

Chelsea and Westminster Hospital NHS Foundation Trust

Safeguarding Annual Report

2023/24



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1. Introduction

This Annual Report highlights the work undertaken by Chelsea and Westminster Hospital NHS Foundation Trust (CWHFT) in respect to its commitment and responsibilities in maintaining the safety and protection of those at risk of abuse and neglect. The report covers both adult and children safeguarding.

CWHFT is required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver. Safeguarding is firmly embedded within the core duties and statutory responsibilities of all organisations across the health system.

This requires all staff to recognise their individual responsibility to safeguard and promote the welfare of all and are equipped to fulfil this task, and the Trust is committed to support them in this. NHS trusts must assure that safeguarding is embedded at every level in their organisations.

This report covers the period from April 2023 to March 2024 and provides assurance that systems are in place to ensure that patients using Trust services are effectively protected, and that staff are supported to respond appropriately, where safeguarding concerns arise.

The purpose of this report is to:

- Provide an overview of the adult safeguarding activity at CWHFT in 2023/24
- Provide an overview of the children's safeguarding activity at CWHFT in 2023/24
- Provide assurance that CWHFT is compliant with its safeguarding duties
- Provide assurance that CWHFT is using data to drive improvements
- Provide assurance on the effectiveness of the Joint Safeguarding Group

1.1 Adult Safeguarding

CWHFT responsibilities include ensuring staff have access to appropriate training, advice, support, and supervision in relation to The Care Act (2014), the Mental Capacity Act (2005), and the Prevention of Terrorism Act (2005). CWHFT complies with the Care Act 2014 and NHS Guidance by having in place Leads for Adult Safeguarding to ensure the Trust fulfils its legal duty towards adults at risk of harm or abuse. There is a Safeguarding Statement available on the Trust website as well as on the internal intranet for staff.

The Care Act (2014) defines Safeguarding duties for Local Authorities apply to an adult who:

- Has need of care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of abuse or neglect: and
- As a result of those care and support needs is unable to protect themselves from either risk of, or the experience of abuse and neglect

The Adult Safeguarding Team work together to:

- Ensure the Trust has safeguarding arrangements in place as defined by the Care Act (2014).
- Ensure that the process of protecting adults with care and support needs is integral to all health care provision within the Trust.
- Ensure that 'Making Safeguarding Personal' is central to the way staff respond to people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others.
- Implement National and Local guidance to safeguard adults and play an integral part in the Safeguarding Adults' Boards convened under the Care Act by partner Local Authorities.

1.2 Children's Safeguarding

The Children Act (1989 and 2004) and Working Together to Safeguard Children (2023) specify that the Trust Board has a legal responsibility to safeguard and promote the welfare of children and young people.

All staff within the organisation has a statutory responsibility to safeguard and protect all children and families who access our care. Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment

- Preventing impairment of children's health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes
(Working Together To Safeguard Children, 2023)

2. Governance

The CWHFT Chief Nursing Officer is the executive lead responsible for ensuring that the Trust complies with its statutory duty for safeguarding. The Joint Safeguarding Group is a sub-group of the Trust Quality Committee and reports to the committee on a quarterly basis.

The Joint Safeguarding Group brings together all functions of safeguarding including adults, children's, maternity, learning disability and autism, prevent, domestic abuse and mental health. The group is chaired by the Deputy Chief Nurse and encompasses both internal stakeholders as well as the named designates from the Integrated Care System (ICS). The group is responsible for ensuring there are systems in place to recognise and support those both at risk of abuse and those who are experiencing abuse as per our statutory function.

The purpose of the joint safeguarding group is to provide a Trust overview of the safeguarding systems and processes and ensure that this agenda remains core to the Trust's values and that the Trust remains compliant with all statutory and regulatory requirements.

The Joint Safeguarding Group aims to ensure the Trust meets all of its statutory obligations regarding safeguarding by:

- Reviewing and analysing data to target improvement focus
- Support a culture of continuous learning
- Work with external partners to support vulnerable at risk
- Drive staff knowledge and education to identify safeguarding risks and manage them to deliver safe and effective care

The objectives of the Joint Safeguarding Group are:

- To monitor the effectiveness of the Trusts safeguarding agenda encompassing all of the safeguarding functions
- To ensure the associated improvement action plan is informed by themes arising from Trust and local data
- To review and implement national best practice guidance
- To ensure participation in local, regional and national audit programmes and to ensure the outputs of these are used to inform the safeguarding improvement programme
- To support staff knowledge and inform education programmes to enable them to consistently provide evidence based practice
- To ensure Trust policy for all safeguarding functions are reflective of national guidance and best practice and to monitor the effectiveness of the policy utilisation
- To work with local partners to ensure that safeguarding functions are effective outside of the Trust boundaries to support the local communities we serve

The following functions report to the Joint Safeguarding Group:

- Adult Safeguarding including prevent
- Children's Safeguarding
- Maternity Safeguarding
- Learning Disabilities
- Mental Health
- Domestic Abuse

The following standing updates are received by the group:

- ICS Designate update

- MCA and DOLs
- Human Rights
- Female Genital Mutilation (FGM)
- Restrictive Practice
- Supervision

The Safeguarding Health Outcomes Framework (SHOF) forms the fundamental basis for the group for which there are seven standards as well as a hot topic which is given to us by the ICS designates.

Figure 1: Safeguarding Health Outcomes Framework (SHOF) Standards

SAFEGUARDING HEALTH OUTCOME FRAMEWORK (SHOF) STANDARDS	
STANDARD	
	Hot Topic (different each quarter)
1	Leadership and Workforce
2	Training in Adults & Children Safeguarding & Workforce (eligible staff up to date with)
3	Safeguarding Supervision(Adults & Children) & Workforce
4	Partnership Working & Workforce
5	Responding to Wider Social Issues & Vulnerable Groups (including MCA, DoLS) for Adults & Children
6	Learning from Serious Incidents to improve Safeguarding
7	Adult Issues and Early Help (including reducing restrictive practice)

3. Organisational Principles

The Trust’s Human Resource Department governs safe recruitment practices. All staff newly employed and those in substantive posts are subject to:

- Pre-employment checks: Disclosure and Barring Service (DBS) checks at enhanced level. This includes contractors and volunteers working on site.
- To provide quality assurance staff files are checked periodically by HR.
- There is a mandatory safeguarding training plan in place for Trust employees with compliance monitored electronically.
- All staff complete online training at level 1, clinical staff complete online training level 2.
- Identified appropriate staff receive face to face level 3 training; this is delivered by the safeguarding team with input from multi-agency professionals.
- Access to Level 3 via Teams and e-learning for health training is available for staff and has continued to be accessed during mandatory training sessions. In addition the named professionals provided bespoke Safeguarding Level 3 face to face training and also via teams.
- The teams work towards a “Think Family” approach across the safeguarding functions

4. Safeguarding Accountability and Assurance Framework

The Safeguarding children, young people and adults at risk in the NHS: safeguarding accountability and assurance framework (SAAF) clearly sets out the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations.

The Trust is fully compliant with all elements of the SAAF with the exception of one whereby it is partially compliant as detailed below. The element where the Trust is partially compliant forms a key objective for the Team in 2024/25.

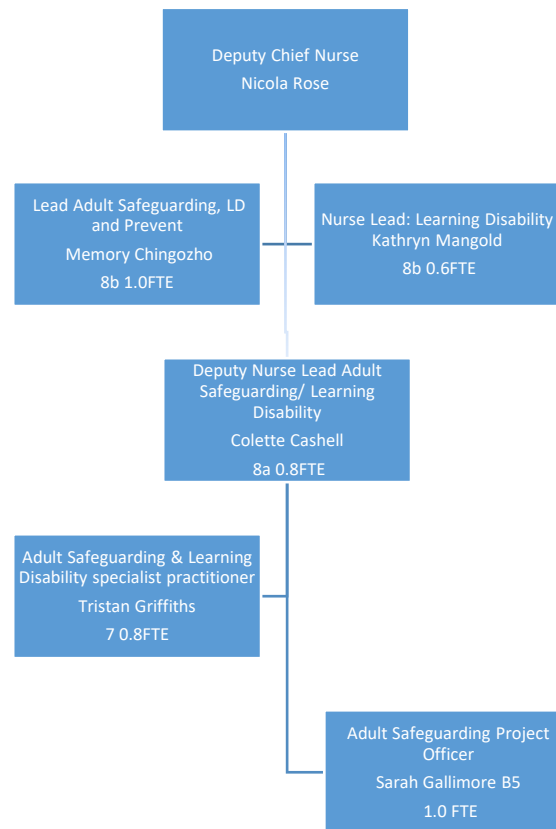
Detail	Compliance Rating	Actions
the contractual requirements as laid out in Schedule 32 of the NHS Standard Contract	Compliant	
identification of a named nurse, named doctor and named midwife (if the organisation provides maternity services) for safeguarding children	Compliant	
identification of a named nurse and named doctor for children in care	Compliant	
identification of a named lead for adult safeguarding and a Mental Capacity Act (MCA) lead – this role should include the management of adult safeguarding allegations against staff	Compliant	
safe recruitment practices and arrangements for dealing with allegations against staff	Compliant	
provision of an executive lead for safeguarding children, adults at risk and Prevent	Compliant	
an annual report for safeguarding children, adults and children in care to be submitted to the trust board	Compliant	
a suite of safeguarding policies and procedures that support local multi-agency safeguarding procedures	Compliant	
effective training of all staff commensurate with their role and in accordance with the intercollegiate safeguarding competencies	Compliant	
safeguarding must be included in induction programmes for all staff and volunteers	Partially Compliant	Learning disabilities is included in corporate induction – this will be amended in 2024/25 to cover all safeguarding functions.
providing effective safeguarding supervision arrangements for staff, commensurate to their role and function (including for named professionals)	Compliant	
developing an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing	Compliant	
developing and promoting a learning culture to ensure continuous improvement	Compliant	
policies, arrangements and records, to ensure consent to care and treatment is obtained in line with legislation and guidance	Compliant	

5. Adult Safeguarding

5.1 Adult Safeguarding Team Function

The Lead Adult Safeguarding, LD and Prevent Practitioner leads the adult safeguarding team reporting into the Deputy Chief Nurse. During 2023/24 changes to the team occurred due to voluntary turnover. The team is now fully recruited.

Figure 2: Adult Safeguarding Team Structure



As well as Adult Safeguarding the team has a portfolio which includes learning disabilities and prevent and there is close working with regards to mental capacity and domestic abuse.

5.2 Learning Disability

CWHFT has a Learning Disability Lead, a Deputy Lead and a Practitioner for Learning Disability. This leadership aims to improve care, reduce health inequalities, and prevent premature mortality of people with a Learning Disability and autistic people by supporting early intervention, advising staff and supporting people and their families/carers who use Trust services. The leadership also coordinates contributions to the Learning Disability mortality Review (LeDeR) programme.

The team contributes to delivering local service improvement, learning from the experience of people using the hospital, LeDeR reviews (regional and national levels) about good quality care and areas requiring improvement. There is a separate annual report detailing the work of CWHFT relating to learning disabilities.

5.3 Prevent Duty

Prevent is part of the Government's counter-terrorism strategy Contest, which is led by the Home Office. The Counterterrorism and Security Act (2015) places a duty on NHS Trusts to have due regard to the need to:

- Prevent people from being drawn into terrorism
- Work collaboratively to address risk

The Adult Safeguarding Lead and Deputy provide the Trust Prevent leadership and are the contact point for referrals.

The Adult Safeguarding team completed one Prevent referral during the period of the report. The team supported the referral working with local team to gather information and ensure that any specialist leadership and guidance was present to the team. The team facilitated meetings with local managers and individuals involved. The Trust has a good and focused quality of referrals that focuses on community interventions for the individual concerned.

There is online training which ensures that staff are aware that Prevent activity is not exclusive to adherents of any specific religion or ideology and highlights the growing importance of the far-right terrorist threat. The monthly Regional Prevent Newsletter produced by NHS England & NHS Improvement is published on the Trust Prevent mini-site when it is released to support ongoing evolution of the risks of Radicalisation. The Prevent lead complied the

quarterly Prevent return to NHS England as part of the national assurance programme. The Safeguarding team also attend the NHS England Safeguarding Adult Prevent Provider Forum on a quarterly basis.

The principal reference to the NHS in the Government's updated Counter Terrorism Strategy, Contest: Home Office (June 2018) refers in the main to Mental Health services but Prevent nonetheless remains an important area of the Trust's work.

5.4 Mental Capacity Act

The Mental Capacity Act (MCA) is covered in a separate annual report and the function is managed by the Mental Health Team. There is a Lead Mental Health Nurse, supported by two Deputies. This team is responsible for providing support and advice to clinicians in individual cases, and supervision for staff in areas where these issues may be particularly prevalent and/or complex, as per the Deprivation of Liberty Safeguards (DoLS) legislation under the MCA. However that are times that Mental Capacity and Safeguarding are interconnected therefore it is important that the teams work together to address any of these complex situations. Therefore, the multi-disciplinary team have a collaborative approach to ensure that the individual's well-being and rights are upheld.

5.5 Domestic Abuse

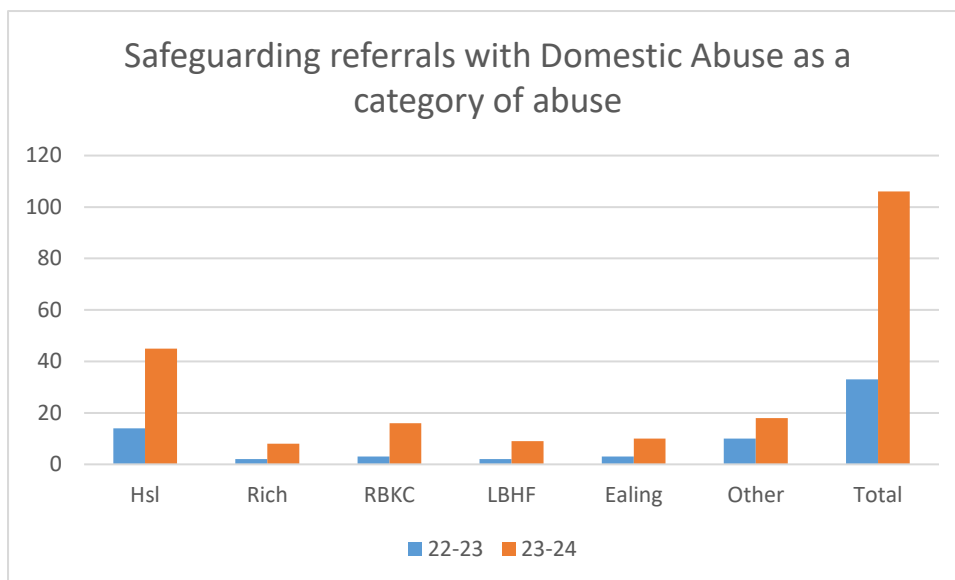
Domestic abuse comprises of any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This includes forced marriage, honour-based abuse and abuse relating to gender identity or sexuality. Partners, ex-partners, and family members, including children under the age of 18, adult children or siblings, can perpetrate abuse.

Whilst the prevalence and impact of domestic abuse amongst patients is acknowledged, it must not be forgotten that these issues also affect our own staff.

The Domestic Abuse Act (2021) has been active and embedded in front line practice by the professionals in the Trust. Staff have been able to identify the Act, included within the Act is an important new clause that acknowledges that children who see, hear, or experience the effects of domestic abuse, who are related to the person being abused or the perpetrator, are also to be regarded as victims of domestic abuse. The staff also acknowledges that Domestic abuse is not just partner who are perpetrators but also individual within the household. The teams are able to implement the 'Think Family Approach' in such cases and involve the safeguarding adults, safeguarding children and Domestic abuse teams.

The Trust has a Domestic Abuse Lead supported by a Domestic Abuse Co-ordinator and a team of Independent Domestic Violence Advisors (IDVAs). However, there are times that the Domestic abuse team and safeguarding team collaborate in order to effectively offer interventions. There has been an increase in the cases that required both teams to work together. With the available data in the team, there are 86 cases involved with Domestic abuse and safeguarding at present and the trend is still on the increase.

Figure 3: Safeguarding referrals with domestic abuse as a category of abuse



It is important to recognise that the teams and departments in the Trust are aware and acknowledge the correct process in raising the concerns and seeking support for the patient to access support. The teams will contact either the Safeguarding team or the Domestic abuse team for consultations.

5.6 Safeguarding Challenges

The integration of the new ways of working with Cerner has been a challenge for the staff as they adapt to the new referral process. There has been a number of sessions with the teams and communications through the trust with the process. However, it is crucial that we acknowledge that there are other departments that do not have frequent referrals hence needs more support is required when raising a safeguarding referral at times.

The size of the team can be a challenge for the team when it is coupled with short staff of for extended periods. However, this has not affected the consultations and advise that will be available to staff in the Trust. However, it has at times been that the team will support the teams remotely to be able to shortness. We will continue to review the team size and responsibilities through the 2024/2025.

The demands on the team and trying to promote the new referral has made it challenging to be able to analysis the data and information into themes and follow the significant trends in the local and national safeguarding. Hence, the implementation of the good practice ate difficult to implement quickly into the trust.

5.7 Adult Safeguarding Newsletter

The Trust Adult safeguarding team's responsibility includes supporting an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing.

With this in mind during 2023/24, the Team have continued with the quarterly newsletter that is distributed and available on the Trust Adult Safeguarding mini-site on the intranet. It has focused this year on learning from statutory reviews and a focus on effective use of the Safeguarding functionality within Cerner. There is news to disseminate to the teams with the learning from thematic reviews with topics such as the fire safety, suicide and neglect. However, there is a plan for the newsletter to be adaptive, include the Learning Disabilities in the 2024/2025, with a monthly publication by the end of quarter 4.

5.8 Learning Development and Training

The Intercollegiate Document Guidance underpins safeguarding training for both adults for Safeguarding Adults, NHS England (2018). The documents describe roles and responsibilities, and details the level of training required. Each level of training requires that staff need to complete a minimum number of hours training over a three-year period and that these training hours can be met by undertaking a variety of different training interventions.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	BOARD LEVEL
Synopsis <i>(full specification within the ICD)</i>	Knowing what things to look out for which may indicate possible harm or abuse, and knowing who to contact and seek advice from within the trust if they have concerns. Identifying when patients are at risk of abuse or are being abused within their usual environments	Competence at this level is about individuals starting to report on the information which may indicate possible harm or abuse and knowing who to contact and seek advice from within the care team if they have concerns.	Competence at this level is about individuals acting on the information which may indicate possible harm or abuse and advice other members of the care team if they have concerns. Making significant contribution to Section 42 Enquiries including clarifying information: undertaking investigations defined within Section 42 Enquiries and appropriate aspects of Adult Safeguarding case management	Contributes as a member of the safeguarding team to the development of strong internal safeguarding/adult protection policy, guidelines, and protocols. Able to effectively communicate local safeguarding knowledge, research and findings from audits and to challenge poor practice. Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections. Works with the safeguarding team and partners in other agencies to conduct safeguarding training needs analysis, knows how to commission, plan, design, deliver	To ensure that the role and responsibilities of the board in relation to safeguarding adults are met. To promote a positive culture of safeguarding across the Board through assurance that there are procedures for safer recruitment; whistle blowing; appropriate policies for safeguarding and that these are being followed; and that staff and patients are aware that the organisation takes adult safeguarding seriously and will respond to concerns about the welfare of individuals.
Scope	All staff	All staff that have regular contact with patients, their families or carers or the public. This is the minim level of competence for all professionally qualified healthcare staff	All staff who regularly contribute to supporting adults at risk of abuse and/or their families / carers. This includes through multiagency safeguarding procedures and assessing, planning, intervening and evaluating the needs of an adult where there are safeguarding concerns indicated within Sections 42 and 44.	This applies to Named Professionals including Doctors, Nurses, Allied Health Professionals, Lead Paediatricians and Consultant/Lead Nurses.	Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/members.
Delivery Mode	E-learning/face-to-face	Face to face /e-learning within Clinical Induction and Mandatory Update programme/Video	1 day face to face course commissioned (includes WRAP)	Blended methods	Blended approach

At the Chelsea and Westminster Hospital there were up to 7000 staff members who are required to undertake level 1 adult safeguarding training via an e-learning training package every 3 years. Five thousand one hundred and eighty three five (5183) staff are required to complete the level 2 adult safeguarding e-learning package.

There are 192 staff requiring level 3 training, in line with the intercollegiate guidance. Level 3 Adult Safeguarding Training is routinely delivered face-to-face and since lockdown via video conferencing technology. All staff new to Level 3 training attend a full day level 3. Half-day updates cover a variety of topics to support this process.

During the period of the Covid-19 pandemic, all face-to-face training was suspended and training continues to utilise e learning and Microsoft teams for L3. The L3 course delivered in this way continues to receive very positive evaluations and the trainer has developed strategies to maintain the relevance and engagement using the technology. This also allows staff greater flexibility in accessing training. There are no plans at present to return to face-to-face during 2024/5. However, that are plans to ensure that all senior personal within the trust have the level three training every three years and the training will be delivered in stages in line with all our counterparts in the North West of London Trusts. The team will review the scope for all training and that staff that will require the level three safeguarding during the 2024/2015. The challenge during this will be resources and availability of staff with managing their clinical responsibilities

The success in reaching compliance for Level 3, Safeguarding and the WRAP programme within the PREVENT agenda has been an ongoing challenge throughout 2023/24. This is despite tireless work by the Project officer in following up individuals and departments with the support of senior safeguarding executive leadership. Hence, extra sessions are commissioned monthly to ensure the flexibility and variety of options for staff. Targeted communications continually being published throughout the year through the Trust bulletin or through the Chief Executive's newsletter. The face-to-face (Online) and E-learning has continue to be positively evaluated by staff who attend. While the focus is attendance on the core Level 3 denominator staff list, the training was popular by staff. In 2023/24, the safeguarding team successfully supported a growing number of nurses where this is not required as their core training to attend. There is total of 182 who attended in 2023/2024 and only 55 has the level three as mandatory. This is showing the professional curiosity and at times complexities of the cases that the staff needs to have knowledge of the appropriate actions.

Discussions have been undertaken to explore options for integrating learning across Child safeguarding, Adult safeguarding, Learning disability, Domestic Abuse and Mental Capacity. This would reflect the complex interaction between vulnerabilities and safeguarding risk in a person and 'Think Family' approach. Positive outcomes have been achieved in terms of developing an understand of learning needs in line with the Intercollegiate document that reflect challenges of mitigating safeguarding risks within the acute sector. This work will continue during 2024/25 with a view to developing provision that addresses learning needs in an effective and productive way.

The Adult Safeguarding team has been successful in its works with getting the Prevent e-learning module; the module is live. The module has seen an increase in its uptake in the Trust as part of the safeguarding training. It is ambition of the safeguarding team that there will be a positive impact on compliance through this work.

Figure 4: Prevent Training Compliance 2021-2024

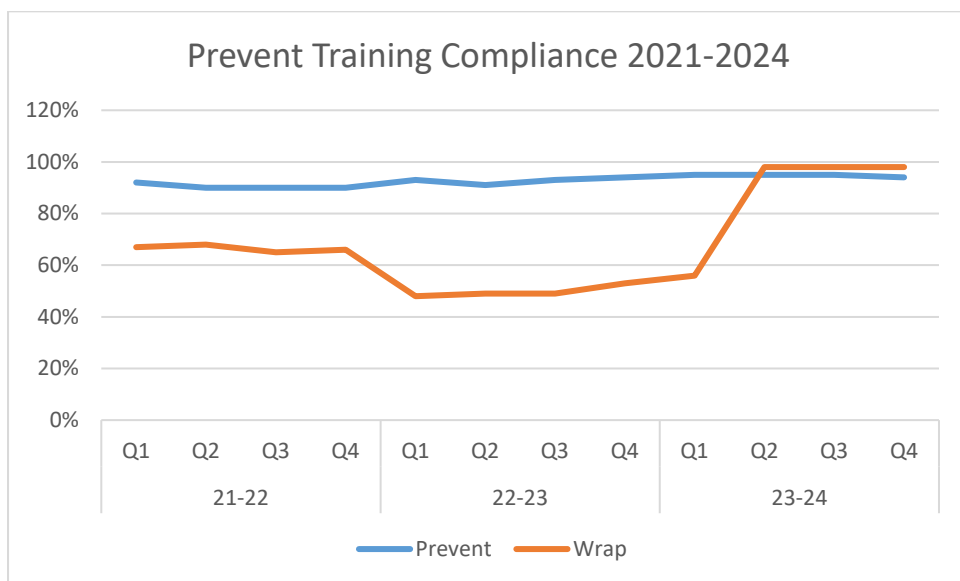


Figure 5: Safeguarding Adult Training 2023/24

Module	Level	Q1	Q2	Q3	Q4
Safeguarding Adult	1	95%	95%	94%	93%
	2	94%	94%	94%	92%
	3	87%	96%	96%	96%
	4	100%	100%	100%	100%
Prevent Basic Awareness		95%	95%	95%	94%
Workshop to Raise Awareness of Prevent (WRAP)		56%	98%	98%	98%

5.9 Supervision

Safeguarding supervision for practitioners working with adults who have care and support needs has been adopted in the trust. The supervision process and the associated benefits to the organisation and individuals have been acknowledged and recognised in all departments in the Trust. The Intercollegiate Document for safeguarding adults identifies the need, and consideration of this, which is being extended in the coming year. In preparation for this, the Adult Safeguarding Lead and Deputy will be offering operational informal and formal supervision to the departments as and when required.

All staff have access to informal support and advice from the safeguarding team. This is commonly accessed by phone, email and face to face within wards and departments. Advice focuses on assessment of safeguarding risk supporting referral processes as well as reviewing care management options in response to safeguarding risk. The safeguarding team also informally and formally debrief when experiencing challenging cases.

The adult safeguarding team has regular supervision meetings to share learning and concerns around complex cases. During the 2024/2025, the team with the support of the Child Safeguarding and Maternity will seek to review and update the Supervision Policy to accommodate the adults safeguarding in the Trust.

5.10 Policies and Guidance

The following policies are due for ratification in 2024/25:

- Safeguarding Adults Policy.
- Prevent

There are plans that the policies will be fully updated so to enhanced usability with practical questions and answers for staff in front line practice. It will also consider the Dos and Don'ts, transitional safeguarding and factors of vulnerabilities in the policy.

5.11 External Audit

During 2023/24 there were no external audits conducted. There is an external audit scheduled for 2024/25 from the Adults Safeguarding Boards regarding Safeguarding Adult Review recommendations and their implementation. The outcomes of this will be shared in the 2024/25 annual report.

5.12 Internal Audit

The Project officer conducts routine quarterly audits of key standards within the referral process defined in the Adult Safeguarding Policy.

Last year this audit series has focused on the standard that every referral should have an associated letter completed on Cerner. Compliance has been varied and a new failsafe report allows for early identification of potential for missing documentation. This has allowed us to ensure that no referrals are missed due to a missing letter within a referral. Where the report identifies a missing letter this is reviewed and followed up. This will continue in 2024/2025 on a fortnightly basis.

5.13 Adult Safeguarding Activity

Across CWHFT the patient population are from a wide range of boroughs. There are two main boroughs the sites cater for; the Bi-Borough (Royal Borough of Kensington and Chelsea and Westminster City Council) for the Chelsea Site and London Borough of Hounslow for the West Middlesex Site.

The referral processes for Trust staff to use was developed in partnership with the local circumstances of the respective boroughs. For the Chelsea site referrals, the Adult Social Care duty team act as the main referral point, they then dispatch forms for any out of borough residents. The duty desks notifies the Adult Safeguarding Project officer of referrals received and processed. The project officer acts as the point of referral for West Middlesex site referrals and directs referrals to the appropriate Borough.

The Adult Safeguarding Project Officer acts as the Trust wide collation point for all referrals. The involvement of the Safeguarding Adult Team varies considerably from case to case. In some cases, brief advice might be provided, or there might be a considerable volume of activity such as patient and family contact, referral and liaison with partner agencies and attendance at internal and external partnership meetings. Safeguarding work also includes collating clinical information and presenting analysis of processes and care to review panels identifying learning opportunities as well as practice improvement plans.

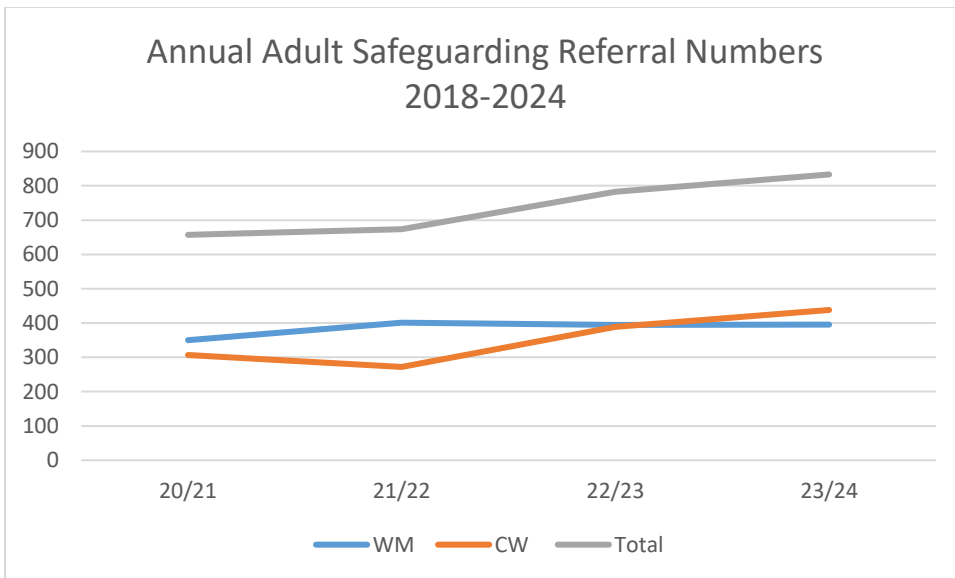
The following tables provide an overview of the Referral Rates during this reporting period.

The Safeguarding Adults team received a total 833 referrals from Chelsea and Westminster Hospitals NHS FT clinical services and others in 2023/24. This evidences a continued year on year increase in referrals to the team.

The majority of people were residents of host boroughs of London Borough of Hounslow and Bi-Borough. Trust staff in total however worked with 40 different local authorities during the period. With the development of the referral processes in each Local Authority the more use of online referrals forms; therefore the referral process is now taking longer. In the year 2024/2025, the team will continue to work with the host Local Authorities and others we have to refer patients to ensure that better referral channels are created in a timely manner through a dedicated and secure email.

Figure 6: Annual Adult Safeguarding Referral Numbers 2018-2024

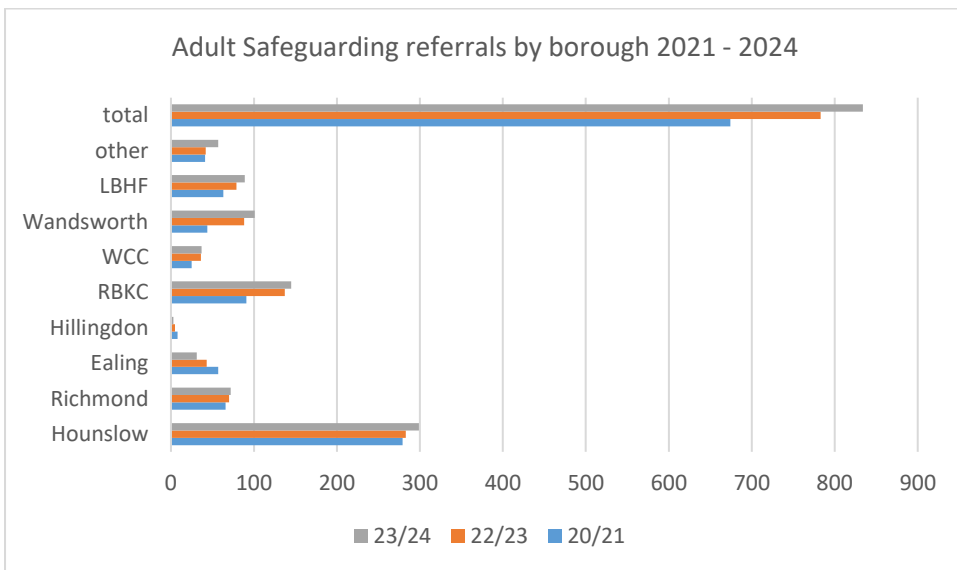
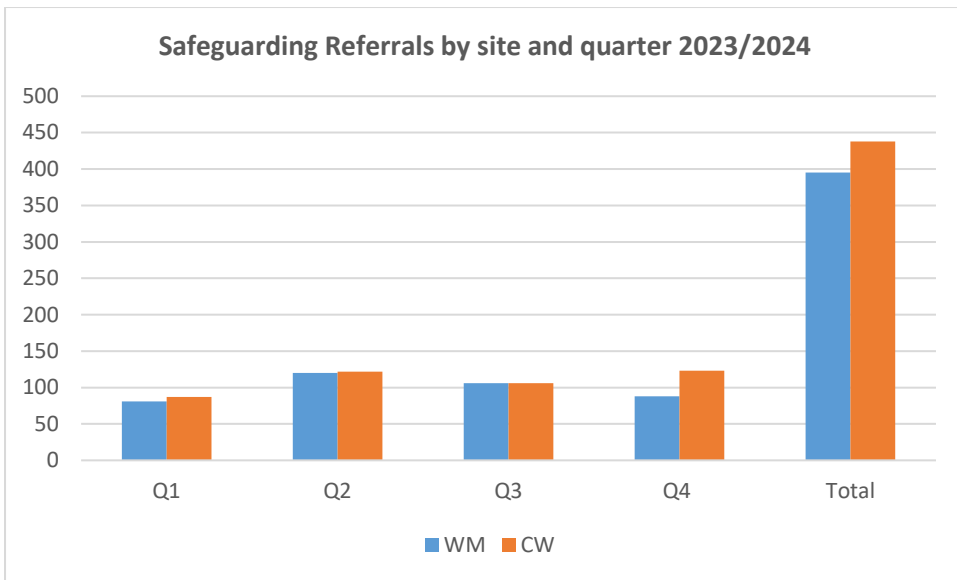
Year	18/19	19/20	20/21	21/22	22/23	23/24
WM	174	294	350	401	394	395
CW	248	243	307	272	389	438
Total	422	537	657	673	783	833



When Chelsea and Westminster joined with West Middlesex, the team worked to integrate safeguarding processes into the systems to be the same across the 2 acute sites. An indicator of the success of this work is that the numbers of safeguarding concerns continue to increase at the West Middlesex site and have doubled since 2017 (387 to 833 in 2024). The expansion of the team to include a deputy lead and a project officer have been key components of work.

Figure 7: Adult Safeguarding Referrals by Quarter 2023/24

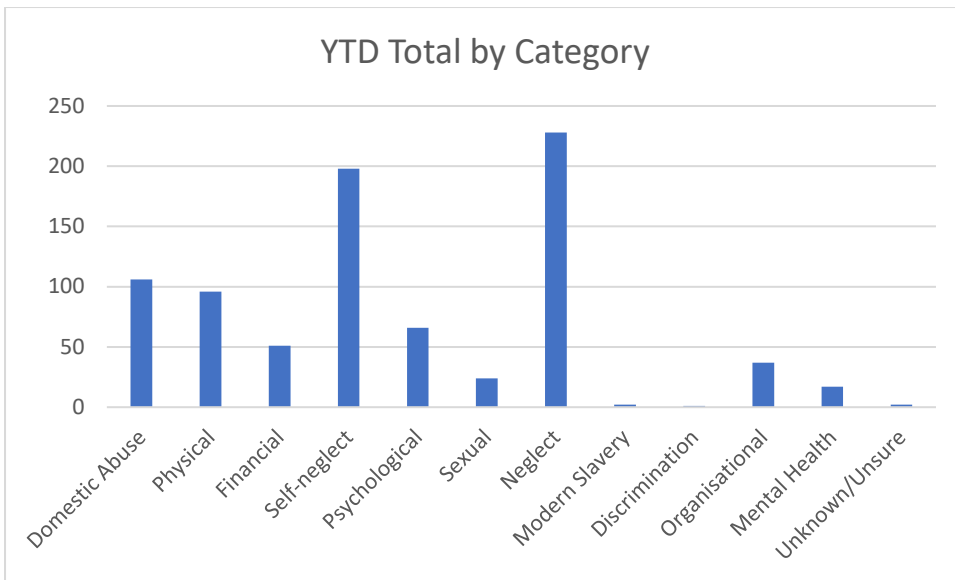
Quarter Total	Quarter	Chelsea	West Middlesex
168	Q1	87	81
242	Q2	122	120
212	Q3	106	106
211	Q4	123	88
833	YTD	438	395



The number of safeguarding adult contacts by primary presenting concern for 2023/24 is shown in Figure 8. The categories are based on initial screening of referral forms for consideration under Section 42 of the Care Act by the relevant Local Authority. The Local Authorities hold the statutory duty for safeguarding adults and make final decision around categories of abuse and progress to opening a Section 42 enquiry.

Figure 8: Categories of Abuse 2023/24

Category	Q1	Q2	Q3	Q4	YTD Total
Domestic Abuse	9	31	35	31	106
Physical	30	29	13	24	96
Financial	6	18	13	14	51
Self-neglect	35	44	58	61	198
Psychological	17	29	12	8	66
Sexual	10	5	3	6	24
Neglect	44	74	59	51	228
Modern Slavery	0	0	1	1	2
Discrimination	0	1	0	0	1
Organisational	17	9	5	6	37
Mental Health	0	0	10	7	17
Unknown/Unsure	0	0	0	2	2
Total	168	240	209	211	828



There has been a growing awareness of safeguarding issues among the public, professionals, and communities. Training programs and campaigns in the trust have educated individuals about the signs of abuse and neglect, leading to staff in all departments recognizing and reporting concerns. The development of safeguarding on electronic system with stricter guidelines for reporting safeguarding concerns, encouraging staff to report issues rather than overlook them.

Without overlooking the pandemic, it has exacerbated existing issues, such as domestic violence and mental health problems, leading to an increase in safeguarding concerns. Lockdowns and social distancing measures may have made it more difficult for individuals to seek help, but as services reopened, many have been coming forwards and staff are willing to help and offer support with interventions. The Trust has improved access to support services and helplines has encouraged individuals to report safeguarding concerns or seek guidance from the relevant professionals when unsure. Increased availability of the safeguarding team has made it as a reminder for staff to seek resources that make it easier for victims or witnesses to come forward. Overall, the increase in safeguarding referrals reflects a more proactive approach to protecting vulnerable individuals and a recognition of the importance of addressing these critical issues within the trust and our partners.

One feature of the safeguarding work that is not indicated in this table however is the element of case complexity where the context of the abuse demonstrates the interaction of a number of elements including domestic abuse and suspected coercive control, mental health, homelessness and alcohol issues for example. Such complexity has been a key emerging element of engagement over the year.

5.14 EPR Functionality Development: Online Adult Safeguarding Referral

During 2023/24 members of the adult and children safeguarding teams, DA team worked together with other acute providers in North West London to develop the Cerner system to include the functionality of sharing forms externally to Local Authorities. The current process requires clinicians to complete documentation of the safeguarding risk on dedicated CIC form on Cerner but then have to complete a referral form external to Cerner and dispatch them from there using secure email.

The objective of this project is to develop a simplified process to reduce double entry for referrers and to enable secure dispatch of referrals directly from Cerner system. This will improve the safety and efficiency of the process for all teams across the Trust. It is anticipated that the planning for go-live, including communications and training will begin during 2024/25.

5.15 Reporting of Safeguarding Risk within Trust Services

Section 42 of the Care Act (2014) establishes the process of local authority led Safeguarding Adults Enquiry, which may be in relation to concerns about abuse or neglect within a vulnerable adult's family, within the community or within a health or care setting.

This means that there are concerns raised care services deliver by the Chelsea and Westminster Hospitals NHS FT, The team works closely with both host boroughs to ensure that we are able to respond effectively to concerns and

identify areas that need further investigation. To this end, regular face-to-face meetings take place to review progress on all such reports with the London Boroughs of Hillingdon and bi-Borough. Some of these cases have progressed to formal Section 42 enquiries

A central part of the review process for these cases is to ensure transparency and consistency between any Trust Governance processes and to avoid duplication and possible miscommunication when managing parallel processes. For example if a case has been raised involving Pressure damage, it is important that the response undertaken within the Datix incident management process be clearly integrated into any Section 42 enquiry

Recurrent issues raised include

- Poor information on discharge summaries
- Lack of communication with care homes or families in relation to discharge
- Inconsistent reporting of pressure damage and poor compliance using the Pressure Ulcer Protocol

The safeguarding team worked closely with discharge leadership during the year and this work will remain a priority for 2024/25 providing transparency between Trust governance of the discharge process and any associated Safeguarding processes.

5.16 Risks – Case Complexity

There are on-going concerns regarding high-risk complex discharges particularly relating to self-neglect and disengagement of people from services. These will often be patients for whose assessment of their mental capacity is complex and may fluctuate. Considerable support and supervision is needed in Deprivation of Liberty decision making. Other components of this complexity have been mental health concerns and alcohol and drug use within the context of the safeguarding risk. In particular, the abuse of older adults by adult children/grandchildren and other family members has been evident.

Alongside this are the significantly increasing numbers of referrals into the safeguarding team indicated earlier in this report.

5.17 Risks – Safe and Effective Discharge

There are increasing numbers of concerns and enquiries raised by Adult Social Care in relation to discharge processes. These require further review, but examples of issues are Discharge to Assess processes, end of life pathways and poor communications. Work continues to clarify links between Safeguarding processes and the Trust's Discharge governance arrangements and will carry through next year. The Bi-borough is also in the process of auditing the discharge process with all involved partners; the recommendations will be actioned and implemented as appropriate.

5.18 Risks – Pressure Damage as an indicator of neglect or abuse

The adult safeguarding team together with the Tissue Viability team continue to analyse and reflect on the circumstances that would indicate how and when Pressure Damage can be an indicator of neglect. There has been a challenge in ensuring that the framework offered by the Pressure Ulcer Protocol is consistently applied in assessing Safeguarding Risk at all points of a person's pathway within Trust services.

5.19 High Intensity Users

The consequences of services change in the community on the safety and well-being of adults at risk of abuse with care and support needs will continue to emerge over time. The Safeguarding team and the local health partners have a regular meeting to discuss high intense users who present to the Trusts to have a comprehensive support plan that staff can use and reduce duplication.

National and local evidence indicates that mental health, homelessness and domestic abuse are areas of particular concern, and will continue to be a focus next year.

5.20 Partnership Working

Partnership working, developing trusting relationships and high levels of communication are key to safeguarding adults with care and support needs.

Three Adult Safeguarding Boards are key Local Authority Partners supporting communities in which the two acute sites are situated. Adult Safeguarding Boards involve statutory services in the borough including the Police, Health (through ICB) and Local Authorities, each with specific duties to secure safeguarding arrangements and responsibilities.

The overarching purpose of the Partnerships is to ensure that adults with care and support needs are safeguarded from abuse and neglect. As part of the Trust's adult safeguarding responsibilities, we engage in the activities of the partnerships by membership of the Boards and their sub-groups, and participating in learning reviews,

In addition, Adult Safeguarding Team members attend the Northwest, South West London Safeguarding Adults and Safeguarding Adults National Network forum. This provides the opportunity to share information and practice with a wide professional network across the locality and nationally with other Trust Leads.

Themes include self-neglect, hoarding, disengagement from services, drug and alcohol use and housing issues. There have been a number of successful outcomes for clients through this process.

Figure 9: Engagement SAEBs and Sub-Groups

Safeguarding Adults Board	Subgroup	Attendees
London Borough of Hounslow	SAEB Board Meeting	Adult Safeguarding Lead/ Deputy
	Quality	Adult Safeguarding Lead/ Deputy
	SAR Group	Adult Safeguarding Lead/ Deputy
Bi-Borough (Westminster City Council & Royal Borough of Kensington and Chelsea)	SAEB Board Meeting	Adult Safeguarding Lead/ Deputy
	Best Practice group	Adult Safeguarding Lead/ Deputy
	SAR Group	Adult Safeguarding Lead/ Deputy
London Borough of Hammersmith and Fulham	SAEB Board Meeting	Adult Safeguarding Lead/ Deputy
	SAR Group	Adult Safeguarding Lead/ Deputy
	Prevent Steering Group	Adult Safeguarding Lead/ Deputy
London Borough of Richmond and Wandsworth	SAEB Board Meeting	Adult Safeguarding Lead/ Deputy
	SAR Group	Adult Safeguarding Lead/ Deputy

5.21 Statutory Reviews

All NHS agencies and organisations that participate in a statutory review must do so. The input and involvement required is discussed and agreed in the terms of reference. Broadly, this will involve evidence of contribution, meeting regularly with colleagues and attending panels or review group meetings throughout the investigative phase. Statutory reviews are processes for learning and improvement and all health providers, are required to provide and share information relevant to any statutory review process.

Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR) form an essential part of the multi-agency partnerships safeguarding strategies.

CWH safeguarding team members regularly attend meetings and workshops in relation to cases being considered or reviewed, to establish single and multiagency learning or changes in practice.

The extent of CWH involvement in the statutory review process will depend on the Trust's involvement in the case and on our contribution to learning across the partnerships. This most commonly include providing a comprehensive chronology and Adult Safeguarding team members and practitioners involved in the case participating in practice review workshops. Members of the adult safeguarding team are also will be a member of the oversight panel for the review.

Learning from local and national enquiries, SAR LeDeR and DHRs alongside case learning reviews are discussed at the Trust Safeguarding Committee and are cascaded via scenario-based training, the Adult Safeguarding Newsletter, and internal meetings. Action plans for any reviews with actions for CWH are reviews by the Trust Safeguarding Committee.

5.21.1 Safeguarding Adult Reviews

During 2023/24 CWH Safeguarding Team supported 8 SARs in across London Boroughs of Wandsworth & Richmond, Bi-Borough, London Borough of Hounslow and Hammersmith and Fulham. Team members also contribute the SAR sub-groups of Local SAEBs. Published Safeguarding Adults Reviews (SARs) reports are shared with the Joint Safeguarding Group; this is then cascaded via the quarterly newsletter and team meeting agendas. The Learning Disability report includes information relating to LeDeR reviews.

5.22 Adult Safeguarding Priorities in 2024/25

The following areas are a priority for 2024/25 and form the basis of the safeguarding work plan:

- Safeguarding and Prevent to be included in Corporate Welcome (Trust Induction).
 - International Nurses induction
 - Health Care Assistants, Doctors and any patient facing Inductions
 - To support with operational safeguarding with teams on a regular basis.
- To review the discharge pathways for safeguarding.
 - Communications
 - Documentations
 - Resolve the safeguarding with Tissue Visibility Nurse(Work with Tissue Viability Team to improve understanding and use of the PUP (pressure ulcer protocol) in assessing Safeguarding risk associated with pressure damage
- Domestic Abuse and the close link to safeguarding. Strengthen the links and support to ensure that staff are awareness of the referrals of being able to notify the Safeguarding team.
 - Develop awareness of domestic abuse with older adults.
- Trust Newsletter (Staff Bulletin) to have a slot once a fortnight/Month/Quarterly
 - To promote Safeguarding, Learning Disability & the Project SEARCH programme awareness in order to spot the signs of abuse across the Trust.
 - Have regular reminders of 'Think Family Approach'
- Training and development:
 - Seek areas of development for the team.
 - Maintain a 90% compliance on training
 - Review the slides for all safeguarding training and include more operational guidance.
- Shared Learning
 - to share safeguarding Adults Reviews recommendations
 - To act upon recommendations locally and nationally through webinars, practitioner's events and agenda in team meetings
- Safeguarding Supervision
 - To support operational teams with regular supervisions and improve visibility in the Trust.
- Making Safeguarding Personal
 - Ensure that voice and views of the individuals at risk of abuse or neglect are heard

5.23 Analysis

The comprehensive review of the safeguarding efforts undertaken by Chelsea and Westminster Hospitals NHS Foundation Trust over the period from April 2023 to March 2024. The report outlines governance structures, policy

frameworks, challenges, achievements, and priorities in adult safeguarding for the upcoming year. The Trust follows the statutory safeguarding requirements outlined in the Care Act 2014 and NHS guidance. The safeguarding team structure, roles, and responsibilities, emphasizing the importance of cross-department collaboration (Prevent, Learning Disabilities, Mental Health, and Domestic Abuse).

The report reflects an increase in safeguarding referrals, rising from 783 in 2022/23 to 833 in 2023/24. Self-neglect and neglect were the most reported forms of abuse. Domestic abuse cases saw a significant rise, emphasizing the impact of the Domestic Abuse Act 2021 and increased awareness among staff. Training remains a core priority, with a focus on compliance for different safeguarding levels. For instance, the Trust achieved a 96% compliance rate for Level 3 safeguarding training by the end of Q4. There has been an emphasis on e-learning post-pandemic, particularly in areas like Prevent training and WRAP. The Trust works with local authorities and other statutory agencies through Safeguarding Adults Boards and subgroups. These partnerships enable shared learning and ensure the safeguarding processes align with external governance requirements.

The Trust has established routine internal audits, especially focusing on the referral process. This includes ensuring that every safeguarding referral has an associated letter on Cerner (the electronic patient record system). Safeguarding supervision is provided across departments to support staff, with plans to extend this support during 2024/25.

Case complexity is a significant challenge, particularly when cases involve multiple factors (mental health, domestic abuse, Homelessness and substance misuse). Concerns about the discharge process and the reporting of pressure damage is an area for improvement. The Safeguarding team identifies priorities for 2024/2025, such as integrating safeguarding into the Trust induction for all new staff and revising discharge processes to ensure safer transitions for vulnerable adults. There is also a focus on improving training compliance, raising awareness around domestic abuse (particularly in older adults), and embedding the 'Think Family' approach across services.

5.24 Areas for Improvement

5.24.1 Data Interrogation

The challenges with data management and analysis, particularly regarding trends in safeguarding concerns. Streamlining the referral process and enhancing data collection capabilities could help identify trends more quickly and the outcome will be reported in the future report.

5.24.2 Prevent and WRAP compliance

While compliance with the Prevent duty is strong, the ongoing challenges in increasing participation in WRAP training. Efforts to improve accessibility and engagement in this training should continue in the coming year.

5.25 Conclusion

In the NHS Constitution the first principle that guides the NHS in all it does states:

‘It has a duty to each and every individual that it serves and must respect their human rights’.

The Chelsea and Westminster Adult safeguarding team are committed to ensuring that the Trust effectively executes its duties and responsibilities in adult safeguarding. It acknowledges that this is not achievable without the support and collaborative working of our partner agencies.

This report demonstrates significant progress against the statutory and regulatory agenda, with good compliance to internal and external safeguarding standards. The small team will continue to work to ensure Trust safeguarding processes are robust and effective, building on existing systems to further improve and develop the Trust's response to safeguarding concerns for all adult patients in our care.

6. Children's Safeguarding

6.1 Children's Safeguarding Team Function

The organisation continues to work to a set of protocols governing the safety of children: "Working Together To Safeguard Children" 2023. This guidance clearly outlines the expectations from partner agencies in relation to safeguarding children and as a result, the Trust has a well-established and dedicated team of clinicians (Named Professionals) on each site:

- Dr Anne Davies Paediatric Consultant (WMH), Dr Paul Hargreaves Paediatric Consultant (C&W) - Named Doctors.
- Daisy Dholoo (WMH) and Faye Mitchison (C&W) -Named Nurses with the remit for strategic development, policy and training, providing support and advice for staff.
- Sarah Green – Consultant Midwife Safeguarding and Public Health (cross site),
- Silviya Giffin (WMH) and Wendy Allen (CW) – Safeguarding specialist midwives who lead/support midwives with operational case management, have safeguarding oversight of cases and deliver training with a maternity focus.
- Lotus Resol is the Child Death Lead across both sites. This post is one day per week. Link and key worker for the bereaved families. Supports staff on child death process, training, data keeping and coordinating with the Pan London Child Death Review Team for Joint Agency Response (JAR) and Child Death Review Meetings (CDRM).

The Named Professionals continue to be instrumental in developing and implementing policy at local and strategic level. They are responsible for case management investigations and Case Reviews as determined by the ‘Working Together to Safeguard Children (2023)’ guidance.

Access to child protection advice for Trust employees is on a 24hr basis ensuring appropriate support and guidance is available via resident, non-resident Paediatric Consultants and 24/7 Senior Paediatric Nurse and Midwifery Cover who cover both acute trusts.

The named professionals are now meeting regularly with the West London Children Hospital Safeguarding Team, this is valuable in ensuring that we are all standardising our approach to safeguarding children.

6.2 Children’s Safeguarding External Scrutiny for Safeguarding Practices

The organisation participates with external audits, this is to ensure that practice and processes are in line with standards. The safeguarding team participate in external audits as requested by the Partnership.

6.2.1 Section 11 – Children’s Act 2004

At previous reviews and self-assessments the Trust has been commended for the emphasis and importance put on multidisciplinary working to support the safeguarding function. The organisation continues to build on these standards and reassure the Board with the measures outlined below.

Board Assurance Measure: Trust Boards have been asked ‘as a minimum’ to assure themselves that:	Organisation rating against S11 standards.
1. There is senior management commitment to the importance of safeguarding and promoting children’s welfare.	<ul style="list-style-type: none"> • The Chief Nurse is the Trust Board Executive Director for Safeguarding. The Deputy Chief Nurse is the executive lead. • The Board receives an Annual Safeguarding Report. • The Joint Safeguarding Group meetings are held across sites face to face and / or using video conference. • Trust wide training compliance is reported and reviewed by the Trust Quality Committee and Joint Safeguarding Group.
2. A clear statement of the Trusts responsibilities towards children is available to staff	<ul style="list-style-type: none"> • The Safeguarding children policy is available for all staff via the intranet this is reviewed regularly. • Details of the safeguarding team are available via the intranet • All staff receives level 1 training as part of the induction process. • Safeguarding Training records are monitored via Qlikview across both sites. • Audits are presented both internally and externally as part of the annual program. • Commissioning agreements include monitoring of S11 responsibilities.

<p>3. There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare</p>	<ul style="list-style-type: none"> • There is a robust complaints process in place. • The Chief Nurse is the Trust Board Executive Director for Safeguarding. The Deputy Chief Nurse, reporting to the Chief Nurse, is the executive lead for safeguarding • There is a Named Doctor, Named Nurse on each site. • Within maternity there is a B7 specialist safeguarding midwife on each site. They are supported by a Band 6 Safeguarding support midwife at WM and a Band 6 Public health support midwife at CW. The Named Midwife Safeguarding works across site as part of the Consultant Public Health and Safeguarding Midwife role. • Named Professional safeguarding responsibilities are included in the job descriptions. • Details of the named professionals can be accessed by staff via the intranet. • Clear lines of accountability are displayed within the safeguarding policy. • Supervision is available for all staff working with vulnerable families on a regular basis.
<p>4. Service Developments take into account the need to safeguard and promote welfare and is informed, where appropriate by the views of children and families.</p>	<ul style="list-style-type: none"> • All service developments incorporate the appropriate risk assessment for safeguarding. • Play specialists and art therapists are available to help children communicate their thoughts and concerns to health professionals. • There is a safeguarding/ socially complex midwife within each community midwife team who care for/ have oversight of women and families with socially complex/ safeguarding concerns. There is a peri-natal mental health midwife on each site. • A Perinatal Mental Health Hub is now available in NWL which consists of midwives and psychologists providing additional psychological support for women who have suffered Birth Trauma, pregnancy loss and any on-going mental health concerns during pregnancy/ following birth.
<p>5. Training on safeguarding children is in place for all staff in contact with children.</p>	<ul style="list-style-type: none"> • There is a training plan in place to ensure that all staff meet the minimum standards required by the intercollegiate guidelines. • In line with the "Safeguarding Children and Young People: Roles and Competences for Health Care Staff", Intercollegiate Document (2019) The team now work towards a "Think Family Approach" which covers Children L3 and Adults at level 2. • Training is integral to the induction process for all new staff. • All training is recorded electronically and provides a robust audit trail. • Level 1 & 2 training is available via e-learning for staff however, face to face and target training is also delivered. • Access to Level 3 Teams and e-learning for health training is available to staff and has continued to be accessed during mandatory training sessions. • In addition, the named professionals provide bespoke Safeguarding Level 3 training face to face and via Teams. Staff can also access safeguarding children training in

	<p>relevant topics via Local Safeguarding Children Partnership’.</p> <ul style="list-style-type: none"> • Diversity is included as part of the training for staff. • Training includes the key competencies from the recommendations in the Intercollegiate document, this includes PREVENT, CSE, FGM, Domestic Abuse, Modern Slavery, Trafficking and Gang Related crime.
6. Safer recruitment procedures including vetting procedures and those for managing allegations are in place.	<ul style="list-style-type: none"> • Safer recruitment is in line with statutory guidance. • Disclosure & Barring/DBS checks and references are taken up prior to job offer. • A recruitment training programme is in place for all managers. • Quality assurance processes are in place to check staff files. • Named professionals share responsibility for reporting staff allegations to the Local Authority Designated Officer (LADO).
7. Effective interagency working is in place	<ul style="list-style-type: none"> • Multi-agency working is evident across the trust. • The team have worked alongside the IT team and practitioners now complete referrals to children social care via our IT system Cerner • Vulnerable children attending ED are referred directly to children’s social care (CSC) when a safeguarding risk is identified. • Hounslow Children Social Care, Richmond and Twickenham Children Social Care, Kensington and Chelsea Children Social Care and the Multi-Agency Safeguarding Hubs (MASH) work in collaboration with the Trust as well as the Child Abuse Investigation Team (Police) and other safeguarding partners. • The Trust’s internal policies are developed in conjunction with other agencies. • Multi-agency meetings are in place • A monthly multi- agency meeting takes place across both paediatrics and maternity on both sites in order for staff to come and present cases with the multi-agency partners
8. There is effective information sharing.	<ul style="list-style-type: none"> • There is a governance protocol in place for sharing information around child protection complying with the GDPR legislation. • Training is given around sharing information and confidentiality. • The Child Protection Information System is in place and has been embedded into the Electronic system of CERNER • FGM is embedded within the Trust and linked to the NHS Summary Care Record.

6.3 Training Figures

During 2023/24 monthly Safeguarding Children Level 3 training sessions have been delivered to ensure compliance throughout the year in addition to the e-learning available for level 1 and 2. The named professionals require level 4 training which for 2023/24 was fully compliant.

	Level 1	Level 2	Level 3	Level 4
Safeguarding Children	93%	91%	91%	100%

6.4 Internal and External Audit

The safeguarding team participate in external audits when requested and also conduct internal audits at regular intervals. Completed audits are presented internally to the wider team but also externally to the Local Safeguarding Children Partnership sub-groups.

Both sites have contributed to the Royal College of Paediatrics and Child Health (RCPCH) Child Protection Service Delivery Standards Audit which was originally published in 2020 then further published in 2023. The NWL ICB named professionals are now working through each of the 13 standards - chaired by John Hutchins, Designated Doctor Safeguarding Children NWL, ready for the next audit cycle.

The organisation participates in external partner practice reviews when requested and will attend learning events which in turn improves practice. The learning is shared internally with practitioners via newsletters and meetings.

National Practice Reviews are discussed at meetings and learning is cascaded within the organisation.

There is a Safeguarding internal audit plan that is updated yearly based on previous learning from any incidents, complaints, surveys, IMR's, Practice Reviews' and the audit results shared with the wider team through Clinical Governance forums.

This programme of audits for 2023/24 was agreed by the safeguarding team. The team were able to complete a range of audits of areas of safeguarding practice. As well as internal audits, the team comply with all audits requested by the Local Safeguarding Children Partnership sub groups.

The safeguarding team continue to:

- Evaluate and explore the effectiveness of organisational working to safeguard and promote the welfare of children, young person and adults.
- Identify practical steps for improving outcomes for children and families.
- Ensure Individual provider/professional involvement in the safeguarding process, with particular reference to themes that have emerged from a range of IMR's and Practice Reviews for children.

A clinical governance meeting takes place within the paediatric team which is attended by Consultants and Senior Nurses where clinical/safeguarding issues are raised. This is also a forum where audits and re-audits are presented. The audits are also presented to the internal safeguarding steering group and as requested externally to the Local Safeguarding Children's Partnership Monitoring and Evaluation Sub Group.

There is a monthly morbidity and mortality meeting for general paediatric cases and a combined obstetric and paediatric meeting for cases. This is a forum where cases are discussed, reviewed and critiqued; it ensures that practice is always of a high standard in the Trust and safeguarding concerns have not been missed.

The Team are also providing peer supervision on a monthly basis to consultant paediatricians.

A separate one for junior medical staff, complex cases are presented by the practitioners involved in a particular case and reflection/discussion on how the case was managed is conversed, a newsletter is then shared within the paediatric team.

6.5 Children's Safeguarding Governance Process

6.5.1 Psycho-social meetings

Information sharing is a basic tenet in Working Together 2023. Constraints in systems and processes for accessing and sharing information between agencies are noted in national and local reviews. Lack of appropriate and timely sharing of information (particularly about siblings, domestic violence, substance misuse and mental health concerns) means that the nature of risk to the child is not always recognised or acted upon. As a result, agencies act in isolation on the basis of known but incomplete information, therefore the Named Nurse for paediatrics and the specialist

midwives for maternity chair the meetings which continue to take place in the emergency departments, paediatric wards, maternity, NICU/SCBU and sexual health departments across both sites.

These meetings involve members of the multi professional teams including ED staff, paediatric nurses, doctors, ward teachers, liaison health visitors, midwives, CAMHS nurses and children's social workers from neighbouring boroughs. A member of the safeguarding team also attends the paediatric handover and/or visits the ward and ED each morning to ensure that safeguarding issues are identified and processes are followed.

6.5.2 Maternity – Socially Complex and Vulnerable Families

There are monthly multi- agency meetings at WMH and CW which are chaired by the Safeguarding Specialist Midwives and include representation from Children's Services, perinatal mental health midwife, team leader of the young mother's group, and safeguarding health visitors, The remit of the group is to review safeguarding/ socially complex cases, provide safeguarding supervision, and act as a safety net to ensure good information sharing and planning is in place.

In addition, the safeguarding midwives and perinatal Mental Health midwife attend the Hounslow social care meeting to discuss new referrals. They also attend the meeting with the Perinatal Mental Health liaison / psych teams to ensure plans have been put in place for women and families. The consultant midwife has been working with the Early Help lead in the different boroughs to try and improve links and therefore referrals into these services.

Consultant Midwife Safeguarding and Public Health is Co- chair of the National Maternity Safeguarding Network which links directly to the Chief Midwifery Office at NHSE

The maternity team are working closely with the LMNS project midwives and leads in Family Hubs to ensure that all women are linked into them-the aim is to have the socially complex midwives running their clinics from here.

Supportive Signposting was launched within maternity in November 23. This is based on a social prescribing model but has been designed specifically for maternity. It links in families directly with the Family Information services in each borough for a wide range of support and further linking into family hubs and children's centres links.

6.5.3 Multi Agency Risk Assessment Committee (MARAC)

This group is led by the Police and has multi- agency representation. The aim is to:

- Share information to increase the safety, health and well-being of victims/survivors - adults and their children;
- Determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community;
- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- Reduce repeat victimisation;
- Improve agency accountability; and
- Improve support for staff involved in high-risk domestic abuse cases.

The Trust, across both sites, have moved to a single point of referral for MARAC. This negates the need to have different forms for different boroughs. All our referrals are sent to the MARAC Team at Standing Together who will in turn forward them on to the respective boroughs.

Four Independent Domestic Violence Advisors (IDVAs) are based within the Trust on both hospital sites. They are based in maternity services and ED and provide advice, support and guidance for staff as well as providing support for victims of Domestic Abuse (patients and staff). There is a new LGBTQ+ IDVA working within the Trust providing support the community. This service is provided through Victim Support and Standing Together Against Domestic Violence. The IDVA's work closely with the Safeguarding Team, Domestic Abuse Links and the Trust Domestic Abuse Co- coordinator. Sexual Health Consultant provides medical leadership for the Domestic Abuse service. The Domestic Abuse Coordinator works across all sites which has meant an increase in additional training for staff to become Domestic Abuse Links (DALs) and thereby further increasing awareness, identification and support for staff and their families. In addition, within the Trust support is offered to staff experiencing domestic abuse, which includes accommodation if the staff member feels they would like to leave the abusive relationship.

6.5.4 Internal Governance

A quarterly clinical governance meeting takes place within the paediatric and maternity teams which is attended by all the staff where learning is shared from case reviews, incident reviews and any other learning from the LSCP's. These are also incorporated into the training. There is a regular morbidity and mortality meeting for general paediatric cases and a combined obstetric and paediatric/neonatal meeting for cases. This is a forum where complex cases are discussed, reviewed and critiqued; it ensures that practice is always of a high standard in the Trust and safeguarding concerns have not been missed.

6.5.5 Emergency Department Interface

A member of the safeguarding team attends ED on a regular basis to ensure that any issues regarding safeguarding children and families are discussed and referrals are made appropriately, this also includes making contact in the private sectors. In addition to this there is an established Trust wide electronic data base which captures all referrals made by clinicians to Children's Social Care which are regularly reviewed and the data base up-dated accordingly.

Each child, who attends the organisation is routinely checked to see if they are 'subject to a Child Protection Plan' or Child in Need plan this is completed by the CP-IS IT flagging system.

The ED department has dedicated Consultant Paediatricians and a safeguarding nurse link role that are based in both Paediatric EDs. This further ensures that children and young people are safeguarded and processes are followed. Safeguarding Links from the Adult ED department attend the psychosocial meetings and link in with the safeguarding team which has enhanced safeguarding oversight and whilst embedding a Think family approach.

Both sites have an on-site Child and Adolescent Mental Health Services (CAMHS) which is supported by mental health liaison Nurses Mon – Fri 9-5, and also an out of hours psychiatric liaison crisis services. There is also a 7 day service of a Lead Nurse & Deputy Lead Nurse for Mental Health across both sites.

The aim of this service is to: Ensure children and young people (0 – 18th birthday) are assessed by a trained and qualified CAMHS professional when presenting to ED with mental health concerns. Once the assessment is completed the child/young person is either admitted onto the paediatric ward for on-going intervention or discharged with a follow up plan in the community with the crisis teams.

6.6 Referrals to Children's Social Care

Referrals to Children's Social Care and CAMHS across the organisation remains fairly static year on year. However, cases that are presenting now are more complex and are requiring a more comprehensive approach from the multi-agency teams.

A number of referrals made to Children Social Care related to adults whom had presented to the organisation, practitioners needed to assess potential risks to children/young people that were living in the same household. Referrals to Children's Social Care are made via Cerner by practitioners and will automatically be sent to the appropriate Borough that the child/young person resides. The safeguarding team also receive the referrals, this is then cross checked at the weekly psychosocial meeting with the social workers present.

Figure 10: Referrals to Children’s Social Care – West Middlesex Site

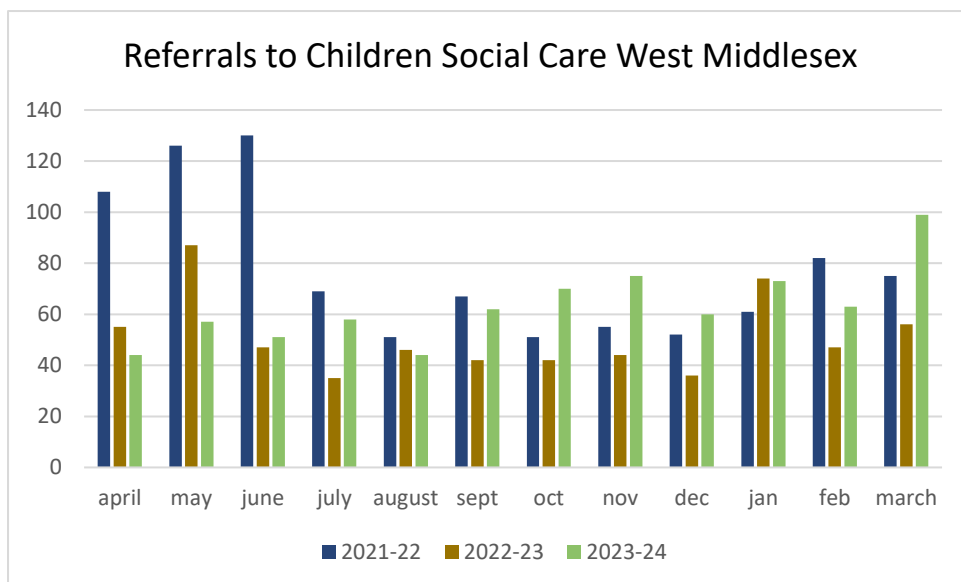


Figure 11: Referrals for West Middlesex Site by Borough

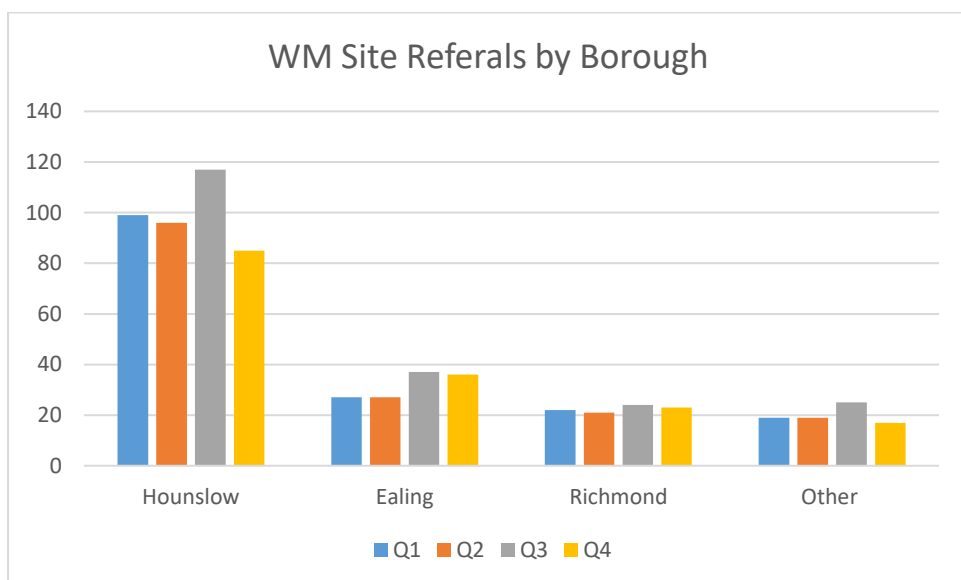


Figure 12: Referrals to Children’s Social Care – Chelsea Site

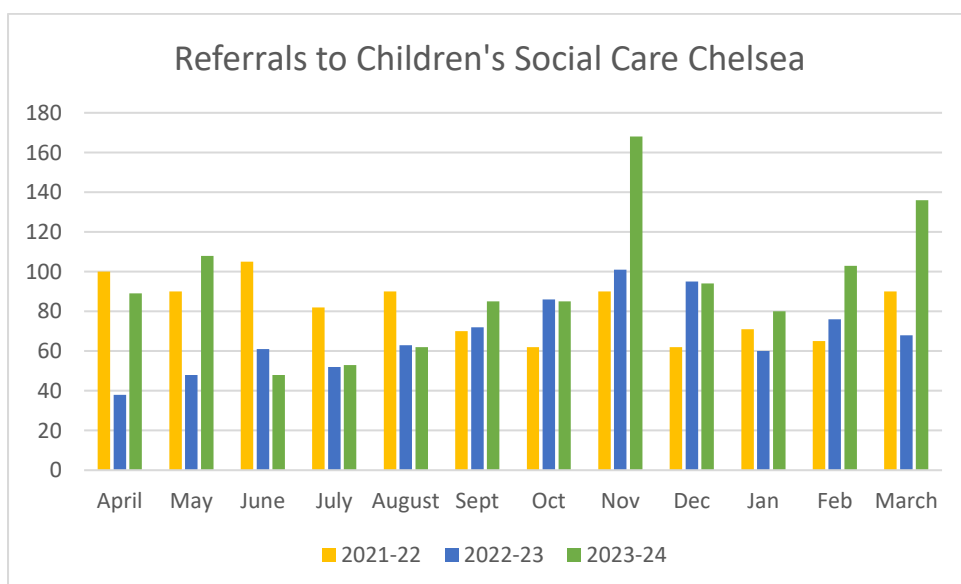


Figure 13: Referrals for Chelsea site by Borough

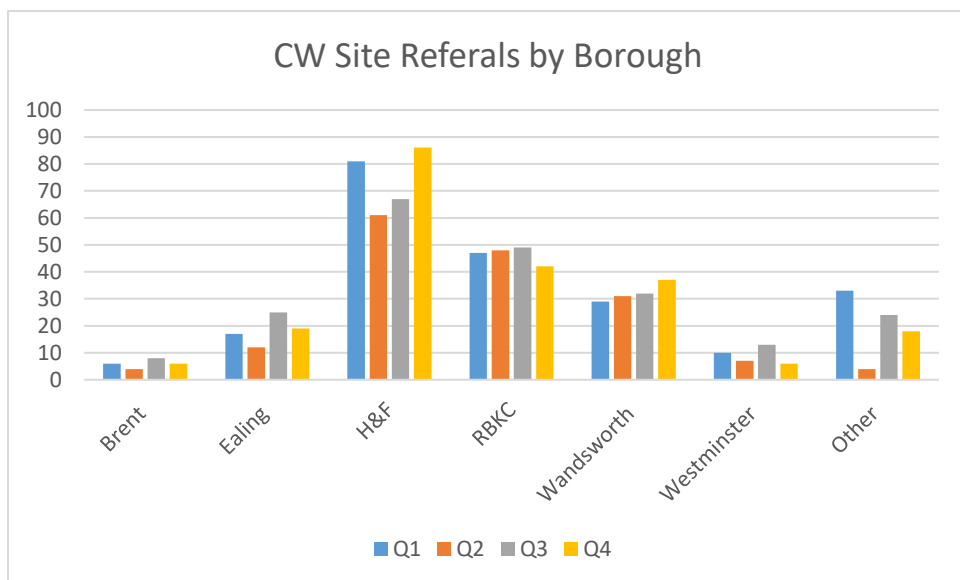
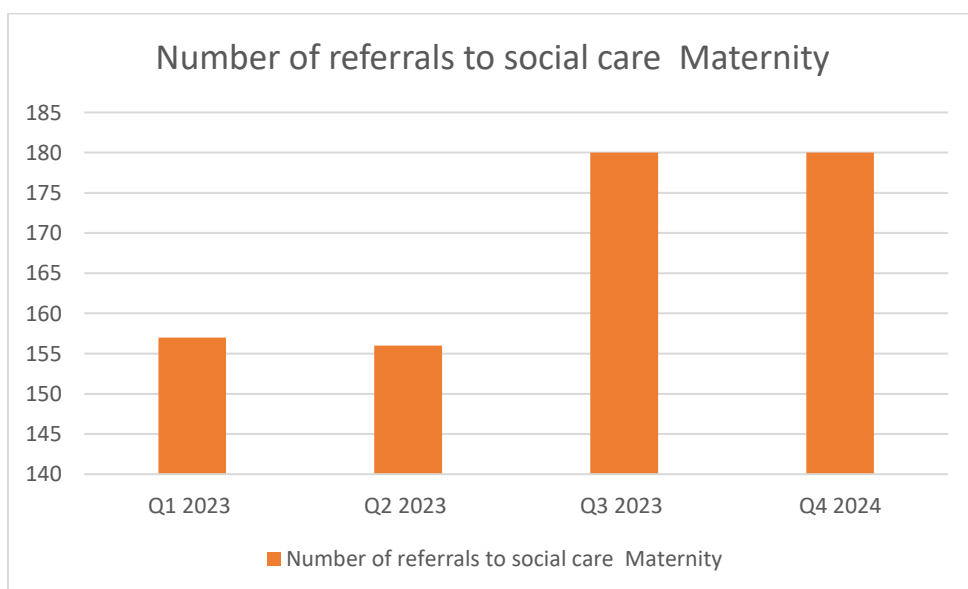


Figure 14: Referrals to Social Care – Maternity



The Boroughs who receive the largest amount of referrals from maternity are Hounslow, Wandsworth, RBKC, Westminster and Ealing

The Consultant Midwife for safeguarding and public health, Perinatal Mental health midwife and psychologist have linked in and presented at the Hounslow prevention of suicide group to increase awareness around maternal mental health and other vulnerabilities. This has resulted in presenting to the social care managers and to link in this information for the social work teams

The consultant Midwife and DA co coordinator have linked in with the University at West London and have carried out several training sessions on safeguarding and domestic abuse for their midwifery students

The safeguarding team have set up some restorative safeguarding supervision for midwives with the Trust psychologist for those midwives holding high numbers of socially complex/ safeguarding cases.

6.7 Child Protection Medicals

The paediatricians undertake child protection medicals across both sites. These medicals are usually requested by a social worker or police due to the child having an injury or the child making a disclosure. Previously, the clinics were run daily, however, the Trust has Child Protection Medical clinics on a Mon, Wed and Fri.

The process involves taking a detailed history from the child, parent/s, social worker and police as required and examining the child. X-rays may also be required as part of the child protection medical. A report is then compiled and submitted to the requesting referrer.

Child Protection Medicals for children under 2 years of age are routinely completed at the hospital, this is due to various tests that may need performing such as skeletal surveys/ CT head.

6.8 Urgent Treatment Centre (UTC)

Chelsea and Westminster Hospital are responsible for the UTC at The West Middlesex Hospital site, however, it is sub-contracted to LCW who manage the day to day operation including all processes and procedures in relation to safeguarding children and young people. There are close working relationships between the named professionals and staff at UTC.

The UCC at C&W Hospital is integrated within the Paediatric Emergency Department. It is staffed by GPs and Paediatric Emergency Department staff with the appropriate skills. The safeguarding processes for UCC patients are the same as for ED patients.

6.9 Policies and Procedures

There are a number of policies in place that relate directly to safeguarding children and young people and updated through the relevant Clinical Guidelines Committees.

6.10 Raising Awareness

The safeguarding team swiftly responded to the national enquiry regarding the incident at The Countess of Chester Hospital and focussed on initial learning before the Thirwall Inquiry takes place. The team have incorporated initial learning into the L3 training and a newsletter was circulated to staff within NWL Children Services.

Although, the inquiry will provide more information of the circumstances of the case and recommendations expected, there were preliminary concerns relating to Allegations against Staff and Volunteers / People in Position of Trust which formed the information shared with staff.

Staff were also reminded of measures we have in place at the Trust when concerns are raised such as:

- Freedom to speak up policy
- Freedom to Speak up Champions across the organisation.
- Whistleblowing Policy
- Escalation Policy/LADO
- Training – raising awareness within the Trust / Encouraging professional challenging
- Safeguarding Team who will Escalate/Challenge

6.11 Supervision

It is a requirement that all staff have access to supervision within the organisation and this must be incorporated into all areas. All staff involved in safeguarding should have appropriate supervision according to their role as set out in the Intercollegiate Document 2019.

The named professionals deliver safeguarding peer supervision for the paediatric medical team on a monthly basis. Complex cases that have presented to the organisation are discussed and learning is highlighted and implemented into practice. A newsletter is also shared within the West London Children's Healthcare Division.

The team at the West Middlesex Site have started a monthly dedicated paediatric consultant continuing professional development session and child safeguarding will lead this session twice a year for updates and focussed education in this domain.

The RCPCH Progress plus curriculum commenced August 2023- one year shorter training for consultant level – safeguarding children is one domain of the 11 educational domains.

6.11.1 Supervision Process

The supervision process is inherent within the Trusts safeguarding policy to ensure that there are robust mechanisms in place to support front line staff. This is achieved through:

- Monthly meetings for the safeguarding team
- Monthly steering group meetings
- 1:1 supervision for named professionals
- Weekly safeguarding huddle for the maternity safeguarding team
- Weekly safeguarding Teams meetings for maternity and NNU staff to “drop in” if have any cases they wish to discuss.
- Group supervision for ward staff, specialist staff, sexual health teams
- Peer support programme in place
- Ensuring that there are opportunities for discussion and debriefing with members of the safeguarding team
- Internal case review.
- Feedback from external serious case reviews.
- Implementation of recommendations from lessons learnt
- The safeguarding team receive regular supervision from the designated professionals.

6.11.2 Supervision Policy

Effective professional supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family.

Employers are responsible for ensuring that their staffs are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role (Working Together to Safeguard Children 2023).

6.12 Partnership Working

Local Safeguarding Children’s Partnership (LSCP)

Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. For this reason, the Children Act 2004 requires each local authority to establish LSCP. The LSCP is the key statutory mechanism for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

Consistent representatives of the senior nursing team are active member of the 3 LSCP’s and the safeguarding named professionals are active members of various sub groups.

The team undertook a benchmarking exercise against the key findings and recommendations into several National Reviews this is to understand where our strategic leadership focus might be best placed. The exercise enabled a conversation regarding challenges in the Partnership understanding frontline performance of services and data sharing.

The Named Nurses also participate in wider safeguarding initiatives in the Borough. One key area of priority for the last four years in London Borough of Hounslow has been Child Sexual Abuse.

At the West Middlesex site we are working with Hounslow Safeguarding Children Partnership to relaunch the ‘Talk PANTS’ campaign. This was developed by the NSPCC in consultation with children, parents, carers and teachers.

‘Talk PANTS’ is aimed at young children 4 to 11 years and helps children understand issues around sexual abuse, educating them that their body belongs to them, and they should tell a safe adult they trust if anything makes them feel upset or worried.

Display resources and support materials is available in the hospital and aids parents/carers in discussing safety and boundaries with their children. Additional signposting to local and national support for those requiring bespoke assistance around potential child sexual abuse (CSA) is displayed.

The named nurse is also working closely in partnership with Hounslow CSC Adolescent Team regarding Non-Accident Knife Injury / VIP referral – (The Violence Intervention Project).

Professionals are in the process of developing a pathway for children/young people (15 – 25 year old) that present to West Middlesex Hospital who have had a knife/puncture wound injury. The aim is to identify YP who may be part of a gang, targeting and supporting them by putting measures in place to prevent further escalation.

6.13 Local Authority Designated Officer (LADO)

The safeguarding team have been involved in referrals to the Designated Officer (formally known as LADO). This involves working with Local Authority practitioners, Human Recourses internally, managers and in some cases police and professional bodies such as NMC/GMC. Staff who are involved in the process are supported throughout the investigation.

6.14 Electronic Patient Record

An electronic recording system is live on both sites. This ensures that safeguarding communication is robust within all areas of the Trust and will improve cross site working and information sharing.

The CPIS (child protection information system) is integrated into this electronic system and will flag a child or mother of an UBB subject to a CP or LAC plan in all unscheduled care settings.

6.15 Safeguarding Practice Reviews and Individual Management Reviews

When a child dies or sustains a potentially life threatening injury, and abuse or neglect is known or suspected to be a factor in the death or injury, partner agencies must undertake a Safeguarding Practice Review. The purpose of this review is to determine what can be learned from the case about the way local professionals and organisations work together to safeguard children. As part of the review the local authority commissions an overview report and each relevant service is required to complete an individual management review.

Throughout the year a number of cases have been discussed at the Case Review Sub Meetings. The purpose of these discussions is to establish if the internal management reviews met the threshold for a Practice Review.

Past and current internal case reviews are discussed at our safeguarding meetings to establish recommendations and ensure best practice is being implemented. In addition, national case reviews are also reviewed to ensure lessons learnt are embedded locally. The process for following up children who are not brought to outpatient appointments is an example of this. Learnings are shared within the organisation via various team meetings and training. The safeguarding team also participate in a paediatric newsletter and relevant information is cascaded within the organisation.

6.16 Safeguarding Children Health Network Meeting

The Named Professionals attend this meeting which is also attended by representatives of the wider safeguarding member agencies. This group reports directly to the designated professionals and is chaired by the Designated Nurse for Hounslow/Tri-borough, this group is responsible for strategic development and collaborative working across the health economy.

6.17 West London Children's Healthcare (WLCH) Division

West London Children Healthcare is made up of the Children's Services at Chelsea and Westminster Foundation Trust and Imperial College Healthcare NHS Trust. WLCH has worked collaboratively to ensure safeguarding policies, training and procedures are comparable across both Trusts and have a regular meeting forum where both safeguarding and senior teams meet to discuss ongoing challenges. In addition, the group continue to work in conjunction to amend/review the safeguarding referral process across the Trust on Cerner. The team also ensure that safeguarding notifications are shared via Cerner. Part of our strategy is to keep all staff updated/aware of safeguarding topics, this is achieved via the monthly Risky Business newsletter.

6.18 Serious Case Review Group

The Named Nurses attend the LSCP Case Review meetings, relevant cases are discussed with the multi-disciplinary teams and decisions are made as to whether a Practice Case Review is required.

6.19 Child Death

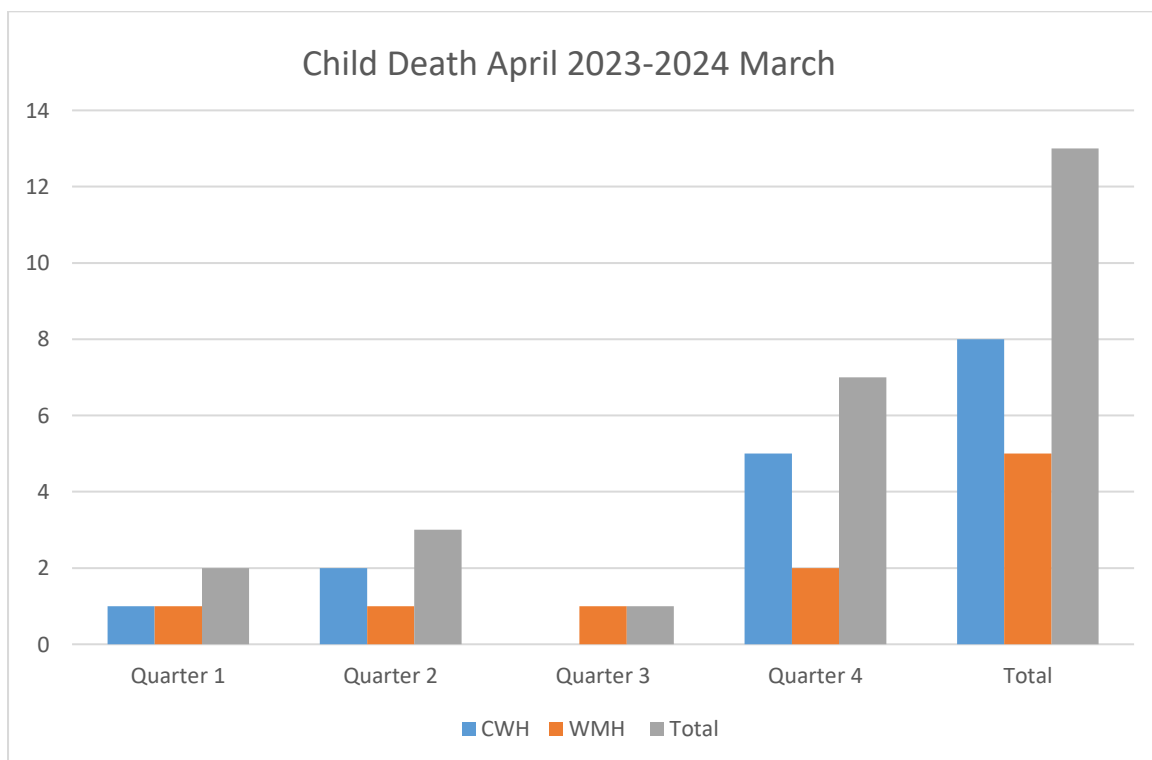
The death of a child is a devastating loss that profoundly affects bereaved parents as well as siblings, grandparents, extended family, friends and professionals who were involved in caring for the child in any capacity. Families experiencing such a tragedy should be met with empathy and compassion. They need clear and sensitive communication. They also need to understand what happened to their child and know that people will learn from what happened. The process of expertly reviewing all children's deaths is grounded in deep respect for the rights of children and their families, with the intention of preventing future child deaths.

The child death review process covers children; a child is defined in the Act as a person under 18 years of age. A child death review must be carried out for all children regardless of the cause of death.

During 2023/24 there were 13 child death reviews at the Trust, 8 at the Chelsea site and 5 at the West Middlesex site. These figures exclude maternity and neonatal deaths. The reviews have not identified any consistent themes between the cases and the cases identified were from across the North West London boroughs.

Figure 15: Child Death Reviews

	CWH	WMH	Total
Quarter 1	1	1	2
Quarter 2	2	1	3
Quarter 3	0	1	1
Quarter 4	5	2	7
Total	8	5	13



Deaths can be categorised into expected and unexpected deaths with themes also noted.

Figure 16: Categories of Child Deaths

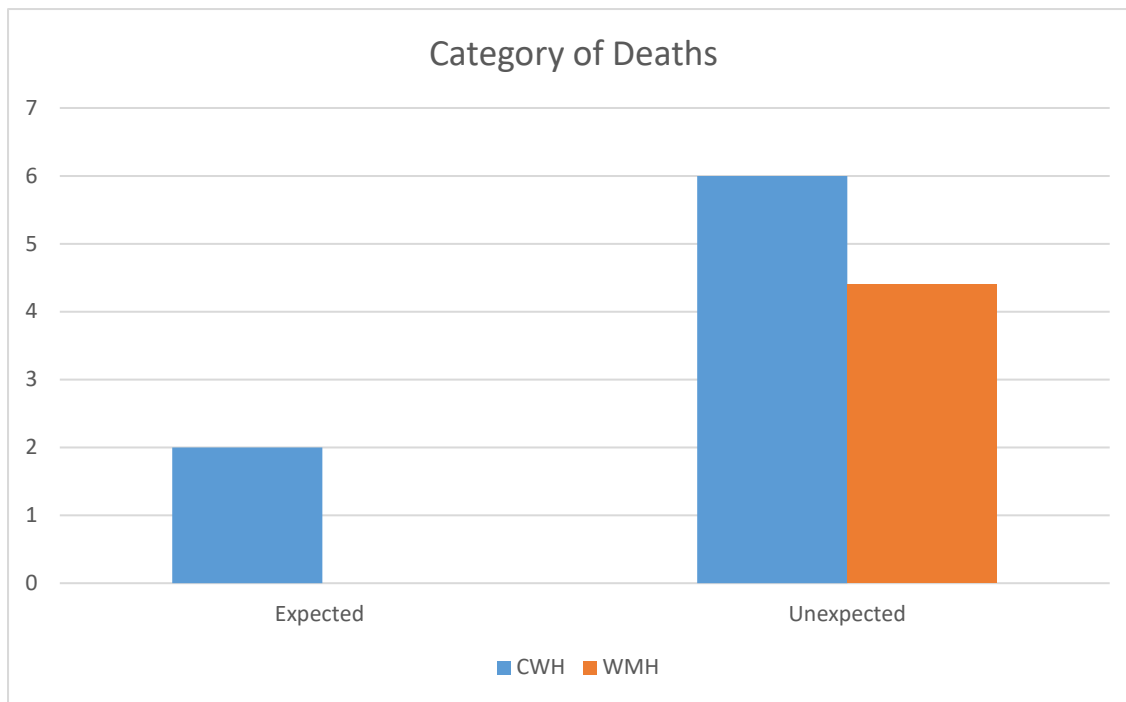
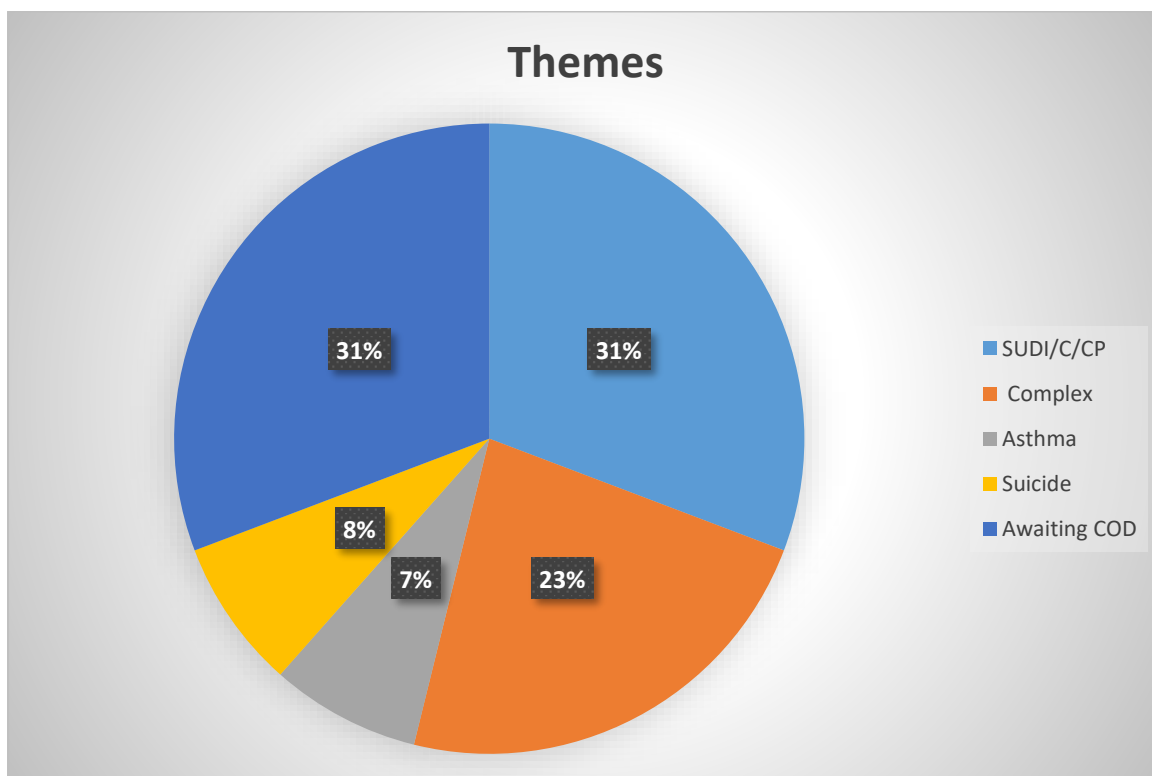


Figure 17: Themes of Child Deaths



Child Death Process Teachings Cross Site are in place embedded within induction/study days coordinated with Practice Development Team as well as Leads of targeted units. Monthly Child Death Meeting with Child Death Review Team is in place ensuring tasks/meetings are completed within specified timeline. Excellent engagements of clinicians on Joint Agency Response meetings (JAR) and Child Death Review Meetings (CDRM) were observed.

6.20 Work Plan for Children’s Safeguarding 2024/25

- To continue to ensure that Safeguarding Children remains a priority within the Organisation
- Continue to review Safeguarding Children’s Training in line with recommendations from the Intercollegiate Document and continue to maintain compliance at level 1, 2 & 3.
- Maintain minimum of 4 audits per year for safeguarding practice

- Continue to work in collaboration with colleagues throughout West London Children Hospital to ensure that practice is standardised.