all those affected by or subject to a cause for concern are treated fairly and with respect regardless of their faith, disability, gender identity, sexual orientation or race.

The District Prevention Manager continues to support both the Adults and Children Safeguarding Boards. WYFRS remains committed to its ambition of making West Yorkshire Safer and with the delivery of Safe and Well visits within our local communities strives to keep individuals safer, healthier and to remain as independent within their own homes for as long as possible.

Donna Wagner District Prevention Manager
West Yorkshire Fire and Rescue Service
11. West Yorkshire Police

Wakefield Police are committed to safeguarding vulnerable people and being victim centred in all that we do. Our vision remains ‘to deliver the best policing services we can with the resources we have to protect the vulnerable and keep the communities of Wakefield safe.’

Safeguarding is therefore one of our key District priorities and we are committed to working more effectively with partners to achieve this.

In 2019 we have renewed our commitment to growth within the Adult Safeguarding Unit by increasing the number of Detective Sergeants by two and constables to 36. More importantly, we have implemented a structured plan to introduce students to the department incorporating 6 new students at a time for 6 months into the arena. This ensures that safeguarding skills and knowledge, are adopted early in the career of police officers with the safeguarding of the most vulnerable at the heart of this learning.

The Adult Safeguarding Unit at Wakefield has responsibility for investigating allegations of physical abuse, domestic abuse, sexual abuse, financial abuse and neglect of vulnerable adults, whether they are living in a care setting or at home. This includes allegations of honour based violence, modern slavery and human trafficking. Where there are both adult and child victims, the Adult Safeguarding Unit works closely with the Child Safeguarding Unit.

A requirement to professionalise investigations in Adult Safeguarding has meant that a significant number of staff have been trained through the trainee investigators programme. This is supplemented by a bespoke training schedule, designed and delivered within the district with the support of partners. Key areas of daily business such as financial abuse, honour based abuse, self-neglect and mental capacity form part of the training, which has been very well received.

The Adult Safeguarding Unit at Wakefield District also works closely with the Local Authority Adult Safeguarding Team and the voluntary sector to deliver a professional, supportive response to safeguarding issues including to some of the most complex of cases. There is regular communication between the respective teams which forges close working relations. There is documented evidence of working together to safeguard the vulnerable throughout 2018 which has resulted in significant convictions and the safeguarding of many.

Joined up working with the Integrated Offender Management Programme ensure that perpetrators are managed through rehabilitation and disruption in accordance with licence conditions and working with other partners.

As members of not only the Safeguarding Adult Board but also the Domestic Abuse Management Board, Wakefield Police continue to review the domestic abuse provision within the district to ensure timely, effective interventions are available to all victims of domestic abuse. Our Daily DRAM (Daily Risk Assessment Meeting) and regular MARAC meetings ensure that victim risk is addressed and robust partnership interventions are activated.

The introduction of dedicated domestic abuse cars occupied by a police officer and an IDVA have been a resounding success. Therefore, following consultation WYP and WDDAS have launched a daytime DA initiative which replicates this model.

Positive relationships with Wakefield Children’s services sees the expansion of the Multi Agency Safeguarding Hub (MASH) in mid-April where the Integrated Front Door will be co-located to streamline services, improving efficiency and timeliness of responses to referrals of concerns about vulnerable children. Conversations are in their infancy with regards to expanding this to an Adult MASH which would see equal benefits to the most vulnerable of adults.

Equally Child and Adult Services have committed to a programme to review the needs of vulnerable children as they become adults and ensure that support for their mental health, risk of harm and vulnerabilities are continued.

Closer links to the community, identification training, proactivity and successful prosecutions have all contributed to an increased reporting of crimes involving victims with vulnerable and complex needs. This provides a significant challenge to the organisation. Whilst the district is confident it currently has the capability to meet the needs of vulnerable adults which require police assistance, this increasing demand is challenged by ever decreasing capacity due to financial budgetary constraints. We have due cognisance of this situation and recognise that the requirement to work closely with our other partners is essential to adequately safeguard.

Benn Kemp
Detective Chief Inspector, Wakefield District
12. Care Quality Commission

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

People have a right to expect safe, good care from their health and social care services.

Our current model of regulation

<table>
<thead>
<tr>
<th>REGISTER</th>
<th>MONITOR, INSPECT AND RATE</th>
<th>ENFORCE</th>
<th>REGISTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>We register those who apply to CQC to provide health and adult social care services</td>
<td>We monitor services, carry out expert inspections, and judge each service, usually to give an overall rating, and conduct thematic reviews</td>
<td>Where we find poor care, we ask providers to improve and can enforce this if necessary</td>
<td>We provide an independent voice on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders</td>
</tr>
</tbody>
</table>

CQC State of Care Report 2017/18

State of Care is our annual assessment of health and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

This year’s report finds that most people in England receive a good quality of care. Our ratings show that quality overall has been largely maintained from last year, and in some cases improved, despite the continuing challenges that providers face.

CQC’s role and responsibilities in safeguarding

Safeguarding is a key priority for CQC and people who use services are at the heart of what we do. Our work to help safeguard children and adults reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 and to have regard to the need to protect and promote the rights of people who use health and social care services.

There is more information about our role and approach to safeguarding here where there is our Inspector handbook for Safeguarding and the CQC Statement on our role and responsibilities in safeguarding people http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people
### Wakefield – CQC Sector data

Number of active locations, with ratings and where the CQC has taken regulatory action.

Number of active registered locations in Wakefield
Source: *CQC database as at 31 May 2019.*

<table>
<thead>
<tr>
<th>Location Inspection Directorate</th>
<th>Number of Active Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care</td>
<td>148</td>
</tr>
<tr>
<td>Hospitals</td>
<td>22</td>
</tr>
<tr>
<td>Primary medical services</td>
<td>96</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>266</strong></td>
</tr>
</tbody>
</table>

Number of active locations in Wakefield and overall ratings, comparison with region and national ratings.

<table>
<thead>
<tr>
<th>Local Authority/Region</th>
<th>Location Inspectorate</th>
<th>Number of Active Locations with Latest Overall Ratings</th>
<th>Total Number of Active Locations with Latest Overall Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Outstanding</td>
<td>Good</td>
</tr>
<tr>
<td>Wakefield</td>
<td>Adult social care</td>
<td>3</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>Hospitals</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Primary medical services</td>
<td>3</td>
<td>35</td>
</tr>
<tr>
<td><strong>Wakefield Total</strong></td>
<td></td>
<td><strong>6</strong></td>
<td><strong>143</strong></td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>Adult social care</td>
<td>52</td>
<td>1,650</td>
</tr>
<tr>
<td></td>
<td>Hospitals</td>
<td>10</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>Primary medical services</td>
<td>28</td>
<td>633</td>
</tr>
<tr>
<td><strong>Yorkshire &amp; Humber Total</strong></td>
<td></td>
<td><strong>90</strong></td>
<td><strong>2,357</strong></td>
</tr>
<tr>
<td>National</td>
<td>Adult social care</td>
<td>840</td>
<td>18,323</td>
</tr>
<tr>
<td></td>
<td>Hospitals</td>
<td>140</td>
<td>871</td>
</tr>
<tr>
<td></td>
<td>Primary medical services</td>
<td>321</td>
<td>6,192</td>
</tr>
<tr>
<td><strong>National Total</strong></td>
<td></td>
<td><strong>1,301</strong></td>
<td><strong>25,386</strong></td>
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</tbody>
</table>
## Number of Active Locations in Wakefield Local Authority with Regulatory Actions

<table>
<thead>
<tr>
<th>Location Inspection Directorate</th>
<th>Cancellation of Registration</th>
<th>Compliance action</th>
<th>Impose a condition</th>
<th>Recommend Fixed Penalty</th>
<th>Requirement notice</th>
<th>Urgent Imposing condition</th>
<th>Urgent Variation of condition</th>
<th>Vary a condition</th>
<th>Warning notice</th>
<th>Total Number of Active Locations with Regulatory Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care</td>
<td>35</td>
<td></td>
<td>71</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>19</td>
<td></td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>4</td>
<td></td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Primary medical services</td>
<td>12</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
<td></td>
<td><strong>81</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>22</strong></td>
<td></td>
<td><strong>104</strong></td>
<td></td>
</tr>
</tbody>
</table>

CQC National Office
13. Yorkshire Ambulance Service

YAS serves a population of more than five million people and covers 6,000 square miles of varied terrain from the isolated Yorkshire Dales and North York Moors to urban areas including Bradford, Hull, Leeds, Sheffield, Wakefield and York.

We are commissioned by 23 clinical commissioning groups (CCGs) and, as the only regional healthcare provider, we are ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency services. We employ over 5,000 staff and have over 1,100 volunteers and provide 24-hour emergency care to the region.

The profile of safeguarding children and adults at risk is a key priority across Yorkshire Ambulance Service (YAS). The Safeguarding Team continues to engage and support staff within all departments including the Emergency Operations Centre, A&E Operations, Patient Transport Service and NHS 111 to identify safeguarding priorities to ensure quality patient care.

The Safeguarding Team continues to work Trust-wide, with partner agencies, including commissioners, social care and health partners, to review and improve the quality of the safeguarding service provided by YAS staff.

Extracts from YAS Quality Account 2018/19

14. NHS Wakefield Clinical Commissioning Group

NHS Wakefield Clinical Commissioning Group (CCG) continues to be represented at the Wakefield and District Safeguarding Adults Board (WDSAB) by the organisation’s Independent Nurse who is also Deputy Chair. NHS Wakefield CCG continues with its support to the strategic and operational functions of the board and is represented at the sub groups, with the Designated Nurse for Safeguarding Adults chairing the Quality Intelligence Group (QIG). The WDSAB annual report was presented at the CCG Governing Body in November 2018 and the CCG safeguarding children and adults’ annual report was presented at governing body in January 2019. The CCG again undertook the self-assessment framework and attended a challenge event on 21st February 2019 where assurance was provided to WDSAB on work undertaken and actions for 2019-2020. The CCG works collaboratively with the WDSAB and attends the sub groups, multiagency case file audits and actively participates in all the board events.

During 2018 the CCG continued to work with the Local Authority (LA) on a quality assurance process for care homes in the Wakefield district by developing a residential safety walkabout (RSW) audit app initially based on the NHS Institution 15 steps to Safety. This work has continued to date and the app is being developed with input from the CCG Quality Support Manager and the CCG Senior Engagement Manager. The CCG also worked with Social Care Direct (SCD) to develop a new pathway to share information that both SCD and the Adult Safeguarding Team (AST) hold about quality issues with providers commissioned by Wakefield CCG and this intelligence is shared at the CCG QIG.

The CCG is to seek assurance re safeguarding standards for GP practices by the use of a GP self-assessment document to be rolled out across Wakefield practices starting April 2019. Regular information including education events, resources relating to safeguarding adults are sent out to GP practices via the Primary care weekly newsletter and GP safeguarding leads on a regular basis.
The CCG continues to work with and seek assurance on safeguarding practice from the NHS services it commissions and the CCG Designated Safeguarding Nurses work in partnership with NHS provider service safeguarding leads across Wakefield, Yorkshire Ambulance Service (as the lead commissioner) and NHS England. Contracts for commissioned services continue to contain safeguarding standards.

The CCG safeguarding team continue to ensure robust policies and procedures are available to CCG staff and a new policy ‘Managing safeguarding allegations against staff’ was completed and approved during 2018. A standalone Prevent policy is also under development.

Information continues to be made available for CCG staff and primary care staff via the intranet site Skyline. This provides access to a wide range of safeguarding information, policies, procedures, guidance, training, videos, and links to other websites. This has continued to be developed and reviewed throughout the year. A safeguarding site is available on the internet that members of the public can access.

As a result of the publication of the new Safeguarding Adults Intercolligate Document: Roles and Competencies for Health Care Staff a new training strategy has been written which was approved at the Integrated Governance Committee in March 2019. This strategy will be available for CCG as well as primary care staff.

Chief Nurse and Executive Lead for Safeguarding Adults
Jane Wilson
Designated Nurse for Safeguarding Adults
Karen Charlton
Deputy Designated Nurse for Safeguarding Adults
NHS Wakefield CCG

15. Independent Care Home Representative

The aim within our care homes is to ensure our resident are empowered and involved in all aspects of their care, they are treated with dignity and respect, safeguarded from harm or abuse and receive person centred care to ensure they live in a safe, non-threatening and abuse free environment. We have a zero tolerance approach to abuse and neglect and in doing so ensure that safeguarding the rights of adults at risk of abuse is integral to all we do.

Residents are always involved in decision making in all aspects of their lives, which enables positive risk taking to maximise control over their lives. When a resident is unable to make a decision due to lack of capacity, we work within the framework of the Mental Capacity Act 2005.

We make safeguarding personal, putting the residents at the forefront, working with them in identifying and striving to achieve their desired outcomes. We ensure that we are open, transparent and learn when things go wrong. Lesson learnt are shared and applied. We seek ways to continually improve and put changes into practice and sustain them.

Care Homes work closely with our colleagues within the multi – disciplinary team to ensure residents are safeguarded appropriately.

All staff employed within the care homes have an individual responsibility to safeguard and promote the welfare of residents and know what to do if they are concerned that a resident is at risk of being abused or neglected. Staff are highly skilled at recognising when residents are at risk of abuse or feel unsafe, and they are comfortable and proactive when challenging and reporting unsafe practice. Staff have a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse. All staff receive annual in house training, they are also offered the opportunity attend external training on adult safeguarding. A number of staff have attended safeguarding events facilitated by the Safeguarding Adults Board.

Residents and staff are activity encouraged and empowered to raise concerns. There are no recriminations when they do so. It is seen as a normal and desirable part of day to day practice.

Residents are provided with a range of accessible information about how to keep themselves safe and how to report any issues of concerns. This information is on prominent display within the care homes and is easily accessible.

Caroline Walters
Director of Care, Warmest Welcome Ltd
ISGL Member
Spectrum Community Health CIC is a social enterprise, established in 2011, that delivers a range of community and offender healthcare services on behalf of the NHS and Local Authority Public Health services. Spectrum provides specialist services to the most vulnerable populations across the North of England and includes substance misuse and integrated sexual health services, and healthcare within secure environments. Spectrum services in Wakefield include: Wakefield Integrated Sexual Health, Inspiring Recovery (in partnership with Turning Point), West Yorkshire Finding Independence (WYFI), Domestic Abuse Navigators, Relationships and Sexual Education, Child Sexual Exploitation support worker and Spectrum People which is an independent charity to promote social inclusion for vulnerable adults, set up in February 2013 by Spectrum Community Health CIC – UK Registered Charity No. 1152437.

Spectrum is committed to safeguard adults who may be at risk of abuse and neglect as defined in the Care Act (2014). Robust adult safeguarding policies and practice guidance are in place which are consistent with relevant legislation and local and national multi agency safeguarding procedures. The last 12 months has seen the development of a Mental Capacity Act policy and a Managing Safeguarding Allegations against Staff policy.

The safeguarding business plan has now been fully implemented and there is a Named Nurse Safeguarding, Named Doctor Safeguarding and a Safeguarding Lead in place. This has ensured that there is more capacity to respond to safeguarding issues as they arise and will also allow for transformational work streams to be developed in the coming year. Safeguarding incidents are reported through Ulysses and managed by the Named Nurse who uses this opportunity to provide safeguarding advice, support and scrutiny. Safeguarding incident reporting continues to increase and this has been a direct result of a targeted approach to raising awareness and the availability of safeguarding support, advice and supervision.

All Spectrum Staff receive Safeguarding Adult training according to their job role. This has been reviewed following the publication of the Safeguarding Adults: Roles and Competencies for Health Care Staff (2018) and a plan is being developed to ensure all Spectrum staff requiring level 3 training will gain the competencies as stated in the guidance. Since the previous annual report Spectrum has expanded to include:

- Primary care within HMP Liverpool
- North Yorkshire Liaison and Diversion Team
- Wakefield and Barnsley Child Sexual Exploitation Support Worker
- Wakefield Domestic Abuse Navigators

Spectrum’s Safeguarding Forum provides a medium to disseminate National and Local Safeguarding knowledge and best practice in addition to sharing important lessons learnt. The Safeguarding Forum plays a necessary and important role within safeguarding quality assurance and is testimony of the importance that is given to Safeguarding within Spectrum.

Louise Bertman Named Nurse Safeguarding Children & Adults Spectrum CIC
17. NHS England

NHS England has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from abuse or the risk of abuse and support the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT (preventing violent extremism / radicalisation).

Leadership and development:

- NHS England commissioned the NHS Leadership Academy to deliver 150 places for safeguarding designated professional to undertake the Mary Seacole programme.
- Safeguarding supervision skills training commissioned with 80 safeguarding designated professionals already completed with a further 48 in progress.
- Me First Conversations about concerns – 240 staff trained and a further 15 days currently being delivered (25-50 staff per day). In addition, a bespoke course for staff working in learning disability services has been commissioned for up to 125 staff.
- Mental Capacity Act (MCA) Masterclasses – 110 delegates including GPs.

Learning events & conferences:

- A north annual conference/learning event for Designated/Named Nurses/Leads was delivered across the North, the theme was ‘Adverse Childhood Experiences – The lifelong impact’
- Named GP Conference/Learning Event. The Theme “What are we missing”.
- County Lines Conference/Learning Event.
- A Yorkshire and Humber learning event for designated professionals was delivered in October 2018. The theme was learning from serious case reviews and how to influence the new NHS landscape.

NHS England Yorkshire & the Humber mandatory safeguarding training compliance for this reporting period was above target at 96%.

NHS England - North (Yorkshire and the Humber)

18. Healthwatch Wakefield

Local Healthwatch was established in April 2013 by the Department of Health with an aim to strengthen the collective voice of local people across both health and social care, influencing Joint Strategic Needs Assessments and joint health and wellbeing strategies on which local commissioning decisions will be based. The funding for local Healthwatch comes through local authorities and organisations have developed nationally in different ways.

In April 2016 Healthwatch Wakefield became an independent charitable company limited by guarantee. We have robust safeguarding policies and procedures and a zero tolerance approach to abuse of any description. Staff are made well aware of their rights and responsibilities in relation to safeguarding, and we also offer safeguarding training and information to our volunteers.

Healthwatch Wakefield, although not a provider organisation, does through the nature of its work occasionally encounter safeguarding issues when looking into health and social care provision. All staff are aware of the processes they should follow in those circumstances and we have built good relationships with partner organisations to pass on intelligence in relation to any concerns we may have with providers. Our place on the WDSAB helps give Healthwatch Wakefield a broader perspective of safeguarding issues within the district, which supports our intelligence reports to commissioners.

We have also been tasked by the WDSAB to provide service user stories and other local intelligence about people’s experiences of safeguarding, which we welcome.

Nichola Esmond
Chief Executive
19. Learning Disability & Autism Partnership Board Report

This past year the Learning Disability and Autism Partnership Board (LDAPB) has taken some time to review the work it does and how we can encourage more service users and carers to get involved.

The LDAPB has agreed that it will have less Board meetings and instead have some themed workshops open for lots more people to attend. One of the themes for this year was around Staying Safe sponsored by the Adults Safeguarding Board.

The LDAPB continue to support the work on Transforming Care working in partnership with Barnsley, Kirklees, and Calderdale looking at getting people with learning disability and autism out of long stay hospital or treatment and assessment placements and ways to prevent admissions where possible.

Work continues on improving the health and well-being of people with learning disability through health checks and hospital VIP scheme and learning from the Learning Disability Mortality Review, LeDeR programme.

The LDAPB has set its key areas to look at next year and includes the need to do more work for people on the Autistic Spectrum and without a Learning Disability.

Nicola Pearce
Transformation Team Manager
Wakefield Council

20. WDH

As Wakefield district’s largest social housing provider, it is our commitment to invest in people, properties and places to create healthier, greener, safer, sustainable and confident communities. Working towards our next milestone to become an enterprise with social impacts through developing a model for sustainable living in mixed tenure communities, presents significant change and challenges. Empowerment, prevention, protection and partnership working are integrated into our everyday work to achieve this milestone and build confident communities and people.

Safeguarding awareness continues to play an important role in developing the skills of our employees. A year-long safeguarding training programme was launched in January with the mandatory Safeguarding Awareness training being cascaded across the organisation. Our guidance and reporting tools have been revised to ensure that concerns raised, are acted upon with urgency and due diligence.

Employees have participated in events facilitated by the Safeguarding Adults Board and Wakefield Council including Partnership training, Suicide Intervention and Working with self-neglect.

Over the year, we have strengthened key partnerships to improve community safety within Wakefield district including meetings with the Youth Offending Team, financial contributions to Victim Support and co-delivery of the ‘Choices’ programme educating school pupils over risk and consequences of antisocial behaviour. In 2018, we agreed to fund two Police Community Support Officer posts.

We continue to offer volunteering opportunities for employees including Dementia Friends, Befriending and Digital Angels. We have an additional two Dementia Champions. Our 10 Befrienders are on hand to meet with vulnerable tenants to help them to build their social network through community groups. With the help of our Digital Angels, 78 residents have been supported to become digitally active this year. These 30 trained volunteers offer scheduled training sessions at our independent living schemes and one-to-one sessions.
We are actively involved in a number of multi-agency groups where information is shared between partners to develop co-ordinated support around safeguarding.

Working closely with the Wakefield District Domestic Abuse Service (WDDAS), we help signpost tenants and families who are at risk of domestic abuse and require specialist support. From April 2018 to February 2019, we dealt with 128 cases of domestic abuse and attended all MARAC’s and DARIM’s where multi-agency action plans are developed to reduce risk of further harm.

Last year our Safeguarding Procedures came under intense scrutiny as part of an internal audit process. We are pleased to report that no significant risks were identified with any of our processes around safeguarding.

Our three service access points and Hub are designated Hate Incident Reporting Centres. From April 2018 to February 2019, we dealt with 58 Hate incident cases and ensured that support was provided. We attended all quarterly Wakefield District Strategic Hate Crime Group Meetings.

We will continue to place safeguarding at the forefront of our activities by emphasising that the responsibility to safeguard all vulnerable children and adults lies within us all. We look forward to another successful year strengthening partnerships to achieve our vision of confident communities.

Tertia Johnson
Learning and Development Advisor
WDH
Appendix A – Performance Dashboard

Summary of the Safeguarding Procedures

All safeguarding concerns must be reported to Social Care Direct (SCD) where the Adults Triage Team screen for Section 42 eligibility / immediate safety needs.

If the section 42 eligibility criteria is met (adult with care and support needs / subject to abuse or neglect / cannot protect themselves from the abuse or the risk of it) then in most cases SCD will make proportionate enquires into the concern and if satisfied that appropriate responses and plans are in place to manage the risk, the enquiry will usually close at this stage.

The majority of referrals dealt with and closed at SCD which are recorded as a Section 42 enquiry are related to medication errors or issues between residents resulting in no harm. The Service Provider or person / organisation raising the concern may have already addressed the problem to minimise risk and a safeguarding plan may have been put in place, which means that no further work is required. If SCD are satisfied this addresses the risk, the enquiry ends at this point. As part of their enquiry process, SCD will ensure that wherever possible the adult and or representative are consulted by the provider to include them in the decisions taken to keep them safe.

If, following their initial enquiries, more in-depth work is required the enquiry will be transferred to the Adult Social Care (ASC) Safeguarding Team to progress.

The ASC Safeguarding Team will ensure that proportionate action is taken on safeguarding enquiries, liaise where necessary with the police and that employers follow their HR procedures for allegations against staff. An important part of their role is to work with the adult or their representative to agree the outcomes they want any enquiry to achieve and work towards achieving those outcomes.

Whilst efforts are made to agree realistic and achievable outcomes with adults and / or their representatives, the outcomes they want are recorded and at the end of the procedures assessed as to whether they have been achieved. Sometimes it is not possible to achieve the desired outcomes i.e. a criminal prosecution where this cannot be progressed.

Running alongside achieving outcomes is the management of risk. There is a starting presumption that all adults have the capacity to take decisions about their own lives (and there is a requirement to provide support for those who do not have that capacity). Adults may make decisions that professionals might not agree with - for instance about their relationships - but the task is to work alongside people to help them manage and minimise risk rather than limiting their freedom of choice in order to eliminate risk completely.

These concepts, which are central to adult safeguarding, are encompassed in the initiative called Making Safeguarding Personal. This is a programme of work, supported by the Local Government Association and the Association of Directors of Adult Social Services, designed to promote and share good practice and to embed a person-centred approach to adult safeguarding.

It is important to recognise that Making Safeguarding Personal is the way forward for all partners - the Police, the Health Services and care providers - and the Board is continuing to champion these changes across the whole system.

The recording system for adult safeguarding therefore encompasses measurements for achieving outcomes and managing risk. A satisfaction survey is also completed with adults or their representative about their experiences during the safeguarding process and this is also included in the performance report.

Additionally there are two relevant questions asked in the Adult Social Care Annual Survey regarding how safe people feel. The results of this survey are published nationally in the Adult Social Care Outcomes Framework (ASCOF) and also the Local Account. Whilst the survey does not relate to safeguarding per se, just to people who use services, the results are a measure of how people feel in the district generally. Results for Wakefield from the 2018-19 survey are as follows:

**72.8%** of service users said that they felt safe. This demonstrates a further positive increase for Wakefield and we compare favourably against other Councils - being higher than the average figure for England, Yorkshire & Humber and our comparator group of Councils (Based on the latest benchmarking data available).

**88.0%** said that services had made them feel safe and secure. This is a slight reduction from the previous year’s outturn but we are still performing better than the England average (Based on the latest benchmarking data available).
Adult Safeguarding in Wakefield - One Page Summary

**Safeguarding Concerns**
2728 concerns were received – Slight increase on last year

**Number of Completed S42 Enquiries**
2018/19 – 1553

**Conversion Rate: Concerns to S42 Enquiry**
2697 - 1421 = 53%

**Completed S42 Enquiries**

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<th>Location of Abuse</th>
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<td>Care Home</td>
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</tr>
<tr>
<td>Nursing Home</td>
<td>12%</td>
</tr>
<tr>
<td>Own Home</td>
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</tr>
<tr>
<td>Health Setting</td>
<td>8%</td>
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<tr>
<td>Community Setting</td>
<td>13%</td>
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<tr>
<td>Other Settings</td>
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**Concerns to S42 Enquiry**

<table>
<thead>
<tr>
<th>Breakdown of Completed S42 Enquiries</th>
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<tbody>
<tr>
<td>Social Care Direct</td>
</tr>
<tr>
<td>Safeguarding Team</td>
</tr>
</tbody>
</table>

**Types of Signposting / Finalisation Activity for Concerns Not Progressing to S42 Enquiries**

- No Care and Support Needs
- No Evidence of Abuse / Neglect
- Referral for Care Needs Assessment
- Referral to Drug / Alcohol Services
- Referral to Domestic Abuse Service

**Female**
- 1442
- 19% 18-64
- 36% 65+

**Male**
- 1178
- 24% 18-64
- 21% 65+

**Risk Identified and Action Taken**
- 2% Risk Remained
- 71% Risk Reduced
- 27% Risk Removed

**MSP**
- 57 People Surveyed...
  - 98% Gave Outcomes
  - 92% Were Satisfied
  - 92% Felt treated well
  - 88% Felt listened to
  - 88% Felt Informed
  - 86% Understood
  - 90% Felt Safer

**Types of Abuse**
- 4% Sexual
- 33% Physical
- 8% Psychological / Emotional
- 11% Financial
- 41% Neglect
- 3% Other

**Outcomes**
- 84% Fully Achieved
- 14% Partially Achieved
- 2% Not Achieved